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# Pursuing Parenthood: Integrating Cultural and Cognitive Perspectives on Persistent Goal Striving

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This article argues that a fuller understanding of consumer persistence, or repeated attempts to achieve goals, is necessary and can be achieved by adopting an interdisciplinary perspective and integrating cultural and cognitive perspectives on consumer phenomena. Developing insights by examining experiences of informants pursuing parenthood using assisted reproductive technologies, we build on Bagozzi and Dholakia's (1999) model of goal striving to explore how cultural discourses inform consumers' cognitions. We analyze how both life-project framing discourses and culturally pervasive discourses affect consumers and demonstrate that a cultural perspective is a vital complement to cognitive models of persistence.

A growing body of consumer research reflects interest in how culture and cognition interact to shape consumer behavior. For example, scholars grounded in psychological traditions such as Aaker, and also Briley and colleagues, focus on how region-specific cultural values influence cognitions toward persuasive appeals and rationales for decisions (e.g., Aaker 2000; Briley and Aaker 2006;

Briley, Morris, and Simonson 2000). At the same time, scholars whose work is rooted more in the consumer culture tradition have become interested in examining how broad cultural constructs influence cognitions regarding choice, risk, and goals (e.g., Allen 2002; Thompson 2005). This article argues that one important phenomenon that cannot be fully understood without examining the interplay between culture and cognition is consumer persistence, or repeated attempts to try and achieve goals when "smooth action toward goal attainment is impeded in some manner" (Bagozzi and Dholakia 1999, 31).

Although few significant life goals are achieved without encountering impediments, persistent goal striving remains underexplored. In the most comprehensive theorization to date of goal setting and striving, Bagozzi and Dholakia (1999) integrate a reasoned-action perspective on goal setting with insights from discursive psychology. They emphasize that goals are not simply individualized, intrapsychic phenomena but also cultural ones. Yet although Bagozzi and Dholakia acknowledge how culture influences goal setting, they do not extend the discussion to consider the ways it may influence the cognitive dimensions of goal striving they identify. Similarly, current consumer culture studies do not fully address how culture influences persistent goal striving, focusing more on how culture influences the choice of goals (e.g., Thompson and Haytko 1997; Thompson and Tambyah 1999) and consumers' ambivalence when they attain goals (e.g., Mick and Fournier 1998).

Thus, we lack insight into the interplay between culture and cognition during goal striving and, in particular, during

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persistent striving to achieve goals when impediments are encountered. In this article, we address this gap by exploring how consumers persist as they attempt to overcome infertility and become parents, primarily by using assisted reproductive technologies (ART). Two important characteristics of goals in this context are their extremely high emotional valence and the low likelihood of success—characteristics consumers encounter when they strive to achieve other culturally cherished but elusive goals such as weight loss, smoking cessation, and entrance to prestigious schools. Given the emotional and financial tolls exacted in these contexts, it is appropriate and important that consumer scholars turn their attention to persistence.

Our focus on understanding how culture and cognition shape persistence emerged from the observation, formed in the course of our research, that as consumers try to become parents, two types of cultural discourses—those that frame particular life projects and those that are more culturally pervasive—can influence the cognitive dimensions of goal striving that Bagozzi and Dholakia (1999) identify. Discourses are “historical, social, and political aspects of language and hence of subjectivity . . . that shape the ways individuals interpret their lived world” (Bristor and Fischer 1993, 52). Life-project framing discourses are those that animate goals in a particular context. Culturally pervasive discourses are those that are less germane to particular goals in a given context but that nonetheless may inform consumers’ thoughts and actions in particular contexts. Although Bagozzi and Dholakia observe that facets of culture can animate goal setting, we argue that cultural resources—in this case, both of these types of discourses associated with trying behavior—can help regulate the tactics consumers choose and direct the ways in which consumers plan their efforts. Furthermore, we demonstrate that both life-project framing discourses and more culturally pervasive ones can influence goal maintenance.

We began with the *a priori* research question, “How do consumers persist when attempting to achieve parenthood goals that prove to be elusive?” As our research progressed, we refined this question to be: “How do cultural discourses influence key cognitions about goal striving identified by Bagozzi and Dholakia (1999)?” Our rationale for building on their theoretical framework is that while Bagozzi and Dholakia consider how both culture and cognition shape goals, we can extend the salience of their argument by analyzing how culture and cognition inform persistent striving for highly valued goals that are particularly difficult to achieve.

Thus, our research deepens current understandings of consumer persistence in two ways. First, we forge linkages between cultural discourses and the key cognitive dimensions of goal striving that Bagozzi and Dholakia (1999) identify, thus contributing to the stream of cross-paradigmatic research within consumer behavior that focuses on how culture and cognition shape consumers’ experiences. Second, we examine the ways in which two distinct types of discourses—those that frame life projects and those that are culturally perva-

sive—can influence these cognitive dimensions of goal striving. Because we base our research on Bagozzi and Dholakia’s theoretical framework, we begin by reviewing their perspectives on goal setting and goal striving.

## BAGOZZI AND DHOLAKIA’S MODEL OF GOALS

Bagozzi and Dholakia (1999) present a creative integration of classic consumer research with newer work from psychology and other disciplines that illuminates how goals arise and what factors shape the volitional (vs. habitual or impulsive) pursuit of goals. They draw a conceptual distinction between goal setting and goal striving. The authors begin by reviewing the perspectives that dominate discussions of goals and goal setting in marketing and consumer behavior—and in particular, attitude models such as the theory of reasoned action. They conclude that these types of models provide at best partial insight into the motivational foundations for consumers’ goals.

In seeking a fuller account of these foundations, the authors draw on two distinctly different traditions. The first is Barsalou’s (1991) cognitive perspective, which views goal setting as arising from an active, effortful, and top-down reasoning process that rests on recombining existing knowledge in memory and that results in a hierarchical mental representation that links superordinate goals to subgoals relating to means of goal achievement. The second is grounded in the work of philosophers and anthropologists who suggest that mental states, including professed goals and subgoals, are not premeditated, intrapsychic phenomena. Rather, they suggest, goals are the products of action and argumentation produced by actors whose discursive constructions “reflect and conform to the shared language and larger social conventions within which people unconsciously function” (Bagozzi and Dholakia 1999, 24). The authors pointedly reject any privileging of cognitive over cultural accounts of goals; instead, they argue that although these approaches may be incompatible, each can provide insights.

While the authors’ receptivity to both cognitive and cultural accounts of goal setting is significant, their discussion of goal striving does not integrate culture to an equal extent. Instead, it focuses chiefly on cognitions related to goal striving, such as appraisals of the means of goal striving, action plans, and the maintenance of intentions. With regard to appraisals of means, Bagozzi and Dholakia identify three distinct appraisals. One is an appraisal of self-efficacy, or confidence that the consumer can perform particular acts required for goal striving. Another is an action-outcome expectancy appraisal, which refers to the likelihood that actions will lead to desired outcomes. The third is an appraisal of affect toward means of striving, or the extent to which means are perceived to be intrinsically enjoyable versus unpleasant.

With regard to action planning, Bagozzi and Dholakia argue that consumers evaluate plans that can vary in terms of content and structure, including completeness, specificity,

and novelty. Finally, with regard to the maintenance of intentions, the authors note that when consumers encounter failures, they may maintain their intentions, decide to revise them, or abandon them entirely. Building on their observation that examining persistent goal striving is likely to be fruitful and expanding their discussion of how culture shapes goal setting to how it can shape goal striving as well, we turn our attention to exploring how culture and cognition shape consumer persistence.

## METHOD

Given our interest in how consumers persist when attempting to achieve important but elusive goals, exploring how they pursue parenthood using ART is a highly appropriate context for study. Although demand for technologies such as artificial insemination and in vitro fertilization (IVF) continues to skyrocket, failure rates for these procedures still hover at around 75% (Houston 2002). Thus, ART regimens typically require consumers to endure multiple trials and failures, even if they ultimately achieve parenthood using these methods or others such as adoption.

