

Neither passive nor powerless: reframing economic vulnerability via resilient pathways

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Abstract

Resilience as an emerging construct within the contemporary field of consumer vulnerability, has received limited empirical attention within the context of economic adversity. This paper examines how low-income women strive to reframe their relationship to the market via resilient pathways. It establishes how through, active agency, self-care practices and relational coping, women maximise care of self and care of others with limited economic means. Comprised of multi-dimensional coping resources for positive adaptation, resilient pathways offer vulnerable consumers distinct trajectories to well-being and overturns deficit-focused views about how those facing chronic economic disadvantage, (re)assert themselves in vulnerable consumption contexts.

Keywords: resilience, coping resources, economic vulnerability, low-income women

Summary Statement of Contribution

This paper empirically grounds the resilience construct within the consumer research and marketing literature from the perspective of economic disadvantage. It contributes resilient pathways as distinct coping trajectories comprising of multi-dimensional coping resources to aid positive adaptation during economic adversity. It informs the theorising of consumer vulnerability literature by introducing active agency, self-care practices and relational coping as new ways of framing resilience from the perspective of low-income consumers.

Introduction

You have to get strength from somewhere because there are other people depending on you. I'd love to have the privilege of being able to have a nervous breakdown, in other words, I'd love to be able to say, well to hell with all this, I just can't cope! But I can't do that because that's not me and I'll fight my corner to the last and sometimes I think that people who let things get on top of them, you know, are they trying hard enough? I just think that when you have a family, I would push to the very last to do my best to try and manage before I'd allow myself to just lie down and not be counted. (Alice, disabled mother of two)

Low-income women are often among the categories of consumers including ethnic minorities, children, the homeless, the elderly and the disabled that are recognised and designated as disempowered. A view which is further reinforced by research on women's health and well-being which focuses almost exclusively on the vulnerability-deficit model of girls and women, where economically disadvantaged women in particular, are depicted as victims of stress, passive and unable to manage their own affairs (O'Leary & Bhaju 2006; Ptacek et al. 1980). However, most of what is known about those who are resilient in the face of adversity is based on studies of individuals who have confronted challenge and both access and utilise the individual and collective resources necessary to cope and thrive (O'Leary & Bhaju, 2006, p.162). Conventional coping theory predominantly focuses on men and women with access to traditional resources (such as income and education) to aid in the coping process, suggesting that those with greater access to external resources are in a more powerful position and, as a result, cope better (Carver & Scheier 1994; Carver, Scheier & Weintaub 1989; Duhachek 2005; Lazarus & Folkman 1985). While this important body of work has built and extended our knowledge of coping, it has resulted in a prescribed range of coping resources, as if there are no alternatives, as if universals can be applied across

contexts, and as if coping resources are uninfluenced by social and economic contexts (Fine 1992).

Within consumer research there is an emerging scholarship on the issue of systemic restricted choice and consumer constraint and vulnerability in the marketplace (Baker et al., 2005; Bone, Christensen & Williams, 2014; Hill, Rapp & Capella, 2015). In addition, studies focusing on the strength-related resources consumers draw on in response to such constraints have recently surfaced (Hamilton, 2012; Mason & Pavia 2006; Piacentini et al. 2014; Pettigrew, et al. 2014). Resilience therefore has emerged as a contemporary theoretical construct linked to this narrative (Baker et al., 2007; Baker, 2009; Baker and Mason, 2012, Damangeot et al. 2013; Pettigrew et al., 2014) yet remains broadly an under-theorised and under-researched area within the consumer research and marketing discipline.

As a contribution, this paper empirically grounds the resilience construct within the consumer research and marketing literature from the perspective of economic disadvantage. It examines how low-income women strive to reframe their relationship to the market via resilient pathways. Comprised of multi-dimensional coping resources for positive adaptation, resilient pathways offer vulnerable consumers distinct trajectories to well-being and overturn deficit-focused views about how those who face chronic economic disadvantage, (re)assert themselves in vulnerable consumption contexts. The paper makes a further contribution by introducing active agency, self-care practices and relational coping as new ways of framing resilience from the perspective of low-income consumers.

The paper begins with an overview of coping theory, the resilience construct, and the progressive shift towards positive adaptation emerging within both psychological health literature and consumer research scholarship. Next the empirical findings from a series of in-depth coping conversations are discussed. Finally, the paper concludes by considering the implications of the resilience construct for consumer vulnerability.

Theoretical context

Originating from the domain of clinical psychology, the central thrust of traditional coping theory and indeed much of the contemporary coping research, leans towards individualised coping efforts. Themes in existing research such as personal control, personal agency, personal efficacy and direct action all reflect the emphasis on the individual (Downey & Moen 1987; Lazarus & Folkman 1984; Pearlin & Schooler 1978). Within coping literature, a distinction is made between coping resources and coping strategies. Coping resources refer to factors upon which individuals draw in the face of adversity to mitigate the harmful effects of stressful circumstances (Pearlin & Schooler 1978). Typical coping resources highlighted in coping research include, problem-solving efforts, such as saving money for rent or calling the doctor when ill, stress monitoring, such as mindfulness-based stress reduction and tension reduction abilities, such as self-regulation of mood and relaxation techniques (Aycock, 2011). On the other hand, coping strategies refer to recognisable patterns of behaviour used to combat stressors and include problem-focused and emotion-focused strategies (Endler & Parker, 1994). The purpose of examining coping strategies is to identify either, i) strategies used by individuals across situations; this type of research attempts to identify generalised coping styles or, ii) strategies used in certain types of situations across individuals; this type identifies coping strategies particular to specific types of stress. Either route, takes an individualised view of coping as a defence against threats arising from highly individualised situations (Dill & Feld, 1980). Traditional analyses of coping focus on two broad classifications of coping responses; i) problem-focused (cognitive and behavioural attempts to remove the threatening event or to diminish its impact including accepting responsibility, confrontive coping and seeking social support) and ii) emotional-focused (efforts made to regulate or reduce negative feeling that arise in response to the threat, such as distancing or avoidance (Carver, Scheier & Weintaub 1989; Folkman & Lazarus 1980; Kitano & Lewis,

