Health and Consumer Vulnerability: Identity Dissolution and Resiliency Behaviors

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Health challenges threaten consumer identity and market presence. This research explores identity dissolution and reconstitution through consumption and market engagement. Sixty interviews explore consumption meanings for individuals facing acute diagnosis, chronic illness, disability, and end-of-life. Despite experiencing vulnerability, consumers craft consumption practices that reconstruct identity, restore equity, and build resiliency.

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Beyond Vulnerability: Building Resilient Consumers and Communities

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Paper #1: Narratives of Cultural Trauma (and Resilience): Collective Negotiation of Material Well-being in Disaster Recovery

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Paper #2: Community Resiliency in the Aftermath of the New Zealand Earthquakes

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Paper #3: Consumption Under Restriction: Vulnerability and Resilience in a Maximum Security Prison

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Paper #4: Health and Consumer Vulnerability: Identity Dissolution and Resiliency Behaviors

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SESSION OVERVIEW

Consumers’ lives are characterized by a variety of pressures related to self, family, community, and the macroenvironment (Baker & Mason 2012). Over time these pressures may build until a person is pushed to feel that he/she can no longer cope. At other times, a sudden trigger event may thrust consumers into experiencing overwhelming adversity. In such cases, consumers may turn to the market and consumption for some form of resolution.

Consumer research widely acknowledges the positive role that the consumption of goods and interactions with markets play in consumer lives and identities. What is not so commonly recognized is the personal or social instability, and potential vulnerability, related to the lack of access and acceptance within markets (Baker, Gentry & Rittenburg 2005; Baker & Mason 2012). Markets and consumption are sources of meaning, connection, and freedom, but at times can also be sources of exclusion, inequality, and social conflict. When faced with such adversity in addition to everyday pressures or trigger events, consumer vulnerability may occur.

Vulnerability is a state of human existence characterized by powerlessness and lack of control (Baker & Mason 2012). Vulnerability can be profoundly overwhelming; vulnerability can drive people to seek some resolution. Resiliency is argued to be a process that reduces consumer vulnerability, promotes current well-being, and ideally connects consumers with access and engagement to the needed social or market resources that strengthen self and environment from future susceptibility. Further research is needed in the ways in which consumers who experience vulnerability attempt to build resiliency through consumption and market forces.

In this session, four papers explore the resiliency of human beings and their capacities to create individual and social change through consumption and market forces. Drawing from different theoretical and contextual lens, the authors examine how resiliency might be constructed. The first paper by Baker and Baker highlights how cultural trauma and resilience narratives sustain collective community recovery efforts following a devastating disaster. The second paper by Ozanne and Ozanne examine the evolving community response, capacities, and ultimately resiliency across a four year span following a series of earthquakes. Moving from community to an individual perspective, in the third paper, Hill and Rapp investigate resiliency in a maximum security prison, an environment which is characterized by restricted choice, depersonalization, and commoditization. The fourth paper by Mason and Pavia investigate serious health threats to consumer identity and market presence, which spark efforts to reconstitute identity, restore market engagement, and build personal resiliency. Together the studies reveal rich insights into what is resiliency and how persons overcome devastating conditions to build it. Our informants do not passively accept vulnerability or powerlessness. The consumers and communities actively and constructively resist constraints to adopt resilience behaviors.

Narratives of Cultural Trauma (and Resilience):
Collective Negotiation of Material Well-being in Disaster Recovery

EXTENDED ABSTRACT

Cultural trauma occurs “when members of a collectivity feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways” (Alexander 2004, p.1). Importantly, cultural trauma is not caused by catastrophic events in and of themselves; but, instead, is socially constructed and located in meaningful relationships between discourse, practice, structure, and events (Alexander 2004; Breese 2011; Oliver-Smith 1999; Smelser 2004).

