

The Role of Coping in the Well-Being of Visually Impaired Consumers

Autoria

Claudia Falchetti - claufalch@hotmail.com

Prog de Mestr e Dout em Admin em Gestão Internacional/Dout e Mestr em Admin - PMDGI/ESPM - Esc Sup de Prop e
MKT de São Paulo/Ass Esc Sup de Prop e MKT

Mateus Canniatti Ponchio - mateus.ponchio@gmail.com

Prog de Mestr e Dout em Admin em Gestão Internacional/Dout e Mestr em Admin - PMDGI/ESPM - Esc Sup de Prop e
MKT de São Paulo/Ass Esc Sup de Prop e MKT

CGAE (Graduação)/FGV/EAESP - Fundação Getulio Vargas/Esc de Admin de Empresas de São Paulo

Agradecimentos

Fundação Dorina Nowill, que auxiliou no recrutamento de participantes para a pesquisa de campo.

Resumo

This study evaluate the relationship between coping, vulnerability and consumer well-being, building on the work of Balabanis, Mitchell, Bruce and Riefler (2012). In the present study, we chose to continue the research initiated by Balabanis and colleagues, exploring the role of coping strategies used by individuals when faced with stressful consumption situations, and comparing the responses of visually impaired individuals with the responses of non-disabled persons. The results revealed evidence of a mediating effect of vulnerability on the relationship between coping and well-being. The results also showed that people with visual impairment, in comparison to the non-disabled, presented greater well-being in consumption, keeping constant the coping focused on problem. Thus, it could be concluded that individuals with a greater repertoire of coping focused on the problem would also have fewer emotional difficulties even if dealing with consumer vulnerability situations. The research contributes to the academic community by providing validated measurement instruments for use in Brazil, and for future studies it is proposed to expand the application of the research, including in its scope other consumer segments or cultural factors that may influence consumer well-being in vulnerability situations.



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ABSTRACT

This study evaluate the relationship between coping, vulnerability and consumer well-being, building on the work of Balabanis, Mitchell, Bruce and Riefler (2012). In the present study, we chose to continue the research initiated by Balabanis and colleagues, exploring the role of coping strategies used by individuals when faced with stressful consumption situations, and comparing the responses of visually impaired individuals with the responses of non-disabled persons. The results revealed evidence of a mediating effect of vulnerability on the relationship between coping and well-being. The results also showed that people with visual impairment, in comparison to the non-disabled, presented greater well-being in consumption, keeping constant the coping focused on problem. Thus, it could be concluded that individuals with a greater repertoire of coping focused on the problem would also have fewer emotional difficulties even if dealing with consumer vulnerability situations. The research contributes to the academic community by providing validated measurement instruments for use in Brazil, and for future studies it is proposed to expand the application of the research, including in its scope other consumer segments or cultural factors that may influence consumer well-being in vulnerability situations.

KEYWORDS: coping, consumer vulnerability, consumer well-being, visually impaired consumer

INTRODUCTION

It is estimated that more than 250 million people across the world are visually impaired (World Health Organization [WHO], 2018). The United Nations (UN - Department of Economic and Social Affairs, 2018) estimates the existence of more than 1 billion people with disabilities worldwide and emphasizes that 80% of them reside in developing countries (UN Brazil, 2017). For these people, consumer activities, such as preparing food or shopping, become difficult, because the marketplace environment is apparently unprepared to meet their needs and reduce their stress (Crews & Campbell, 2004). This limited access to market opportunities (Baker, Stephens, & Hill, 2001) and lack of social support for consumption (Bruce, Harrow, & Obolenskaya, 2007) may cause these individuals to experience both vulnerability and social exclusion.

Although one in seven people in the world has some kind of disability, there are not many academic studies on their vulnerability in the marketplace; moreover, impaired people's situation and difficulties in the consumer environment are scarcely reported in the media. "The marketing literature on vulnerability often overlooks people with significant chronic or progressive disability although many people live with these challenges" (Pavia & Mason, 2004, p. 1). These consumers also seem invisible both to market and to product and service developers (Mason & Pavia, 2006), and in certain situations, erroneous or false media representations may mask the real causes of social exclusion experienced by these people (Kearney, Brittain, & Kipnis, 2019).