2005; Ptacek et al 1992). This problem/emotion-focused dichotomy is viewed as quite problematic for use particularly when applied to the lives of those in more vulnerable positions, suggesting that those who experience some type of disadvantage or risk may over-rely on emotion-focused coping which is seen as less instrumental and therefore less effective. Offering further criticism, Hobfoll et al (1994) proposes that the problem-focused, emotional-focused distinction is challenging in that it reinforces gender-bias and individualisation, failing to adopt an approach that considers the social context of coping with stress. Seminal coping models, such as those developed by Amirkhan (1990), Carver et al. (1989), Endler and Parker (1990) and Lazarus & Folkman (1984) assess coping from an individual/self rather than an individual/social perspective (Hobfoll et al. 1994). Furthermore, conventional models have focused on the individualised coping strategies of affluent populations, typically male and female adults with middle to high incomes (c.f. Billings & Moos, 1981; Folkman & Lazarus, 1980 Pearlman & Schooler, 1978). Such rugged individualistic stances ignore contexts where groups of individuals may be perceived as less powerful, such as those who experience persistent poverty (Riger, 1993).

Indeed, distorted views of the coping resources women use to manage stress stem, in part, from how the literature divides coping as either problem focused or emotional focused. This has resulted in the emergence of a dichotomy between “good” and “bad” coping resources and coping styles. With psychologists raising questions about the adequacy of the standard coping research methods for studying women in poverty (Banyard & Bemann 1993; Dill et al. 1980), other scholars such as Pearlman & Schooler (1978) continue to highlight the pronounced imbalances between genders in their possession and use of effective coping mechanisms. They conclude that women are socialised in a way that less adequately equips them with effective coping patterns noting that, “the effective coping modes are unequally distributed in society, with men, the educated and the affluent making greater use of the

efficacious mechanisms” (p.2). This view is further supported by traditional stress and coping theorists (Lachman & Weaver 1998; Meyer et al. 2008; Turner & Lloyd 1999) who suggest that the lower status and power that poorer women are allotted in society may lead to a lesser sense of personal mastery. In response, a number of theorists have illuminated the active coping resources used by groups of women living in vulnerable contexts (Afifi et al. 2006; Albelda et al. 2004; Banyard 1995; Dill et al. 1980; Fine 1985; Hobfoll et al. 1994; Watts-Jones 1990). In particular, Banyard (1995) examines the daily survival strategies of a sample of homeless mothers living in temporary emergency shelters. She challenges the traditional predictions from the coping literature, that women are overly emotion-focused in their coping efforts, finding participants to engage a range of active resources, thus dispelling the myth that women are more passive in their coping compared to men. Despite these notable exceptions, theories about the chronic strain experienced by women living on a low-income are predicated on the basis of flawed assumptions about women and their deficiencies. Furthermore despite resilience being widely regarded as an enduring personal resource in psychological literature (Bonanno, 2004), conventional coping theory has made little attempt to examine its use as an active coping resource for chronically stressed samples of vulnerable people.

Resilience

As an increasingly important construct in psychology and health, the term resilience has become associated with an increasing number of meanings (Luthar et al. 2000). The seminal meaning of resilience is the ability to bounce back from stress and adversity (Baker 2009; Smith et al. 2010). Resilience has also been defined as the ability to maintain a stable equilibrium in the face of stress (Bonanno, 2004) and a positive change that can emerge from the experience of trauma (Cicchetti 2003; Cicchetti & Garmezy 1993). However, the

definition of resilience as a positive adaptation to adversity (Luthar et al., 2000), is particularly useful and has a rich history in research with vulnerable groups (Garmezy, 1991; Luthar et al., 2000; Masten, 2001).

Resilience has been operationalised in a number of contexts to describe the adaptive capacities of, individuals (Bonanno, 2004; Butler et al., 2007; Werner & Smith, 1982), families (McCubbin & McCubbin 1996; Orthner et al. 2004; Patterson, 2002; Wadsworth & Santiago 2008), communities (Baker et al. 2007; Kulig et al. 2008; Norris et al. 2007) and larger societies (Adger 2000; Godschalk 2003). The idea that through vulnerability, growth can occur has proven particularly appealing to advocates of the positive psychology movement which focuses on the strengths that reside in every individual. Paralleling this effort have been theories advanced by feminist psychologists who actively reject many of the traditional assumptions of the medical model of psychology with its emphasis on deficiency and individualisation (O’Leary & Bhaju, 2006; p.157). Yet, despite the abundance of theories in psychological and health-related research which relate to mental disorder, illness and psychopathology, there have been relatively few studies related to the factors that influence women’s overall resilience and welfare (Worrell, 2006) and more specifically, how women in high risk contexts, such as those living in lower socio-economic conditions access resilient pathways to well-being.