Routines, social bonds, and material and ecological worlds are irrevocably changed in times of cultural trauma. Imagine a community devastated by mass unemployment, war, terrorist attack, criminal activity, technological malfunction, or a natural hazard event and notions of how inhabitants garner resources, rebuild infrastructure, homes, and seek other forms of recovery may come to mind. Discourse centers on the destructive event, followed by demand for symbolic and institutional reparation. Who or what is to blame? Who are the victims? What kind of material help is needed? Community history, the suffering of its members, actions taken to alleviate suffering, and the relationship between the impacted community and the rest of the world narrate the trauma. Such narratives stimulate and inform practices to restore community functioning.

By blending theory from cultural sociology with data derived from a documentary TV series on community recovery after a tornado devastated Greensburg, Kansas, our work explores how collective memories about trauma and resilience morph and change over the course of disaster recovery. Using cultural trauma theory as our basis, we theorize why there is demand for trauma and resilience narratives, how such demand is created and sustained, and of what the structure and content of the narratives are composed. We also discuss the effects of such narratives on anticipated and realized consump-
tion post-disaster, and theorize why communities have different experiences in garnering outside support for their recoveries.

Theoretical Framing. Collective memory theory explains how members of a social group retain, alter, or re-appropriate public knowledge of events from the past (Halbwachs 1950, 1980; Schwartz 1982). Though there is no single memory, collective memories are shared and are allowed to change and develop as group needs for the memories change (Schwartz 1991). Collective memory is a social construction; social groups reinterpret the past to be consistent with present concerns and social groups remember what they want and need to remember (Schwartz 1991). The public discourse over collective events determines whether an event or set of events constitutes cultural trauma (Alexander 2004). And, how such events are interpreted greatly impacts future consumption practice and discourse in community. In other words, cultural trauma theory employs collective memory theory as its basis for understanding narratives about particular events.

Our work analyzes the narratives of loss and recovery in a 29-episode television series, Greensburg: A Story of Community Rebuilding, produced by Leonardo DiCaprio and aired on the Planet Green television channel via Discovery Networks. The series’ cover description illustrates the interplay between collective narratives on trauma and resilience in a disaster.

On May 4, 2007, a deadly tornado struck Greensburg, Kansas, ripping the town to shreds. Ninety-five percent of the town was destroyed, 11 lives were tragically lost, and survivors were left without homes, businesses, schools and basic city services. Greensburg was gone, and it seemed that all was lost for its residents. Out of the rubble came resilience and courage...the spirit of the Greensburg citizens is what makes the journey most inspirational, as ordinary people of great character choose to create a better life for themselves and their children.

Narrative analysis concentrates on community members’ interpretations, as revealed during the television program (Heider 2001). This analytic method does not sit squarely within any theoretical tradition, but the approach “gives prominence to human agency and imagination, [and] it is well suited to studies of subjectivity and identity” (Riessman 1993, p.3). The interpretation of the episodes is complete. Each episode is analyzed as multiple blocks of text/narratives. As suggested by Riessman (1993) and Thompson (1997), analysis moves from the specific toward higher levels of abstraction. First, data from each narrative set was analyzed independently of one another. We created spreadsheets in which we listed aspects of different core narratives related to loss and recovery. We looked at how stories about particular experiences were told and asked why they were told that way (Riessman 1993). Time references to specific passages were listed. Next, we compared narratives across episodes (and time) and looked for changes and commonalities along the story lines. In the last phase emergent themes are stated in light of combined literatures on collective memory, cultural trauma, and consumer vulnerability.

In contrast to previous consumer behavior explorations of disaster where the impacts of disaster on consumption and self-identity are explored (Sayre 1994) or trade-offs between self-identity and collective identity are illuminated (Baker and Hill 2013), this research sits squarely in the cultural tradition, and explores broader macro-cultural narratives, as well as the marketing and public policy implications that flow from them. We highlight collective memories in times of cultural trauma to explain the demand for and interplay between trauma and resilience narratives. Our discussion highlights human perspectives of trauma and resilience, and then provides a theoretical perspective on cultural trauma and the processes that sustain it. We indicate how narratives relate to anticipated and realized consumption post-disaster, as well as provide implications for consumer well-being and disaster response.

