
Stress and consumer behavior

Coping strategies of older adults

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behavior

Anil Mathur

*Associate Professor, Department of Marketing and International
Business, Hofstra University, Hempstead, New York, USA*

George P. Moschis

*Professor of Marketing and the Director, Center for Mature Consumer
Studies, Georgia State University, Atlanta, Georgia, USA and*

Euehun Lee

Lecturer, Sejong University, Seoul, Korea

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Abstract *States that although the concept of "stress" has received increased attention in the behavioral and social sciences throughout the past five decades, it has been virtually ignored by consumer researchers. Presents conceptual and theoretical underpinnings of stress research, which suggest that many changes in individuals' consumption behaviors are efforts to cope with stressful life circumstances. A study was conducted to test specific hypotheses about the effects of stress on consumption-coping strategies of older adults. Results suggest that when older consumers experience stressful life circumstances, they may initiate, intensify, or change consumption activities to handle stress. Specific coping strategies were found to differ by gender. Implications for future consumer research are discussed.*

Introduction

Over the past 50 years, the concept of "stress" has received increased attention in the psychological and medical field and it is currently "one of the most prolific enterprises in the behavioral and social sciences" (Cohen, 1998, p. 7). Despite research suggesting that many aspects of consumer behavior may be understood in the context of consumer efforts to handle stress (e.g. Andreassen, 1984; Faber *et al.*, 1987; Gentry *et al.*, 1995; Hirschman, 1992; Houston, 1987; Larson, 1993; Madill-Marshall *et al.*, 1995; O'Guinn and Faber, 1989), the study of the effects of stress on consumer behavior is still in its infancy.

Our research builds on previous studies to suggest that stress might help us understand the development of, and changes in, a wide variety of consumer behaviors. First, we present theoretical and conceptual underpinnings of stress research. Next, we use various theoretical perspectives and research findings to develop hypotheses regarding the effects of stress on selected aspects of

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consumer behavior. Since people at various stages in life experience different stressful events and life transitions (Aneshensel, 1992; Krause, 1989), the focus of the paper is on older adults because they are believed to be the group that experiences the most stressful events (Gierveld and Dykstra, 1993; Lazarus and DeLongis, 1983; Silvers, 1997) and, consequently, changes in consumption habits in response to these events (e.g. Gentry *et al.*, 1995; Mergenhausen, 1995; Price and Curasi, 1996).

Conceptual framework

The term “stress” is broadly defined as either a stimulus or response, or a combination of both. All views and definitions of stress make the assumption that stress is present when the person experiences physical or psychological imbalance owing to change in the environment or internal change in the organism. Thus, stress has recently been defined as “any environmental, social or internal demand which requires the individuals to adjust his/her usual behavior patterns” (Thoits, 1995, p. 54).

Stress has long been recognized as an inevitable aspect of life and has been used as a central concept under different names in early theoretical formulations. For example, the term “anxiety” (rather than stress) was used in the theorizing of Freud and in the reinforcement-learning theory of Hull and Spencer. Anxiety was also viewed by Dollard and Miller as a classical conditioned response that led to unserviceable (pathological) habits of anxiety-reduction (see Lazarus and Folkman, 1984, for a review). In recent years, there has been growing recognition that “while stress is an inevitable aspect of the human condition, it is coping that makes the big difference in adaptation outcome” (Lazarus and Folkman, 1984, p. 6).

Theory generally holds that by creating disequilibrium stressors motivate efforts to cope with behavioral demands and with emotional reactions that are usually evoked by them (Lazarus and Folkman, 1984). While it is widely accepted by psychologists and sociologists that, when faced with forces that adversely affect them, people do not remain passive but actively react by employing a variety of coping strategies (Pearlin, 1982), considerably less is known about the specific strategies used to reduce stress. Coping strategies are behavioral and cognitive attempts to manage stressful situational demands (Lazarus and Folkman, 1984) they are large in number and are likely to vary across stressful situations[1]. Different coping strategies may be used by individuals in various social structures (Lazarus and Folkman, 1984); they are large in number and are likely to vary across stressful situations[1]. Different coping strategies may be used by individuals in various social structures (Lazarus and Folkman, 1984; Pearlin, 1989). Many coping strategies may themselves be viewed as controllable events or behaviors (e.g. going on vacation); they may be viewed as positive events that are useful to reduce internally or externally induced aversive states and to restore equilibrium (Lazarus and Folkman, 1984; Reich and Zautra, 1988).