Resiliency through relational ways of coping

Active efforts to cope through more socially rooted attempts, is an area that conventional coping scales and theory do not tap into (Hobfoll 1994). This is particularly important as women’s active ways of managing may have a relational or communal orientation, but current theories and instruments are largely agentic and fail to capture effective collectivist approaches (Wells, et al. 1997). Consequently, nascent scholarship on forms of collective

coping provides an important shift from viewing coping as a primarily psychological and unidirectional phenomenon toward an interdependent process that is also relational (Afifi et al. 2006). Exploring how vulnerability can be a shared, collective experience, Baker et al. (2007) suggest that both individuals and their communities can be transformed by their shared experiences of vulnerability and by their collective recovery efforts. Complementing this perspective is coping in relation to others or relational coping developed by Fine (1985; 1992). Here, the impact of individual coping on social relationships and vice versa is considered. Where women engage in coping that will ensure the survival of extended social supports such as family and friends they actively reject more individually beneficial coping responses in the process (Banyard 1995; p.889). Therefore by coping relationally, women make strategic trade-offs to redistribute the experience of hardship particularly within collective or relational contexts such as within families (Heflin et al. 2011). Relationship-focused coping can therefore include resources and efforts directed toward managing and maintaining close relationships during times of strain and adversity. This extended view of coping offers a compelling shift towards more balanced view of coping efforts. It attempts to move beyond the problem-focused/emotional-focused dialectic, to combine the personal and the situational differences that make-up the context in which people cope with stressful circumstances (DeLongis & Holtzman's 2005; Zwicker & DeLongis 2010). To gain strength from others and vice versa suggests there is a relational dimension to resilience, a balanced, positive adaptation that comprises of collective resources and inner resources to draw on in times of need.

A positive turn: coping resources that contribute to resilience

Progressive shifts have been made in consumer research to examine the positive adaptation made by consumers experiencing diverse states of vulnerability (Mason & Pavia 2006; Piacentini et al. 2014; Pettigrew, et al. 2014). Furthermore, there is now a growing body of work focusing on consumer resources and assets such as empowerment and personal self-confidence which individuals draw upon to deal with consumer constraint. Analysing the empowering coping efforts of single-mothers, Hamilton (2012) outlines how low-income women exhibit higher self-esteem through self-efficacy and by maintaining a sense of autonomy in their lives. Drawing on resource strengths and resource availability, the work of both Adkins and Ozanne (2005) and Lee et al., (1999) highlight the resourcefulness and proactivity of disadvantaged consumers surviving under difficult circumstances. In particular, Hill (1991) outlines the creativity and proactive capabilities of homeless women as they adapt to a lack of resources in their consumer environment. Similarly, Hirschman and Hill (2000), highlight the hedonic, creative and spiritual resources concentration camp prisoners engage to resist the commodification of their identities. Drawing on the cultural resource-based theory of the consumer, Arnold, Price and Malshe (2006), suggest that vulnerable consumers may use operant or more intangible resources within the marketplace. Expanding this emphasis Piacentini et al. (2014), examine the ways in which vulnerable consumers integrate resources, disentangling the operant resources of young care leavers, to uncover important physical resources such as emotional strength, self-confidence and self-esteem. Resilience therefore is a less recognised resource for impoverished consumers to draw on, as an intangible or operant way for navigating difficult consumption encounters. It serves as a functional and valuable resource for surviving poverty, which in turn, may have additional emotional benefits for the individual.

Similarly within psychological literature, there have been calls for a more balanced view of well-being (Nelson & Cooper 2005) and a focus on the resilience of at-risk groups and the factors or attributes that contribute to their resilience (DeTerte & Stephens 2014). Regarding the resilience-related factors of vulnerable groups, scholars conceptualise it as an inner resource used by individuals to protect themselves in the face of adversity typically predictive of negative outcomes, such as disaster, poverty and trauma (Baker, 2009; Christopher 2000; Davis 2002). These inner resources are cited as among the most valuable for dealing with stressful situations. As Barbieri (1996) notes, “if we are able to turn our focus inward upon ourselves for understanding, we may find we are our own best support resource” (p.4). The psychological health literature has identified a range of factors that contribute to the resilience of disadvantaged groups including, informal social support systems, a sense of spirituality, a sense of hope and self-care practices (Bennett & McDaniel 2006; Todd & Worrell, 2000; Valentine & Feinauer, 1993). Post-White et al., (1996) found that hope can be nurtured through caring relationships with others and through the development and maintenance of spirituality. Expanding on resilience-related factors in more detail, Tiet et al. (1998), suggest that compensatory factors (e.g. healthy family functioning) always have a beneficial consequence irrespective of risk level. In contrast, risk factors (e.g. poverty, substance abuse) always have a potentially harmful effect. In contrast the consequences of protective and vulnerability factors vary depending on risk level. Protective factors (e.g. self-esteem, positive ways of coping) exert a buffering effect at high risk (such as poverty, substance abuse). Whilst vulnerability factors are the opposite of protective factors and have detrimental effects in high risk contexts. Resilience and vulnerability factors therefore affect individuals’ exposure and reactivity to strain and their well-being (Almeida, 2005). The contribution of Holohan and Moos (1991) and Holohan et al. (1999) outlines how personal and social resources as resilience-related factors operate in tandem to aid people’s coping

efforts in facing life threat. Resilience can therefore improve the conditions affecting an individual's overall ability to cope (Osofsky & Thompson, 2000) and could be considered an important coping resource within broader coping frameworks.