Community Resiliency in the Aftermath of the New Zealand Earthquakes

EXTENDED ABSTRACT

Within the social sciences, community capacity is widely examined as the characteristics of a community that impact its ability to mobilize and address social problems (Goodman et al. 1998). More recently, researchers are moving from an interest in community capacity to community resiliency—or the ability of a community to bounce back following a disaster (Baker 2009; Longstaff 2005). Whereas community capacity is the potential to mobilize resources, resiliency is the effective deployment of resources to address a crisis. This new emphasis on resiliency means that researchers are no longer examining single-event disturbances but are adopting a longer-term perspective to understand how communities respond in the face of ongoing disturbances, such as the continuing challenges facing the U.S. Gulf Coast region (Baker and Hill 2013).

We examine how a community responded to a series of earthquakes based on four years of ethnographic field work. Prior to the earthquake, our research was focused on examining a local exchange system where services were traded to get needs met and build skills. This meant that we had first-hand knowledge of the town and established relationships in the community before the disaster hit. Following a series of earthquakes, our research expanded to examine the community-wide response to the disaster. We build upon the conceptual framework developed by Norris et al. (2008) to present resiliency as a set of adaptive and networked capacities that town members activated to solve immediate practical problems and enhance individual and collective efficacy.

Over a six year period, the local trading system had developed and evolved significant capacities. The trading organization established extensive communication and social capacities that were regularly practiced through the hours of services that were exchanged. At first, these capacities were activated to encourage trading services to meet individual needs but, over time, larger projects were organized to meet broader community needs. Across years of exchanging services, a culture of caring emerged where town members worked to meet local needs. Notably, the community was practicing skills that were preparing them to work together to solve unanticipated problems by engaging in team work to respond to practical challenges, tap into relevant expertise within the team, and collaborate to get the job done.

Following the crises, the local exchange network was able to activate its communication capacity to send and receive critical information through its social network allowing crucial resources to flow. Moreover, the flat organization demonstrated that it was nimble, creative, and flexible at problem solving by leveraging the distributed knowledge and resources of its social network. It was particularly sensitive to local vulnerabilities, identifying and responding to individuals (e.g., families in crisis) and groups with special needs. For example, the Medical Center was provided with volunteers to assist by calling 156 elderly residents to check on physical and emotional needs. Volunteers also organized material and emotional support for families in crises with damaged homes and organizational members who required assistance with damaged facilities.
Relying on in-depth and nuanced knowledge of the local community, the local exchange organization was far more responsive to local vulnerabilities than were external emergency personnel and organizations, which often take a top-down authoritative approach and leave before the difficult work of reconstruction begins (Guion, Scammon, and Borders 2007; Klein and Huang 2007). Moreover, the local exchange system encouraged old and new rituals and narratives of resiliency as the larger community prepared itself for the long and extensive work of reconstruction. For instance, members organized frequent community celebrations to bring residents together in fellowship as well as enhance the weak and strong social ties that had been created and have been shown to be critical to community recovery (Aldrich 2011, 2012). As more community members practiced collective problem solving, the community developed greater redundancy in terms of the people who could be activated during the continuing crises. For example, much of the built environment in the local town was damaged and many recreational and gathering areas were destroyed. Community members organized people across several work days where a lot was cleared, a Petanque court was built, a garden was planted, and tables, benches, and a performance stage were built. This area is now an important gathering site that is regularly used and maintained by the town.

Consumption Under Restriction: Vulnerability and Resilience in a Maximum Security Prison

EXTENDED ABSTRACT

Choice is one of the most studied phenomena in the consumer behavior literature, allowing scholars to discern emotional and psychological drivers and reactions to interactions within the marketplace (Luce, Bettman, and Payne 2001). While the majority of our literature evaluates consumer choice architectures and decision-making in situations of abundant choice (Chernev and Hamilton 2009), we seek to expand comprehension of the much less understood context of consumption under severe restriction (Botti et al. 2008). Markus and Schwartz (2010, p. 344) aptly define choice as “what enables each person to pursue precisely those objects and activities that best satisfy his or her own preferences within the limits of his or her resources,” but they also recognize that “there is bound to be someone, somewhere, who is deprived of the opportunity to pursue something of personal value.” Accordingly, we seek to learn more about how consumers react to situations of extreme choice restriction induced by a total control institution that negates the kinds of freedom implicit in most of the current research models in consumer behavior.