From May 2002 to March 2003, we (three female professors, two who had personal experience with infertility and one who initially was purposefully naive about the topic) conducted one-on-one semistructured depth interviews with a total of 23 women and three men, ranging in age from 28 to 47, in the United States and Canada. Although we sought primarily female informants, during the interviews two husbands chose to participate, as did one other man without his wife. We contacted people whom we knew had pursued ART treatments, or who were referred by friends, then expanded our informant pool via snowball sampling. Informants were not paid for participating, although some said helping others cope with infertility was compensation enough. Informants chose the interview locations; however, we spoke with 10 women in their homes via a speakerphone since they lived far from our home cities. Interviews lasted from 45 to 120 minutes. We used both “grand-tour” questions (McCracken 1988) and specific probes in our interviews to unpack consumers’ experiences thoroughly. We taped and transcribed all but one interview, for which we created careful notes.

Our informants’ experiences with infertility treatments ranged from considering initial options to spending over 17 years trying to conceive. Those who ultimately conceived via ART typically did so after multiple trials of one technology or after escalating to progressively more intensive procedures. Fifteen informants became parents to one or more children via ART or other methods (e.g., adoption), a fact that enabled us to compare the experiences of consumers who varied in their success. Table 1 summarizes our informants’ demographic information and treatment histories.

After reading, reflecting on, and rereading over 450 single-spaced pages of text, we discussed the emergent themes salient to gaining a hermeneutical perspective on consumer persistence in this context. We initially sought patterns in this material while consulting the literature on trying, goal setting, cultural discourses, and other relevant topics. Eventually we

focused on the ways in which life-project framing discourses and pervasive cultural discourses inform the cognitive aspects of consumer persistence and, in particular, the dimensions of goal striving specified in Bagozzi and Dholakia (1999). Although our data are rife with both types of discourses, for the most part these remained tacit for our informants, even as they engaged in repeated cycles of trying and failure.

## FINDINGS

As stated, our research question focuses on how cultural discourses influence the consumer cognitions related to goal striving identified by Bagozzi and Dholakia (1999). Within the context of consumers’ efforts to become parents, we identify both a life-project framing discourse, which we label the “discourse of biological parenthood” that animates goal setting and influences goal striving, and three culturally pervasive discourses that influence goal striving. We first describe the discourse of biological parenthood to illuminate its influence on goal setting and to forge the link to previous research that highlights how such discourses influence goals (e.g., Thompson and Tambyah 1999).

### The Discourse of Biological Parenthood

The discourse of biological parenthood describes the set of cultural assumptions about why and how people should become parents. Although cultures vary in the ways in which they valorize parenthood, all assume that “parenthood equals normalcy” (Becker 2000, 1). Discourses of parenthood are deeply embedded within particular sociohistorical/cultural contexts and are as fluid or immutable as the cultures within which they are rooted. Thus, in some cultures key assumptions of parenthood may change in as little as a generation, while in others these assumptions may be stable for much longer.

Within contemporary North America, the discourse of biological parenthood has evolved dramatically in recent decades, primarily because reproductive medicine and feminism have legitimized family planning (Becker 1990). All of our informants assumed they were entitled to control the number and timing of their children. Further, both research on reproduction and fertility in North America and our text support a dominant cultural ideal with respect to parenthood—that people should strive for at least one, but preferably more than one, biologically related child and should produce at least one of each biological sex.

These ideals are influenced by multiple facets of the current North American discourse of biological parenthood. We discuss four key dimensions below and illuminate their influence on informants’ goals in table 2 with excerpts from our materials.<sup>1</sup>

<sup>1</sup>We acknowledge that because our informants were primarily women, some elements of the parenthood discourse that might shape goal setting and striving—in particular, virility—may be underrepresented and were not discussed in the depth required to reveal their impact on goal setting or goal striving.

TABLE 1  
SUMMARY OF INFORMANTS

Informant (pseudonym)	Demographics (age, relationship status, race)	Career/education	No. of years trying/age begun trying	No. of children	Types of infertility treatments used
Anne	36, married 8 years, Caucasian	Professor, PhD	3/33, still trying	0	None yet
Cathy	34, partner 8 years, Caucasian	Consultant, master's degree	3/31, pregnant	Expecting twins	Hormonal drugs, artificial insemination
Christie	41, married 2 years, Caucasian	Nurse, associate degree	1/40, still trying	0	Hormonal drugs, artificial insemination
Christina (and husband)	29, married 6 years, Caucasian	Legal consultant, master's degree	2/26	2	Hormonal drugs, artificial insemination, and GIFT <sup>a</sup>
Connie	42, married 15 years, Caucasian	Professor, PhD	4/36, gave up on having second child	1	Laser surgery
Donna	45, married 8 years, Caucasian	Pastor, master's degree	2/40, gave up on having second child	1	Hormonal drugs
Edna	47, married 14 years, Caucasian	Educational consultant, BA	6/36	2	Hormonal drugs, GIFTs
Erin	28, married 4 years, Caucasian	Business analyst, MBA	2/26	1	Hormonal drugs, IVFs
Gary	44, married 9 years, Caucasian	Advertising executive, MA	10/35	1	IVFs, embryo adoption, and pursuing egg adoption and adoption
Heather	43, married 18 years, Caucasian	Sales vice president, BA	17/25	Pregnant	Hormonal drugs, IVFs, and donor eggs
Jackie	28, divorced, Caucasian	Retail clerk, associate degree	1.5/25, given up for now	0	Hormonal drugs, GIFTs
Jenny	39, married 10 years, Caucasian	Professor, PhD	3/33	Twins	ICSI
Joan	31, married 11 years, Caucasian	Homemaker, in last year of college	3.5/20	2	Hormonal drugs
Jodi	42, married 16 years, Caucasian	Student	2/35	1	Hormonal drugs, IVF
Judith	40, married 19 years, Caucasian	Music teacher	4/28	1 (adopted)	GIFTs
Kerri	41, married 10 years, Caucasian	Professor, PhD	2.5/35	Twins	Hormonal drugs, IVF
Kim	40, married 2 years, African American	Homemaker	4/36, still trying	0	Pursuing egg donor
Kristen (and husband)	45, married 8 years, Caucasian	Homemaker, earned GED	2/39	Triplets	Hormonal drugs, surgery, and IVF
Laurel	40, married 10 years, Asian	Student	3/36	Twins	Hormonal drugs, IVF
Lisa	39, married 5 years, Caucasian	Homemaker, associates degrees	5/34	Pregnant with twins	Hormonal drugs, IVF, and donor eggs
Michelle	33, married 8 years, Caucasian	Homemaker, BA	3/28	0	Hormonal drugs, IVF
Sally	35, married 5 years, Caucasian	Lawyer, MBA, JD	5/30	Pregnant	IVF, donor eggs
Wendy	46, married 4 years, Caucasian	Professor, PhD	5/41, still trying	1	Hormonal drugs, artificial insemination

NOTE.—GIFT = gamete intrafallopian transfer; IVF = in vitro fertilization; ICSI = intracytoplasmic sperm injection (one sperm injected directly into the ovary).

<sup>a</sup>Husbands' profiles are incomplete because they interrupted wives' interviews to speak to the researcher.

*Pronatalism.* Pronatalism is the belief that people should have children, regardless of the means required to become parents. In North America, pronatalism not only has propelled the economic growth of reproductive medicine (Becker 2000) but also explains why consumers are demanding a wider array of adoption choices (Forum on Adoption Issues 1998). With respect to how pronatalism pertains

to goal setting, it encourages consumers to commit to whatever means are necessary to have children—even if doing so violates other key dimensions of the biological parenthood discourse, because violating these dimensions is more desirable than not becoming a parent at all.