Researchers have attempted to classify coping efforts. Lazarus and Folkman (1984) distinguish between two types of coping strategies:

- (1) coping efforts that are directed at the demands themselves are referred to as problem-focused;
- (2) while those directed at the emotional reactions which often accompany those demands are known as emotion-focused.

Lazarus and Folkman (1984) cite examples of problem-focused coping, which include activities that focus on altering one's environment (trying to change a stressful situation) and activities directed at the self (e.g. learning new skills and procedures, changing one's aspirations). Emotion-focused strategies, however, include thoughts and actions directed at regulating one's emotions, such as avoiding a situation and engaging in activities to get one's mind off a problem (e.g. meditating, consuming alcohol). Only one consumer study was found that suggests the use of problem-focused and emotion-focused consumption-coping strategies. In describing how blind and visually-impaired consumers tried to cope with stress, Baker and Goodwin (1996) report that the former group used strategies that can be interpreted as problem-focused (seeking information about the service environment, establishing relationships with specific service providers, communicating their consumer needs), while the visually-impaired group coped by using emotion-focused consumption-related strategies (relying on others for consumer decisions and emotional support, avoiding situations entirely).

Although the Lazarus and Folkman (1984) classification of coping strategies appears to be the most influential typology in stress research (Thoits, 1995), Stone *et al.* (1988) also reviewed and classified the methods of coping with stress found in psychological literature into several categories: problem solving (rational decision making), avoidance (cognitive or behavioral), tension-reduction behaviors (e.g. use of alcohol), social support (from family and friends), information seeking (from the professional community), situation redefinition (seeing the situation differently and diminishing its perceived severity), and religion (e.g. praying).

The field of consumer behavior contains several studies that show the types of activity consumers may undertake in their efforts to handle stress. Examples of such consumption-coping behaviors are shown in Table I.

Hypotheses

A number of studies show that individuals typically use multiple strategies when coping with major life events or ongoing strains (Thoits, 1995). For example, in a study reported by Lazarus and Folkman (1984), individuals used both problem-focused and emotion-focused coping strategies in all but 18 of the 1,332 stressful episodes examined. Explanations for use of different coping strategies have been attributed to exposure to different stressors, differing coping resources, different socialization processes, or to a combination of these factors. While research has demonstrated that use and effectiveness of specific coping strategies vary across

Table I.
Consumption-coping
behaviors suggested by
previous research

Coping behaviors	Source
Going on vacation	Lazarus and Folkman, 1984; Spring, 1993a
Taking on a new hobby or recreational activity	Houston, 1987; Larson, 1993
Attending religious services or praying	Lazarus and Folkman, 1984, Stone <i>et al.</i> , 1988
Changing hair style	Andreasen, 1984, McAlexander and Schouten, 1989
Gardening	Larson, 1993; Spring, 1993a; 1993b
Seeking professional counseling	Houston, 1987; Stone <i>et al.</i> , 1988
Using anti-depressants or tranquilizers	Houston, 1987; Zisook <i>et al.</i> , 1990
Drinking alcoholic beverages	Houston, 1987; Lazarus and Folkman, 1984; Valaris <i>et al.</i> , 1987; Zisook <i>et al.</i> , 1990
Smoking cigarettes	Stone <i>et al.</i> , 1988; Zisook <i>et al.</i> , 1990
Allocating assets, using financial services	George, 1993; McAlexander <i>et al.</i> , 1993
Exercising and dieting	Andreasen, 1984; Hirschman, 1992; Houston, 1987
Attending cultural and recreational events	Andreasen, 1984; Hirschman, 1992, Houston, 1987
Giving/buying gifts	McAlexander <i>et al.</i> , 1993; O'Guinn and Faber, 1989
Purchasing insurance	Mergenhagen, 1995; Schewe and Meredith, 1994
Gambling	Faber <i>et al.</i> , 1987; O'Guinn and Faber, 1989
Watching TV and listening to music	Hirschman, 1992; Houston, 1987; O'Guinn and Faber, 1991; Larson, 1993
Over-spending/over-consuming	Faber <i>et al.</i> , 1987; Gentry <i>et al.</i> , 1995; Houston, 1987
Going shopping	Faber <i>et al.</i> , 1987; Hirschman, 1992
Volunteering	Mergenhagen, 1995; Spring, 1993a
Remodeling or refurnishing home	Mergenhagen, 1995; Spring, 1993b
Eating out	Andreasen, 1984; Houston, 1987
Seeking consumer information and support from relatives and friends or avoiding people	Houston, 1987; Lazarus and Folkman, 1984; McAlexander <i>et al.</i> , 1993; Stone <i>et al.</i> , 1988
Purchasing new style of clothes	Andreasen, 1984; McAlexander <i>et al.</i> , 1993
Entertaining and social get-togethers	Andreasen, 1984; Lazarus and Folkman, 1984
Over/undereating	Hirschman, 1992; Houston, 1987; Stone <i>et al.</i> , 1984
Using prepared dinners	Maddill-Marshall <i>et al.</i> , 1995
Skydiving	Celsi <i>et al.</i> , 1993

