Consumer Behaviour in The Context of Life-threatening Illness

A thesis submitted in fulfilment of the requirements for the degree of Doctor of Philosophy

Narjess Abroun

Bachelor of Economics, Allameh Tabatabai University
Master of Economic systems analysing and planning, Azad University

School of Economics Finance and Marketing
College of Business
RMIT University

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Declaration

I certify that except where due acknowledgement has been made, the work is that of the author alone; the work has not been submitted previously, in whole or in part, to qualify for any other academic award; the content of the thesis is the result of work which has been carried out since the official commencement date of the approved research program; any editorial work, paid or unpaid, carried out by a third party is acknowledged; and, ethics procedures and guidelines have been followed. I acknowledge the support I have received for my research through the provision of an Australian Government Research Training Program Scholarship.

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Dedication

TO MY BELOVED PARENTS, MY LOVELY HUSBAND AND LITTLE DAUGHTER

For your unconditional love and blessings in my life.
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Abstract

This qualitative study explores how cancer survivors as consumers negotiate their identity and respond to the threat of death through their consumption experiences. Previous consumer research showed that consumers negotiate, reach agreement, and construct their own self among the possible selves that could emerge in the relevant context in order to cope with stigma, threat, or any negative emotional stressor. However, it is unknown how they choose their preferred identities and negotiate among possible selves.

Hermeneutic phenomenology using life story interviews with 21 survivors was applied to find the underlying patterns in the nature of consumers’ behaviours. Through each individual story, the researcher sought to explore the way in which consumers negotiate their identity and how their coping predispositions are reflected through their consumption behaviours. As a first level of analysis, the researcher started intratext-level analysis with an impressionistic reading of texts and analysing behavioural and psychological trends of each consumer. At this stage, the research focus was on interpreting the plot of each story. Through intratext-level analysis, narrative movement within two episodes, pre- and post-diagnosis, was identified for each participant. Through narrative framing, she also highlighted consumers’ identity through their thoughts, attitudes, feelings, and self-expression. Consumption stories were also highlighted individually over time. Within this stage of the analysis, each participant’s story was discussed, interpreted, and written. Through the writing process, the researcher focused on three essential concepts for each participant: consumers’ perception of threat, their self-expression, and their post-diagnosis behaviours.

This study discovered four essential themes, Shangri-La, Furnace, Teeter-totter, and Reincarnated, as the four main worldviews through which consumers negotiate their identity and eventually engage with coping behaviours. Within these emerging worldviews, consumers assign their subjective meaning to the threat, reach an agreement regarding their identity, and engage in consumption practices/behaviours that facilitate and support coping and their identity. These worldviews were labelled by symbolic terms to make sense of consumers’ internal world when dealing with the threat.

In the Shangri-La worldview, consumers approach the threat within an optimism and idealism lens. They are prone to selectively processing information and favourably conceptualising the threat. They never absorb cancer into their identity structure and deal with it through an ongoing narrative-normative identity style. Within the Shangri-La worldview,
items/possessions continue to be consumed/preserved either as a means of *bracketing off* the disease to guarantee the continuity of pre-established self, or as means of *magic* to ensure the concept of self is fixed and impenetrable to threat.

Within the **Furnace** worldview, consumers perceive threat with negative, evaluative, and ruminative approaches. They see cancer as their identity subject to victimising/stigmatising. They frequently compare and perceive conflicts/holes/gaps between their current senses of self, previous self, and the ideal they desire. This mode of perception leads to self-conflict, self-confusion, and consequently seclusion and behavioural disengagement. Consumers’ self-expression within the furnace worldview reflects the diffuse-avoidant identity in which consumers who confront identity confusion attempt to delay acting with conflicts. In turn they employ an avoidant self. Instead of solving the self-voids, they engage in consuming items and activities to *escape from the holes*.

Within the **Teeter-totter** worldview, consumers’ mode of perception about threat is developed in a more rational and reflective way. Via questioning, learning and practising new courses, they attempt to accommodate cancer as a new aspect of their identity structure. However, they are still attached to previous meanings that they have already built around self/life. In fact, they are teeter-tottering between narrative-normative and informational identity styles. Consequently, their consumption is served in *paradoxical* ways: avoidance vs. acceptance, escape vs. exposure, and self-deception vs. self-learning.

Eventually, in the **Reincarnated** worldview, consumers process the threat within an experiential lens rather than an evaluating, ruminating, biased, and judgemental view. They accepted their actual identity as a person who has lost some content and values and need to continue living with uncertainty. Consumers’ identity expression in the Reincarnated worldview reflects an experiential/observational/dynamic/mindful style rather than an enclosed, diffuse-avoidant, and teeter-tottering style. According to the Reincarnated worldview, consumers also experienced conflicts between pre- and post-cancer identity. However, instead of bracketing off, escaping, and fluctuating, they applied a combination of *resurrection, recompense*, and *reconstruction* solutions.

Within these four worldviews, this study epitomised how discrepancies in the mode of perception could pattern varied self-negotiation styles and consequently, generate different kinds of behavioural responses, adaptive or maladaptive, for survivor consumers. These worldviews had been built by consumers themselves and they can be reformed or at least improved by the help of marketers, health practitioners, and policy-makers.
Chapter 1: Research Introduction

1.1 Preamble

When I come to think about myself, I am still who I am; a daughter, sister, wife, mother, student, teacher, poet, and a friend. My life moves forward with an approximately constant, expecting, and continued flow from sunrise to sunset. Due to the certainty of roles I enact in the realm of home and society, I can continue to plan my house-work, meals, entertainment, reading, shopping, wearing clothes, socialising, drinking, watching, and finally sleeping. However, if my world turns upside down in an instant and the doctor tells me those three terrible dreadful words - “you have cancer” - what will happen in my life? Can I still continue with existing routines? What about my dreams? Who will take care of my little daughter? Will she be happy without her mother? What can I do to battle this new reality of my life? How long do I have? If the treatments did not work, what will happen? If the treatments worked, would I be healed? How should I respond to the threat and live my life?

I have thought about these concerns for a long time that one day if I got cancer, I would love to write a life story of four generations of my own, my sweet grandmother, Aziz Jan, my lovely mother, myself, and my adorable daughter, Lillian. Doing so encourages me to attain a desired self, a desired identity who I have been always wishing to be. Probably, I would give up teaching despite of my passion for helping students, and instead, I would focus more on both my motherhood and student roles (my actual identity). I want Lillian to have sweet, happy, and exciting memories when thinking about me. Also, I want her to learn that when her life has motivation and purpose, she is committed to complete it with patience, respect, and passion. I would also probably explore the new selves that help me cope with the new reality of my life, for example, working as a gardener in my maternal ancestral farms or working for a charity as a volunteer. For undertaking or enacting all these possible roles, I probably furnish my consumption lifestyle in a way that facilitates the process of coping and identity formation.

With this knowledge, one can see how the researcher herself interplays or negotiates among possible selves to form the identity that can cope with threatening situations. Here the researcher aims to explore consumer behaviour in the context of cancer, since cancer has been integrated into our consumer culture and broadly portrayed through TV dramas, radio interviews, documentaries, and online media. The researcher is interested in understanding
how cancer survivors as consumers inter-play or negotiate among possible selves and how they engage in consumption practices to cope with the cancer threat. This exploratory qualitative research focuses on cancer survivors as consumers who live with this threat and probably struggle for survival.

1.2 Research Context

Cancer is one of the leading causes of morbidity and mortality worldwide, with approximately 14 million new cases per year (WHO, 2017). Although the global prevalence of cancer is increasing, and therefore imposing a significant burden on 32.6 million people (GLOBOCAN, 2012) whose consumption behaviours are heavily dictated by their condition, little research has been done within the field of consumer research to understand the life experiences of these cancer survivors. This exploratory qualitative research focuses on cancer survivors as consumers who live with this threat and probably struggle for survival. Before discussing the context of this study, it is necessary to be familiar with this disease.

What is cancer?

According to Cancer Council Australia, technically speaking, cancer is a disease of the body’s cells. Normally, cells grow and multiply in a controlled way. However, if something causes a mistake to occur in the cells’ genetic plan, this control mechanism can be destroyed. Cancer is the collection of uncontrolled cells which grow and potentially spread within the body. Indeed, cancer cells grow and divide without control or order, and they do not die when they should. As a result, they often form a mass of tissue called a tumour. As the tumour grows it can invade nearby tissues and organs.

What is cancer staging?

Staging describes the severity of a person’s cancer based on the size and/or extent of the original tumour and whether or not cancer has spread throughout the body. For example, stage 0 is carcinoma in situ, when the tumour is still confined to the site from which it started and has not spread to surrounding tissues or other organs. However, higher stages (e.g., I, II, III, and IV) indicate large tumour size and/or spread of cancer beyond the organ in which it first developed. For example, stage IV indicates that cancer has spread to distant tissues and organs of body. Remission stage means that tests, physical exams, and scans show that all signs of cancer are gone, and survivor can take a break from treatment as long as the cancer
doesn’t begin to grow again. Finally, recurrence stage means cancer returns after it has been in remission.

**What is cancer treatment?**

Doctors usually prescribe different treatments according to the type of cancer, its stage at the time of diagnosis, and the patients’ overall health. Generally, treatments include chemotherapy, hormone therapy, radiation therapy, immunotherapy, and surgery. Chemotherapy is medications that target to kill rapidly cancerous cells and to shrink tumours. Chemotherapy is usually used with other cancer treatments, such as surgery. Hormone therapy is medications that changes or interfere with body’s hormone and affect their functionality. Hormone therapy is a common approach in breast and prostate cancers. Radiation therapy is using high-dose radiation for killing cancerous cells. It is also used for shrinking tumours before surgery. Immunotherapy is medications used to boost Immune system and encourage the body to fight cancer. Surgery is often a part of a treatment plan when a person has a tumour.

**What effects does cancer and its treatments cause?**

The effects of cancer and its treatment are explained by the physical and psychological effects this disease has on patients and caregivers. Health impairments, disability, fatigue, pain, and limitations in activities of daily living are the most physical problems across individuals. Psychosocial problems range from emotional and mental health problems (e.g., depression, adjustment disorders, and anxiety) to social problems (e.g., poor communications with others) and financial stress (e.g., the cost of healthcare and reduced employment and income) (Page & Adler 2008).

Side effects of cancer are the problems or changes a patient notices during or after cancer treatments. Side effects vary from person to person, even among those receiving the same treatment. However, general side effects are anemia (lack of red blood cells), appetite loss, bleeding, constipation, delirium (change in awareness and behaviour), alopecia (hair loss), weight loss, fatigue, fertility and sexual health issues, concentration problems, sleep problems and nausea/vomiting.
**How long can treatment go on?**

Actually, there is no way to provide survivors with an exact time limit because it entirely depends on many factors. These factors include age, overall health, type of cancer, treatment procedure, the aggressiveness of cancerous cells, the length of time between cancer recurrences, and how well cancer responds to the treatments, and how well body tolerate the treatments. These explanations confirm that cancer is a disease imbued with uncertainty and potentially mortality.

**What is cancer identity?**

Life-status changes are disruptive because they cause an interruption in normal process of identity and also a gap between actual (self-perception) and desired identity (identity standards) (Burke 1991). Cancer-related issues, such as psychological reactions of self, changings of body image, changings of social relationships, and dealing with uncertainty are experienced as disruptive and stressful if they interrupt that the sense of self (self-perception) in relation to norms, expectations, and standards. According to Zebrack (2000), cancer identity is explained in part, by (1) the survivors’ ability to reconcile their actual and desired sense of self, (2) the achievement of success in solving role-specific disruptions, and (3) the positive interactions with others. In fact, cancer survivors are challenged to work on their cancer identity to make an agreement between their own notions of an ideal healthy self with their actual experiences of different body image, existential, emotional, and social aspects. Zebrack (2000) believes that “acceptance of a new role and identity as a cancer survivor may be associated with new values and ideals that form the foundation for a self that is perceived to be just as good as, if not better than, that before cancer”.

### 1.3 Problem Statement

What has been missed in consumer behaviour within the contexts similar to cancer (e.g., gay, illiteracy, immigration, homelessness, custom conflicts, and job loss) is that these studies only focused on the ways in which consumers formed their identities and engaged in consumption behaviours. However, it is unknown how they understood threat/stigma/stressful situations and negotiated among possible selves and to choose their preferred identities. For example, how did gay consumers (Kates 2000, 2002) assign their meanings to the stereotypes when they fully accepted the gay identity? Did they really perceive homosexuality as a stigma? What meanings did they assign to stereotypes when they partially accepted the gay identity? What was the rationale behind their modification strategies? Why did some illiterate
consumers (Viswanathan & Gau 2005) accept illiteracy as a stigma while others rejected it? How have those consumers assigned subjective meanings to the illiteracy? Why did some homeless consumers (Hill & Stamey 1990) resist homeless identity and work on their desired identity? Why have other homeless consumers accepted their actual identity (Snow & Anderson 1987) and undertook activities related to homelessness without any fear or shame? Did they really perceive homelessness as a stigma? How did these consumers perceive the concept of threat/stigma when forming their identity styles? Also, while existing literature sheds light on some consumers’ coping choices during life challenges (habitual, reorganised, and modified consumption) (Hill & Stamey 1990; Snow & Anderson 1987; Kates 2000, 2002), what rationale or feelings behind these strategies exist within consumers’ internal worlds? The salience of mortality in the context of cancer led this research to understand how consumers may behave when they feel that death is near. In fact, mortality salience occurs when individuals think about their own death or find the signs that signal their impending death.

In the area of consumer research, when mortality is made salient, consumers apply a wide range of defensive strategies through their consumption practices in order to alleviate the threat of death. For example, consumers have shown more interest in spending on pleasurable items, materialism, and consuming more resources in mortality salience condition (Arndt et al. 2004; Kasser & Sheldon 2000). Mandel and Heine (1999) also revealed that consumers prefer more luxurious and high-status items in mortality salience states. Indeed, within these studies, materialism as a way of coping functioned to protect/enhance consumers’ identity. Consumers indulged in materialism and consumption to bolster/extend their self as a living entity. However, these studies addressed either post-mortem status experienced by observers or manipulated subjects in the mortality salience scenario: individuals are indirectly involved in the mortality experience. Therefore, the question arising here is how consumers who live with a disease imbued with potentially incurability, uncertainty, and even mortality cope with their condition. Although Pavia and Mason (2004) focused on the reflexive relationship between coping and consumption in the context of cancer, they explored how cancer patients consume over time after diagnosis (temporal perspective) without considering how they think, feel, and decide about their facets of self in relation to the reality which is threatening them now. Therefore, for consumer researchers, it is still unknown how threatened consumers may negotiate and decide about their identity.

The present study focuses on cancer survivors who live at the center of an extreme experience with respect to mortality. Survivor consumers may differently negotiate their identity and
cope with the threat. Indeed, fear and thought of death resulting from cancer is perceived as a main source of terror which threatens consumers’ identities and may lead them to a different range of responses and consumption activities. Through various consumption strategies, cancer sufferers struggle for survival and attempt to generate the identities that equip them for dealing with fear and uncertainty. From an interpretivist lens, this research particularly attempts to deeply understand: (I) how consumers negotiate their identity in a life-threatening context; and (II) how they cope with the threats of cancer which is imbued with fear, uncertainty, and mortality.

In this research, the ways that cancer survivors plan their purchases, consume, or dispose of items and activities help consumer researchers fully understand the genesis, habitue, modification, and erosion of consumers’ identity facets through life-threatening events. This helps this research understand better how consumers increased their acquisition behaviours in the context of job loss (Roberts 1991) or how aging consumers engaged in disposing behaviours when their imminent death was salient (Price, Arnould & Folkman Curasi 2000). Hence, this research concentrates on identity negotiation and coping behaviours of cancer survivors through all three dimensions of consumption cycle, i.e., acquiring, consuming, and disposing.

1.4 Research Objectives and Research Questions

The key aim of this research is to explore consumer behaviour in the context of cancer to evoke theoretically interesting insights. Below are the intentions of the research:

To gain an understanding of the impact of real threats on consumer behaviour

– To gain knowledge on consumers’ identity negotiation in the context of cancer
– To obtain the perspective of the coping behaviours of consumers in the context of cancer

For this purpose, the primary research question is formulated as follows:

RQ: How do consumers respond to the threat in the context of a life-threatening illness?

To understand this research question, this study needs to attain knowledge on consumers’ identity negotiation methods and their coping strategies within this context. Thus, the sub-research questions to guide this study are:

– RQ1: How do consumers negotiate their identity in the context of cancer?
– RQ2: How do consumers cope with the threat in the context of cancer?
1.5 Research significance

Since the function of marketing at the corporate level is to assess and fulfil consumers’ needs, marketers should reveal cancer survivors’ needs, wants, desires, expectations, and their consumption behaviours to facilitate an advancing connection between policy-makers, health providers, and practitioners. This is precisely the view of marketing as a form of “constructive engagement” (Shultz 2007) in which societal processes provide solutions for the critical problems to make society more desirable to live in. In the context of cancer, these problems should be currently perceived from a moral perspective. Indeed, the presence of maladaptive thoughts and behaviours that consumers sometimes engage in life-threatening situations, requires marketing scholars to be more morally involved and at a significant level. These maladaptive behaviours can range from use of alcohol or drug as a way of thinking avoidance (Ashton et al. 2005), venting (Ashton et al. 2005), contemplating death (Wilson, CT & Fletcher 2002) to suicide ideation (Madeira et al. 2011).

When consumers need to continue living with a serious threat such as cancer, avoidance behaviour or any strategy that expunges cancer from their awareness (e.g., denial, escape, mental disengagement) or causes negative emotional reactivity (i.e., disappointment or ventilation) is maladaptive because it impedes adjustment and adaptive coping (Carver, Scheier & Weintraub 1989). Therefore, consumer behaviour in the life-threatening context calls for consumer researchers to investigate and interpret how consumers’ choice of consumption, adaptive or maladaptive, could affect their psychological well-being. This premise resonates with the tenets of transformative consumer research (TCR) which is pledged to improve life and well-being of consumers. It does this by employing investigations that are framed by a fundamental problem and have immediately constructive and actionable implications (Mick, 2006). Undoubtedly, the consumption behaviour insights emerging from the context of cancer are beyond what marketers seek for in terms of economic motivations.

1.6 An overview of research approach

This section gives just a brief picture of the research approach used in this thesis and its relevant details will be noted in Chapter 3. This research is involved with consumers from different cultural backgrounds, and undoubtedly their experience is subject to their religion, norms, familial history, and their traditions. Also, the researcher seeks to understand how their identity is negotiated with a consideration of consumers’ feelings/thoughts/perceptions which are not detached from their sociocultural backgrounds. Due to the aforementioned
reasons, hermeneutic phenomenology is applied here as the methodological approach in this qualitative study.

This study followed McAdams et al. (2001) who introduced “adaptation characteristics” as one view of personality studies in the personality psychology realm. According to him, in studies on adapting to life concerns, a researcher must have access to individuals’ contemplation to understand their mental representation of self, motivations, beliefs, life meanings, defence mechanisms, and coping strategies, which are all addressed through life stories. Therefore, this study followed McAdams and attempted to uncover consumer behaviour through life stories of cancer survivors. Through each individual story, the researcher sought to explore how consumers negotiated their identity and how their coping predispositions were reflected through their consumption behaviours.

Semi-structured interviews with open-ended and pre-determined preliminary questions were utilised in this study. Twenty-one survivors (thirteen females and eight males) from the most commonly diagnosed cancer sites (breast, prostate and lung) were interviewed in-depth. The interviews took place according to what participants preferred: face-to-face in their home/office and these were conducted over two or three years. After initial analysis, for most participants, the researcher did a follow up interview to ask more questions. After each interview, the researcher compared the notes taken through interviews with theoretical knowledge through relevant literature. The data collection method was a back and forth process between theoretical knowledge, interviews, and notes taken by the researcher. The hermeneutic technique emphasises part-to-whole text relationships.

As a first level of analysis, the researcher started intratext-level analysis with an impressionistic reading of texts and analysing behavioural and psychological trends of each consumer. At this stage the focus was on interpreting the plot of each story. Through intratext-level analysis, narrative movement within two episodes, pre- and post-diagnosis, for each participant was identified. Through narrative framing, she also highlighted consumers’ identity through their thoughts, attitudes, feelings, and self-expression. Consumption stories were also highlighted individually over time. Within this stage of the analysis, each participant’s story was discussed, interpreted, and written down. Through the writing process, the researcher focused on three essential concepts for each participant, i.e. cancer meaning, self-expression, and coping behaviours.
The second level of analysis involved intertext-level analysis in order to explore common storylines. All stories regarding identity issues and copings were analysed through whole texts so that a deep understanding of consumers’ identity negotiation and coping was achieved. The purpose of intertextual analysis was to move to a higher level of abstraction. It was envisaged that all empirically understandings moved into higher order conceptual themes.

1.7 Preliminary Conceptual Framework

Koch (1995) explains that in hermeneutic phenomenology, through a dialectical approach between pre-understandings of research, the reflective interpretations, and the sources of information, a phenomenon can be understood. Therefore, because hermeneutic phenomenology allows the researcher to have a pre-understanding or preconceived notions about what will be found in the investigation, this study provides an implicit understanding of the concepts and attempts to make them explicit through this research. Extended review of the literature is in three branches: consumer research, identity, and coping. These provided the researcher with a preliminary conceptual framework (Figure 1). Cancer with its assaulting and threatening impacts on a person’s identity causes consumers to experience changes in their moods, emotions, thoughts, attitudes, desires, and life goals. Because it occurs through symbolic consumption, individuals view consumption items as meaning-laden elements that add meaning to their identity (Elliott 1997); consumers’ identity negotiation can be seen by all three dimensions of the consumption (acquiring, consuming and disposing). Indeed, this is the identity that directs consumers into genesis, habitude, and erosion of materials/activities to cope with a threatening reality.

Since (2015) believes that it is wrong to represent identity as a prime or the only motivator of action because identity is itself a product of social actions, a reciprocal relationship between consumers’ identity and their connections to actions (consumptions/activities) was revealed. In other words, consumers behave according to their identity but those behaviours themselves add meanings to consumers’ values system and their identity. In the area of consumer research Fournier (1998) also emphasised the mutual relationship between consumers’ actions and their identity. Within this framework, the researcher linked consumers’ identity to their coping strategies and reflected on how this relationship can be deeply understood. She thought about how consumers’ feelings, thoughts, and perceptions about their experiences might help in fully understanding this phenomenon.
Figure 1. Conceptual framework for consumer behaviour in the context of cancer

The theories underpinning this framework originate from three main streams of literature: (I) consumer behaviour; (II) identity; and (III) coping. Literature on consumer behaviour helps this study know how consumers behave and respond to the threat, stigma or any potential stressor. Literature on identity theory leads this research to attain in-depth knowledge on the effect of a threat on identity and origins of human behaviour. Finally, literature on coping helps this research to better comprehend how a threat could lead to a range of responses.

1.8 Theoretical Contribution

This research will contribute to the existing consumer research in several ways. Firstly, this study reveals the approaches through which consumers negotiate, reach agreement, and finally choose their own self among the possible selves that could emerge in this context. Previous research only focused on the ways in which consumers formed their identities and engaged in consumption behaviours in threatening situations (Adkins & Ozanne 2005; Hill & Stamey 1990; Kates 2000, 2002; Viswanathan & Gau 2005). However, it is unknown how they chose their preferred identities and negotiated among possible selves. Also, previous consumer research led to the development of some models concerning consumers’ choice of lifestyle: habitual, reorganised, and modified in the context consumers feel conflicts between actual and desired identities (Andreasen 1984; Cherrier, Hélène & Murray 2007; Kates 2002). However, they never focused on the origins through which consumers negotiate their identity and choose their lifestyle.

Secondly, some studies focused on consumers’ coping behaviours in mortality salience states (Arndt et al. 2004; Bonsu & Belk 2003; Kasser & Sheldon 2000; Mandel & Heine 1999). However, their consumers were indirectly involved in the mortality experience. In the context of cancer, consumers are at the center of an extreme experience with respect to mortality. Therefore, they may approach the threat differently, and subsequently present their coping efforts through various consumption responses.
Thirdly, although Pavia and Mason (2004) explored consumer behaviour in the context of cancer, they only addressed adaptive coping behaviours. The present study reveals ranges of coping consumption behaviours in the context of cancer via introducing approaches through which consumers may respond to a threat even in a dysfunctional/maladaptive manner. Pavia and Mason (2004) also focused on how cancer patients consume over time after a diagnosis (temporal perspective) without considering how they think, feel, and live with this experience and decide about their facets of self in relation to the reality which is threatening them now.

Fourthly, studies on identity negotiation showed what consumers do when they find contradictions between the selves they are (actual) and the ones they must/want to be (desired). Postmodernist researchers like Firat and Venkatesh (1995) perceive consumers with a fragmented and multiple sense of self and with no need for unification. However, others like Thompson, CJ and Hirschman (1995) and Murray (2002) believe that consumers negotiate to find a solution and to reconcile identity contradictions in order to generate a unified and coherent self. Moreover, Cushman (1990) believes that consumers desire a coherent and unified identity, yet they face difficulties due to the lack of sociocultural support. All these studies focused on the solutions consumers apply when finding identity conflicts. The context of cancer might enrich the existing literature by presenting the approaches through which consumers develop identity solutions. Even so, because the cancer context is a totally different context since consumers need to struggle for their own survival, they might come up with different identity solutions.

Fifthly, the context of cancer might lead to questioning the terror management theories. Terror management theory (TMT) holds that individuals use two main defensive strategies in order to assuage or manage the existential anxiety resulting from the realisation of the inevitability of death (Greenberg, Pyszczynski & Solomon 1986; Greenberg et al. 1990). The first strategy follows cultural norms and beliefs that provide figurative immortality and meanings to individuals’ lives, while the second strategy is about self-esteem through individual domains. Therefore, defence of one’s cultural worldview and attempts to bolster/enhance individual self-esteem are the two main strategies pursued to alleviate this anxiety (Pyszczynski et al. 2004). The question here is whether defensive strategies of TMT could help consumers who must live within a situation that is imbued with uncertainty and potentially incurability and mortality. For example, how can a survivor who has lost his self-esteem in variety of individual domains enhance/regain self-confidence? Or how can a survivor believe in figurative immortality via religious terms such as afterlife, heaven, and
reincarnation, while the religion simultaneously offers a sense of physical continuity and survival by strong notions such as hope, miracles, and healing?

1.9 Practical Contribution

The practical implications of this study’s findings can be used to help marketers better understand consumers’ decision-making and behaviour when consumers’ lives are under serious threat. When consumers need to continue living with a serious threat such as cancer, avoidance behaviour or any strategy that expunges cancer from their awareness (e.g., denial, escape, mental disengagement) or causes negative emotional reactivity (i.e., disappointment) is maladaptive. This is because it impedes adjustment and adaptive coping (Carver, Scheier & Weintraub 1989). This research helps social marketers to understand the nature of survivor consumers’ life and behaviours. Accordingly, social marketers could offer solutions for survivor consumers to live with a sense of psychological well-being. This premise resonates with the tenets of transformative consumer research (TCR) which is pledged to improve the life and well-being of consumers by investigating issues that are framed by a fundamental problem and have immediately constructive and actionable implications (Mick 2007). This research benefits healthcare institutions and practitioners to better understand the vital needs of survivors and to develop effective and accessible programs for boosting adaptive thoughts and mitigating maladaptive behaviours. Finally, because the results of this study reveal how survivors think, behave, feel, and also live, this research can act as a strong voice for survivors who desire to express their difficulties, challenges, needs, and expectations to the marketplace.

1.10 Thesis Structure

This thesis contains six chapters. Chapter One provides an overview of this research and chapter Two reviews the literature and discusses studies on consumer behaviour, identity, and coping. The chapter concludes by outlining the summary of literature with identifying gaps.

Chapter Three describes the research methodology as a pragmatic paradigm, using a qualitative approach. This chapter is concerned with the research design, hermeneutic phenomenology, discussion of the sample and sample recruitment strategy as well the data collection, and data analysis process.
Chapter Four focuses on the findings of the study. It provides a discussion pertaining to the analysis of life stories of consumers who live with a threat of cancer. This chapter discusses in detail consumers’ identity styles and coping strategies.

Chapter Five is the discussion. Comparison with prior research and corresponding rationalisation of findings is encompassed here.

Chapter Six is the conclusion. It initially outlines the findings of this study and then focuses on theoretical and practical implications for the topic. Limitations and recommendations for future research are also discussed.
CHAPTER 2: Literature Review

The main goal of this research is to achieve a holistic understanding of how consumers seek to cope with experiences which they find threatening to their identity. This chapter reviews the relevant literature for the research presented in this study, both in consumer research and other disciplines (e.g., psychology, health, sociology). The theories underpinning this research are from three main streams of literature: (I) consumer behaviour, (II) identity, and (III) coping. The first and the main stream of literature provides this research with an overview of the concept of identity and its relationship with consumer behaviour within contexts that are similar to cancer. The second stream of literature focuses on the concept of identity in terms of its structure, processes, disciplines and its relationship with a threat. Within this type of literature, this research reveals how identity may be threatened and negotiated. Finally, the third stream of literature looks at individuals’ coping responses and strategies with a threat, stigma, death or any traumatic event. Understanding the concept of identity in terms of its structures, processes and principles enables this thesis to attain an understanding of consumer behaviour. It is therefore pertinent to focus on the terms and definitions and better understand how a threat can affect a consumer’s identity and lead that person to display a range of behaviours. The next section will discuss consumer behaviour and its relationship with identity as the first stream of literature.

2.1 Consumer Behaviour

Consumer behaviour is a sub-discipline of marketing and psychology which focuses on individuals’ behaviour toward products, services and experiences of the marketplace (MacInnis & Folkes 2009). In fact, consumer behaviour is the study of processes involved when individuals act in marketplace stages; purchase stage (pre-consumption), usage stage (consumption) and disposal stage (post-consumption) to satisfy their needs (Solomon, Bennet & Previte 2012). Consumers are actors playing roles and because they act out many different roles, they alter their consumption decisions according to particular play they are in at the time (MacInnis & Folkes 2009). In doing so, the criteria they use to evaluate products and brands in one of their roles may be completely different from those used in another role. The criteria affected consumer behaviour are both internally (e.g., personality characteristics, emotions, attitude, memory, motivations, and perceptions) and externally (e.g., household, lifestyle, culture, values, demographics, social status, reference groups, and marketing activities) (Quester et al. 2007). Also, according to Schiffman and Kanuk (2012), consumer
behaviour needs to be evaluated in a psychological context with reference to the following: needs and motivation, identity and self, perception and attitudes. These factors affect consumer decision process from need recognition to their post purchase activities. It seems helpful to briefly explain consumer decision process which is influenced by internal and external factors.

First, need recognition, when consumers feel discrepancy between their actual and desired identity, can be influenced by consumers’ perceptions of self/situation. For example, a consumer’s need for changing lifestyle (e.g., changing furniture) depends on how far she feels herself from her ideal character/life. Information search, the second phase of decision process, is affected by consumers’ memory, learning, Google, social media, other people, organisations, and marketing activities. Evaluation and selection, the third phase of decision process, is influenced by consumers’ attitude and preferences. For example, a consumer who never accepts her cancer as a part of her life may not select cancer support groups to use their support. The last stage of decision process, post-purchase activities, can be also influenced by individual’s perceptions. For example, a survivor consumer may quit her connection to any products/brands/experiences that remind her of her cancer. Therefore, consumer researchers need to understand these factors in order to reveal how consumers are actors on the marketplace stages. Within the context of this research, researcher exclusively focuses on identity as an important internal factor that directs consumers to act in the market (purchasing, using, and disposing). Interestingly, when focusing on identity, researcher could easily find the trace of culture, values, social groups and other external factors on consumer behaviour. Through this research, researcher focused on consumption as an experience. According to Holbrook and Hirschman (1982), the experiential perspective explores consumption as a primarily subjective state of consciousness imbued with a variety of symbolic meanings, hedonic responses, and aesthetic criteria.

2.1.1 Identity dictates consumer behaviour

In order to fully understand consumer behaviour, scholars need to initially understand what consumers seek through their consumption practices. McCracken (1986) argues that by expressing cultural meanings, consumer products bring value beyond their merely functional aspect. Belk (1988) extends McCracken’s (1986) work in exploring how consumers use possessions to communicate and shape their identities.

Identity is a way to perceive individuals’ behaviours. According to Breakwell (2015), identity is a motivator of action and even situational characteristics have meaning only within
individuals’ system of beliefs, perceptions, emotions and values. All these aspects make up an individual’s identity. Identity provides answers to the basic question, “Who am I?” (Oyserman 2001). Reed (2002) explains that identity includes both personal/internal (e.g., attitudes, thoughts, and feelings) and social/external (e.g., interaction with the social environment) aspects. Oyserman (2001) also suggests that feeling, improving, discovering, renewing, creating, expressing, and directing oneself are all central to the understanding of identity. The notion of identity refers to the components of self-concept, which is consistent and prominent in a particular context. For example, Locke (1841) defines personal identity in terms of its psychological components as memory and consciousness. Olafson (1995) and Rose (1998) emphasise embodiment, and Little et al. (2002) in the study on cancer survivorship conclude identity as embodiment, continuity and memory.

Consumer researchers associate consumption with attempts to create and define individuals’ selves (i.e., Burke & Reitzes 1981; Hoelter 1983; Piliavin & Callero 1991; Stryker 1980). McGregor (2001), in his definition of consumerism emphasises the role of consumption in individuals achieving self-growth and self-fulfilment. Indeed, identity is strongly tied to what people consume. People consume for the purpose of formation, continuity, construction, destruction, and reconstruction of their identity. At this juncture, it is important to note that Erikson (1959) differentiates the concept of identity formation from identity construction and Marcia et al. (2012) explains that identity formation is the act of being aware of your place in the world at the present moment; however, identity construction is making choices for the self in the future. Identity is a dynamic concept, which is actively formed, maintained, lost, and reconstructed (Erikson 1959). This is consumers’ identity which makes the process of acquisition, consumption, and disposition vivid and meaningful within different consumer contexts. Consumers often seek the consistency between who they are and their brands (Aaker, J & Schmitt 2001; Aaker, JL 1999) and even the retail shopping environment they choose (Sirgy, Grewal & Mangleburg 2000). Research has proved that consistency between self-concept and behaviour affects an individual’s self-worth (Steele 1988; Steele, Spencer & Lynch 1993). It stands to reason that a threat to self–worth causes individuals to behave even more consistently with their identity (Dalton 2008). Dalton believes that this would translate into more self-expressive consumption in threatening situations in the consumer context. Therefore, consumption behaviours in the cancer context clearly and more precisely could reflect consumers’ identity.

Many studies support the role of identity through consumer practices. Belk (1988) recognises that possessions constitute a major contributor to and reflection of our identity. Schouten
(1991) relates consumption of aesthetic plastic surgery with both maintenance and reconstruction of identity. Indeed, through symbolic consumption, individuals view consumption items as meaning-laden aspects that add personally or socially to their concept of self. Elliott (1997) suggests that symbolic consumption consists of social-symbolism and self-symbolism, which refers to both shared and individual aspects of identity. Therefore, the identity's aspects (personally/socially) direct consumers into elements of marketing to fulfil, preserve, and reconstruct their life projects. Similarly, Fournier (1998) attributes identity to the framework of life themes, life projects and concerns in her conceptualisation of consumer-brand relationships. Cherrier and Murray (2007) define identity as a processual concept that is not something constructed and then finished. It is instead a continuous process of negotiating different dimensions of the self. Their processual theory of identity confirms the dynamic process of identity through disposition of items/practices/beliefs. Furthermore they show how consumers’ perceptions of the world and their positioning of self can be reflected through the disposition process. Therefore, identity is an individual’s perception of self/life, which has the potential to be modified when life changes. Specifically, in the context in which identity is challenged or threatened by death thoughts, consumer behaviour emerges as an interesting area of research because consumers’ perceptions of self/world are still unknown. Although Pavia and Mason (2004) explored consumer behaviour in the context of cancer, they focused on how cancer patients consume after a diagnosis is made (a temporal perspective) without considering how they think, feel, and make agreement among possible selves of identity in the situation which is threatening them now. Notably, Breakwell (2015) suggests that it is wrong to represent identity as a prime or the only motivator of action because identity is itself a product of social actions. In other words, people behave according to their identity but these behaviours themselves add meanings to peoples’ values system and their identity. In the area of consumer research, Fournier (1998) has stressed the mutual relationship between consumers’ identity and their connections to certain brands. In fact, consumers’ actions and identity are mutually linked. This helps consumer researchers better perceive how consumers behave in a threatening situation and how their coping behaviours affect their identity, either psychologically or socially.

2.2 Consumers’ responses to life status changes

According to narrative psychology, people tend to define themselves with a sense of continuity, coherence, and consistency across time (Crossley 2000). They also emphasise the
physical and psychological aspects that are authentic and central to them and therefore, a traumatic event that tends to disconnect the person of the present from the person of the past is a formidable challenge for them. In fact, this refers not only to traumatic events (e.g., losing a job, becoming ill or injured, experiencing a major accident) but also any life status change. Life status changes (e.g., getting married or divorced, becoming a mother, changing a job) have the potential to separate an individual from his/her existing and stable lifestyle patterns and also his/her familiar sources self-worth.

According to Andreasen (1984), although life status changes are more likely to change consumers’ needs, wants, attitudes, and behaviours, these changes may or may not occur for any given consumer undergoing the status change. Andreasen (1984) introduces two main strategies that consumers apply in the process of change in their consumption preferences. For some consumers, the break with the past is an opportunity to rethink or reorganise their lives and this can lead to changes in their consumption behaviour. For them, inertia, clinging to previous lifestyle, and being compelled by pre-existing habits in new situations lead to increased dissatisfaction and undesirable outcomes with life in general and with products and services in particular. Indeed, they treat consumption changes as a means of coping with stress inherently related to life status changes.

On the other hand, as Andreasen (1984) posits, some people find a new situation or life status change as a chaotic and stressful incident due to disconnection from thoughts and behavioural patterns in which they are habituated and may attempt to preserve their existing behavioural styles. This type of consumer not only may simply reject any change in beliefs, attitudes, and behaviours, and subsequently in his or her consumption preferences, but also make some hasty purchase decisions that lead to regret later in life. Andreasen suggests that behavioural responses of individuals to life status changes vary according to their propensity to change in terms of lifestyle and the nature of coping strategies that they adopt to combat stress. While existing literature sheds light on people’s two main consumption choices during life challenges (habitual vs. reorganised), the approaches through which consumers choose their consumption lifestyle and cope with life disruptions are still unclear.

As a traumatic experience, cancer also tends to separate an individual from his/her past thoughts, behavioural patterns, desires, life projects, goals, lifestyle, and consequently, it threatens that person’s identity. There are some studies supporting the assaulting effect of cancer on personal and social aspects of identity (e.g. Dreifuss-Kattan, 1990; Mathieson & Stam, 1995; Carpenter et al. 1999; Baker et al. 1991). When cancer interferes with individuals’ selves (e.g. as a mother, wife, sports-person, friend, worker, musician), the
person may feel isolated from familiar sources of self-image and self-worth (Crossly, 2006). She may perceive herself as essentially unchanged, 'stuck' (Carpenter et al. 1999) or engrossed with loss (Crossley 2000). Despite facing a formidable challenge, there are some people who succeed in reformulation and reconstruction of their personal and social identities (Mathieson & Stam 1995). They emerge from their initial crisis and feel some positive changes such as improved health behaviour (Manne et al. 2004), new self-transformation (Carpenter, Brockopp & Andrykowski 1999), positive self-changes and enhanced intimacy in relationships (Weiss 2004), new self-knowledge and awareness (Taylor, EJ 2000), rearranged goals and plans (Bellizzi & Blank 2006), epiphany (Laranjeira, Leão & Leal 2013), re-evaluation of life and finding a new meaning to live (Sears, Stanton & Danoff-Burg 2003), increased spirituality (Bloom 2002), a deeper appreciation of life, and more positive perceptions regarding significant others (Andrykowski & Hunt 1993; Cordova et al. 2001). According to Miller (2004), these psychological changes appear to occur at the level of identity; therefore, the individual experiences a new concept of self. Miller calls this change “the Quantum change” which is a big change or dramatic transformation of identity and often preceded by despair concerning a traumatic situation.

Either in life status change experiences or in traumatic experiences such as cancer, consumers can negotiate among possible identity alternatives. Some consumers coped with disruptions within a habitual self and attempted to keep their existing lifestyle intact to preserve the coherence and continuity of their identity. However, others coped with disruptions through a reconstructed/refurnished self which led them to a change in their lifestyle. Indeed, consumers did agree on possible selves and formed or reconstructed their identity in their new life.

Identity work/negotiation which has been also posed through incurable illnesses implies that individuals need to pursue both aspects of the self (Corbin 1987). Accordingly, one aspect should remain and be carried forward to provide biographical continuity, and the other should be added to the self to repair any loss in order to give new meaning to life. Thus, identity work may not only bring about change in some aspects of lifestyle for the sake of personal development but also keep some dimensions intact to ensure the coherence of self. For this reason, individuals in a life-threatening situation need a source of self-regulation to succeed in their identity work, what Dirksen (2000) calls “self-controlling skills of resourcefulness”. The next section will reveal how consumers engage in identity negotiation and interplay among possible selves to cope with threat, stigma or any negative emotional stressor within contexts similar to cancer. Self-controlling skills can be propositioned by marketplace. In fact, the
main role played by marketplace within this context is offering and teaching the self-regulations skills.

2.3 Consumers’ coping behaviour within the similar contexts

This section discusses consumer behaviour in order to understand how consumers cope with stigma, threat or other potential stressors to their lives. Regarding the studies that are referred to here, consumers worked on their identity and chose the self that helped them in coping with threat.