Only recently has resiliency been analysed from the perspective of economic disadvantage in psychological terms (Othner, et al., 2004), however further specification is needed on how women living with persistent economic vulnerability positively adapt under these conditions. As discussed earlier, psychological studies have identified a range of problem and emotion-focused coping strategies but few have addressed consumer concerns and in particular the specific resources of those who live with prolonged periods of chronic strain (Pavia & Mason 2004; p.443). Both consumer research and psychological health literatures conceive of resilience as an inner resource used to cope with difficult experiences. Furthermore, within poverty literature, resilience is one of the most common personal resources mentioned (Lister 2004), yet the components of resilience and how it is manifests from economic vulnerability is poorly understood. For the purposes of this paper, the definition of resilience as, a positive adaptation to adversity, proposed by Luthar et al. (2000) will be adopted within the context of this study.

As resilience remains an under-theorised and under-researched area within the consumer research and marketing literature and furthermore has not been empirically grounded within the context of economic vulnerability, there is a clear need to examine this alternative perspective to understand how individual's strive for success (individually and collectively) while not losing sight of the structural constraints and opportunities they encounter.

Research Design

This study was part of a larger funded research project examining the female experience of stress and poverty within an Irish context. For the purposes of this particular paper, the research design adopted an interpretivist approach to data collection in the form of in-depth interviews. The objectives of which were twofold; firstly to explore the range of coping resources women draw upon to mediate the stress of economic vulnerability and secondly, to uncover any new or alternative ways of maintaining their well-being.

There is a diversity of women living in diverse low-income contexts, therefore it was important to capture their multiple voices and perspectives as fully as possible. Participants were accessed through a combination of lone parent community groups, disability support groups and organisations supporting those with experiences of homelessness. A total of 18 women participated in one-to-one in-depth interviews. In line with Ekstorm and Hjort (2009) the term low-income was used during the participant recruitment phase as it encompasses many different positions and living situations. Therefore for the purposes of this study, low-income is conceptualised as a persistently vulnerable state negatively impacting women's well-being. In order to place their coping efforts in a broader social context, participants were asked to provide some information on their backgrounds in as much detail as they were comfortable with. The objective of this was to assess if women had made any transitions into, or out of, a low-income position and to further understand the complexity and variation of economic vulnerability. The key transitions named by participants included; the death of a partner; separation and divorce; job loss; acquiring a disability; lone parenthood; early school leaving; part-time, low paid work; indebtedness; periods of homelessness and experiences of poor mental health (see Table 1 for full participant profile).

In-depth Coping Conversations

Participants were active in negotiating the terms of our meetings; choosing the day, time and location and having the option to have a friend or family member present for the entire duration or part of our conversation. The majority of interviews were conducted with women on a one-to-one basis, with the exception of one woman with a previous history of homelessness who had her support worker present. Interviews took place in a variety of settings that suited participants, representing where they felt most comfortable and lasted between 60 and 90 minutes. An adapted version of the coping interview developed by Banyard (1995) and Dill et al. (1980) guided conversations with women. Additional questions explored participants' ways of coping with stressful consumption experiences and the strain of managing on a low-income. Participants were asked to describe a stressful consumption-related situation they had encountered and to discuss how they dealt with it. Probing questions were designed to tap into various aspects of the named situation, including the type of personal strain associated with the problem and her satisfaction with her management of the situation. An additional follow-up question addressed women's access to and use of resources. Finally, women were asked to reflect on how satisfied they were with how they had dealt with each situation. Where multiple consumption experiences were provided by women, this process of discussion was repeated. A limited number of studies on the strains of poverty use a strengths-based perspective to explore the active ways in which women cope (McIntyre et al. 2003). In this regard, an affirmative approach to interviewing was adopted which focused on the positive ways women had managed or dealt with the stressful situations they highlighted in their conversations. All interviews were audio-recorded and later transcribed, with the permission of participants, and pseudonyms were used to protect their identity. In line with the analytical approach devised by Massey et. al. (1998) analysis began by looking at each coping conversation to identify distinctions between

adversity and resilient ways of coping. Each transcript was then reviewed to highlight concepts commonly found in the resilience literature, such as stressors, adversity, vulnerabilities, individual and social resources, strength, active engagement and meaning. Transcripts themes were then combined to co-locate examples of strain and challenge as well as strength and empowerment as evidence of resilience in vulnerable economic contexts.

