

Coping repertoire: Integrating a new conceptualization of coping with transactional theory

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Abstract

This research develops the construct of coping repertoire, a new trait-based conceptualization of coping based on the number of strategies consumers use in coping with consumer stress. We posit that the number of strategies consumers use is an important determinant of consumers' coping confidence appraisals, a key determinant of consumers' ability to effectively manage stress. In five studies, we establish the importance of this construct and the mechanism through which it influences appraisal. These studies establish the theoretical importance of coping repertoire as an important moderator, and we conclude with a discussion of future research related to this coping perspective.
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Recent consumer research has examined the ways consumers cope with a variety of consumer stressors. The study of consumer behavior through the theoretical lens of coping has produced rich insights in the area of consumer reactions to persuasion (Kirmani & Campbell, 2004), responses to negative emotion (Duhachek & Oakley, 2007; Luce, 1998; Yi & Baumgartner, 2004), the role of coping and consumption in the face of death and serious illness (Maheswaran & Agrawal, 2004; Pavia & Mason, 2004; Luce & Kahn, 1999), and adaptive consumer behavior in response to technological innovation (Mick & Fournier, 1998).

Extant coping research has emphasized the role of identifying conditions in which specific coping strategies, such as taking action or engaging in avoidant behaviors, reduces stress (Yi & Baumgartner, 2004; Luce, Payne & Bettman, 2000) and alleviate negative emotion (Lerner, Han & Keltner, 2007; Shen & Wyer, 2007; Inman, 2007). This research has articulated the role of negative emotions as a coping antecedent giving rise to the use of avoidant coping behaviors (White, 2005; Luce, 1998). Other research has identified several critical links between discrete emotions (e.g., anger, sadness) and coping

behaviors (e.g., problem-solving, avoidance, risk-reduction (Aaker & Williams, 1998; Allred et al., 1997; Duhachek, 2005; Lerner & Keltner, 2000; Raghunathan & Pham, 1999).

Although this literature has considered a breadth of perspectives in regards to coping behavior, many unanswered questions remain. The current research investigates how a new conceptualization of coping, one that is based on the total number of strategies consumers use in response to stress (i.e., coping repertoire), impacts coping appraisal. The coping repertoire construct is based on the premise that individuals differ in their propensity to use strategies and rely on a differing number of strategies when confronted with stressful consumer episodes. Specifically, some individuals rely on a broad set of strategies, while others rely on a narrow set of strategies. Development and measurement of the coping repertoire construct allows for the examination of individual differences in the overall pattern of coping responses. In this research, we explore the significance of coping with a relatively broad array of strategies vis-à-vis a narrow set of coping strategies. We describe the measurement of the repertoire construct, distinguish coping repertoire from other related constructs found in the literature, and formulate predictions with the transactional theory, whereby we model both trait and situational factors of stress simultaneously in order to demonstrate the moderating

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role of coping repertoire on coping appraisal and reveal its psychological mechanism.

A model of stress and appraisal

The most widely accepted process-based model of coping is Lazarus and Folkman's (1984) transactional theory of coping. This theory is an appraisal-based model of coping, which postulates that individuals' cognitive appraisals and coping processes are influenced interactively by a combination of personality-based and situational factors. According to the Lazarus and Folkman (1984) model, an individual's decision to engage in coping is driven by a set of cognitive appraisals. *Primary appraisal* involves assessments of whether a perceived stimulus has motivational implications or "goal relevance" for an individual (e.g., "Does this situation affect me?"). Positive and negative implications are differentiated in an assessment of "goal congruence" (e.g., "Is this situation helpful or harmful?"). In such conditions, when the consequences of an encounter are deemed to have negative implications (i.e., goal incongruent), the individual experiences stress. *Secondary appraisals* are undertaken to assess one's potential behavioral response to an observed stimulus. This set of appraisals includes assessments of one's ability to cope with a stimulus (coping confidence) and future expectations regarding the stimulus. Secondary appraisals often reflect the degree of confidence or efficacy that individuals perceive in their ability to reduce perceived stress, and research has consistently shown that these appraisals lead to more effective decision-making and more adaptive coping (Luce, 1998; Duhachek & Iacobucci, 2005). Thus, the appraisal process is central, linking perceptions of stress to emotional reactions and coping behaviors.¹

The present research examines links between the appraisal of confidence and coping repertoire. According to the transactional perspective, appraisals of confidence result from the proposed interaction between individual traits and key situational elements of the stressful context, directing individuals' efforts in coping. The current research considers both influences directly and thus captures both elements of the Lazarus and Folkman (1984) appraisal model. It should be noted that we will examine the moderating role of situational factors on the trait→appraisal nexus. We believe that this causal ordering need not imply causality flowing from trait to state in all instances. Other programs of research could examine feedback effects flowing from situational appraisals to subsequent traits in order to examine reciprocal effects. We aver the current model as it is consistent with the theorizing used by leading coping scholars (Lazarus & Folkman, 1984). We next review personality-based and situation-based coping research paradigms, followed by the specification of the coping repertoire concept and the presentation of the specific predictions that are tested in our empirical studies.

Personality effects on appraisal and coping

Previous trait-based coping research can be divided into three classes of personality effects on coping. One of the most widely observed results in this literature pertains to the effects of anxiety-related personality types on coping. Of these personality types, trait anxiety (Raffety, Smith & Ptacek, 1997) and neuroticism (Bolger & Zuckerman, 1995) have been studied most extensively. Trait anxiety and neuroticism have been shown to result in increased threat-related primary appraisals, more negative emotional responses and an increased reliance on avoidance or social support coping (Gunther, Cohen & Armeli, 1999). In addition, trait anxiety and neuroticism have been shown to relate negatively to adaptation, suggesting that an anxiety-related personality type may deleteriously affect long term health.

Depression-related personality types are a second class of personality effects on coping (Keller, Lipkus & Rimer, 2003; Billings & Moos, 1984). Depressives are more likely to experience threatening primary appraisals, perceive stressful events as having lower coping potential and rely on more emotional venting and avoidant coping strategies. As with anxiety-related personality types, depression-related personality types also experience negative long term adaptive consequences.

The third major class of personality effects on coping relates to personality types that have a positive impact on stress, appraisal, emotion and coping. Several such factors have been identified, including optimism and internal locus of control. A consistent theme within this personality type class is the tendency to produce more challenging primary appraisals, more positive stress-related emotions and more problem-focused coping behaviors. Also, this class of personality types positively relates to long term adaptation. As coping researchers have become increasingly aware of the nexus among coping, personality and well-being, they have conceptualized new personality types based on trait-based coping responses to account for these relationships (e.g., hardiness) (Florian, Mikulincer, & Taubman, 1995).

