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Navigating the Central Tensions....pdf

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Navigating the Central Tensions in Research on At-Risk Consumers: Challenges and Opportunities

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A perennial problem in social marketing and public policy is the plight of at-risk consumers. The authors define at-risk consumers as marketplace participants who, because of historical or personal circumstances or disabilities, may be harmed by marketers’ practices or may be unable or unwilling to take full advantage of marketplace opportunities. This definition refers to either objective reality or perceptions. Early research focused on consumers who were at risk because they were poor, ethnic or racial minorities, immigrants, women, or elderly. Today’s researchers also study consumers who are at risk because they are from religious minorities, disabled, illiterate, homeless, indigent, lesbian, gay, bisexual, or transgender. The authors identify four tensions affecting research on and policy and marketing applications for at-risk populations: the value of focusing on (1) vulnerabilities versus strengths, (2) radical versus marginal change, (3) targeting versus nontargeting, and (4) encouraging knowledgeable versus naïve consumers. They conclude with a discussion of the significance of including at-risk consumers as full marketplace participants and identify future research directions.

Keywords: consumers, risk, social marketing

The field of marketing has a long history of concern about the social implications of marketing practices for both individual consumers and the broader society (Wilkie and Moore 2003). In the late 1960s, specific concern for at-risk groups emerged as the result of three forces. First, riots in U.S. African American urban neighborhoods caught marketing scholars’ attention because most of the arson, looting, and destruction was aimed at retailers and services in these consumers’ own neighborhoods. Many African American residents believed they were being exploited by marketers and had no viable recourse. These riots prompted research on both the problems of African Americans in the marketplace and, by extension, those of other marginalized groups who are at risk, including the poor, the elderly, and immigrants. Sociologist David Caplovitz (1967, 1970) conducted some of the earliest and most provocative research. Marketing scholars also expressed early interest in (Sturdivant 1968) and conducted field studies with a particular focus on potentially discriminatory food prices and other exploitative marketing tactics (Berry 1972). Andreasen’s The Disadvantaged Consumer (1975; see also Andreasen 1971, 1976, 1977, 1978) provides a useful overview.

The second historic force was the Vietnam War protests of the 1960s and 1970s in the United States, many of which took place on college campuses. One effect was to provoke a range of marketing scholars—including those who would eventually become leaders in the field—to ask themselves whether they wanted to spend their time helping “Big Business” become “Bigger Business.” For many, the answer was to address the problems of at-risk populations instead.

The third force came from the government agency historically responsible for regulating private sector marketing: the Federal Trade Commission (FTC). In the 1970s, under the leadership of Commissioner Mary Gardner Jones, the
FTC came to embrace consumer research as a critical tool to help guide its regulatory efforts and prosecute specific cases, especially those affecting at-risk groups. Over the next several decades, the FTC hired and consulted with dozens of consumer researcher experts. The researchers’ input contributed to new regulations affecting at-risk populations and generated a wide range of fundamental research on consumer behavior—in particular, cognitive processing. Maynes’s (1988) *The Frontier of Research in the Consumer Interest* provides a useful overview of this work.

Additional topics have emerged recently and are or should be the focus of new research efforts. Global ethnic and religious tensions mean new risks of prejudice, global warming means new risks of homelessness from flooding, and genetic testing means new risks of discrimination by insurers and employers. Moreover, at present, interest in at-risk consumers is divided between “dark-side” and “light-side” approaches (Hirschman 1991): Researchers have raised issues about how to stop bad things from happening to at-risk consumers—the dark side of marketing—and how to proactively improve the lives of at-risk consumers through the application of consumer behavior concepts and tools—the light side of marketing. Much of this work is referred to as “social marketing” (Andreasen 2006; Kotler and Lee 2008; Kotler and Zaltman 1971).