The most extensive forms of restriction may occur in what Goffman (1963) calls total-control institutions, exemplified by prisons, psychiatric hospitals, concentration camps, and other intensive forms of person-over-person control. For instance, individuals who are incarcerated in certain lock-down facilities face elimination of nearly all human rights as punishment for crimes committed. Early views of such treatment are often rooted in the belief that incarcerated persons are “outlaws,” and are not protected by the same legal rights as law-abiding citizens (Vogelman 1968). Accordingly, inmates typically live in cells with one or more persons, are told what and when to eat, how and when to bathe, work, and recreate, and face strict regulation of personal possessions and random searches, leading to heightened levels of psychological distress and subsequent behavioral reactions.

Our goal is to advance the understanding of consumer behavior processes and their impact on consumption in the face of such extreme restrictions through first-hand accounts of life in a maximum security prison. Designed to house about 3,300 men, it typically operates beyond capacity by several hundred prisoners. The 60+ acre walled complex lies in the middle of the grounds and contains several cellblocks, along with a variety of service units for food, spiritual needs, medical care, education, and work. The average age of the men is 37 years old, with a racial balance of 50% black, 38% white, 11% Hispanic, and 1% listed as other. The dominant licit occupation before arrival is unskilled laborer, the mean reading level is below 8th grade, and over 40% did not graduate from high school or have a diploma equivalent. Men arrive shackled in the back of police vans after stays of up to one year or more in a local jail while awaiting sentencing. The intake process follows a strict routine and consists of psychological testing, removal of possessions including clothing, a cavity check for contraband, assignment of a number that is used to refer to them instead of their names, and provision of prison garb and toiletries of state issue. The men are also asked where they want their bodies delivered at their deaths, emphasizing the unwillingness of parole.

The process of discovery passed through three phases that were co-created by one of the researchers and the men. Tenets of ethnography where researchers occupy a locally appropriate role (Hill 1991), as well as principles of participatory action research (PAR) where community members are invited into research on their terms for the purposes of consciousness-raising and institutional change (Ozanne and Saatcioglu 2008), guided this project. The sensitive nature of the men’s subordinate position in the prison system required an initial period of trust building (phase 1), while phase 2 involved a shift in the power relationship away from the traditional researcher role to that of facilitator and active participant in the process. The final phase (3) required a reversal of leadership, whereby the men used these data and interpretations to press for collective agendas in formal settings and initiate novel methods of advocacy.

This investigation provides a rare glimpse into a total control institution that seeks to depersonalize and commoditize men under its charge, in part, through restricted choices and consumption. Our study yielded themes and subthemes based on perspectives of incarcerated men. The first theme involves depersonalization, capturing dehumanizing and commoditizing processes that the men were subject to by the prison system. The second theme deals directly with consumption consequences that provide relief from prison life and its assault on humanness. Our findings show negative short-term outcomes of masking current realities and the return to previous ways of exchange relationships that mirror pre-incarceration consumption experiences. The final theme examines psychological responses to depersonalization and commodification, focusing on coping reactions by the men. Resulting coping behaviors of blaming the self or others for their predicaments and lack of choice, isolating themselves or bonding with others who face the same circumstances, and desire to seek higher ground by looking to advance oneself through new consumption avenues lead to several alternative ways of achieving need satisfaction and revealing various levels of resilience.