Marginalised consumers’ responses to social inequality

The consumption patterns of marginalised or consumers who reveal deviant behaviours help us to understand how stigmatised consumers engage in self-presentation practices through their consumption choices. The gay community has historically been a stigmatised subculture that was perceived to engage in countercultural norms, values, conventions; basically, gay culture deviated away from ‘mainstream’ or ‘normal’ heterosexuality (Belk 1992; Schouten & McAlexander 1995). Kates’ concept of “brand enmity” (Kates 2000) illustrates how the gay subculture resists and protests against homophobia and social inequalities in a hostile context. Accordingly, brand enmity is a shared political and strategic behaviour of protesting against homophobia applied by gay men through symbolic consumption. Through wearing T-shirts, they manifested not only homosexual identity and criticism of discrimination but also the opposition to politicians like Dan Quayle Corey who launched a campaign against gays and lesbians. They showed their brand loyalty through shopping at community member retailers and also by refusing to buy things from companies perceived as homophobic. They attempted not only to preserve their ego-identity as a gay man but also to construct and support the cultural categories of being gay. In fact, as responses to external threats (i.e., homophobia, discrimination), gay men formed specific relationships with various brands on both personal/individual and shared/political dimensions of identity. Kates (2002) shows how gay men construct their identities through their consumption practices to survive in a hostile context.

The meanings of creation, maintenance, and severance of brand relationships can be perceived through consumer resistance practices in the gay context. This study shows how gay men purchase and support gay–supporting companies (i.e., Levi-Strauss jeans and
Molson beer) and how they maintain their disgust in and defiance of ‘brands’ such as Dan Quayle. Most consumers cannot avoid consuming in a stereotypical manner and they used the products and services associated with gay culture. They also disclosed a commitment and association with other gay men. However, some accepted only parts of gay identity (e.g., consuming only some symbolic markers of subculture) to resolve the tension between their own and the hostile context. Kates (2002) uses the phrase “playing with consumption stereotype” to explain how the latter group negotiates with stereotypes related to the gay identity with fun.

**Aged consumers’ responses to age segmentation cues**

Similarly, Tepper (1994) explores how elderly consumers as stigmatised individuals respond to age segmentation cues (e.g., senior citizen discounts) in the marketplace. Most elderly consumers dislike being stigmatised by their age and therefore, they reject or selectively use discounts to disregard their stigmatisation. Some even deny their eligibility for using a senior citizen discount to avoid both private and social self-labelling. Also, some elderly consumers refuse to use discounts only when they are around young professionals. However, there are a number of consumers who not only admit their senior citizen discount eligibility regardless of dissimilar audiences, but also assign positive meanings to the status that promotes senior citizen discount usage. Hence, the context of elderly consumers illustrates how consumers negotiate their age identity by refusing, partly using and even fully using senior citizen discounts to manage how they are labelled and/or perceived.

**Consumers’ responses to cultural differences**

As immigrants move into a new culture, they may experience instability in their identities and apply some strategies to cope with it. In fact, they start negotiating two different cultures to reach an agreement regarding who they are/who they want to be in new situations. Kellner (1992) believes that immigrants communicate and shape their cultural identity in a fluid and constantly changing manner. Through their consumption, they start stabilising their identity (Mehta & Belk 1991) to negotiate cultural differences and shape the identities that work in the dominant culture (Thompson, CJ & Tambyah 1999). They may even consume in a way that lets them adopt multiple identities, both the identities of the culture of origin and the dominant culture at the same time (Lindridge, Hogg & Shah 2004). Also, depending on the situation, consumers choose to use products that reflect the new culture or a sense of home, what Oswald calls “culture swapping” (1999). However, there are still some consumers who stay
attached to their home culture by separating from the new dominant culture, what (Askegaard, Arnould & Kjeldgaard 2005) call “Hyperculture”. Therefore, the context of immigrant consumers shows also how consumers may negotiate their identity through their consumption practices to cope with incompatible cultural positions.

**Consumers’ responses to a sense of inadequacy**

In certain cultures and sociological disciplines, being overweight is associated with stereotypes like laziness, lack of self-regulation and over-indulgence, leading such individuals to perceive themselves as inept (Rothblum 1992). The weight watchers context shows how consumers who feel themselves to be inadequate try to cope with their overweight condition (Moisio & Beruchashvili 2009). Within the communal bonds and participation in a support group, they started to normalise their identity threatened by the risk of food over-indulgence. In fact, through their spiritual meanings system, they comply with various groups’ health programs. Weight watcher support group provides them with soothing comfort to mitigate their anxiety. This context shows how overweight consumers alter their perceptions and normalise their condition, so that at first they accept their stigmatised identity, and then gradually change their identity through health programs by participating in support groups.

**Illiterate consumers’ responses to shopping cues**

Viswanathan and Gau (2005) explore how functionally illiterate consumers cope with their stigmatised condition in the marketplace. Some consumers apply avoidance strategies to avoid outcomes such as stress, shame, and overspending. For example, they might choose only one and familiar store for shopping to avoid the associated stress. Also, they often only purchase known brands and through pretending and imitating disabled people; they attempt to not be stigmatised by others. Viswanathan and Gau (2005) conclude that they are involved with “concrete reasoning” when they only focus on a single attribute of products, for example, considering price regardless of size and/or weight. However, some consumers with confrontational strategies admit and accept their condition and attempt to overcome their stigma through interpersonal skills (i.e., seeking help from other consumers and store personnel). According to Adkins and Ozanne (2005), there is another group of consumers who reject any stigma and actively try to improve their literacy skills by attending educational programs. This context highlights three types of identity styles of illiterate consumers through shopping experiences.
Homeless consumers’ responses to hardships

Snow and Anderson (1987) and Hill and Stamey (1990) show how homeless people, as highly visibly stigmatised consumers, cope with the lack of shelter, food, water, and a host of goods and services necessary for survival. Some consumers resist having a homeless identity and seek to improve their self-esteem through adaptation and doing activities that rescue their identity. However, some consumers are more interested in acceptance and affirmation of their homeless identity and find self-worth through attachment to activities related to actual identity. In homelessness studies, consumers actively engaged in identity work and negotiation to choose the personal identity that brings the sense of self-worth to them.

Consumers’ responses to conflicts over custom

Otnes, Lowrey and Shrum (1997) explore how brides and grooms cope with ambivalence resulting from value and custom conflicts when planning their wedding. This study shows that when consumers experience a clash between individuals’ desire and value of self-expression and the cultural norms and rituals that mandate conformity to particular customs, three main coping strategies will resolve the conflicts. Some consumers apply a resignation strategy and prefer to go along with custom rather than adhere to their own values, desires and own identity. Conversely, some consumers cope with ambivalence utilising a defiance strategy by not purchasing the sanctioned items and resisting cultural norms and customs. However, there are some consumers who apply a modification strategy and negotiate between what is compatible with their own self and what culture and norm dictates. For example, brides included mandated objects in their wedding but incorporated them in a non-conformist style.

Aging consumers’ responses to imminent mortality

Price, Arnould and Folkman Curasi (2000) illustrated how consumers in the latter stages of life, when imminent mortality becomes salient, extend their identity by disposing of special possessions or heirlooms. In fact, fear of mortality, concerns about loss of self-identity and erasure of family tradition lead aging consumers to dispose of cherished possessions. They seek to pass on personal and familial legacies to not only achieve symbolic immortality for their identity but also ensure there is a good home for special objects. This study showed how disposing of products as a coping strategy could add a meaning to the identity of aging consumers to help them live in peace.
Consumers’ responses to job loss

Roberts (1991) focused on the behaviour of two consumers who both lost their jobs. Job loss devastated one consumer’s social networks such that he went into his “own cave” and became much more distant from his family and friends. He started collecting hard-core pornography magazines to stimulate himself erotically to achieve a sense of aliveness and reality of the body-self. However, the other one planned to buy a truck and go on a hunting trip with his wife. He also bought two horses and a second-hand Mercedes car for his wife during the lay off in order to maintain his “face” and send a message-to outsiders that "The Laydons are doing just fine, thank you." This study showed how increased acquisition behaviour is a coping response during the crisis and helps consumers bolsters their self-worth in relationships with others and to extend their own identity.

Consumers’ responses to divorce

Fellerman and Debevec (1992) examined how consumers behave after experiencing a disrupting event such as divorce. Due to increased levels of stress, some consumers reduced their purchasing habits and even bought different kinds of material goods. However, others exhibited a great impulse to engage in shopping behaviour as a means of coping with stress. This study showed how consumers may choose maladaptive behaviours during life challenges.

Consumers’ response to threatening information about social comparison

According to Argo, White and Dahl (2006), when consumers perceive information concerning social comparison where threats are possible, lying behaviours will be augmented in an effort to protect one’s self-identity. Argo and colleagues recognised deception as a coping response to the threat. According to this theory, when consumers engage in threatening social comparison, the information about that comparison may threaten both public and private aspects of one’s self. Willingness to lie is a strategy that protects not only public self (the impressions consumers convey to others) but also private self (sense of self-worth). This study focused on a strategy of deception by which consumers could maintain their identity or increase a positive self-evaluation when they perceived social comparison information as unfavourable or threatening.
Consumers’ responses to threats to self-worth (academic incompetence)

Dalton (2008) concludes that events that negatively impact on consumers’ self-worth (e.g., exam failure) trigger self-expressive consumption (that is consistent with identity) and self-reflexive consumption, in turn, overturns the negative feeling of self-worth. According to this theory, a threat to self-worth is more likely to entail trading up (consumers’ willingness to pay premium prices or select expensive options) when a product is highly relevant to identity and portrays “me”. Yet it can also entail not trading up when a product is less relevant or irrelevant to the identity, and thus portrays “not me”. Dalton recognises self-relevant possessions serve as coping resources by which consumers compensate for a specific threat to their identity.

Consumers’ responses to threat to self-worth (physical unattractiveness)

Park and Maner (2009) studied how consumers respond when their self-worth in terms of physical appearance is threatened. Since physical appearance is closely linked to feelings of both self-esteem and social belongingness, consumers responded differently to issues concerning their physical appearance. This study provided novel evidence that responses to self-threat depend: firstly, on individuals’ personality and the level of their self-esteem; and secondly, on the extent to which individuals’ self-esteem relies on physical appearance (threatened domain). For example, consumers who virtually based all their self-esteem on physical appearance responded to appearance threat by desiring contact with close friends. In fact, for them, a threat to appearance meant a threat to belongingness and close others were positive sources of support and affirmation. In contrast, those for whom self-esteem relied little on physical appearance were less inclined to seek social support for offsetting their appearance. Instead, they preferred to restore their appearance via engaging in shopping for appearance-enhancing clothes.

Consumers’ responses to threat to personal control

Cutright (2011) generally explains that consumers desire a sense of control, order and structure in their lives. When their personal control becomes threatened, consumers protect their identity by seeking boundaries and keeping order and structure in all aspects related to their consumption (e.g., beliefs, emotions, choices, and environments). Indeed, within a structured consumption, consumers attempt to keep themselves within clearly physical (tangible) and emotional (intangible) boundaries so as not to feel messy and chaotic. According to Cutright (2011) one method of structured consumption was sticking to familiar
and predictable products as their outcomes were known and consumers did not feel things were random. Cutright believes that structured consumption is not only a means of coping with a threatening self-control situation but also a means of controlling brand extension or partnership. For example, through their mental boundaries, consumers may not allow brands to stretch beyond the particular space or they may erect boundaries to constrain their emotions against such brands. This study shows how consumers using structured consumption keep their habitual identity/lifestyle.

**Consumers’ responses to the sense of financial deprivation**

Sharma and Alter (2012) focused on how consumers cope with the crisis of financial deprivation where they compared themselves to others or their past selves. Their term “subjective well-being” emphasised that consumers tend not to assess themselves by relying solely on objective standards of well-being but by using comparisons to subjectively relevant standards, such as their desired state of well-being, the level of well-being they experienced earlier in their lives, and the well-being of similar others. For example, to assess their financial well-being, consumers tend to compare their income and possessions to others and themselves in the past. Consequently, subjective well-being evaluations can be distressing when consumers recognise shortcomings which undermine their sense of self.

To cope with this unpleasant sense of self, Sharma and Alter (2012) briefly summarised two main strategies by which consumers may mitigate their sense of resource disparity. One strategy is defensive responses by devaluing the importance of a given dimension. The authors criticise this strategy because the financial context may be salient and important to well-being of some consumers. The second strategy involves non-defensive responses by actively seeking ways to enhance one’s financial state. However, the authors argue that in the absence of financial resources, the only way to mitigate an unpleasant sense of self is compensatory consumption. Accordingly, financial deprivation leads consumers to selectively seek products that overcome the sense of deprivation. Scarce products, those that are limited to only some people, have this capacity. Indeed, by having scarce products, consumers feel they possess goods and products that others in society do not have. In other words, scarce products compared to abundant products can offset consumers’ sense of resource disparity. This study showed that financial deprivation may not be realised based on objective standards of well-being but when consumers subjectively assess themselves and compare themselves to others or their own past.
Consumers’ responses to the threat to self-view confidence

Gao, Wheeler and Shiv (2008) focused on how consumers response to the threats of self-view confidence. They initially reviewed the literature on the term “self-view confidence” and saw it as meaning the level of certainty that consumers have in their identity and in their thoughts regarding the self. Since individuals generally desire to hold confident self-views, they concluded that a lack of such confidence can be aversive and threatening, and therefore lead to consumers’ “shaken self”. The authors went through the processes through which self-view threats can affect a product choice. A threat to any important self-view firstly causes a momentary loss in confidence with that particular self-view and then prompts a range of consumption behaviours that aim at restoring/bolstering confidence in that self-view.

The authors suggested two main strategies through which consumers coped with their threatened self-view, namely direct and indirect strategies. By direct restoring/bolstering strategies (e.g., boosting confidence in the threatened self-view domain), products are chosen as a means of coping with low confidence in specific self-view domain. This consumption helps restore/bolster a momentarily shaken self-view. Indeed, because products are self-expressive, they can signal to others and oneself “who one is”, therefore helping consumers restore/bolster their identity. Regarding indirect strategies, consumers who have a shaken identity along one domain of self could maintain their overall self-views by affirming other values of the self (other domains of self-views). This strategy has been called “fluid compensation” (Steele 1988) and it maintains an overall conception of self-integrity.

Consumers’ responses to the threat to their freedom

Levav and Zhu (2009) looked at the effects of spatial confinement on consumer choices and found that threatened consumers are likely to display their reaction in the forms of acts in order to regain their freedom. They suggested that spatially constrained consumers reassert their freedom by seeking varied and unique product choices. Interestingly, they added that this effect can also be seen by changing consumers’ perceptions of confinement instead of actual confinement. Therefore, the behaviours consumers show in a particular situation originate from their perception of the situation. Consumers felt confined either by actual or unreal confinement.

Consumers’ responses to the threat to their height

Hoegg et al. (2014) focused on how consumers respond when they find that their usual size is too small and they require a larger size. According to these authors, a size label can reflect an
aspect of a consumers’ self-concept (I am a 6). If the size label shows a size that is larger than what consumers expect, this can be a potential threat to consumers’ self-esteem regarding appearance. In fact, a larger size results in a negative evaluation of self and that is why consumers attempt to defend their self-esteem. In this study, consumers engaged in purchasing products that repaired their damaged identity regarding appearance not only in domains that have affirmational properties for appearance (e.g., jewellery) but also in distinct and unrelated domains (e.g., intellect). Therefore, consumers protect their desired appearance by choosing products that could improve their overall self-esteem.

**Consumers’ responses to the threat of social exclusion**

Williams (2007) showed that social exclusion increases pro-social behaviours in general. When relational needs are threatened, individuals attempt to engage in pro-social acts (e.g., charitable behaviours) as they increase interpersonal belongingness. However, Lee and Shrum (2012) suggested that there are conditions under which social exclusion may lead to consumer responses that are not pro-social. Lee explained that when efficacy needs (e.g., control, meaningful existence) are threatened, consumers may employ provocative or attention-getting behaviours. According to Lee, a feeling of being ignored by others is worse than being rejected by others as the former threatens efficacy needs rather than relational needs. Being ignored by others means denial of one’s existence and accelerates feelings of unworthiness; that is why consumers attempt to regain power and control to affirm their existence by showing off or exhibiting attention-seeking behaviours (e.g., conspicuous consumption).

(Loughran Dommer, Swaminathan & Ahluwalia 2013) discovered different behaviours among consumers who felt socially excluded. Although some socially excluded consumers may exhibit an increase in attachment for brands that connect them with group (in-group identity), others may cope with social exclusion through differentiation from or reduced identification with the excluding group. This perceived heterogeneity helped them reject the implications of rejection. In fact, the latter group not only differentiate themselves from the excluding group but also associate themselves with another group or subgroup (constructing new social identity). This balance between association and differentiation needs exactly mirrors how socially excluded consumers negotiated their identity within a threatening situation. In fact, they simultaneously link and delink themselves from others to both feel belonging and different. Therefore, these studies show that social exclusion leads to very different outcomes depending on how consumers perceive and feel regarding their interaction with others.
2.4 Summary of consumer behaviour in contexts similar to cancer

Within the contexts similar to cancer, where people needs to cope with threat, stigma, or any stressful situation, consumers worked on their identity in order to live their life. In all the aforementioned studies, consumers elicited their coping strategies through all dimensions of the consumption cycle (i.e., acquiring, using, and disposing). They negotiated and reached agreement among the possible selves that could emerge in the relevant context in order to cope with a threat, stress or any negative emotional stressor. However, the process through which consumers facing the mortality threat negotiate their identity and then engage in consumption practices so that they can cope with the threat of death is still unknown. Because survivor consumers need to continue living with the fear of death or cancer recurrence, they may cope with their difficulties and their conditions in varied ways. The present study attempts to fill these perceived gaps in consumer behaviour literature. The next section focuses on the identity literature to understand how consumers’ identity is negotiated when it may be threatened by a threatening stimulus.

2.5 What is identity?

Identity is a multifaceted concept which cannot be understood except in relation to the context in which it is studied. Erikson (1994), from a psychoanalytic perspective, defines identity as a self-awareness concept which is achieved through crisis in social relations. With an interactionist lens, McCall and Simmons (1982) believe that identities are the role prescriptions that a person takes in social positions. In doing so, one person can have several identities subject to the number of roles he/she has adopted. From a role theory perspective, Biddle et al. (1985) recognises identity with not only social roles but also any label attached to a person (e.g., nicknames). Klapp (1969) summarises identity as a constellation of things a person might legitimately and truly say about himself, such as his name, personality, status, and past life. Accordingly, identity encompasses notions such as character, personality and self-concept which differentiate one person from another in terms of psychological, social, and behavioural features. Although these definitions conceptualise the identity according to various disciplines, this research perceives the concept of identity through a detailed description of its structural components and processes. It does in order to better understand how threats affect consumers’ identity, and subsequently lead to coping strategies that consumers apply in the marketplace.
2.5.1. Identity Process Theory

Identity process theory (IPT) as developed by Breakwell (2015) and identity control system (ICS) as devised by Burke (1991) are strongly linked to this research as they systematically explain how identity may be threatened, distressed, and then negotiated. The discussion begins with IPT with a look at identity structures, how these structures are processed, and finally how a number of identity principles direct whole processes and individuals’ behaviour.

2.5.1.1. The structural components of identity

The biological dimension

According to Breakwell (2015), identity structures should be studied within a temporal perspective. Structures of identity develop during a person’s entire lifespan and gradually arise around the basic material of the biological organism. In fact, initially, identity structures are the product of interaction between a biological organism and its social context, and later, they become an inherent component of that interaction. Breakwell believes that the biological organism is the core of identity as individuals exist, but as he/she accumulates knowledge and experience, it becomes a small part of the overall identity. Indeed, as other aspects of identity grow through knowledge and experience, the relative significance of the biological organism reduces.

The content dimension

The structures of identity which formed around the biological organism are two closely related facets; the content and value dimensions. The content dimension encompasses the characteristics that describe a person and mark him/her different in psychological and social profile from all others. The content dimension maps all components of the self, either socially or psychologically. Although these components may be shared with other people, their accumulation and pattern is unique from individual to individual. Therefore, the reason why consumers respond differently to marketing cues is because they have a different pattern of personal and social aspects at the level of their identity content. The distinction between social and personal identity has been precisely discussed in the self-related theories. James (2013) distinguished between self as a subject (I) and as an object (Me). Mead (1934) attempts to explain the distinction between ‘I’ and ‘Me’ which James suggested. In Mead’s study, ‘me’ is a social concept which arises in relationships or exchanges concerning group memberships, status, roles, and ‘generalised others’. However, ‘I’ emphasises personal and
individuals’ capacities and represents all impulsive and undisciplined aspects of a person which are prominent at the beginning of life. In fact, ‘I’ is gradually replaced by social contexts in which individuals interact with others to produce a larger domain of ‘me’.

Hoffman (1983) suggests a model of self which focuses on breaking identity down into sub-identities (e.g., roles, gender, religion, family, etc.). Hoffman defines a hierarchy for the sub-identities in terms of their valence (the value attached), centrality (the importance they have) and their salience (the frequency with which they are used by individuals). What matters in the content dimension is that personal and social aspects are linked to each other and it is impossible to define personal identity regardless of its social context. Also, social identity is a set of roles which could be taken by any number of individuals and this is a psychological profile and personal identity that makes roles unique and distinctive. These definitions on the concept of self and identity help this research to better realise and interpret the centrality and salience aspects of identity, either personal or social, for each consumer through his/her consumption narratives. In fact, it helps researchers better understood how consumers choose/negotiate between their identity aspects in a threatening situation.

Turner (1976) suggests that people themselves differentiate between times when they acted in line with private/true/real self (personal identity) and times when they behaved just because of social/public forces (social identity). Sometimes the personal aspects of self are being considered more than social aspects, and doing so depends on the situation individuals live in at that moment. Sometimes individuals experience conflict between personal and social aspects of the self and they tend to show an accustomed disposition to focus on one aspect due to their contexts of birth, growing up, work and life (Breakwell, 2015). This leads to the conclusion that the behaviours that are enacted by consumers, either habitual or non-habitual, depend on which aspect of self is being centralised by them.

**The value dimension**

According to Breakwell (2015), all components of the content dimension, personally or socially, have a value attached to them. These values, whether positive or negative, derive from personal value codes or social norms/beliefs. The values attached to the components are subject to revision and alteration over time and that is why the consumer’s identity is seen to be dynamic and fluid with a reactive approach to its social context rather than being constant and rigid. The value dimension grows over the lifespan as an individual experiences the new social world. The more a person learns, experiences and lives in a more complicated environment, he/she will have a more mature identity with a more varied range of content and
value. Therefore, maturity of the identity structure is subject to experiences and life-demands rather than age. Some people have an immature identity structure due to having a limited range of experiences and a very simple structure on the content dimension and even simpler pattern on the value dimension. This leads to the conclusion that a consumer with more sub-identities, with more personal and social aspects, with more content and values, will be affected in a different way by a threat such as cancer and may engage in a different set of behaviours compared to a consumer with a simple identity.

The autobiographical dimension

In addition to the content and value dimensions of identity in Breakwell’s study, the autobiographical memory of identity has been also examined by scholars. “We are what we remember”, and therefore identity is subject to autobiographical memory (Conway & Pleydell-Pearce 2000). According to Wilson, A and Ross (2003), there is a bi-directional relationship between autobiographical memory and identity. It means that people are able to affect (e.g., revise) their past selves according to their current self-attitude and vice versa. Autobiographical memory and its bi-directional relationship with identity provide this research with a new window into how consumers as trauma survivors deal with their memories and past identities through their consumption lifestyle. Autobiographical dimension of identity helps better explain how consumers negotiate their identity and apply coping behaviours. For example, according to this theory, some people are stuck in the past and tend to assume that their attitude is stable and constant, and therefore conclude that their past selves are the same as their current selves. In fact, they tend to structure their past so that it is consistent with their current belief. In contrast, others who prefer to admit a change in self-attitude (e.g., progress) over time will revise the past upward, even though incorrectly, to say they are better selves than before. Recalling the past as inferior compared to their present may be real or even an illusion. This explanation may cause researchers to question the theory of self-consistency of identity as people tend to identify shifts in their concept of self over time. Wilson and Ross (2003) believe that people forge personal narratives that justify or whitewash the changes of identity. In other words, through their narratives, they inculcate that they are the same person despite many changes.

On the converse side of bi-directional theory regarding autobiographical memory and identity, past selves could affect the current appraisal of identity of some individuals. In other words, people use their former achievements and failures to appraise their current self. For example, feeling close to past achievements or distant from past failures could affect their feelings of self-satisfaction. In fact, being close to former failures means less favourable feelings of self
for people and that is why people distance themselves from their failures. In contrast to these people who are affected by their past, some people have little tendency to examine their past selves and less think about the past. The question can be posed here is: why do some people tend to distance themselves from their past? Why do they not like to be identified with their past? Wilson and Ross (2003) believe that memories affect the current self in two different ways, direct and contrast effect. It is undeniable that pleasant memories directly improve people’s mood and their feeling of self while unpleasant memories undermine their mood and sense of life satisfaction. However, there are some people for whom memories have a contrast effect; a pleasant memory makes them depressed. Wilson and Ross explain that these people feel dissociated from the past or in other words, their memories (pleasant or unpleasant) are unrepresentative of their present self. For example, they experienced a life transition or crucial milestone (e.g., getting married, getting job, having a baby) or even a disturbing event or trauma which tends to increase feelings of remoteness from the previous self for some people. This agreement that individuals reach with their self, such as revising or alliterating the standards, revising or rejecting the past self, or even affirming the past, can all be perceived in the concept of identity negotiation which will be discussed later. These facts help me to understand whether and how consumers may accept, revise, or reject and distance themselves from their past identity and how this can be reflected through their consumption behaviours.

2.5.1.2. The identity process

The discussion above helped us to understand the identity structure of consumers and now, it seems important to focus on how this structure is regulated and how identity processes operate in a disciplined manner. Identity process theory (Breakwell, 2015) suggests that there are two universal processes, namely the assimilation-accommodation process and the evaluation process, which regulate the structures of identity. Assimilation and accommodation are two closely interconnected components. Assimilation refers to absorption of new content into the identity structure (e.g., ‘I am gay’) and accommodation refers to adjustment in the existing structure, which needs new information to occur in order to be part of the structure (e.g., ‘I am gay so maybe I cannot be a Muslim anymore’). This is an accommodation process that arranges content based on centrality and salience in the structure of identity. The process of evaluation confers meaning and value upon the contents of identity, both new and old content. This is an evaluation process that defines personal values for potential contents of identity. These two processes work together, dependently and simultaneously, to change the content and value dimensions of identity over time. A brief perspective on composition of
identity processes helps us comprehend how consumers may engage in consuming items/activities to absorb the potential contents for their identity; and how they accommodate their consumption lifestyle to make sense of their identity. It also helps us determine how consumers simultaneously evaluate items/activities to achieve the meanings and values that help them cope with a life-threatening situation. In fact, understanding the identity processes will lead to a perception of the important roles enacted by consumption through forming/reforming coping strategies.

2.5.1.3. The identity principles

The assimilation-accommodation and evaluation processes are guided by the principles of identity. These principles are the fundamental codes which define the desirable end-states for identity. Three prime principles have been recognised by Breakwell (2015) as follows: distinctiveness and differentiation from relevant others (uniqueness); continuity across time and situation (continuity); and a feeling of personal worth or social value (self-esteem). These principles provide individuals with direction. In the area of consumer research, some studies particularly focused on the impact these fundamental codes have on consumer behaviour and consumers’ expression of identity. For example, Tian, Bearden and Hunter (2001) reported how consumers seek uniqueness through the acquisition, utilisation, and disposition of consumer goods for the purpose of developing and enhancing their personal and social identity. Similarly, Knight and Young Kim (2007) showed how consumers’ need for uniqueness is perceived through their avoidance of similarity, unpopular choices and creative choices.

Consumers’ need to achieve a sense of continuity is evident in the study by Belk (1988) where possessions help individuals attain a sense of continuity from infancy to old age. Even after death, Bonsu and Belk (2003) showed how the continuity principle could be still active in the post-mortem identity of the deceased and even extended by consumption practices of the bereaved. Also, the third principle of identity (self-esteem) has been a prominent director of behaviour in consumer research studies. For example, Sirgy (1982) explains how consumers are motivated to purchase a positively valued item to retain a positive self-image or to enhance themselves by approaching an ideal. Some studies found that this is consumers’ need for achieving self-esteem in the important domains that lead them to consume in a mortality salience condition (Ferraro, Shiv & Bettman 2005; Mandel & Smeesters 2008). Therefore, the needs for uniqueness, continuity, and self-esteem, which all are the prime principles of identity, establish a framework for consumer behaviour in different contexts.
Some studies since the early 1990s added a few more qualities to the identity principles. For example, individuals need to perceive an appropriate level of belonging to social groups (belonging), competence and control over their lives and future (self-efficacy), and also significance and purpose within their lives (meaning) (Vignoles 2000; Vignoles, Chrysochoou & Breakwell 2002). Correspondingly, in consumer research studies, people want to add a sense of meaning to the identity when it comes to brand-relationships (Fournier 1998); this is an example of meaning/purpose principle of identity. Also, self-efficacy has been explained as an important motivation for consumers to purchase products (Bagozzi & Warshaw 1990). Principles of belonging and connection to others have been also presented as motivating consumer behaviour in subcultural studies. For example, consumption culture of river rafting (Arnould, Price & Otnes 1999) and consumption culture of the MG car brand (Leigh, Peters & Shelton 2006) are two examples of sharing and belonging motives that propel consumers to engage in community consumption. Therefore, in light of consumption, the two identity processes - assimilation-accommodation and evaluation - work to affirm these principles for the consumers.

The question can be posed here is: which principle of identity directs a consumers’ behaviour? This question can only be answered within a specific social context in which consumers live. In fact, the priority of principles is recognised in individuals’ specific social context. For example, continuity of the self-image for a president who has won an election in a society might be the most important principle of his identity. However, if the uniqueness principle has salience for a celebrity in her specific context, the elements which earn distinctiveness for her identity will direct her behaviour. Notably, identity process theory suggests that when a person is unable to achieve an appropriate level of his/her own salient principles of identity, the identity becomes threatened and he/she will engage in coping strategies to defeat the threat. Therefore, consumers feel threatened and engage in coping strategies when they realise that they could not be unique, protected from harm, connected to others, efficient, and esteemed anymore.

It is worth noting explicitly that, besides the principles of identity, cognitive ability is also required for assimilation-accommodation and evaluation processes to work. Cognitive developmental psychology says that cognitive development dictates changes in not only the conception of morality but also social understanding (Weinreich-Haste & Locke 1983). In fact, developing cognitive aspects matures the processes of assimilation-accommodation and evaluation and that is why these processes will become more differentiated and organised over the course of a life-span. For example, as a child, self-esteem can only be achieved
through material objects gained by assimilating new contents of identity. However, an adult may achieve self-esteem by assimilating new contents through non-material objects. Briefly, cognitive development causes the processes of identity to move from material importance to idea importance. Therefore, the level of cognitive ability or consumers’ understanding of a given situation affects their identity and this will, consequently, reflect on their consumption behaviours.

2.5.2. Identity Control System

According to Burke (1991), the identity process is a control system. Instead of content and value dimensions by which Breakwell defined identity, Burke defines identity by a set of meanings related to personal and social self. This set of meanings is standard or reference for who one is defined. In fact, Burke designates a feedback loop for identity through which identity works continually, normally, and automatically. Burke defines an identity loop that has four main components: (I) a standard (the set of self-meanings), (II) an input from the environment/situation, (III) a comparator which is a process that compares the input with the standard of identity, and (IV) an output which refers to meaningful behaviours in the situation. The main goal of this loop is establishing congruence and consistency between inputs and the standards of identity. To understand how the information attained from the environment/situation is processed and turned into meaningful behaviours by consumers, how this control system works has to be explained.

According to Burke (1991), the inputs are the reflected appraisals or the perceived meanings of self as implied by the situation. Within the consumer context, this means that in a given situation, consumers get information in the way they perceive events themselves. Therefore, the inputs are the perceived meanings about self or situation (who one is as implied by the situation). Consumers, then, compare those perceived meanings with their standards/ideals and finally engage in output behaviours. In fact, the outputs are meaningful behaviours that complete the loop and they originate from comparing the input meanings with the identity standards. The behaviour that consumers enact in a given situation also leads to a new input (meaning) into the loop. This process clarifies how consumers process information and engage in behaviours to add meanings to their identity. This process is called the identity control system. Burke explains that if the input meanings are incongruent with identity standard, output behaviours change in a way that expect consistency to be achieved. As an example of the identity control system, consider a physician who is a father, spouse, pianist, and surgeon. Suppose his identity as a surgeon includes a certain degree of power or
authority, and for some reason this facet of his identity is important and salient to him. Assume the inputs he is receiving from the environment (perceptions of himself implied in the behaviours of his colleagues at the hospital) do not match the degree of power that is evident in his identity standard (i.e., he perceives he is a non-autonomous surgeon in the eyes of others).

The identity control system theory of Burke suggests that he will feel distressed as a result of this incongruence. To cope with this distress, he will change his behaviours to alter the inputs he receives. For example, he may behave more independently, be more decisive and sovereign. If these new outputs (changed behaviours) lead to a self-perception that matches his identity standard, his distress will abate and the new behaviours will be kept. Therefore, it is one’s perceptions that must match the identity standard when a particular identity is important to one in a certain situation. This identity model explains that achieving and keeping consistency may become relatively efficient and automatic over time as the individual learns how to effectively modify his/her behaviour. Therefore, consumers attempt to modify their behaviours such that their self-perception is matched with their identity standards. The flexibility of behavioural styles of individuals shows how they work on themselves in an continuous manner to make peace and consistency between what they are and what they expect to be (actual vs. desired identity). The next section looks at identity negotiation theory developed by Ting-Toomey & Dorjee 2018; Ting-Toomey 2017 who worked on the concept of identity negotiation in the context of intercultural communication. This helps to understand how individuals may decide about the potential self-facets to achieve satisfaction and desired identity outcomes.

2.5.3. Identity Negotiation Theory

The idea that identity is negotiated originates from the writings of Goffman (1959, 1961) who asserted that individuals need a “working consensus” or agreement regarding the roles and the selves they exhibit in their interactions. The concept of identity negotiation was also applied by Swann (1987) who explained how people need a negotiation and agreement between self-verification (one that is congruent with self-views and actual identity) and behavioural confirmation (one that is congruent with expectation and desired identity).

According to Stella Ting-Toomey (2018, 2017), identity negotiation refers to how an individual negotiates between his/her multifaceted identities of cultural, ethnic, religious, gender sexual orientation, professional, family/relational roles, and personal image(s) based on self-reflection and social construction processes. To put it simply, the concept of identity
negotiation means how individuals decide to choose between social identities (e.g., cultural, ethnicity, membership, social class, family role) and personal identities (any unique attribute associated with individuated self, such as sexuality and personality characteristics) within different contexts. According to this theory, the term *negotiation* refers to the verbal or non-verbal exchanges individuals apply for maintaining/boosting/lessening the images of their group-based or unique personal-based identity. She recognised 5 main identity dialectical themes: identity security-vulnerability, identity inclusion-differentiation, identity connection-autonomy, identity predictability-unpredictability, and identity consistency-change across time (2017). The term ‘dialectical’ refers to a tension between competing or opposing facets of identity in her multicultural context.

Also, Ting-Toomey (2017) highlighted three identity negotiation outcomes, the feeling of being understood, the feeling of being respected, and the feeling of being affirmatively valued, in her intercultural communication context. She emphasised the role of mindfulness in adaptively managing identity-based issues and generating satisfaction and desired identity outcomes. Ting-Toomey refers mindfulness to a spiritual, meditative, reflective, and adaptive applied way of living and communicating. From her point of view, mindfulness is “emptying our mindset” and listening with a pure heart, without preconceived notions and judgments. She links mindfulness to identity attunement which reflects a behavioural flexibility and an individual’s heightened awareness and responsiveness of self-identity and social identity issues in a cultural situation when facing intercultural conflicts. According to her, “identity attunement is about an introspective adjustment with issues concerning intentions, motivations, arising emotions and accompanying social and personal identity issues”. She answered clearly the question about what triggers the power of a chosen identity, by noting important factors such as time, space, situation, and individuals’ switching ability within diverse situations they find themselves challenging. This finding is also confirmed in consumer acculturation theory (Rahman & Cherrier 2010) when consumers who feel conflicts and tension between their own culture and host culture negotiated their identities to live peacefully in unfamiliar brandscape. As an example of how identity can be negotiated, imagine how you may manage your involvement with a group of friends via rejecting, accepting, or partially accepting the content and the values of the group identity. To better understand different styles of social identity negotiation, the next section encapsulates an expanded model of social identity that anyone can fit into.
2.5.3.1. **Social identity negotiation styles**

To better understand the negotiation of identity, the concept of social identification is briefly defined. Social identification is self-description an individual perceives in relation to society and others (Kreiner & Ashforth 2004). In simple words, social identification means how you see yourself in relation to others. According to Kreiner and Ashforth, there are four main ways people can choose through attachment to others: identification, dis-identification, ambivalent, and neutral. These are explained more fully below.

First is identification. Identification means when people are interested in being recognised with others, groups, or organisations and define themselves at least partly in terms of what the group is thought to represent. When one is identified with special others, he/she would feel a deep existential loss if forced to withdrawal. According to Kreiner, Hollensbe and Sheep (2006), identification could serve as a pathological form of over-identification and under-identification. In over-identification, others replace the self and individual feels self-loss. For example, an individual who becomes consumed by her job (over-identified with the company), will lose a sense of personal identity. Another pathological form is under-identification marked by apathy when a person never allows other issues or people to affect her identity.

Second is dis-identification. Dis-identification happens when a person defines herself as not having common attributes with specific others (Elsbach & Bhattacharya 2001). He/she strongly opposes the mission and values of specific others and consciously and actively separates his/her identity from them. In contrast to identification which emphasises a connection to others, dis-identification relies on one’s self and disconnecting others from oneself.

Third is ambivalence. Ambivalence occurs when an individual is simultaneously identified and dis-identified with especial others. Thompson, MM and Holmes (1996) suggest that people have the capacity to be identified and not identified in their relationships for many years. For example, a physician may participate in a campaign against abortion but at the same time get job in an abortion clinic.

Fourth is neutrality. Neutrality happens when an individual defines him or herself in a particular way and personal way, and not overlapping with specific others and not being detached. This dimension can be explained by personal identity (personality) of an individual, his/her previous experiences, and his/her management styles.
The expanded model of social identity by Kreiner and Ashforth (2004) is a new insight regarding how survivor consumers whose personal and social identities have been affected by the threat of cancer define themselves not only in relation to others but also for themselves. Undoubtedly, their self-perceptions will be reflected in their consumption behaviour. For example, how a survivor consumer has always been identified or even over-identified with her job role or family role, currently perceives herself and manage the threat of cancer. How her self-perception in a given situation affects her consumption behaviours. To understand these questions, this research needs to deeply reveal the relationship between threat and identity.

2.5.4. What Is Threat?

In the Merriam-Webster Dictionary, threat has been literally defined as "an expression or intention to inflict evil, injury, or damage; an indication of something pending". Lazarus (1984) define threat as "losses that have not yet taken place but are anticipated. Even when harm/loss has occurred, it is always fused with threat because every loss is also pregnant with negative implications for the future". The overall review of the threat literature shows that threat has three main attributes, namely potential, future orientation and negative cognitive/affective perception (Coyne & Lazarus 1980; Lazarus 1984, 1991; Morse 1997; Murrow & Welch 1997; Taylor, AH & May 1996). Potential means the expectancy of loss/harm outcome for a given stimulant, and this outcome could be a possibility because it does not yet exist in reality. Loges (1994) calls this attribute a conjecture, a guess based on uncertain probabilities. Future orientation means that a threat deals with an upcoming event and its appraisals are expected. In fact, feelings of threat may increase as an anticipation level increases for an individual (Coyne & Lazarus 1980). Negative cognitive perception refers to the negative meanings that a person assigns to a stimulus and is unique to that person. Because threat is involved with people’s beliefs, values, self, world and their life goals, it might be appraised differently by individuals (Lazarus, 1999). Negative affective perception occurs when a negative appraisal of a stimulus intensifies negative emotional arousal, leading to feelings of vulnerability (Taylor, AH & May 1996).

Both negative affective/cognitive perceptions differentiate the concept of threat from the concept of challenge. Challenge is imbued with positive emotions (i.e., eagerness, hopefulness, confidence) and provides opportunities for mastery and growth (Lazarus & Folkman 1984). Major and O’Brien (2005) explain that a person feels threatened when a perceived demand of a self-relevant situation are appraised as exceeding his perceived
resources to meet those demands. However, a challenge occurs when perceived coping resources are appraised as exceeding demands. Therefore, individuals’ perception of a stressor differentiates the concept of a threat from a challenge. In addition to this, threat is conceptually different from fear. Threat is an external stimulus that exists whether a person knows it or not, but fear is a negative emotion accompanied by a high level of arousal and elicited by a threat that is perceived to be significant (Witte 1992). To sum up, a threat is described as a person’s perception that a stimulant has the potential to lead to his/her harm/loss in the future, raising negative emotions (i.e., fear, worry, anxiety). Thus, consumers’ perception of threat, affective or cognitive, will impact on the coping strategies they adopt in life-threatening situations. In line with the discussion above, one can say that cancer is an external stimulus that has potential to be perceived as a threat, a threat that entails fear, anxiety, and negative emotional reactions.

2.5.4.1. Threat to the identity from identity scholars’ perspective

The relationship between threat and identity can be also understood through Maslow’s description (1943) of threat. Maslow defines threat as the situations in which: firstly, there is nothing individual can do about it; secondly, when he has no longer control over the world or even over himself; thirdly, when he can no longer handle the situation; fourthly, when the world is too much for him; fifthly, when he is not master of his own fate; and sixthly, when he loses his basic self-confidence and self-esteem. According to Maslow, individuals feel threatened in these situations as a stimulus affects life itself, general integrity of the organism, integration of the organism, and the organism’s basic mastery of the world. Maslow asserts that threats are manifested in many different forms in different situations but clearly will be involved with the basic goals and needs of the organism, no matter what situations it might include.