Table 1: Participant Profiles

Name*	Age	Marital Status	Family Status	Transition to Low-income	Employment Status
Sophie	39	Married	4 children	Dependent on husband with low-income	Homemaker
Jenny	45	Widowed	4 children	Widowed and left with debt, mental health issues	Social welfare recipient
Fran	33	Married	3 children	Recently made redundant, dependent on husband	Homemaker
Katherine	55	Married	4 children	Degenerative spinal condition	Disability benefit
Hannah	47	Married	No children	Part-time low paid job	Part-time work
Gabi	35	Separated	2 children	Separation, recipient of lone parent payment	Social welfare recipient
Anita	47	Separated	4 children	Separation recipient of lone parent payment,	Social welfare recipient
Ellie	30	Separated	2 children	Separation and job redundancy	Social welfare recipient
Alice	44	Married	2 children	Debilitating auto-immune disease	Disability benefit
Hayley	48	Separated	4 children	Divorced, survivor of domestic abuse, mental health issues	Social welfare recipient,
Louisa	39	Single	1 child	Recipient of lone parent payment	Social welfare recipient
Faye	34	Single	2 children	Previous history of homelessness, drug addiction and prostitution	Social welfare recipient
Aoife	28	Single	3 children	Lone parent	Social welfare recipient
Eileen	31	Single	2 children	Lone parent, mental health issues	Social welfare recipient
Linda	55	Married	4 children	Low paid job	Low-paid job
Grace	52	Married	No children	Major car accident, acquired disability	Disability benefit
Caroline	58	Married	6 children	Dependent on husband who is a social welfare recipient	Homemaker
June	47	Widowed	8 children	Widowed and job redundancy	Social welfare recipient

*All participants either choose or were provided with pseudonyms

Resilient Pathways: coping trajectories and multi-dimensional coping resources

As an emerging construct within the contemporary field of consumer vulnerability, resilience has received limited empirical attention within the context of economic adversity. Although, there is solid evidence that the possession of resources is instrumental in resilience, an individual's well-being is dependent on their access to resources within their particular ecological niche in order for them to be adaptive and to find a path to empowerment (Hobfoll, 2002; French et al., 1974, Kelly, 1966). The following discussion identifies a set of resilient pathways which are defined as, distinct coping trajectories comprising of multi-dimensional coping resources low-income women access to adapt positively during economic adversity. Specifically, these findings introduce active agency, self-care practices and relational coping as new ways of framing resilient pathways within a low-income context. With marketing scholars increasingly calling for work that challenges the belief that important consumer resources are explicitly linked to money (Hamilton et al., 2014), the following narratives provide an important insight into how resilient pathways are comprised of multi-dimensional coping resources. Theorising resources as multi-dimensional offers a new way forward in understanding resilience from a low-income perspective, as these resources are dynamic and are creatively constituted by women in the absence of economic means. Table 2 provides a summary overview of these resilient pathways and their corresponding resources.

Table 2

<u>Resilient Pathways</u>		<u>Multi-dimensional coping resources</u>
Active Agency	→	Negotiating skills Advocacy skills
Self-Care Practices	→	Creative resources Spirituality
Relational Coping	→	Open acknowledgement of stress Sensitivity to the vulnerability of others

Active agency

Traditional theories of coping have been criticised for their inapplicability to women's lives and for categorising women as overtly emotional-focused in their response to adversity (Banyard & Bermann 1993; Hobfoll et al., 1994; Makosky, 1982). The first resilient pathway identified offers a counter-perspective to this, where women are characterised by their active agency in the marketplace. Within the context of this study, active agency is defined as autonomous and dynamic financial and social negotiation. For participants, the resources linked to active agency were; i) negotiating skills and ii) advocacy skills. Actively negotiating with powerful others to alleviate the strain of economic vulnerability for not only themselves, but on behalf of others, recognises the different resources used by women to deal with chronically disempowering experiences.

For many of the participants, taking control of stressful situations through the use of negotiating skills proved to be an important coping resource. One critical determinant of the ability to activate resilient resources is engaging directly with the challenging event (O'Leary & Bhaju, 2006). Participants' readiness to interact with institutions and people in authority was a valuable resource for mitigating tension. Living on inadequate incomes meant that participants were dependent to a certain degree on powerful institutions such as the welfare system, housing authorities, the health care system and financial institutions. Jenny, a widow and lone parent of four children, discusses negotiating her way through the stress of a car loan she was left to pay after the death of her partner:

I'm left with the balance of the car and whatever other loan was on top of it. So I went to the bank to ask them would they renegotiate the loan, but the only way they would renegotiate was that I paid for it weekly, so I'm afraid I'm going to have to go back to them and tell them that they'll either have to reduce the repayments or repossess the car. One or other!

During conversations with women, resiliency was not only seen as emerging from financial constraint. This was particularly evident among participants who were living with a range of disabilities. During a conversation with Katherine, married with four children, who was also a wheelchair user, she described how her husband avoided dealing with their mounting debt. After leaving hospital she drew on her financial and social negotiating skills to protect her family and their home:

I immediately contacted the gas supplier, the telephone company, our mortgage provider and explained the situation and asked them to give us three months to try and sort ourselves out.....once they'd had contact from us and they knew the situation it was fine... but before that they thought we just weren't paying our bills. So it was through my intervention that we actually got a mortgage which got us out of our troubles.