types of stressful situations, research is inconclusive with respect to the reasons why specific stressors elicit different coping responses (Thoits, 1995). Furthermore, there appears to be little theoretical or empirical justification for expecting variations in coping strategies to depend on abstract properties of a stressor (e.g. chronic versus acute, controllable versus uncontrollable), specific subtype of stressor (e.g. illness, death of a loved one, interpersonal conflict), or a combination of both aspects (Thoits, 1995).

One popular approach to understanding differences in coping behaviors is to focus on coping resources. Coping resources are social and personal characteristics that people draw on when dealing with stressors (Pearlin and Schooler, 1978). These resources reflect a latent dimension of coping because “they define a potential for action, not the action itself” (Gore, 1985, p. 266). Coping resources are important in stress research because they are presumed to influence the choice and efficacy of the coping strategies that people use in response to stressors (e.g. Lazarus and Folkman, 1984). Common coping resources most frequently studied are social support, locus of control and self-esteem, but only self-esteem and locus of control have been suggested as predictors of specific types of coping strategies (Thoits, 1995).

Lazarus and Folkman (1984) propose that problem-focused coping is more likely when situational demands are appraised as controllable, while emotion-focused coping is more likely when demands seem uncontrollable. Since appraisal of situational demands is influenced by the personality resources of self-esteem and locus of control, Thoits (1995) reasons that these resources give individuals the confidence or motivation to attempt problem-focused coping when faced with stress. She speculates that people with high self-esteem appraise specific situations as controllable and thus engage in problem-focused coping, while those with low self-esteem should more often perceive events as uncontrollable and thus engage in emotion-focused coping. This line of reasoning might explain the older person’s use of specific consumption-coping strategies.

H1: When experiencing stressful life events, older adults with low self-esteem are more likely than those with high self-esteem to engage in emotion-focused consumption-coping behaviors.

H2: When experiencing stressful life events, older adults with high self-esteem are more likely than those with low self-esteem to engage in problem-focused consumption-coping behaviors.

A key question for sociologists and psychologists is whether coping strategies and/or coping styles differ by demographic characteristics (Thoits, 1995). With respect to gender, studies consistently suggest that men have an inexpressive, stoic style of responding to stressors, and women have an emotional, expressive style (Milkie and Thoits, 1993). Men more often report controlling their emotions, accepting the problem, not thinking about the situation, and engaging in problem-solving efforts. Women more often report seeking social support, distracting themselves, letting out their feelings, turning to prayer, and/or seeking social support (Milkie and Thoits, 1993; Thoits, 1995). Thus, strategies used by men may be viewed primarily as problem-focused coping, while those used by women best fit the description of emotion-focused coping. These gender differences might also apply to older adults’ consumption-coping strategies.

- H3: With increasing experience of life events, older men are more likely than older women to engage in problem-focused consumption-coping behaviors.
- H4: With increasing experience of life events, older women are more likely than older men to engage in emotion-focused consumption-coping behaviors.