Situational influences on coping

An alternative approach to coping research involves identifying situational factors that affect coping and adaptation (Pearlin & Schooler, 1978). Such approaches have examined coping differences stemming from various situational factors, such as differing life roles (Pearlin & Schooler, 1978), perceived controllability of the situation (Schaubroeck & Merritt, 1997), perceived efficacy of one's experiences in a stressful situation (Sujan, Sujan, Verhallen & Bettman, 1999) and coping with specific stressors, such as adopting new technology (Mick & Fournier, 1998).

Mick and Fournier (1998) identified stage in the decision-making process as a critical situational determinant of coping with new technology. Specifically, prior to purchase, consumers were shown to engage in avoidance strategies (e.g., ignoring information, delaying purchase) or problem-solving strategies (e.g., pretesting products), while post acquisition consumers

¹ For the remainder of the paper, we use the general term "appraisal" to refer to secondary appraisal, the proximal antecedent of emotional responses to stress.

were shown to engage in slightly different strategies (e.g., abandonment of high technology products when consumers became frustrated by their inability to implement the products or were unable to dedicate the necessary resources required to master the product).

Sujan et al. (1999) presented data contrasting coping behaviors in two stressing consumer contexts and examined the role that efficacy played in guiding coping decisions. They found efficacy to be a critical factor such that more confident consumers engaged in more varied, elaborate coping behaviors. Similarly, studies demonstrating the role of controllability have also shown that consumers rely on more active, problem-focused strategies in scenarios when perceptions of situational control are high. More will be said about the role of controllability in coping research in the next section.

Distinguishing coping repertoire from goodness of fit theories

One theoretical approach to the transactional model involves specifying the goodness of fit of the coping strategies that individuals select as a function of environmental constraints (Lazarus & Folkman, 1984). The goodness of fit theory posits that when a given stressor is changeable or controllable, the most effective means of resolving one's stress is to adopt a problem-focused coping strategy. Conversely, when a given stressor is uncontrollable, the most effective means of resolving stress is to engage in emotion-focused coping. Recent trait research has examined the concept of coping flexibility, an individual difference variable that assesses the ability to adapt to these changing environmental conditions through coping (Cheng, 2003; Cheng, 2001; Cheng & Cheung, 2005). Coping flexibility is determined by the appropriate deployment of specific coping strategies as a function of the controllability of the stressor.

The present conceptualization of coping repertoire differs from coping flexibility in important respects. Although the two perspectives share a focus on examining the role of multiple coping strategies on appraisal, coping repertoire, unlike the flexibility concept, does not focally rely on the concept of fit. Rather, coping repertoire focuses on the availability of different coping strategies and examines how the propensity to engage in a broader range of coping strategies impacts stress and appraisal, independent of the notion of goodness of fit. The current approach is based on the premise that facility with a broader repertoire of coping strategies leads to dramatically different perceptions of stress and confidence appraisals, a proposition not explored in previous coping research.

Coping repertoire: construct specification

Coping researchers have long acknowledged individual differences in coping tendencies. Whereas some individuals rely on one or two focal strategies across varying stressful conditions, other individuals are facile with a broad array of coping strategies. Although coping researchers have accepted the premise that individuals engage in a profile of coping

strategies, existing research has not focally investigated how trait differences, such as the tendency to rely on multiple coping behaviors, may produce unique effects on relevant appraisal factors like confidence. Pearlin and Schooler (1978) introduced the concept of coping repertoire and found that a broader repertoire of strategies helped the most when coping with marital and family strains. Also, Heszen-Niejodek (1997) used qualitative coping data to examine how the frequency and diversity of using two particular coping strategies impacted adaptation to cancer. Despite its established importance in these findings, little subsequent research has examined the repertoire construct, its measurement or potential mechanisms through which it impacts stress and appraisal.

Thus, the current research formally develops the measurement of coping repertoire as a trait, distinguishes it from related traits and postulates a mechanism through which it impacts appraisal. We define coping repertoire as the extent to which individuals rely on multiple coping strategies during the confrontation of a stressful episode. Thus, the coping repertoire concept captures the breadth of individuals' coping efforts and assesses the relative propensity of individuals to employ multiple coping options in response to dynamic situational elements of a stressful episode.

Coping repertoire: construct measurement

The focus on the coping repertoire conceptualization constitutes a primary difference between the present research and earlier investigations of coping. Whereas earlier coping research has assumed that coping operates in isolation (i.e., a link between threat emotions and avoidant coping behaviors), the present study examines the full pattern of consumer coping responses and hypothesizes theoretically meaningful differences based on a view of coping that considers the repertoire of coping strategies consumers bring to bear. Rather than focusing on a specific coping strategy or dimension, the present research considers how one's repertoire of coping responses will impact stress and appraisal. In this next section, we discuss the procedures used to measure coping repertoire.

Method

The operationalization of coping repertoire is assessed by first administering a standard coping inventory found in the literature (Duhachek, 2005; see Appendix 1 for construct definitions and sample items) that measures eight theoretically unique coping dimensions. The eight coping dimensions captured by the inventory are active/problem-solving, rational thinking, positive thinking, emotional venting, instrumental support, emotional support, avoidance and denial. For this study, we rely on the well-documented procedures for administering the coping inventory (cf. Folkman & Lazarus, 1988). Specifically, respondents are first asked to consider how they generally cope with life's stresses and hassles, and then they are next presented with a series of coping items, which span the eight theoretically predicted dimensions.

Analysis

The inventory is first factor analyzed and composite scales are formed based on correlation among the theoretically and empirically related items (see Appendix 2 for an additional description). Previous coping research has then examined one of these composite item factors, such as avoidance as the focal variable of interest. In the present research, the interest is not at the level of the specific coping factor. Rather, it is on the overall pattern of reported coping responses. First, each of the composite scales is adjusted at the individual respondent level by subtracting each individual's overall mean coping item response from its actual response for each dimension and then by dividing this difference by the individuals' standard deviation score. These calculations are done to create an adjusted mean score in order to account for individual differences in response style.² The adjusted score for each dimension is then median split and participants are assigned a binary score for each of the eight dimensions. Next, a new composite variable is computed for each individual based on the summed total of an individual's adjusted score for each of the eight specific coping factors. This total coping behavior score, across the eight dimensions, is again median split, resulting in two distinct coping repertoire groups. Individuals scoring above (below) the median in terms of total, response style adjusted coping behaviors are classified as broad (narrow) coping repertoire individuals. Thus, each individual is classified according to his/her repertoire of coping responses, defined by the breadth of coping actions. These procedures were used to operationalize coping repertoire in Study 1.