*Genetic Essentialism.* In North America, the most cul-

TABLE 2

## ELEMENTS OF THE BIOLOGICAL PARENTHOOD DISCOURSE IN CONTEMPORARY NORTH AMERICA

Discourse dimension	Definition of dimension	Informant exemplars
Pronatalism	People should have children in whatever way they can.	<p>"My husband and I always knew that children would be a part of our life, that we wanted to have . . . a nuclear family. . . . Not having any children at all wasn't really an option; we were going to have children either by way of adoption, or biologically." (Jenny)</p> <p>The turning point (was) when we went . . . to this pigheaded attempt to get and stay pregnant. . . . That's when it wasn't so much about wanting a family but having to have a family and making it a priority above everything else." (Jodi)</p>
Genetic essentialism	Children should be biologically related to parents.	<p>"It was kind of like you don't really know what you're getting anyway . . . there's nothing like having your own children." (Christina's husband, Jake, on adoption)</p> <p>"I just can't explain why biological children meant so much to us, but that's of course one of those deep, deep issues that I'm sure everybody thinks about." (Jenny)</p> <p>"These (adopted) cousins . . . had been sort of hellacious and just never quite, you know, fit the program of things. . . . I guess they (parents) felt like they never knew what the biological parents had done, like drugs or alcohol . . . and [could not] track that completely." (Donna)</p>
Fecundity	Parents should have more than just one child, preferably at least one girl and one boy.	<p>"I always wanted to have more than one child because I had a brother, and I always thought it's . . . kind of cruel to have only one child because they won't have anyone to grow up with. . . . We want one boy and one girl." (Erin)</p> <p>"Even after I had (her son) I was saying, 'I'm not sure I want two boys, but a boy and a girl, yes, I really want that.' So the commitment to get pregnant again built from being kind of not so sharp to completely overwhelming, which still puzzles me." (Wendy)</p> <p>"I always thought about having two kids. I always hoped for a boy and a girl . . . having grown up in a family where there was a boy and a girl and we were two kids. I think I always thought of that as a family so I would say that [ideal] formed really young . . . [when I was a] little girl dreaming about having a family." (Cathy)</p>
Maternity/paternity	Women are complete or whole when they are able to carry a child in their womb; it is culturally acceptable for men to express their desire to be parents.	<p>"I wanted my body to experience a pregnancy . . . like I felt something would be missing if I could never give birth. . . . I just wanted to feel a baby inside of me, so I said . . . I have to do this [IVF] one more time." (Lisa)</p> <p>"I definitely would not have had a complete life until I had kids. I felt like that part of my calling was to be a mom. . . . I would have always felt like something huge was missing." (Christina)</p> <p>"For us, this is a gift we have to treasure. And we almost have to take greater care of this kid than if he was our own genetic offspring. Simply because he was something that was carefully given to us." (Gary)</p>

turally desirable child is one who is genetically linked to both the caretaking mother and father. So while adoption, egg and sperm donation, and other means of acquiring children often enable infertile couples to create families more quickly than pursuing biological children, many couples regard these options as "second best" (Becker 1990, xxiii). Genetic essentialism is such a powerful dimension of the biological parenthood discourse that couples who commit to nonbiological means often "fear derailment of the plan by family members" (Becker 2000, 77). Moreover, genetic essentialism explains why consumers increasingly will devote time and money to expensive and prolonged ART treatments that hold out the promise of genetically related children, but where "the expected result is failure" (Turiel 1998, 40). In short, consumers receive more cultural support when they embrace genetic essentialism than when they opt for more efficient means of creating families.

*Fecundity.* While pronatalism stresses that at least one child is required to achieve normalcy, an aversion to having an "only child" is predominant, even as birth rates continue to decline. Many historically rooted motivators for fecundity (e.g., losing children to disease, needing large families for farm work) have become irrelevant in contemporary cultures. However, other emergent assumptions—such as beliefs that only children are spoiled or lonely—still contribute to the valorization of fecundity. The cultural preference for at least two children explains why couples diagnosed with secondary infertility, or the inability to successfully produce more than one child, often invest as much time, money, and resources to have more children as couples who have no children at all.

*Maternity/Paternity.* Because women are the vessels through which children are born, an essential component of

the parenthood discourse for many women is that they experience childbirth. Indeed, most of our female informants said that they believed they would not feel complete unless they carried a child. For infertile couples, trade-offs between dimensions of the parenthood discourse clearly become salient. For example, some women will compromise genetic essentialism if they can carry a baby conceived with donor eggs. Likewise, current redefinitions of masculinity in North America now permit men to express feelings of compassion and care. Thus, it is not considered unmanly for men openly to express their desire for a family (May 1995). So while a key component of maternity is a woman's desire to carry a child, paternity captures men's emotional desires with respect to parenthood.

### Implications of the Biological Parenthood Discourse for Goal Setting and Goal Striving

As table 2 suggests, the cultural significance of issues pertaining to reproduction, families, and fertility mean that the dimensions of the biological parenthood discourse can become salient to people many years before they actually begin to strive to become parents. Thus, this discourse exemplifies the type of cultural material that Bagozzi and Dholakia argue can inform goal setting, or the "shared language and larger social conventions within which people unconsciously function" (1999, 24).

Given the importance of parenthood in many consumers' lives, we argue that when consumers begin their attempts to become parents, they may not even have to consider which dimensions of parenthood they would value over others, if creating their families proves easy for them. But when consumers encounter obstacles to becoming parents, they may have to make conscious and painful trade-offs between cherished dimensions, sacrificing some in order to privilege others. Thompson and Tambyah (1999) describe such struggles with internally conflicting elements of goal-driving discourses in their discussion of internal contradictions within the discourse of cosmopolitanism. In observing that consumers negotiate trade-offs between dimensions of the discourse of biological parenthood—a life-project framing discourse that shapes an identity project—our findings echo theirs. However, our analysis goes beyond highlighting how life-project framing discourses influence goal striving. Specifically, it also reveals that when consumers encounter obstacles and must make difficult trade-offs between dimensions of the discourse of biological parenthood, culturally pervasive discourses pertaining to how and why people should strive may exert considerable influence. As we discuss in the following section, this is because these pervasive discourses influence the cognitive dimensions of goal striving Bagozzi and Dholakia (1999) identify and thereby help to direct and coordinate goal striving.

Thus, as consumers encounter failure(s), the discourse of biological parenthood remains salient *and* becomes inextricably intertwined with culturally pervasive discourses. Specifically, as each failure unfolds, consumers may tacitly re-

evaluate which (if any) of the key dimensions the discourse of biological parenthood they will prioritize and which they will sacrifice, and thus begin the process of striving anew, guided both by life-project framing and culturally pervasive discourses.

### CULTURALLY PERVASIVE DISCOURSES AND PERSISTENT STRIVING

Culturally pervasive discourses that can shape goal striving influence consumers' lives within, but also well beyond, the context of infertility. Indeed, it is their pervasiveness in contemporary consumer culture that empowers these discourses to inform consumers' understandings of their own past and planned behaviors. Each offers a grid of intelligibility (Foucault 1972) that pertains to the ways in which consumers may strive to achieve goals. In contrast to the discourse of biological parenthood—which in this context motivates consumers to pursue the parent identity project—culturally pervasive discourses provide consumers with taken-for-granted notions that can influence how they evaluate, organize, and sustain their efforts over time.

Three culturally pervasive discourses emerged from our materials as salient to consumers' attempts to become parents: scientific rationalism, self-management, and fatalism. We describe how these shape key elements of goal striving—appraisals of means, action planning, and goal maintenance—identified by Bagozzi and Dholakia (1999). Although multiple culturally pervasive discourses may shape consumers' experiences of persistence (especially if they try repeatedly over a long period of time), we analytically distinguish the effects of particular discourses on aspects of persistent goal striving to highlight how each discourse can specifically influence cognitions pertaining to persistence.

#### Scientific Rationalism

The discourse of scientific rationalism arose from the convergence of several historical and intellectual movements. Both the Enlightenment and the Industrial Revolution were crucial forebears of a widespread conviction that applying the principles of rational deduction and the practice of systemic study can lead to an understanding of, and mastery over, nature. Coinciding with the cultural valorization of invention and industry, cultural trust in the power of science and in the technological systems it facilitates is widespread in contemporary cultures (Giddens 1990). Notwithstanding the fears prompted by specific failures, people often believe that scientifically engineered technologies can help them achieve both routine goals and extraordinary accomplishments. Thus, the faith that science and technology can create opportunities not afforded by nature is culturally effervescent (Noble 1997). Even when people doubt the knowledge of particular experts (as when they seek second opinions) or the efficacy of particular technologies, cultural trust in science and technology can be tenacious.

Salient to our context, the field of medicine is often regarded as one where the scientific application of techno-

logical advances can overcome insuperable obstacles. Although some question the efficacy of medical technologies for dealing with situations such as childbirth (Thompson 2005), many adhere to a belief in the potency and efficacy of medical science to help them achieve health or childbearing goals when barriers to these goals arise. Medical professionals and service providers often reinforce such beliefs and preach an ethos of disciplined persistence in pursuit of such goals. This ethos is unsurprising, given that the advancement of science is itself based on systematic persistence in the pursuit of knowledge.

