A Grounded Typology of Consumer Coping Strategies Within the Context of Infertility Treatment

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EXTENDED ABSTRACT - In recent years, researchers in consumer behavior have increasingly recognized that people may encounter significant obstacles when attempting to achieve goals related to consumption. One research stream demonstrating the salience of this topic focuses on understanding the coping strategies consumers employ when they experience and attempt to manage negative or mixed emotions in a variety of consumer contexts. Coping has been defined as a multidimensional set of cognitions and behaviors called upon to help the person manage or tolerate the demands imposed by chronic or acute stressors. (Eckenrode, 1991, p.3).

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In recent years, researchers in consumer behavior have increasingly recognized that people may encounter significant obstacles when attempting to achieve goals related to consumption. One research stream demonstrating the salience of this topic focuses on understanding the coping strategies consumers employ when they experience and attempt to manage negative or mixed emotions in a variety of consumer contexts. Coping has been defined as “a multidimensional set of cognitions and behaviors called upon to help the person manage or tolerate the demands imposed by chronic or acute stressors.” (Eckenrode, 1991, p.3).

In contrast to studies that examine how individuals cope with consumption challenges during difficult life stages of their life cycles, this paper focuses on how consumers cope as they use marketplace choices to help them progress to a desired stage in the life cycle—parenthood. Although 90% of childless married couples say they would like to have children, infertility affects one in six married couples in the U.S. (May, 1995). Moreover, consumers now spend an around $2 billion a year on infertility services, and the average costs of “Assisted Reproductive Technology” treatments such as insemination and in vitro fertilization range from $4,000 to $11,000 per attempt (De Witt, 1993), with most procedures not covered by insurance. While demand for infertility treatments has skyrocketed, and while these services are typically emotionally charged, prolonged, and extremely costly, to date few scholars in consumer behavior have explored this context.

One instrument that is well known in psychology, and that was designed to capture the cognitive and behavioral coping strategies used in stressful situations, is the “Ways of Coping” survey. Folkman et al. (1986) applied this survey to their study of a variety of stressful situations, and factor analysis revealed people used eight distinct coping strategies. Our research on infertility has led us to believe these strategies are neither mutually exclusive nor collectively exhaustive. Specifically, as we consulted both our naturalistic data and the literature on coping, we honed the following research questions:

1. How relevant are the eight coping strategies identified by Folkman et al. (1986) in consumers’ own descriptions of their infertility experiences?

2. What other types of coping strategies (if any) do consumers employ in the context of seeking infertility treatment?

We explored these questions by conducting in-depth personal interviews with 20 women and 3 men experiencing infertility in the U.S. and Canada from May 2002 until February 2003. Informants ranged in age from 28-47 years, were from a variety of geographic locations, represented a variety of socioeconomic backgrounds, and were mostly white. Three researchers (two professors and a graduate student) read all of the interviews several times for familiarity. Each author was then primarily responsible for rigorously coding one third of the interviews for the presence of the eight coping strategies identified by Folkman et al. (1986), assigning their informants’ coping strategies to one of eight categories, or creating and naming emergent categories if none of these a priori strategies were descriptive of our informants’ coping behavior.

Our findings reveal that the Folkman et al. typology is somewhat useful in interpreting the coping strategies used by consumers when they manage the stress they incur when being treated for infertility. Moreover, we find there are four categories of stressors that are relevant within this context: impediments to achieving a parent, emotions, information uncertainty, and failure (interim and terminal). Our other findings include: 1) the absence of the escape/avoidance coping strategy as described by Folkman, et al. in our text; 2) the fact that taking responsibility for one’s infertility emerged not as a coping strategy but as a stressor, and 3) the emergence of several distinct strategies under the umbrella of the general strategies described by Folkman et al. Examples with respect to the latter point include various types of planful problem solving, such as active problem solving, leadership, simultaneous problem solving and acquiring and deploying resources. Our findings demonstrate the value of a grounded-theory approach to understanding coping, and call for creation of more discerning measures of coping within a high-stress context where failure rather than success may be the norm.

References