There is thus a need to discuss visually impaired people's issues in the marketing context to increase awareness among researchers, marketers, governments and representatives of consumer rights. Compared to others who have fewer disabilities, marketplace issues, such as a lack of preparedness for receiving blind people, represent more difficult barriers for these individuals to overcome (Falchetti, Ponchio, & Botelho, 2016). In the literature on visually impaired consumers' vulnerability and well-being, only one study was identified as using a quantitative research method. This is the study of Balabanis et al. (2012), which verifies that, for visually impaired consumers, increases in individual well-being are associated with increased market engagement (ME) in the process of stress response in the consumer environment. Balabanis et al. (2012) point out that the stress level perceived by these individuals in the consumer environment depends on their coping styles. In the present study, we chose to continue the research initiated by Balabanis and colleagues, exploring the relationship between vulnerability, consumer well-being and coping strategies used by individuals when faced with stressful consumption situations in the Brazilian context.

In striving to fulfil these objectives, this material first presents a literature review about the constructs involved (consumer vulnerability, well-being and coping) with the aim of providing the reader with an understanding of the same, as well as the research hypotheses explored later in the field study. The following section will deal with the research method used, including a description of the measurement instruments chosen for the operation of each of the variables tested, as well as information on data collection and treatment. The following instruments were selected, adapted and validated: Sinclair and Wallston's (1999) Psychological Vulnerability Scale (PVS), Brief Inventory of Thriving by Su, Tay and Diener (2014) for subjective well-being measurement, and the Coping Scale of Duhachek and Oakley (2007) adapted by Han, Duhachek and Rucker (2015).

At the end, analyses, results and conclusions are reported, and suggestions for future studies are indicated. Some propositions for future research are drawn from the results found.

VULNERABILITY

Limiting social situations, such as that often experienced by visually impaired consumers, can affect an individual's psychological and physical well-being. The sense of vulnerability experienced by them is increased by difficulties in achieving consumption goals, which generates exclusion, isolation and stigma, affecting self-image and the perception of belonging (Elms & Tinson, 2012). Successful pursuit of personal goals contributes to the development and maintenance of individual well-being, and vulnerability situations, which prevent or hinder the individual from achieving consumption goals, and can lead to a feeling of reduced well-being for him or her. Consumer vulnerability is therefore a market condition that exposes individuals to the risk of having limited utility from market transactions, which may have implications for their well-being.

Baker, Gentry and Rittenburg (2005) argue that consumer vulnerability is a condition, not a status. According to these authors, consumer vulnerability can be experienced by anyone because of events that can occur at any stage of their lives, including illness, limited income, job loss and natural disasters. They explain that although some groups of people are more prone to vulnerability, they are not always vulnerable, and they suggest that vulnerability is closely linked to identity and transformation, and consumers' self-concept is in jeopardy when they experience it. The contexts of consumption that make individuals feel vulnerable affect not only their perception of competence and social acceptance, but also their safety and future prospects.

The authors define consumer vulnerability as:

[...] a state of powerlessness that arises from an imbalance in marketplace interactions or from the consumption of marketing messages and products. It occurs when control is not in an individual's hands, creating a dependence on external factors (e.g., marketers) to create fairness in the marketplace. The actual vulnerability arises from the interaction of individual states, individual characteristics, and external conditions within a context where consumption goals may be hindered and the experience affects personal and social perceptions of self. (Baker et al., 2005, p. 134)

Sinclair and Wallston (1999) propose that some individuals may be more prone to so-called psychological vulnerability because they have some cognitive patterns that make them more susceptible to stress, and Rosenbaum, Seger-Guttmann and Giraldo (2017) relate vulnerability to conditions such as disabilities, advanced age, sexual orientation, immigration status and acculturation, participation in sexual exploitation, geographical distance, mental health challenges, obesity, natural disasters and language barriers. In fact, there are groups of individuals, grouped according to their socio-demographic characteristics, who may be more or less likely to experience a similar set of conditions (Commuri & Ekici, 2008), including those that lead to feelings of vulnerability. However, subjective factors, such as emotional stability, mood, motivation and autonomy, are also of great relevance in the context of consumer vulnerability (Falchetti et al., 2016).