Breakwell (2015) notes that threatening experiences may share nothing in their apparent forms but commonly rely on the fact that they all affect individuals’ identity. For Breakwell, “a threat to identity occurs when the processes of identity, assimilation-accommodation and evaluation are, for some reason, unable to comply with the principles of continuity, distinctiveness, and self-esteem, which habitually guide their operation”. In fact, any reason that hinders the processes of identity can be perceived as the threat. The question can be posed here is: what does the threat come from? Is it a stimulant imposed by the outer world or something formed by the inner world? Or even both?
According to Breakwell (2015), a threat can be internal or external. It is internal when an individual identifies internal conflicts between the dictates/principles of identity processes (i.e., uniqueness, continuity, self-esteem). When the principles of identity dictating the process of assimilation-accommodation are contradictory, the individual feels threatened. For example, continuity might drive a man to join a gay club which is compatible with his existing self-concept but his self-esteem may resist that allegiance if this association signals a negative image in his social life. Therefore, the continuity of his self-definition is in conflict with achieving self-esteem through social approval. Alternatively, a threat can also be external due to a change in the context or the situation in which individuals are habituated. For example, a trauma such as a deadly disease imposes changes on the content or the value dimensions of a man’s identity which could be incompatible with the continued integrity of his identity. The feeling of death itself could devastate an individual’s networking, social roles, family roles, life goals, dreams, and this represents a severe threat to social identity. Therefore, any sort of change that challenges the principles underlying the integrity of identity could be perceived as the threat, as long as it impedes the operation of identity processes in a self-relevant context. In the content dimension, threats challenge the continuity or uniqueness of consumers’ identity and for the value dimension, threats may challenge consumers’ self-esteem.

According to Bourke (1991), individuals facing a new situation (e.g., threatening) need to change their strategies over time to eventually find a consistency or peace characterising their situation, their self-perception and their identity standards. It is interesting to find whether and how consumers under life-threatening threat scenarios solve inconsistency between their self-perceptions and the standards with which they grew up. Burke links the interruption theory (Mandler 1982) to his identity model and explains how any situation or external event can break the identity loop. There are two ways in which the loop can be broken. First, an external stimulus may prevent an individual from executing behaviours that match with his identity standard and lead to heightened distress (interruption in outputs). In other words, individuals’ behaviours may have little or no effect on the situation and a person feels that nothing can be done. In such cases, the individual can no longer act in the usual and normal way and he/she may feel identity loss when his/her identity is no longer applicable.

Like the previous example, assume the physician for whom a surgeon identity was salient and important, but unluckily receives news he has advanced cancer. Due to the severity of his illness, he will be no longer able to work as a surgeon and as a result he might feel useless. Cancer for him is an interruption in his normal and usual behaviours. Second, Burke explains
that sometimes events prevent an individual from being able to correctly perceive the self-perceptions, and therefore lead to an interruption of identity process and feeling of being threatened and distressed (interruption in inputs). Here, it is exactly the individuals’ perception of the situation (input side) that leads to feelings of being interrupted or threatened. In such cases, the individuals’ behaviours may have certain outcomes but he/she does not perceive or misunderstand them, due to biased perceptions. From Burke’s point of view, interruption is not simply a lack of consistency between the self-perceptions and identity standards. Rather, the normal continuous function of identity is hampered by interruption, putting an individual in a threatened state.

In line with the discussion above, one may ask why some people may be more threatened or distressed when facing the new situation. In other words, why do some people perceive events as being more interrupting than others? To answer these questions, Burke discusses the concept of over-controlled identity system. According to him, the tightness of one’s identity is a factor that determines the level of being distressed or threatened. A tightly closed and controlled identity is more likely to experience a high level of distress, especially when the situation is neither fixed nor under an individual’s control. People with tightened identities attempt too hard to match, almost exactly, their self-perceptions with their standards. In fact, they need to work very hard to keep their identity intact. For them, the frequent change in a situation leads to frequent distress which can only be eased by frequent identity adjustment. Burke explains that if changes in the output behaviours cannot lead to a consistency between self-perceptions and identity standards, then the standards of identity themselves should change. He suggests a second order feedback loop for his identity model. This explanation can justify why some consumers experience a new transition at the level of identity when faced with new situations. The next section will focus on identity threat arising from the concept of stigma, where cancer is possibly being related to stigma due to changing the normal way of life. Stigma is a concept where scholars used it in a model to explain its role in the threat scenario.

2.5.4.2. Threat to personal identity from stigma scholars’ perspective

Crocker, Major and Steele (1998) believe that threats to identity, internal or external, might originate from something that affects an individual identity, by putting an individual at risk of experiencing harm/loss to his/her social self. Stigma-related identity threat have many sources, including labelling, negative stereotyping, exclusion, discrimination, and low status (Link & Phelan 2001). Stigma has been extensively focused on in a variety of contexts
including social class (Granfield 1991), mental illness (Corrigan & Penn 2015), race (Crandall et al. 2000), and gender (Major & Eccleston 2005). Erving Goffman (2009) in the book *Stigma: Notes on the Management of a Spoiled Identity*, defines stigma as an attribute that widely devalues a person, reducing him from a normal person to someone who is tainted or discredited, and mark him as negatively different in the eyes of others. Crocker, J, Major and Steele (1998) describe that stigmatisation occurs when individuals have or think to have some attributes that signal a discredited social identity in a particular context. Crocker et al.’s definition of stigmatisation clearly reveals that stigma could be something formed by individuals’ thought processes. Major and O’Brien (2005) focused on four mechanisms through which stigmatisation occurs as follows:

(I) *Negative treatment and direct discrimination*, due to their social status, psychological well-being, and physical health, members of stigmatised groups may be discriminated against in the workplace, health care, and educational setting.

(II) *Expectancy confirmation processes*, stigma may cause negative stereotypes and expectations to occur, which directly affects a stigmatised target’s thoughts, feelings, and behaviours. Expectancy confirmation process may be exacerbated because the target is originally stigmatised and vulnerable (Jussim et al. 2000; McKown & Weinstein 2002).

(III) *Automatic stereotype activation behaviour*, cultural negative stereotypes of groups in society can affect the behaviour of a stigmatised target even in the absence of discriminatory behaviour on the part of others. For example, when African-American stereotypes were activated, white Americans did an intellectual task more poorly than they did without stereotype activation.

(IV) *Identity threat processes*, the stigma–induced identity threat occurs when a person appraises the demands imposed by a stigma-relevant stressor as being potentially dangerous to his identity (personal or social), and also as exceeding his resources to cope. The question can be raised here is: how may consumers appraise a stigma as a threat to identity? In the stigma-induced identity threat model, there are three factors which affect individuals’ perception of stigma, namely: *situational cues, collective representations, and personal characteristics*.

The last explanation exclusively mentions the role played by individuals’ appraisal in stigmatisation processes. Since the aim here is to assess how consumers work on their identity to cope with threat of cancer, it is important to elaborate on how stigma poses such a
threat to consumers’ identity. Stigma could lead to appraisals related to both identity challenge (O’Brien & Crandall 2003) and identity threat depending on personal meanings, social meanings, and also the situation and the context in which individuals engage in the appraisal process. According to Breakwell (2015) social meaning for a stimulus that is potentially threatening originates from ideologies manifested in social contexts, and the meanings that individuals assign to the stimulus by themselves during the appraisal process. In other words, the current meaning of a threat is affected by its contemporary social meaning, by personal meaning, and finally by the situation in which individuals perceive threat. For example, in the context of illiteracy as discussed by Adkins and Ozanne (2005), some consumers perceive it not as a threat but as an opportunity to improve themselves (challenge) by attending education programs to become more confident and feel comfortable shopping. The next section focuses on cancer to find out how this disease leads to threat among survivors.

2.5.4.3. The experience of cancer as a stigma-induced identity threat

When social and cultural beliefs, values, and attitudes are applied to diseases, they affect individuals’ perceptions about the meaning of disease, the types of treatment that are useful, and the outcome of individuals’ health behaviours, i.e., prevention or control of disease (Coreil, Wilke & Pintado 2004). Stigma about cancer leads to significant challenges for the control of this disease. Research on people’s perceptions of cancer shows that cancer is a stigmatised disease due to fear, death, pain and suffering, loss of control and independence, helplessness, and isolation (Daher 2012). In fact, due to its association with death, cancer imposes a silencing effect on both patients and physicians. Evidence from the mid-20th century shows that physicians preferred not to discuss cancer with their patients (Holland 2001), as it could cause them harm. Also, patients often expressed a feeling of isolation and silence within their family or workplace. Moreover, uncertainty about cancer made it difficult for family and friends to respond to patients’ concerns and led them to close off any communication (Dimatteo & Heyes, 1981; Dunkel-Schetter, 1984; update these). In the workplace, cancer was also kept a secret because employers were less likely to trust individuals with a cancer history to quickly return to work following cancer treatment (Daher 2012). This isolation and silence around survivors not only affected individuals’ preventing and controlling behaviours; it also restricted their access to special psychological support and services.
However, these days, with the outstanding advances being made in technology and medicine, cancer is not stigmatised with sociocultural meanings or collective representations. The potential stigmatisation of cancer largely relies on the extent to which a patient’s identity is threatened by this disease. Indeed, studies on cancer-related stigma shifted from focusing on cancer itself as a stigma in society and culture to the stigma which is related to personal meaning and the concept of self (Knapp, Marziliano & Moyer 2014). Cancer stigma-related identity threat describes the extent to which cancer impedes on individuals’ ability to achieve their personal goals. In other words, cancer stigma-related identity threat is the extent to which cancer is a major force in the perceptions of individual identity (Fife & Wright 2000). This premise helps us to understand how: firstly, consumers may perceive cancer as a stigma that may threaten their identity; and secondly, this perspective affects their coping consumer behaviours.

2.5.4.4. How does the cancer stigma threaten identity?

According to Goffman (2009), stigmatisation, visibly or invisibly, can be linked to the abominations of body (i.e., physical deformity), blemishes of individual behaviour (i.e., drunkenness), and tribal, ethnic or group membership (i.e., African-American). Abominations of the body refer to physical abnormalities; blemishes of individual character refer to treacherous, unnatural, dictatorial, rigid beliefs; and finally, tribal stigma refers to negative stereotypes regarding race, religion, and nationality. People who are treated for cancer might be also exposed to marked changes in their appearance, such as hair loss or physical deformity of organs such as loss of breasts. Regular treatments with chemotherapy or hormonotherapy also cause changes in appearance and body image (i.e., gaining weight) (Rooney & Wald 2007). Body image and physical appearance are intimately related to sexual functioning, social relationships, self-esteem and individual identity (Cash & Pruzinsky 2004). It has been shown that body image is a large component of the concept of self (Carver et al. 1998; Cohen, MZ, Kahn & Steeves 1998; Hopwood 1993; Mock 1993; White 2000) and also an indicator of social expression and a way of being in the world (Cohen, MZ, Kahn & Steeves 1998). In doing so, self-evaluation and its subsequent perceived gap between the actual and the ideal image of body can be felt as a threat to a survivor’s identity.

A cancer survivor may find it hard to look at herself naked, she may feel dissatisfied when dressed, she may avoid others, and she may feel less feminine and less sexually attractive (Hopwood et al. 2001). Such feelings undoubtedly affect individuals’ perception of self and threaten their self-esteem, connections to others, and lead to social anxiety and depressive
symptoms (White 2000). In fact, sexual dysfunction after cancer treatment, such as problems regarding sexual desire, decline in sexual pleasure and potency, orgasm difficulties, impaired sexual functionality (GREENDALE et al. 1996) threaten the core of self, which is an individual’s feminine or masculine identity. Major and O’Brien (2005) focused on stigma sensitivity, stereotype identification, and situation identification to explain how cancer is appraised as stigma-induced identity threat by personal attributions.

**Situation identification:** As aforementioned, cancer is no longer stigmatised in a situation where patients socially become stereotyped. However, survivors themselves may perceive some situations as stigmatising especially when they need planning, dating or programming for the future (Knapp, Marziliano & Moyer 2014). This might threaten their identity as they are not able to make a long-term plan for their life due to the uncertainty of this disease. Therefore, since cancer stigma disturbs the continuity of individuals in some aspects of their lives, it might be perceived as a real threat to a person’s identity.

**Stereotype identification:** Stereotype identification explains the extent to which individuals adopt a cancer patient identity with its negative stereotypes (i.e., fear, fatalism, and loss of personal control) as part of their self-identity. Fear of death, fear of changes in appearance (Reid 1997), and fear of cancer recurrence (Atkinson et al. 2013) all cause cancer to be a feared illness. Fatalistic belief about cancer (Hall et al. 2008) and lack of having mastery or control over one’s own life (Björklund, Sarvimäki & Berg 2008) also create a severe threat to a person’s identity. According to Link and Phelan (2001), a stigma exists as long as negative stereotyping and exclusion or discrimination occurs in a context that allows such situations to emerge. Because cancer is a context with negative stereotypes (i.e., fatality and fear) and it causes isolation and loneliness, it can be perceived as a stigma. After cancer diagnosis and treatment, people are particularly prone to feelings of loneliness which leads to a reduction in their social status and devastates interpersonal relationships between patients and their family, friends and relatives (Hawkley & Cacioppo 2003; Sevil et al. 2006). Such loneliness can originate from changes in body image, fear about cancer recurrence and death. However, existential philosophy has explained that sometimes loneliness emerges when individuals become aware of their own mortality and attempt to give meaning to the concept of self, world, and others (Mayers & Svartberg 2001; Moustakas 1972).

**Stigma sensitivity:** Although cancer and its treatment affect individuals’ identity, survivors perceive and experience cancer in various ways. These differences originate from personal characteristics. Individuals differ in their sensitivity to being stigmatised, what Pinel (1999) calls *stigma consciousness* and explains individuals’ differences regarding the expectation of
being stigmatised. For example, people with high stigma sensitivity or consciousness will expect and feel more discrimination in their social context and will be less likely to cope well with the threat than those with low sensitivity. For example, stigma sensitivity of cancer survivors can describe how they cope with the side effects of alopecia. Patients who have a higher stigma sensitivity to alopecia experience more identity threat and respond to the perceived threat with fear compared to low stigma conscious patients who ignore stereotypes of being sick or weak (Boehmke & Dickerson 2005). Notably, stigma sensitivity to cancer or any life-threatening illness differs from other social stigmas (i.e., race), since cancer survivors are being stigmatised upon their diagnosis and they are not habituated to the stigmatised status (Knapp et al. 2014) and therefore, they may cope with stigma compared to others in a different way. Personal characteristics affect not only the process in which stigma is appraised and perceived as a threat to the identity, but also the coping strategies which are applied by survivors. The next section focuses on coping literature and individuals’ coping responses and strategies against threat, stigma, death or any traumatic event.

2.6 Summary of identity literature

Literature on identity process theory (IPT) that was developed by Breakwell (2015) briefly explains that consumers feel threatened when they realise the main principles of their identity no longer work properly. It means that consumers feel threatened when they feel they are no longer unique, efficient, belonging, secure, and protected from harm. This resulting threatening feeling originates from consumers’ perception of threat and that the extent to which, for consumers, cancer is an issue in the perception of their identity. Literature on identity control system (ICT) by Bourke (1991) focuses on the consistency between self-perceptions and identity standards/expectations. According to this theory, individuals feel threatened if they cannot achieve consistency between self and identity standards even though they change their behaviours. Bourke believes this could stem from a biased or incorrect perception of self, situation, and behaviours. Literature on stigma-induced identity threat focuses on the extent to which cancer or any stigma is a major force in the perceptions of individual identity. Finally, studies on identity negotiation by Ting-Toomey (2018, 2017) focus on the role of mindfulness in individuals’ perception of certain situations, and subsequently adaptive managing identity-based issues. The researcher is interested in knowing how consumers perceive cancer and how their perceptions impact on their negotiation of this issue through consumption. In other words, it is important to reveal how consumers assign their personal meaning to cancer when they negotiate among their possible
selves. The next section investigates the coping literature and discusses the theories related to coping with cancer.

2.7 Coping: concept, processes, and nature

Lazarus and Folkman (1980) explained that stress and traumatic events consist of three processing steps - primary appraisal, secondary appraisal, and action or coping. Primary appraisal is the process of feeling a threat to oneself. Secondary appraisal is the process of thinking and bringing to mind a potential response to the stimuli. Finally, coping is considered to be the process of accomplishing that response. Therefore, coping is defined as an individual’s cognitive, emotional, and behavioural efforts to manage challenging or threatening conditions that are appraised or perceived as exceeding or taxing his/her resources (Folkman 2013). This definition refers to coping as whatever individuals do overcome a harm, threat or challenge regardless of its effectiveness (Latack & Havlovic 1992). Breakwell (2015) believes that coping is any activity, in thought (cognitively) or deed (physically) which removes or at least modifies a threat to the identity. However, coping efficacy is defined as an individual’s belief about successfully enacting the coping strategies (McKee-Ryan & Kinicki 2002). This conceptual difference between coping and coping efficiency allows us to conclude that the coping approaches that consumers apply may not be necessarily adaptive, efficient, and functional strategies. Thus, Lazarus and Folkman’s coping theory is based on the process in which individuals firstly appraise a situation as threatening or challenging and then engage in various coping strategies, regardless of their outcomes. Within this process, individuals initially create a picture of a threat in their mind and then in line with their mental images, they engage in certain behaviours.

The self-regulation model (SRM) developed by (Leventhal, Meyer & Nerenz 1980) provides a more comprehensive description of coping as it not only encompasses how an individual constructs a cognitive image of a threat and selects a coping strategy in response to the perceived threat, but also includes an outcome evaluation stage when an individual evaluates his/her coping effectiveness. Accordingly, cognitive descriptions are constructed by the individual using available “lay” information which originated from his/her sociocultural context and his/her own experience of the illness and its subsequent treatment. Cognitive descriptions stimulate the emotional responses to the threat and also activate coping behaviours. Finally, the effectiveness of such coping behaviours is appraised by the individual, leading to sticking with the same strategies, or changing or re-evaluating the actual image of the threat and illness. Coping is an active mechanism which changes over time until
a satisfactory outcome is achieved (Kinicki, Prussia & McKee-Ryan 2000; Latack, Kinicki & Prussia 1995). When a coping strategy is no longer effective, a new strategy will come into play, sometimes as a replacement and sometimes related with the old one (Breakwell 2015). These definitions highlight that coping is a dynamic process through which an individual constructs a cognitive and emotional image of the threat, selects a strategy in response to it, and subsequently evaluates its effectiveness and outcome.

2.7.1 Classification of coping strategies

In the coping literature, responses to threatening situations and use of coping styles are multifaceted (Skinner et al. 2003). Folkman and Lazarus (1980) focused on a series of predicates, each of which depicts a coping thought or behaviour that individuals sometimes engage for emotionally challenging experiences. Study of “ways of coping” revealed two general types of coping; problem-focused and emotion-focused coping (Folkman & Lazarus 1980). The former is attributed to problem-solving or doing something to alter the origin of the stress, while the latter reduces or manages the emotional distress associated with trauma. Indeed, emotion-focused coping encompass strategies aim to reduce tension and curtail emotional distress (Boals, vanDellen & Banks 2011; Lazarus & Folkman 1984). The distinction between both coping strategies is derived from the fact that problem-focused coping (i.e., active coping, planning, seeking of instrumental social support) is preferred when individuals feel that something constructive can be done, while emotion-focused coping (i.e. seeking emotional social support, positive reinterpretation, acceptance) predominates when individuals feel that the stressor is something that must be tolerated.

Lazarus and Folkman (1984) also classified responses to the threatening situations based on their outcomes. For example, problem-focused coping, including goal-oriented approaches when individuals attempt to change threatening situations, has been identified with efficient and desirable outcomes and improved psychological health and well-being (Mayordomo-Rodríguez et al. 2015). Conversely, emotionally-laden responses emerge as ineffective coping mechanisms in the long-term because they produce negative psychological feelings, for instance distress, disappointment and hopelessness. However, in the short-term, there are certain forms of emotion-focused coping which effectively help individuals through their cognitive appraisal process to change the meaning they assign to the threat (Lazarus & Folkman 1984).

In addition to problem- and emotion-focused styles, (Carver, Scheier & Weintraub 1989) introduce the third type of coping response that may tend to be maladaptive, including venting
of emotions, behavioural disengagement, and mental disengagement. Venting of emotions implies a tendency to release internal emotions or feelings that a distressed or upset one is experiencing (e.g., “I’ve been saying things to let my unpleasant feelings escape”). Behavioural disengagement refers to a tendency to curtail one’s effort in dealing with difficulties (e.g., “I’ve been giving up trying to deal with it”) and mental disengagement represents a tendency for distracting the mind from thinking about a goal which the stressor is hindering (e.g., “I’ve been turning to work or other activities to take my mind off things”). Although these coping strategies provide some short-term relief and happiness, in the long-term they are related to a prolonged negative consequence. For example, focusing on ventilating emotions particularly for long periods of time can impede adjustment (Felton et al. 1984). Dakof and Taylor (1990) and Moos and Schaefer (1993) agree that these coping strategies are dysfunctional because they are reduce immediate stress at a high cost, yet this causes other difficulties and increases the general distress.

Some researchers also classified responses to the threat according to the antecedents and outcomes of coping with threatening situations. As noted previously, threat imposes changes on the value or the content of identity; for example, a break in continuity of identity, a loss of uniqueness of identity, or a decline in individual self-esteem. Therefore, people need to cope with threats to their identity through the processes that regulate content and value dimensions of their identity structure. One coping strategy classification is based on how individuals process a threat through their identity structure. According to Breakwell (2015), there are two ways in which individuals adopt strategies to cope with a threatening experience. The first is to rely on the process of assimilation-accommodation and the second is to have an evaluation process. Strategies depending on assimilation-accommodation are categorised into two types: strategies which are about defect; and those which accept the identity’s associations with the threat.

Defect strategies lead an individual to refuse any modification either in content or in the value dimension of his identity and lead him to continue living according to previous habits. Meanwhile, acceptance strategies entail a revision of content and/or value dimensions of identity in a way that is consistent with the threat. Strategies relying on the process of evaluation are involved with the re-evaluation of the existing or potential contents of identity. Therefore, this is the role of identity processes that direct an individual to preserve or reconstruct the self in a threatening situation. Identity preservation is concerned with existing contents and values, while identity reconstruction is about prospective contents. This type of
coping classification illuminates how some people engage in habits and some apply new and unestablished ways of life in threatening situations.

Compas et al. (2001) classify coping strategies into voluntary and involuntary behaviours according to individuals’ willingness. Voluntary coping traits are behaviours through which individuals willingly and actively participate in managing a threat (i.e., voluntary avoidance, denial, distraction, cognitive reconstruction, acceptance, emotional regulation). However, rumination and psychosocial arousal (i.e., intrusive thoughts and actions) are involuntary behaviours as individual never willingly manage the threat.

An additional coping classification noted in the literature is about active styles (e.g., active coping, social coping) vs. avoidant styles (Boals, vanDellen & Banks 2011; Brown, SM et al. 2015; Chao 2011; Wilkinson, Walford & Espnes 2000). An active type of coping encompasses strategies that intend to change either the threat itself or how an individual thinks about the threat. Notably, these models of coping tend to generate more pleasant outcomes as individuals seek helpful information and actively attempt to maintain control of threatening circumstances (Curry & Russ 1985). In contrast, avoidant coping means withdrawal or distancing oneself from a threatening situation, which may in turn lead to inefficient attempts to decrease distress (Herman-Stabl, Stemmler & Petersen 1995). Understanding different types of coping and familiarising one’s self with coping efficacy/coping outcomes makes it possible to understand the differences between an adaptive and maladaptive consumption behaviour. This is essential and crucial in terms of the moral responsibility of marketing. The following section discusses maladaptive coping outcomes in traumatic experiences and then focuses on how individuals perceive and process the threat when adopting coping styles.

2.7.1.1. Maladaptive coping behaviours

The difficulties resulting from maladaptive/dysfunctional behaviours of individuals can range from depression, anxiety, eating disorders, substance abuse, increased suicide ideation, self-harm behaviours to post-traumatic stress disorder (PTSD) (Polusny & Follette 1995). Indeed, continuous and persistent maladaptive responses such as avoidance (mental disengagement) have been recognised as a fundamental reason in the maintenance of trauma symptomology over an extended period of time (Follette & Vijay 2009; Plumb, Orsillo & Luterek 2004). Maladaptive avoidant behaviours isolate individuals from living in the present and not only do they maintain trauma symptoms but also develop PTSD. Because individuals feel their anxiety has been mitigated by denial and avoidance of threatening objects or circumstances,
their avoidant strategies are reinforced (Mowrer 1960), which eventually leads to increased trauma symptomatology and other forms of psychopathology (Plumb, Orsillo & Luterek 2004).

Individuals may also oscillate in their coping efforts between rumination and avoidance/denial. Like avoidance, rumination is another maladaptive coping as it has largely negative consequences on emotional wellbeing and perpetuates depressive symptomatology (Joormann, Dkane & Gotlib 2006; Nolen-Hoeksema 1991). Rumination is an uncontrolled and maladaptive thinking which impedes adaptive behaviours in dealing with threats. Trapnell and Campbell (1999) propose a differentiation between rumination and reflection. Although both rumination and reflection involve a great attention to self, they differ in the reason behind the attention. Rumination is "self-attentiveness motivated by perceived threats, losses, or injustices to the self", while reflection is "self-attentiveness motivated by curiosity or epistemic interest in the self". According to their definition, rumination is analytical and maladaptive in that it portrays cognitive over-operation and perpetuates depressive symptomatology. Meanwhile, reflection is experiential and adaptive as it is characterised by non-judgemental reactions to experiences in the present moment. Rumination is a repetitive, analytical, perpetual, and recurring thought process that involuntarily enters individuals’ consciousness and creates an intense vulnerability (Nolen-Hoeksema 2004). Rumination also increases the frequency of cognitive biases in secondary appraisal process of Folkman and Lazarus (thinking stage) and impairs emotion regulation, leading to further deterioration in mood and maladaptive behaviours (Lyubomirsky & Nolen-Hoeksema 1993, 1995). The next section will discuss cognitive appraisal process of individuals when adopting adoptive/maladaptive coping styles.

2.7.1.2. Protection-motivation theory

Rogers (1975), protection-motivation theory explains two cognitive appraisal processes when facing a threat, specifically, threat appraisal and coping appraisal. This theory helps me to comprehend how consumers think about threats when adopting behaviours. The threat-appraisal process evaluates the severity of danger/harm and is similar to Lazarus’s primary-appraisal process. The coping-appraisal process evaluates an individual’s ability to cope with danger and is consistent with Lazarus’s secondary-appraisal process. According to Rogers, the threat appraisal process can lead to adaptive or maladaptive reactions depending on how individuals think about the severity of a threat, their own vulnerability to it, and how intrinsic/extrinsic factors affect the individual’s perceptions of the danger. For example,
applying this theory to over-drinking; a person’s drinking too much alcohol is a maladaptive response and could lead to cancer of the liver in the future. The factors increasing the probability of continued drinking are intrinsic rewards such as bodily enjoyment and extrinsic rewards such as peer approval.

Also, factors reducing the likelihood of continued drinking are beliefs in the severity of cancer caused by this habit and one’s vulnerability to cancer (e.g., congenital factors). Coping appraisal process can also lead to adaptive or maladaptive reactions depending on how an individual thinks about the effectiveness of his responses, how that person believes himself to successfully enact strategies and what the response costs are. In the example of over-drinking, the adaptive response is simply to stop drinking. Factors that motivate individuals to stop drinking are the belief that it is an effective way to avoid cancer and the belief that one can successfully cease drinking. Also, factors reducing the likelihood of drinking cessation (maladaptive reaction) are response costs such as withdrawal symptoms. The difference between Rogers’ coping theory the coping theory of Lazarus and Folkman (1980) is the former’s emphasis on coping efficiency and how an individual thinks about the outcome of his or her behaviour. In summary, it is the consumers’ perception of threat, self, situation, and potential outcomes that direct them to adaptive/maladaptive responses. The question that can be posed here is: how does the individual appraise a threat such that his/her appraisal could lead to adaptive/maladaptive behaviours? The following section focuses on two main modes of conscious processing through which people appraise a threatening situation.

2.7.2 Consumers’ conscious processing

Cognitive science suggests there are two main modes of conscious processing. Husserl (1999) recognises these mechanisms as the natural/habitual attitude and the phenomenological/experiential attitude, which later profoundly elaborates the concept of mindfulness. Brown and Cordon (2009) explain that the natural mode of processing typically has a habitual and evaluative nature such that individuals ruminate and overthink about what they experience and they judge objects and experiences without careful observation or sometimes without even more than a glance (Langer 2002). In this mode of processing, individuals’ minds make a cognitive perception of the situation based on old habits so that truth is summarised in what it represents to them rather than what it really is. According to Brown, KW and Cordon (2009), via the natural/habitual attitude, individuals attempt to perceive experiences through their existing yet static cognitive schemas and worldviews. This simply focuses on learned or inherited tendency of individuals who want their identity to
remain constant over time. Although this mode of processing has its own benefits such as facilitating routine tasks and pursuit of goals, it also means that we have a superficial, biased, and partial perspective of reality, which leads to biased hope, distorted sadness, and fear (Brown & Cordon 2009).

In contrast, Husserl (1999) clarifies that the second mode of processing is the phenomenological/experiential attitude in which our attention is oriented toward the reality as it fully appears or is given to us. This mindful mode of processing is entirely concerned with a non-conceptual attention to thoughts and feelings (Farb et al. 2007), an active receipt of reality (Legrand 2007), a present-centred focus, a non-evaluative, and a non-habitual approach (Brown & Cordon 2009). Importantly, in a mindful mechanism, individuals never have a particular set of ideas that constitutes a pre-existing cognitive schema (Niemiec et al. 2010). Mindful individuals are actively receptive to any alteration, destruction, and reconstruction of cognitive schemas built around the self/others/world and this dynamic facet of processing establishes the essential way of being open rather than self-enclosed to reality (Thompson & Zahavi 2007). Through a mindful perspective, stressful and challenging experiences are more bearable due to less cognitive biases and misjudgements that normally generate disagreeable emotional responses. Mindfulness is a source of self-regulation for better emotional responses and less maladaptive actions. In threatening situations, the receptive attention which portrays mindfulness not only facilitates exposure to stimuli but also leads to less defensive responses to threat (Baer 2003; Niemiec et al. 2010). It is interesting to know how consumers may develop a phenomenological/experiential attitude in which events and occurrences are perceived without the judgmental, biased, and evaluative lenses and how they may apply less or even non-defensive behaviours in a threatening situation.

Brown et al. (2008) explain that if an individual could have a clear and moment-to-moment look at his/her inside (e.g., ways of thinking and feeling), then the automatic/habitual flow of identity could be interrupted, and therefore an individual’s responses in different situations will be more flexible. This view sees the self as a knower and inner witness in the observant stance on which thoughts and feelings are on display. In other words, within this perspective, an individual has an entire mastery of the inside. Brown et al. (2008) explain that such open and receptive attention to experiences helps individuals to see the internal world with a different view; that is, thoughts come and go, memories arise and replace each other, desires develop, change, and vanish. If an individual could develop this attitude, identity may be less substantial and engrossing, allowing for any dis-identification. For example, threatening events such as social rejection are more tolerable for mindful individuals because they are less
likely to be destabilised. They have a deeper sense of self and are more grounded in their awareness rather than groups.

Indeed, this view prepares individuals for any threatening situation via desensitisation, reduction in emotional reactivity, increasing tolerance of unpleasant states, and consequently more adaptive responses to a threatening situation. This open view of the self and situation clarifies how a person may be less motivated to fight or defend in a threatening situation. According to this view, in the threatening situation, more mindful individuals manifest behavioural responses that reflect greater tolerance, less judgement, and more importantly less concern for the status of personal identity. Brown et al. emphasise that mindful individuals are less invested in their identity and are motivated to quiet their ego. It is important to note that mindfulness never means the elimination of identity, but instead, contextualisation of identity. In other words, mindful individuals let their identity be flexible and changeable for different situations, and that is why they are motivated to enact less defensive approaches.

These two main modes of processing help researchers understand how consumers in this study may approach the threat and work on their identity through their consumption lifestyle. The section below examines the defensive responses applied by individuals in threatening situations.

### 2.7.3 Cancer and terror management theory (TMT)

Cancer is a health crisis and causes various morbidities, including physical, external (social), and internal (psychological) disorders. It is well-documented that cancer diagnosis and treatment may initiate a period of crisis accompanied by anxiety (Stark et al. 2002), fear of death and recurrence (Vachon 2001), and subsequent rejection and social isolation (Kroenke et al. 2006). The emotional effects of cancer that occur after diagnosis encompass reduced psychological adjustment, negative changes in life attitude and other types of emotional turmoil (Arman & Rehnsfeldt 2003; Bloom 2002). Fear and thought of death and recurrence, which is attached to the cancer, often lead to the actual mortality experience. In fact, fear and thought of death resulting from cancer can be perceived as a main source of terror which threatens individuals’ desires, plans, life projects, and identity. In the normal situation (non-cancer), when mortality is made salient (e.g. by the thought of one’s own death), individuals are inclined and motivated to avoid circumstances that remind them of death, and therefore expunge death from everyday awareness (Baudrillard 2016). Because awareness of mortality
is combined with the intuition for self-preservation, it is perceived as a potential debilitating terror which leads to existential anxiety for individuals (Arndt et al. 1997).

Terror management theory (TMT) holds that individuals use two main defensive strategies in order to assuage or manage the existential anxiety resulting from the realisation of the inevitability of death (Greenberg, Pyszczynski & Solomon 1986; Greenberg et al. 1990). The first strategy is following cultural norms and beliefs that provide meanings to individuals’ lives and the second strategy is following self-esteem through individual domains. Therefore, defence of one’s cultural worldview and attempts to bolster/enhance individual self-esteem are the two main strategies recognised for alleviating this anxiety (Pyszczynski et al. 2004).

Culture offers immortality either via norms and religious beliefs such as afterlife, heaven, and reincarnation or even symbolically by making an enduring mark on the world, such as books written and images created, which both bring a sense of figurative immortality. Cultural worldviews are beliefs and norms established in the culture and perceived as a means by which people manage the anxiety related to death. Cultural worldviews provide standards for valued behaviours and the individuals who meet these standards feel themselves worthy members within the ideological framework of their culture, and consequently are able to cope with anxiety. From this perspective, a considerable amount of social behaviours explains how the fear of death is minimised (Arndt et al. 1997). For example, fear of death which is imbued with feelings of insecurity may lead to materialistic behaviours, valuing wealth, and possessions in capitalist cultures (Arndt et al. 2004; Kasser & Sheldon 2000).

For consumers in these cultures, the consumption of goods is not only an established norm leading to a successful and happy life but also brings a feeling of self-worth and being competent. Indeed, consumers in such cultures pursue their self-esteem within cultural norms where a materialistic lifestyle is deemed to be valuable (Kasser & Sheldon 2000). Accordingly, one may believe that in a different culture, consumers will elicit different behaviours to enhance their self-esteem. For example, from the Buddhist perspective, when mortality is made salient, consumers will implement non-materialist strategies to protect/enhance their self-esteem and manage any apparent anxiety. The reason is that within this ideological framework, individuals come to feel that they no longer need to extend themselves in materialistic ways as they will be eventually cease to exist (Gould 2006).

In addition to cultural norms, the second anxiety buffer is the pursuit of self-esteem within individual domains. Pursuit of identity principles, mentioned by Breakwell (2015), helps them cope with a death threat. Different people are likely to have a wide variety of behaviours
leading to their self-esteem for which they feel competent (Crocker, Jennifer & Park 2004). For example, feeling of being trendy might be crucial for someone, while aspects of virtue may be valued by another. Goldenberg et al. (2000) investigated the role of the physical body as a source of self-esteem in mortality salience manipulations and revealed that individuals with high body esteem responded with increased interest to sex compared to participants who were low in body esteem. Ben-Ari, Florian and Mikulincer (1999) also in the study of the relationship between mortality salience and aggressive driving behaviour showed that mortality salience inductions led to more risky driving among people who perceived driving as a central aspect of their self-esteem. Therefore, since individuals have their own evaluation and judgement systems about self-esteem, they may apply different practices, adaptive or maladaptive, in order to cope with mortality salience. Although individuals have their own measures/standards upon which their self-esteem is defined, the quality and intensity of behaviours is subject to the privilege of having adequate sources of self-regulation. In other words, having self-regulatory or self-control skills alleviates neural responses to affective stimuli (Haas et al. 2007; Jackson et al. 2003) and leads to less maladaptive reactions, less negative emotions and finally, greater psychological well-being (Gross & John 2003).

Both defensive strategies of TMT theory might be inappropriate for some consumers in the context of cancer. For example, although culture offers figurative immortality via religious beliefs such as an afterlife, heaven, and reincarnation, it simultaneously offers a sense of physical continuity and survival by means of, again, strong religious notions such as hope, miracles, and healing. The question arises here that for life-threatening conditions such as cancer, which is a leading cause of mortality, what is the extent to which consumers can keep committing to cultural miracles and traditional concepts to cope with trauma? A defence of cultural worldviews can buffer anxiety related to death trauma, but only for a limited period of time. For long-term existential threats such as cancer, consumers may question pre-established norms, concepts, values, and beliefs and even seek new patterns of meanings for life. Moreover, with respect to individuals’ domains of self-esteem, if physical strength and body esteem have always been an aspiration and domain of importance for a cancer survivor, how does he or she increase their competence, despite the natural physical weakness that person experiences from cancer and its treatment? Therefore, cancer is the context in which consumers may differently behave and live life. They might change the standards on which their identity principles, such as self-esteem, uniqueness, and continuity have been defined. The next section looks at another coping theory related to death trauma.
2.7.4 The Kübler-Ross grief cycle theory

A distressing event is considered to be a traumatic and paralysing experience if it devastates an individual’s adaptive coping and leads to dysfunctional behaviours. Cloitre, Cohen and Koenen (2006) define trauma as “any circumstance in which an event overwhelms a person’s capacity to protect his or her psychic well-being or integrity, where the power of the event is greater than the resources available for effective response and recovery”. A crucial part of a distressing event or stressful episodes of life is individual reaction, which can be either ruining for some people, or reconstructing for others. The grief cycle theory of (Kübler-Ross 1975) shows how people may adaptively or maladaptively responds to death trauma. This theory was first introduced by Swiss Psychiatrist Elisabeth Kübler-Ross and inspired by her work with more than 200 clinical interviews with terminally ill patients. Kübler-Ross (1975) proposes a trend in emotions across time in most, but not all, of her patients. In fact, she depicts a model of coping with death through five interconnected emotional stages: denial, anger, bargaining, depression, and acceptance. The Kübler-Ross grief cycle seems to be a flexible model rather than a rigid one due to inter-individual variations. For example, stages might occur concurrently or may overlap or some stages may not occur at all or the stages may vary between individuals according to strength, intensity, and duration. Whereas the majority of individuals experience all of the stages, Kübler-Ross noticed: “The final acceptance has been reached by some patients without any external help; others needed assistance in working through these different stages in order to die in peace and dignity”. Therefore, the most divergent feature of the model is in reaching the final stage of acceptance.

The first stage of the grief cycle process is about trying to avoid the inevitable. Denial concerns feelings of disbelief and a rejection of believing that death is inevitable and probable. The second stage is anger which is known as frustrated outpouring of bottled-up emotions or negative ventilation. For example, "How could this happen to me?"; "Who is to blame?"; "Why would God let this happen?; “This isn’t fair, I’m too young to have this problem”, etc. As described earlier, venting of emotions results in prolonged negative outcomes (Fichman et al. 1999), specifically, when venting is ruminative in nature. In the third stage, bargaining is when an individual is looking for a vain way to escape from a cause of grief, such as bargaining with God or any other religious entity. According to McAlearney et al. (2015), bargaining encompasses aspects of negotiation to construct trade-offs in order to avoid the change. This stage is accompanied by hope where an individual can somehow avoid or postpone death. Bargaining is normally arranged with a superpower, against human
agency, in exchange for an improved life. Depression, the last realisation of the inevitable and anticipated death, is the fourth stage of the grief cycle, and it is accompanied by crying, withdrawal, and silence (Wilson, CT & Fletcher 2002).

Through these four stages - denial, anger, bargaining, and depression - individuals cannot reach the level of acceptance, but instead, either seek a vain way to escape from reality or pursue a perpetual and repetitive expression of emotions, which lead to increased trauma symptomatology. Acceptance, the last stage of grief cycle, is finding the way forward. In this stage, individuals’ actions clearly reveal that they accepted the situation and live with it without judging, ruminating, avoiding, and conceptualising. According to Kübler-Ross, acceptance is the most variable stage among people who live with trauma. The grief cycle of Kübler-Ross portrays how people, adaptively or maladaptively, react to the severe trauma. Some people gradually and with assistance go through the acceptance stage, some accept the situation without any external help, and others may not experience acceptance at all. The Kübler-Ross acceptance strategy shows how people engage in revision of content and/or value dimensions of their identity in a way that is consistent with the threat. The Kübler-Ross grief cycle enables this research to find what are the ways in which consumers may detach from many past habits, past beliefs, and past meanings and also, attempt to accept the current situation via attachment to new life meanings, new ideologies, and new consumptions in order to cope with their difficulties.

2.8 Summary of coping literature

Literature on coping defines that coping is a dynamic process which begins with making a cognitive and emotional image of the threat (thinking and feeling about threat), selecting a strategy in response to the perceived threat (coping), and subsequently evaluating its effectiveness and outcomes (coping efficacy). What this research found from coping literature is that it is an individual’s understanding and perception of threat and disease that direct emotional responses and coping behaviours.

Different types of coping and familiarising with coping efficacy/coping outcomes helped this research better perceive the differences between an adaptive and maladaptive behaviour which is essential and crucial in terms of moral responsibility of marketing. The relevant theories of this stream of literature enabled the researcher to note that consumers’ perception of threat is attached to identity negotiation and people’s engagement in coping strategies. Therefore, adaptive or maladaptive behaviours mainly originate from consumers’ perception
of a threat. Coping literature revealed that consumers’ perception of threats is derived from habitual or experiential attitudes which later profoundly explain the concept of mindfulness. Moreover, coping literature concluded that some theories on mortality salience may not be relevant to this topic due to cancer’s particular characteristics (e.g., people’s uncertainty and ambivalence).

2.9 A summary of the literature with identified gaps

This study attempts to understand how consumers cope with a life-threatening situation like cancer through their consumption of material goods and practices. The theories underpinning this study are from three main streams of literature, these being consumer behaviour, identity, and coping. Literature on identity theory including the concept of identity and its structures, processes and principles led this research to understand how individuals may/may not feel threatened and how a threat could affect a person’s identity.