Methods

Psychologists and sociologists typically conduct surveys to determine the extent to which a person's experience of life events relate to some psychological, physical, or behavioral state (e.g. Cohen, 1988; Markides and Cooper, 1989; Thoits, 1995). We drew on this literature to select research methods. Specifically, we relied heavily on previous research, not only for choosing the research design but also in deciding on an age restriction of our samples and measurement of key variables.

While the term "older adults" has been used very broadly in psychological studies and has included even subjects who were in their early 40s (Salthouse, 1991, p. 52), our interest was in choosing an age boundary that has implications for life events. Knowing that older subjects would be most appropriate to study because they tend to experience the most stressful life transitions (Gierveld and Dykstra, 1993; Krause, 1989; Lazarus and Delognis, 1983), we sought studies that would suggest the approximate age at which people begin to experience major life events. According to a 1994 national survey conducted by the University of Chicago, the largest percentage of people that have experienced traumatic life events related to their families, jobs, and personal health were in their late 40s and early 50s (Russell, 1995). Another recent national study of 2,000 older adults conducted by Roper for *Modern Maturity* (Silvers, 1997) found that people in their 50s had experienced the largest number of life-changing events in the previous five years. Therefore, it appeared reasonable to confine our investigation to subjects age 45 or older.

Most studies of life events have measured the amount of acute stress one experiences through the use of self-report questionnaires containing a list of specific events. Accumulated life stress experienced is assumed to be the unweighted score of the number of events occurring to the subject over a specific period of time (e.g. Chiriboga, 1989; Tausig, 1982)[2]. Although life-event scales are still very popular, two other approaches have become increasingly common. One approach is to study single life events such as retirement, while other investigators have suggested an intermediate approach involving the aggregation of theoretically relevant events (e.g. family events) (George, 1993; Thoits, 1987). While aggregate stress measures ignore the nature of specific stress, a single-stressor approach avoids the lack of specificity associated with aggregation, but does not take into account other sources of stress associated with the single stressor (George, 1989). For example, because life events and transitions are interrelated, one does not know whether the

outcome observed (e.g. change in behavior) is due to the measured life event (e.g. divorce) or the result of a related (unmeasured) event (e.g. relocation). As recent research suggests, older consumers may change their behavior in response to not just one but a series of interdependent events (Price and Curasi, 1996). Conversely, the objective for the limited-aggregation approach is that the aggregation is not so great to mask the distinctive relationships between stressors and their outcomes (George, 1989). Since our objective in this research was to assess the impact of acute stress (rather than types of stress), life-event scales that measure the accumulated amount of stress over a specified period of time were used.

Other issues addressed were the number and types of life events to be used and the relevant time frame. While life-event scales typically consist of several dozen items, shorter versions of these scales containing as few as 15 items have been found to be as effective (Chiriboga, 1989). We followed suggestions by Aneshensal (1992), Chiriboga (1989), and Pearlin (1989), and chose life events that are particularly relevant to middle-aged and older people; and excluded events most relevant to certain social groups. Furthermore, we consulted previous research that addressed the incidence of these events and their importance to our subjects (e.g. Gentry *et al.*, 1995; Markides and Cooper, 1989; Murrell *et al.*, 1988; 1984; Price and Curasi, 1996; Russell, 1995).

With respect to the measurement of acute stress, a review of the life-stress literature revealed that researchers frequently gather data on stressful events that occur during a one-year period. Inventories on life events experienced in six months and one year are commonly used to collect data from older people (Krause, 1989), and the recall of life events over this time frame tends to be highly accurate (Jenkins *et al.*, 1979). While the use of retrospective questions to gather data is practical and often used by stress researchers in various fields (e.g. Andreassen, 1984; Gierveld and Dykstra, 1993; Reich and Zautra, 1988; Rindfleisch *et al.*, 1997), we were also concerned with the ability of the older subjects in our sample to accurately recall the time frame of event occurrence beyond one year and to provide responses. In order to minimize this potential problem we included major life events in our life-event scale.