The consumer behavior literature provides insight into the ways in which people internalize and act on the scientific rationalism discourse. Not surprisingly, they sometimes express ambivalence or doubt regarding the products of science, because although they associate science with problem solving, their actual successes with the technological products of science are mixed. In studying the consumption of everyday technologies, Mick and Fournier (1998) observe that paradoxically, consumers view technology as facilitating both control and chaos, and as simultaneously empowering and enslaving. Yet as Kozinets (2005) avers, in contemporary consumer culture there is a resurgent faith in the possibility of transcending personal limits or economic and cultural constraints by applying the disciplined logic of science and partaking of its technological fruits. Heather's narrative aptly illustrates the faith in the ability of science to solve infertility problems. Over a 17-year period, she spent over \$75,000 trying and failing with technologies to conceive. Finally successful, Heather observes: "Technology is something great . . . obviously if it wasn't for technology we wouldn't be pregnant today." Her enthusiastic endorsement of technology clearly illustrates a conviction consistent with scientific rationalism.

*Scientific Rationalism and Appraisals of Means.* As summarized earlier, Bagozzi and Dholakia (1999) argue that the creation of goal intentions involves consumers forming three types of appraisals—those pertaining to their own self-efficacy, to action-outcome expectations, and to their affect toward specific means of trying. Filtered through the discourse of scientific rationalism, consumers' appraisals of their own self-efficacy are eclipsed by their evaluations of the power of technologies. For example, Jodi describes how she failed to respond properly to drugs designed to stimulate ovulation:

*Jodi:* We started on those really highly powerful fertility drugs that cost like \$2,000. And [my doctor] did one cycle of that and said I didn't respond very well to the drugs. And I said, "Oh, great." But she said, "We're going to try again, and we're going to do in vitro." The next cycle, that's what she did, and then she said, "I only got five eggs." I said, "Well, that doesn't sound good." But she said, "They're all high quality." They grade them. And she put two in, and I got pregnant, and that was it.

At each encounter with technology, Jodi expresses misgivings about her own self-efficacy. Rather than doubt the ef-

ficacy of the technology, she blames herself for not responding to drugs. When she does produce eggs, she questions whether she produces enough to become pregnant. When she finally conceives, she views this outcome as occurring in spite of her own failings and credits the efficacy of the technology. Thus, scientific rationalism fosters the belief that technology overcomes the inherent limitations of human efficacy. As a result, it encourages low appraisals of self-efficacy, while at the same time encouraging high appraisals of the efficacy of the technology.

With regard to action-outcome expectations, scientific rationalism encourages consumers to think in terms of probabilities. Many informants liken the use of ART to engaging in an informed type of gambling. Nick, Christina's husband, offers this analogy: "You're forking out a whole bunch of cash for a chance. You know, it's like going to Las Vegas every other month and having to gamble yourself. We were used to going, 'Here's \$20,000, I hope it works.'" But considering the odds of success does not mean scientific rationalism encourages consumers to think of themselves as reckless risk takers. Quite the contrary: this discourse focuses attention on the scientific evidence associated with each technique and encourages consumers to believe that if one attempt fails, they can still calculate whether the odds are good for the next attempt. Thus, rather than encouraging consumers to doubt the likely efficacy of a particular means of conceiving because it fails them once, scientific rationalism encourages consumers to maintain their belief that a positive outcome is possible.

While scientific rationalism is consistent with low evaluations of self-efficacy and a probabilistic view of action-outcome expectations, it discourages emotional evaluations of options. Indeed, the vocabulary of statistical likelihood inherent in this discourse encourages consumers to distance themselves from negative affect they might associate with the procedures their physicians encourage them to use. Rational management of affect toward the means is evident in Heather's decision to use a donor egg after her fortieth birthday, a course of action that was inconsistent with her initial desire to adhere to genetic essentialism.

*Heather:* Once you hit 40 the chance of you getting pregnant with your own eggs goes down to just about 7%. And when you're 42 to 43 [it] drop[s] . . . to about 3%. So we said, "Screw that." Give me a break, you're spending all this cash, you know, throw your vanity out the window.

The statistical worldview consistent with scientific rationalism encourages Heather to adopt an analytic detachment toward using donor eggs. She disparages her own affect as mere "vanity," an indulgence inconsistent with this discourse. She pragmatically invokes the logic of the costs of treatment versus the benefits of increasing her chances of conceiving. Thus, just as scientific rationalism can downplay self-efficacy in relation to the efficacy of technology, it also undermines tendencies to acknowledge negative affect toward means.



*Scientific Rationalism and Cognitions Pertaining to Action Planning.* Because it encourages individuals to put themselves in the hands of experts, scientific rationalism may influence not only the content of plans but also the structure. In the context of ART, this discourse encourages consumers to adhere to a treatment regimen consistent with the prescription of medical experts. Initially, and depending on the preliminary diagnosis of reasons for infertility, doctors typically advocate that consumers undertake a monitored set of trials of relatively uninvolved and inexpensive infertility technologies. Should these fail, they recommend escalating to increasingly high-tech interventions. If initial methods prove unsuccessful, patients' odds of conceiving may lessen simply because they grow older and are less likely to conceive during the course of treatment.

Thus, with regard to the completeness and specificity of plan content, this discourse encourages individuals to consider only one tactic at a time, to use it repeatedly, and to make no decision about next steps until the current tactic is ruled unsuccessful. Edna observes: "When [the doctor] said, 'Let's try this route or that route,' you know, it was like 'Okay, well yeah, it's worth a try.'" Likewise, Kerri states: "My doctor's approach was to start with the least invasive procedures first, which I think is pretty standard." Thus, scientific rationalism influences plan structure by limiting plans in terms of completeness, despite the fact that the goal is both cherished and elusive. Consistent with the research ethic ingrained in this discourse, consumers often acquire knowledge about scientific techniques on their own. Nevertheless, this discourse encourages them to rely on experts to decide whether any technique is appropriate for them. Christina states: "We were just excited to have any procedure done. . . . We . . . pretty much followed what all the experts said we should have done." Invoking a faith in experts—and despite the fact that she and her husband believed that another course of treatment might have been appropriate—they followed the course specified by their doctor. Thus, just as scientific rationalism encourages "one at a time" specificity, it also discourages complete and/or novel plans.

*Scientific Rationalism and the Maintenance of Goal Intentions.* As the discussion above suggests, scientific rationalism encourages consumers to try repeatedly using the same technologies and to try different technologies only when experts recommend abandoning less invasive ones. But the discourse does offer consumers a logic for ceasing to persist and for turning away from the goal of pursuing pregnancy. Consistent with its emphasis on reason over emotion, this discourse encourages consumers to keep from losing control over the process by supporting "stopping rules." One rule that fits comfortably with the discourse invokes the logic of financial costs. For instance, Erin and her husband, with the advice and encouragement of their physician, planned the type and number of trials they would use based on what their insurance would (and would not) cover. When

asked how she decided whether to persist or stop trying, Erin states:

*Erin:* Our doctor pretty much made the decision for us. Well, my husband and I talked it over also. Because the way insurance pays is you can have four IVF cycles. If you have a live birth, they'll give you two more. We'd already used up two of our IVF cycles, and so we didn't want to waste another. The doctor gave us the option of trying one more time. He said if it didn't work then we'd only have one more egg retrieval left [that insurance would pay for], but he said he really didn't think that it was going to work, and he didn't recommend that we use one of our last remaining egg retrievals with our own genes. So we discussed it and decided, no, we'd better just go on to a donor. To pay for an IVF cycle I think is around \$25,000 or something, so we didn't want to run out and have to pay for it ourselves. [We'd have stopped] I guess when we ran out of insurance. Even then we probably would have tried a couple of cycles on our own with our own money. So probably after we'd spent \$50,000 or so [we'd have stopped trying]. So it would have been mostly a financial decision.

As Erin's excerpt indicates, the availability of insurance to pay for trials helps her and her spouse maintain their goal intentions, just as the lack of funds will help them reconcile themselves to abandoning these intentions. Erin and her husband negotiate a logical boundary for their persistence: when the cost of continuing exceeds their ability to pay, they plan to desist.

Likewise, Jodi describes both the difficulty of and the need for retaining sufficient control in order to know when to quit. She relates how her husband insisted that they let monetary concerns determine when they would stop.