Examining construct validity

Discriminant and convergent validity

One construct found in the coping literature bearing similarity to the repertoire construct is perceived efficacy (Sujan et al., 1999). It is possible that trait measures of efficacy could account for differences in coping repertoire. If individuals higher in efficacy also have greater coping repertoire, then this result could explain the process through which repertoire impacts appraisal and would seem to cast doubt over the theoretical value of the repertoire construct.

A second trait factor that may be capable of explaining the effects of repertoire on appraisal is need for cognition (Cacioppo & Petty, 1982). Need for cognition (NFC) may explain differences in coping repertoire if those high in NFC have an enhanced ability to think through stressful situations and conceive of a broader course of action. An alternative explanation for the effects of repertoire on appraisal would be

that differences in need for cognition result in the observed appraisal differences.

Another relevant trait factor potentially capable of producing the results attributed to coping repertoire is need for emotion (Raman, Chattopadhyay, & Hoyer, 1995). Given that emotions are a proximal antecedent of coping, it seems plausible that systematic differences in coping repertoire might accompany systematic differences in emotion. If stress and coping produce emotional consequences, then perhaps those individuals more attuned to their emotions may have broader coping repertoires.

Finally, to establish convergent validity, we examine individual differences in trait-based perceived control. We postulate that high coping repertoire individuals would perceive greater levels of control than narrow coping repertoire individuals due to their ability to rely on a breadth of coping strategies, *ceteris paribus*. Given this proposed mechanism, we would expect to find an association between coping repertoire and trait-based control perceptions. In Study 1, we test these propositions regarding convergent and discriminant validity.

Study 1: Examining related coping constructs

A total of 288 undergraduate respondents were recruited for Study 1 in exchange for partial course credit. Respondents were first administered the consumer coping trait inventory described previously. After completion of this inventory, respondents were administered the following established scales to assess the specific traits implicated in the discussion of discriminant and convergent validity: a general self-confidence (efficacy) scale (Rosenberg, 1965), need for cognition (Cacioppo & Petty, 1982), need for emotion (Raman et al., 1995) and locus of control (Rotter, 1966). The goal was to analyze the relationships between each of these scales and coping repertoire to further establish construct validity through verification of discriminant and convergent validity of these scales.

Results

Table 1 shows the AVE's, disattenuated correlations and shared variances results from Study 1. The procedure used to operationalize coping repertoire was previously described. For these analyses, the continuous form of the repertoire construct is used in lieu of the median split measure. As a first step toward establishing discriminant validity, we test for the uniqueness of

Table 1
Study 1 tests of construct validity for coping repertoire.

Trait measures	Average variance extracted	Disattenuated correlation with coping repertoire	Shared variance with coping repertoire (%)
Discriminant validity traits			
General confidence ($\alpha = .80$)	.64	-.17**	6
Need for cognition ($\alpha = .66$)	.56	.09	1
Need for emotion ($\alpha = .87$)	.68	.13*	3
Locus of control ($\alpha = .58$)	.52	.25**	15

* $p < .05$.

** $p < .01$.

² See Appendix 2 for more details of the adjustment procedure. The non-adjusted scores were compared to the adjusted values. The correlations ranged from .77 to .85, indicating a high level of redundancy between the two values. Thus, it appears that the response style adjustment is not critical. However, it is used in the subsequent empirical study to control for response style variance.

each of the trait measures under investigation using the method recommended by Fornell and Larcker (1981). To establish the discriminant validity of coping repertoire, we calculated the average variance extracted (AVE) for each of the related trait scales (i.e., efficacy, NFC, NFE) and compared these values to the square of their disattenuated correlation with coping repertoire. In all cases, the related trait AVE was greater than .5 and exceeded the shared variance with coping repertoire, thereby satisfying the conditions necessary to demonstrate discriminant validity. The shared variances with coping repertoire were also low, indicating that coping repertoire taps a dimension distinct from the other assessed traits. Thus, there appears to be strong evidence suggesting that coping repertoire is unique, casting doubt over the rival explanations offered by cognate personality constructs.

A final goal of Study 1 was to examine the relationship between coping repertoire and locus of control, providing evidence of convergent validity. We postulate that coping repertoire impacts appraisal through perceived control perceptions. Thus, we would expect to observe a significant relationship between repertoire and trait-based control. To examine this relationship, we regress each of the four traits on coping repertoire to control for the simultaneous influence of multiple traits.³ This model is shown as:

$$\begin{aligned} \text{Repertoire} = & \text{Intercept} + .25(\text{Locus of Control}) \\ & - .001(\text{need for emotion}) + .05(\text{need for cognition}) \\ & - .11(\text{efficacy}) \end{aligned}$$

These results find that among the four constructs, only locus of control predicts coping repertoire ($t=3.61$, $p<.001$). All other factors were not significant (efficacy, $p=.23$; need for emotion, $p=.30$; need for cognition, $p=.83$). The nature of the relationship between locus of control and coping repertoire indicates that increased control perceptions predict broader coping repertoires, which is consistent with our theorizing.

Discussion

The results of Study 1 seem to cast doubt over three prominent rival explanations and shows coping repertoire as a unique consumer trait. Moreover, it shows a nexus between repertoire and control perceptions, offering support for the proposed theorizing. However, although coping repertoire appears to be distinct from generalized self-efficacy, recent theoretical developments have posited specific manifestations of coping efficacy. Chesney et al. (2006) conceptualize coping self-efficacy as having three dimensions that correspond with the three most frequently reported ways of coping: problem-focused, social support and emotion coping efficacy.

Coping self-efficacy is defined as one's confidence in his/her ability to cope using one of three coping strategies measured by

Chesney et al. (2006). Since coping repertoire is differentiated by a reliance on a broader array of strategies, we would expect that those higher in repertoire may exhibit higher efficacy for one or more of the three dimensions captured by the Chesney et al. (2006) measure. However, because we operationalize coping repertoire using an eight dimensional coping model, it may be the case that those with broad coping repertoires do not differ significantly from those with narrow repertoires on the dimensions measured by the coping self-efficacy scale. More generally, the goal of Study 2 is to determine whether coping self-efficacy and coping repertoire are empirically differentiable.