Similar to the work of Pavia and Mason (2014), the issue of mobility limiting impairments restricted participants from getting to and from the marketplace to be physically present for market exchanges. The lack of financial resources coupled with physical impairment exacerbated women's persistent vulnerable state, however Katherine's account demonstrates that although participants often interacted with institutions where there was a possibility they would decline to respond, women did not believe they were powerless to remove the stress from their lives. For lone parents in particular, issues with household authorities, landlords and household repairs were a regular theme. Facing a significant increase in rental payments, Gabi outlines how, through being socially assertive, she achieved a positive outcome:

I told them I'm willing to move out because I can't afford it and I said it's coming back on my kids and that's the end of it....but the letting agent said that the landlords don't want me to move out, because I'm an excellent tenant and they've dropped the rent a hundred and fifty euros a month.

Traditional coping theory has suggested that low-income women may lack a notion of personal power and skills because their identities are too closely tied to the interests of the household (Iversen 2003). For participants skills in direct negotiation were often a more available and common resource to draw on for dealing with constraint but one which was tied to agency and empowerment nonetheless. These narratives illustrate the role financial and social negotiation skills played as effective coping resources for women and how they contributed to their overall sense of competence and resilience. An understanding of this type of power leads us to think beyond the dichotomies of problem-focused and emotion-focused coping, and to question the value labels placed on various coping resources (Banyard & Graham-Bermann, 1993; Folkman & Mosowitz 2004; 2000; Folkman & Lazarus 1980).

There was a further link between resilience and a determination to prevail. Women outlined how a sense of personal confidence in one's problem-solving skills and abilities helped them maintain competence in adverse conditions with many of them engaged in training courses and advocacy work:

The courses I have completed has helped me build myself up, and I have sort of grown and started to build my self-esteem, that's how I've actually managed throughout the years (Anita)

Although multiple definitions of resilience exist, a central theme of resilience is having a positive adjustment to negative experiences (Orthner et al., 2004). Negotiating not only on their own behalf, many participants were also engaged in volunteering and advocacy work to help women in similar circumstances to their own. This provided participants such as Alice and Linda, with a strong sense of empowerment, which they both leveraged to positively adapt to their own circumstances:

We all have to think of a reason for where we're at and to me, this disability is the reason I've been given this. I know I have helped a lot of people through my being

involved with these disability organisations, with the women's group, and that's my sort of *raison d'être* if you like (Alice)

One way people experience positive emotions in the face of adversity is by finding positive meaning in ordinary events and within the adversity itself (Affleck & Tennen 1996; Folkman & Moskowitz 2000; Fredrickson, 2001). Linda describes how she used her time as a volunteer to develop financial skills that proved useful in dealing with her family's lack of income and mounting arrears:

I started volunteering in the local independent advice centre because I wanted actually to contribute... I learned how to deal with creditors, what letters to write, how to do a budget and do proportional payments, so I could deal with my own stuff very well because of that and offer advice to others.

One of the central limitations of the literature on coping with economic vulnerability is that it lacks descriptions of the resources women use to cope with material deprivation once it has emerged in their lives (Heflin et al., 2011). These narratives therefore illustrate how active agency embodies a significant assertion of control and empowerment for these women. While it is acknowledged that resources for coping effectively with some problems may be unavailable to women already hampered by inadequate financial resources and lacking status, language, information or appropriate advocates to move institutions and situations in their favour (Dill et al., 1980), these findings stand in sharp contrast to this, by emphasising how low-income women engage empowerment-focused resources to foster resilience. These skills fostered a sense of control thereby helping women move away from vulnerability and toward recovery (Baker et al 2007). When viewed through a consumer vulnerability lens participants have demonstrated their potential to undermine the dominant discourse of passivity, engaging negotiation and advocacy skills to reposition themselves in more powerful ways.

Self-care practices

The second resilient pathway that emerged from the data is how women made concerted efforts to create a space for self-care, as a way of neutralising the pressure and constraints of living on a low-income. Self-care is defined as, the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health and well-being (Orem, 2001, p. 43). However, within health literature, a distinction is made between self-care activity, which is considered learned, goal-centered and developmental (Leenerts et al. 2002) and self-care ability, which involves a conscious awareness of the opportunity to act on certain perceived influences on the body and mind, to bring about changes in attitudes towards life situations (Soderhamn, 1998). Self-care ability is therefore a necessary resource and condition for self-care practices to be actualised. Participants possessed an acute understanding of the personal impact chronic economic disadvantage had on their well-being. For women, overcoming such chronic conditions, within a self-care context required a conscious awareness of the interplay between self, health and the protection of their well-being. The specific resources integral to engaging in self-care as a resilient pathway; were i) creative resources and ii) spirituality.

For some participants, a conscious reframing of consumption in more experiential terms was an important coping resource. Participants were candid about the active efforts they made to manage the tension and strain surrounding them and discussed ways they incorporated self-care into daily practice. Although private, quite individual acts were discussed, the enjoyment of music, nature and alternative therapies appeared regularly during our conversations. Faye, a lone parent of two children, with a previous history of homelessness explains how she tries to minimise the strain of managing on a low-income:

I love listening to music, I love listening to Mind, Body & Spirit, it's a CD with all different songs of the seas...sometimes I draw or go for a nice walk, and I feel a lot

better, you know... some people have to get actual objects to feel good, I don't, I prefer a nice experience.

Adaptive health practices, such as exercise, rest and relaxation have shown promise as resilience factors and have been classified as active coping resources as opposed to activities (Currie, 2004; DeTerte et al. 2014; Pavia & Mason 2004).