According to Baker et al. (2001), the response of visually impaired consumers to the market in terms of independence and dependence is determined by a number of environmental factors, namely physical, logistic and interpersonal factors. Baker et al. (2005) explain that participation in the context of consumption for the disabled and their families is different from participation in consumption for people considered non-disabled. This difference may generate a feeling of isolation or abnormality for these individuals or groups. Crews and Campbell (2004) associated loss of vision with increased depression and family stress and indicated that blind people are twice as likely to suffer from depression or anxiety as individuals without sensory problems. A study by Horowitz and Reinhardt (2000) also found that approximately one-third of older adults with visual impairment have symptoms of depression, which is partly

because, unlike other age-related physical disabilities, vision loss may be associated with a state of complete dependence and helplessness.

CONSUMER WELL-BEING

Consumption in modern society is accepted as a means to pursue success, happiness and well-being (Burroughs & Rindfleisch, 2002; Ponchio, Aranha, & Todd, 2006) and the successful pursuit of significant personal goals contributes to the development and maintenance of individual well-being (Tang, Guo, & Gopinath, 2016; Visconti, 2016). Increases in individual well-being are associated with greater market engagement (Balabanis et al., 2012) and greater adherence to brands (Aureliano-Silva, Strehlau, & Strehlau, 2018), and situations of vulnerability that impede or hinder individuals from achieving their consumption goals can lead to a feeling of reduced well-being for them. Consumer vulnerability is a market condition that exposes individuals to the risk of gaining limited utility from market transactions, which may have implications for their well-being (Visconti, 2016). Vulnerability can be understood as susceptibility to injury or to someone being taken advantage of, and vulnerable consumers are those who are most susceptible to economic, physical or psychological damages in, or as a result of, economic transactions because of characteristics that limit their ability to maximize their usefulness and well-being (Smith & Cooper-Martin, 1997, p. 4).

Lee and Ahn (2016) explain that well-being is a general term for the condition of an individual or a group in various contexts, for example their psychological, physical, social or economic state. Consumer well-being (CWB) can be measured from objective criteria such as economic criteria (e.g., income or aggregate wealth), or by considering human development facets such as happiness, pleasure, positive affect and life satisfaction (Pancer & Handelman, 2012). Zhong, Mitchell, Yang Zhong and Mitchell (2013), for example, point to evidence that objective life circumstances, such as financial circumstances, affect consumer well-being. Contrary to the objective view, the subjective view takes into account feelings of satisfaction or dissatisfaction that the consumer experiences and that contribute to their quality of life – in other words, satisfaction, the sense of well-being or other perceptions of the consumer themselves (Sirgy, Lee, & Rahtz, 2007). For example, the results of Dagger and Sweeney (2006, p. 5) indicate that perceptions of service quality and service satisfaction may have the potential to contribute to the quality of life experienced by individuals.

According to Veenhoven (1984), subjective well-being is about the degree to which an individual judges the general quality of their life as a whole in a favourable way. Most subjective well-being surveys in the context of consumption examine the satisfaction of individuals with various aspects of consumption, such as the acquisition and possession of material goods or the experience of retail and services (M. S. W. Lee & Ahn, 2016). For example, research by Iyer and Muncy (2016) studies individuals' attitudes toward consumption at both the personal (micro) and social (macro) levels, and subjective well-being in terms of cognitive well-being and affective well-being. Lee, Sirgy, Larsen and Wright (2002) argued that consumer life dimensions are more appropriately conceptualized in terms of five types of consumer experiences (acquisition, possession, consumption, maintenance and disposal) and develop a subjective measure of CWB as a composite of consumer satisfaction experience.

Hypothesis 1 (H1): Consumers with greater psychological vulnerability present lower levels of consumption well-being.