We identify four challenges or tensions in studying and reaching out to at-risk populations. First, to what extent is it useful to conduct research on groups of people on the basis of their having a specific marketplace challenge or vulnerability, relative to research that focuses on discerning their unique strengths and assets on which to build? A focus on vulnerabilities tends to lead to recommendations for protective policies to combat the dark side of marketing. In contrast, a focus on strengths leads to recommendations for discovering and building on consumer assets, or the light side of marketing. The value of this approach is evident in the surge of microcredit investments around the world, demonstrating that, when given modest monetary support in the form of small loans, low-income women can be successful entrepreneurs, which can lead to increased influence for women in the community and politics (Yunus 2003).

A second tension in studying at-risk consumers is between encouraging modest, marginal, or piecemeal changes and seeking more radical or quantum changes. Mainstream marketers are often more interested in marginal changes (e.g., making type font larger to help seniors), but researchers need to ask whether these piecemeal tactics work and, if so, when and why. Ethical issues emerge in the third tension; namely, should marketers single out specific at-risk groups for target marketing, such as those in the lesbian, gay, bisexual, and transgender communities, or might this further marginalize or stigmatize them or even cause a backlash against them? The fourth tension is also an ethical dilemma: If research shows that at-risk groups do not perceive themselves as such (e.g., “We are not poor! Who says so?”), should solutions be directed toward preserving this mind-set? Or is it important to educate or even radicalize at-risk populations so they take ownership of their problems and possible solutions? Table 1 summarizes the four tensions, and the following sections elaborate on them.

### Vulnerability Versus Strength

What constitutes consumer vulnerability and its consequences for marketer actions and public policy has been the topic of numerous thought-provoking articles in recent years (e.g., Baker, Gentry, and Rittenburg 2005; Grier and Kumanyika 2008; Ringold 2006; Shultz and Holbrook 2009). An interesting insight to emerge is the distinction between actual and perceived vulnerability (Smith and Cooper-Martin 1997). Actual vulnerability can be rooted in an array of individual characteristics (e.g., cognitive capacity, age, physical disability), individual states (e.g., grief, transition, severe stress), and/or external conditions (e.g., natural disaster, structural inequalities), which might be experienced as either chronic or transient. Perceived vulnerability is defined as a public perception that a particular group of consumers is at risk, in contrast with the group’s perception that it is not (Baker, Gentry, and Rittenburg

#### Table 1. Summary of Research Tensions Involving Consumers at Risk

<table>
<thead>
<tr>
<th>Tension</th>
<th>Key Issues</th>
<th>Research Opportunities</th>
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<tbody>
<tr>
<td>Vulnerability versus strength</td>
<td>Individual people or groups may view themselves in terms of their strengths, while others may focus on their limitations; this difference in viewpoints could be problematic.</td>
<td>Research is needed on challenges that arise when external perceptions of vulnerability do not align with self-perceptions (e.g., when adolescents underestimate their vulnerabilities).</td>
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<tr>
<td>Radical versus marginal change</td>
<td>Public policy can be aimed toward producing broad, comprehensive, and radical (quantum) changes, or it can focus on smaller and more marginal (piecemeal) changes.</td>
<td>Research is needed to understand better the most beneficial degree of change (e.g., Is the Family Smoking Prevention and Tobacco Control Act of 2009 an optimal change)?.</td>
</tr>
<tr>
<td>Targeting versus nontargeting</td>
<td>There are potential benefits but also potential costs to targeting, and this may depend on the specific behaviors, consumer groups, and/or stakeholders.</td>
<td>Research is needed to develop frameworks that weigh the benefits and costs of targeting versus nontargeting in for-profit marketing (e.g., gambling) and social marketing (e.g., literacy).</td>
</tr>
<tr>
<td>Knowledgeable versus naive consumers</td>
<td>Interventions that strongly encourage consumers to recognize problems may do more harm than good if they create knowledgeable consumers who are anxious and dissatisfied.</td>
<td>Research is needed on the costs and benefits of full problem knowledge in different situations (e.g., what to do when consumers do not take proactive steps because efficacy is negligible).</td>
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2005). The first tension we discuss, vulnerability versus strength, centers on research and practical issues that may arise when a group perceives itself in terms of its strengths, while others perceive only vulnerabilities. Under what circumstances might this occur? What implications does this have for research and intervention? We discuss two research and policy directions next.