Study 2: Distinguishing coping repertoire from coping efficacy

A total of 91 respondents were recruited for this study. Respondents first completed the inventory of coping items used in the calculation of coping repertoire according to the procedure previously described in Study 1. After completion of this inventory, respondents were next presented with Chesney et al.'s (2006) 13 item coping efficacy scale. This scale consists of three distinct subscales, comprising problem-solving coping efficacy, emotional coping efficacy and social support coping efficacy.

Results

The first step in analysis was to operationalize coping repertoire according to the procedures reported in the previous studies. After the continuous coping repertoire measure was computed, we next computed the three subscales developed by Chesney et al. (2006), and each exhibited strong reliability (problem-solving coping efficacy, $\alpha=.89$; emotional coping efficacy, $\alpha=.89$; and social support coping efficacy, $\alpha=.76$). As evident in Table 2, the correlations between coping repertoire and each of the coping efficacy scales are not statistically significant, thus validating our belief that the constructs measure distinct aspects of the coping process. In fact, the shared variances between coping repertoire and the coping efficacy scales range from 1 to 5%, which is an indicant of discriminant validity. Thus, it appears that the effects of coping repertoire are independent of those previously reported by Chesney et al. (2006).

Discussion

These findings provide supporting evidence for the importance of the coping repertoire concept. The low observed

Table 2
Study 2 correlations among coping repertoire and coping self-efficacy.

Trait measures	Rep	PS Eff	Em Eff	SS Eff	Total Eff
Coping repertoire	1				
Problem-solving efficacy	.15	1			
Emotional efficacy	.05	.43	1		
Social support efficacy	.16	.53	.37	1	
Total coping efficacy	.15	.79	.80	.77	1

*Correlations greater than .37 are significant at $p<.05$.

**Correlations greater than .43 are significant at $p<.01$.

³ We chose to regress traits on coping repertoire because each of these traits is well established in the literature as a general personality variable that may drive coping.

correlation between coping repertoire and each of the coping efficacy subscales support the view that repertoire examines a unique pattern of coping behaviors. Coping efficacy has also shown to be only modestly related to conventional coping inventories. In their original scale validation studies, Chesney et al. (2006) reported correlations between their three coping efficacy dimensions and a widely used coping questionnaire, which ranged from $-.22$ to $.27$. Thus, it appears that the decision to employ a particular coping strategy is a complex calculus of which coping efficacy is merely one component. Similarly, individuals with broader coping repertoires need not hold the belief that they are more efficacious with respect to their coping efforts, at least as measured by the Chesney et al. (2006) scale, although there does appear to be some influence of efficacy on both problem-focused and social support coping efficacy.

In sum, our first two studies provide clear evidence that the present conceptualization of coping repertoire is distinct from the cognate constructs of coping and general efficacy, as well as need for cognition and need for emotion. However, we conduct Study 3 to examine the empirical nexus between coping repertoire and coping flexibility.

Study 3: Distinguishing coping repertoire from coping flexibility

One concept found in the coping literature that bears relevance to the current development of coping repertoire is the concept of coping flexibility (Cheng, 2001). Coping flexibility measures the extent to which individuals successfully engage in problem-focused coping strategies in controllable stressful situations and emotion-focused strategies in uncontrollable stressful situations. Given that coping flexibility suggests a facility with both problem-focused and emotion-focused coping strategies, it is possible that individuals possessing coping flexibility may also possess a broader coping repertoire. Importantly, we predict significant conceptual distinctions between flexibility and coping repertoire. In this study, we seek to examine whether activating coping repertoire can occur independent of coping flexibility.

Pretest

We further triangulate on the coping repertoire concept using a multi-method approach, which investigates coping repertoire as a manipulated factor. Previous research has shown that trait variables can be experimentally primed (cf. Davies, 2003; Tormala, Petty & Brinol, 2002). Using this approach allows us to investigate whether coping repertoire can be accentuated or dampened via manipulation and more directly allows for ascertaining the causal relationship between repertoire and appraisal, as we will test in Study 4. Successfully manipulating coping repertoire would also provide convergent evidence for the relationships found in Studies 1 and 2 that used the scale measure.

A total of 59 undergraduate respondents were recruited for participation in the pretest in exchange for partial course credit. Participants were first presented with what was ostensibly a

summary of findings from a recent article published in a major psychology journal (see Appendix 3). In the narrow coping repertoire condition, respondents were told that relying on one or two key coping strategies resulted in better adaptation. Moreover, they were told that individuals who relied on a small set of focal coping strategies are happier and more successful. The article summary was identically worded in the broad coping repertoire condition, except respondents were told that individuals who relied on many different coping strategies are happier and more successful. Upon completion of their narrative, respondents were asked to participate in an additional, purportedly unrelated study. They were then presented with a computer failure stressful vignette. Upon reading the vignette, participants were administered an abbreviated version of the general coping inventory from Study 1 and were told to indicate how they would respond with the computer related stressor. The general coping inventory served as a manipulation check for the coping repertoire manipulation.

To examine this manipulation, we followed the procedure delineated in Study 1 using the general coping inventory items to create a continuous coping measure reflecting respondents' general coping tendencies. We then examined group differences between those exposed to the broad and narrow coping repertoire manipulations and observed significant differences, such that those exposed to the broad repertoire condition reported using more coping behaviors ($F(1,55)=5.57, p<.02$). Thus, it appears the article manipulation was effective at altering respondents' perceptions of their own coping repertoire. Thus, we will use it in Study 3.

Method

A total of 175 undergraduate respondents were recruited for Study 3. Respondents were randomly assigned to be exposed to the vignette manipulation of coping repertoire shown to be effective at inducing either a broad or narrow coping repertoire in the pretest. After viewing either the broad or narrow coping repertoire manipulation, respondents were administered a version of Cheng's (2001) coping flexibility questionnaire (CFQ). This inventory consists of different coping scenarios and is designed to assess variability in appraisals of controllability across stressful scenarios and the use of either problem-focused or emotion-focused coping mechanisms based on these appraisals (see Appendix 4). Respondents indicated their coping flexibility with respect to three recent coping episodes.