Balabanis et al. (2012) understand subjective well-being (SWB) as a state, and as a set of internal resources (of an individual), i.e., the energy or physical strength of a person, and also the set of characteristics that make up their personality, for example intelligence, traits of anxiety and depression, autonomy and optimism, among others. SWB, according to the authors,

describes the average mood of a person, or the frequency of positive and negative affective experiences over a given period of time (Balabanis et al., 2012, p. 490). Their study addresses the case of the visually impaired, and proposes and tests a conceptual model of response to predictive stress in ME, in which ME is influenced by external resources (number of relatives and friends, and perceived quality (subjective well-being) and characteristics of the disability duration and severity of the visual impairment)).

COPING

Many consumer situations can be particularly stressful for people who are more likely to experience social vulnerability, but although some disadvantaged groups are more likely to be vulnerable, not all people who share certain characteristics are actually vulnerable (Berg, 2015). People experiencing vulnerability are not passive individuals; on the contrary, they use cognitive, emotional and behavioural strategies to manage their situations (Heckhausen & Schulz, 1995) – the so-called coping strategies. Individuals may become either more vulnerable or more resistant to their situations depending on the quality and availability of their strategies (Antoniazzi, Dell’Aglío, & Bandeira, 1998). Duhachek and Oakley (2007) explain that understanding coping is vital for consumer researchers, since consumers regularly face problems that require the use of such coping mechanisms. Research on coping argues that how people deal with stress can reduce or amplify the effects of adverse life events and conditions, not only on emotional distress and short-term functioning, but also on long-term physical or mental health development (Skinner, Edge, Altman, & Sherwood, 2003).

Individual coping strategies are crucial to the well-being of consumers with chronic diseases. According to Pavia and Mason (2004), consumption plays a beneficial role for self-image, and facilitates the coping processes of individuals in transition. In other words, consumption increases self-power. The way people manage the marketplace challenges and their success in coping affect self-image and the perception of how others see them. Duhachek and Kelting (2009) emphasize the essential role of coping as an influencer of individual self-assessment and establish the importance of the coping repertoire as a moderator in the relationship between the individual and their environment. Thus, we propose that individuals who experience situations of consumption vulnerability, and who possess a greater repertoire of coping strategies, can deal with stressful situations in a way that the perceived vulnerability influences their well-being less.

Duhachek (2005, p. 42) defines the coping construct in the consumption context as “the set of cognitive and behavioral processes initiated by consumers in response to emotionally arousing, stress inducing interactions with the environment aimed at bringing forth more desirable emotional states and reduced levels of stress”. This definition reveals some properties of the construct: it emerges as a consequence of emotion, and presents a dynamic process that encompasses the cognitive, behavioural and emotional domains of consumer response. The author believes that people deal with stress in different ways from one another: for example, some consumers may be more inclined to express their feelings externally, while others can rebuild the stress-inducing event in a positive way, so that it seems less stressful, and so on.

Folkman (2010) explains that coping strategies refer to personal thoughts or behaviours in managing the internal or external demands caused by stressful events. Coping efforts are made up of actions, which must be understood not in terms of their effects, but rather in terms of the process of coping, which would be the process of behavioural and cognitive reaction of the individual. Such actions can be classified by the focus given to different elements of the stressor event. They may be of the problem-focused type or of the emotion-focused type (Lazarus & Folkman, 1984). Problem-focused coping occurs when an individual seeks to change the stress-generating situation; its actions are aimed at provoking a change in the person-environment relationship in which negative emotion or stress originates. Emotion-centred

coping is defined as an effort to regulate the emotional state associated with a stressful event and has the goal of reducing the negative emotional state, or changing the appraisal of the demanding situation. It involves attempts to reconstruct the meaning of an external stressor by reinterpreting the event in a different and less psychologically distressing way. We can thus propose that:

Hypothesis 2a (H2a): Consumers with greater repertoires of coping focused on the problem present higher levels of well-being in consumption.