Health Challenges and Consumer Vulnerability: Identity Dissolution and Resiliency Behaviors

EXTENDED ABSTRACT

When conceptualizing vulnerability, it is common to think of someone as vulnerable because they are limited in their ability to engage effectively in the marketplace (Baker, Gentry and Rittenberg 2005; Shultz and Holbrook 2009). Such vulnerability can arise from a variety of individual and external factors, but one’s health and body may be a catalyst central to experiencing vulnerability (Mason and
Pavia 2006; Pavia and Mason 2014, 2004). It is through our bodies, whether healthy or challenged, that we consume and construct identities. This consumption and construction occur within a dynamic market environment structured on resources, social norms and processes which can heighten one’s vulnerability (Baker and Mason 2012). In this paper, we highlight the ways that health can evoke vulnerability through consumption challenges and identity dissolution. We then examine consumer attempts to reconstitute lost facets of identity and build lasting resiliency through altered consumption and market engagement.

Staggering numbers of consumers live with health limitations due to illness, aging, and disability. In the U.S., nearly 27 million persons live with heart disease, 20 million with cancer, 16 million with diabetes, 25 million with asthma, and 52 million with arthritis (CDC 2014). Furthermore, with aging populations, health limitations are rising. In the U.S. the majority of persons over 65 years have at least one chronic condition and 62% report having a physical limitation which restricts basic living activities (CDC 2014). What these numbers don’t reveal are the difficulties and ongoing uncertainties that millions of consumers with health challenges face in their daily living and consumption (Charmaz 1991; Frank 1995).

Previous consumer research has explored consumption during transitions embedded with health crisis and limitations including illness diagnosis, disability, advanced age, or loss of a loved one (Baker 2006; Barnhart and Penaloza 2013; Gentry et al. 1995; Mason and Pavia 2006; Pavia and Mason 2004; 2014). The research has found that significant adjustments in consumer attitudes and behaviors occur during these transitional periods. Such adjustments occur because health challenges limit one’s ability to access or successfully navigate the marketplace. For example, physical barriers to the market and an inability to consume in past fashion may exacerbate recognition of bodily limitations (Barnhart and Penaloza 2013; Mason and Pavia 2006). Uncomfortable encounters and critical gazes in the marketplace may further stigmatize and negatively impact self-perceptions (Baker 2006; Pavia and Mason 2012). Through times of adversity, consumer vulnerability is heightened. Furthermore, during a health crisis, the act of consuming and participating in the market takes on deep, reflexive meanings (Pavia and Mason 2004), and the inability to do so is likely to evoke a vulnerability that involves the dissolution of core parts of the self. However, consumer studies also reveal that individuals are not destined to these stereotypical or stigmatized consumer identities (Barnhart and Penaloza 2013; Pavia and Mason 2012). Further research is needed regarding the vulnerability and resiliency that emerges when core facets of the self are threatened and consumption paradoxically involves both triggers and resolutions.

This research explores the vulnerability, identity concerns, and resilient behaviors that consumers experience or undertake in light of daunting health circumstances. More specifically, we examine identity dissolution and reconstitution through acts of consumption and market engagement. Moving beyond notions of consumer vulnerability as an adverse market interaction, and drawing from the illness literature (Charmaz 1991; Frank1995), we first identify deeply valued facets of one’s identity which are threatened when confronted with severe health challenges. Based on these underpinnings of vulnerability and identity dissolution, we then examine the ways in which consumption and market engagement may help reconstitute identity and build resiliency. Adopting a grounded theory approach (Charmaz 2006), more than sixty depth interviews were conducted with individuals facing acute diagnosis, chronic illness, disability, and end-of-life issues.

Emerging themes reveal that beyond market exclusion, deep trajectory concerns related to role stability and productive value, social/relational stability and separateness or stigmatization, emotional stability and dependency, temporal stability and liminality, and financial stability and lost market status evoke important facets of identity. Faced with ongoing identity dissolution and vulnerability, consumers enact, mobilize, and challenge those norms which have threatened their identity. They attempt to construct a more resilient identity, which contests the loss and focuses on redefining and reconstituting valued aspects of self. However, continuing metaphors of opposition (e.g., self vs. body, struggle vs. surrender, idealized body vs. real/experienced body, freedom of bodily movement vs. physical constraint and dependency) reveal ongoing challenges in overcoming adversity. Despite setbacks, consumers persist in crafting consumption practices aimed at reconstituting identity, restoring market engagement, and building lasting resiliency.

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