Sample

Data were collected through a mail questionnaire. The sample was randomly drawn from the database of R.L. Polk which contains approximately 87 million household names and addresses. Ten thousand names were selected in proportion to the population of each of the 50 states and specific age groups. A total of 1,534 adults responded. A preliminary review revealed that many individuals had either not experienced any life event or had experienced only a few of the events listed. Incomplete questionnaires were discarded, and a judgment sample was drawn from the remaining by randomly excluding those who had experienced none or few of the events. This procedure resulted in 866 complete questionnaires. However, only 494 of these were from adults that were age 45 and over. As discussed earlier, since our research focused on older adults,

these 494 questionnaires were used for analysis and hypotheses testing. In spite of the fact that the initial selection of the sample was random, the usable sample cannot be considered to be representative of all adults in that age group or that of all adults who have experienced listed events. However, this should not, in any way, influence the findings or their value as the objective of this research was to test for relationships among variables and not to estimate population parameters.

Measures. In order to measure their experience of life events respondents were asked to indicate whether they had personally experienced 25 life events drawn from typical life-event scales, and the time frame in which they most recently experienced each – e.g. “in the past 6 months”, “in the past 6 to 12 months”, “more than 12 months ago” – and they were also asked to indicate if they had never experienced the specific life event. The list of these life events is shown in the Appendix. Respondents were assigned a score of one if they had experienced an event during the previous 12 months. Their responses were summed across events to form the life-event index, as suggested by Chiriboga (1989). The total sample had experienced an average of 2.04 events (SD 1.76).

Previous studies were used as a basis for deciding on the consumption activities older consumers may undertake in their efforts to reduce stress (Table I). A total of 17 consumption activities were identified as potential coping behaviors (see the Appendix). We were interested in the diversity of such coping behaviors, since consumers use many strategies to handle stress. Respondents were asked to indicate whether they most recently engaged in those activities “in the past 6 months”, “6 to 12 months ago”, “more than 12 months ago”, or “never experienced or done”. Problem-focused and emotion-focused consumption-coping behaviors were constructed by summing responses given to the first two categories (in the past 12 months = 1; else = 0). Consumption-related behaviors that either were explicitly suggested by Lazarus and Folkman (1984) as specific types of coping or met the conditions of their empirical definitions were classified accordingly. Those coping behaviors that could be classified as both problem-focused and emotion-focused were excluded. Six items were included in each scale (\bar{x} = 1.37, SD = 1.23 and \bar{x} = 0.93, SD = 1.07, respectively) (see Table A1).

Self-esteem was measured using a shorter version of the original scale (eight of the original ten items) developed by Rosenberg (see Norris and Murrell, 1984) (α = 0.81). Date of birth was used to measure the respondent's age (average age = 58.98 years, SD = 10.79). Gender distribution was slightly biased toward males (63.5 percent) because mailing list providers tend to use only the man's name for each household in their databases.

Results

H1 and *H2* concerned the impact of self-esteem on coping strategies, expecting older adults with low self-esteem to use emotion-focused and those with high self-esteem to use problem-focused consumption-coping behaviors. MANOVA analysis provided support for *H1*. Older adults who scored low on the

self-esteem scale tended to be more likely to use emotion-focused coping ($F(1,492) = 4.77, p < 0.029$) compared to those who scored high on the self-esteem scale. Although the same pattern emerged for emotion-focused coping, the difference was not significant ($F(1,492) = 0.60, p < 0.441$), failing to support *H2*. These findings are not totally consistent with Thoits' (1995) speculations regarding the effect of self-esteem on at least one type of coping – i.e. consumption-coping behaviors.

It was also hypothesized that when exposed to stressful events, older men would be more likely to engage in problem-focused consumption-coping behaviors (*H3*) while older women would be more likely to engage in emotion-focused consumption-coping (*H4*). Since problem-focused and emotion-focused coping behaviors were intercorrelated ($r = 0.36, p < 0.001$), MANCOVA analysis was used, with the number of life events experienced serving as a covariate. MANCOVA results indicated that older female subjects do significantly differ from their male counterparts with respect to their use of emotion-focused consumption-coping behaviors as expected ($F(1,468) = 11.60, p < 0.001$), providing support for *H4*. However, older women are also more likely than older men to use problem-focused coping consumer behaviors ($F(1,468) = 02.71, p < 0.101$), but the difference is not significant, failing to provide support for *H3*. Thus, while the finding regarding women's greater propensity to use emotion-focused strategies is consistent with those other studies, the failure to find greater propensity in the use of problem-focused strategies among men adds to the exceptions in the literature regarding gender differences on problem-focused coping (Thoits, 1995).