*Jodi:* He's a negotiator by trade. I guess he's a little bit more up on these cognitive sort of processes that you go through. You know: second-guessing yourself. It's not just the hope I guess, but after a while you've got to think about how much all of this is costing, right. You try not to, but it was quite a bit of money, and we were really lucky at the time. My husband had big consulting projects so we used that money to pay for it. But yeah, it was very difficult. . . . Sometimes you go, "Well, I didn't get pregnant you know. . . . I've still got lots of things to try out." But as you get closer to the end you know that if this doesn't work, then that's it.

As these excerpts suggest, financial stopping rules can aid consumers in managing the emotions associated with maintaining or abandoning the treasured but elusive goals of parenthood, allowing them to retain control over their resources and their lives and to pursue other identity projects.

In summary, scientific rationalism inflects goal striving by encouraging consumers to privilege the efficacy of technology over their own self-efficacy, to believe in the likelihood of successful outcomes of technology even when they encounter failures, and to encourage them to distance themselves from negative emotions toward specific options. Informed by this discourse, consumers' plans are largely set

by experts and are aligned with standards of scientific practice. In keeping with this discourse, consumers persist unless and until continuing to pursue the goal of parenthood would prevent them from achieving other important goals. Thus, this discourse both endorses considerable persistence and permits consumers to stop trying before they become emotionally and financially overtaxed.

Our findings regarding the role of this discourse can be contrasted with those identified by consumer researchers studying other contexts. For example, the valorization of scientific solutions among some informants at certain points in their narratives contrasts sharply with the deep suspicions toward the efficacy of medical technology expressed by consumers in other contexts such as the natural-health microculture (e.g., Thompson and Troester 2002). These differences are unsurprising, however, when we consider the fact that, at a cultural level, ambivalence toward technology is pervasive (Mick and Fournier 1998; Thompson 2004). Our informants may well feel the same "technophobic" (Best and Kellner 2001, 205) aversion to science as is reported by other scholars in consumer research. However, the cultural vocabulary of reverence for science and technology is both available and particularly salient for those who must somehow rationalize their own continued use of techniques that are extremely costly on both financial and emotional levels.

### The Discourse of Self-Management

We delineate a second culturally pervasive discourse that shapes consumer persistence as the discourse of self-management. Giddens (1991) discusses one constellation of conditions in late-twentieth-century Western cultures that gave rise to this discourse. He notes that the profusion and diversity of expert opinion within contemporary systems in which experts proliferate (e.g., the medical system) ironically encourages individuals to develop their own stock of "expert" knowledge and to rely on their own understandings when making choices. In other words, this discourse encourages consumers to become self-reliant, rather than seeking and relying on the advice of any given expert. Giddens notes that informed choice-making is now a central feature of posttraditional societies that feature multiple options rather than a single traditional, sanctioned, or taken-for-granted choice with regard to any given opportunity or problem. He argues that, provided that the resources of time and information are available, individuals can experience both a perceived capability of and a need for self-management, rather than relying on experts in making complex, consequential decisions.

At the same time, Du Gay (1996) argues that a contemporary management ethos of excellence and the related political ideology of enterprise are now widespread. These constructs have become so influential that contemporary Westernized cultures consider it attractive, appropriate, and even necessary for individuals to take charge of their own affairs, both in their working lives and in their personal ones. The qualities of "self-reliance, personal responsibility, bold-

ness and a willingness to take risks in the pursuit of goals . . . are regarded as human virtues and promoted as such" (Du Gay 1996, 56).

Collectively, these cultural conditions produce a discourse of self-management that encourages people to view themselves as entitled and perhaps obligated to adopt a proactive, even entrepreneurial, approach to managing both the work and nonwork elements of their lives (e.g., child rearing or marriage; Beck-Gernsheim 1996). Moreover, there is considerable cultural cachet in exercising initiative, independence, self-reliance, and willingness to take risks while managing one's life, and consumers are awash in examples of accolades earned by those who run their lives as enterprises. Thus, in contemporary culture, a significant strand of thought encourages individuals to regard themselves as the ultimate authorities in decision making and to view their lives as a set of goal pursuits or projects to be managed with entrepreneurial zeal.

The discourse of self-management has been less explicitly referenced within the consumer behavior literature than has fatalism or scientific rationalism. However, Thompson's (2005) recent examination of consumers who choose natural childbirth methods over highly medicalized options highlights the reflexive self-reliance, individual knowledge building, and unwillingness to defer to experts, all of which Giddens describes and are commensurate with a discourse of self-management.

*Self-Management and Appraisals of Means.* Since a core belief of self-management is the conviction that individuals can and should take charge of their own lives, it is not surprising that the discourse encourages assumptions of high self-efficacy. When pursuing parenthood, individuals deeply influenced by this discourse tend to manifest confidence that they, and not the medical experts who are the agents of access to technology, will solve their own problems. After 5 years of trying, Sally credits the fact that she is now 8 months pregnant to her and her husband identifying and solving their own pregnancy problems:

*Sally:* This is a miscarriage problem. . . . Doctors' whole focus tends to be on infertility, and they treat miscarriage patients as infertility patients. . . . We went through it, not with any help from a particular doctor, but rather [relying on] our own ability and our own strategic focus. We were able to diagnose this problem. But it was with very little help . . . we had to keep finding new doctors who specialized in whatever the area was [where] we thought the problem lay. . . . So the first thing we did was [find] a doctor who was *willing to support our research.* (Italics added)

This excerpt indicates the depth of Sally's conviction that she (and not her physician) has the ability to identify and overcome problems. Such examples do not mean, of course, that individuals for whom self-management is salient believe that they are more likely to succeed than anyone else with a particular ART technique. But it does mean that they are confident that they will eventually find a means of conceiving that will work for them. Thus, their sense of self-

efficacy is about the process as a whole, not about any particular trial or technique they may attempt at a given point in time.

When evaluating particular means of achieving parenthood, informants influenced by self-management tend to be relatively conservative when appraising the likelihood that any given action will lead to a desired outcome. Like the experts who recommend ART procedures, these consumers regard these procedures as limited in efficacy. Gary's narrative reflects this tendency to be cautious in evaluating any given means of conceiving. He doubts that the information he receives reflects real odds of success: "The clinics will try to convey that they have high success rates. But the statistics are based on people within certain age groups. And the way they screen women [and] reject couples causes the statistics to be null and void in a certain sense." Unlike scientific rationalism, which encourages people to sustain their confidence in alternative ART solutions even when a given procedure repeatedly results in failure, self-management encourages consumers to doubt the authority of science and scientists and the efficacy of particular technologies if initial experiences prove disappointing. So while consumers will try various techniques, they do not trust them readily, or for long.

With regard to affect toward specific means of trying, while self-management encourages people to be wary of appraising any given means as likely to succeed, it does not encourage consumers to harbor negative emotions toward any particular means that might help achieve the cherished but elusive goal of parenthood. Indeed, our informants who most consistently express elements of the discourse of self-management are least likely to express distaste for any of the ART options available. Gary expresses this detached affective stance toward options in the following passage: "It's really important to get educated [and] to have multiple strategies. Adoption is a strategy. The biological offspring even has three or four strategies with it: your own children, your husband's sperm, your eggs, your donor sperm, your donor eggs." In labeling each ART option a "strategy," he implicitly distances himself from experiencing any distinctive emotion toward any particular option. Even more strikingly, Wendy states:

*Wendy:* If you're a very determined person and you want to have a baby, it's like it doesn't feel like you're dealing with right and wrong. It doesn't feel like there should be even moral laws that should be holding you back. It feels like an imperative, right, not just a biological imperative but a moral imperative. You know—more important than anything else.

In this passage, Wendy expresses her feelings that the ends—giving birth to her second child and realizing her goal of fecundity—would justify any means. So although a particular technology might conflict with some perspectives on morality, the discourse of self-management in this context encourages that none be disdained a priori. And while specific ART procedures might require consumers to relinquish treasured dimensions of the discourse of biological parent-

hood (e.g., genetic essentialism), repeated failures often lead self-managers willingly to sacrifice these dimensions for pronatalism and to consider any options (even experimental ones) involving genetically unrelated sperm or eggs. In short, self-management focuses more on emotional detachment than on emotional control, as consumers evaluate various strategies to achieve a goal to which they are strongly committed.

*Self-Management and Action Planning.* Consistent with the discourse, self-management influences consumers to be highly proactive when planning how they will achieve parenthood. Thus, this discourse encourages plans with highly elaborated content and structure and even with the consideration of multiple parenthood strategies simultaneously. Gary explains that he and his wife plan to acquire new donor eggs on the Internet, even though she is currently pregnant with an egg donated by a friend and inseminated with Gary's sperm.