Also, the literature on consumer behaviour show how consumers negotiate among possible selves and choose their own lifestyle and behave and respond to a threat, stigma or any potential stressor within similar contexts. For example, the existing literature on consumer research shows how homeless consumers cope with lack of shelter, food, water, and a host of goods and services necessary for survival (Hill & Stamey 1990). However, others are more interested in acceptance and affirmation of their homeless identity and find their self-worth through attachment to activities related to actual identity (Snow & Anderson 1987). Similarly, in the context of illiteracy, Viswanathan et al. (2005) explored how functionally illiterate consumers cope with their stigmatised condition in the marketplace. Some consumers applied avoidance strategies to avoid outcomes such as stress, shame, and overspending. Another group of consumers not only rejected the stigma but also actively tried to achieve their desired identity by improving their literacy skills through attending education programs (Adkins and Ozanne 2005).

The existing literature on Breakwell’s (2015) identity process theory explains the processes of identity and how these are guided by the principles of identity: uniqueness, continuity, self-esteem, belonging, self-efficacy, and also life purpose and life meaning. These principles are the fundamental codes which define the desirable end-states for identity. According to this theory, a threat to identity occurs when the processes of identity are for some reason unable to comply with the principles of identity which habitually guide their operation. Identity process theory suggests that when a person becomes unable to achieve appropriate level of his/her
own salient principles of identity, his/her identity become threatened and he/she will engage in coping strategies to mitigate the threat. Therefore, consumers feel threatened when they realise that they could not be unique, protected from harm, connected to others, efficient, and esteemed anymore. The question arises here is how consumers realised that they were threatened?

According to Breakwell (2015), the meaning for a stimulus that is potentially threatening originates from the meanings that individuals assign to the stimulus by themselves during appraisal process and also from ideologies manifested in the social contexts. Therefore, this is consumers’ understandings of stimulus, self, and situation that cause them feel threatened. This explanation has been also evident in the model of stigma-induced identity threat developed by Major and O’Brien (2005). In this model there are three factors which affect individuals’ perception of stigma, namely situational cues, collective representations, and personal characteristics. It is now clear that advances in technology and extended to medicine, mean that cancer is hardly stigmatised by sociocultural meanings or collective representations. Cancer stigma-related identity threat describes the extent to which cancer is a main force in the perceptions of individual identity (Fife and Wright 2000). Individuals feel threatened by cancer if they cannot achieve a sense of consistency between self and identity standards even though they change their behaviours. Bourke believes that this might stem from a biased or incorrect perception of self, situation, and the behaviours. Therefore, identity theory reaches this research to the conclusion that consumers’ perception of threat is attached to their negotiation and identity formation or reconstruction. All these explanations can be also confirmed by understanding domains of consumer vulnerability (Baker, Gentry, Rittenburg, 2005). Accordingly, vulnerability can be affected by individual characteristic (biophysical and psychosocial), individual state (e.g., divorced, job lost, death of loved ones), and external conditions (e.g., stigmatisation, repression, and discrimination). Individual characteristics domain emphasises on how vulnerability is experienced by consumers. This study focuses on the concept of actual and perceived vulnerability. In perceived vulnerability consumers’ understanding and perception of vulnerability might be different from others’ belief. In another study on adolescents vulnerability by Baker (2012), deliberate vulnerability is posed as against to imposed vulnerability. In deliberate vulnerability, consumers experience lack of self-control on some risky behaviours and they engage in risky behaviours in an intentional and deliberate manner (e.g., as a means of transgression of rules). However, in imposed vulnerability, consumers experience lack of self-control on some behaviours as a
result of socializing process (e.g., peer pressure). Therefore, experiencing threat/stigma/vulnerability depends on individual, social, and situational characteristics.

The existing literature on coping also highlights that coping is a dynamic process through which individuals construct a cognitive and emotional image of the threat, select a strategy in response to the perceived threat, and subsequently evaluate its effectiveness and outcome. For example, for a threatening disease, cognitive descriptions are constructed by the individual using available “lay” information which originates from his/her own experience of the illness and its treatment. Cognitive descriptions stimulate the emotional responses to the threat and also activate coping behaviours. The effectiveness of such coping behaviours is appraised by individuals, leading to continuing with the same strategies, or finding a completely different approach to the threat and/or illness. It is the individual’s understanding and perception of threat and disease that direct emotional responses and coping behaviours. Therefore, adaptive or maladaptive behaviours originate from consumers’ perception of threat. This emerges as being closely linked to the role of mindfulness. This has been recognised in adaptively managing identity-based issues and generating satisfaction and desired identity outcomes.

The present study focuses on cancer survivors who live at the center of an extreme experience with respect to their own mortality. Survivor consumers can negotiate their identity and cope with the threat in their own way. Indeed, fear and thought of death resulting from cancer emerged as the main sources of terror which threaten consumers’ identities and may lead them to a different range of responses and consumption activities. Cancer survivors may struggle to generate the identities that equip them for dealing with fear of death and uncertainty.
CHAPTER 3: METHODOLOGY

3.1 What is a methodology?

This chapter presents the methodological considerations to be taken into account when studying consumer behaviour in the context of a life-threatening illness. Methodology is about how the research method for a study will be employed. The methodology seeks to determine whether the relationship between theory and research is done in a deductive way (theory directs research) or an inductive way (research generates theory). The methodology directs the researcher to select applicable research strategies (qualitative and/or quantitative) and research designs (experimental, exploratory, descriptive). This chapter discusses the two main research methods, "positivist epistemology or positivism" and "interpretivist epistemology or phenomenology" in order to specify a suitable research design and methods for this inquiry. Also, to gain a better understanding of why and how the qualitative perspective best fits the target of this study, this chapter presents a brief and general discussion on research paradigms and then expands on the qualitative paradigm. This discussion is followed by the research context, methods, data analysis techniques, and a comment on the ethical considerations.

3.2 Research paradigm

A well-designed research begins with the choice of topic, problem, and paradigm. According to Stanage (1987), the term ‘paradigm’ had ancient Greek (paradeigma) and Latin origins (paradigma) implying an exemplar, model, and pattern. A research paradigm is the researcher’s pattern of thinking. In science and epistemology, a paradigm is the notion of a constellation of theories, research methods, standards, and principles for what establishes a scientific contribution to a field. According to Weaver and Olson (2006), “paradigms are patterns of beliefs and practices that regulate inquiry within a discipline by providing lenses, frames and processes through which investigation is accomplished”. Sometimes the theoretical framework of a research study is referred to as the paradigm, which implies the process in which knowledge is studied and interpreted (Mertens 2014). The notion of paradigm is also defined as the philosophical motivation for conducting a study (Cohen, Louis, Manion & Morrison 2002). Therefore, a paradigm is the way in which a researcher finds a view or perspective of something to signify the intent, motivation and expectations of the research. Most paradigms in social science research revolve around two dominant
categorisations: firstly, positivism which advocates the quantitative approach; and secondly, interpretivism/constructivism which pursues the qualitative approach. Before explaining the positivist and interpretivist approaches, this chapter will provide a brief definition of the ontology and epistemology so that the nature and characteristics of each are better understood. Ontology is the nature of reality (Hudson & Ozanne 1988) and epistemology clarifies the relationship between the researcher and the reality or what is being researched (Carson et al. 2001). In other words, ontology is philosophically involved with what the reality is and epistemology, logically, responds to how the reality is captured or known. According to (Creswell, JW & Creswell 2017), ontology is the claim researchers make regarding knowledge and epistemology is how researchers have attained that knowledge.

3.2.1 Positivist ontology and epistemology

The positivist ontology relies on the fact that the world is external (Carson et al. 2001) and there is a singular reality to any research phenomenon or situation without reference to the researcher’s attitude or belief (Hudson and Ozanne 1988). Indeed, in the positivist approach, researchers adopt a fixed and controlled perspective in conducting research, identify a comprehensive research topic, design clear hypotheses, and eventually choose a suitable research methodology to test the hypotheses (Carson et al. 2001). Positivist researchers are detached, impartial, and emotionally unbiased and they want to make a clear separation between rationality and emotionality (Carson et al. 2001; Hudson & Ozanne 1988). Moreover, they logically pursue an objective approach via a clear differentiation between science and subjective experiences (Carson et al. 2001). Because they work with quite large samples of data, statistical and mathematical methods are essential to the positivist research. The main purpose of positivist researchers is to generalise an objective reality regardless of time and context of the research. Positivist researchers believe that human behaviours are justified by real sources that temporarily precede the actions rather than subjects that are independent and do not affect each other (Hudson and Ozanne 1988). According to O'Leary (2017), positivists like to test a theory or explain an experience through observation and appropriate measurement in order to estimate and control factors that exist in an objective reality.

3.2.2 Interpretivist ontology and epistemology

Interpretivist ontology is related to the fact that reality is relative and multiple (Hudson and Ozanne 1988) and this multiplicity facet of reality makes interpretations difficult as it is
grounded in the complex system of meanings (Neuman 2013). The theory obtained in this
discipline is socially structured rather than objectively formulated (Mertens 2014; Carson et
al. 2001; Hudson and Ozanne 1988) and emerged out of participants' views of the situation
being studied (Creswell, JW & Creswell 2017). Interpretivists want to understand "the world
of human experience" (Cohen, L, Manion & Morrison 1994), implying that "reality is socially
constructed" (Mertens 2014). Indeed, interpretivist researchers refuse to employ an inflexible
structural approach, and instead, take an adaptable research framework which contains human
behaviours and interactions and makes sense of what is comprehended as reality.

Interpretivists deal with the context of study through some prior insights of the topic, but they
are basically unable to reveal the multiple nature of reality (Hudson and Ozanne 1988). In
other words, interpretivists do not generally begin their story with a theory that they postulate;
instead, they generate or inductively construct a theory or pattern of meanings (Creswell, JW
& Creswell 2017). Within this framework, the researcher and participants are reciprocally
interconnected and the researcher adopts an open approach to new knowledge throughout the
study and lets reality form by itself with the help of participants (Hudson and Ozanne 1988).
Thus, the main purpose of this paradigm is to understand and interpret the meanings of human
behaviours through lived experiences within a particular times and contexts rather than
generalising and estimating causes and effects. Since the present study attempts to reveal how
consumers respond to the threat through lived experiences of cancer survivors, the
interpretivist lens helps the researcher to better understand the nature of consumption
behaviours. According to Guba and Lincoln (1989) a study is immersed within interpretivism
realm when:

- The researcher-respondent relationship is subjective, interactive, and interdependent
- Reality is multiple, complicated, and not easily quantifiable
- The respondents, research context, and underpinning theory support all aspects of the
  research
- The research outcome is context specific

This study explores the lived experiences of cancer survivors in order to understand how they
negotiate their identity and engage in coping behaviours through their consumption lifestyle.
In this way, the research can be seen mainly as a process of discovery and exploration as it
attempts to explain the phenomenon that emerges from subjects' perspectives of the situation
through the meanings they attribute to it. Moreover, because this research attempts to unveil
underlying patterns of consumer behaviour, descriptive research design which simply
describe phenomena (Veal 2005) is not applicable.
Also, the aim of this study is not to examine; but rather to explore and deeply describe consumers’ behaviour in trauma and therefore, it is not feasible to adopt a causal design for this research. On the whole, exploratory research design that reveals deep patterns between certain phenomena would serve as an appropriate technique for this thesis (Kotler & Armstrong 2010). Here, the researcher structurally placed the survivors’ voice at the center of the process. The rich interpretations of the consumers’ responses directed this research to the theory development stage. To prepare using an exploratory research, the researcher reflected on how she personally may make meaning regarding the reality that is being researched and recognised that consumers would likely assign multiple different meanings to the concepts of self/life during a stormy period of their life. The interpretivist epistemology made it possible to direct this exploratory study with an open-minded approach. The lived experience design helped put emphasis on the emerging story told by the survivor consumers. Next section focuses on the framework in which this study falls.

3.3 Epistemological Stance: Rationale for using a qualitative approach

The central premise of a qualitative research study is a natural setting where data is collected by gathering words or pictures and inductively analysing them in order to describe a process or an outcome (Bogdan & Biklen 1997). Strauss and Corbin (1998) suggest that research attempting to understand the meaning or nature of personal experiences should rely on people’s actions and thoughts. The present study aims to explore consumer behaviour in the context of a life-threatening illness. In doing so, it needs to establish a close relationship with participants in order to seek answers for how consumers behave in such a situation. Indeed, open and subjective nature of the questions in the semi-structured interviews creates an in-depth understanding of consumer behaviour in traumatic experiences. In fact, these experiences are more involved with feelings and emotions, and therefore could not been explained using a range of quantifiable variables or even through a rigid and structured survey questionnaire. While the quantitative framework seeks to accurately measure and establish a broad generalisation of results and study replication (Glass & Hopkins 1996), qualitative research explores the depth of the phenomena to provide a true understanding of the idiosyncrasies involved with such phenomena (Creswell, J 2007). The flexibility associated with this framework enables researchers to probe for deeper meanings through continued dialogue with the respondents. Moreover, since this study emphasises how consumers negotiate their identity through life-threatening context, all concepts and findings will be
revealed through the real and lived experiences of participants, utilising an inductive approach.

### 3.4 Phenomenological research

The current phenomenological approach was introduced by German philosopher Husserl (1970) whose work emerged in the great turmoil following World War I. Husserl believed the solution to separating science from philosophy was needed to focus our attention on meanings that connect our experience of objects (Guignon 2006). Husserl rejected the belief that objects exist independently in the external world and that anything outside immediate experience must be rejected (Eagleton 2011). In this way, the external world is limited to the personal experience and consciousness of people, and therefore reality is treated as pure ‘phenomena’ (Eagleton 2011). Husserl introduced this philosophical method as ‘phenomenology’, which is the science of pure ‘phenomena’ (Eagleton 2011). Pure phenomenological research essentially describes rather than explains, and it follows a perspective free from hypotheses or preconceptions (Husserl 1970; Lester 1999).

Phenomenology focuses on the life-world of individuals and the meanings of people’s experiences through their experiential context (Thompson, Locander & Pollio 1989). Epistemologically, phenomenology is grounded in a paradigm of individuals’ knowledge and subjective experiences, emphasising interpretation and deep perceptions of phenomena (Laster 1999). Also, phenomenology is concerned with the lived experiences of people who are involved with the context or reality that is being researched. Compared to positivists, phenomenologists believe that if researchers are to explore what meanings participants assign to the social phenomena, they cannot be detached, impartial, and emotionally unbiased to participants in the research (Hammersley 2005). In line with Guba and Lincoln (1994), the manner in which individuals respond to the social environment is subject to their personal perceptions which entirely affect their actions and interactions. Phenomenology, more specifically existential and hermeneutic phenomenology, has garnered considerable attention in consumer research. In this school of thought, the researcher is not simply seeking some universal understanding of a phenomenon, but instead, seeking a deep understanding of what consumption means to people (Arnold & Fischer 1994; Belk 1988; Murray & Ozanne 1991; Thompson, 1996).
3.4.1 Phenomenology

Phenomenology is essentially the study of live experiences and its emphasis is on the world as perceived by a person (Van Manen 2016). According to Husserl (1970) the “life world” is understood as what we experience pre-reflectively without any conceptualisation or categorisation. In other words, phenomenology seeks new or different meanings. The main focus of phenomenology is on the intentionality and consciousness of people. Koch (1995) explains intentionality as a process through which researchers directly ask participants about the object or objects of study. In fact, through face-to-face relationships with participants, the researcher intentionally and consciously directed her focus on object or experience to build her own knowledge of reality. From a phenomenological perspective, the researcher needs to initially set up a dialogical relationship (interview) with participants and then begin a process of self-reflection. For the phenomenologist, this is typically part of the preparatory stage of research and may include the writing down of these reflections for reference during the analysis process (Colaizzi 1978; Polkinghorne 1989). Such reflectivity ensures that the researcher is an essential part of the process. In phenomenology, the researcher usually commences an interview with “can you describe your experience of…” or can you give me some of your feelings and your thoughts about…”.

Compared to phenomenology, grounded theory has been identified as a kind of qualitative analysis rather than a particular method (Strauss, AL 1987). It focuses on emergence of theory from data collected and theory generated in the absence of a prior conceptual framework (Strauss & Corbin 1990). Glaser and Strauss (2017) contended that any preconception or presupposition is seldom undertaken practice within the grounded theory approach. According to them, data analysis is established on the process of constant comparison and continues till well-defined concepts emerge directly from the empirical research. Here in the grounded theory context, the researcher seeks to discover a manifestation of the experience rather than subjective interpretation of the phenomenon (Crotty 1996). From a grounded theory perspective, the researcher’s analysis will influence the questions that are asked in subsequent interviews (Glaser 1978). In other words, once the researcher identified appropriate concepts, he would decide what data to collect and what questions to ask in order to develop his theory. However, in phenomenology, a researcher is open to different ideas regardless of the number of interviews and the emphasis is on the experience which is driven from individual accounts rather than theory (Wimpenny & Gass 2000). Within the cancer context, first, the researcher aims to reveal how consumers cope with the threat of cancer, with a consideration of how they negotiate their identity. To this purpose, researcher needs to
uncover how consumers feel and think about this threatening experience and how they deal with it. Therefore, this research is only justified in the realm of phenomenology where researcher needs to interact directly and consciously with participants, asks about their experience, explores the meanings that they assign to self/life/threat and then reflect on all these issues. Also, grounded theory approach seems inappropriate as subjective experience of cancer is an essential matter in this research not object itself.

### 3.4.2 Hermeneutic phenomenology

Hermeneutic phenomenology in Heidegger’s view is phenomenology as *dasein* or “being in the world” (Wojnar & Swanson 2007). This concept emphasises that a person’s experience cannot exist outside the context of his/her values, family, traditions, political views, relationship with nature, spiritual beliefs and history (Wojnar & Swanson 2007). Hermeneutic phenomenology relies on the belief that the researcher and participants gain an understanding of the phenomenon being studied only in the process of interaction and interpretation together (Wojnar & Swanson 2007, p. 175). A researcher conducting a phenomenological research study must address her experience with the phenomenon, insights emerged from the interviews, listen to the interviews over and over, frequently read the transcripts, and recontact participants to ensure what was said was actually correctly documented. Hermeneutics is a dialogue between the researcher and the text and between the reader and the interpretations (Koch 2006). The main difference between hermeneutic phenomenology and phenomenology is that Heidegger emphasises the mode of being human or “being in the world”. In other words, hermeneutic phenomenology removes any boundary between individual and experience, explaining them as co-structuring each other. In fact, through the use of imagination, the researcher and participant work together to bring life to the experience being explored (Laverty 2003). Hermeneutic research focuses on cultural and historical backgrounds of subjects because they are a basic form of human existence. What a culture gives a person from birth and is handed down presents his/her ways of understanding the world (Koch 1995). A beautiful description of hermeneutics is that subjects are constructed by the world while at the same time they are constructing this world by their own experiences over time (Munhall 1989). Therefore, interpretations are understood with reference to subjects’ contextual understandings.

Another difference between phenomenology and hermeneutic phenomenology is that phenomenology believes in reduction and bracketing. In other words, a phenomenologist needs to bracket his pre-understandings or put them aside, in order to engage in the
experience without preconceived notions about what will be found in the investigation. This awareness is seen as protection from contaminating the data or biases (Jasper 1994). However, in hermeneutic phenomenology, presuppositions or the subjective judgement of the researcher is valuable and embedded in the interpretive process because hermeneutics believes in attached rather than detached position of the researcher. Koch (1995) explains that through a dialectical approach between pre-understandings of research, the reflective interpretations, and the sources of information, phenomenon can be better understood. Laverty (2003) makes a clear distinction between phenomenology and hermeneutic phenomenology in their analytical considerations. According to him, hermeneutics emphasises the importance of the self-reflection stage. Laverty introduced the hermeneutic circle which is consistent with reading, reflective writing, and interpretation (Figure 2).

![Figure 2. Laverty’s hermeneutic analytical approach](image)

This research investigates consumers from different cultural backgrounds, and undoubtedly their experience is subject to their religion, familial history, and their customs, traditions, etc. Also, the researcher wants to know how their identity is negotiated with a consideration of consumers’ feelings/thoughts/perceptions which are not detached from their sociocultural
backgrounds. As well, the researcher familiarised herself with the cancer context through an extensive review of the literature in three branches: consumer research, identity, and coping. These provided her with the means to produce a preliminary conceptual framework. Within this framework, the researcher linked consumers’ identity to their coping strategies and reflected on how this relationship can be deeply understood. She thought about how consumers’ feelings, thoughts, and perceptions about their experience might be a help in fully understanding this phenomenon.

3.4.2.1 Hermeneutic phenomenology using life story interviews

Since the present study aims to reveal the complex nature of consumer behaviour in a life-threatening context, personal psychology of consumers helps us to fully understand how consumers approach the new reality of their life (cancer threat). According to Tomkins (1978), individuals internalise scenes and scripts, and they approach life as dramatists. Accordingly, they construct self-defining scenes and arrange them into storied patterns guided by the rules of scripts. Following the script theory, many narrative-based theories of literature were formed by life stories, plots, myths, and life episodes of individuals (McAdams et al. 2001). McAdams introduced “adaptation characteristics” as one view of personality studies in the personality psychology realm. According to him, in studies on confronting and adapting to life concerns, researchers must have access to individuals’ contemplations in order to understand their mental representations of self, motivations, values, beliefs, goals, life meanings, defence mechanisms, and coping strategies. This analysis followed McAdams and attempted to uncover consumer behaviour through the life stories of cancer survivors. Moreover, the researcher followed the conventions of phenomenological interviewing and what happens in consumer research analyses (Cherrier, Hélène & Murray 2007; Fournier 1998; Thompson, Locander & Pollio 1989).

Main individual differences in terms of scripts that shape awareness and direct behaviours (Tomkins, 1978) make life stories vivid and complex. Within consumers’ life stories, this study focused on two important qualities, identity works and coping strategies, to seek underlying patterns in the nature of consumers’ behaviours. Through each individual story, the researcher sought to explore how consumers negotiated their identity and how their coping predispositions were reflected through their consumption behaviours. According to van Manen (1990), phenomenological reflection is a retrospective process as experiences must occur in order to be understood. Therefore, to understand how cancer survivors as consumers experience life after diagnosis, they were interviewed about their life stories after
diagnosis. To explore consumers’ coping behaviours, participants were asked some retrospective questions to help them reflect on their consumption lifestyle in pre-diagnosis episode, and then explain if they experienced any changes – either in attitude or in behaviour in post-diagnosis episode. Indeed, retrospective questions help describe the genesis, habitue, and erosion of identity and consumption behaviours through survivors’ lived experiences.

Semi-structured interviews with pre-determined preliminary questions were utilised to ensure that all survivors experienced a consistent interview design. The researcher applied open-ended interview questions to let the research flow as directed by the survivors. However, the exact wording and order of the questions remained flexible to better direct the conversation between the researcher and survivor participants. Open-ended questions also let survivors tell their story in their own words regardless of the researcher’s beliefs, assumptions, thoughts, etc. The questions were devised and asked in a simple, clear, and understandable language.

3.5 Sampling strategy

Given the topic this thesis covers using qualitative research, the sample is selected in a purposive or deliberate manner to yield the most relevant and plentiful data. The objective is to select a small number of participants who generate the most relevant information about the phenomenon, achieving a greater depth of knowledge generated by these people (Thompson et al. 1989). The first participants were selected through indirect relationships with the researcher and the remaining respondents were chosen via personal networking of the researcher and snowball sampling. The researcher asked the original participants to voluntarily refer other friends. Although such samples are biased, this is not a problem for a qualitative research analysis. The participants of this study are from different cultural backgrounds and this can add to the reliability of results. Once the researcher received the go-ahead from ethical research committee of Australia, the first participant was contacted to set up a meeting for the interview. For ethical reasons this research established the criteria for selecting participants. In the context of cancer, the researcher chose survivors who were: between 18 and 70 years of age, physically capable to be present at the interview location, and not receiving treatment. Via these three requirements, competence is assured by age of participants (more than 18 and less than 70) and their health status (physically capable and treatment finished).

Qualified research design explores interpretive information from a sample as small as one person to many people (McNabb 2015). Research saturation can be typically achieved with
two to ten participants in a phenomenological study (Boyd 2001). Strauss and Corbin (1998) suggest that theoretical saturation occurs when the relationships among concepts are well organised and validated, and no additional information emerges with reference to concepts. This research reached the theoretical saturation with talking to 21 survivor consumers. In fact, once the themes were repeated adding further participants would not have led to more or new insights, so the researcher stopped the interview process. Before explaining data collection process, it seems necessary to discuss on the ethical considerations of researching such a vulnerable group whose stories were traumatic to retell, evidenced by their tears and distress.

**Ethical considerations**

Since this research specifically target participants from people with a physical disability or vulnerability, having ethics approval before interviewing participants is mandatory. The level of risk associated with research based on researcher’s responses to the risk assessment checklist has been more than low risk. In more than low risk ethics applications, researcher needs to predict any risk that is potentially related to her participants, and consequently finds the appropriate strategies targeted for minimising the risk. For example, due to completely voluntary nature of participation and withdrawal agreement at any stage of interview, research ensures that this research never adds to participants’ vulnerability. Also, before conducting any interview, researcher explained that how some interview questions may impact their feelings and they are completely free to withdraw at any stage. According to ethics approval conditions, if participants fill distressed due to the few questions of this research, even though they gave their consent before starting the interview, researcher must provide participants with a trained counsellor to ensure their welfare. Researcher chose survivors who were: between 18 and 70 years of age, physically capable to be present at the interview location, and not receiving treatment. These requirements have been mandatory to ensure that participants are health and mature enough to understand what is involved and how it may impact them. This strategic planning helps researcher to minimise any potential risk related to the participants. It is notable that all potential participants are survivors, physically capable and out of treatments and there was no pressure on them to refer the researcher to others who might participate in this research.

### 3.6 Data collection process

Since this research project embraces primary sources as data, the researcher must understand the basics of empirical knowledge before finding first-hand information through the
interviews (Hackley 2003; Pavia & Mason 2004). The researcher looked for information in the following: 1) psychopathology of individuals; 2) health and clinical psychology; 3) psycho-oncology; 4) coping and defence mechanisms; 5) consumer psychology; 6) books and articles written by cancer survivors; and 7) identity concepts and the theories behind them. The researcher has worked for 10 years as a volunteer in cancer support groups, so she was familiar with this literature. Online forums also helped to better understand psychological and behavioural features of consumers when encountering potentially terrorising situations.

The first contacts with participants were established in July 2014 once ethical approval had been obtained (appendix 1). Survivor participants were contacted by telephone and consulted for their availability, venue, and interview time. Once availability was confirmed, the researcher explained about the consent form to all participants. She explained the purpose of the study, clarified the procedures and potential risks/benefits of the research and also, thanked the people for their willingness to participate. The researcher also recommended participants to contact a trained counsellor if they felt distressed if some questions were too sensitive. The interviews took place according to the preference of participants face-to-face in their home/office. Participants included married, divorced, widowed, and never married women and men; these people were all from different cultural backgrounds and different stages of cancer. Participants were asked to complete the informed consent form and each interview was scheduled to last from two to three hours. After initial analysis, there was a follow up face-to-face/telephone for most participants. The interviews were conducted on a one-to-one basis, and the participants were assured of both anonymity and the freedom to withdraw at any stage of the research. The interviews were audio-taped and transcribed into text. In addition, comments were recorded relating to each participant’s behaviour, including verbal or non-verbal expressions or cues. At the end of the interview, the researcher asked participants if there was anything more they wanted to add to the narrative of their life after diagnosis.

3.7 Interview process

Exploratory-oriented research dictates the use of phenomenological interviewing (Thompson et al. 1989) in order to understand the subjective meanings of reality or what is being researched. In this study, the interviews provided a holistic understanding of how and the manner in which consumers personally approached the threat and how those approaches were reflected in their consumption strategies.
Since the National Cancer Institute’s (NCI) Office of Cancer Survivorship defines a survivor as anyone who has survived even one day after diagnosis, this study focused on different stages and survivorship. It is important to note that this research mainly aims to focus on the nature of behaviour that consumers adopt in life-threatening contexts. The interviews showed that the nature of behavioural responses of consumers depends on the approaches through which consumers deal with the threat rather than adversity of the threat itself. For example, some consumers responded with a maladaptive/dysfunctional approach when they were in remission stage with low risk of cancer recurrence, and vice versa.

In order to begin the interview, researcher started the discussion with the life-story of herself. The experiences she has as a care giver to her late grandmother and also as a helper volunteer have been very helpful for beginning an emotional and sensitive topic. Initially, the researcher conducted a pilot interview with a female survivor who met the required criteria to participate in this study. The pilot interview was used to ensure the interview questions were clear enough and relevant to the topic. The pilot interview also helped researcher understand whether the survivors would be happy with personal questions and if the research design (method and processes) would answer the research questions. Transcripts of the pilot interview were sent to the supervisory team for any advice on changing aspects of either the interview questions or research design. It was a good platform for the researcher to refine the questions’ sequence, their relevance to the topic, and certain aspects of the research. The questions asked were generally open in nature with follow up discussion being led mostly by participants rather than the researcher.

Twenty-one survivors (thirteen females and eight males) from the most commonly diagnosed cancer sites (breast, prostate and lung) were interviewed in-depth (Table 1). The interview agenda in this study began with broad topic areas such as the participants’ demographic characteristics, education, job, family status, and diagnosis story. Unlike a structured interview which has an inflexible design, this study organised semi-structured interviews with a set of predetermined open-ended questions, which allows other questions to spontaneously emerge from the dialogue between the researcher and participant.

Life story interviews were designed to yield two supplementary types of information. Firstly, contextual details concerning the survivor’s life (e.g., thoughts, identity, manner of life, life projects, goals, desires, cancer stories, difficulties, and attitudes in pre- and post-diagnosis episodes) revealed how consumers negotiated their identity and how they decided who they are or want to be. To understand how identity is negotiated in a threatening situation, the researcher focused on consumers’ approach to self/life/cancer after diagnosis. She asked them to explain
any change they felt in their thoughts, emotions, attitudes, beliefs, worldviews, life meaning, and self-meanings. Secondly, stories on the survivor’s consumption habits/activities (particular behaviours after diagnosis) revealed how consumers coped with cancer through their consumption. The retrospective questions revealed changes in survivors’ consumption behaviours. For example, to detect coping behaviours, the researcher asked the following questions: *How did you experience that situation?*; *What did you do?*; *How did you manage?*; *Have you changed your life?*; *If so, how? How helpful was that? Why?* During the interviews the researcher frequently used probing-type queries to motivate participants to clarify and provide more examples of what their answers meant (e.g., *What do you mean by…? How? Why? In what manner? Could you please give me some examples? What did you do after? What did you do before? Why have you changed? What do you think now? How about the future?*). As the interviews reached their conclusion the researcher intentionally asked follow up questions to find unexpected themes or new insights. This helped understand the essence of the answers. After each interview, the researcher verbally summarised the major features of the interview in order to verify it was correctly documented and understood. In the final stage the researcher advised the participants they may be contacted again for a follow up interview. Unfortunately, two participants passed away at the time of the follow up call, leading to 19 participants being followed up either through phone call or face-to-face interviews.
### Table 1 Sample characteristics

<table>
<thead>
<tr>
<th>No.</th>
<th>Code Name</th>
<th>Age</th>
<th>Gender</th>
<th>Occupation</th>
<th>Cancer site</th>
<th>Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jennifer</td>
<td>35</td>
<td>Female</td>
<td>Administration officer</td>
<td>Breast</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>2</td>
<td>Mary</td>
<td>64</td>
<td>Female</td>
<td>Housewife</td>
<td>Lung</td>
<td>Face-to-face and Telephone call</td>
</tr>
<tr>
<td>3</td>
<td>Jane</td>
<td>50</td>
<td>Female</td>
<td>Primary school teacher/shop owner</td>
<td>Breast</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>4</td>
<td>Laura</td>
<td>45</td>
<td>Female</td>
<td>Ex-office manager/ currently housewife</td>
<td>Breast</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>5</td>
<td>Sandra</td>
<td>40</td>
<td>Female</td>
<td>Artist/laboratory technician</td>
<td>Breast</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>6</td>
<td>David</td>
<td>51</td>
<td>Male</td>
<td>Ex-NPD manager/currently unemployed</td>
<td>Prostate</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>7</td>
<td>Nick</td>
<td>64</td>
<td>Male</td>
<td>Sustainability manager</td>
<td>Prostate</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>8</td>
<td>Sam</td>
<td>59</td>
<td>Male</td>
<td>Food technologist</td>
<td>Prostate</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>9</td>
<td>Suzanne</td>
<td>53</td>
<td>Female</td>
<td>Painter</td>
<td>Breast</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>10</td>
<td>Peter</td>
<td>48</td>
<td>Male</td>
<td>Plastic surgeon</td>
<td>Prostate</td>
<td>Face-to-face and Telephone call</td>
</tr>
<tr>
<td>11</td>
<td>Skye</td>
<td>36</td>
<td>Female</td>
<td>Food chemist</td>
<td>Breast</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>12</td>
<td>Martin</td>
<td>52</td>
<td>Male</td>
<td>Lab technician</td>
<td>Prostate</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>13</td>
<td>Mina</td>
<td>73</td>
<td>Female</td>
<td>Retired barrister</td>
<td>Breast</td>
<td>Face-to-face and</td>
</tr>
<tr>
<td></td>
<td>Name</td>
<td>Age</td>
<td>Gender</td>
<td>Occupation</td>
<td>Disease</td>
<td>Interaction</td>
</tr>
<tr>
<td>---</td>
<td>--------</td>
<td>-----</td>
<td>--------</td>
<td>---------------------------------</td>
<td>--------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>14</td>
<td>Dan</td>
<td>71</td>
<td>Male</td>
<td>Retired GP/Businessman</td>
<td>Lung</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>15</td>
<td>Jack</td>
<td>57</td>
<td>Male</td>
<td>Civil Engineer/Carpenter</td>
<td>Prostate</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>16</td>
<td>Leyla</td>
<td>64</td>
<td>Female</td>
<td>Retired Persian teacher</td>
<td>Breast</td>
<td>Face-to-face and Telephone call</td>
</tr>
<tr>
<td>17</td>
<td>Geoff</td>
<td>49</td>
<td>Male</td>
<td>Post officer</td>
<td>Lung</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>18</td>
<td>Amy</td>
<td>46</td>
<td>Female</td>
<td>Food technologist</td>
<td>Lung</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>19</td>
<td>Sarah</td>
<td>39</td>
<td>Female</td>
<td>Food chemist</td>
<td>Breast</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>20</td>
<td>Wendy</td>
<td>55</td>
<td>Female</td>
<td>Housewife/Gardener</td>
<td>Breast</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>21</td>
<td>Hana</td>
<td>27</td>
<td>Female</td>
<td>Piano teacher</td>
<td>Breast</td>
<td>Face-to-face</td>
</tr>
</tbody>
</table>

### 3.8 Data analysis

The hermeneutic technique emphasises the part-to-whole text relationships. As a first level of analysis, the researcher started intratext-level analysis with an impressionistic reading of texts and analysing behavioural and psychological trends of each consumer. At this stage the focus was on interpreting each person’s story and how it unfolded (Thompson, 1997). Through intratext-level analysis, the researcher identified narrative movement within two key episodes, pre- and post-diagnosis, for each participant. Through narrative framing, she also highlighted consumers’ identity through thoughts, attitudes, feelings, and their self-expression. Consumption stories were also highlighted individually over time. Within this stage of the analysis, each participant’s story was discussed, interpreted, and written down. Through the writing process, researcher looked at three essential concepts for each participant: cancer meaning, self-expression, and post-diagnosis behaviours (Table 2). For example, how
participant A has perceived cancer? How he/she has perceived himself/herself through this journey? What he/she has done after diagnosis?

The second level of analysis involved intertext-level analysis and it explored common storylines. All stories regarding identity issues and coping were analysed through whole texts so that consumers’ identity negotiation and coping were better understood. The purpose of intertextual analysis was to move to a higher level of abstraction and create higher order conceptual themes.

As stated previously, there are four essential themes in this thesis, Shangri-La, Furnace, Teeter-totter, and Reincarnated. These are the four main worldviews through which consumers negotiate their identity and eventually engage with coping behaviours. These four worldviews explain how identity is negotiated and people reflected on their coping behaviours. These constructs were labelled according to certain symbolic terms to make a sense of consumer’s approach to a threat situation. The researcher chose Shangri-La (a permanently happy land) worldview to emphasise the idealist and optimistic approach. She chose Furnace (a deep and dark hole) to indicate negativity and a radical evaluation approach. Teeter-totter (a piece of playground equipment) refers to an imbalanced worldview, and finally, Reincarnated describes a fundamental change in a person’s worldview. Each worldview has its own meaning system, identity styles, and coping behaviours (Table 3). It is also important to note that the researcher took a whole process approach to the data collection and subsequent analysis in an iterative manner rather than a sequential one. Here the researcher moved back and forth several times through intratext analysis, intertext analysis, and abstraction in order to refine the worldviews of consumers.

To end this chapter, when judging the trustworthiness of hermeneutic phenomenology, Van Manen (2016) enlists orientation, strength, richness, and depth as the main quality standards in qualitative research. Orientation means the involvement of the researcher in the world of participants and their stories. As this research previously noted, the author has worked as a volunteer in cancer support groups for 10 years. During those years, she made many friendships with cancer survivors and spent memorable times with them. Talking, listening, sharing, shopping, eating, dancing, and playing sport and even being with them during medical check-ups made her familiar with their situation. Strength refers to the convincing capacity of the text to present a clear understanding of what the participants mean in their stories. Regarding strength, the discussions and findings of this research have been reviewed and confirmed not only by the supervisory team for this research but also RMIT’s panel.
committee which oversaw all the milestones in this doctorate. Richness of the data makes it possible for this thesis to deeply express the participants’ best intentions.

3.9 Summary of methodology

This research is a phenomenology study using life-story interviews to explore how and the manners in which consumers negotiate their identity and how their coping predispositions are reflected in their consumption behaviours. Semi-structured interviews with open-ended and pre-determined preliminary questions are utilised in this study. Twenty one survivors (thirteen females and eight males) from the most commonly diagnosed cancer sites (Breast, prostate and lung) were interviewed in-dept. Through intra-level analysis, researcher focused on consumers’ characteristics, beliefs, thoughts, emotions, attitudes, concepts, and the meanings they apply to describe themselves, cancer, and their behaviours. Through inter-level analysis researcher explored the patterns across which consumers negotiate their identity and cope with cancer. The purpose of intertextual analysis was to move to a higher level of abstraction and create higher order conceptual themes.
CHAPTER 4: FINDINGS

4.1 Findings

In the following discussion, this study begins its journey into consumer behaviour by interpreting participants’ stories. The holistic understanding of consumer behaviour in the context of cancer requires two types of interpretations. The first interpretation is based on intra-level analysis which focuses on consumers’ characteristics, beliefs, thoughts, emotions, attitudes, concepts, and the meanings they apply to describe themselves, their cancer, and their coping behaviours (Table 2). The second interpretation is concerned with inter-level analysis where the patterns across which consumers negotiate their identity and engage in coping behaviours through their consumption lifestyle in the threatening context, are emerged (Table 3). Through a detailed reading of transcripts and outline of psychological and behavioural tendencies, the analysis reveals four distinct worldviews that are evident across people’s narratives: Shangri-La, Furnace, Teeter-totter, and Reincarnated. Because the researcher needed to choose the themes that describe the internal world of consumers, she decided to apply metaphorical words that epitomise consumers’ thoughts, beliefs, attitudes, emotions and behaviours through symbolic pictures. Within these emerging worldviews, consumers assign their subjective meaning to the threat, reach an agreement regarding their identity, and engage in consumption practices/behaviours that facilitate coping and their identity works. In fact, it is the consumers’ worldviews through which they process information and perceive threats, negotiate among possible selves, and eventually engage in coping consumption behaviours. Within the Shangri-La worldview, the coping behaviours were identified as Bracketing off and Magic. According to the Furnace worldview, escape from the holes was identified as a prominent coping behaviour. Paradoxical consumption behaviour within the Teeter-totter worldview and a combination of Resurrection, Recompense, and Reconstruction behaviours within the Reincarnated worldview were also recognised. To fully understand these consumers’ coping behaviours, this study focuses on the worldviews through which consumers perceive the threat and negotiate their identity.

Within the Shangri-La worldview, consumers perceive threat with positivity, favourability, optimism, and idealism. They choose a narrative-normative identity and continue to consume items/possessions either as: firstly, a means of magic to keep the concept of self fixe; and secondly, bracketing off the threat to guarantee the continuity and consistency of the pre-established self. Preserving, continuing, and even accentuating their consumption habits helps
consumers within this worldview either distract themselves from thinking about the truth or feel that they are in some way wondrously protected from harm.

According to the *Furnace* worldview, consumers perceive a threat with a negative, evaluative, and ruminative approach. They see cancer as a form of identity victimising/stigmatising. Consumers’ self-expression in this worldview reflects the diffuse-avoidant identity in which consumers confronting identity confusion attempt to delay acting on conflicts and, in turn, they employ an avoidant self. Instead of solving the self-voids, they engage in consuming material goods and participate in activities to *escape from the holes*. Iterative and impulsive consumption behaviours were explicitly detected through this worldview.

Regarding the *Teeter-totter* worldview, consumers’ mode of perception about a threat is more rational and reflective. Through questioning, learning and undertaking new courses of meanings, they attempt to accommodate cancer as a new part of their identity structure. However, they are still attached to previous meanings they already built around self/ life. In fact, they are teeter-tottering between narrative-normative and informational identity styles. Consequently, their consumption is *paradoxical* between two contradictory ways: avoidance vs. acceptance, escape vs. exposure, and self-deception vs. self-learning.