Discussion and directions for future research

The present research was motivated by two recent developments. First, the increasing importance of stress in social and behavioral sciences as an explanatory variable of various psychological and behavioral orientations; and second, the scattered research findings in various disciplines, which suggest that several aspects of consumer behavior might reflect efforts to handle stressful life circumstances.

While older adults with low self-esteem tend to use emotion-focused coping, those with high self-esteem are not necessarily more likely to engage in problem-focused coping. Perhaps the speculations and hypotheses regarding the effects of self-esteem on coping may be applicable to younger age groups, or they may not extend to consumption-related coping. While our findings regarding older women's greater propensity to use emotion-focused consumption-coping behaviors are consistent with those of other studies, women's greater propensity to use problem-focused consumption-coping strategies adds to the number of exceptions in the literature that show women's lower propensity to use such strategies (Thoits, 1995). It has been suggested that use of problem-focused coping may depend upon receiving control or power in a role domain (e.g. occupational, family) (Thoits, 1995). Since older women are believed to assume more roles with increasing age (Moschis, 1987),

they may be increasing their sense of power and control in roles defined by life transitions (e.g. widowhood).

The study of the effects of stress on specific consumer behaviors would have practical implications for marketers. Because research has already suggested the types of products consumers experiencing stress are likely to purchase (Kacen, 1997), marketers can position such products as “therapeutic” in handling stress. Marketers can also help consumers cope with specific types of stress such as making major purchasing decisions by enabling them to use more effective strategies for coping and teaching them consumer skills (Sujan, *et al.*, 1999).

Several directions for future research are suggested. First, we need to better understand those aspects of consumer behavior that are used by individuals to cope with stressful situations. Our research employed only a limited number of such behaviors suggested by previous studies. An issue suggested by this research is whether the classification of consumption-coping behaviors into emotion-focused and problem-focused categories is a relevant or viable framework for consumer research, or whether more detailed typologies similar to the one suggested by Stone *et al.* (1988) are more appropriate. Qualitative or interpretive research would be particularly useful in such initial efforts. The method employed by Faber *et al.* (1987, 1996) is just one of the many approaches that could be used. A typology of consumer behaviors, ranging from use of specific products to activities, such as gardening and other hobbies that individuals consider “therapeutic” (e.g. Celsi *et al.*, 1993; Spring, 1993a), would be particularly useful. We also need to understand the processes by which consumers learn to use various types of consumption-related coping behaviors. For example, “going shopping” as a way of handling stress may be the result of different socialization processes among men and women emphasized in current Western culture (Faber *et al.*, 1995).

Second, it would be useful to understand relationships (if any) among these behaviors and the characteristics of consumers who engage in them. As Pearlin (1989, p. 254) put it: “When studies start with questions about the parts played across the stress process by the social and economic arrangements in which people’s lives are embedded, they produce knowledge that has distinctive emphasis”. Recent consumer research has suggested specific consumption strategies consumers might undertake in their efforts to cope with stress. For example, self-gift literature contains studies that indicate that a reason for self-gifts is to relieve negative emotional states such as stress (Kacen, 1997). Similarly, compulsive buying behavior often stems from a desire to relieve stress (O’Guinn and Faber, 1989). Such strategies are used to manage emotions rather than to solve the stress-related problem. It would be interesting to examine the characteristics of consumers who employ various types of coping strategies. Clearly, future research should focus on younger age groups as well. To date, there are no reliable differences in coping responses with respect to age, race, and other socioeconomic characteristics (e.g. George, 1989; Thoits, 1995). Furthermore, there are questions whether gender and other sociodemographic differences in coping strategies and styles are due to exposure to different

stressors, to different appraisal of stressors, or to different socialization processes (Milkie and Thoits, 1993). For example, although it is believed that coping behaviors are learned and internalized, and that "people who interact with each other and share life circumstances will also share coping behaviors" (Pearlin, 1989, p. 250), empirical evidence is lacking to support such assertions. Thoits (1995) points out that one potentially promising direction in current research is the study of characteristics of people who use a large number and variety of coping strategies in response to stressors.