Results

The first step in the analysis involved determining whether Cheng's four cluster solution of coping flexibility could be replicated. Therefore, the Cheng coping inventory data was submitted to the fastclus procedure, whereby a maximum of four clusters was allowed. Offering evidence in support of the Cheng structure, the four cluster model appeared to provide a strong fit to the data. The results show the presence of four distinct clusters conforming to Cheng's conceptual definitions, thus validating Cheng's flexibility model. First, we observe the

presence of a flexible cluster characterized by variable patterns of controllability and use of both problem-focused and emotion-focused coping styles across stressful scenarios. A second active-inflexible cluster characterized by consistent patterns of high perceived controllability and use of problem-focused coping. A third passive-inflexible cluster characterized by consistent patterns of low perceived controllability and use of emotion-focused coping. A final active-inconsistent cluster showed variable patterns of controllability while relying primarily on problem-focused coping.

Next, we examine the relationship between coping flexibility and coping repertoire by examining the cluster solutions as a function of the coping repertoire manipulations. First, we conducted the fastclus procedure specifying a maximum of four clusters for those exposed to both the narrow and broad coping repertoire manipulations, respectively. If coping repertoire and coping flexibility are overlapping constructs, then we would expect that activating a narrow coping repertoire should systematically impact coping flexibility. Thus, those in the narrow coping repertoire condition may not exhibit variability in perceived controllability or variability in use of problem or emotion-focused coping. Similarly, those exposed to the broad coping repertoire manipulation may not be capable of effectively discriminating between controllable and uncontrollable stressful scenarios and may apply both problem-focused and emotion-focused coping regardless of the perceived controllability of the stressful scenario. Inconsistent with this overlapping hypothesis and offering evidence in support of discriminant validity, we observed highly significant correlations between the four clusters across both narrow and broad coping repertoires (flexible coping clusters, $r=.91$; active-inflexible clusters, $r=.87$; passive-inflexible cluster, $r=.77$; and active-inconsistent clusters $r=.96$), indicating highly consistent patterns of flexibility regardless of coping repertoire.

To further examine patterns of coping flexibility as a function of coping repertoire, we conducted a canonical correlation analysis contrasting the four clusters as a function of the narrow and broad coping repertoire manipulations respectively. Offering additional evidence in support of the consistency of these structures across coping repertoire conditions, we observe a highly significant association between the two cluster groupings ($R=.997$, $F(16,22)=14.02$, $p<.0001$). This result indicates the invariance of coping flexibility as a function of coping repertoire. The observed invariance in coping structures across repertoire manipulations suggests that coping repertoire is empirically distinct from coping flexibility. Stated another way, the manipulation of coping repertoire did not appear to impact coping flexibility in an observable fashion.

In sum, the results of the first three studies provide convergent evidence in support of the unique role of coping repertoire above and beyond constructs found in the extant coping literature. Therefore, the goal of Study 4 is to identify a unique correlate of coping repertoire to further distinguish coping repertoire from coping flexibility conceptually. We hypothesize a broad personality factor that relates uniquely to

coping repertoire but should not affect coping flexibility—the concept of self-complexity (Evans, 1994). Self-complexity is defined as the degree to which the various aspects of the self concept are differentiated and independent from one another. Self-complexity is thought to be a fundamental component of normal psychological development and to perform an insulating function when individuals face stress in one domain of their life. Individuals high in self-complexity do not allow stress in one domain (e.g., an interpersonal disagreement) to negatively impact their well-being in other life domains (e.g., their ability to perform their job). Because various life domains demand distinct coping strategies, we hypothesize that those with greater coping repertoire will also have greater self-complexity. Note also that greater complexity is not a function of goodness of fit, thus coping flexibility should not relate to self-complexity.

Study 4: Relating coping repertoire to self-complexity

A total of 74 undergraduates were recruited to participate in Study 4. Respondents were told that they would be asked several questions regarding how they responded to stress. Next, they completed the self-complexity inventory (Evans, 1994) which consists of individuals reading eight scenarios depicting stressful experiences in various domains. Respondents were asked to evaluate along three point scales, where 1 = “much worse than before” and 3 = “no different from before,” how experiencing stress in one domain would affect how they felt about themselves in other domains. The maximum possible score is 240, indicating maximum self-complexity, whereas the minimum score is 80, indicating a complete lack of self-complexity across the domains assessed. After completion of this inventory, individuals completed the coping scales used to construct coping repertoire according to the procedure detailed in Study 1.

Results and discussion

First, exploratory factor analyses using promax rotations on each of the subscales were used to improve the reliability of the self-complexity scales. This resulted in a reduction from 80 complexity items to 32. An additional factor analysis on the remaining items deleted 16 additional items. The remaining 16 self-complexity items exhibited strong internal consistency, allowing us to examine their relationship to coping repertoire ($\alpha=.90$). To assess the relationship between repertoire and self-complexity, we examined simple correlations. Although we believe self-complexity to be a potentially broader trait than coping repertoire, we do not make causal assertions positing that self-complexity drives coping repertoire. We instead hypothesize that those individuals with greater self-complexity should exhibit greater coping repertoire. Thus, correlations are the focal analysis. Supporting our view that self-complexity and coping repertoire are related, we observe a significant correlation ($r=.28$, $p<.01$). Thus, these results support our theorizing and suggest that self-complexity is a unique correlate of self-complexity and provide evidence of convergent and

discriminant validity of coping repertoire like Studies 1–3. Our next study (i.e., Study 5) builds on these findings and examines the process through which repertoire operates.

Coping repertoire and ambiguity

One key perceptual element of episodic individual stress pertains to the level of situational ambiguity or uncertainty (Rotte et al., 2006; Ziamou & Ratneshwar, 2002). In the coping literature, ambiguity is defined as the extent to which uncertainty exists as to the factors that affect stress-related outcomes or the uncertainty affecting the probability of specific outcomes occurring (Lazarus & Folkman, 1984). In Study 5, we emphasize the latter and operationalize ambiguity as varying probabilities associated with successful resolution of a stressor.

Although most stressful episodes give rise to some perceptions of situational ambiguity regarding likely outcomes and thereby influencing coping, previous research has identified significant differences according to the relative situational transparency (ambiguity) accompanying the stressful situation. In instances when stressful situations are low in ambiguity, individuals are able to more specifically determine which coping resources are needed to counter these situational effects. In highly ambiguous stressful conditions, the appropriate coping resources needed to alleviate the stressor may be less clear. These differences in ability to appropriately assign specific coping resources would seem to directly implicate coping repertoire.