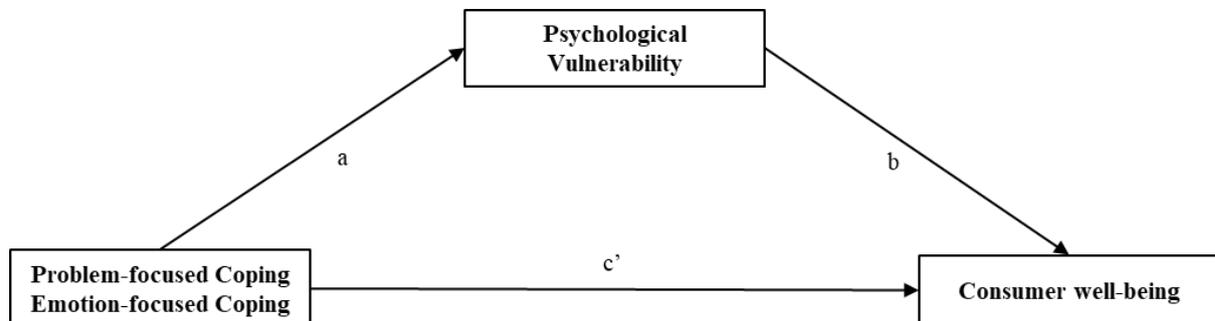
Hypothesis 2b (H2b): Consumers with greater repertoires of coping focused on emotion present higher levels of well-being in consumption.

Hypothesis 3a (H3a): Consumer vulnerability has a mediating effect on the relationship between the coping repertoire focused on the problem and the individual's well-being.

Hypothesis 3b (H3b): Consumer vulnerability has a mediating effect on the relationship between the coping repertoire focused on emotion and the individual's well-being.

Figure 1 proposes a conceptual model explaining the relationship between coping, problem-focused coping and emotion-focused coping, consumer vulnerability and well-being.

Figure 1: Mediating effect of vulnerability in the coping/consumer well-being relationship



METHODOLOGICAL PROCEDURES

This study seeks to develop an understanding of the visually impaired according to their own perception of disability and well-being in the consumer marketplace, and the data collection instrument comprises self-fulfilment questions. In order to obtain information about the perceptions of these people in their role of consumers, and focusing on the constructs explored here, a survey research was conducted with a sample of visually impaired and a sample of non-disabled persons. Consumers without visual impairment were included in the study in order to have as a control variable in our study the occurrence of visual impairment. The survey had a sample of 199 participants with a mean age of 38 years and standard deviation of 11.62 years. Out of the total number of respondents, 79 were visually impaired (40%) and 82 were men (41%).

This process of gathering information was chosen in order to test theories, hypotheses, specific variables and relationships between variables (Creswell, 2007). The sampling strategy

used in this study was that of judgment, since individuals who have had specific experiences (Marshall, 1996) of consumption in situations of visual impairment were investigated. Another characteristic required of the respondents was to be aged 18 or over.

The recruitment of participants was supported by the Dorina Nowill Foundation, an institution for the blind that was chosen as a partner in this study because of its recognition in Brazil and its history, tradition and service quality. This foundation offers free treatment to people with visual impairment according to their needs and provides conditions for their development and social inclusion. It also publishes accessible Braille, audio and digital books and distributes them without charge both to visually impaired people and to approximately 2500 schools, associations, libraries and organizations that serve them throughout Brazil (<http://www.fundacaodorina.org.br/>). Since its inception in 1946, the institution has provided assistance for more than 17,000 people, published more than 1600 audio books and made available approximately 900 digital titles in an accessible format. Currently, the monthly flow of visually impaired people through the Foundation is approximately 1000.

The structured research questionnaire was organized as follows: first, an introduction was presented in which the rules for responding to the research were explained; then two filter questions were asked to ensure that the respondents fit the desired profile; then the questions of the selected scales were presented; and finally there was a series of socio-demographic questions (gender, age, place of residence, family income, marital status, family composition of residence), followed by the measures questions. The questions pertaining to each construct block were randomized to each respondent who accessed the questionnaire.

After reviewing literature to identify scales already developed and validated, the following were selected to operationalize the constructs of the measures: the Psychological Vulnerability Scale (PVS) of Sinclair and Wallston (1999); Brief Thriving Inventory by Su et al. (2014) for subjective well-being; and Duhachek and Oakley's (2007) Coping Scale adapted by Han et al. (2015). None of the scales used were translated into Brazilian Portuguese, so a pretest was taken to validate the model containing translated versions in our language.