First, groups exist within society that have historically been categorized according to their vulnerabilities, with little regard to the strengths (e.g., inherent abilities, learned personal and social skills) on which they rely to meet their daily needs. For example, research investigating the experiences of disabled, immigrant, and low-literacy consumers suggest that these groups often have a unique set of skills that allow them to negotiate the marketplace readily (Adkins and Ozanne 2005; Baker, Stephens, and Hill 2001; Peñaloza 1995). As individuals, they bring both resource assets and deficits to their consumption activities (Lee, Ozanne, and Hill 1999).

When viewed from a perspective that highlights their vulnerabilities or deficits, these groups are at risk for stigmatization, marginalization, and perhaps unnecessarily limited options. For example, Baker, Stephens, and Hill (2001) suggest that the Americans with Disabilities Act (104 Stat. 327) does not adequately serve the needs of the diverse population of disabled consumers. As a result, accommodations that are designed to remedy consumers’ perceived deficits rather than emphasize their strengths may impose a level of dependency for some people that would otherwise not exist (Baker, Stephens, and Hill 2001). Similar points can be made about public education opportunities that are available to some special needs children because of their perceived vulnerabilities (Heisley, Murawski, and Kretschmer 2008). Public interests are not served well by definitions of vulnerability that marginalize and stigmatize.

In addition, vulnerable groups may perceive their collective group in terms of strengths while discounting real and potentially serious risks. These groups may be better served by focusing more on their vulnerabilities, limitations, or challenges. For example, an extensive body of research in neuroscience, psychology, and marketing suggests that adolescents may underestimate the harms of high-risk behaviors (Pechmann et al. 2005). Adolescent “sexting,” binge drinking, smoking, and excessive consumption of unhealthy foods are illustrative behaviors. Strong pubescent urges coupled with weak inhibitory control and inaccurate risk perceptions mean that adolescents are more likely to engage in risky and reckless behaviors than either children or adults (Benthin, Slovic, and Severson 1993; Steinberg 2008).

Research is needed to better understand the potential challenges and complexities that arise when external perceptions of risk or vulnerability do not align with the self-perceptions of the group involved. Basic phenomenological research that gathers the voices and experiences of at-risk consumers, or those perceived to be at risk, is warranted (e.g., Adkins and Ozanne 2005). From these kinds of insights, cognitive models can be developed that can serve as the basis for social marketing or policy interventions. In addition, different research methods and intervention approaches may be needed with populations who underestimate or discount the consequences of their risky behaviors.

For example, “dark-side” research on adolescents might focus on their limitations (e.g., inaccurate perceptions of invulnerability) and be aimed at protecting them (e.g., minimizing exposure to cigarette advertisements, limiting fast-food outlets near schools). In this case, the focus would be on designing decision environments that encourage adolescents to make better choices (Thaler and Sunstein 2009). In contrast, “light-side” research on adolescents would focus on their strengths and build on those; for example, this research might capitalize on adolescents’ interest in structured social group activity, such as sports and clubs, as a protective factor to deter their consumption of cigarettes and fast food (e.g., Davis and Pechmann 2010).

Radical Versus Marginal Change

A second tension associated with at-risk groups is between advocating for radical change versus more marginal change. What we call “radical change” has also been referred to as quantum, concerted, dramatic (Miller and Friesen 1982), rational-comprehensive, and root change (Lindblom 1959). Proponents of radical change opine that it leads to better performance because it minimizes the time and cost associated with change, and changing a few key elements rather than the entire system has the potential to upset the social, economic and/or political balance.