*Gary:* There is a Website that lists a number of women . . . available to donate eggs. You can search the database by age, by eye color, by body type, by ethnicity, whatever. After my wife discovered she was pregnant a few days ago, she experienced some . . . serious bleeding and . . . thought she was probably going to lose this baby. And was in distress. And was immediately focusing on a Plan B. She said, "We have no Plan B." And the answer to "How do you cope in the face of having to make decisions [about next steps]?" is to constantly have a Plan B.

Self-management encourages consumers to prepare for failures of specific technologies or trials, to learn from them, and to seek out new strategies even as they retry with familiar ones. Sally typifies this approach to action planning, contrasting her approach with that of other couples:

*Sally:* A lot of people . . . they'll often do three or four cycles of the same thing to no avail and have to have either the doctor tell them to move on, or get so depressed that they would be ready to give up. But we never did the same thing twice. If we hit a roadblock, we changed directions and . . . kept going.

Unlike scientific rationalism, self-management eschews the practice of overcoming obstacles by adhering to only one course of action at a time. Instead, it encourages consumers to believe that they will maximize their chances of success by relying on multiple strategies, cutting losses, and moving nimbly from one means of trying to another.

*Self-Management and the Maintenance of Goal Intentions.* Self-management celebrates singular focus and determination: it lauds the pursuit of a desired goal and has little tolerance for goal abandonment. Thus, when this discourse shapes consumers' pursuit of parenthood, it encourages them to maintain and pursue their goal despite countless failed efforts and inestimable personal costs. As a result, self-management can encourage almost an addiction to persistence, which manifests as repeated trying "despite

recognizing and realizing [the] damaging effects” on oneself and others (Hirschman 1992, 155).

Indeed, our informants often put other life goals on hold, or abandoned them altogether, in order to devote all of the time, energy, and resources necessary to become parents to their desired number of children. Wendy’s account of her efforts to conceive a second child highlights this relentless goal pursuit. When Wendy was 42, she gave birth without difficulty, despite her husband’s reluctance to become a parent. When their son was six months old, she insisted that they try for a second child. Wendy’s gynecologist advised her to wait, but she ignored him: “My cousin had been telling me to try Clomid. It really speeds things up, right? . . . So I went to the doctor, and I tried to get it.” Despite her physician’s advice, Wendy began trying to conceive via ART. Frustrated after two failed tries and again ignoring medical advice, she decided to switch strategies: “I thought, ‘Well, we don’t have a lot of time. Okay, let’s switch to the big drugs, right, and onto the shots.’ So every day [I took] Pergonal.”

In moving ahead with this strategy, Wendy ignores her personal health risks, the potential economic damage wrought by the expensive outlay for treatment, and her already strained marital relationship: “I had no insurance. I had to pay for it all myself. [My husband] was not going to pay anything because I had to drag him kicking and screaming. . . . I forced [my husband]. I mean, I really did.” When she experiences repeated failures, she is unable to reconcile herself to not having the second child she so badly wants. At age 47, she reflects through tears: “Why do I want a second child so much? And I still do. . . . I have issues about giving up, and I don’t think I really have [given up].”

In embracing self-management, the only response for those faced with failures, and who are unwilling to relinquish the goal of pronatalism, is to try, try again. Like Wendy, many ART consumers in this situation ignore family, friends, and physicians who tell them they are unlikely to succeed and should reconcile themselves to giving up their quest. As was the case with the natural childbirth consumers studied by Thompson (2005), consumers who embrace self-management reject the opinions of medical professionals who impose undesired medical identities on them (e.g., too old to bear a child, unable to sustain the rigors of ART treatment). They cling tenaciously to their quest for parenthood, tackling obstacles by trying harder and persisting longer.

To summarize how self-management influences the elements of goal striving that Bagozzi and Dholakia (1999) identify, this discourse encourages consumers to evaluate very positively their own self-efficacy but to estimate conservatively their chances of success with any particular infertility solution. At the same time, it supports positive affect toward any means that could prove successful and encourages intense and multifaceted action planning. But, importantly, what self-management does not offer consumers is any reason to stop trying or any way to become reconciled to failure. As a result, consumers for whom self-management

is highly salient find it difficult—if not nearly impossible—to acknowledge that they may never attain the goal they so ardently pursue.

## The Discourse of Fatalism

Fatalistic discourses suggest that the unfolding of people’s destinies is something that they are powerless to change or control (Ringgren 1967a). Fatalism rejects a purely scientific cause-and-effect explanation of the world and presupposes the existence of an established, timeless order controlled by an external authority. For individuals who believe that this external authority is spiritual in essence, versus those who simply believe in fate or chance, a fatalist perspective directs them to enter into a relationship with the spiritual being that can enable them to at least discern “God’s timetable” (Noble 1997; Ringgren 1967a) and to monitor their environments constantly for signs or signals that contain clues about how their lives will unfold. Indeed, the concept of being able to discern the will of a spiritual power while being unable to control the destiny this power may dictate is ingrained in most of the major world religions and is crystallized in such concepts as the Will of Allah, the way of Jehovah, and Karma (Ringgren 1967b).

Although fatalism might seem antithetical to scientific rationalism and self-management, Noble (1997) argues that the basic tenets of religion and technology can coexist. Over the centuries, many scientists, from the early monks in the Christian church to more contemporary figures such as Thomas Edison, have believed that the role of technological innovation was to help make God’s purposes and patterns in the universe more transparent and accessible. For example, the development of nuclear technology was regarded by some of those responsible for it as an apocalyptic revelation that the first stage of Armageddon had begun and that the development of such destructive atomic power was ordained by God (Noble 1997, 110). Likewise, the discourse of self-management can culturally coexist with fatalism because, like many indigenous people in the world, contemporary consumers often believe that efficacious rituals such as prayer can enable them to secure “greater ‘life power’ . . . and to avert anything that might diminish this ‘life power’” (Siiger 1967, 156).

Recently, several scholars have described how consumers evoke a fatalist discourse within contemporary contexts. Bonsu and Belk (2003, 44) observe that within the Asante region of Ghana, people make little or no attempt to help dying relatives recover from illnesses, because they share the belief that “a person’s life course is predetermined by *Onyankopan* (Supreme Being) before birth.” Likewise, Belk, Ger, and Askegaard (2003) observe that Islamic consumers in Turkey often downplay their own desires for goods and services because such individualistic desires are antithetical to the Islamic tenet that God’s will is the most powerful force in people’s lives. Similarly, the interplay of scientific rationalism and fatalism is seen in the high-risk consumers that Celsi, Rose, and Leigh (1993) studied and in the consumers diagnosed with breast cancer who were

the focus of Pavia and Mason's (2004) research. In both cases, crises (e.g., the death of a skydiving club member, the fear of death by a breast cancer patient) lead consumers to attempt to control their circumstances rationally and to not succumb to fatalistic beliefs that outcomes are beyond their control. Furthermore, Tian and Belk (2005) demonstrate how consumers who consider themselves agentic still rely on good luck charms that they believe are imbued with otherworldly powers to enhance their own agency. These examples illustrate that even when consumers rely on fatalism while goal striving, they often play active roles to help realize the intentions of higher authorities and sometimes reject the potential outcomes offered by a fatalistic perspective. Nevertheless, as we illustrate below, the contemporary discourse of fatalism is often able to coexist with rational and self-management discourses as well.

*Fatalism and Appraisals of Means.* When fatalism is salient, consumers believe that they receive clear signs from a higher power that pertain to whether their goal striving will be successful. Therefore, fatalism affects appraisals of self-efficacy by instilling people with the confidence that insofar as a particular trial is concerned, they have a higher power in their corner. Sometimes signals from higher powers bolster our informants' confidence to the extent that even after a string of heartbreaking failures, they still believe that a higher authority has identified a particular trial as the one that will lead to success. Such signals often take the form of epiphanies, or experiences "that radically alter and shape the meanings persons give to themselves" (Denzin 1989, 14–15). After interpreting the death of a baby on her third IVF try as a sign she would be childless, Kristen's narrative suggests she and her husband experienced separate epiphanies that they both interpreted as signs to try once more. These epiphanies proved so powerful that the couple even discounted negative information from their doctor about their chances of success, believing that they had triplets because they responded to a challenge from God.