According to Costa (2011), the first step in the elaboration of the data collection instrument is the face or translational validity test, a non-statistical, qualitative and writing instrument form of measurement, with the participation of two experts and two potential respondents. The reverse translation technique was used in this step. Having the research questionnaire ready, we chose to use the free survey tool offered by Google Forms at the suggestion of the two potential visually impaired respondents – both participated in the verification of the items' comprehension and usability of the online search tool.

Vulnerability measurement

Although vulnerability has received attention from consumer researchers in recent decades, studies on consumer vulnerability involving quantitative data are scarce. Only in the area of clinical psychology was it possible to identify a measurement instrument for psychological vulnerability: the Sinclair and Wallston (1999) instrument. The Psychological Vulnerability Scale (PVS) measures cognitive vulnerability related to perceptions of dependence, perfectionism, negative attributions and the need for external sources of approval. The PVS is a six-item measure of a set of cognitive factors that promote stress-damaging reactions. Nogueira, Barros and Sequeira (2017, p. 2016) observed and demonstrated the potential of the PVS, despite its original purpose of identifying people susceptible to stress as a result of chronic diseases – in the case of Sinclair and Wallston (1999), people who suffered from rheumatoid arthritis – to measure the psychological vulnerability of adults without such a clinical profile. In our study, we tested the use of this instrument to measure consumer vulnerability in the context of visual impairment.

After conducting exploratory factorial analysis, two items of the Sinclair and Wallston instrument (1999) were excluded because they presented low factorial loads (0.236 and 0.550). The correlation coefficients between the remaining items ranged from 0.661 to 0.798. The Cronbach's alpha was then calculated as the internal consistency index for the scale, and a value of 0.718 was obtained.

The convergent validity of the measure of vulnerability was tested with the use of four items elaborated by us from the reports of Falchetti et al. (2016) and Baker et al. (2001). According to these authors, the greater vulnerability of the visually impaired consumer implies a greater dependence on other people in the consumer market. Independence can be characterized by the ability to take care of yourself and your home alone and make decisions with autonomy. According to Cronbach and Meehl (1955), some constructs can be measured from their antecedents and consequences, and while Sinclair and Wallston (1999) propose the measurement of vulnerability from aspects internal to the individual, in this work we have chosen to aggregate items that characterize the consequences of the construct. It is understood that the score of the suggested items reflects a sense of independence and is negatively related to the results obtained with the use of the Sinclair and Wallston vulnerability scale (1999).

The Pearson correlation was calculated between the two vulnerability measures, with a positive and significant result of 0.249, indicating convergent validity for the vulnerability measure.

Consumer well-being measurement

Su et al. (2014) developed the Brief Inventory of Thriving (BIT), which verifies well-being under subjective or psychological optics. The term "thriving" is explained by the authors as a positive working state in its fullness – mentally, physically and socially. The term is used in the original material in order to emphasize the results associated with psychological well-being. The scale has 10 items and can serve as an indicator of psychological well-being and a brief tool for mental health screening. The instrument was tested in five samples with a total of 3,191 American participants with diverse demographic characteristics, and presented excellent psychometric properties and convergent validity with existing measures of psychological well-being and discriminant validity with measures of ill-being.

In factor analysis, four items of the instrument by Su et al. (2014) were excluded because they presented low factor loads (values between 0.495 and 0.649). The correlation coefficients between items after the reduction ranged from 0.735 to 0.864. The Cronbach's alpha was then calculated as the internal consistency index for the scale, and a value of 0.891 was obtained.

It was decided to test the convergent validity of the measure of well-being adopted in this study by adding to the research questionnaire a set of items composed of the Diener, Emmons, Larsen and Griffin (1985) Life Satisfaction Scale and the indicator of perceived ill-being also used in Su et al. (2014). The items of the ill-being indicator were written in reverse order and their scores adjusted to the direct order for analysis. The Brief Inventory of Thriving by Su et al. (2014) presented a correlation of 0.656 with the ill-being measure and 0.779 with the measure of satisfaction with life, indicating convergent validity for the well-being instrument.