What we call “marginal change” also has many aliases, including piecemeal, incremental (Miller and Friesen 1982), muddling through (Lindblom 1959), or even groping along (Behn 1988). Proponents of the marginal approach state that while far from ideal (Lindblom 1979), it is often the only practical way to implement change. Lindblom (1968, p. 24) asserts that sweeping reforms are beyond the cognitive capacity of most humans and that “continual nibbling is a substitute for a good bite.” Weick (1984) argues that people are often overwhelmed into inaction by big problems, and so it is preferable to focus on smaller problems and achieve smaller wins. Finally, advocates of marginal change state that people do not yet know enough about the world to see all the potential policy errors, and so policy must be made and remade (Lindblom 1959). Marginal change minimizes the risk of catastrophic failure by allowing for experimentation (Behn 1988).

The majority of the literature on breadth of change has focused on the radical/marginal (or quantum/piecemeal) dichotomy and which strategy is better. Fitzsimons (2008) calls for an end to dichotomizing continuous variables in statistical analysis; therefore, perhaps an avenue of research would be to explore change as a continuum rather than forcing it into a dichotomy. Moreover, empirical findings indicate that organizations tend to change continuously and incrementally but that these evolutionary changes are periodically interrupted by short bursts of revolutionary change, akin to punctuated equilibrium theories of evolution (Hall 1993; Romanelli and Tushman 1994). Indeed, many social movements dealing with gender and racial equality have undergone periods of punctuated equilibrium. They began with grassroots efforts that attracted attention to the suffering of disadvantaged groups and, in many cases, led to localized policy changes. Examples include the roots of abolitionism (Newman 2002), granting women’s suffrage...
(Hays 1961), and recognizing same-sex marriage (Kramer 1997).

However, in bringing about true social change at the national level, sweeping changes in law and policy have been necessary. Examples include the Thirteenth Amendment of the U.S. Constitution abolishing slavery, the Nineteenth Amendment granting women’s suffrage, and the 1964 Civil Rights Act (Pub. L. 88-352, 78 Stat. 241). However, these movements were primarily led by the people being oppressed. At-risk consumers might not have the ability to advocate for themselves or might not perceive that they have marketplace disadvantages. Researchers could and perhaps should take a more active role in advocating for the rights of groups they study when such groups are at risk.

At-risk consumers have the right to a fair marketplace and full participation in it. However, major social movements take time to grow; therefore, we recognize that political will may not exist for radical policy change with regard to many issues involving at-risk consumers. Whether policy change is radical or marginal is not as important as whether the policy is effective and evidence based. If no evidence supports a policy’s effectiveness, implementing that policy may do little to advance individual or social well-being. In addition, ineffective policies can provide opportunities for market mobs to argue against further regulation because they can (1) question the merits of current and proposed policy changes and (2) use the known ineffective policy as a bargaining chip (e.g., "You have already enforced these restrictions; it is unfair to ask for more"). Thus, advocating for repeal or reform of ineffective policies may be as important as advocating for new evidence-based policies.

Further research should examine how grassroots movements grow into larger movements and how this process can be better facilitated. For example, what social, historical, and environmental factors foster radical or quantum change and why? Are marginal or piecemeal approaches more desirable in certain circumstances, and if so, why? Another important research question is why people are sometimes motivated to support or even advocate change that may benefit others even when it does not benefit them directly and how this motivation can be increased.

**Targeting Versus Nontargeting**

The third tension is whether to encourage the targeting or nontargeting of at-risk groups because potentially positive and negative consequences could result from either action. The concept of targeting—creating combinations of product, pricing, distribution, and promotional elements to appeal to specific market segments—is central to the practices for-profit and social marketers employ. In many cases, targeting at-risk consumers by providing them with market offerings that have been tailored to meet their specific needs will increase well-being (Bair 2005; Farrelly et al. 2005). However, targeting can produce adverse outcomes, especially when groups that have greater probabilities of experiencing harm than the general population are targeted with risky products or stigmatizing or marginalizing interventions.