For the *Reincarnated* worldview, consumers approach the threat within an experiential lens rather than an evaluating/ruminating/biased/conceptualised lens. They never perceive cancer within their pre-existing framework of meanings, but instead through updated and present focused meanings. Consumers’ identity within the Reincarnated worldview reflects an experiential/mindful identity rather than static/enclosed/habitual/shaky. Consumption lifestyle within this worldview is also a constellation of resurrection, recompense, and reconstruction of consumers’ impaired identities. They sanctify and resurrect discarded material things by looking for the truth. They also consume items for the purpose of recompense for identity loss or reconstructing a new one.
## Table 2 Intra-level analysis of consumer behaviour in the context of cancer

<table>
<thead>
<tr>
<th>Participants</th>
<th>Cancer-meanings</th>
<th>Self-expression</th>
<th>Post-diagnosis behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer</td>
<td>A disruption that could not change her self-picture (<em>I am the picture of everything that goes right</em>)</td>
<td>Cured</td>
<td>Ignoring cancer recurrence statistics</td>
</tr>
<tr>
<td>35 years old, administration officer, early stages of breast cancer, living with her husband and two children</td>
<td></td>
<td>Habitual</td>
<td>Ongoing and permanent flow of existing habits (loyal consumption)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Constant</td>
<td>Increased activities related to her social identity. This helped to bolster her social identity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enduring</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Committed to her social roles</td>
<td></td>
</tr>
<tr>
<td>Hana</td>
<td>A non-existence sign that had to be removed if she would live life (<em>once I packed and get rid of them (pink stuff), I could imagine having my life</em>).</td>
<td>Saved</td>
<td>Disposing of pink coloured things (cancer reminding colour) and not purchasing such items again</td>
</tr>
<tr>
<td>27 years old, pianist teacher, diagnosed with stage 2 breast cancer, living with her partner</td>
<td></td>
<td>Healthy</td>
<td>Returning back to normal life and having ongoing and unmodified consumption lifestyle</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Normal</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Continued</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Determined</td>
<td></td>
</tr>
<tr>
<td>Geoff</td>
<td>An enemy/robber/ competitor that wanted to steal his life but it couldn’t (<em>I can do many things to prevent it from returning</em>)</td>
<td>Cured/Free</td>
<td>Normalising the existence of cancerous cells/ignoring the chance of cancer recurrence</td>
</tr>
<tr>
<td>49 years old, post officer and cyclist, diagnosed with stage 3 lung cancer, living with his wife and a little daughter in an old renovated house</td>
<td></td>
<td>Persistent</td>
<td>Constant/Controlled/unpretentious/ economical consumption</td>
</tr>
<tr>
<td></td>
<td>A mark of stigma (<em>They call you a survivor and I hate it because it means you are still marked with cancer! You can be a victim or cured</em>)</td>
<td>Tough</td>
<td>Confirming his will-power in fixing and preserving possessions even in spite of their poor functioning (his Ford car and still uncompleted house)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Distinctive</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Willpower-believer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fighting</td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Occupation</td>
<td>Diagnosis</td>
</tr>
<tr>
<td>------</td>
<td>-----</td>
<td>------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Jane</td>
<td>50</td>
<td>Primary school teacher and shop owner</td>
<td>Stage 1 breast cancer</td>
</tr>
<tr>
<td>Mary</td>
<td>64</td>
<td>Housewife, mother of 5 children</td>
<td>Seven years survivorship in lung cancer</td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Occupation</td>
<td>Diagnosis</td>
</tr>
<tr>
<td>---------</td>
<td>----------</td>
<td>------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Laura</td>
<td>45 years</td>
<td>ex-office manager,</td>
<td>remission stage of</td>
</tr>
<tr>
<td></td>
<td>old</td>
<td>mother of three sons,</td>
<td>breast cancer,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>remission stage</td>
<td>remission stage of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>of breast cancer,</td>
<td>breast cancer,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>living with her sons</td>
<td>remission stage of</td>
</tr>
<tr>
<td>Sandra</td>
<td>40 years</td>
<td>laboratory technician,</td>
<td>early stages of breast</td>
</tr>
<tr>
<td></td>
<td>old</td>
<td>divorced, early stages</td>
<td>cancer,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>of breast cancer,</td>
<td>of breast cancer,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>living alone in her</td>
<td>living alone in her</td>
</tr>
<tr>
<td></td>
<td></td>
<td>new apartment</td>
<td>new apartment</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Occupation</td>
<td>Cancer Stage</td>
</tr>
<tr>
<td>---------</td>
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<td>---------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>David</td>
<td>51</td>
<td>ex-NPD manager, stage 2 prostate cancer</td>
<td>Living with wife and children</td>
</tr>
<tr>
<td>Nick</td>
<td>64</td>
<td>sustainable manager, stage 3 lung cancer</td>
<td>Living with his wife</td>
</tr>
</tbody>
</table>
| Suzanne | As an undeniable entity in spite of her ignorance  
* (it’s behind that door) | Pretending  
Happy in outside  
Unhappy in inside  
Attached and detached  
Caring  
Habitual and habitual  
Confused  
Appreciating others  
Sceptical | Increased substance abuse  
Increased social habits  
Increased painting habits  
Increased reading habits for reflecting on life  
(contradictory behaviours) |
| --- | --- | --- | --- |
| Sarah | As a death sentence which needs preparation  
As a death sentence which is peaceful in the inner world but fearful in the outer world | Reflective  
Meditative but not in a group  
Taciturn  
Conservative  
Introverted  
Discovering self  
Uninterested in sharing with peers | Increased attendance of funerals for the purpose of confronting death  
leaving online support groups so as not to confront others’ death  
mixed behaviours  
(consumer ambivalence) |
<table>
<thead>
<tr>
<th><strong>Sam</strong></th>
<th><strong>Leyla</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>59 years old</td>
<td>64 years old, mother of two sons, retired Persian teacher, early stage of breast cancer, living with her husband</td>
</tr>
<tr>
<td>Food technologist</td>
<td></td>
</tr>
<tr>
<td>Widow</td>
<td></td>
</tr>
<tr>
<td>Stage 2 of prostate cancer</td>
<td>Cancer patient</td>
</tr>
<tr>
<td>Living with two colleagues in a shared house</td>
<td>Strongly religious</td>
</tr>
</tbody>
</table>

**As a “Prison of your own making”**

- As something that needs religion to revive hope
- As something that needs newer and more sensible concepts than religious concepts so that one can live on “yellow brick road”

**Sharing with peers**

- Less religious but still committed
- Questioning the norms/habits/religion but still attached
- Exploring and learning new concepts
- Confessing

**Reduced but continued previous consumption activities**

- Reduced but continued habit of Bible reading
- Increased participation in new social activities (cancer support group classes)

**Leyla**

**As something that needs religious beliefs to be tolerated** *(This is what you need to hang on to)*

- As awakening the normative religious life

**Cancer patient**

- Strongly religious
- Reflective
- Questioning and criticising the religion but still committed
- Confused
- Exploring a better story of self
- Meditative in group
- Confessing

**Habitual consumption to the purpose of hang on to…**

- Initiating a new consumption activity, such as group meditation
<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Occupation</th>
<th>Cancer Stage</th>
<th>Living Situation</th>
<th>Major Life Change</th>
<th>Companionship Impact</th>
<th>Personal Attributes</th>
<th>Other Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peter</td>
<td>48 years old</td>
<td>plastic surgeon</td>
<td>advanced stage of prostate cancer</td>
<td>single parent, living with his son</td>
<td>As a new vision of life, “just like taking off the glasses and seeing again”</td>
<td>As something that needs your companionship to be smoothly digested (just see what it has to offer, you can be its fellow, you have to be!</td>
<td>Changed into to a new version of self&lt;br&gt;Forgiving&lt;br&gt;Cheerful&lt;br&gt;Peaceful&lt;br&gt;Satisfied husband&lt;br&gt;Satisfied father&lt;br&gt;Potent&lt;br&gt;Constructing&lt;br&gt;Understanding&lt;br&gt;Examining&lt;br&gt;Accepting</td>
<td>Relocating items (returning his wife’s <em>Tintin</em> collection to the library)&lt;br&gt;having a new and pleasing perspective on consumption items&lt;br&gt;engaging in sharing consumption activity with his son (Lego playing)</td>
</tr>
<tr>
<td>Amy</td>
<td>46 years old</td>
<td>food technologist</td>
<td>early stage of lung cancer</td>
<td>living with her husband</td>
<td>As an opportunity to re-think, and re-explore her life and her behaviours</td>
<td>As something hitting her that her life would be different</td>
<td>Changed into a considerate person&lt;br&gt;Peaceful&lt;br&gt;Satisfied&lt;br&gt;Doing something instead of bearing the burden</td>
<td>Repurposing disliked items (using satin for a bridal clutch)</td>
</tr>
<tr>
<td>Jack</td>
<td>57 years old</td>
<td>civil engineer</td>
<td>stage 2 prostate cancer</td>
<td>living with his wife</td>
<td>“Like an alarm clock, you think about what you did and what you didn’t do”</td>
<td>As a reflection triggering event</td>
<td>Changed from passionate self to compassionate self&lt;br&gt;Humane Perfumista</td>
<td>Reducing consumption collection and subsequently donating to the community consumption&lt;br&gt;changing his subculture’s habits</td>
</tr>
<tr>
<td>Wendy</td>
<td>At first as a stigmatising mark and something unfair, but later, as something “normal, unpredictable, and prevalent”</td>
<td>Changed from persistent self-analyst to a self-observer</td>
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<tr>
<td>55 years old, housewife, helper volunteer, mother of four sons, localised advanced breast cancer for 14 years, living with her husband and two sons</td>
<td>Knower self</td>
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<tr>
<td></td>
<td>Tolerant</td>
<td>Devoted</td>
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<tr>
<td></td>
<td>Simple</td>
<td>Happy</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Doing</td>
<td>Experiencing</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Active problem-solver</td>
<td>Believing in herself</td>
<td></td>
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<tr>
<td></td>
<td>Satisfied with her choices</td>
<td>Authentic chooser</td>
<td></td>
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<tr>
<td></td>
<td>Nostalgic consumption</td>
<td>Quitting daily habit of Googling</td>
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<tr>
<td></td>
<td>Initiating a new consumption activity (participation in a support group)</td>
<td>purchasing precious items to the purpose of appreciating moral values (e.g., hand knitted blanket)</td>
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<td></td>
<td>Rejecting unnecessary purchases (e.g. Smartphone)</td>
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<td></td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Occupation</td>
<td>Health Status</td>
<td>Living Situation</td>
<td>Turning Point</td>
<td>Self-Changes</td>
<td>Consumption</td>
<td>Travel/Activities</td>
</tr>
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</tr>
<tr>
<td>Dan</td>
<td>71</td>
<td>retired GP, widower</td>
<td>stage 3 lung cancer</td>
<td>living with his sister’s family</td>
<td>As a turning point for leaving the ego behind, “breaking the old skeleton”</td>
<td>Changed from materialist self to simple and spiritual self</td>
<td>Disposable</td>
<td>Disposing of material goods (furniture, watch, suits) and initiating a simple lifestyle</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Bravingian Peaceful Free Detached Prepared Thankful Meaningful Fulfilled</td>
<td></td>
<td>Nostalgic</td>
<td>Nostalgic consumption (looking at old albums and purchasing old movies)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Spiritual</td>
<td>spiritual consumption (purchasing and reading spiritual books)</td>
</tr>
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</tr>
<tr>
<td>Skye</td>
<td>36</td>
<td>food chemist</td>
<td>early stage of breast cancer</td>
<td>living with her partner</td>
<td>“Not as the fictional character Cruella de Vil anymore” but as a reality that might hit her</td>
<td>Changed from completely habitual to experiential self</td>
<td>Experiencing new consumption activities and items, such as traveling to China and India and trying ethnic foods (Maori and Masai foods)</td>
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<td></td>
<td></td>
<td>Logical Observer Experiencing Curious Daily Planner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Age</td>
<td>Occupation</td>
<td>Stage of Disease</td>
<td>Living Situation</td>
<td>Self-Changing Description</td>
<td>Behaviour-Changing Description</td>
<td></td>
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</tr>
<tr>
<td>Martin</td>
<td>52</td>
<td>Lab technician</td>
<td>Early stage of prostate cancer</td>
<td>Living with his wife and his son</td>
<td>As an uncertainty entity, changed from having a certain self to an uncertain self. Reflective, Thankful, Flexible, Present-minded, Open in targeting, Altruist.</td>
<td>Changing consumption habits by not purchasing unnecessary things (not going into candy stores) and instead, donating to Cancer Council Victoria.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mina</td>
<td>73</td>
<td>Retired barrister</td>
<td>Advanced breast cancer for 5 years</td>
<td>Living with her husband and her 34 year old daughter</td>
<td>At first, like a piano; black keys (it’s recurrence) and white keys (it’s remission) but now, it seems like a rainbow, like a life.</td>
<td>Changed from all or nothing to some extent, from black or white to rainbow, from poor or perfect to average, from must or should to maybe. Stop labelling, Stop over-thinking, Stop being an extremist, Stop obsessing about the future.</td>
<td>Changing her habitual shopping and consumption behaviour instead working on her dreams and desires (Spending limited time on grocery shopping and instead spending time with her friends in Laurent Café or giving her nails a different appearance, something she had never tried before).</td>
<td></td>
</tr>
</tbody>
</table>
Table 3 Inter-level analysis of consumer behaviour in the context of cancer

<table>
<thead>
<tr>
<th>Consumers’ worldviews</th>
<th>How is the threat perceived within consumers’ worldview?</th>
<th>How is identity negotiated within consumers’ worldview?</th>
<th>How do consumers cope through consumption lifestyle according to their worldview?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shangri-La</strong></td>
<td></td>
<td></td>
<td>• Bracketing off</td>
</tr>
<tr>
<td>(Jennifer, Hana, Geoff, Mary, Jane)</td>
<td>• Conceptualising the threat in a biased way which is imbued with positivity, optimism, and idealism</td>
<td><strong>Narrative-Normative identity style;</strong></td>
<td>• Magic</td>
</tr>
<tr>
<td></td>
<td>• Analyzing the existing facts with a favorable manner</td>
<td>• An ongoing flow of identity</td>
<td>items/possessions/beliefs continues to be preserved or more consumed either as means of <strong>Bracketing</strong> cancer off to guarantee the ongoing flow of self or as a means of <strong>magic</strong> to keep the concept of self as unchanged and impenetrable to threat</td>
</tr>
<tr>
<td></td>
<td>• Selective information processing with positivity bias</td>
<td>• An identity which is Enclosed/inflexible/consistent over time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cancer has no place in their identity/life</td>
<td>• Sticking in pre-existing prescriptions (e.g., religion, culture, role expectations)</td>
<td></td>
</tr>
<tr>
<td><strong>Furnace</strong></td>
<td></td>
<td><strong>Diffuse-avoidant identity style;</strong></td>
<td></td>
</tr>
<tr>
<td>(David, Laura, Sandra)</td>
<td>• Conceptualising the threat in a biased way which is imbued with negativity, rumination, evaluation, and hopelessness</td>
<td>• A Sectioned/fragmented flow of self</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Selective information processing with negativity bias</td>
<td>• Confused between sections of self (self in past, present, future)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cancer has been assimilated as stigma but still not accommodated within their identity structure</td>
<td>• Analyzing and comparing sections of self with a destructive criticism</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Ruminating about voids/holes of self</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>• Avoiding self-voids and escaping self-conflicts</td>
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</tbody>
</table>

Fortunate creatures in Shangri-La feel a long-life youth without infirmity and illness; they have a dream and a “vision”. Shangri-La by James Hilton in the 1933 novel Lost Horizon, a permanent happy land with its immortal creatures.

Furnace is a prison, a very deep and dark hole with one way in and no way out. “Once you’re here, you’re here until you die” Escape from Furnace by Alexander Gordon Smith in the pentalogy

Iterative, impulsive, and disposing behaviours for the sake of escape from the holes. Escape from the holes was reflected via acquiring and consumption items (hole filling approach) and also via disposing of items (hole deleting approach).
| **Teeter-totter**  
(Nick, Sam, Suzanne, Sarah, Leyla) | **Fluctuating between two different worldviews** |
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Perceiving the threat in more rational and reflective way</td>
<td>Fluctuating between Narrative-Normative and Informational identity style;</td>
</tr>
<tr>
<td>Being open to cancer information/Impartially process the information about threat</td>
<td>- Fluctuating between preserving and changing the identity</td>
</tr>
<tr>
<td>Seeing Cancer as an undeniable entity very close to the concept of self</td>
<td>- Confused between pre-existing norms/habits and new and more sensible concepts</td>
</tr>
<tr>
<td>Cancer needs something to be accommodated and accepted as a part of identity</td>
<td>- Learning how to negotiate the competitive selves of the identity/Learning how to resolve the self-conflicts/holes</td>
</tr>
<tr>
<td></td>
<td>- Starting self-exploration, reflection, introspection, and self-questioning</td>
</tr>
</tbody>
</table>

| **Reincarnated**  
(Peter, Wendy, Dan, Amy, Jack, Skye, Martine, Mina) | **Mindful/Experiential identity style;** |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Accepting the reality of threat without conceptualisation and judgments/Seeing the threat as what it really is rather than what it represents to them</td>
<td>Dramatic transformation at the level of identity</td>
</tr>
<tr>
<td>Completed information processing rather than partial information processing</td>
<td>Accepting identity as whatever it is</td>
</tr>
<tr>
<td>present-centered, non-evaluative, and non-conceptual approaches to the threat</td>
<td>Identity is subject to adaptation/alteration/reconstruction/enjoyment</td>
</tr>
<tr>
<td>cancer has been accommodated in the identity structure</td>
<td>Open/ flexible/present-centered identity</td>
</tr>
<tr>
<td></td>
<td>non-evaluative/non-ruminative approach to self-conflicts</td>
</tr>
<tr>
<td></td>
<td>letting the self-experience objects</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Paradoxical</strong></th>
<th><strong>Resurrection</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deceiving-Lecturing</td>
<td>Resurrection</td>
</tr>
</tbody>
</table>

- an oscillation between self-deception coping through preserving past ties and self-lecturing coping through learning about new consumption items and activities
- Avoidance-Acceptance
  - Consuming for the purpose of reality avoidance/short term happiness versus consuming for the purpose of reality acceptance
  - Escape-Exposure
    - Exposure to death-ritual consumption and quitting support group at the time

Via relocating and repurposing items, consumers resurrected what they had previously identified as annoying and unwelcome.

Pre-existing ties are not only perceived as motivation for continuity but also as recompense for losses. They never attach to past habits for resuming previous reality, but instead, being tied helped them live at peace in new reality.

**Constructing** the new identity via demolition of previous consumption items and evolution of the new ones.
4.1.1 Shangri-La

Consumers with a Shangri-La worldview perceive cancer with positivity, optimism, and idealism. They see cancer as what it represents to them rather than what it really is. Indeed, they tend to form a positively biased conception of their condition. Their self-positivity bias in conceptualising reality evokes the imagery of the place called Shangri-La as described in Hilton (1935) ‘s novel *Lost Horizon*. Being “healed”, “cured”, “free”, “protected”, and “vaccinated” without considering any possibility of change epitomises a world that is certain, controllable, and where there is peace. This is the world that reminds the researcher of Shangri-La:

> But you are destined to be more fortunate, since by the standards of Shangri-La, it will happen... you feel no older than you are today, you may preserve a long and wondrous youth. It is the whole reason for this colony of chance-sought strangers living beyond their years... we have a dream and a vision (Hilton 1933, p. 191).

The quotation above shows how fortunate the creatures in Shangri-La feel where they can seemingly live forever without infirmity or illness; they have a dream and a “vision”. Vision in dictionary is defined as follows:

- The act or power of sensing with the eyes, sight
- The act or power of anticipating that which will or may come to be
- An experience in which a thing or event appears vividly to the mind, although not actually present, often under the influence of a divine or other agency
- Something seen or perceived during such an experience

These definitions clarify that vision means cognitive ability to see, perceive, and plan things for the future. In fact, vision is an image of reality that people tend to create for themselves, even though it may be illogical. Therefore, the lucky people with a Shangri-La mindset form a desirable concept of themselves.

Consumers with a Shangri-La worldview attempted to define reality with an idealistic approach and they were generally reluctant to talk about the effects of cancer. They live life in a conventional and habituated way and feel they are protected from harm. Consumers’ tendency to preserve an ongoing narrative and pre-existing patterns and norms about self, led them to the judge reality, and consequently create a biased conceptualisation of cancer. Gallagher (2000) ’s narrative theory of self-emphasises the coherent continuity of identity over extended periods of time. Accordingly, people have a history of memories and they are able to make plans because, for them, there is continuity between past and future. In fact, they
conduct a coherent set of activities to maintain a continued story about the self. However, this continued aspect of self may form a powerful cognitive filter through which reality cannot be perceived impartially as it truly is. In fact, through a habitual cognitive filter, reality is understood only superficially, distortedly, and incompletely (Brown, KW & Cordon 2009). In other words, images, impressions, and feelings about an object are refined through cognitive filters that have a typically habitual nature.

Consumers within this worldview attempted to filter cancer in an overly favourable manner to preserve all existing selves. The tendency to retain continuity and coherence over time directs consumers into habitual activities linked to their core identity. Their consumption behaviour is also in a way consistent with their pre-existing and habitual identity. In fact, for the purpose of continuity over time, consumers who experience disruption/threat attempt to retain their mastery and control in order to create a coherent identity (Rimmon-Kenan 2002). Efforts to keep actual self, norms, beliefs, traditions, habits, lifestyle, and conventional ways of life are derived from a biased way of thinking about reality and the concept of self such that they envision the reality unchanged and feel themselves protected against potential threats. Within this worldview, consumers negotiate their identity using a positive approach and envision self with an unreal and ideal attitude. Indeed, they view themselves as continuous, certain, and constant where there is no possibility of change in the future.

4.1.1.1 Coping behaviours in Shangri-La

The coping behaviours within the Shangri-La worldview are of two kinds: “Bracketing off” behaviours and Magic behaviours. In Shangri-La, items/possessions continue to be consumed/preserved either as a means of bracketing off (see below) the disease to guarantee the continuity of the pre-established self. Alternatively, it is magic that keeps the concept of self fixed and impenetrable to a perceived threat. Preserving, continuing, and even increasing habitual consumption helps consumers with this worldview to distract themselves from thinking about the truth.

Bracketing off approach

Jennifer perceives cancer as a turning point that imposes a contrast image of identity on her mind. For Jennifer, cancer is a disruption which leads her to question her actual self; the actual self which has been always continued, narrative, and habitual. Her narrative shows that she enjoys autonomy and sovereignty in her own office. In her narratives, there was a general hesitancy to discuss how cancer has disrupted her life. Her desire for deleting cancer from her
language resonates with Bury (1991) notion of “bracketing off” cancer. For Jennifer, one important way of bracketing cancer is to reject science and hard facts. According to Bury (1991), bracketing off a disease is not only a way of managing biographical disruption but also prevents threats to a person’s identity. Jennifer knows that cancer has the potential to significantly change her identity, but she persists in normalising her current situation.

Jennifer’s life story

She is a 35-year-old woman, works as an administration officer and is mother of two children. Having been diagnosed with early stage breast cancer and then finishing breast reconstruction surgery and chemotherapy, Jennifer is in the process of making the transition from a period of shock and confusion to the next stage of her life. After initial treatment, in spite of many people who enter a stressful period of uncertainty with a fear of recurrence (Coward & Kahn 2004), she has started to have or think to have the permanent stage where she believes that she will be in sustained remission and could imagine a distant future. She has increased her working hours since diagnosis and even arranged her chemotherapy sessions for early mornings. She has actively managed her job while struggling with her cancer treatment.

At first, I was shocked. I’m still young. What will happen in my life, my job, my dreams, my projects, my partner, my kids...no, it is not my turn, it’s too soon and I was right. One thing that I have recently learnt about this experience is to deal with this situation via a scientific perspective. Have you ever looked at wonderful survival statistics? They are great. To me, five years, ten years is not a survivorship, it’s a cure!!! Many people are doing worse!!! Why should I be sad about nothing?? Why should I be frightened of nothing? They (the physicians) told me it could go beyond the early stage, stage 4, but I am the picture of everything that goes right with treatments. The doctors have all told me there is a possibility of recurrence, but if I make it to three years without a recurrence, I will have an 80% chance of it not returning. I want to tell them you learn from us, the doctors are practising while we are doing. Some friends believe it and live with it, but I do not like to take all the statistics to heart because all things come to those who wait! Statistics are just numbers! Statistics you (doctors) learned were not collected accurately, docs!!! I don’t read articles and statistics and don’t look online because I already know!!! I don’t let it come. I’ve always been a knowledgeable and trustworthy employee, a punctual official. It’s incumbent upon me to attend every staff
Jennifer’s experience is unlike some of her peers in her community support group. Unlike some women who attempt to cultivate real possibilities of recurrence and death in everyday awareness, the threatening object and its attributes (e.g., cancer thoughts) are in Jennifer’s awareness but they are perceived in different ways. Jennifer sees the truth in her own way and consciously turns reality into what she conceptualises it to be. A self-positivity bias is evident through her apprehension of the statistics. Interestingly, Jennifer logically relies on scientific statistics regarding survival rates, while deliberately bracketing off recurrence information from her thoughts. Shangri-La is a mythical utopia in which Jennifer feels protected and guarded from the outside world. She is entirely aware of her cancer journey and is acquainted with numerous medical topics and general terms (e.g., course and symptoms of the disease, medications, stages characteristics, treatments, and statistics) but her utopian worldview, her suppression of certain thoughts, and consequently her bracketing off approach deters realism, and therefore precludes her exposure to challenging events. Deleting cancer or bracketing off its possibilities could impede any preparation and planning by Jennifer for the next potential calamity in her life.

The consumption habits that Jennifer shared with the researcher signalled how she has projected a concept of self through her consumption lifestyle. She emphasised an ongoing and constant flow of habits that she reviews day-to-day routine and nothing disrupts the framework she has organised for herself. She used “nothing changes” to cultivate a sense of continuity and permanence that helps her maintain an unmodified Jennifer through cancer denial. Her bracketing off approach is also seen through her lifestyle:

Now, I keep doing and living life as usual. Let me briefly define my daily routine from the minute I get up: getting up...oh, difficult decision under warm Aussie wool quilts, checking emails via Apple iPhone, I love my iPhone, I've downloaded every app that you have never even imagined, from beauty, food recipes and fitness to office apps. Ellen (her colleague) says I have an app solution for whatever happens and whoever is hungry, overweight...I’m happy with it. Nothing better than making people happy. Oh, let me go back. Having bread and Vegemite, go walking when the dawn chorus starts, I've always been an early riser. Hate brunch!
Punctuality and getting every task done one time is an indication of prestige and personality. Driving with my Holden car, buying a 7-Eleven coffee and going to work...that’s it, my daily routine, nothing changes. Everything the same as it was in the past, otherwise this is not me!!!! (Jennifer, 35)

As her explanations reveal, her social identity as an attentive, loyal, and reliable employee as perceived through her consumption story. She is truly a caring woman and feels responsible for people whose work duties are under her supervision. Specific identity central to the individual’s sense of self (Deimling, Bowman & Wagner 2007) symbolises Jennifer’s life in the excerpt above. She described her routine that starts in the morning and confined her story to two episodes; before and during work time. Her narratives disclose that her main life story is encapsulated between home in the morning time and the workplace, and therefore the consumption story shared with the researcher is limited to this realm.

Hubbard, Kidd and Kearney (2010) define the “bracketing” approach as a means of removing illness from the general flow of life. Consumers with the Shangri-La worldview bracket off cancer because they want to live as normally and regularly as before. According to Bury (2001), there are two processes of normalisation: (i) normalising in the sense of keeping pre-illness lifestyle/identity intact; and/or (ii) normalising by disguising/minimising symptoms. Jennifer employs both processes of normalisation in her life. By comparing herself with peers “who are doing worse” as stated by her, she attempted to insist that cancer is “nothing” and here, through preserving her work patterns, she attempts to keep her pre-cancer identity and lifestyle ongoing. Her explanations illustrated that working, helping others, and sharing with colleagues is another way of bracketing off cancer. She said she booked her chemotherapy sessions for the mornings so that her work patterns were not affected. For her, being at work, doing tasks, and chatting with friends means that cancer is forgotten. Her narratives about IPhone applications can be attributed to her identity and closely linked to notions of helpfulness and empathy. A desire to assist others and feel needed by others is helpfulness with undertones of sympathy. According to Coward et al. (2004), demands and needs of others help cancer survivors maintain their self-identity and distract them from challenging thoughts. Therefore, empathic behaviour at work is another way of bracketing off cancer for Jennifer.

Her accounts depict her loyalty to consumption choices both in pre- and post-illness episodes. Again, through her consumption loyalties, she retains her lifestyle as much as possible in order to bracket off cancer, and also normalise her condition. For Jennifer, loyalty to
consumption is consistent with loyalty to her workplace, which is a means of reality denial. She explicitly knows that cancer is one of the illness stressors that might diminish the salience of her social identity but she actively attempts to struggle and puts more effort (e.g., increasing working load, retaining previous habits) into eliminating the terror from her sense of self. She actively engages a minimisation defensive strategy to avoid the terror (Aldwin & Revenson 1987). Her consumption items serve as guards for the pre-existing self against threatening entities. Her accounts about “me” in her consumption lifestyle correspond to the concept of narrative and normative self (Berzonsky 2008; Gallagher 2000) as Jennifer has a pre-established set of instructions and norms that constitute and maintain the stories about her. These stories portray Jennifer as having ongoing personal characteristics and guarantee the continuity of “me” across time. She retains her permanent identity and bolsters her sense of self-worth (Bury 2001), and she reflectively denies her cancer. In other words, in the light of bracketing off the reality (i.e., through loyalty to her job, empathy, and consumption loyalty) she copes with her cancer. Indeed, she does this by focusing on the values that are attached to her actual professional identity. Punctuality and accountability are also central values of Jennifer’s identity. However, she perceives the reality in her own way which is determined and imbued with positivity, optimism, and idealism and not seeing any negative possibility. She did not want to discuss the aftermath of her cancer or how its treatment affected her life.

Hana is a 27-year-old piano teacher and breast cancer survivor in the remission stage. She has also accepted the bracketing off approach after her breast reconstruction surgery. She explained how much she hates the colour pink (symbol of breast cancer awareness) and that she packed away all her pink things and removed this colour from her life:

*I get irritated you know. I never wear anything in pink, it was a terrible awful experience and I just can’t recall, once I packed and get rid of them (pink stuff), I could imagine having my life. When we have green, white, even blue (her least favourite colour), why would I be seen in pink outfit? When I face a pink ribbon (breast cancer logo), it gets on my nerves. Look at natural light, sunlight colour! It helps you wake up, turning back to your work, your life...*

Hana’s statement shows that how she is responding to her cognitive reflection in terms of colours. For her, the colour of sunlight is the symbol of existence and normality while pink colour is a sign of non-existence. She brackets off cancer from her wardrobe, her mind, and her life as she sees cancer as a disruption to her normal life. Through her interviews, she
emphasised her perfect health several times and only in passing mentioned her disease. Her feeling of being saved and protected from the next potential threat, and being determined about the future with an utopian perspective resonates with the Shangri-La image. “Turning back to work/life” and completing tasks while removing cancer and pink coloured things from her life, shows that she is loyal to her continued and coherent life and never accepts any disruption, change, and separation from her consumption habits. If she has to face any stimulus threatening her lifestyle/identity, she brackets it off by disposing of or not-purchasing items reminding her of the threat.

**Magic approach**

Lamas appeared to have odd powers of bodily control. ‘I’ve watched them,’ he said, ‘sitting by the edge of a frozen lake, stark naked, with a temperature below zero and in a tearing wind, while their servants break the ice and wrap sheets round them that have been dipped in the water. They do this a dozen times or more, and the lamas dry the sheets on their own bodies. Keeping warm by willpower, so one imagines, though that’s a poor sort of explanation (Hilton, 1933, p. 153).

The quotation above from *The Lost Horizon* explains how Lamas in Shangri-La benefit from the magic of “willpower” and their “imagination” faculty. They believe that the impossible is possible as long as you imagine/visualise favourable things and truly believe in the influence of a magical power (i.e., willpower, divine, god, religion, spirituality). Within the Shangri-La worldview, consumers’ mythical belief in tradition, religion, and human strength equip them with the means for dealing with cancer. Magical thoughts and beliefs are a cognitive distortion whereby consumers irrationally invoke supernatural powers to cope with stressful situations (St. James, Handelman & Taylor 2011). Arnould, Price and Otnes (1999) in articulating the magical experience of river rafting explain that river rafting involves the mind and emotions. The authors emphasised the spontaneous combination of hope, optimism, and of course confidence, in creating a type of magic. Geoff strongly believes in human willpower and never accepts failure, inability, and surrendering to life’s potential. His perception of life and events reflects his certain, concrete, controlled, and victorious approach. What differentiates Geoff from Jennifer and Hana is that he not only visualises a positive and hopeful aftermath for his disease but also, he is deeply confident in the influence of willpower to bring victory. He proudly stated how he could conquer cancer with the power of his self-control. In contrast to the bracketing off approach to coping, consumers with magic coping
are not reluctant to explain their cancer as they see cancer as an episode of their past life which has been successfully overcome due to their belief, trust, and faith. Before going through the consumption stories and picking up the traces of magic coping, Geoff’s story is told below.

Geoff’s life story

Geoff is a 49-year-old post officer and cyclist who was diagnosed with lung cancer around three years ago. He lives with his wife and his 4-year-old daughter in an old renovated house. Self-positivity bias is also evident in Geoff’s narratives. He perceives cancer as an enemy, robber, and competitor that wants to rob him of his goals and his identity, but it will not. He also deliberately attempts to keep all parts of his self untouched and intact:

It’s a marathon, you know. Your work starts with hearing those three dreadful words “you have cancer”. I came to see the journey as a competition, just like I saw cycling. I set my mind on victory. Many athletes have cancer today, but you know, I have cancer, it doesn’t have me. If you let it, if you give up, it can control you, you’re gone! Lance Armstrong (the famous American cyclist) was diagnosed with cancer during his professional career. He proved that cancer cannot lessen the power of human, courage, and confidence. I don’t let it rob me of my energy and vitality. I don’t let it steal me, it needs permission to work and I believe you give it that permission. My onco (oncologist) says statistics on my chances...(leaving this sentence uncompleted), but I would say no matter what statistics show, do whatever you do, hold on to hope, there is always a window. Once the scans became clear, the battle is over. I have to follow up the tests, six-month check-ups, appointments, but you know, the doctors don’t really know, nobody knows, they just want to be sure and work toward prevention, but I can do many things to prevent it from returning. I know what is bad and what is best. They (the doctors) told me to get support (laugh), support for what? Nobody knows better than me. They (support group members) call you a survivor and I hate it because it means you are still marked by cancer! You can be a victim or cured. Pain is temporary. When they (others) tell you have it (cancer) I would like to beat them up in the room (laugh), I had cancer! Surround yourself with people who inspire you with their values, attitudes...On a scan some cancerous cells could even be hanging around, but I’m never going there anymore.
Even if I got it again, I will fight back until I win, as once I did, but you know, it’s over, the doctors say everyone has some cancerous cells. Now, it’s time to breathe deeply, move more and have fun! I must live to the fullest, it’s gone. (Geoff, 49)

Geoff never internalises the cancer label and never lets it become part of his current identity. He deliberately emphasised being “free” and “cured” and did not want to be stigmatised with this disease. Like Jennifer, Geoff biasedly conceptualises the reality as he imagined it rather than as it actually was. He criticises the statistics on cancer recurrence and questions the possibility of dark days in the future. Also, he emphasises the popular existence of cancerous cells in all humans’ bodies in order to normalise his existing position. Both Jennifer and Geoff’s cancer narratives show that they partially deal with the reality, and consequently analyse the existing facts in their own way. They focused only on one aspect of reality (i.e., survival rate, cure) while deliberately ignoring potential alternatives (i.e., cancer recurrence, dark days) even in spite of their doctors’ advice. However, Geoff’s rejection of reality is completely different from Jennifer’s.

He knows he is the winner of this marathon even in potential dark days and never flees from talking about cancer. In other words, his beliefs and his reliance upon his inner resources (i.e., emotional and physical) equipped him with a self-trust that navigates him through the tragedies. He imagines victory (cure) and truly believes in the magical power of will. Reading Geoff’s consumption story, one can clearly conclude that he deliberately attempts to preserve all possible selves of his identity as much as possible and not for bracketing off cancer. Instead he is keen to bolster the identity that has been always successful due to his faith, hard work, and persistence. He is in love with his wife, his life, and his possessions. For Geoff, neither cancer nor his wife could affect the values, beliefs, and meanings that are attached to his identity. He renovated his home right after his cancer diagnosis and explained how he could cope with both financial ruin and battle cancer at the time:

At first, I was diagnosed with it (cancer) and two days after I noticed big cracks in the walls. It was slab heave, a big problem with the foundations of homes in the northern suburbs. Big cracks and holes in the walls, leaking pipes… I just patched it up sometimes, but that was a disaster. They told me it’s a soil condition, it moves through the foundations. She (his wife) asked me to sell the house, but I didn’t, I didn’t give up, it was very costly, but I fixed it up. It’s mine. I grew up here. My grandfather built it in 1975, I remember how hard he worked on it, I love the back yard, it
reminds me of our childhood (him and his brother). I love the fireplace he designed on his own. Once I fixed it up, the doctor told me scans are clear, you see? Doesn’t believe enough? I believe in myself, faith shows itself by deeds. I was faithful to this house, to myself, never lost hope, I did whatever I could, and nothing could change me, yes, wise man shouldn’t believe in miracle but when he relies on his own, god, whatever...he brings the belief into his mind and heart and it happens, whether he knows it or not, he creates and all things become possible! (Geoff, 49)

Geoff mythically links his cancer cure to his willpower and doing work on his house. This linkage is only understood by a mythical view. In a magical setting, consumers use the language of symbols to make a connection between an immanent power and an end (Arnould et al. 1999). For Geoff, the house is a symbol of what he deeply believes in, which is the magic of willpower, the belief that persistence and hard work will accomplish things. For Geoff, a miracle is possible given his deep confidence in himself and love of hard work. The cure became possible for him once he changed an unusable item (his unfinished house) into a consumable item. From his point of view, a wise man acts, and the universe reacts. He imagines his wants, heartily believes in his willpower, seriously relies on his self, and works hard for them. This is a formula by which he creates magic and a victorious life for himself.

Three years on, Geoff has been working in a fish and chip shop every day to cover the mortgage payments. It was really hard for him to cope with both cancer and financial troubles. He stated, “I used to fight against life’s problems till the end and never give up”. He has learnt to rely on the power of self-control and he knows how to regulate his thoughts, emotions and behaviours in the face of difficulty.

Don’t complain, believe in yourself, keep hope, move forward, trust yourself, be patient, finally you’ll get it. Just fight for it! (Geoff, 49)

When he also talked about his old Ford car, researcher could clearly notice that he is persisting on preserving all his possessions even in spite of their poor functioning. He is faithful and loyal to whatever he has achieved by hard work. He never replaces nor disposes of old or poor consumption items, but instead, he appreciates them and fixes them up because they reflect the past marathons that he and his family (his grandparent) have victoriously completed.

She (his wife) says, it’s not as good as today’s cars, but I think it’s still better than new cars, at least it’s made of very strong metal not plastic! I
bought it after five tough years. They’re (new cars) not worth spending money on because you’ll end up paying much more than what it’s worth. To repair, it costs me around $400, but new cars will cost at least $700-800. All the neighbours know me with the yellow Ford car. They can tell me from others in carparks. Last week, John (his friend) saw my car in the Epping medical clinic carpark and just texted me “is everything alright Geoff?” I told her (his wife), it doesn’t matter how much you spend on yourself, what matters is to be different, to be known for who I was, I am...(Geoff, 49)

Later in his narratives, he mentioned that “they are almost all of me”. Indeed, he perceives any component of his consumption collection as a facet of his identity. For him, keeping the house means believing in victory and keeping the car means keeping an identity which is tough, knowing, and distinctive. His consumption belief stands in stark contrast to the way that his wife has consumed for most of her life. Geoff’s controlled, unpretentious, and also very economical consumption originates from his simple and sensible upbringing:

*Losing my dad at the age of six meant the days don’t get easier. My mom was both mother and father to us (him and his brother). She had to work too hard to support us. She sacrificed so much for us. She was smart and very careful with money. She had to be! It wasn’t easy at all.* (Geoff, 49)

To some extent, Geoff tries to follow the consumption lifestyle that his wife suggests to protect his marital status. Geoff negotiates his identity in a way that keeps both himself and his wife happy and satisfied. He preserves his marital identity to the extent that other selves of his identity stay protected. In fact, Geoff is involved in a continuous process of negotiation of different dimensions of the self (i.e., faith, distinction, continuity, preservation, independence, and marital integration).

Geoff’s consumption story shows that he never lets cancer or others disrupt his identity, and consequently his consumption lifestyle. Geoff’s daily routines have been always constant either in pre-illness or post-illness episodes. Geoff believes that his possessions and belongings are all adequate. Geoff’s tough childhood taught him many lessons. He achieved his existing identity as a cyclist, spouse, and being cured. This is only achieved by a magical formula of imaging, believing, keeping hope, persistence, and working hard. He mentioned many times the word “hope” in his narratives. He believes that he has mastery and control over self/life/possessions and that is why he will never lose them. Indeed, Geoff reflects upon
the possessions that he has and vigorously preserves them as tangible proof of his belief, persistence, and strong identity.

Within the social structure, Geoff only socialises with people who think like him, people who fight for life with persistence and a positive attitude. He never shares his stories with cancer survivors as he believes that “sharing life means comparing life and this turns a little challenge to a big disaster”. Life has taught him to rely only on himself and get support from his faith and previous experiences.

Geoff’s cancer and consumption stories show that he copes with cancer through focusing on remaining his actual self who is unique, tough, persistent, hardworking, and more importantly believing and faithful. After every success, he becomes more energised, a stronger believer in the magic of willpower, more persistent, and more importantly, more certain about future battles. His past experiences reinforce his way of perceiving reality and engages in selective information processing to keep himself positive. He gathers information selectively about cancer and processes it in a way that confirms his pre-existing beliefs. He also selectively engages in social interactions to prevent any dissenting comments.