Coping measurement

Duhachek and Oakley (2007) empirically evaluated several of the major structural theories of coping using a hierarchical modelling approach to understand the basic dimensional properties of the construct. The results reinforce the existence of a heterogeneity in coping dimensionality, suggesting that researchers clearly specify the appropriate level of analysis for their research question, being attentive to the inherently hierarchical structure of the construct (Duhachek & Oakley, 2007).

The use of this recommendation is exemplified by Han et al. (2015), who adapted the scale of Duhachek and Oakley (2007) inspired by the model of Skinner et al. (2003) for a two-dimensional model of problem-focused and emotion-focused coping. Han et al. (2015) have demonstrated that different threatening situations can increase the use of problem-focused coping strategies or the use of emotion-focused coping depending on the motivation stimulated by the threat. They obtained in three experiments high significances for both dimensions of coping.

In our study we chose to use the Duhachek and Oakley scale (2007) adapted by Han et al. (2015), since we wish to investigate the coping construct from the possible responses focused on the problem or focused on the emotion. Thus, we follow the recommendations of Duhachek and Oakley (2007) about keeping the purpose of the research in mind, and we heed the request of Skinner et al. (2003) by using scales and concepts in order to enable the summing of results, the accumulation of evidence validating the measure and the consequent increase of its relevance in the field.

In the factor analysis, four items of the instrument were maintained for the dimension emotion-focused and five for the dimension problem-focused coping. The correlation coefficients between items after the reduction ranged from 0.750 to 0.811 for emotion-focused coping and from 0.771 to 0.841 for problem-focused coping. The Cronbach's alpha was then calculated as the internal consistency index for the emotion and problem dimensions, and values were respectively 0.781 and 0.859.

The convergent validity of the coping scale was tested from the use of our adaptation of the reduced measure of the Rotter's (1966) Locus of Control. The measurement had a positive and significant correlation of 0.227 with coping, and it can thus be said that there was convergent validity for the coping measure.

Data Analysis and Results

To evaluate the data of our model involving simple mediation we followed the recommendations of Hayes (2017), and we used the bootstrapping technique generated from 5,000 replicas, involving the use of the PROCESS v. 3.2 application for SPSS. Hypotheses H3a, H3b and H3c were tested by means of analysis of the significance of the indirect effect ab for the three models, with a 95% confidence interval generated by the bootstrapping procedure.

The survey had a sample of 199 participants with a mean age of 38 years and standard deviation of 11.62 years. Out of the total number of respondents, 79 were visually impaired (40%) and 82 were men (41%). The dummy variable visual impairment was used as a control. There was no significant effect of the other socio-demographic variables on consumer well-being. For the problem-focused coping model, the results showed that people with visual impairment, compared to non-disabled, have greater well-being in consumption (positive and significant coefficient of 0.347 and a p-value of 0.022). For the coping and emotion-focused coping models there was no significant effect of the occurrence of disability on consumer well-being.

The problem-focused type of coping is what seeks to change the situation generating stress; its actions are aimed at provoking a change in a person – an environment relationship in which negative emotion or stress originates (Folkman, 2010). In a qualitative study involving visually impaired consumers, Falchetti et al. (2016) raised evidence that individuals prepared to respond to stress in order to eliminate the source of the problem also have fewer emotional difficulties in dealing with situations of consumer vulnerability. Such individuals could be qualified, according to Folkman's (2010) classification, as being able to respond with a more problem-focused type of coping strategies. These results from Falchetti et al. (2016) corroborate the indicators. Although some studies point out that consumption situations tend to be stressful, particularly for people more prone to experiencing social vulnerability, results show that these

individuals do not necessarily experience less well-being in consumption and can, from the use of good coping strategies, find greater well-being than the non-disabled ones in consumption situations.

As for the hypothesis test, the relationship between vulnerability and consumer well-being was negative and significant (coefficient of -0.303, with a confidence interval not including zero), and there is therefore evidence supporting Hypothesis H1.