Creative resources, such as music and art were communicated as both healing and rejuvenating. Grace was involved in a major car accident leaving her with serious facial disfigurement and other physical health problems. She explains how her training in Ki Massage and interest in alternative therapies represents an important space for her:

You can do a lot of things on very little...my friends and I do Reiki and reflexology for free, we just get together and we do Reiki and we have a little chat... it's important to keep your mind right and have a laugh with the ladies and you know it's an hour, it takes your mind off all this ... the next day you are worrying about the bills and you're checking all your shop receipts.

Although participants such as Grace did not admit to being stigmatised for their appearance or other physical impairments in the marketplace, they were keen to limit the time spent interacting with it as a reminder of their financial constraints, preferring alternative spaces to find meaning and empowerment. Looking different can motivate individuals to choose consumption locations where the critical gaze of others is lessened or eliminated (Pavia & Mason 2014; p.481). Similarly the garden, for Hayley, a lone parent of two children, was a metaphor for moving on and growing since her divorce from a physically abusive husband:

It has given me this interest now to pass a day if I'm down or worrying about money, I can go out to the garden and I switch off and I forget about it all and it's great, it's another source of coping.

Examining the relationship between socio-economic position and self-care activities, Ettner et al. (2009) suggest that those in a weak economic position do not possess self-care abilities to stay healthy, therefore experiencing a “dual vulnerability” both from a financial and ill-health perspective within the context of economic disadvantage. However, the participants in this study created and tailored their own self-care protocol as a source of personal renewal (Wicks 2010).

The theme of self-care is further extended to the spiritual domain as an important means of coping with economic strain. Spiritual self-care includes, an on-going search for meaning and understanding in life and what may extend beyond, and may be characterised as an individual sense of purpose (Williams-Nickelson, 2006). Commenting on how spirituality as a life philosophy helps them manage in a positive way, June, Linda and Caroline embraced a particular value system which they believed contributed to their resilience:

I see a bigger picture... sometimes God puts a door in front of you and if you have the courage to step through it and deal with all your fear,... it can give you strength and when you get strength, you can cope with a lot of things that maybe you didn't think you could cope with (June)

If you want something you don't really need, think about how buying that thing would improve the quality of your experience on earth ... that's the question I ask myself (Linda)

Faith pulls you out of holes that nobody else would have the strength to (Caroline)

There is now a growing concern for, and attention to, spiritual resources as a source of strength and resilience in marginalised populations, including women, ethnic minority groups, and low-income individuals (Banjaree & Pyles 2004). Such interest has arisen from spirituality often been neglected in models of coping resources that may have positive

influences on well-being and health (Banjaree 2004; Piedmont 1999). The accounts provided by participants are therefore important for exploring how spiritual beliefs are a possible site for the production of empowerment, creating peace and hope for women in the face of adversity (Wray 2004).

When women engaged alternative resources that created a space for self-care, it allowed them to resist feelings of constraint. For some women, empowerment found in these private spaces spurred the power to change constraining aspects in other areas of their lives. Regarding the strain of economic risk and vulnerability, researchers suggest that people on low-incomes often devalue the importance of monetary success in order to buffer the deprivations felt, as a result of a limited income (Othner et al., 2004; Patterson, 2002). Women participating in this study attempted to make consuming less central to their lives by consistently and intensely avoiding its pressure by demonstrating self-care abilities. Self-care was not only a source of empowerment for participants but a self-determined coping resource defined and discovered individually, incorporating multiple resilient-related resource components including experiential, creative and spiritual factors. Such resources have proven therapeutic and empowering for those experiencing acute disempowerment (Hirschman & Hill, 2000) and for the participants in this study, worked in tandem to protect them from focusing on their deficits. Self-care practices as a resilient pathway had a transferable quality, providing women with the confidence to eventually interact with the market outside of these private spaces of self-care.

Relational coping

The final resilient pathway identified was that of relational coping, or care of others. The relational theory of coping states that coping resources are shaped by, and continue to develop, in the context of on-going close relationships (White et al. 2009), with women in particular, active in managing close relationships during times of stress (DeLongis & Holtzman, 2005). What is not addressed in either traditional coping theory or in consumer research and marketing literature, is how economic disadvantage is dealt with in a relationship-focused context and furthermore, what resources are engaged by vulnerable consumers to maximise resilience at a relational level. Allatt (1993) suggests that it is in fact emotional skills, emotional energies and emotional resources which motivate individuals to act on behalf of a loved one. Drawing on the narratives presented here, the interconnected resources of i) open acknowledgement of stress and ii) sensitivity to the vulnerability of others, are evidence of intense, prolonged engagement of emotional resources fundamental to resilience-building during persistent economic adversity.

Exploring the strengths of low-income families, Othner et al. (2004) suggests that relationship assets such as open communication and problem-solving provide positive resources for managing the adverse effects of low-income:

We just came to a solution with the kids, we just sat them all down, the four of them together, and we just said, this is the situation, we don't have the money we used to have, if we can afford to get you things we will, but you're largely on your own.....they learned very quickly to be very independent but at the same time they always knew that we were there for them and they were always there for each other
(Katherine)

I wanted [my children] to see the example that life does hit you with a lot of crap, it really does like in many shapes and forms ... everybody gets crap, but it's how you deal with it that makes the difference (Alice)

From a relational perspective, the presence of economic strain was openly recognised and discussed as a reality with family members. Women revealed that when family members were made aware of financial difficulties they curtailed their demands and were more appreciative of the consumption efforts made by participants to stretch money. This reflected how participants individually and collectively worked to reduce their vulnerability and how a collective sharing of vulnerability proved beneficial (Baker et al. 2005).