It was only during the last ten minutes of our interview, Jane, a 50-year-old participant, eventually revealed how she changed her consumption behaviours after her diagnosis. Her accounts depict the termination of her own dietary regime and returning to her familial eating habits. She has reflectively polarised food categories into “evil” and “angel” groups to determine what her diet should consist of. The trace of magic approach is evident in Jane’s diet when she assigned a magical power on especially green leaf products and, Asian leaves and supplements. She has also a magical formula for keeping healthy and living a long life. She believes that a healthy diet overfed with multivitamins, greens, and organics will “keep the doctor away”. She walked me through her kitchen and showed me a cupboard full of herbs, dried leaves, seeds, grains, and supplements;

My mum was always angry about my eating habits! She was right! I take more multivitamins now, a little bit more than the recommended doses (she takes three tablets) because it stops the metastasis of breast and ovarian cancer. My mum always said so, her mum also, but I didn’t take them, now I understand, she was totally right! They’re kind of a vaccine, you know, they’re anti-cancer, they kill cancer cells and make my body resistant to that. After surgery and during chemo, I’m more conscious about choosing groceries now, looking just for organic ones, and I’ve stopped eating processed foods,
fast foods, high-fat foods and high-carb foods. I used to eat them before, too much, but not anymore. I have plenty of plants and herbs for each meal now. You know, my grandma always says they are a gift from the gods. I decided to draw a line between the two: evils like fast foods, preservatives, and angels like greens, our leaves (traditional plants), berries, vitamins, low fats, sugar-frees and organics (laugh). Believe me, eat healthy, keep your body fit, take daily vitamins and grains, and keep the doctors away! Forever! (Jane, 50)

Although research does not prove that nutrition can influence cancer recurrence (Jacobs et al. 2010; Pierce et al. 2007), many participants in this study tend to have a healthy diet supplemented with multivitamins and antioxidants. Jane believes that nutritional supplements provide an unconditionally barrier to cancer recurrence and guard her body against cancer metastasis. She consciously and determinedly attaches a mythical and protective character to supplements and uses the metaphor of “angels” to express how they magically protect her against a potential threat. This belief originates from Jane’s maternal generation regarding eating, given that her Japanese grandmother is still healthy in her eighties. Jane, as a karma advocate, blames her disobedience of family traditions for her disease, and therefore attempts to return with a commitment to family norms and values. During her interview she explained that she lives, works, and eats in balance. She has divided her 24-hour day into three intervals. Eight hours for sleeping, eight hours for working, and eight hours free for herself (e.g., reading, observing, listening, going to the gym). She explained that how she cooks a balanced meal in line with 5 Japanese diet rules. She uses five colours (white, green, red, yellow, and black), five flavours (sweet, sour, salty, bitter, and savoury), and five preparation styles (raw, stewed, boiled, roasted, and steamed) in her diet. Although she lives in balance, her metaphorical and determined language on supplements and traditional medications shows that she believes in a magical power of traditional consumption. Her belief in magic led her to suppress any unfavourable possibility.

Mary, a 64-year-old mother with seven years survivorship in lung cancer also mentioned to her increased habit of reading holy Torah after diagnosis. She perceives cancer as something God let happen to her to test her faith. “God tests us to say what was in our heart, the weak faith show itself through hard times”. Mary explained her spiritual stages of healing based on the Jewish faith and its doctrines. She mentioned many Hebrew words to interpret her healing through the divine power of “charms”, holy names (e.g. inscribed names within amulets), “neshama” (third level of the soul), “Chaya” (fourth level of the soul that gives life), and “Yechida” (fifth level of the soul that makes a miracle possible). She owes her seven-year
survivorship to her faith and loyalty to her religion. In her belief, healing a terminal illness is not a dream and once you could have merit of drawing “Yechida” such a miracle with the almighty power of God is possible. Her experiences of a few miraculous incidents in the past assures a sense of being protected by a supernatural power, such that she is confident and certain about the future; “So it’s over. It’s finished, I’m healed, blessed.”

Mary and Geoff both employed their successful past selves to appraise their current self. According to Wilson and Ross (2004), there is a bi-directional relationship between autobiographical memory and identity. Here, Geoff and Mary used their former achievements as evidence their current identity being valid. With her religious vocabulary, Mary is determined to believe that her physical body is healed and impervious to any future probably illness. Both Jane and Mary employed the normative aspects of self in dealing with cancer. Jane manoeuvres in her familial self and Mary focuses on her religious self, in which both aspects are normative and prescribed by culture. Indeed, magic of willpower, magic of traditional vegetable leaves, and magic of Yechida, help consumers to feel defended, and protected from harm. Magical thinking is a process through which consumers construct a realm of possibility between reality and fantasy in order to cope with stressful events (St-James 2007). According to St-James, magical thinking brings hope to consumers’ lives so that they can cope with stressful situations. However, it might also cause troubles in the future, especially when people need to live with uncertainty. Some participants in this study explained a few misconceptions that need to be rectified. For the next worldviews, this study will reveal how consumers find new meanings for prevailing terms, such as hope and positivity.

4.1.2 Furnace

Escape from Furnace, a book written by Alexander Gordon Smith in the pentalogy, commensurately portrays the life stories of some participants during the interviews. The life of a teenage protagonist called Alex Sawyer in a fictional penitentiary in London symbolises the internal dark world that some participants have built for themselves. Alex’s routine life in the Furnace reflects a nightmarish concoction of negativity, fear, and disappointment. Furnace is a prison, very deep and dark where there is only one way in and no way out. “Once you’re here, you’re here until you die”. Alex is convicted of a murder he never committed and unfairly sentenced to a life in prison. Alex realised that the only way to survive is to escape from the holes and solitary confinement. Alex planned to escape but his attempts only landed him deeper in the furnace. Later, Alex discovered that the prison warden pumped something
evil (a sinister dark nectar) into the young adolescents’ veins. While Alex’s escape plan and his fate are not a matter of discussion here, his life in the Furnace, his involvement with the holes, his fears, and the darkness he felt inside can metaphorically symbolise the internal world of some interviewees.

In contrast to Shangri-La, consumers’ perception of self in the Furnace is like a sectioned or fragmented flow rather than an ongoing narrative. They frequently compare and perceive conflicts and gaps between their current senses of self, previous self, and the ideal they desire. They were captured in the furnace of negatively evaluated thoughts and feelings. These thoughts not only impede their return to a normal or habitual life but also lead them to seclusion and behavioural disengagement. In the Furnace worldview, it seems that consumers are more involved with interruption in input rather than output (Bourke 1991). According to Bourke (1991), there are two ways in which the identity loop can be broken by a threat. The first way, an external threatening stimulus, may prevent an individual from showing behaviours that match with his identity standard and leads to heightened distress (interruption in outputs). In other words, individuals’ behaviours may have little or no effect on the situation and nothing can be done. Second, Burke explains that sometimes this individual cannot correctly perceive the threat, and therefore feels threatened and distressed (interruption in inputs). In such cases, the individuals’ behaviours due to his/her biased perception of threat, means that he/she does not trust those outcomes or misunderstands them. All people with the Furnace view were at the remission and early stage of their cancer, and therefore their actions could affect their lives, but they were involved with behavioural disengagement. According to Bourke, these people are tightly closed and controlled and that is why they feel devastated when a situation is neither fixed nor under control.

Consumer identity in the furnace worldview reflects the diffuse-avoidant identity style (Berzonsky & Ferrari 2009) in which consumers delay acting to eradicate conflicts and instead they employ an avoidant self. Mental disengagement strategy is evident through this worldview when consumers attempted to distract themselves from thinking about problems through deliberate escaping and immersing themselves in something else (Carver et al. 1989). Consumer behaviour within this worldview mirrors the concept of attentional deployment (Gross 1999), which refers to how individuals direct their attention within a given situation. Here, at first, consumers started ruminating in which attention focuses on perceived conflicts, incomplete desires, and unfinished life projects, and then shifts to distraction which focuses on irrelevant aspects. The trajectory of behavioural disengagement can be also seen in some narratives when consumers feel helpless and give up on doing something or at least
attempting to do so. In this worldview, rumination and critical self-evaluation eventually hamper consumers’ emotion regulation, and consequently their adjustment to reality. Laura’s critical evaluation and rumination about concepts of self/life in the past, present, and in the future are evidence of this perspective.

Laura’s life story

Laura has survived three years with lung cancer. She is a 45-year-old single parent with three sons. She was an office manager just before giving birth to her third child. Although she has returned to a stable status and is in the remission stage, Laura frequently thinks about what she has experienced with feelings of disappointment, fruitlessness and discontent. She repeatedly thinks about the dreams she had and regularly evaluates her place in terms of motherhood, femininity, and the social world. She applies an evaluative approach to her sense of self and feels a sense of disparity between what she currently has and what she desired. Laura is unhappy on the inside as she visualises a world of routinised boring tasks with feelings of vanity and emptiness, the dark world that is similar to the Furnace. Laura captivated herself through her own making holes, the holes that has been made by comparison and destructive evaluation of self. She repeatedly goes over negative thoughts and feels useless, incomplete, and empty:

*I just want to stop it! I’m not happy with doing the same things week after week, month after month, and year after year. My daily routine helps me believe I am alive, I am here, but my everyday life is boring, cooking and cleaning…that’s all. I am happy as an alive person, good mother, good housekeeper, but how about myself? (Tears)…. How can I go back to my old job with chemo brain? Can’t concentrate, can’t calculate, can’t memorise at all!!! Yes, this is my life (tears)!!! I wanted to go back to college and finish my degree, can I? I wanted to be a professional painter! I wanted to pursue my dream of building a new house before I’m 50, can I (tears)? My house no longer meets the needs of the boys. I’ve even lost my physical attractiveness (tears). I’ve lost my friends due to not attending events, how can I rebuild friendships? All this is because of cancer!!! Yes, it’s cancer!!! (Laura, 45)*

On one side, she is happy with her motherhood roles and satisfying her children’s needs, but on the other she feels lost. Her question, “how about myself?” reveals that Laura has over-identified with her motherhood roles (Kreiner & Ashforth 2004). According Kreiner, Hollensbe and Sheep (2006), over-identification is a pathological form of identification when
others replace individual’s self and the individual feels a sense of self-loss. Her consumption behaviour in the next section will confirm she devoted herself too much to her children, “just for them not myself”. Too much emphasis on others (social identity) can depersonalise an individual (Kreiner, Hollensbe & Sheep 2006), blurring “Laura” into the “them”.

Laura has perceived cancer as a trigger point for the rumination process in her mind, which opened up the voids and emptiness that she fills in her life. Through cognitive solitary confinement that she has fabricated for herself, she actively and radically reassesses her concept of self and compares her current sense of self with her desired identity. Her rumination about the past and future means that she does not live in the present. She pays no attention to current events and opportunities that life offers her. Laura blames the ‘chemo brain’ for all her misfortunes. According to cancer survivors, chemo brain is a cognitive dysfunction that is attributes to chemotherapy treatment and causes disruptions in concentrating, processing, and remembering tasks. However, according to Raffa et al. (2006) and (2004), the causal relationship between this adverse outcome and chemotherapy does not appear to have been clearly established and there is no consensus among scholars on the impacts of chemo brain.

After the interview, Laura with an unwillingly gesture said, “I have got a job offer from a childcare nearby, as a painting teacher, just twice a week, but I haven’t responded yet”!!! Consumers with a Furnace worldview feel useless and do not take the opportunities that life offers. Laura is negative about herself and feels like giving up on returning to her old job even with her sons now grown up and even when the cancer is now at the remission stage. On the one hand, she is satisfied with her being alive and her role in the family, but on the other hand, she is discontented with her personal and social image (i.e., feminine, sexual, professional). As a defensive response to traumatic experiences such as cancer, some people attempt to reconstruct what is salient and central to their identity (Mathieson & Stam 1995) but Laura disengages herself from any of this. Unlike Jennifer and Geoff in the Shangri-La worldview, behavioural disengagement (Carver, Scheier & Weintraub 1989) and not making much effort is salient to Laura’s story. Her persistent analytical thinking could cause further deterioration in her mood and undermine her cognitive functions, which will undermine any effective coping and ability to solve interpersonal problems (Watkins & Moulds 2005).

4.1.2.1 Coping behaviour in Furnace

The coping behaviour within Furnace worldview is an escape from the holes approach. The consumption stories that consumers with the furnace worldview clarify an iterative journey
from evaluation about self and finding holes in the concept of self. Indeed, they engage in escaping from their own holes to cope with their cancer. However, like Alex in the furnace, they eventually found that more attempts to escape simply led to deeper holes.

**Escape from the holes approach**

The narratives about Laura’s shopping habits reveal how she escapes from the holes in the furnace. She escapes from the holes she feels that are inside her by focusing on her actual selves (i.e., motherhood role, housewife role). Indeed, Laura escapes from the holes in her life by strengthening her position not only in the home but also at the neighbourhood level. Her escape from the holes strategy is reflected in her shopping behaviours, and Laura desperately wants to be affirmed by her small community (i.e., family and neighbours):

> *My neighbour opposite used to call me Mrs. ALDI because I go on daily shopping sprees and ALDI is one of the best, with affordable ranges from groceries to kitchen appliances. She looks up to me a lot and likes me, gives me too many compliments (smiley face). The guys (her sons) love its Moser Roth chocolates, so you can see always them in my basket (laugh). IKEA is also my favourite store; every mother should know about it...I lose my self-control in IKEA. I used to visit every other week. Now even more than before (pre-diagnosis)!!! You know why? Because I lose track of time, it's the way to get out, it's like an enjoyable journey, it makes me happy, and whatever you think...kitchenware, Swedish foods and cookies...the kids love it, all at affordable prices. Sometimes I purchase, and sometimes I’m just looking around. I’ve bought a bookshelf for him (her son) very compact and beautiful, he was happy with that, nothing better than this, is there? I bought so many things just for them not myself, last weekend. Danny said to me, Wow! Do we really need them, mum? (Bitter smile). You think you can but you know, here you go again (pensive face). (Laura, 45)*

Laura sees stores as “the way to get out” and to “lose track of time”. This is her main reason for her repeated purchasing/visiting behaviours, going to ALDI and IKEA. In fact, shopping relieves her tension and frees her from negative thoughts. Like Alex in the Furnace, she thinks that escape is the only way out, the only way to freedom, and the only way to survive. Through her store visiting behaviours, she forgets the holes that she has created. However, at the end of her statement, she confessed that her shopping behaviours are a vicious circle as
she returns to where she was before. In fact, she is repeating a coping behaviour without a durable or enlightening consequence.

Her repeated shopping and store visiting behaviour signals her loyalty to certain brands (Corstjens & Lal 2000). For Laura, loyalty to a store is consistent with her commitment to her motherhood roles. However, keeping routines inculcates elements of vitality and continuity for her, but she is feeling fatigued and spiritless. More store visiting/shopping behaviours imbued with unreflective and impulsive purchases (e.g., needless items), especially in post-diagnosis episode, can be interpreted as a defensive response resulted by rumination. Indeed, Laura ruminates in a negative way about herself. Reality in Laura’s life could be viewed from another way; with her health improvements, successful treatments or the precious moments and opportunities that life offers her. However, Laura’s conceptualisation of reality is full of negativity, helplessness and hopelessness, and these are just maladaptive thoughts and feelings in her mind. For Laura, shopping represents a temporary shelter where she feels comfort, serenity, and security from stressful thoughts. Her radical self-reassessment in a ruminative way has led to a lack of emotional/behavioural regulation or self-control, thus feeding her dissatisfaction and annoyance with the world. Her consumption/shopping behaviours ensure that she engages in terror management (Greenberg, Pyszczynski & Solomon 1986; Greenberg et al. 1990; Pyszczynski et al. 2004) through bolstering her motherhood identity.

Her terror management approach serves to distract her mind and thoughts. Jennifer in Shangri-La and Laura in Furnace both employed defensive strategies to maintain their self-worth and self-image; Jennifer by bolstering and enhancing her professional roles (increased workloads) and Laura by increasing her motherhood roles. Both are in fact over-identified with their roles. Jennifer preserved her “past” and pre-established bonds regarding her work and colleagues and Laura saved herself through dedication to family and neighbourhood. What differentiates these two is that Jennifer bracketed cancer off to return to a normal life, but Laura is still involved with cancer thoughts (e.g., treatment side effects) and that is why she left all the “back” chapters of her life unfinished (education, job, dreams, friends).

Jennifer benefits from her habitual consumption to keep her actual self intact and at the end she is a satisfied consumer and employer. However, Laura’s consumption decisions revealed that she is unhappy in spite of completing her motherhood tasks. The excerpts below also depict how Sandra, my 40-year-old participant, has engaged in luxury consumption just to escape the holes she feels between her actual self and desired self:
I used to purchase good-quality handbags, but not luxury ones!!! Then, after the mastectomy, I saw this photo (there was Angelina Jolie holding a Louis Vuitton handbag). I thought that it looked so nice. You know, she is like me (age, height and even cancer background), but she still looks well, young, beautiful and stylish. Why didn’t I care before? Why am I not the one, you know, the one I wanted to be?! Even the ones I loved to be with, the friends I loved to hang out with...why? (cries). So I put my wallet on the counter and bought and bought - handbag, zippy wallet, belt, scarf...haven’t used them for a while...I think and think and think to find a way, but nothing is satisfying, nothing is right in my life, I’m just waiting, waiting for something beautiful, to touch me, to make me happy, to be loved, to be helpful! Just this! (Sandra, 40)

Sandra’s story is one of engaging in radical self-appraisal. Cancer also for her is a triggering stimulus. The shock of her diagnosis triggered her decision to acquire new products and brands. For Sandra, material possessions and luxurious brands are a means of escape from the holes she always feels inside her. She wants material possessions and luxuries to attain what she lacked in her life (i.e., elegance). She thinks about material things as problem-solvers and hole fillers instead of working on herself. Instead of facing and dealing with life holes using the subjective approach (e.g., relying on her personal sense of worth), she escapes through the objective approach (impulsive consumption). Her attempts to fill the holes have been fruitless to date because it does not satisfy her emotional hunger: “nothing is satisfying”. Indeed, Sandra thinks that she is attempting to fill up the holes in her life by simply escaping her current self.

Sandra’s behaviour echoes Cushman’s (1990) empty-self theory. Cushman sees the self as a black hole into which the consumer endlessly feeds objects, but which is never filled up. Cushman explains that the problem originates from a poor fit between consumers’ continued desire for a narrative identity and a lack of social and cultural support for this project. In fact, according to Cushman, the absence of social support leads to a chronic emotional hunger. Cushman believes that people engage in a relentless consumption lifestyle and attempt to identify whatever brings them fulfilment. However, Sandra’s post-purchase dissonance originates not from a lack of social support but from hasty decisions she makes in triggering events. In her interview, she explained that she felt regret for getting rid of her bridal dress after her divorce. Sandra’s impulsive purchasing/disposing behaviours which mostly lead to her regret derive from her lack of sense of self. Her impulsive shopping behaviour is also
similar to consumers’ responses to divorce in the study by Fellerman and Debevec (1992). Sandra’s statements illustrate that she strictly and unfairly compares her present sense of self with her desired characters, and consequently she feels hollow, desolate, and forsaken.

To save herself from intolerable feelings of emptiness she rushes her decisions. Her stories were evidence that she has also engaged into an escape strategy for her challenges about love. To escape from the feeling of loneliness, she embarked on a relationship with the first available man, because she thought this would solve her problems. Yet this failed to bring her happiness and so she spent her money on high brand items to prove to herself she could be elegant and lovable but empty consumption was pointless. Sandra’s experiences show that her lack of self-esteem was not solved by her overspending behaviours because she seems involved with the void of meanings rather than materials. Both Laura and Sandra took an evaluative approach and radically compared their current sense of self with a desired one. Laura went shopping and escape the voids of the self via bolstering her actual identity as a mother. while Sandra did so by reaching for her desired self. Both are involved with impulsive behaviours through acquiring products and seem unhappy with their choices.

David, a 51-year-old survivor, also critically evaluates his sense of self in relationships with others from the pre- to post-diagnosis stages. Cancer has changed him from an authoritative and empathic father to an isolated, callous, and irresponsible person. He permanently compares his past with his present sense of self and feels useless because he can neither financially support his family nor control his anger toward children and others. David twice mentioned his thoughts about death (suicide ideation), and that his depression causes him to close off any communication with others, even with the health services. He outlined his decreased interest in gatherings with his family and friends, disinterest in keeping pets; previously these activities he loved to do. David’s behaviour is similar to one consumer’s response to job loss in the study by Roberts (1991) when he went into his “own cave” and became much more distant from his family and friends.

David’s statements how a behavioural disengagement and tendency to loneliness and isolation which were accelerated by changes in his appearance (30 kg weight loss, hair loss) and also fear of death and losing beloved ones. Body weight loss has made him persistently reassess who he is and who he was (Charmaz 1995). David feels he is being pushed into seclusion and social loss through his physical appearance and his behaviour also is in stark contrast to stigmatised consumers’ behaviours (Hill & Stamey 1990). In their analysis, homeless stigmatised consumers either sought self-esteem through activities related with their desired identity or found their self-worth through attachment to activities related to homeless identity.
Behavioural disengagement, suppressing happy memories, and missing the enjoyable moments that life currently bestows upon him, are all maladaptive behaviours that David is displaying. Unlike Jennifer, Geoff, Mary, and even Laura who defensively persists on habits that define their self-esteem, David prefers to escape from whatever reminds him of his past. He perceives cancer as stigmatising situation that threatened his physical and social identity. He persistently compares his current life with his past and finds much missing in his current social identity (i.e., relationships with family, friends, and pets).

To cope with these social gaps, he escapes from whatever reminds him of “a smart, social, and sympathetic David” who everyone was proud. In fact, his coping strategies are about detaching himself from memories of the past. Like Laura and Sandra, he realises the gaps between his present actual identity and desired past, but his escape strategy is more about dispossession rather than acquisition or consumption. He explained that he has given away his movie collection to his friends and what it meant:

*Sometimes you need to let things go, things you love but can’t have anymore.*

*Don’t hold on to things that hurt you and get you down. It’s scary, but thinking about losing them is even scarier. Sometimes, I mean, you need to say goodbye, you can’t, but you have to!* (David, 51)

Preserving his beloved things meant reminiscing about his previous ties, which was nightmarish for David. His movie collection linked David to the people and places he loved and the social memories he had made during his life. He attempts to erase his past ties to escape from who he once was. David is applying motivated/intentional/directed forgetfulness to suppress intrusive thoughts and his autobiographical memory. Motivated forgetting is a psychological defence strategy in which people cope with the identity threat by suppressing their memories (Dalton and Huang, 2014). According to this theory, people suppress any material that reminds them of a threat. Sometimes the material may not be inherently threatening (e.g., David’s pleasant memories about watching movies with his friends) but because it is linked to threat identifiers (e.g., movies remind him of his previous identity as a social, caring, and friendly self), some people prefer to suppress this part of their life.

David’s behaviour contrasts the bi-directional theory of autobiographical memory and identity as espoused by Wilson and Ross (2004). Past selves could represent the current sense of self. However, some people like David do not like to be identified by their past and attempt to less think about it. Wilson and Ross (2004) explained that these people for whom memories were once pleasant are now depressed and that is why they feel dissociated from the past. In fact,
their memories are seen as unrepresentative of their present self. However, the question can be posed here: how could we forget our past? David’s narrative reveals that forgetting is impossible, though he is practising this strategy, “you can’t but you have to”. He will never forget his past as it is an autobiographical dimension of his identity. Wilson and Ross (2004) also added that such forgetting may not be possible as the human brain is not a computer disk from which material can be erased by the flick of a switch. Escaping just helps David to increase his distance further and further from the past.

For David, keeping the lovely items is “hurting” because they are about the past from which he feels a deep gulf. Losing these items is “scary” because he feels a sense of discontinuity by losing his past. He finally decided to rescue himself from thoughts about the past and chose a diffuse-avoidant identity. He feels calmer now as he thinks that voluntary loss is better than forced loss. David voluntarily disposed of his cherished movie collection to not only escape from the past that he loves but also to impede involuntary loss. It is more bearable than enforced loss caused by the cancer. He explained that he packaged the CDs and invited his friends for a dinner party to say “goodbye”. He said “goodbye” to movies, memories, and his past but he never thought about a new adventure or a new attitude to life. This type of disposing differentiates from other reflexive disposing behaviours (Price et al. 2000; Cherrier and Murray 2007).

Although the awareness of finitude precipitated David’s disposing behaviour (Price et al. 2000), the main purpose was a symbolic escape from the holes he feels between himself at the present and his memories of the past. He never thought about symbolic immortality or the fate of precious possessions. David loves and appreciates his pre-established ties, but they serve as identifiers of irritating holes he now feels in his identity (i.e., physical loss, social loss, near death and discontinuity). He decided to willingly dispose of his belongings to distance him further and further from his past. He engaged into the separation stage without experiencing sensitisation (Cherrier and Murray 2007). He never questioned the habitual background of life, nor did he experience an identity transition or a new insight. Although he reflexively planned for separation and “letting go” or “goodbye”, he never mentioned how saying hello or how to move on.

4.1.3 Teeter-totter

A teeter-totter is more than a piece of playground equipment. Pushing off with the feet and riding up and down is a pragmatic practice for playing with forces of nature. The fun was in “not being balanced” in childhood but playing while being unbalanced is not always fun and
may entail frustration and irritation. The life story of some participants is more like an unbalanced stance due to a teeter-totter view of the world. The teeter-totter worldview lives with dualities, for instance up vs. down, light vs. dark, win vs. loss (Dickinson 2003). Within this perspective, consumers are involved with two opposing stances. On one hand, teeter-totter epitomises pre-established thoughts, norms, and behaviours to which consumers are still habituated and attached. On the other hand, teeter-totter metaphorically shows consumers’ learning practices for resolving self-conflicts, working on their identity, and preparing for a big transition to an informational identity style (Berzonsky & Ferrari 2009). They attempt to become more rational, reflective, and open to self-diagnostic information (Berzonsky 1990, 2008; Berzonsky & Sullivan 1992; Soenens, Duriez & Goossens 2005). However, their attachment to previous identity, previous life, and their belongings do not allow them to achieve a sense of balance. Consumers within this worldview are gradually awakening to the fact that they can no longer pretend or lie to themselves and need to find a new outlook, although they are still attached to the past. In exploring this coping approach, the experiences of Nick, Sam, Suzanne, Sarah, and Leyla in their life playground are described below.

**Nick’s life story**

Nick, 64 years old, is a survivor of lung cancer and at advanced stage III. Nick has recently experienced an invasive cancer recurrence such that he lives in the new reality through which medical treatments will not guarantee a life without recurrence, fear, and pain. For Nick, life with cancer is like a teeter-totter that can get out of balance so easily. His feelings and thoughts abruptly sway him in one direction or another. On one hand, he is angry with God, life, and his mother, while on the other he appreciates them and relies on God to let him work things out. Nick believes that he lives on a precarious plank where balance cannot be easily achieved and therefore he needs to surrender his affairs to a supernatural power:

_I have no idea what makes me feel more in balance. This isn’t happening to me, everything was going all right but...That’s impossible! I ate healthy, exercised...and had a good life, why me??? Once I heard that it (cancer) had returned, I just said, a miss by an inch is a miss by a mile!!! I remember that evil day! Sometimes I ask myself why? It makes me crazy, makes me teary, how can I leave my loved ones, job, house, everything??? I am angry with Jesus, Lord God, because he let it happen to me. I am angry with my mother because her mum died from lung cancer, but she never talked about it!!! I’m so upset and angry with my life, it could run smoother but...If He just takes me off the hook and heals me I would give my assets to Him in_
return. I promise, deeply promise!!! The reality is, my fate is in His hands, and I have no control over that. I just try to tell myself that I'm here now, this is where I am going to be, I'll worry about death later, I have still time to breathe, to really admire things!!! Now, I give gratitude for my surroundings, for the pink sky early in the morning, for the sunset, for my mum who is still alive!!! I'm just trying to accept things easier now! I never used to be like this!!! (Nick, 64)

Nick’s narratives reveal how he is involved with emotional stages of the Kubler-Ross grief cycle (1975). Anger, bargaining, depression, and to some extent acceptance practices are salient through his narratives. His explanations indicate how he may reach the acceptance stage of the Kubler-Ross grief cycle model. Nick’s narratives reveal that reaching acceptance for some consumers might be accompanied with fluctuations, instability, and inconsistency. Indeed, the acceptance stage may not be easily achieved, and patients go through ups and down and they need regular practices. Nick’s narratives vigorously mirror a perceived dichotomy between bottled up internal emotions and a self-training for managing these emotions. Self-management is a day-to-day task that patients with chronic disease must undertake to control the psychological consequences of their disease (Barlow et al. 2002). Nick is practicing how to manage his emotions to accept the flow of life and to live with balance and peace. Nick’s feelings, anger, fears, anxieties, and frustrations are evident and simultaneously, his surrender and acceptance demonstrate two incommensurate states. He is at once preparing to learn how to accept the reality; yet he is overwhelmed by distressed emotions and thoughts about death.

Unlike Laura and David in Furnace worldview, Nick appreciated life for its fabulous beauty and blessings, yet he cursed life due to the potential tragedy involved. His explanations occur within two contradictory viewpoints. At first, he started bargaining with God to avoid or postpone his death but eventually relinquished his will to God’s will. Rationalisation, accusation, projection, and bargaining are all perceived as coping mechanisms that are salient through his narratives (Freud, 1992; Diehl et al. 1996; Livneh, 1986). The dance between reckless and mindful emotions echoes not only his urge to continue his previous self but also his attempts to adapt which can only be attained through training, managing, and controlling the self.

Teeter-tottering between defending the previous self and transforming to the new self indicates that Nick is still attached to pre-established habits, thoughts and behavioural patterns, despite trying to seek a change and acceptance of a new reality. On one hand, his
repetitive expression of negative emotions and unpleasant feelings impede his adjustment (Felton, Revenson & Hinrichsen 1984) and on the other hand, his self-regulation and self-controlling practices facilitate his well-being (Dirksen 2000).

The excerpt below reveals the fluctuation and imbalance that Suzanne, a 68-year-old participant, is experiencing in her concept of being:

> You don’t know where you stand! You are, you really are, with family and friends, but, you know, you pretend, pretend a happy face. They are nice, adorable, but they also pretend, they don’t know how to deal with it (cancer). They don’t know the burden of my continuing symptoms, my fears...they are just worried and pretend everything is alright, but it’s not! You keep smiling, you keep going and pretending everything is alright, I’m happy, like before, but it’s not true, I think, you need to be your own case manager and drive your own bus! I’m kind of confused, I appreciate having a big family and love to be with them because it helps me go forward like before, helps me forget it (cancer) and reminds me I belong but, you know, it’s just like a blink of an eye. It’s behind that door, Knock knock. (laughs) (Suzanne, 53)

Suzanne differentiates happiness in terms of inside and then the outside. For her, happiness is temporary, superficial, and showy. She is attempting to be herself with all the emotions she has. She tries to find a balance between being happy for herself and for others, although she is still unsettled. Like Nick, she appreciates her belongings as motivation to “go forward” and distract the mind. She has started a reflective stage and is looking for making a balance between her internal and external worlds. Unlike Jennifer and Geoff who lived with a Shangri-La worldview and ignored the reality of cancer, Nick and Suzanne believe in the existence of reality by “it’s still there” or “behind that door” but could not still adapt to the threat. Therefore, the teeter-totter symbolises disposition of consumers who face a dichotomy between the pre-established self vs. the transformed self, rebellious feelings vs. self-training emotions, bargaining vs. surrendering, ignorance vs. learning, appreciation vs. depreciation, having vs. being, and eventually avoidance vs. acceptance. Unlike Shangri-La, consumers are consciously aware of the mortal and temporary nature of objects and material things in this worldview. Compared to the Furnace point of view, they appreciate life’s opportunities and have in some way started to have an adaptive approach to the threat.
Nick and Suzanne’s narratives mirror a fluctuation between a normative and informational identity style (Berzonsky & Ferrari 2009; Berzonsky & Kuk 2000, 2005). Their primary focus is on defending and preserving a pre-existing identity structure, but confronting the self-discrepant information leads them to self-exploration, introspection, and self-questioning. They preserve past ties and engage in activities to describe a life of normality and conformity to significant others but, simultaneously, feel detached from others. They are becoming skeptical about their concept of self (Berzonsky 1990) and start analysing their new life reality. Indeed, they consequently reflect on their situation to find a way by which they can live life more peacefully without the annoying self-conflicts.

Although their past ties help them retain a sense of continuity and moving on, they are aware of their deviation from their past habits. They are teeter-tottering between their own notions of an ideal identity and their narrative-normative self. There is a juxtaposition between divergent identities that makes them imbalanced and confused. They need to learn how to reconcile the competitive selves of identity in order to live peacefully in the existing reality with themselves and others. They are learning to accommodate cancer in their existing identity structure so that it becomes an integral part of the concept of self. They are confused between what they were before and what they currently are as cancer survivors. They also perceive themselves as victims of cancer and feel vulnerable but compared to the Furnace worldview, instead of disengagement, they are learning to adapt to the new situation. Compared to David in the Furnace viewpoint, Suzanne feels unhappy, detached, and impoverished on the inside but she is attempting to be perceived as accommodating, happy, social, and caring for others like she did before.

The main difference between the Teeter-totter and Furnace worldviews lies in the difference between reflection and rumination. Although both rumination and reflection involve a great attention to the self, they differ in the following way. Rumination is "self-attentiveness motivated by perceived threats, losses, or injustices to the self", while reflection is "self-attentiveness motivated by curiosity or epistemic interest in the self". According to Trapnell and Campbell (1999), rumination is overly analytical and maladaptive because it portrays cognition over operation and perpetuates a depressive symptomatology. While, reflection is experiential and adaptive as it is described by non-judgemental reactions to experiences in the present moment. The next section discusses coping behaviours that consumers with a teeter-totter worldview enact through their consumption lifestyle.
4.1.3.1 Coping behaviours in Teeter-totter

The coping behaviours applied in this worldview reveal the dichotomy that consumers have in their consumption practices. Their paradoxical consumption behaviour in the post-diagnosis phase reveals a sense of ambiguity within this worldview. In the Teeter-totter worldview, consumption items have three paradoxical uses: avoidance vs. acceptance, escape vs. exposure, and self-deception vs. self-learning.

Paradoxical Approach

The narratives on Nick’s consumption indicate that he has preserved many material items in post-diagnosis episode, except for the few changes through more drinking, smoking, and reading. He is prone to consume more alcohol and smoke more marijuana to avoid reality and find short-term happiness. Nick reads self-help books to accept the new reality and not be consumed by thoughts about cancer, death fears, and distressed emotions. His avoidance-acceptance behaviours are evident in the following statement:

*Well, now I use alcohol more and more, it’s a kind of enjoyment, kind of forgetting, but after that it’s still there! But I don’t care and drink again (laughs)....Oh I forgot, I smoke even more with Jack, Steve (retired friends) throughout the week. Sometimes marijuana when we meet up. I don’t like to say I look after myself, I want to say I rub myself off (laughs)!! Being with friends means I’m still here but after??(Shaking head with very sad smiley face). These days, i read books a lot more than before (pre-diagnosis), after reading you don’t know what to do, you just do it. The books just help you teach yourself things, like meditation, like hypnotism. Teach yourself to be prepared, just like going to a party!!! Books remind you of things you have, not things you lost, things you get, not those you’ve lost!!! Learn to be yourself, not what others expect of you...everything will be gone tomorrow...yes, it’s a teacher, but just of the theory, knowledge - your task is to put it into practice ...yes, it’s yours. (Nick, 64)*

The books he reads provide adequate ammunition for a transcendent pilgrimage; a rich parable about a pilgrimage from anger, frustration, and intolerance to acceptance, adaptation, and resilience. Nick is not a prepared pilgrim but is still in the process of practicing and learning the doctrine and tenets of transformation. He is still in oscillation between his
previous self, previous belongings, previous worldviews and training to construct new concepts and a new ideology that is mandatory for a profound change to occur.

Indeed, Nick’s avoidance behaviour (e.g. substance abuse) means he loses contact with unpleasant realities and so he may retain a trauma symptomology over an extended period of time (Follette & Vijay 2009). Consumption items provide short-term happiness but also prepare him for a transcendent conversion experience. Therefore, Nick’s coping response to threat is summarised in two ways: firstly, an increase in maladaptive consumption behaviour for the purposes of reality avoidance; and secondly, increasing adaptive consumption for the sake of acceptance and self-awareness. Although he is prone to preserving past ties such as family and old friends to inculcate his existence and continuity in the community, he is learning to ascribe more value to the concept of “being” for his own sake rather than “being” for others (meeting significant others’ expectations).

Sarah, 39 years old, is a survivor of breast cancer and is now at advanced stage III. She is also dealing with the dichotomy of coping through her consumption lifestyle. From one side, she engages in death-ritual consumption (Bonsu & Belk, 2003) by attending funerals and applying an exposure strategy to overcome her fear of death. From the other side, she has stopped attending her online support group in order to get away from regular confrontations with others’ bad news:

Now, going to funerals more, especially those for cancer patients. My counsellor asked me to expose myself to it. Pretend it is my funeral and I have to give the eulogy. I ask myself what you would want your life to be about. What would you like them to say about you? Sooner or later, everyone will die one day, you are not alone in this struggle. I would like a dignified death. I accept that I’m going to die because everyone dies, I’m being told to not worry about it, and she (her counsellor) says what’s the benefit of worrying about it?...Nothing, I know! But I think it’s normal to have a fear of death. Attending a funeral is just like finding yourself, reordering your life purposes, and that’s OK, but I’ll never go back to that crazy group (breast cancer online support group) anymore, you won’t learn anything, it’s just scary, I don’t like spending my whole life worrying about something that will happen to all people, they always send their prayers to the patients, but praying for what? Dying sooner??? Why? It’s crazy! It’s scary, you talk with her today and tomorrow she won’t be there anymore!
Really scary, it’s a waste of time, preferred to deactivate my Facebook account! I missed them but... (sad face) (Sarah, 39)

Sarah went through exposure therapy to deal with the fear of her own death but, simultaneously, deactivated her Facebook account to escape news about other people’s deaths. Her simultaneous experience of escape-exposure for the same object is synonymous with the concept of *consumer ambivalence* in which consumers have an internal experience of mixed emotions (Otnes et al. 1997). Consumer ambivalence has been written about in studies on skydivers or gift-giving consumers (Celsi, Rose & Leigh 1993; Sherry, McGrath & Levy 1993). However, what differentiates Sarah from other consumers with the same experience is that her mixed emotions are recognised within two different contexts.

Death for Sarah is peaceful when analysing in the context of self but fearful when sharing with others. For her, attending a funeral is like an exercise in self-diagnosis and self-attentiveness, giving her a sense of meaning and purpose in life. At funerals she experiences a peaceful and serene loneliness that helps her finding meaning in the concept of self and the world. However, attending a support group and interacting with others means regular confrontations where the aftermath can be scary. She stopped talking with cancer survivors because she is afraid of their possible death. Like David who engaged in voluntary loss with a Furnace worldview to retain his authority, Sarah is also attempting to deal with the concept of death through the context of self, where she feels agency and mastery of the situation.

From Sarah’s point of view, in the support group there is no any opportunity for reflection, self-attentiveness or self-discovery and you are enforced to face the death of friends. Both David and Sarah’s behaviours helped the researcher fully understand how tension between two opposing identity facets may be negotiated, which is known as an identity connection-autonomy dialectical theme (Ting-Toomey 2017). It is a situation where she is thinking, discovering and finding meaning in death, but she decided to leave her cancer support group and so escape from thoughts about death. She mentioned that facing death is frightening and that is why she deactivated her Facebook account. Her narratives show that she accepted death but conditionally, and when she is alone with herself.

Sam’s paradoxical consumption lifestyle following the diagnosis reveals an oscillation between self-learning and self-deception as a form of coping (Lazarus and Folkman 1984). Self-deception occurs through preserving normative concepts and self-lecturing through learning from like-minded others.
I’ve become less religious now! I don’t go to church as often, I don’t read the Bible as often. Churches promise that we will have it if we just believe it (hope), but in reality, I don’t know! I have to admit that the ritual can bring a kind of peace, but you know, by its repetition it may lose its original meaning. It may not work in every situation that you are in, I don’t know!!! Religion is like a road if you want to end up in a prison of your own making, otherwise better to try the yellow brick road, but it (religion) makes you hopeful. Now I prefer to be more in our own community (support group) than church because no one really understands your language unless they were brought up with it. We are ourselves with our own language! We believe that anything is possible because we see (sad face)! But, you know, sometimes you need hope to keep moving, but I don’t know how to say that, it’s not hope it’s like lying to yourself! Sometimes, you know, maybe, you know, a sweet lie is better than a bitter truth, sometimes (laughs)!!! (Sam, 59)

In the excerpt above, cancer caused Sam to start questioning his pre-established norms and religious concepts such that his definition of hope is becoming non-religious in character. He makes a distinction between hope and reality. Although he is explicitly aware of reality and seeks more sensible and newer concepts through being in contact with like-minded others, he is still attached to traditional concepts. He is still engaged with rituals as these helps him with an ongoing narrative flow of the concepts of life/self. His attachment to past concepts is a form of self-deception but it permits Sam to live according to previous patterns of life. Indeed, Sam is fluctuating between retaining traditional concepts and learning how to adapt to newer and more sensible concepts.

Like-minded others in support groups provide approval, support, and help Sam to redefine his identity and consumption lifestyle. Sam’s consumption behaviour is in stark contrast to Sarah’s strategies, although both are teeter-totters in their consumption habits. Sam prefers to share his worries with like-minded others and through social interaction, he attempts to expose himself to the facts of this disease. However, for Sarah, attending a support group is intolerable because interacting with people who have similar problems means regular confrontations with death. Sharing for Sam means gradual learning and acceptance of the situation, but for Sarah it means enforced endings about people’s lives. In his remark, “I’ve become less religious now! I don’t go to church as often, I don’t read the Bible as often”, Sam is practising identity negotiation. His behaviours mirror consumers’ behaviours as documented by Dommer et al. (2013) when some consumers simultaneously engaged in
identification and dis-identification or less identification, where they feel a sense of belonging and being different at the time. He goes to church less often and more to the support group to find a balanced and reasonable position in the world. His behaviour also signals another identity dialectical theme; identity inclusion-differentiation (Ting-Toomey 2017).