*Kristen:* One day . . . there was a mom walking through the parking lot, and her little girl had something stuck to her shoe. . . . I thought it was cute, but then I just got mad. . . . Because I believe that God had given me a scripture that I was going to have a baby. So I said, "How come you said I was going to have a baby, but yet where is my baby, you said it was going to come from my body?" . . . It was just like I felt God said, "Try again." So I . . . told my husband. . . . And he said, "You know, the same thing happened to me today." . . . The in vitro specialist had actually told us that more than likely I wasn't going to get pregnant. . . . And my husband and I pretty much felt really confident. . . . It was like, "this is it" [the time they would succeed], and you know, it was.

Consumers' perceptions that higher powers communicate information that a particular attempt will be successful likewise have a positive impact on action-outcome expectations. That is, fatalism does not encourage consumers to judge whether a particular type of strategy (e.g., IVF) will likely

be effective. Instead, consumers develop positive action-outcome expectations about specific trials that they believe are ordained by fate. In Kristin's case, she believes that God challenges her to try again with a technique that had failed three times: "I felt like he was saying, 'Go ahead, you try me, give me a try.' . . . I said, 'OK, give me your best shot, God,' and you know, I really think . . . it was like I finally let go."

Indeed, when their persistence is rooted in fatalism, this concept of "letting go" is highly salient to our informants' action-outcome expectations. Simply put, letting go signifies consumers' realizations that no earthbound agents—either themselves or medical professionals—will determine their success and that ultimately only a higher power can do so.

*Edna:* I'm bringing faith into it, you know. Personally I tend to believe that . . . the time was just better for us . . . the fact that [my daughter] was conceived ultimately naturally and unassisted. . . . I think it had much more to with it than just relaxing . . . we'd probably reached a point in our lives and a point in accepting, "OK, this is probably not to be, and it's time to put it to rest and move on."

With regard to consumers' affect toward particular means of trying, what distinguishes fatalism from other discourses is that consumers can have a positive affect toward some trials of a particular ART technique but a neutral or negative affect for other trials of the same technique. What determines whether they are hopeful or optimistic about one trial over another is how strongly they feel the presence of a higher authority as they engage in their next attempt to conceive. Lisa reports she begged her husband to allow a fifth IVF attempt, despite disastrous results with two different egg donors who "bombed out" on her. She reports how her friends prepared her for what they all knew would be her fifth and final IVF cycle:

*Lisa:* One girlfriend got me a fertility frog, you know, and she said, "You have to carry this around with you." . . . Then a couple of girlfriends gave me angels, little angel pins. . . . And then I had my own rosary beads, you know . . . to pray for children. Then my other girlfriend gave me, like in Buddhism, a little stone. . . . I carried everything around for a month with me in my purse, and on the day of the transfer took everything out and had it in my hand. . . . I went into the room and told the nurses, "I have all these spirits with me and everything, and I'm going to have a baby." And we did the transfer, and it worked out perfectly.

Thus, as was the case with judgments of self-efficacy and action-outcome likelihoods, fatalism encourages a very effort-specific evaluation of affect. Consumers influenced by the discourse of fatalism are therefore less likely to eschew or embrace a particular type of strategy than they are to develop instance-specific evaluations, depending on the perceived will of fate regarding a particular try.

*Fatalism and Action Planning.* When fatalism is salient, consumers typically do not develop complete or specific plans when entering into infertility treatment. Rather,

they try whatever single strategy or combination of strategies that they believe a higher power sanctions. In contrast to scientific rationalism, which does not discourage consumers from educating themselves on ART options, fatalism does not support consumers in their attempt to understand specific techniques or medical practices. As a result, consumers adhering to fatalism may persist past the point a physician recommends, or cease trying with a particular method prior to the point a physician advises, if they believe a higher authority is directing them to do so. In addition to disregarding the advice of medical experts, consumers may simultaneously integrate spiritual or other alternative strategies located outside of established medical boundaries in conjunction with ART to attempt to enhance the potency of a particular trial, as Lisa's example above with her fertility icons clearly demonstrates.

Thus, fatalism typically supports incomplete and unpredictable action plans, because consumers must interpret signs surrounding each trial and failure as indications to quit trying or to remain faithful and try harder. For example, Judith believes that God tells her to adhere steadfastly to pronatalism and to become a parent any way she can. As a result, she pursues parenthood in a plethora of ways, including three different adoption attempts. Likewise, Christina and her husband initially eschew ART techniques because they perceive them as too experimental—that is, as too novel for them. But after interpreting a failed adoption attempt as a sign that God wants them to try for genetically related children, they willingly embrace two different ART procedures. Thus, in contrast to scientific rationalism, fatalism encourages consumers to trust procedures that lie outside of the scientific orthodoxy and to believe that higher powers will guide them to successful strategies, even if these were originally beyond their initial consideration sets.

*Fatalism and Maintenance of Goal Intentions.* With its power emanating from a higher authority, fatalism leaves open the possibility that any goal-maintenance option—to protect the initial goal, revise the goal, or abandon the goal altogether—is viable. This is because higher powers can spur consumers to pursue any of these outcomes. Thus, Christina and her husband interpret their inability to adopt as a sign from God that they should modify their goal. After their adoption application was denied, “We kind of thought . . . God was doing something for us, so we said, ‘OK, fine, we’ll give this thing [ART] a chance.’ After that first [IVF procedure] worked, we never even thought about adoption again.”

What is telling about the example above is that it demonstrates the interplay of fatalism with dimensions of the biological parenthood discourse. In this case, fatalism encouraged Christina and her husband to revise their initial decision to forgo genetic essentialism and pursue pronatalism. Although their initial decision to adopt stemmed from a medical diagnosis that they were likely never to have their own children, they interpreted their failed adoption attempt as God's dismissal of this diagnosis. As a result, they revised their assessment of which dimensions of the biological par-

enthood discourse they should valorize, and they refocused on genetic essentialism. Thus, fatalism can encourage consumers to reprioritize dimensions of pronatalism that they might have initially discounted or disregarded, or perhaps not have considered at all.

Unfortunately for consumers, fatalism offers no explanation for failed attempts, other than that they must be the will of some higher authority and beyond the control of the individual. Faced with such a rigid analysis, fatalism often can encourage consumers to resign themselves to their situations and abandon their biological parenthood goals. Often, consumers' rationales for this behavior take the form of counting their blessings—a way of signaling to themselves and others that they will not attempt to achieve their parenthood goals through the sheer force of their own will. In discussing her decision to stop trying for a second child and abandon her pursuit of fecundity, Donna observes:

*Donna:* I'm feeling like, “You have one really great kid,” and [we] need to . . . see ourselves as fortunate in that way. I'm very thankful for my husband, who's been . . . supportive and caring. I'm thankful for my daughter, and I do just need to concentrate on being a good mom for her and be aware that I can . . . help . . . other people with little children, and that will be good too.

Eventually, when consumers adhere to fatalism, they may rationalize their failures as outcomes that are “not meant to be.” But just as fatalism helps consumers rationalize abandoning persistence, it can also rekindle their hopes and encourage new bouts of trying through unexpected epiphanies. Although it may seem paradoxical that fatalism can both discourage and encourage persistence, higher powers are perceived as equally able to communicate messages about whether consumers should desist or persist.

## DISCUSSION

The foregoing analysis illustrates the influences that culturally pervasive discourses may play in shaping cognitive elements of goal striving as articulated by Bagozzi and Dholakia (1999). Table 3 summarizes the findings of our study regarding the ways in which each culturally pervasive discourse we have distinguished affects appraisals of means, action plans, and goal maintenance. We summarize the interplay of these cultural discourses and cognitions below.