In the mediation model of Figure 1, as shown in Table 1, the analysis of total effect revealed that the higher the coping repertoire focused on the problem, the greater the well-being (coefficient equal to 0.177, positive and significant, with a p-value of 0.006) and the direct effect of the model presented a positive and significant coefficient of 0.131 (p-value equal to zero); therefore, there is evidence supporting Hypothesis H2a and H3a at a 95% confidence level. The analysis also indicated that the higher the coping repertoire focused on the emotion, the greater the well-being (coefficient of 0.343, positive and significant, with a p-value equal to zero). The direct effect of the model had a coefficient of 0.232 (p-value of zero) positive and significant. There was thus evidence supporting H2b and H3b.

Table 1: Mediating effect of vulnerability in the coping/consumer well-being relationship

Antecedent	Vulnerability		Consequent Consumer Well-being		Total Effect	
	Coef.	p-value	Coef.	p-value	Coef.	p-value
Problem-focused Coping	-0,157	0,029	0,131	0,000	0,177	0,006
Vulnerability			-0,297	0,000		
Visually Impaired (1: yes; 0: no)	-0,271	0,047	0,267	0,022	0,347	0,005
Age	-0,016	0,006	0,002	0,736	0,006	0,214
Gender	-0,156	0,239	0,059	0,596	0,106	0,371
	R2 = 27,4%		R2 = 43,1%		R2 = 29%	

Antecedent	Vulnerability		Consequent Consumer Well-being		Total Effect	
	Coef.	p-value	Coef.	p-value	Coef.	p-value
Emotion-focused Coping	-0,515	0,000	0,232	0,000	0,343	0,000
Vulnerability			-0,215	0,002		
Visually Impaired (1: yes; 0: no)	-0,107	0,384	0,218	0,059	0,241	0,041
Age	0,004	0,388	-0,003	0,520	-0,002	0,664
Gender	0,019	0,871	-0,026	0,815	-0,030	0,791
	R2 = 51,6%		R2 = 45,6%		R2 = 40,7%	

CONCLUSIONS

When exploring the relationship between vulnerability, consumer well-being and coping strategies used by individuals when faced with stressful consumer situations, this study verified, in accordance with the literature on the subject, that vulnerability has a negative influence on the well-being of individuals.

In the mediation models we tested the total effect of the independent variables problem-focused coping and emotion-focused coping, and the mediator variable psychological vulnerability on the dependent variable consumer well-being. The results showed that the higher the coping repertoire of the consumer (for each of its dimensions), the greater their well-being in consumer situations. And the mediation model pointed out that consumer vulnerability has a mediating effect on the relationship between the coping repertoire and an individual's well-being.

The results also showed that people with visual impairment, in comparison to the non-disabled, presented greater well-being in consumption, keeping constant the coping focused on problem. Although some studies point out that consumption situations tend to be stressful, particularly for people who are more likely to experience social vulnerability (Baker & Labarge, 2015; Echeverri & Salomonson, 2019), These results corroborate research by Balabanis et al. (2012), who propose that, for visually impaired consumers, the level of perceived stress depends on their coping styles, and Falchetti et al. (2016), who concluded in a qualitative research that individuals with a greater repertoire of coping focused on the problem would also have less emotional difficulty in dealing with situations of consumer vulnerability.

These results point to the importance of elaborating public policies that reinforce the offer of psychosocial support. Another contribution of this research is the availability of adapted and validated measurement instruments for use in Brazil, since, for the operationalization of the variables, an extensive literature review, and adaptation of vulnerability, well-being and coping scales to the language and the context of Brazil were done, as well as their validations. The instruments involved in this research were: the Psychological Vulnerability Scale (PVS) of Sinclair and Wallston (1999); Brief Inventory of Thriving by Su et al. (2014); the Coping Scale of Duhachek and Oakley (2007) adapted by Han et al. (2015); the Life Satisfaction Scale of Diener et al. (1985); indicators of perceived ill-being used in Su et al. (2014); and Locus of Control by Rotter (1966).

For future studies it is proposed to expand the application of quantitative research involving vulnerability and coping, including in its scope other segments of consumers that may be more susceptible to situations of consumer vulnerability. Another possibility for future research is the collection of information cross-culturally, making it possible to verify the influence of cultural factors in coping with vulnerability in consumption.

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