We postulate that coping repertoire will play a key moderating role in the ambiguity-appraisal relationship and that these effects are distinct from those predicted by a coping flexibility perspective. We further posit that appraisal perceptions will vary due to the perceived controllability of the stressful context. We predict that consumers with a broad coping repertoire, through their reliance on a more diverse array of strategies and desire for increased perceptions of situational control, will be adversely affected by high ambiguity stressful scenarios. We expect that consumers with a broad coping repertoire will be significantly less confident when confronted with high ambiguity stressors due to the fact that these consumers must determine which of the many available coping strategies at their disposal is best suited to address the exigent needs of a high ambiguity stressor. If repertoire interacts with ambiguity, this would support the perceived control explanation. In contrast, narrow coping repertoire consumers are not susceptible to differences in ambiguity. This prediction is based on the fact that narrow coping repertoire consumers have only a limited repertoire of coping strategies available, thereby limiting the available set of coping strategies that they can bring to bear on a stressor. Thus, narrow coping repertoire consumers should not be sensitive to ambiguity differences, whereas broad coping repertoire consumers should be sensitive to ambiguity differences.

Note that this prediction would seem to run counter to the predicted impact of coping flexibility. The coping literature has shown that coping flexibility allows for confident appraisals

regardless of situational controllability due to the ability of consumers to flexibly deploy problem-focused coping strategies to address controllable stressors and emotion-focused coping strategies to address uncontrollable ones. Thus, a coping flexibility account would predict that confidence appraisals would not differ as a function of ambiguity or situational control perceptions. Thus, Study 5 is conducted to further distinguish coping repertoire from coping flexibility, examine a potential interaction with a situational stressful factor and provide direct evidence of the mechanism through which repertoire impacts appraisal.

Study 5: Examining the process through which repertoire operates

The purpose of Study 5 was to examine the hypothesized relationship between coping repertoire and situational ambiguity to further distinguish the repertoire effects from those predicted by coping flexibility.

Method

A total of 208 undergraduate respondents were recruited for participation in Study 5 in exchange for partial course credit. The design was a 2 (situational ambiguity: low/high) by 2 (coping repertoire: narrow/broad) between-subjects design. The focal stimulus was a stressful episode vignette (see Appendix 3). Respondents were told that the car would be repaired with differing levels of ambiguity as to the likelihood of repair (see Appendix 3). Ambiguity was manipulated by priming the degree of certainty over the outcome of the stressful scenario. In the high ambiguity condition, respondents were told that there was only a 50% chance (maximal uncertainty) that the repair shop would be able to effectively diagnose the problem, whereas in the low ambiguity condition respondents were told that the repair shop was 90% sure (minimal uncertainty) they were able to diagnose the problem. After reading the scenario, respondents were first presented with a series of items intended to serve as manipulation checks. In addition to the repertoire manipulation check, an additional item measured the perceived situational uncertainty related to each vignette. After completing these items, respondents were asked to record their confidence appraisals using items measured on seven point scales (described subsequently in Results section). An additional item measured situational control perceptions to provide evidence in support of our theorizing.

Results

The results of Study 5 are displayed in Table 3. To examine the effectiveness of the uncertainty manipulation, we created a composite scale of two items ($r = .22$) designed to measure situational uncertainty. The first item stated “How uncertain would you be in this situation?”, and the second item stated “How well would you be able to predict the future if you were in this situation?” First, we noted that the ambiguity

Table 3
Study 5 results for impact of ambiguity and coping repertoire on appraisal.

	Broad coping repertoire		Narrow coping repertoire	
	High ambiguity	Low ambiguity	High ambiguity	Low ambiguity
Dependent measure:				
Confidence appraisal	3.48	3.98	4.00	3.80
Processing measure:				
Control perceptions	3.56	4.43	4.25	4.02

manipulation appeared to produce the desired differences in uncertainty across high and low ambiguity conditions, with more uncertainty perceived in the high ambiguity condition ($F(1,205)=41.03, p<.0001$). Also, the repertoire manipulation appeared to change respondents' perceptions of their available coping options. After reading the manipulations, respondents were shown a list of eight frequently used coping responses and asked how many of them they typically used in dealing with a stressor. Individuals exposed to the broad coping repertoire manipulation reported using significantly more coping strategies than those exposed to the narrow repertoire manipulation ($M_{\text{broad}}=2.91$ vs. $M_{\text{narrow}}=2.17$; $F(1,200)=51.64, p<.0001$).

Turning to the predicted theoretical relationships among repertoire, ambiguity and confidence appraisals, the results indicate a significant interaction effect between repertoire and ambiguity, consistent with our a priori theorizing ($F(1, 202)=3.75, p=.05$). Planned contrasts revealed that broad coping repertoire respondents in the high ambiguity condition were less confident than narrow coping repertoire respondents ($F(1, 202)=4.12, p<.05$; $M_{\text{high/broad}}=3.48$ vs. $M_{\text{high/narrow}}=4.00$). A significant difference was observed across high and low ambiguity conditions among broad coping repertoire individuals ($F(1,205)=3.90, p<.05$; $M_{\text{high/broad}}=3.48$ vs. $M_{\text{low/broad}}=3.98$).

Control perceptions

To examine the process through which these effects are operative, we examined situational control perceptions. A single five point Likert scale item was used to measure situational control ("How much control would you feel you had in this situation" with scale anchors "1=no control" and "5=complete control"). Recall our theorizing predicts that broad coping repertoire individuals perceive less control in high ambiguity situations, resulting from their relative inability to apply their broader coping skills due to a lack of certainty about which coping strategy may be most effective. In contrast, narrow repertoire individuals are relatively unaffected by situational ambiguity. Regardless of the level of ambiguity present in the environment, narrow repertoire individuals rely on the few key strategies that they typically choose. Consistent with this theorizing, we observe a significant ambiguity by repertoire interaction ($F(1,203)=5.97, p<.01$). Examining planned contrasts, we observe that broad coping repertoire individuals reported significantly less situational control in high ambiguity situations as compared to narrow coping repertoire individuals ($F(1, 203)=4.70, p<.05$; $M_{\text{high/broad}}=3.56$ vs. $M_{\text{high/narrow}}=$

4.25). A significant difference in control perceptions was also observed among broad coping repertoire individuals such that high ambiguity situations were associated with significantly less control than low ambiguity situations. ($F(1,203)=7.60, p<.01$; $M_{\text{high/broad}}=3.56$ vs. $M_{\text{low/broad}}=4.43$).