With regard to evaluations of self-efficacy, our analysis suggests that culturally pervasive discourses can lead to self-efficacy evaluations that differ not only in terms of valence but also in terms of whether evaluations are specific to a technique designed to overcome infertility (e.g., IVF) or to a trial of a particular technique. Not surprisingly, self-efficacy is high across both techniques and trials when consumers are enmeshed in the discourse of self-management. However, self-efficacy is ameliorated by outside forces—either expert or spiritual in nature—when scientific rationalism or fatalism are salient. Discourses likewise have differing influences on the extent to which action-outcome ex-

TABLE 3

IMPACT OF CULTURAL DISCOURSES ON COGNITIVE ELEMENTS OF GOAL STRIVING (BAGOZZI AND DHOKALIA 1999)

	Culturally pervasive discourse		
	Scientific rationalism	Self-management	Fatalism
Appraisals:			
Self-efficacy	Perceived self-efficacy eclipsed by perceived efficacy of technology	Strong conviction of self-efficacy across process	Evaluation depends on whether trial is seen as willed by fate
Action/outcome expectations	Expectations of each trial generally positive	Expectations of each trial conservative	Expectations vary across trials
Affect toward means	Disciplined	Detached	Positive when trials endorsed by fate
Action planning:			
Plan completeness	Embrace one technique at a time based on recommendations of experts	Embrace multiple techniques at once; have a "Plan B"	Embrace one trial at a time based on perception of what higher power endorses
Plan specificity	Escalation/change dictated by experts	Escalation/change dictated by self	Few specific plans
Novelty	Viewed as beyond bounds of rationality	Embraced/sought after	Embrace if signals from higher power so indicate
Goal maintenance:			
Protect/maintain goal	Maintain within rational bounds	Flexible about subgoals	Maintain goal if perceived as will of fate
Revise goal	Revise within rational bounds	Revise so long as parenthood will result	Revise if perceived as will of fate
Abandon goal	Abandon if continuing seems irrational	Not supported	Abandon if perceived as will of fate: then count blessings

pectancies are high and on the extent to which these expectancies are constant across trials of a particular technique or are specific to particular trials. Similarly, different kinds of affects toward means appear consistent with different discourses. For example, scientific rationalism encourages a suppression of affect, self-management encourages a detached affect toward means in line with the unspoken mandate to quickly abandon unsuccessful techniques in favor of more promising ones, and fatalism encourages elation when consumers believe that trials are endorsed by higher powers—and resignation when they believe that they receive negative signals about the chances of success.

Not surprisingly, the influences of the disparate discourses on cognitions relating to action planning also vary. While scientific rationalism encourages simple plans with limited specificity, self-management endorses elaborate, multipronged plans, and fatalism all but eschews planning. Likewise, while scientific rationalism regards novelty in plans as beyond the bounds of a logical, step-wise approach to a solution for infertility, self-management embraces such plans. Moreover, discovery of novel plans for consumers who embrace the discourse of self-management does not require a post hoc endorsement by experts; in fact, some plans fly in the face of the boundaries of contemporary science and the politics of reproduction. Finally, fatalism maintains a selective stance toward novelty, with consumers willing to consider innovative ideas with regard to infertility treatment if they believe that higher powers are guiding them to do so.

Perhaps most striking is the variety of influences discourses may have on goal maintenance, revision, or aban-

donment. For example, scientific rationalism encourages consumers to maintain, revise, or abandon goals depending on which approach will enable the consumer to remain within established, logical boundaries (e.g., a particular monetary allocation for ART, an emotional toll) and to remain in control. In sharp contrast, the discourse of self-management encourages a great deal of flexibility with regard to subgoals associated with the discourse of biological parenthood but discourages any thought of giving up altogether. Unsurprisingly, fatalism suggests to consumers that they identify and honor the will of fate and continue trying or stop altogether depending on the discerned edicts of higher authorities. It is particularly in the context of goal maintenance, revision, or abandonment that life-project framing discourses intersect with culturally pervasive ones. As consumers wrestle with whether and how to persist, culturally pervasive discourses can influence the extent and the manner in which consumers trade off, cling to, or abandon facets of the life-goal framing discourse of biological parenthood.

It is important to recognize that more than one discourse may shape consumers' actions—and that, in fact, a number of discourses may simultaneously or sequentially influence whether and how consumers engage in persistence. As such, our perspective complements prior work on goal setting that illustrates how consumers navigate ideological regimes by drawing on elements of particular discourses when they set goals (Thompson and Haytko 1997; Thompson and Tambyah 1999).

At the same time, our study complements cognitive per-

spectives on goal striving that conceptualize this behavior as a set of evaluations and decisions (Bagozzi and Dholakia 1999). Specifically, our work not only highlights how discourses may influence initial goal striving but also discusses how culturally pervasive discourses may shape repeated tries using similar means or alternate means. As Bagozzi and Dholakia (1999) note, it is important to bridge the study of predecisional goal setting and postdecisional goal striving processes, as linkages between the two are underdeveloped in theoretical approaches to understanding decision enactment. Our insights demonstrate the value of exploring the linkages between successive instances of goal striving, each entailing appraisals of means, action plans, and goal maintenance, in the pursuit of understanding consumer persistence. As our discussion of the interplay of life-project framing and culturally pervasive discourses in goal setting and goal striving indicates, the unfolding process of trying, failing, and deciding (whether) to retry likely entails both goal refinement and refinements in the means of goal striving. Thus, both life-project framing and culturally pervasive discourses are likely to influence each new iteration of appraisals, action plans, and considerations pertaining to goal maintenance.

### EXPANDING OUR UNDERSTANDING OF PERSISTENCE

Our work stresses that when consumers pursue parenthood, the discourses of scientific rationalism, self-management, and fatalism collectively furnish them with a range of understandings of whether and how to persist. To be clear, we do not argue that the particular pervasive discourses we identify will inform persistence in all contexts. Simply put, we would expect the set of discourses we find relevant in this context to influence persistence when consumers pursue some cherished and elusive goals, but not others. For example, we speculate that in contexts where at least some means of goal striving are technology intensive—such as when consumers use antiaging techniques in pursuit of a youthful appearance—the discourses of scientific rationalism and self-management are both likely to influence cognitions pertaining to persistence. But in contexts where goal striving is less technology intensive, and where creativity and artistry often provide solutions (such as the pursuit of a cosmopolitan identity; see Thompson and Tambyah 1999), we anticipate that a different set of pervasive discourses would influence such cognitions. In contexts where goals are either less deeply rooted in culturally cherished ideologies or less elusive, culturally pervasive discourses may play a more limited role in shaping goal striving, though this assumption warrants future research.

Future scholarship should also examine how culture influences the persistent pursuit of goals not as universally valorized. We expect the interplay between the cultural and cognitive dimensions of persistence to differ when the goals being pursued are more culturally contested. For example, as Commuri and Gentry (2005) demonstrate, wives and hus-

bands in families where women are the chief wage earners and men are the primary caregivers to young children frequently face conflicting cultural norms regarding women's career goals and men's noncareer goals. Studying persistence in pursuit of goals that have an ambivalent standing within the wider culture can help researchers specify additional theoretical links among culture, goals, and persistence.

In theorizing how cultural discourses shape consumers' persistence, our work does not exhaustively address the question of the roles culture plays with respect to repeating behavior. Recent work on the *habitus* associated with different social classes suggests that ideologies that valorize certain patterns of persistence over others may be differentially associated with specific classes. Henry (2005) notes that when compared to young working-class men, young male professionals believe that they can, should, and do persist in attempting to reach goals. In contrast, his working-class informants more likely characterize themselves as laid-back and unable or unlikely to finish tasks. While Henry does not focus on persistence *per se*, his insights suggest that in order more fully to understand iterative goal striving, it will be necessary to consider how persistence features in taken-for-granted understandings that comprise the *habitus* of different social classes.

Another important avenue for future research would be to examine more systematically how individuals' personal histories and circumstances might be linked to the discourses or other cultural factors that inform their persistence. It is beyond the scope of our study to address why some discourses influence certain consumers more than they influence others, but our analysis leads us to believe that, for example, some are more naturally attracted or socialized to embrace fatalism, while others identify much more with self-management. Research that integrates cultural and psychological perspectives on consumer goals highlights the impacts of life themes and life projects on goals (Huffman, Ratneshwar, and Mick 2003). Future research that takes a longitudinal approach and examines persistence (or the lack thereof) during goal pursuit could consider whether and how such life themes and projects relate to the discourses that most influence consumers' persistence and the trade-offs they make between adhering to particular discourses and striving for competing goals.

In conclusion, this article opens multiple avenues for investigating the important yet relatively neglected phenomenon of persistence. Our integration of a cultural perspective on persistence with Bagozzi and Dholakia's (1999) cognitive work on goal striving helps further bridge these cultural and cognitive traditions in consumer research. Fruitful avenues for further deepening our understanding of consumer persistence include not only exploring how additional cultural resources shape persistence but other efforts, which, like ours, attempt to leverage the strengths of disparate traditions in the service of understanding the pervasive, and often poignant, phenomenon of consumer persistence.



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