Leyla’s story also symbolises a dichotomy of coping through her consumption practices. Leyla is a strong Muslim who has recently realised that those Islamic indoctrinations she grew up with now seem impractical in some contexts. She is still Islamic in her beliefs, but the cancer diagnosis interrupted her idealised perception of religious truths. She has started practising relaxation strategies to find a more flexible belief “to work everywhere”:

There is cancer on the one hand and everything else in my life on the other. I’m a patient with cancer and this outweighs the rest of my life. You need something to tie a knot and hang on to! You know what I mean? You need hope. You need a miracle! I’ve seen many miracles in the form of diseases, there are cancer patients being healed; if God did it for them, He may do it for me! This is what you need to hang on to! But...hmmm...sometimes I ask myself how long can you hang on to a maybe impossible dream, Leyla? It helps me, but you know, it’s a lie! It’s like you know it’s an evil, but think it’s a decent angle. It’s not believable! I’m not gonna be an atheist, but I know it’s not the truth. I need something to define a better story, I need something more soothing to help slow down my mind, I need something stable, to work everywhere. I recently attended a group meditation to find how others deal with it, to find something positive, if I could find it, I’ll change the others’ mind. But you know, when it makes your face wet, you just need a miracle! (Leyla, 64)

Leyla is also fluctuating between lying to herself and learning new ways of thinking. She uses her religious beliefs as a source of emotional support or as a vehicle for positive reinterpretation and hope. Like Mary in the Shangri-La worldview, she has been always a believing woman, but she recently felt confused about her beliefs and started to learn a better way to define her life story and to find “something more soothing”. Leyla still wants to be engaged with miracles and religious beliefs as “something to hang on to”, but she needs new answers to her questions, her worries, and her doubts. Meditation is her new core activity that teaches her to define how she can live better as a believing woman who has cancer.
In the consumer literature, the lying (deception) strategy has emerged through consumer-to-consumer interactions where the public and private self are kept separate (Argo, White & Dahl 2006; Sengupta, Dahl & Gorn 2002). However, both Sam and Leyla engaged in deception and lying to themselves to keep continue their existing identity. For Sam and Leyla, cancer triggered an awakening of their normative religious identity and caused them to question their previous ways of thinking about self/life. One main difference between consumers in this worldview and the *sensitization* stage in Cherrier and Murray’s study (2007) is that although Sam and Leyla are also reflecting on and actively questioning their existing normative lives, they are still attached, respectful, and believing in the norms. They are teeter-tottering between what the norms say to them and what they recently discovered. They are teeter-tottering between how they should be or what they should do in light of past learnings/norms and how better they could be or could do through new ways of thinking. They need their normative religious self in order to move forward, especially during emotional tear-filled days, but new thoughts and facts are necessary so that they find a balance and peace in their lives.

4.1.4 Reincarnated

Through the Reincarnated worldview, consumers have experienced a big change in mode of thought, feelings, behaviours, and subsequently their post-diagnosis consumption. It is a state of being where consumers feel a “quantum change” (Miller 2004) or dramatic transformation at the level of their identity. Consumers with this worldview accept the reality of threat as it fully appears and attempt to live without conceptualisation and judgment. They seek adaptation, change, reconstruction, and even more enjoyment in their lives. Their present-centred focus, non-evaluative, and non-conceptual approaches to reality stop any biases and misjudgements in their mode of thinking. This leads them to adaptive or less maladaptive management of the threat. In fact, consumers with this mode of thinking logically accept the new self and attempt to live with the threat as what it really is, rather than what it represents to them.

Compared to the Shangri-La perspective, Reincarnated consumers completely accept the existing reality with an open attentiveness rather than a positively biased approach. Indeed, they have reached the final stage of the Kubler-Ross grief cycle (1975). Compared to the Furnace concept, life for them is replete with priceless moments that reincarnated consumers cherish. They certainly feel voids inside themselves, and undoubtedly find discrepancies between actual and desired versions of self. However, they know how to deal with this and
feel satisfied with their lives. Compared to the Teeter-totter approach, they are completely at peace with themselves, others, and life itself. They have reached an agreement about who they want to be and what they must do. Their approach to the self is explorative and dynamic in character, rather than static and habitual (Deikman 1982; Berzonsky and Ferrari 2009).

Peter, a 48-year-old plastic surgeon who has experienced a recurrence of prostate cancer has faced formidable challenges in his life. Peter’s complete loss of libido has impacted on his sexual relationship with his wife such that he currently lives with his son. Cancer has completely changed his identity by destroying his social role and maximising his paternal role. Although the multiple roles he had throughout his life are greatly impaired (e.g., surgeon, work colleague, friend, athlete, and spouse), he recognises cancer is a major milestone in his life. It is one that contributes to the evolution of a new self with new thoughts, feelings, beliefs, and behaviour.

**Peter’s life story**

_I’m not the same person I was before…I’ll never be able to go back to my job…I can’t even focus on my affairs. Let me define who I was; I was a tennis player, I used to handle two-three operations, all in a day!!! I used to eat a huge plate of food, large portions, but now I’m just sitting, lying, and eating a liquid diet!!! I guess…some people who I was very close to just kind of vanished!!! I’m not upset at all…maybe because I worked with patients like myself and it’s a rule of life, ebb and flow…It (life) is not desired, but it’s not bad, it’s being, it’s real, it’s him. Advantages and disadvantages, many things have come with it (cancer). For me, it was not a shock at all, was just like taking off my glasses and seeing again. The new vision, the new version of life, and you can see a lot of things in the world and others that you’ve never understood before!!! Even in Peter, in myself!!! Being in a bottomless hole and trying to fill it with house, car, sex, fame. Can you? You can’t fill an infinite space! Don’t expect too much from yourself, it harms you from inside, my life is my son now, I live for him. (Peter, 48)_

As the remarks above reveal, cancer has triggered a reflection process in Peter’s mind and he has perceived conflicts between his current sense of self and his previous self, yet he never became captivated in the Furnace concept of negatively evaluated thoughts and feelings. His social identity and the core element of it – his masculinity – have been affected. The term “hegemonic masculinity” truly describes his disposition. The notion of hegemonic
masculinity is the dominant form of masculinity and it refers to toughness, power, success, and self-sufficiency of a man (Wall & Kristjanson 2005).

Cecil and Parahoo (2010) associates hegemonic masculinity with phallocentric sexuality and explains that the men who are no longer sexually virile feel utterly humiliated and embarrassed due to marginalised forms of masculine identity. Although cancer devastated his social, professional, and more importantly, his masculine identity, he never perceived cancer as a stigma. Peter’s attitude reveals that stigmatisation depends totally on meanings and attributions that individuals make. For some people like Peter, cancer is not a stigma induced identity threat but only a challenge to one’s identity, due to how they approach life (O’Brien & Crandall 2003). Peter’s statement reveals that although impairment of his multiple roles led to the loss of his pre-diagnosis identity, he emphasises other selves in order to form a new identity. Oliffe (2005) believes that although the male body may lose its sexual potency, a man could attain masculine power in other areas of life such as family. Peter offsets his lost strength and sexual impotence by concentrating on other areas of his life, such as fatherhood. He experienced self-conflicts but dealt with them by choosing a paternal identity. He attained a new sense of satisfaction. For Peter, one facet is enough to keep him fulfilled and satisfied. Fatherhood is an identity that allows him to enjoy a new worldview.

Compared with the Furnace worldview, although Peter attempts to bolster his parental identity like Laura did, he feels neither devastated/helpless. He neither delays acting on conflicts of self nor employs an avoidant response. The metaphor “be in a bottomless hole” means that he put himself inside the conflicts and takes the view of emptiness. His approach reflects the concept of “observing the self” coined by Deikman (1982) and “knower self” by Brown et al. (2008). Peter accepts the conflicts but never feels deficient because he has been deeply saturated with his fatherly role. For him, being a father is enough to live happily despite all the voids in his identity. Fluid compensation behaviour (Mandel et al. 2017) is evident given he values one aspect of self (e.g., paternal self) which reduces the gap between his actual and desired identity. This can be also found in the Meaning Maintenance Model (Heine, Proulx & Vohs 2006) when an individual overcomes a discrepancy in one dimension of self by finding meaning in another dimension.

Wendy’s life story

Wendy, 55 years old, a supportive wife and mother of four sons, is a survivor of localised advanced breast cancer for 14 years. She has been working as a helper volunteer for a charitable organisation in Bendigo for 12 years. Her sustained effort, persistent dedication,
and her informed choices led her to an effective dealing with harsh realities of life. Perpetual walking through the maze of life has taught her how to adjust the ship of her life with rudder of self-determination, self-reliance, and tolerance in the stormy days. The values attached to her concept of self as a tolerant, sovereign, and devoted woman helps her tackle the formidable difficulties of her life. Her stories through her interview show that Wendy has experienced a reincarnated view on her emotions, beliefs, thoughts, self, and her life through the cancer journey. She explained that when she was diagnosed with cancer, she became overwhelmed by negative emotions and behavioural disengagement. She compared herself with idealised others and then she felt useless. However, she acknowledged that when reviewing her life stories, episode by episode, she could change her worldview, identity, and eventually her lifestyle. Now, she sees cancer as a part of her identity and attempts to live with it:

*I was diagnosed in 2000 and at first, I felt numb in my thumbs. I wondered why I couldn’t find this lump in self-exams, it was quite big, a half inch out of scale! I was quiet at first, I couldn’t get out of bed or leave the house, I just felt miserable when I compared myself with my cousins, we are the same age, the same background, but I’m going to die? For around six months, I stayed at home, feeling left out of everything, I was just like a vicious barking dog (laughs). Just repeating this sentence; it’s not fair! How could I go with a bald head? With my breast cut off? I wished I could undo it! I cried in the kitchen! In the shower! On the toilet! Even, I thought about suicide! I looked at the past, my life, my sons, I said; hey how did you handle four naughty boys, debts, shortage, loneliness? No family support, no money, nothing, lived with nothing!

After 34 years of marriage and living with four sons in Tasmania, Queensland and Victoria, I can say that cancer is not a big issue now. Of course, it is part of my life, but just a part!!! I’ve seen myself as a teacher in my life, a teacher that helps you try, experience and learn. In my twenties, my life was like a small boat in an ocean of problems, no money, no job…naughty boys, but what did I do? Everyday normal things with patience, hope and wisdom. The problem was there, but I was a good mum, a good wife! I enjoyed packing lunch for boys, helping them with their homework, watching kids playing sports and making scrambled eggs. I did gardening! Once a problem came, I grew a tree (laugh), once life made me
Weepy, I added a flavour to my garden, I have a lot of basil now! The boys have grown up, the trees have grown, the houses have been bought, the mortgage has been paid off, the boys have graduated from good unis and two of them have got good jobs! See! They came and went, Everything was achieved by patience and good choices. I don’t believe in anything (God…), I believe in myself, I believe in what I’m seeing, the sun, the moon, I believe in what I feel, what I know, what I do, what I experience. Before each appointment for a medical check-up I cry, because I prepare myself for any bad news. I am ready for everything, while staying hopeful. I am ready, should be, life ask us! You need to be matched (Wendy, 55)

Wendy’s first statement reveals that she had been in a prison of her own thoughts and was like those consumers with a Furnace worldview. She had applied an evaluative and ruminative approach toward herself and frequently compared and perceived conflicts and gaps between her current sense of self and the ideal she desired. However, Wendy’s second statement reveals that she is now a “knower self” (Brown, KW et al. 2008) because she is now master of her own consciousness (thoughts, feelings, and behaviours). Her narrative clearly reveals that she has experienced a big change at the level of her identity. At first, she was sensitive to being stigmatised by cancer (How could I live with a bald head?), but now she has identified with the Bendigo cancer support group. She can work on her personality characteristics and her level of stigma sensitivity (Major & O’Brien 2005).

Wendy initially perceived cancer as an unfair death sentence on her life. However, later, she accepted cancer as an integral part of her self/life. She worked on her personality, her perceptions of life and formed a new attitude and new identity. This new identity lives in the present and lets her experience things first and then find a solution. Wendy’s life story was one where life challenges made her desensitised and resilient. Her second statement shows that she is completely open to self-diagnostic information and also prepared for any potential bad news. Living a Reincarnated worldview, she strongly believes in herself and whatever she experiences through her journey. She is also prepared for any alteration to be “matched” with her life events. For Wendy, “they came and went” means that problems she faced were like the waves in the ocean of life when she was in her “small boat”. Her previous learnings have taught her not to be stuck in negative thoughts and feelings when problems appear. Her open worldview portrays a mindful view when one is in observing that thoughts come and go (Brown et al. 2008), and therefore he/she never becomes captured by the Furnace perspective as long as he/she feels a sense of self-worth in his/her awareness.
In some aspects, she is very similar to Geoff with his Shangri-La worldview. She benefits from her autobiographical memory (Conway & Pleydell-Pearce 2000) as an example of concrete evidence as how to cope with her difficulties. Like Geoff, Wendy's life story also serves as powerful repository of tolerance, resilience, and autonomy. What differentiates Wendy from Geoff is that she accepts cancer as a part of her identity which she needs to live with. Although her identity has been infrequently affected through her cancer journey (her cancer recurrence), she consciously accepts the reality and normalises not only the reality but also its emotional turmoils. In other words, she wisely accepts the threat and rationalises any painful emotional expression for herself. It is an exercise in actively and deliberately choosing strategies to renew her self-worth. Counting one’s blessings helps to improve the individual’s enjoyment and well-being (Beaumont 2011). For her, life returns/rewards are the therapeutic applications that renew her self-concept, which is closely associated with self-reliance, self-determination, self-tolerance, and self-gratification. The successes Wendy attained throughout her life are proudly defined as a “being identity achieved” person (Berzonsky & Ferrari 2009). Wendy associates her competence and her self-esteem with her deliberate choices, her authentic acts, and her realistic attitude. The excerpts below depict how other consumers with this worldview think about the reality of their lives:

*Living real is how I choose to live. Some people think I'm giving in to "Cruella aka my cancer" when I'm really just facing what hits me. Living daily is the way to live! (Skye, 36)*

*My reality has shifted and my future is uncertain. Who knows what will happen? Good or bad? I want to live every day and take advantage of every opportunity as life offers. This is my version of being positive, rather than hope. (Martine, 52)*

They remain flexible, prepared, and open to the reality of life and because they accept variations of reality, they find the self as reconstructed, re-appropriated and re-explored subject to the newly arrived objects. The next section focuses on consumers’ coping behaviour within the Reincarnated worldview.

### 4.1.4.1 Coping behaviours in Reincarnated

Coping behaviours within the Reincarnated worldview are a constellation of *resurrection, recompense, and reconstruction* approaches. Within this worldview, consumers sanctified and resurrected discarded materials by digging up or looking for the truth. They consumed
material goods for the purpose to recompense for identity loss or reconstruction of their impaired identities. They also preserved some parts of the past identity to ensure their identity was a continuous one and lived life as usual. This corroborates the concept of “identity work” devised by Becker (1997) and “self-controlling skill” advocated by Dirksen (2000). They both emphasise the role of self-management in the identity formation process during incurable illnesses.

**Resurrection approach**

Peter’s acceptance of his reality and being in harmony with it is not to imply he is passive. His reformed behaviour regarding his wife’s possessions in the post-diagnosis phase shows that Peter is mindfully active in changing his cognitive framework of meanings about self, spouse, and life. The comments below show how he engages in resurrection strategy to remove his pre-established attitudes and create a new mindset. This transformation will allow him to maintain a present centred attention to life, enjoy consuming goods and services, and consciously keep his unpleasant feelings and thoughts under control. His new mindset accepts what it really is rather than what it represents to him, and also without critical evaluation of self/others/life over time:

_I’m not angry with her (his ex-wife) anymore! I have learnt to put myself in others’ shoes; she is right. She is still young, smart and skilled, she can have a fabulous future...so I put her Tintin book collection back on the shelves (laughs) (several months ago, he packed his wife’s belongings and put them in boxes in the garage as they made him angry and anxious). Life is here, here and now with you, with me, with him (his son). I enjoy drinking coconut water now like I used to enjoy drinking vodka with caviar and cream cheese (laughs)! I enjoy forgiving and donating now like I enjoyed saving before. Just enjoy it! Why not?! No flashbacks! Don’t fight with life, just see what it has to offer, you can be its fellow, you have to be! No point, this is life being offered to you and you just choose, between enjoying yourself and fearing, between fighting and doing, doing things for yourself, cheering yourself up when you’re having bad days. You can be fighting or doing, it’s a mindset, you know. You have to live. See what happens next! This is a rule of life, adapting yourself to life while enjoying and appreciating the minutes! (Peter, 48)_
Peter has left behind his pre-established mindset which had been polluted with anger, resentment, hatred, and judgement; he has created a new mindset sanctified by forgiveness, sympathy, cheer, and happiness. Through relocating consumption practices, he resurrected the *Tintin* collection that he had already decided to dispose of, due to his anger and hatred toward his wife. Cancer for Peter was a way of rethinking and reorganising his mindset. The metaphor “to be in others’ shoes” implies that his mind is no longer involved with pre-established patterns of thought and expectations regarding others. In fact, he accepts others in a way that they exist without any misjudgement and labelling. His attitude to his wife reflects a mindful individual who takes interest in others’ lives by quieting his ego. Therefore, he is less motivated to react impulsively and destructively (Brown et al. 2008). Also, his approach to life with its ups or downs, is dynamic and imbued with acceptance, appreciation, enjoyment, and tolerance, which all originates from his way of being as an open rather than self-enclosed identity (Thompson & Zahavi 2007).

Through four hours of interviews with Peter in two consecutive sessions, unlike the Teeter-totter worldview, he was completely at peace with himself, his wife, his friends, and his life. His remarks show that although like others he follows some aspects of his identity (e.g., parental role) to retain continuity, he accepts the reality with whatever it brings (e.g., bitterness or sweetness), neither with positivism like the Shangri-La worldview nor with the negativism of the Furnace perspective. The metaphor “fellow” in his explanation about life articulately interprets his stance towards life. Instead of defending or fighting to preserve people or things (e.g., spouse, job, skills, friends), Peter prefers to be a flexible and cheerful playmate. Consumption items no longer serve as a load or heavy burden in consumers’ lives but rather they are sanctified by digging up the truth. Consumers in this worldview believe in “doing” instead of “fighting”.

The following narrative involving Amy will clarify what consumers mean by “doing”:

> I always told Anne (her daughter), look, you have still space, so keep it, one day you’ll use it! I always hated satin outfits, our wedding was planned for December 1989. From the spring, Bob and I worked very hard to pay for all the wedding costs so as not to need help from our parents. Three months before the wedding, his mum gave me her ivory satin wedding dress to wear on my wedding day! I’ve got it but I never used it, honestly, it was more suitable for blankets or bedding accessories! She was very disappointed in me as it was her mum’s wedding dress too! For all these years, I’ve kept it at the back of my wardrobe and whenever I cleaned out the wardrobe I asked
myself, are you going to keep it for next 26 years? You'll only wear the stuff you actually feel good in, this is taking up space in your wardrobe!!! (Amy, 46)

You know, it (cancer) hit me, hit me hard to know more about this game (life), I don’t think like a young girl anymore and just try to live without feeling a twinge of guilt, twinge of guilt for not taking action, for not caring, for not doing, I try to do something! Not for others, but for myself!...so, I said to myself, hey, wouldn’t this (her mother-in-law’s dress) make a beautiful wedding clutch for Anne? I took a pair of scissors and with extra special care, I covered satin in ivory lace. When she laid eyes on the finished project, she was just astounded. On her wedding day she received a lot of compliments from her friends about what a classy and elegant bride she looked with this clutch. Now, this clutch is a mix of three of the most amazing days: Anne’s wedding, her grandmother’s wedding, and her great-grandmother’s wedding. I turned the satin dress into a beautiful family heirloom, which she wanted me to do, I think; she is more than happy now and more importantly, I’m just like so happy for myself. (Amy, 46)

Amy, a 46-year-old survivor of lung cancer, repurposed the satin clothes that she thought unwanted and disliked one day, for a bridal clutch. For Amy, cancer was also an opportunity to re-explore and re-discover her concept of self. Cancer hit her and caused her to re-think her life and dig up her past. Following her diagnosis, she decided to solve the heavy burden she had carried for all these years. She removed the family burden from her shoulders and turned what she thought as futile and space taken up into a heritage and family heirloom. She negotiated between her mother-in-law’s wants and her own wants. She covered satin in ivory lace as she never liked satin and changed it into what her mother-in-low loved and always wanted, a family heritage. Via space management, she taught her daughter to keep her consumption items in order to live without regret or a twinge of guilt. Amy’s consumption behaviour was similar to consumers’ responses to the custom conflicts (Otnes, Lowrey & Shrum 1997) when brides and grooms negotiated between what is compatible with their own self and what culture and familial norms dictate.

The resurrection strategy has been also noted in the consumer research literature (Cherrier & Rahman 2010) but what differentiates participants’ resurrection strategy here from others is the fate of their consumption items. Cherrier and Rahman’s informants experienced consumer resurrection or redemption through disposing of their materials/possessions and reducing their
consumption/accumulation lifestyle. However, Peter’s resurrection strategy was identified through holding on/storing the items that he had already decided to get rid of. Similarly, Amy’s resurrection behaviour turned an impractical item into a family heirloom. Indeed, participants following this worldview returned discarded material and possessions to their consumption lifestyle patterns.

Within the Reincarnated worldview, cancer has changed the life attitude of consumers such that they laugh at the things they thought actually mattered. For them, life is like a game imbued with desirable and undesirable episodes in which a good player just learns how to be the best player. Consumers are neither winners nor losers but are simply players; they neither fight for life nor give up on what they really want to “do”. By relocating and repurposing items, consumers resurrected what they had previously identified as annoying and unwelcome. Indeed, they believe in “doing” instead of fighting and striving. Doing things for themselves makes them cheerful and satisfied even with life’s disruptions. Cancer has hit them and led them to observe and explore what life brings them, no matter how helpful or hurtful it is, and they just do whatever keeps them peaceful in living with reality.

**Recompense approach**

For consumers following this worldview, pre-existing ties are not only perceived as motivation to continue things but also as recompense for losses. They never attach themselves to past habits but instead, are tied to what currently exists which helps them live at peace with the new reality:

> To me, these (Lego bricks) are precious now!!! I found myself here, with him! My life is him (his son). I play with him, I don’t know, I just do it. Do it to refresh yourself, to revive. You can’t believe how enjoyable destruction and construction is with such a nice playmate. My life is the same as the playground! He needs my help (laughs)...I don’t let him know my physical weakness, I’d like to be his hero even after my death. I do everything for him, I’m still his father and this motivates me to live. I have a lot more responsibilities and tasks at my home, here! After my death (tears), my position (at the hospital) will be occupied by lots of surgeons but my home???? Who will take my role as a father??? (Peter, 48)

For Peter, Lego is not only a means to be with his son as an intimate friend but also a chance to demolish the old content of his life and initiatively construct a new one. Lego helps to accomplish the concept of self that Peter anticipates, the self that is strong and has the
potential to cope loss of sexual, social, and professional aspects of his life. Indeed, through sharing consumption with his son, he bolsters his fatherly role not for the sake of escaping/denying/deleting the reality but for proving his “being” as a potent, happy, and satisfying identity. Peter insists on his paternal role which brings him self-esteem and self-efficacy which cannot be achieved in other life domains. Fluid compensation behaviour (Mandel et al. 2017) is evident in his valuing of his son’s possessions as recompense for what he lacks. In this way, he eternalises an image of his desired identity for his son, which is being strong, continuing, valiant, and effective. For Peter, life is like a “play”, a play that he enjoys every moment.

In spite of the many losses to his identity, there was no rumination, evaluation, and mental disengagement in Peter’s accounts. For him, cancer was like an opportunity for prioritising the contents of his identity. Indeed, reincarnated is the worldview of a person who has learnt to fully accept the new self but needs to retain previous facets that are necessary for that identity to continue. Peter’s fatherly role was a central and salient aspect of his identity which directed his consumption behaviour in a way that he compensated for his losses. Peter is not a skilled tennis player anymore, but he is a competent Lego playmate now. He has negotiated between being fully active, which is not doable anymore, and fully passive via a shared consumption activity with his son. He has negotiated between fighting and giving up by doing something. He has chosen between being a dysfunctional man and an effective father.

The story of Jack, a 57-year-old perfumista with prostate cancer, who has recently endured cancer metastasis, clarifies how consumers with this worldview deal with gaps in their identity. Like Peter, although he no longer has sexual vigour, he employed some strategies to compensate for his losses:

My story is a delight; you’ll thank me for the laughs! I’m a perfume lover, a perfume blogger, a perfume collector, a perfume addict, I’m a perfumista, I have a collection of perfumes, I know their histories and some of their stories. Each fragrance has its own memory! With new scents I just become hooked, I used to hide samples and full bottles from Jane (his wife) only to pull them out of the drawer at the right time (laughs), when she would then ask me, is that new? I would tell her, this? No! Really old! (laughs). I prefer to blog on perfumes, discuss scents and sniff all the time instead of repeating the big bang theory for my retired colleagues (laughs). This fabulous hobby meant I made fabulous friends. We have our own community, a perfumista community, I’m lucky as I’m fallen in with a perfumista group. We are
around 50 people and we have so much fun together. At the end of each season, we have a blind-smelling party where we have to guess a fragrance based on its smell. Living without perfume is like living without joyful scents and passion. We have lessons on herbs, spices, Arabian, Asian and European scents as well as sniff practices. We teach beginners with easy and fresh scents and then gradually expose them to more complex smells. We make them guess what cologne we are wearing (lesson of the day), it’s more like a game.

After getting cancer, I thought that this is a battle you don’t need to fight because you may not win, everything is possible, just go along with, it was like an alarm clock, you think about what you did and what you didn’t do. I’ve thought about what I truly love and dislike in perfumes. I had enough money to buy branded and expensive perfumes when so many people were hungry in Africa and many were struggling to heat their home! It’s not fair! I thought that our community’s rules need some changes! This passion needs truckload of money; I’ve stopped blowing money on unwanted perfumes. I’ve whittled my collection down to 15 high-quality perfumes. They keep me satisfied physically and emotionally, I can be still a happy perfumista with 15 bottles! I donated the rest for our community activities. They (the members) are responsible for ordering and collecting samples. Nobody purchases fragrance anymore, we participate in swapping, we share our bottles and save the money for fund raising. We’ve recently run a fund-raising campaign to help a perfume blogger with terminal cancer. We raised over $15000 for him to pay off the mortgage on his house. Instead of purchasing full bottles, we rely on sample packs or even strips. I’ve learnt that I can still be happy with wine tasting, cuddling, touching, seeing colours, I still have my other senses (laughs). I’ve changed and made changes too. Jane likes me to wear Chanel, but I stopped everything and restarted with Joop!!! You know why? It takes me back to my twenties, when I was a keen advocate of sex. It’s a little daunting but due to the spice, a dash of cumin, amber, sandalwood, it would absolutely work on men! (Jack, 57)

Jack’s statements embody how strongly he is still tied to the perfumista subculture. Similar to other subcultures of consumption (Arnould & Price 1993; Leigh, Peters & Shelton 2006),
mastery levels and discerned roles shape the consumer experiences of perfume addicts. The professional perfumistas train armatures to preserve the subculture’s identity. For Jack, cancer was like a bridge from the world of scents to the world of compassion and altruism. He changed and polished the subculture’s constitutions to legitimise the perfumista’s identity within the subculture. For him, donating and sharing things with other enthusiasts bestows a sense of satisfaction and self-fulfilment. Cancer led him to redefine the perfumista’s identity and this transformed him from a passionate over-spender into a compassionate supporter who supports both perfumistas and humanity.

In his interviews, Jack stated that cancer is like an “alarm clock” reminding him of the past (what he did) and the tasks he needs to accomplish within the limited time he has (what he didn’t). By reducing his consumption collection and subsequently donating them to the community, he not only stated his communal commitment to the subculture but also trained amateurs to value sharing and altruistic behaviours over purchasing full bottles. For Jack, a communal identity as both cancer fundraiser and perfumistas’ member has a cathartic nature as it keeps him in touch with the real world and his real self. His quotes revealed how he negotiated his identity in relation to the threatening reality. In recompense for what he identified as carelessness, neglect, and unfairness, he decided to polish the perfumista’s identity within the subculture. To overcome his sexual impotence, he engaged in nostalgic consumption (Goulding 2002) which helps him to remember his masculine ruggedness when he was in his prime. To substitute for his reduced perfumery activities, he has consciously engaged in various hobbies.

Unlike David in the Furnace worldview, Jack seeks items that remind him of his previous self-esteem and keeping his memories alive. His nostalgic consumption is not a way of reality avoidance, but instead, it makes his life more enjoyable and also makes his identity more fulfilled. When consumers are aware of the threatening reality, recompense strategies are adaptive behaviours as they help participants deal with the inefficiencies and self-deficit information. Consumers who subscribe to this worldview neither avoid nor escape their cancer. However, in consumer research literature, compensatory consumption (Kim & Gal 2014) has written about maladaptive consumption as something that causes consumers to deny self-deficit information in order to protect their identity. Kim and Gal (2014) defined adaptive consumption as “consumption intended to help the individual improve in the area of deficit”. However, the question which can be posed here is: how can a survivor consumer who has lost his sexual potency, spouse, job, and even his love of food forever, regain his
belongings or even improve within these areas? The insights generated in this research emphasise the context of cancer is different from other consumer research.

**Reconstruction approach**

Reconstruction is concerned with consumers who have detached themselves from many past habits and attempt to find new meanings. Wendy’s life story reveals how she could gradually detach herself from the Furnace worldview. Like all consumers with this worldview, she eventually accepted cancer as a part of her identity. She reconstructed the identity and the statement below reveals how Wendy’s consumption changes helped her do this:

> I said to myself; Wendy, stop Googling please! It just shows the statistics, the possibilities, everyone will die one day! I asked myself, are you sure you won’t die tomorrow in a car crash? My grandma died, my mum too, but peacefully, no Google around them! Let’s get on with the treatment and see what’s going on. I just didn’t care what Google had to say! I did continue my life and try to keep things the way they always were. The lack of energy and change in functionality was frustrating, but I did and finally could! Not many times, but I still cry, crying is not too bad! It means I am realistic, not optimistic! I’m ready because I’m familiar with the stories of recurrence as I work as an instructor for Concord breast cancer centre. I listen to others and see what they’ve experienced so I can’t say that it’s finished, but I can say it is important to do something, whatever helps you regain confidence quickly and easily, For me, stopping Googling and observing, just observing whatever I achieved, appreciation letters, ownership documents, boys’ graduate certificates and their success is enough. (Wendy, 55)

Wendy’s previous remarks indicated that she was initially involved with negative emotions and behavioural disengagement. Wendy’s transition from the Furnace to Reincarnated worldview was supported by quitting her Googling habit which had become a daily past-time. For her, Google was like a cruel torturer that imprisoned her in the furnace of negatively evaluated thoughts and feelings. Within the first six months of the post-diagnosis stage, she frequently compared and perceived conflicts between her current sense of self, her previous self, and others.

By removing Google from her consumption lifestyle, Wendy found the real rather than the virtual world. Now, her real world is imbued with observations, actions, and her fellows’ experiences. She mentioned that she had not received any external support and she was
emotionally saturated only when she helped herself. Interestingly, Wendy rejected and avoided any social support, but she started to work as an instructor and supporter for a cancer support group two years after her diagnosis. Through sharing, she relies on the real experiences of others rather than statistics. Her rejection of statistics is in stark contrast with those consumers following the Shangri-La worldview. Here, Wendy prefers to not rely on the statistics provided by Google as she believes in the real stories of cancer from like-minded others.

However, Jennifer’s Shangri-La worldview rejects statistics as she aims to bracket off cancer from her life. Within her transition, Wendy attempted to accept death as something normal, unpredictable, and prevalent. In her interviews, she stated how she also taught her group members to stop Googling and instead read cancer survivors’ memoirs. She also explained the range of consumption activities (e.g., reading, watching) they conduct to stay happy and real. For example, they have their own cookbooks, exercise programs (e.g., Pilates Mat, gentle Yoga, mind movement Dance) and even their own cosmetics. She explained they consume skin care products and deodorants that are free of dangerous chemicals which cancer survivors should stay away from. Wendy and her friends’ rejection of Google clearly confirms the concept of brand enmity (Kate, 2000), which is a shared strategic behaviour of resisting. Wendy and her fellows refused to google about cancer and instead chose to share activities, such as reading book, watching movies, and doing exercise together. This is an example of consumer resistance practices that helped the consumers in this study to reconstruct their identity.

For Wendy, being in a support group means she has deliberately assimilated and accommodated cancer as a facet of her identity and she is no longer afraid of being stigmatised by it. Therefore, the support group is not only a source of help during assimilation-accommodation identity process, especially when individuals need to deal with a new challenging identity content. It can also change consumers’ perceptions of stigma. Her approach to cancer is like that undertaken by weight watchers who want to normalise their identity by rejecting over-indulgence (Moisio & Beruchashvili 2009).

Wendy now has an open set of ideas that accept variation in self, others, and world. She continually attempts to help herself through observing, experiencing, and tolerantly doing things rather than conceptualising, evaluating, judging, and avoiding. The consumption behaviour that Wendy shared with the researcher also signals how she has projected her reconstructed ideology through her consumption practices. The consumption behaviour she described symbolises her ability to generate success and new accomplishments:
I don’t need too many material things to make me happy, I’m a terribly happy person, and the only thing that I spent too much on is this (a hand-knitted blanket). It comes from Mayer! Look at its texture, it’s very precious, it’s very hard to knit double diamond lattice and it takes a lot of much time. Have you been in the yarn and craft market? Oh, it’s fabulous, it’s luxury wool from the Bendigo wool mill. It was knitted by four knitters over a summer, that’s precious, I love it!!! I’m keeping it for my grandchild. It’s the only thing, nothing else. My sons wanted me to buy a smartphone but I’m not going to take any advice (laughs). It’s tired but it works well (Samsung T139), it’s Wendy (laughs). Last week I bought a pan and after washing it felt sticky and gummy, Jack told me why don’t you chase it up with the company (angrily)? And I said (gently) it just happened, it’s not a big issue, yes, it’s Wendy. (Wendy, 55)

Wendy defines herself as a non-materialist person. She repeatedly represents her character as a simple, tolerant, and happy woman through her consumption stories. A hand-knitted blanket with cherished patterns is an authentic possession for her. It resonates with symbolic values of tolerance and persistence which are needed in order to create masterpiece. Tolerance can be perceived as a virtue in the life of Wendy. Being virtuous and true to a set of moral values is typical of consumers who seek their authentic self through objects (Beverland, Farrelly & Quester 2010). Her consumption items reveal that they are far from opinion of others and she consumes just for her core, true, and authentic self to explicitly expresses that “It’s Wendy”, a tolerant and sovereign woman. Wendy seeks items that are imbued with pure and innate happiness rather than those that are finite or artificial feelings which commonly occur as the aftermath of passively relying on objects. Like Peter and Amy, she has decided to symbolically eternalise an image of her desired identity for her family. She wants to implicitly teach them to appreciate persistence and tolerance in their lives. Consumer behaviour for the purpose of creating a symbolic immortality of identity is seen in the lives of older consumers, when mortality becomes imminent (Price et al. 2000).

Wendy’s consumption narratives also show that she responds patiently when confronting dissonance in her consumption choices. Her non-defensive response to the Everten (Pan producing company shows that she has less negative sensitivity and less intensive emotional reactivity to negative stimuli now. She deliberately follows her true self either through the peaceful or stormy days of life. Her open view to the self and the situation shows that how she has become less motivated to fight or defend in difficult situation. According to Brown et al.
(2008) more mindful individuals manifest behavioural responses that reflect greater tolerance and less judgement.

Mina, who is 73 years old, explained how she has constructed a desired identity for herself by changing her attitude. She has transformed herself from an ideal-oriented and perfectionist woman to a flexible, lenient person. She is managing her budget so that she can try something that has been always her dream. Her approach to shopping has totally changed. She spends less time and money on groceries to have her desired options. She never thinks about the future anymore and just attempts to enjoy life to the fullest. Her world is not “black and white” anymore and she accepts all the colours of her life.

Dan, a 71-year-old survivor of lung cancer, described how his thoughts, feelings, interests, and consequently, his consumption have fully changed after his cancer diagnosis:

I was fairly keen on a luxurious lifestyle, an Audi car, Acma furniture, a Rolex watch, but now I’m not into furniture, cars or clothes anymore. I want peace, a simple life, I enjoy drinking Earl Grey tea, reading The Alchemist by Paulo Coelho and watching episodes of my life through family albums. This takes me somewhere...you know, extraordinary, no pain, no sin but shining and blessing. It’s like breaking an old skeleton. You became free, you know, no ups no downs just you being real, yourself, you’re not waiting anymore! You’re not scared anymore! It’s the only way to be in peace. (Dan, 71)

Dan is basically constructing his new identity by demolishing previous consumption items and having a new identity. His choice of a spiritual life originates from the Buddhist perspective (Gould 2006) and as a rejection of the consumerism that is so widespread. For him, the metaphor of “breaking old skeleton” describes the moment of leaving egoism behind him and experiencing a sense of self-release or self-liberation. His consumption habits clearly show how he reconstructed his identity by quieting his ego. Some narratives within this worldview illustrate that consumers seek consumption items that represent simplicity and sincerity, a feeling of ‘the good old days’, and humanitarianism, which all assuage the consumers’ psychological distress and facilitates adaptive coping processes. Dan’s nostalgic behaviour helps him restore a sense of social connection to where he belongs. This behaviour is recognised as a coping response in mortality salience situations (Routledge et al. 2008; Wildschut et al. 2006). According to both Wildschut et al. (2006) and Routledge et al. (2006), nostalgic behaviour is a means by which consumers cope with a threat of death to not thinking about it. However, Dan’s nostalgic approach is more about finding a meaning for his life than
rejecting the reality of death. In fact, cancer has activated the need for belongingness in Dan’s life and increased his desire for nostalgic items. He has accepted cancer and believed in its aftermath but is looking for something that provides him with a meaning in his life, in terms of belongingness and connection to the past. Both Dan and Wendy want to remember and watch the episodes of their lives.
CHAPTER 5: Discussion

This study explores how consumers negotiate their identity within a life-threatening situation and cope with the threat of dying through their consumption of goods and practices. The idea that identity is negotiated originates from the sociological writings of Goffman (1959, 1961) who asserted that individuals need a “working consensus” or agreement regarding the roles and the selves they enact in their interactions. Stella Ting-Toomey (2018, 2017) explains that identity negotiation refers to how individuals decide between what they are (personal identity) and what the culture, religion, social groups, family, and profession expect them to be (social identity). In fact, studies on identity negotiation within different contexts show what consumers do when they find contradictions between the selves they are (actual) and the ones they must/want to be (desired).

Postmodernist researchers, for instance Firat and Venkatesh (1995) perceive consumers with a fragmented and multiple sense of self with no need for a sense of unification. They believe in life’s paradoxes and in the juxtaposition of differences rather than reconciliation with inequality and conflict. However, others like Thompson and Hirschman (1995) and Murray (2002) believe that consumers negotiate to reconcile identity contradictions in order to generate a unified and coherent self. There is also another ideology that believes contemporary consumers possess a self that is like a ‘black hole’ into which consumers feed their identity with things they buy but which never ultimately satisfy them (Cushman, 1990).

All these studies focused on the solutions or coping strategies consumers applied when encountering identity conflicts but not in the context where consumers live with a threat to their mortality. In the area of consumer research, when mortality is made salient, consumers apply a wide range of defensive strategies through their consumption practices in order to alleviate this threat. For example, consumers have shown more interest in spending on pleasurable items, materialism, and consuming more resources in mortality salience condition (Kasser & Sheldon 2000; Arndt et al. 2004). Mandel and Heine (1999) also revealed that consumers prefer more luxurious and high status items in mortality salience scenarios. Indeed, within these studies, materialism as a way of coping functioned to protect/enhance consumers’ identity. Consumers indulged in materialism and consumption to bolster/extend their self as an existent entity. However, these studies addressed either post-mortem status experienced by observers or manipulated subjects in the mortality salience context. In both situations, individuals are indirectly involved in the mortality experience. The cancer context introduces different ways for the consumer to live life. Previous studies never revealed how
consumers engaged in negotiation between their selves. In other words, the manner in which consumers perceived conflict and processed the information before engaging in solutions were unknown. This research found four different worldviews through which consumers negotiate their identity and cope with the cancer threat: Shangri-La, Furnace, Teeter-totter, and Reincarnated.

5.1 Shangri-La

In the Shangri-La worldview, consumers approach the threat within an optimism and idealism lens. They are prone to selectively process information and favourably conceptualise the threat. They never absorb cancer into their identity structure and deal with it through an ongoing narrative-normative identity style. Within this worldview, consumers devise bracketing off and magic solutions to cope with the conflicts in their identity. These solutions originate from the worldview that envisions life as habitual, certain, controllable, and imaginable. Bracketing cancer off and believing in magic solutions resonate with the demarcation strategies in previous consumer research (Ahuvia 2005; Murray 2002). Demarcation solutions endorse one identity facet and rejects another.

In Shangri-La, consumers either were deliberately reluctant to talk about their cancer (e.g., Jennifer) or explicitly rejected its existence, and consequently engaged in consumption. In other words, they bracketed cancer off so that they would not be recognised as cancer patient/survivor/sufferer because they wanted to live like they did before their cancer diagnosis. Wilk (1997) believes that the products consumers reject say the most about their desired identity. For example, Hana packed away all her pink coloured goods (the symbol of breast cancer awareness) and Geoff rejected cancer support groups to avoid the stigma of this disease. Geoff, Jane, and Mary relied more on the power of normative facet of their identity and it far outweighs the power of cancer. Geoff, Jane, and Mary benefit from their autobiographical memory of identity, past achievements (Conway & Pleydell-Pearce 2000) as concrete evidence that they rely on magic. Geoff referred to both his grandfather and his mothers’ successful lifestyle in the past and his own past successes in coping with hardships. Jane referred to her past generation’s traditions about living a healthy life to confirm the sufficiency of her normative Asian identity in coping with disease. Mary also referred to her past experiences of miraculous incidents to bolster the role of her normative religious identity in getting through tough times.
Compared with coping strategies, terror management theory (TMT) asserts that individuals use two main defensive strategies in order to assuage or manage the threat of death. Defence of one’s cultural worldview and attempts to bolster/enhance individual self-esteem are recognised here (Greenberg, Pyszczynski & Solomon 1986; Greenberg et al. 1990; Pyszczynski et al. 2004). Jennifer enhanced her self-esteem via increasing her workload, and Jane and Mary vigorously defended their cultural worldviews (e.g., lots of green vegetables and multivitamins as prescribed by maternal tradition, reading the Torah). Hana and Geoff bolstered their self-esteem by retaining all their habits. All these people defined cancer, and then decided who they wanted to become and what then they must do to achieve it. For Jennifer and Hana, cancer was a turning point and they projected their self in an ongoing and habitual flow of consumption. They tried to positively imagine their life and actively bracketed off cancer by increasing their capacity for work, their purchasing routines, and disposing of cancer-related items. Indeed, they behaved in a way that stops any disruption and live life “as usual” and to “turn back” the clock.