To provide further evidence of process, we examined whether situational control perceptions mediated the effects of the experimental conditions on confidence appraisals. Again there was a significant coping repertoire by ambiguity interaction (controlling for main effects) on control perceptions ($\beta=-.73, t(203)=-2.44, p<.05$) and confidence appraisals ($\beta=.41, t(203)=1.94, p=.0542$). In the regression equation with both control perceptions and the interaction term (controlling for main effects) predicting confidence appraisals, control perceptions continued to predict confidence appraisals ($\beta=.23, t(203)=3.31, p<.001$), as did the interaction term ($\beta=.75, t(203)=2.52, p<.01$). Further, a Sobel test was significant ($z=2.03, p<.05$). The net result of these analyses indicates that control perceptions partially mediate the effects on confidence appraisals.

Discussion

The results of Study 5 have significant implications for the proposed theorizing. First, the results again demonstrate the interactive relationship between trait influences and situational influences on the appraisal process. Perhaps more importantly, Study 5 provides direct evidence of the process through which coping repertoire impacts appraisal, namely through its impact on perceived control. This result builds on previous research in the coping literature by offering a psychological mechanism, whereas previous research merely examined the outcomes associated with larger or smaller repertoires (Pearlin & Schooler, 1978).

An additional important finding associated with Study 5 is that these results seem to run counter to a coping flexibility explanation. Coping flexibility is based on the notion that consumers hold confident coping appraisals regardless of the perceived controllability of the stressful situation based on their ability to appropriately engage in either problem-focused coping strategies to address high control scenarios, or emotion-focused coping strategies to address low control scenarios. Thus, coping flexibility would not predict the variable patterns of appraisal as a function of ambiguity and control perceptions observed in Study 5. Study 5 demonstrates that broad coping repertoire consumers, when confronted with highly ambiguous conditions, rather than evince higher or stable perceptions of confidence, evince reduced perceptions of coping potential under these conditions vis-à-vis low ambiguity conditions. In these conditions, the ability to rely on multiple strategies increases the likelihood that an ineffective or inappropriate coping strategy is used. This heightened possibility is reflected by diminished confidence appraisals of broad coping repertoire consumers in this condition. The results from Study 5 are also significant in the context of the earlier findings because they identify a boundary condition for the positive impact of coping repertoire on cognitive appraisal. Thus, rather than being

universally beneficial, coping repertoire appears to impact appraisal on a more contingent basis.

General discussion

The current research provides evidence in support of a new consumer coping trait, coping repertoire. To date, the coping literature has not considered the effect of individual differences in coping repertoire; instead, it has primarily focused on how specific strategies in isolation relate to emotion or cognitive appraisal. Thus, the current studies show that the tendency to engage in multiple coping strategies (i.e., coping repertoire) produces systematic influences on stress-related perceptions, namely confidence appraisals. Although previous research has examined coping repertoire as a function of life roles, no research has directly compared this conceptualization to cognate coping constructs such as self-complexity, coping efficacy and coping flexibility as is done in the present research. Study 1 provides direct evidence that coping repertoire is distinct from generalized self-efficacy, need for emotion, and need for cognition. Study 2 demonstrates that coping repertoire is also empirically distinguishable from a recently developed measure of coping efficacy, providing strong rationale for its continued investigation by coping researchers. Study 3 provides evidence of a theoretically related correlate of coping repertoire, self-complexity. Study 4 provides evidence of the discriminant validity of coping repertoire compared to coping flexibility, another recently developed coping trait found in the literature. Study 5 provides evidence of the underlying psychological mechanism through which repertoire operates.

A second contribution of the current research involves the development of a refined scale to measure coping repertoire as well as an experimental manipulation to prime this trait in specific situations. Whereas previous research examining coping repertoire merely asked individuals to list the number of coping strategies they employed in response to stressors, the current investigation relied on calculating repertoire based on scales with known psychometric properties.

A third contribution of the current research involves the identification of a psychological mechanism through which repertoire impacts the appraisal process. In Study 5, we found evidence that control perceptions partially mediated the impact of coping repertoire on appraisal. This finding appears to be at odds with explanations offered by rivaling coping traits, such as coping efficacy and coping flexibility, and thus builds toward a better theoretical understanding of how trait factors interact with situational factors to drive appraisal and coping.

A final contribution of the current research is that we directly test for both trait and situational influences on appraisal simultaneously. Despite the influence that the transactional theory of coping has had on the coping literature, most research in this area emphasizes either situation or trait factors to the exclusion of the other. Hopefully, the current findings will encourage future research using a similar paradigm.

Limitations and future directions

There are several limitations of the current research for future research in this area to address. One point of significance of the current study relates to the potential for feedback effects involving the interaction of trait and state factors. Although the current research (particularly in Study 5 where coping repertoire was experimentally primed) adopted the position that causality flows from trait to state, it is certainly likely that feedback effects occur while coping with stress in everyday life. Consumers' natural tendencies are likely to be reinforced or dampened based on their responses to specific stressful scenarios such that over time we could observe (and correctly theorize) the causal impact of situational stress variables on coping traits such as coping repertoire. Future research should examine the potential for such feedback effects, as well as examine the level of generality at which repertoire operates. Based on our results, it appears that repertoire is not as general a concept as efficacy or self-control. Thus, our findings differ from a recent work showing generalized effects of confidence or general depletion of self-control (Baumeister et al. 2008; Tormala & Petty, 2004).

Another limitation of the current research is that we relied on vignette and retrospective methodologies to model the coping process. These methodologies are characteristic of the preponderance of research in the coping literature. However, the scales and predictions employed in the present research could certainly be adopted to examine "live" stressful scenarios in real time. Such studies may offer the opportunity to collect convergent evidence to supplement the current findings.

The present findings also bear implications for several related streams of consumer research. For instance, the consumer health literature has begun to incorporate coping theory in recent years (Menon, Block & Ramanathan, 2002; Luce & Kahn, 1999). This research has shown the moderating role that trait factors may play in risk assessments and their likely adherence with health care treatment (Keller et al., 2003). Such findings raise the possibility that coping repertoire may also play a moderating role. In the context of adherence with cancer screenings (Luce & Kahn, 1999), coping repertoire could be a critical trait factor impacting adaptation. Perhaps consumers with broad coping repertoires would be better equipped to cope with such illness.

Coping repertoire may also impact other consumer health theory. One stream of research in this domain has focused on the self-positivity bias or the general tendency of consumers to underestimate their own susceptibility to illness (Lin, Lin & Raghuram, 2003; Luce & Kahn, 1999; Menon et al., 2002). One finding from this literature relates to the role of perceived control, such that the self-positivity bias is stronger for highly controllable events (e.g., the possibility of a smoker getting cancer). This link to perceived control raises the possibility of a link between self-positivity and coping repertoire. Future research is needed to investigate this possibility.