Despite scholars asserting that women's emotional resources are depleted through the process of managing deficits in financial resources (O'Brien, 2009), resilience was demonstrated by women at a relational level through their sensitivity towards the vulnerability of loved ones. This entailed moderating the emotional intrusion and impact of financial difficulties on other family members to ensure their well-being. With respect to how traditional theories of coping portray women, they tend to be depicted as less able to cope than samples of men with whom they have been compared (Banyard & Graham-Bermann 1993). However, participants' accounts demonstrate how male partners were actually protected by them to an extent from financial concerns:

I won't put pressure on him, he [husband] works for pittance, but it keeps his mind occupied and it keeps him out of the house and it stops him worrying and it stops him being under my feet all day long. I took responsibility all my life in paying the bills and having the good job and doing everything, and suddenly the roles reversed, it was very hard for him to cope with the change but thank God he did and today we share it all, we share the bills, everything's put on the table, there's no lies (Fran)

I have to very consciously not say anything about bills to my husband because he has a big job today.....I'll wait until Friday to mention it to him (Sophie)

The empathy and sensitivity skills displayed by women served as a way of protecting and shielding other family members from experiencing pressure. The resilience manifesting from chronic economic vulnerability is under-examined through a relationship-focused lens, with the resources and energies required for its production, such as open acknowledgment of stress and sensitivity to the vulnerability of others are often intangible and unrecognised. Nevertheless, the reality of participant's stressful life circumstances was that constraints were typically experienced and managed individually and collectively (Lyons et al. 1998; Lynch 1989; O'Brien 2009). Although resilient individual and family adaptational processes have been highlighted to a degree in consumer research (c.f. Baker et al. 2007; Mason & Pavia 2006; Pettigrew et al. 2014), women's relational perspectives and resources have yet to receive explicit attention (Kayser, et al. 2007; Wells et al. 1997). This is further supported by resilience scholars who suggest that family-based, relational-focused efforts have the potential to promote empowerment and break linkages in family economic stress (Wadsworth & Santiago, 2008). When persistent economic vulnerability affects the lives of children, partners, friends and others in a social network, a focus on the context of relationships is important to enrich our understanding of alternative coping resources used during such vulnerable states.

Discussion and conclusion

This paper has examined how low-income women strive to reframe their relationship to the market via resilient pathways. Recent research on the lived experience of consumer vulnerability has revealed how individuals in low status situations perceive themselves as subordinate in resource restrictive consumption and marketplace contexts (Bone et al., 2014; Hill, Rapp & Capella, 2015). Yet the differential challenges that put consumers at risk of adversity also affords them opportunity if they are empowered, to exhibit resilience in the face of adversity (Johnson, 2004; O’Leary & Bhaju 2006; Worell, 2001). Despite the importance of resilience and how it might act as a stress mediator during times of constraint, it has not been explored to any great degree as a coping resource within the consumer vulnerability literature. As a contribution, this paper empirically grounds the resilience construct within the consumer research and marketing literature from the perspective of economic disadvantage. Moreover, it defines resilient pathways as distinct coping trajectories comprising of multi-dimensional coping resources to aid positive adaptation during economic adversity. Finally, this study informs the theorising of the consumer vulnerability literature by introducing active agency, self-care practices and relational coping as new ways of framing resilience from the perspective of low-income women.

As a construct, resilience offers consumer researchers a useful framework for future research with underrepresented consumer populations. If resilience emerges from ordinary processes then the origins of resilient coping resources and how they operate in different contexts of consumption constraint is important to consider. Baker and Mason (2012) suggest that trigger events may give rise to vulnerability characterised by a lack of personal control and powerlessness. Future research might therefore consider the health-promoting resources of personal and collective strength with a trend towards reformulating deficit-model to strength-related paradigms in understanding systemic restricted choice and

vulnerability. In addition, the extent to which notions of autonomy *and* relationality are intertwined during persistently vulnerable states for different consumer groups is an important aspect of resilience which might warrant further exploration.

The view that active agency, self-care care practices and relational coping produce empowering outcomes for women during consumption constraints suggests that resilience has its own distinct trajectory to well-being. The interplay between the resources identified and the resilience of women in this study highlight how resources transfer and rotate to foster empowerment in economically vulnerable groups. Typically, the resources identified in resilience scholarship lean heavily towards personality-based resources. However, theorising resources as multi-dimensional offers scholars a new way forward in understanding resilience from a low-income perspective, as these resources are dynamic and creatively constituted by women in the absence of economic means.

Although less empirical attention has been devoted to what fosters resiliency in particular groups of vulnerable consumers, this paper has demonstrated that for low-income women, there is no universal means of maintaining equilibrium during aversive economic situations but rather a repertoire of multiple and somewhat unexpected resilient pathways to well-being. These pathways act as conduits to the achievement of positive adaptation, empowering women to (re)assert themselves in vulnerable contexts, thus overturning deficit-focused views, about how women facing chronic economic disadvantage, circumvent the tension and strain that surrounds them.

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