For Geoff, cancer was like an enemy/thief/stigma (“labelled by survivor”), and his self was projected in a persistent, strong self. He attempted to mentally fight against cancer using an imaging success, and also relying on his magical approach to live life “to the fullest”. In practice, he continued his controlled, unpretentious, and unaffected consumption patterns and preserved his possessions even if they did not work well. For Jane, cancer was the price she paid for disloyalty and disobedience to traditional familial values, while for Mary, cancer was God testing her faith. Both Jane and Mary invested in the normative self to cope with cancer.

Geoff, Jane, and Mary all coped with cancer in light of their consumption of magic. They envisioned a healthy life as being based on traditional familial medicine, and sacred Jewish doctrines, respectively. None of the consumers with a Shangri-La worldview accepted cancer as part of their identity and never let cancer affect their perception of self. They never went through the assimilation-accommodation identity process (Breakwell 2015) as they did not absorb cancer content into their identity structure. Although Geoff perceived cancer as a stigma, he never let it stigmatise his identity. Although Jennifer and Hana perceived cancer as an interruption point that couldn’t affect their life. Although Jane perceived cancer as result of her unfaithfulness to traditional norms, she returned to her familial habits and mentally impeded its progression. Also, Mary who perceived cancer as God’s decision to test humans’ faith, explained that cancer cannot do anything because of her strong believing self.

Therefore, cancer stigma-related identity threat has been suggested by Major and O’Brien (2005) and Fife and Wright (2000) can be enriched by adding individuals’ worldviews to how
they perceive things. For example, within the Shangri-La worldview, cancer does not undermine consumers’ narrative-normative identity styles because this worldview provided consumers with positivity, optimism, and strong faith, even magic. Through this narrative-normative identity style, individuals with a pre-emptive approach to self-construction strive to maintain habitual, traditional, and normative prescriptions and constant goals (Berzonsky 2008). Indeed, within the Shangri-La worldview consumers follow their habitual consumption patterns with the identity that is enclosed, inflexible, and consistent. Berzonsky and Adams (1999) confirmed this and concluded that through cognitive distortions, people with normative identity styles focus on preserving their existing identity structure. Within this worldview, consumers retained their consumption lifestyles and based their decisions and behaviours on being out of touch with reality and continue living a narrative-normative life. However, different perceptions about the threat led them to try different coping behaviours.

5.2 Furnace

Within the Furnace worldview, consumers approached the threat negatively and ruminated about it. They are prone to overanalyse cancer, self, and life in general. Here, consumers assimilated cancer within their identity structure (e.g., I have cancer, I am a victim). They assimilated cancer but could not accommodate it within their identity structure and that is why they cannot live life as usual when they were interviewed. They perceived cancer as a victimising, stigmatising, and self-empty triggering entity and felt themselves to be victimised, empty, and stigmatised identities. Laura felt a sense of self-loss (e.g., feminine, sexual, professional) where her identities have been severely threatened. Sandra also felt empty as cancer reinforced everything that she lacked in life. David also felt loss due to losing his social identity. Cancer for David was a stigma due to dramatic changes in his appearance and that is why he felt lonely and secluded. However these days, with the advances being made in medicine, cancer is not so much considered to be a stigma in society, David closed off all his social relationships due to his physical appearance. This is consistent with Knapp et al. (2014) who note that potential stigmatisation of cancer largely relies on personal meaning and the concept of self. Cancer stigma-related identity threat by Major & O’ Brien (2005) and Fife & Wright (2000) that emphasise on cancer as a main force in the perception of individual identity can be also confirmed by consumers within the furnace worldview.
Within this negative approach, people analysed their identity destructively. They envisioned the self as a fragmented being where there was no continuity. They also chose the diffuse-avoidant identity style (Berzonsky & Ferrari 2009) in which consumers try to delay acting on the problems of gaps/holes and, in turn, employ an escapee self. They frequently compared and perceived holes/conflicts/gaps/voids between their current sense of self and the ideal they want. However, instead of dealing with holes, they escaped from holes via holes filling or holes deleting approaches. Laura escaped from the self-conflicts thoughts through acquiring behaviours for accentuating her actual identity and her task roles (i.e., motherhood roles). Sandra also escaped via acquiring behaviours but for approaching the ideal or her desired identity.

Finally, David escaped from the Furnace of self-conflicts through disposing behaviours to delete previous facets of his identity. Hasty decisions and impulsive consumption behaviours were also evident for some consumers following this worldview. Indeed, holes filling or deleting holes served as an escape from problems and marked a contrast to the demarcation strategy (Ahuvia 2005; Murray 2002) as they could not bracket their cancer off. Their approach to identity conflicts is neither compromising nor demarcating (Ahuvia 2005) but is totally about escape. To some extent, Sandra’s approach to identity conflicts might seem similar to a black hole or the theory of the empty self (Cushman 1990). However, this theory believes that the problem originates from a lack of social and cultural support for solving identity conflicts. Sandra’s behaviour originates more from the worldview she has been involved in rather than lack of social support. She thinks about objects/products as the ‘hole fillers’ and when facing difficulties, she relies on material things instead of her own personal worth. Iterative and impulsive consumption behaviours for the sake of escape from the holes were explicitly detected through this worldview.

In dealing with an existential crisis which disturbs normal functioning to a high degree and makes one aware of his/her finitude, he/she should have the courage to confront a loss with meaning and security (Yang et al. 2010). However, consumers within this worldview suffer from an intense identity crisis as their present self was not aligned with their expectations and. Instead of confronting holes and changing the ideal they employed an avoidance strategy. To disengage themselves from the voids of self and terrorising thoughts, consumers engaged in escape strategies through their consumption behaviours. Feelings like giving up, dissatisfaction, regret, helplessness, and hopelessness were salient through consumers’ lived experiences of the Furnace worldview. Escape from the hole strategy was not an effective coping because it bred a sense of purposelessness, loss of meaning, incompleteness,
nothingness, loneliness, and unhappiness. Coping efficacy is defined as an individual’s belief about successfully enacting coping strategies (McKee-Ryan & Kinicki 2002) and consumers in the Furnace worldview could not deal efficiently with a threatening situation.

5.3 Teeter-totter

The teeter-totter worldview lives with extremes, for example up vs. down, light vs. dark, win vs. loss (Dickinson 2003). This worldview explicitly mirrors the image of preparation before striving for stage in the processual theory of identity (Cherrier and Murray 2007). According to Cherrier and Murray, for consumers facing a new reality, striving is a highly reflective stage through which they want balance and eventually make a compromise to create harmony with the past, normative, and conventional self/life. All consumers within this worldview could not detach from their past identity or pre-established concepts. Indeed, they fluctuated between two incompatible ways. On one hand, they were prone to preserve their narrative-normative style and on the other, they attempted to learn new concepts and form a new identity. They believe that they need something new to help them appropriately adjust their mind to the new reality of life. Their approach to identity conflicts was completely different from all identity solutions noted in previous studies (Ahuvia 2005; Berzonsky & Ferrari 2009; Cherrier & Murray 2007; Cushman 1990; Murray 2002).

Consumers with the Teeter-totter worldview were involved with an ongoing process of identity negotiation, wanting to make a between balance and agreement but still failed to do this at the time of their interview. Their approach to identity conflicts was paradoxical and unbalanced between avoidance-acceptance, escape-exposure, and deception-learning. This is consistent with the ambivalence theory of identity. Ambivalence occurs when an individual simultaneously identifies and dis-identifies with others/objects (Kreiner & Ashforth 2004). Nick engaged in adaptive consumption for the purpose of accepting his existing reality, while at the same time, he increased his maladaptive consumption to forget. He desires to be alone (dis-identification) and read self-help books to become more self-aware, but also enjoys smoking and over-drinking with others (group identification) to avoid the reality. He could not make a balance between his internal and external worlds and between his informational and narrative identities.

Sarah also went through dis-identification by resisting the rituals of the cancer support group and actively and consciously separated herself from her peers. In fact, Sarah has dis-identified herself from her peers to escape the aftermath of her cancer. Being alone with thoughts and
discovering and practising the new meanings helps her discover a new identity which is strong enough or informational enough in coping with existing reality. She underwent exposure therapy and learned to develop autonomy and mastery of the self. In fact, Sarah’s identity negotiating process is simultaneously two contradictory methods. Death is scary in the social context but peaceful in the context of self. In fact, she has conditionally accepted cancer and the uncertainty of her life.

Unlike Sarah and Nick, consumers such as Leyla and Sam chose identification through sharing and learning from like-minded others. They needed external help and support to feel that they are not alone on their journey, while there are others who address their concerns and provide them with reasonable solutions. However, these consumers still identified with their previous normative identity, even though they were less serious and less assured. Although all consumers are attempting to negotiate between two identity competitors, narrative-normative and informational, they have not still reached a conclusive self. Through new consumption strategies, Leyla and Sam are learning new concepts with more logical meanings regarding self/cancer/life but they are still attached to their previous normative identity. Once they find a balance in their worldview, their identities, and consequently their consumption will be determined. Indeed, consumers within the Teeter–totter worldview are looking for a way to learn how to reconcile the conflicts in their identity. Like the Furnace perspective, they also feel gaps/voids in the concept of self which made them sad. Yet instead of behavioural disengagement they are active in resolving self-conflicts.

Within the Teeter-Totter worldview, consumers found that that juxtaposition of divergent identities unbalances them, and they need to work on their identity to fully accept and accommodate cancer within their identity. All consumers living in this worldview were aware of their cancer. Nick and Suzanne both perceived it as something undeniably existing within themselves despite their attempts to ignore it. Sarah sees cancer as a death concept which is peaceful in the inner world but horrifying in the outer world. Sam perceived cancer as a prison of his own making and his thoughts. Like Sam, Leyla also understood cancer as awakening from the religion that is responsive anymore. All consumers of this worldview found that cancer is an undeniable reality and they must learn to live with it. In contrast to Shangri-La, they talked about cancer regularly and could never delete it from their thoughts. In contrast to the Furnace viewpoint, they are not passive consumers and at least engage reflectively and attempt to learn something or get help and support from others to accommodate cancer within their identity structure. In this worldview, consumers consciously
differentiated between enduring feelings of being authentic and real in inside and transitory states on the outside (Guignon 2004).

Teeter-totter also revealed how consumers may reach the acceptance stage of the grief cycle (Kublet-Ross, 1975). Participants in this research engaged in self-training interventions through consumption activities, such as self-help books or strategies (e.g., books, and seminars), death ritual consumption (e.g., going to funerals), and sharing activities (e.g., participation in cancer support group and meditation group). They realised they need to learn how to resolve self-conflicts and to find a balance in their lives.

5.4 Reincarnated

Consumers with the Reincarnated worldview see life not through an evaluating/ruminating/biased/conceptualised lens, but in a way that is consistent with existing reality. They accept their actual identity as a person who has lost some content and values and needs to continue living with uncertainty. Within this worldview, consumers’ attitude to threat reflects the concept of mindfulness (Brown, KW & Cordon 2009) which is the ‘experiencing mode rather than conceptualising mode of information processing’ (Teasdale 1999). Consumers here mindfully apply problem- or emotion-focused coping to replace their loss or at least reduce tensions and emotional distress. In contrast to the Shangri-La view of the world, they live life with open eyes and a present-centred mind. In contrast to the Furnace worldview, the past never confirms how weak, helpless, and broken they are, but instead, the past helps them find a new meaning for their life. They let themselves at first experience and then decide about what action to take. In contrast to the Teeter-totter worldview, they were in balance and peace during the interview and did not evoke any ambiguity or confusion. Their mindset was not one based on prejudice, prejudgment, and rigidity (Niemiec et al. 2010). They were actively receptive to any change, destruction, and reconstruction of self/life and this dynamic approach let them become open rather than enclosed people. Brown, KW et al. (2008) explain that such open and receptive attention to experiences helps individual to see the internal world differently; that is, thoughts come and go, memories arise and replace each other, desires develop, change, and vanish. If individuals could develop this attitude, identity may be less substantial and engrossing, making essential dis-identification easy to do.

Here within the Reincarnated worldview, consumers’ approach confirms the explanations above. Consumers’ identity expression in the Reincarnated context reflects an experiential/observational/dynamic/mindful style rather than enclosed, diffuse-avoidant, and
teeter-tottering style. Compared to Shangri-La, these people assimilated and accommodated cancer as a part of their identity structure and they were open to negotiate between self-facets that: firstly, guarantee their continuity; and secondly, those necessary for living with uncertainty. Compared to the Furnace approach to life, they accommodated cancer within their identity structure and lived life with cancer and its baggage. They certainly felt voids inside their identities, but they knew how to deal with their inner deficiencies and to feel satisfied with life. Instead of behavioural disengagement, consumers believed more in “doing” something not just for others but also for themselves.

Compared to the Teeter-totter worldview, self was in balance and peace with others, cancer, and life in general. People’s consumer behaviour was conclusive without any ambiguity or paradox. Within the Reincarnated worldview, consumers detected conflicts between pre- and post-cancer identities but instead of bracketing off, escaping, and fluctuating, they applied a combination of resurrection, recompense, and reconstruction solutions. Peter and Amy, for example, changed their cognitive patterns and defined themselves in new ways. Their dictionary echoes the need for forgiveness instead of revenge/resentment, sympathy instead of hatred, joy instead of sadness, and being valuable instead of invaluable. This point of view was also reflected through their consumption behaviour. Consumers resurrected what they had previously identified as annoying and unwelcome. Amy negotiated between what she wanted and what familial norms dictated. Peter and Jack also applied their pre-existing ties not only as motivation for continuity of identity but also to compensate for their losses. They never remained attached to past habits (like Nick), but instead, they endeavoured to live in peace with the new reality. Indeed, they fully and unconditionally accepted their post-cancer identity but used some selves from their previous identity to offset any losses.

This resonates with the compromise solution (Ahuvia 2005) when consumers reconcile between two opposite identities. Within the Reincarnated worldview, some parts of the past completed the present damaged identity. For example, Jack engaged in nostalgic consumption (Joop perfume) to compensate for his sexual impotence. Some consumers like Wendy and Dan reconstructed a new identity that is completely at odds with the past. This resonates with the synthesising strategy (Ahuvia 2005) where consumers constitute a new possible identity that offers advantages and helps them cope with new situations. Wendy was initially thinking with the Furnace worldview, but she made a big change in mode of thoughts and feelings. Dan also reconstructed a new identity by demolishing previous consumption patterns and getting new ones. Mina also got rid of certain taboos fabricated by herself and tried to experience her own desires.
Consumers’ approach within this worldview confirmed Burke’s theory (1991) about the threatening situation. Burke explains that if changes in the output behaviours do not lead to a sense of consistency between self-perceptions (actual identity) and identity standards (desired identity), then individuals needs to change the standards on which their identity has been defined. Here, consumers worked on themselves and defined new standards and new meanings for self/life/others. Within this worldview, consumers perceived cancer with different meanings that are imbued with a new taste of life. Peter sees cancer as ‘taking one’s glasses off’ and looking at things in a new way. Jack perceives it as an alarm clock that shows him what still needs to be done. Dan perceives cancer as breaking the old skeleton. Mina sees cancer as eradiating certain taboos and seeing all the colours of life again.

These four worldviews show how discrepancies in modes of perception and information processing can pattern various self-negotiation styles and subsequently, generate different behavioural responses for survivors. Findings of this study revealed that some consumers may even experience two or even more different worldviews and, as a result, distinctive behaviours emerge through their cancer journey. For example, some consumers transformed from the Furnace of negativity, self-conflicts, and reality avoidance into people with a Reincarnated worldview where they consciously exposed themselves to the threatening reality. This finding agrees with Berzonsky (1990) who believes that individuals are capable of experiencing all identity styles but only one style is likely to be predominant at a given time. A transition to the Reincarnated worldview needs training in self-regulation skills. According to Husserl (1999) and Farb et al. (2007), through attentional training, individuals learn to distinguish the self-narrative mode of processing from the self-experiential mode. Doing so ensures they are conscious of their continuous self into the present time.

5.5 Summary of discussion

Drawing upon phenomenological interviews with twenty-one consumers suffering from cancer, this study found that there are four worldviews through which consumers negotiate among possible selves and engage in consumption behaviours for coping with the threatening situation. A mix of identity work styles and coping behaviours have been recognised within the context of this study and each of which corresponds to emerging consumers’ worldview. These four worldviews, Shangri-La, Furnace, Teeter-totter, and Reincarnated, depict how survivor consumers perceive cancer and deal with it through their existing identity structure, negotiate among possible different selves, and engage in coping consumption behaviours that guarantee their identity works.
CHAPTER 6: Conclusions

This study found how consumers negotiate their identity and cope with the threat in the context of life-threatening illness. There are four overarching worldviews through which consumers negotiate among possible selves. These four worldviews, Shangri-La, Furnace, Teeter-totter, and Reincarnated, are strategies through which consumers assign their subjective meaning to the threat and reach an agreement regarding their identity. This study also found how consumers cope with the threat in the context of cancer. Through worldviews emerged within this context, consumers are to engage in consumption practices/behaviours that facilitate coping and working on their identity (Table 2). In fact, they process information and perceive cancer in certain ways, negotiate among possible selves, and eventually engage in coping consumption behaviours. Within the Shangri-La worldview, the coping behaviours were identified as Bracketing off and Magic. According to the Furnace worldview, escape from the holes was identified as a prominent coping behaviour. Paradoxical consumption behaviour within the Teeter-totter worldview and a combination of Resurrection, Recompense, and Reconstruction behaviours within the Reincarnated worldview were also recognised. Before summarising each worldview, it is important to note that survivor consumers may experience all four worldviews, and consequently all four identity styles throughout their cancer journey. However, the researcher found that participants during the interviews identified only one prominent worldview.

In the Shangri-La viewpoint, consumers approach the threat through an optimism and idealism lens. They are prone to selectively process information and favourably conceptualise the threat. They never absorb cancer into their identity structure and deal with it through an ongoing “narrative-normative identity style”. They view themselves as being continuous, certain, and constant. Here, items/possessions continue to be consumed/preserved either as a means of bracketing off the disease to guarantee the continuity of pre-established self or as means of magic to retain the self fixed concept and mitigate the threat.

In the Furnace worldview, consumers perceive cancer as identity victimising/stigmatising and blame it for all their inefficiencies, failures, and dissatisfactions. They are prone to analyse information in a way that confirms the detrimental effects of cancer and their consequent behavioural disengagement. They frequently engage in an evaluative and ruminative approach where they critically analyse self across time. In contrast to the Shangri-La worldview, their perception of self is like a sectioned or fragmented being rather than an
ongoing narrative. They frequently compare and perceive conflicts and gaps between their current senses of self, previous self, and the ideal they desire. This mode of perception leads to self-conflicts, self-confusion, and consequently seclusion and behavioural disengagement. They wanted to create a unified and coherent self but did not know how to. Consumers’ identity expression in furnace reflects the “diffuse-avoidant identity style” (Berzonsky and Ferrari 2009) in which consumers delay resolving conflicts and employ an avoidant self. Instead of solving the self-voids, they engaged in an escape from the holes approach. They attempted to ignore the conflicts/holes via different escape strategies, but all efforts were fruitless and dissatisfying.

In the Teeter-totter worldview, consumers’ mode of perception about threat is in a more rational and reflective way. However, they are open to self-diagnosis messages and impartially process the information about reality; they are still attached to previous meanings they already built around self/ life. They attempt to accommodate cancer as a new content in their identity structure by questioning, learning and practising new concepts. Indeed, they are fluctuating “between narrative-normative and informational identity style”. Within the Teeter-totter worldview, coping consumption behaviours betray a dichotomy in their consumption practices. The paradoxical approach in post-diagnosis consumption also confirmed how consumers were involved with ambiguous states in the mind. Within the Teeter-totter worldview, consumption items served in two paradoxical ways; avoidance vs. acceptance, escape vs. exposure, and self-deception vs. self-learning.

Eventually, in the Reincarnated worldview, consumers process the threat within an experiential lens rather than evaluating, ruminating, biased, and judgemental viewpoints. In their interviews, participants never approached cancer within their pre-existing framework of meanings, but rather through updated and present focused meanings reflecting their current reality. Consumers accepted their cancer really exists and attempted to live with it without conceptualisation, judgment, self-evaluation or comparison. They accepted their identity as a person who has lost some content and values and needs to continue living with uncertainty. Within this worldview, consumers’ attitude to threat reflects the concept of mindfulness (Brown & Cordon, 2009) and the ‘experiential mode’ of self-reference (Teasdale 1999), which emphasises the non-biased and present moment-focused approach to self/life. Consumers’ identity within the Reincarnated worldview reflects an “experiential/mindful identity” rather than static/enclosed/habitual/shaking. The consumption lifestyle within this worldview is a constellation of resurrection, recompense, and reconstruction of people’s impaired identities. They sanctified and resurrected discarded materials by digging up the
truth. They also consumed items for the purpose to compensate for identity loss or construct a new one.

6.1 Theoretical contributions

This study has important theoretical and practical implications for researchers, practitioners, and policy-makers. In terms of theoretical contributions, this study contributes to existing consumer research, identity research, and coping research in various essential ways.

For the first contribution, this thesis on consumer behaviour builds on contexts similar to cancer (e.g., gay, illiteracy, immigration, homelessness, customs/norms conflicts, and job loss) where consumers formed their identities and engaged in consumption behaviours. However, it was unknown how they chose their preferred identities and negotiated among possible selves. For example, to take just one scenario, how do gay consumers (Kates 2000, 2002) assign their meanings to the stereotypes when fully accepted the gay identity? Did they really perceive homosexuality as a stigma? What meanings did they assign to stereotypes when partially accepted the gay identity? The meanings system or the worldviews through which consumers negotiated among possible selves was hidden within these studies. The cancer context deeply revealed how consumers may accept/reject/teeter-totter/negotiate facets of their identity. The cancer context revealed the rationale and worldview of people and their consumer good style. Consumers perceive the threat and assign subjective meanings to it when evolving through their possible selves. To confirm this study’s results, the literature on identity process theory emphasises the importance of individuals’ meanings systems and standards. According to Breakwell (2015), a stimulus is potentially threatening because of the meanings that individuals assign to the stimulus by themselves within particular situations and according to the ideologies that are evident in social contexts. Consumers’ understanding of stimulus, situation, and themselves will cause them to feel threatened or stigmatised in varied ways, which backs up the work done by Major and O’Brien (2005). In their model are three factors affecting individuals’ perceptions of stigma, namely, situational cues, collective representations, and personal characteristics. Major and O’Brien believe that with advances being made in medicine and technology, cancer is no longer so stigmatised by society or collective representations. The potential stigmatisation of cancer largely depends on the extent to which a person perceives cancer as stigmatising or threatening. In our study, only consumers with the Shangri-La and the Furnace worldviews perceived cancer as a stigma. In the former worldview, people engaged in their routine consumption lifestyle and were not stigmatised by cancer, while in the latter, they perceived themselves as victim, stigmatised,
and dissatisfied identities. Therefore, literature on identity confirms that individuals’ worldview regarding self/threat causes them to feel threatened or stigmatised.

Moreover, the existing literature on coping also highlights that coping is a dynamic process through which: (I) an individual constructs a cognitive and emotional image of the threat; (II) they select a strategy in response to the perceived threat; and subsequently (III) they evaluate its effectiveness and outcome (Leventhal, Meyer & Nerenz 1980). Accordingly, cognitive descriptions are constructed by the individual using available “lay” information which originates from his/her sociocultural context and his/her own understanding of the illness or its treatment. Therefore, these cognitive descriptions that derive from individuals’ information processing stimulate the emotional responses to the threat and activate coping behaviours. Therefore, both identity and coping literature confirm that consumer behaviour within threatening situations has its origins in consumers’ understanding and perception of a threat.

The second contribution and with reference to consumer culture theory, is that the three distinct modes of behavioural responses to life status changes habitual/narrative, reorganised/reconstructed, and modified/negotiated styles (e.g., Andreason 1984; Kates 2002) are confirmed. However, the present study added two coping consumption behaviours. The first is an escape from the holes approach for people who feel voids/holes in their identity and when facing such dangers, they run away from them. They did not go through any other solutions such as synthesis or compromise. The second is the paradoxical approach for consumers who teeter-totter between old habitual practices and new approaches. Although they are active in the process of questioning the habitual meanings and learning or practising new strategies in their life, they feel unbalanced and confused because they are still attached to old habits and assumptions. None of the studies on consumer behaviour in the threatening contexts (Argo, White & Dahl 2006; Kates 2000, 2002; Moisio & Beruchashvili 2009; Price, Arnould & Folkman Curasi 2000; Tepper 1994; Viswanathan & Gau 2005) considered consumers with an unbalanced and confusing status regarding their identity.

For the third contribution, this research reveals how and why some consumers are almost always dissatisfied with their consumption decisions. Having an evaluative/ruminative worldview means treating self-conflicts in maladaptive ways which could lead to consumers’ sense of dissonance. In other words, consumers who live with the Furnace worldview are more likely to experience regret and dissatisfaction no matter how much they consume. This finding contributes to the consumer behaviour literature by explaining why consumers have post-purchase dissonance. To date, consumer researchers believe that a cognitive dissonance occurs when a purchased product is expensive and important to customers (Oshikawa 1969).
Moreover, they believe that when a decision entails the rejection of attractive alternatives, it seems highly possible for consumers to form an unfavourable attitude to the product/brand (Quester et al. 2007). This research asserts that the Furnace worldview helps to explain consumers’ dissonance.

Regarding the fourth contribution, postmodernist researchers like Firat and Venkatesh (1995) have written about fragmented and multiple senses of the self where unification is not desired. However, the cancer context shows that a lack of unification leads to consumption choices that bring regret instead of satisfaction to people. Consumers within the Teeter-totter worldview showed that divergent identities might cause confusion and imbalance which is painful in itself. The only solution was to try to reconcile these divergent identities. Doing so depended on the contexts of conflict and how it is perceived. It is closely linked to the ideology where contemporary consumers possess a self that is like a ‘black hole’ into which consumers feed their identity with purchases but they are never sated (Cushman, 1990). This theory believes that consumers desire a coherent and unified identity, but they face difficulties because they lack the proper sociocultural support and personal worth. The theory of the empty self and black hole may also originate from the Furnace worldview.

Concerning the fifth contribution, Cherrier and Murray (2007) defined a processual concept of identity through disposal of items/practices/beliefs. They show how consumers’ perceptions of the world and their positioning of self can be reflected through disposition process of sensitisation, separation, socialisation, and striving. However, the cancer context showed that due to differences in the worldview, some stages may not occur at all. Some consumers never questioned the habits of their lives, nor did they experience an identity transition or a new insight. Although they reflexively planned for separation, they never remarked on how to move on. Also, the Teeter-totter worldview showed that although a sensitisation stage is accompanied with reflective questioning of existing normative life, it may not necessarily lead to dis-attachment from the norms. Consumers who follow the Teeter-totter worldview reflectively questioned their religious normative life, but they were still attached, respectful, and believed in the norms. Therefore, occurrence of the stages of processual theory of identity depends on how individuals perceive the triggering event (threat perception) and how painful they see the disposition of item/self/belief (self-perception). For example, Peter, Jack, and Dan in the Reincarnated worldview happily explained their disposition experiences, while this process was painful for consumers inhabiting the Furnace worldview.
Concerning the **sixth** contribution, consumption for the purpose of compensation has been explored as a way to cope with a threat (Hoegg et al. 2014) and plays a role in how self-confidence is viewed (Gao, Wheeler & Shiv 2008). However, it was not clear how consumers chose to compensate for a loss. In other words, the thoughts, the reasons, the feelings, and the worldview underpinning their behaviours were not obvious. Kim and Gal (2014) contrasted compensatory consumption maladaption from adaptive consumption. They defined adaptive consumption as “consumption intended to help the individual improve in the area of deficit” but compensation does not solve an individual’s maladaptive weaknesses. When consumers are aware of a threatening reality, recompense strategies are adaptive behaviours that help consumers deal with perceived losses or deficits in their own selves. Consumers who follow the Reincarnated worldview neither avoid nor escape cancer and what it entails. Therefore, decisions about the nature of consumption, whether adaptive or maladaptive, can be made only when the mode of thought underpinning those consumption behaviours is understood.

With the **seventh** contribution, previous consumer research noted that when mortality is made salient, consumers engage in avoidance strategies (Arndt et al. 2004; Bonsu & Belk 2003; Mandel & Heine 1999). They do this to minimise exposure to terrorising sources, and to eradicate death from everyday consciousness (Baudrillard 2016). However, the question is posited here: how can survivor consumers delete death from their awareness while living with cancer? This study revealed that some survivor consumers, particularly in the Reincarnated worldview, not only expunged death from their awareness but also lived with it. In fact, they were prepared to confront the potential dark side of cancer and adaptively lived with it. Therefore, consumers’ approach to death is influenced by their worldview through which they perceive the threat of death.

Regarding the **eighth** contribution, this study explains how adaptive and maladaptive coping behaviours might be processed in individuals’ minds. Lazarus and Folkman’s (1980) primary and secondary appraisal processes and Roger’s (1983) coping appraisal process both confirm that individuals’ perceptions of threat, self, situation, and of potential outcomes of behaviours direct them to take adaptive/maladaptive responses. How do individuals appraise a threat such that their appraisal could lead to adaptive/maladaptive behaviours? Maladaptive behaviours were more evident in the Shangri-La, Furnace and to some extent Teeter-totter worldviews where consumers attempted to ignore the new reality of life. Within the Shangri-La worldview, maladaptive behaviours were undertaken for the purpose of bracketing cancer off, increasing the focus on work, deleting cancer-related items from one’s lifestyle, and relying magically on the power of will/norms/products/activities. Impulsive consumption and
disposing of favourite/valuable items within the Furnace worldview were also maladaptive behaviours because they served the purpose of escaping certain memories and the self. In other words, evaluative, judgemental, biased, and ruminative minds led to maladaptive coping. Referring to the Teeter-totter worldview, substance abuse, such as increased drug and alcohol consumption was an evident maladaptive behaviour. Better adaptive behaviours were recognised through the Reincarnated worldview and to some extend in the Teeter-totter context. Consumption for the purpose of resurrecting, recompensing, and reconstructing a new self/life was adaptive because not only did it help consumers create a new identity that accepts cancer, it also but assisted consumers in continuing their identity and coping. These behaviours were applied by consumers who developed a mindful approach with an open, flexible, and present-centred focus to the world around them.

The ninth contribution refers to terror management theory (TMT) in the coping literature. Terror management theory (TMT) holds that individuals use two main defensive strategies in order to assuage or manage existential anxiety resulting from the inevitability of death (Greenberg, Pyszczynski & Solomon 1986; Greenberg et al. 1990). The first strategy is following cultural norms and beliefs that provide meanings to individuals’ lives, and the second strategy is following self-esteem through individual domains (Pyszczynski et al. 2004). Both defensive strategies of TMT theory were deemed inappropriate for some consumers in when it came to cancer. Although culture offers figurative immortality in the form of religious beliefs such as afterlife, heaven, and reincarnation, it simultaneously offers a sense of physical continuity and survival by means of, again, strong religious notions such as hope, miracles, and healing. The Teeter-totter worldview shows how survivor consumers questioned religious concepts such that their definition of hope was very different from any form of religious belief. They found some religious concepts were impractical in the context of cancer. The Reincarnated worldview reveals how consumers who lost their sexual potence lived happily despite their impaired masculine identity. They attained other aspects of masculine strength (recompense strategies for lost sex drive) in a better appreciation of fatherhood, for example. In fact, other domains of life revived their self-esteem.

The tenth is that the findings of this study add one new identity style to the identity literature. To date, informational style, diffuse-avoidant style, and narrative-normative style have been recognised (Berzonsky 1990; Berzonsky & Ferrari 2009; Berzonsky & Kuk 2000; Berzonsky & Sullivan 1992). This study adds the teeter-tottering style of coping which fits between the narrative-normative and informational style that has been documented in the literature.
Individuals with this style feel unbalanced and confused but attempt to learn how to adopt to life with a mindful style.

6.2 The practical contributions

The practical implications of this study’s findings can be used to help marketers to better understand consumers’ decision-making and behaviour when a serious threat emerges in their lives. In the context of cancer, people’s behaviours should be perceived from scholars having a moral perspective and involvement. Maladaptive behaviours can range from alcohol to drug use as a way of thinking about avoidance (Ashton et al. 2005), contemplating death (Wilson, CT & Fletcher 2002) to suicide ideation ((Madeira et al. 2011). When consumers need to continue living with a serious threat such as cancer, avoidance behaviour or any strategy that expunges cancer from their awareness (e.g., denial, escape, mental disengagement) or causes negative emotional reactivity (i.e., disappointment) is maladaptive as it impedes adjustment and adaptive coping (Carver and Scheier 1989). Marketers need to better empathise with cancer survivors’ thoughts, attitudes, feelings, needs, wants, desires, expectations, and their consumption behaviours, to facilitate a connection between cancer survivors and policy makers, health providers, and practitioners.

Consumers who reflected the Shangri-La, Furnace, and Teeter-totter worldviews need more help and support. These worldviews had been built by the consumers themselves and they can be improved by the help of marketers, health practitioners, and policy-makers. Marketers can show how the Shangri-La worldview could create only more trouble when life gets too hard beyond people’s self-control. The Furnace worldview can deprive them of appreciating the precious moments of life. Advertisements for self-help books, individual or group meditation classes, support group classes, and mindfulness workshops can also rescue teeter-tottering consumers from feeling a sense of chronic imbalance. Marketing communications can benefit survivor consumers by getting people to consider the Reincarnated worldview as an inspiration. Changing consumer behaviour is possible only through changing the worldview and it would be more effective if a feeling of commonality exists between consumers and marketers/instructors.

Mindfulness techniques can be taught to all consumers through educational marketing strategies. Healthcare practitioners can teach consumers how to accommodate themselves to their existing reality of life and assist them in their educational and emotional journey. The interviews showed that all consumers in this research received only medical support from
healthcare practitioners and only mindfulness techniques were tried by a few consumers. However, through educational programs that can be made available on social media, all consumers can learn to enjoy a present-centred worldview. There needs to be a collaboration between government, healthcare practitioners, and marketers, to make educational programs and services effective. Consumers must learn to have a “being open” and informational-experiential approach, instead of a rigid, closed, and narrative-normative mindset. They need to learn enjoy their lives to the fullest and learn how to live with uncertainty.

All these instructions can be provided to people through targeted marketing campaigns supported by government and businesses. Adaptive coping strategies can also be educated through TV programs, interviews, series, and advertisements. These are achievable skills that consumers could attain when exposed to appropriate messages in the mass and social media. The context of cancer shows that consumers need both self-help and others-help resources. Self-help books and workshops, seminars, magazines, and support groups are necessary activities which need to be provided more and more in the market. Marketers could educate care givers to better understand the thoughts and feelings of cancer survivors to partake in a clear, logical, and honest communication. This language needs to be applied by marketers through their communication strategies in an effective and non-patronising way. Hope and happiness are just clichés for cancer survivors.

The last contribution of this study is ethical implication. The research participants of this study entered into a relationship with researcher to the purpose of altruism without thought of recompense for their time and effort. They trusted researcher and shared all their private experiences for the common good in order to change the minds of their peers. The data from this research comes from their attitudes, feelings, emotions, and their dark and bright days. The data of this research is deep, first-handed, and comes from tears and laughs. Therefore, this is ethical responsibility of researcher to share their voice and their words with others to make a difference not only in mind of cancer survivors but also all humans as pain and difficulties is part of human life. Having access to this type of data can definitely lead to recommendations that increase health and happiness of humans.

6.3 Limitations and Future research

One of the major limitations of most qualitative research is its lack of generalisability. Due to ethical issues, the researcher was not allowed to interview consumers who were under treatment or consumers undergoing palliative care. Therefore, the results of this study are
only limited to consumers who were not in treatment and physically able to participate in the interviews. Also, although the researcher has worked as a volunteer in a cancer support group and is familiar with this aspect of life, she is not part of this subgroup, and data collection and analysis is based on an outsider’s view. Insiders may gain the trust of informants more easily and this helps to deeply understand the culture. However, Bishop (2011) argues that while insiders may attain a more authentic understanding of the context, “there are concerns that insiders are inherently biased, or that they are too close to the culture to ask critical questions”. The results of this study can be generalised to any context in which consumers feel threatened, stigmatised, vulnerable, fearful, stressed, and challenged. Within all these contexts, they need to negotiate their identity, come up with an agreement regarding who they are or like to be, and then engage in coping strategies.

Another limitation of this research is that the Teeter-tottering identity style is an emerging one that I discovered while interpreting the data. This style needs to be studied in-depth by consumer researchers as it may not only be relevant to the cancer context. A question that can be posed here is: how and why do some consumers develop this worldview? Why is their mind characterised by teeter-tottering between disposing of self/items/beliefs and acquiring new ones? Why is dis-attachment not an easy process for some consumers? There might be numerous causes that form the teeter-tottering worldview, and consequently a teeter-tottering identity. Scholars could gain new insights into how the Teeter-totter worldview is constructed. To do this they need to identify the internal and external factors that cause these oscillations in consumers’ minds. For this thesis, we unfortunately could not focus on the role that is played by social networks in changing consumers’ worldviews, especially within peer interactions and dynamics. It is important to understand how support groups, for example, cancer support groups, Yoga groups, meditation groups, etc., manage an individual member’s mind, specifically how they engage in sharing consumption activities to cope with the threat.

Moreover, despite having twenty-one cancer survivors from different cultures, this thesis was conducted in a Western setting and we need to consider the general survivor population throughout the world. Future research could expand the scope of study by investigating different consumer societies where cancer is a serious issue. Also, future research could work on consumer behaviours of caregivers as they are directly and indirectly involved with the mortality threat. It would be interesting to explore how their identity is affected by the survivors’ journey, both positively and negatively, and how cancer survivors’ lives could change the worldviews of caregivers, and eventually how these changes in turn reflect on their consumption behaviours.
There are many research avenues that scholars can pursue with respect to all the different areas I discussed here in this thesis. In fact, they need to move beyond a particular context in order to produce more generalisable results. However, regardless of the contexts, I urge scholars to pay particular attention to the implications for consumer wellbeing, especially consumers who have complex healthcare or medical needs. People who are living with multiple forms of disadvantage revolving around health and social issues, such as stigma, discrimination, social exclusion, mental disorders, and physical disabilities, need to be at the centre of scholars’ attention. I hope this thesis will spark significant interest in these areas of consumer research.
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Appendix A: Ethics approval

Notice of Approval

Date: 18 July 2014
Project number: 07/14
Project title: Exploring the role of cancer in consumption
Risk classification: More than low risk
Chief investigator: Dr. Kaleel Rehman
Approved: From: 18 July 2014 To: 30 June 2017

Terms of approval:
1. Responsibilities of investigator
   It is the responsibility of the above investigator to ensure that all other investigators and staff on a project are aware of the terms of approval and to ensure that the project is conducted as approved by HREC. Approval is only valid whilst investigator holds a position at RMIT University.
2. Amendments
   Approval must be sought from HREC to amend any aspect of a project including approved documents. To apply for an amendment use the request for amendment form, which is available on the HREC website and submitted to the HREC secretary. Amendments must not be implemented without first gaining approval from HREC.
3. Adverse events
   You should notify HREC immediately of any serious or unexpected adverse effects on participants or unforeseen events affecting the ethical acceptability of the project.
4. Plain Language Statement (PLS)
   The PLS and any other material used to recruit and inform participants of the project must include the RMIT University logo. The PLS must contain a complaints clause including the above project number.
5. Annual reports
   Continued approval of this project is dependent on the submission of an annual report. Annual reports for each calendar year must be submitted by December 31 of each year from when the application is approved.
6. Final report
   A final report must be provided at the conclusion of the project. HREC must be notified if the project is discontinued before the expected date of completion.
7. Monitoring
   Projects may be subject to an audit or any other form of monitoring by HREC at any time.
8. Retention and storage of data
   The investigator is responsible for the storage and retention of original data pertaining to a project for a minimum period of five years.
9. Special conditions of approval
   Nil.

In any future correspondence please quote the project number and project title above.

A/Prof Barbara Polus
Chairperson
RMIT HREC

cc: Dr Peter Burke (Ethics Office/HREC secretary), Mrs. Narjessa Aboun (student researcher).
K: R and I/Research Office/Governance/RMIT Ethics/HREC/Applications database/2014/07-14/07-14 approval notice.doc
Appendix B: Interview questions list

1. Could you please tell me a little bit about yourself?

2. Could you tell me about your cancer story?

3. How did you experience cancer? Can you explain What did you do? How did you manage? Have you changed your life? If so, how? How helpful was that? Why?

4. Has cancer changed your personality? Your behaviour? Your life attitudes? If so, how?

5. Has cancer changed your routine life (personal/social)? If so, how?

6. Has cancer changed your brand/product/service choices? If so, what kinds of brands do you refuse to consume now? Did you use them before diagnosis? If so, why have you changed your mind?

7. What kinds of brands/products/services (except medical products) do you choose to consume now? Did you use them before diagnosis? If no, why have you changed your mind?

8. Could you tell me about your favourites in everyday life?
   - What do you usually buy?
   - What do you usually like to use?
   - What brands are usually your favourites in day-to-day life?

9. Has cancer changed your favourites? If so, how? If no, why?

10. Do you think that cancer is the main cause of change in your brand/product/service choices? is there any other factor that you believe as a cause of change in your consumption habit? If so, could you please explain more about it? What happened then? Who/what caused it?

I am about to ask some questions that might be sensitive in nature and may make you upset. If you feel that it is gruelling, or you are not happy and convenient with these questions, you are free to withdraw at this stage.

11. Has cancer changed your desire/purpose/manner of life before diagnosis? If so,
   - What was your desire/purpose/manner of life before diagnosis?
   - What is your desire/purpose/manner of life now?

12. If there was an opportunity to go back in time, which brands/products/services would you prefer to use? Why? Would you repeat the previous brands? Why?
13. Have you faced with cancer recurrence? If yes, has it changed your desire/purpose/manner of life again? If yes, how?

14. Which brands/products/services help/support you in managing cancer?
   - How does it help/support?
   - What does it provide?

15. Can you think of things (product or services) that the market has failed to provide for cancer sufferers?
   - Is there any product that you wish to have?