Several research opportunities remain in this important area. Future research could also examine how coping repertoire impacts the goal–performance relationship. It is possible that

consumers with broad coping repertoires have different responses with respect to goal-performance processes. If coping repertoire yields varying confidence appraisals, then perhaps these individuals exert more effort and are more likely to succeed in achieving difficult goals. Future research could also examine the influence of additional situational influences beyond control and ambiguity and incorporate other factors such as stress domain (e.g., financial, interpersonal, etc.). Perhaps differences in domain moderate the effect of repertoire on confidence, rendering these effects less impactful in specific domains not requiring as broad a repertoire of coping strategies. Future research should explore the role of additional situational characteristics to identify additional boundary conditions for the trait effects we report, as well as investigate the possibility of higher order (i.e., non-monotonic) coping repertoire effects.

The current research has demonstrated the merits of investigating interactive relationships between trait and situational effects on critical stress appraisals. Future research should continue to pursue trait influences on coping in general, and the concept of coping repertoire more specifically.

Appendix 1. Construct definitions and sample items from the eight dimensional coping scale (36 items) used to form the coping repertoire measure taken from Duhachek (2005)

Active Coping: Direct, active attempts to manage a source of stress.

“Get more information to solve the problem.”

Rational Thinking: Try to prevent subjective emotions from directing behavior.

“Try to step back and be more objective about the situation.”

Positive Thinking: Attempt to psychologically reconstrue an event in a less threatening fashion.

“Focus on the positive aspects of the problem.”

Emotional Venting: Attempts to recognize and express one’s emotions.

“Take time to express my emotions.”

Emotional Support: Attempt to marshal social resources to improve one’s emotional state.

“Rely on others to make me feel better about the problem.”

Instrumental Support: Attempt to marshal social resources to change the situation directly.

“Rely on someone to help me fix the problem.”

Avoidance: Attempt to psychologically or physically distance oneself from the problem.

“Try to take my mind off of it by doing other things.”

Denial: Attempt to completely close oneself off from a problem.

“Pretend that the problem never occurred.”

Appendix 2. Procedure to create coping repertoire score and adjustment procedure to account for response style

1. Compute individual standard deviation across the 36 coping items.
2. Compute individual mean coping score across the 36 coping items.

3. Adjust each of the eight dimensional means by subtracting mean coping score and dividing by individual standard deviation.
4. Calculate adjusted median scores for each of the eight coping dimensions.
5. Classify each participant as above or below the median for each of the eight coping dimensions.
6. Sum the adjusted scores across the eight dimensions to calculate the repertoire variable.
7. Median split the repertoire variable, classifying individuals as either broad or narrow in coping repertoire.

Appendix 3. Study 3 and Study 5 vignette

Narrow (low) consumer coping repertoire condition

A recently published study on stress has found that individuals that cope with stress and life’s problems by using one or two main ways of dealing with problems are better off than those that try several different solutions to life’s problems. The study found that individuals using a specific coping strategy are better able to cope with stress, are more successful in their jobs and are better students overall. The study found that successful people differ in which strategy they use, but that relying on a tried and true approach that fits your personality is the best way to handle stress and handle life’s adversities. The study found that there was a direct link between using a single coping strategy repeatedly and life happiness, success and contribution to society.

Broad (high) consumer coping repertoire condition

A recently published study on stress has found that individuals that cope with stress and life’s problems by using many different ways of dealing with problems are better off than those that try several different solutions to life’s problems. The study found that individuals using a number of different coping strategies depending upon the situation are better able to cope with stress, are more successful in their jobs and are better students overall. The study found that successful people differ in which strategies they use, but that relying on many different strategies depending upon the situation and your personality is the best way to handle stress and handle life’s adversities. The study found that there was a direct link between the number of coping strategies used and life happiness, success and contribution to society.

Low ambiguity condition

As you are driving to work, your car breaks down. You are late for work after having to have the car towed to the nearest repair shop. You have to frantically scramble to make it to work and you are concerned about how you will get to work in the near future if your car is in the shop too long. After work, you get a friend to drive you to the repair shop to see about your car. The mechanic tells you that he’s 90% sure he’s diagnosed the

problem and that he's 90% sure that he can fix the car so it will run like new again.

High ambiguity condition

As you are driving to work, your car breaks down. You are late for work after having to have the car towed to the nearest repair shop. You have to frantically scramble to make it to work and you are concerned about how you will get to work in the near future if your car is in the shop too long. After work, you get a friend to drive you to the repair shop to see about your car. The mechanic tells you that he's 50% sure he's diagnosed the problem and that he's 50% sure that he can fix the car so it will run like new again.

Appendix 4. Sample of coping flexibility questionnaire adapted from Cheng (2001)

Describe in a sentence or two the most stressful or irritating event you experienced today. This event should (a) demand considerable effort from you to handle it, (b) influence your well-being and/or your relationship with others or both (a) and (b). Describe in space below:

1. How desirable do you think this event has been to you?
Extremely Undesirable 1 2 3 4 5 6 7 Extremely Desirable
2. How much impact do you think the event has had on you?
Having No Impact on You 1 2 3 4 5 6 7 Having Extreme Impact on You
3. How much control do you think you have had over this event?
Having No Control over the Event Outcome 1 2 3 4 5 6 7 Having Total Control over the Event Outcome

Part 2: Describe in a few words your coping strategies, that is, the thoughts or behaviors you have used to manage (e.g., master, tolerate, reduce, minimize) the stress associated with this event. We would like to know all your actual efforts made, and such thoughts or behaviors NEED NOT be completed or successful.

Please describe ONE coping strategy. If you used multiple strategies, please tell us about the one you used the most.

4. What was your primary goal in using this strategy? By goal, we mean any valued state, activity or object that you would like to attain or maintain. Words such as wish, hope, want, need, decide, going to do, try to do and must do reflect your goal toward this event. You may have more than one goal, but please refer to the most important one (describe goal in space below):

When using this strategy, your primary goal was (please check one):

- ___ to directly handle the demands/problems associated with the event in order to improve its effect on you.
- ___ to reduce or manage your distress or uncomfortable feelings associated with the event.

5. How effective did you find this strategy?
Very ineffective in bringing about the primary goal 1 2 3 4 5
6 7 Very effective in bringing about the primary goal

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