Third, there appears to be need for studying not only the short-run effectiveness of consumption-coping strategies in combating stress but also their long-term consequences on consumers' well-being. Coyne and Downey (1991) examined coping strategies across several studies and observed that such strategies more often seem to have damaging rather than beneficial effects on a person's well-being. For example, some emotion-focused strategies, such as denial and alcohol use, have been found to be beneficial in the short run, but to have deleterious consequences over the long run (see Thoits, 1995, for studies). Research by Faber *et al.* (1995; 1996) suggest that many consumption disorders such as compulsive buying and gambling may develop in response to stress. Are consumer behaviors that succeed in reducing aversive psychological states such as stress reinforced and subsequently become compulsive? Understanding the types of consumption activities that are likely to become compulsive and the consumer groups that are at risk due to their vulnerability to stress would have implications for designing public education campaigns and providing effective stress-management services (Faber *et al.*, 1995; Lazarus and Folkman, 1994).

Finally, it is possible that consumers may use different consumption-coping strategies on the basis of the specific life event. Thus, future research should explore the consumption activities used in various stressful circumstances. What makes the study of the impact of stressful events most challenging is that a specific event may have a different impact when it is combined with other (positive or negative) life events or occurs in a different sequence. For example, the experience of multiple events within a single role domain and the sequence of these events appear to matter, and the occurrence of a mix of positive and negative events may produce little or no change in the outcome (Thoits, 1995; Wheaton, 1990). Thus, there is a need to study not only the joint consequences of specific types of events but also the consequences of specific event sequences.

Notes

1. An abundance of evidence indicates that weighted and unweighted scores are very highly correlated with one another and similarly related to dependent measures, and that subjective and objective scoring of life events makes no difference (Tausig, 1982).
2. This is consistent with common procedures in psychological research on stress that involve either the study of individuals who have experienced certain events such as widowhood and natural disaster, with the vast numbers of those who have not experienced them excluded or represented in "matched" or "control" samples (e.g. Gierveld and Dykstra, 1993; Markides and Cooper, 1989; Norris and Uhl, 1993), or the study of subjects who may or may not have experienced certain events (e.g. Chiriboga, 1989; Jenkins *et al.*, 1979; Norris and Murrell, 1984).

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Appendix. Items used in life-event and consumption-coping behaviors scales

Stress and
consumer
behavior

Life events	Consumption-coping behaviors
Moved to a different place	Went on a vacation abroad for the first time or after not going for a long time (E)
Married	Took on a new hobby or recreational activity (E)
Birth or adoption of a child	Change in attendance of religious activities
Divorce or separation	Change in attendance of cultural events
Last child moved out of household	Change in the amount or type of TV viewing (E)
Death of spouse	Increased consumption of alcoholic beverages (E)
Death of a parent or close family member	Used more anti-depressants or tranquilizers than usual (E)
Birth of first grandchild	Change in social relations (E)
Major conflict with family member	Started diet/weight control or exercise program (P)
Retirement (at own will)	Bought more gifts than usual
Lost job/business or forced to retire	Ate out a lot more times than usual (P)
Started work for the first time or after not working for a long time	Home remodeling or refinishing
Reduction in hours of employment or giving up employment (at own will)	Home remodeling or refinishing
Significant success at work or personal life	Received professional counseling for the first time or after not receiving for a long time (P)
Change jobs, same or different type	Received professional legal or financial advice for the first time or after not receiving for a long time (P)
Major improvements in financial status	Made more changes than usual in key investments (CDs, mutual funds, stocks and bonds) (P)
Financial status a lot worse than usual	Gave more money or time than usual to charities
Family member's health a lot worse than usual	Change in amount or type of insurance coverage (P)
More responsibility for aged relative	
Gained a lot of weight	
Chronic illness or condition diagnosed	
Serious injury, illness or major surgery	
Community crisis or disaster (hurricane, crime, fire, flood, earthquake, etc.)	
Stopped smoking	
Mother or father was put in a nursing or retirement home	

Note: E denotes "emotioned-focused", and P denotes "problem-focused" consumption-coping item