Many consumer products that are related to gambling, tobacco, alcohol, financial decisions (e.g., payday loans, credit cards), weight loss, and food (e.g., fast food, snack food) have the potential to harm consumers and society by reducing objective and/or subjective well-being. Targeting populations who are at risk with such products raises ethical concerns (Smith and Cooper-Martin 1997) and may prompt the enactment of regulations designed to protect specific groups from targeting (e.g., U.S. cigarette companies are barred from using billboard advertisements to protect youth; see Wakefield et al. 2002). Although protecting certain groups from targeting can mitigate risk, it may also be associated with adverse consequences in the forms of reduced consumer choice and inferior marketing approaches (Ringold 2006) and feelings of exclusion and alienation (Torres 2007).

To promote outcomes that are beneficial to individuals and society, social marketers have developed targeted interventions pertaining to a wide array of behaviors, such as media and financial literacy, gambling, sexual activity, diet, exercise, drinking, smoking, drug use, and a myriad of other health-related behaviors. In general, these efforts have the greatest potential to produce positive results when they are targeted to meet the needs of specific at-risk groups (Grier and Kumanyika 2010). However, some instances of social marketer targeting have resulted in stigmatization (Guttm an and Zimmerman 2000) and boomerang effects or increases in the prevalence of undesirable behaviors, such as aggression (Byrne, Linz, and Potter 2009).

In summary, research shows that both targeting and nontargeting can have positive and negative effects on the well-being of at-risk groups. While such findings highlight the tension between targeting and nontargeting, they do not provide the type of comprehensive and balanced understanding necessary to resolve it. The successful resolution of this tension will require research aimed at developing frameworks to weigh the full benefits of targeting (e.g., greater consumer value, increased choice, increased adoption of socially beneficial behaviors) against the full costs associated with targeting (e.g., increases in some harmful behaviors, boomerang effects, marginalization, stigmatization). Such frameworks must go beyond the individual level of analysis reflected in much of the existing literature by incorporating stakeholder analyses—that is, the consideration of benefits and costs from the perspectives of consumers, marketers, families, other social networks, communities, nonprofit organizations, governmental agencies, and society.

Because the benefits and costs associated with targeting are likely to vary according to the specific consumer product or behavior, targeted group, and stakeholder group, research aimed at resolving the targeting versus nontargeting tension represents a fruitful research area. For example, researchers could explore the benefits and costs that may result from allowing a new casino to target a local area (e.g., revenues, taxes, and jobs vs. addiction, debt, and crime). Such comprehensive studies should lead to policies that better align individual and collective needs and increase net well-being.

**Knowledgeable Versus Naive Consumers**

A fourth tension facing researchers is that they could conceivably do more harm than good, if they encourage at-risk
consumers to recognize their problems and take action. Specifically, researchers may create knowledgeable consumers who are anxious and dissatisfied, whereas the previously naive consumers had been calm and satisfied. This may not always be optimal. For example, should social marketers support genetic testing that may inform consumers they have an elevated disease risk, even if most consumers will never get the disease, will suffer needless anxiety, and may even take drastic actions (e.g., radical mastectomies)? Concerns about unnecessary false-positives help explain why some medical groups no longer support routine prostate-specific antigen screening (Ablin 2010) or early mammogram screening (Kolata 2009). These groups opine that the benefits for the few do not outweigh ill effects for the majority.

Consumer research has primarily stressed the benefits of ensuring that consumers have full knowledge about a problem. For example, studies based on protection motivation theory (Floyd, Prentice-Dunn, and Rogers 2000; Maddux and Rogers 1983) show that valid information about high risk severity, high vulnerability, and high self- and response efficacy significantly increases the likelihood that consumers will act to protect themselves. Ignorant consumers may fail to protect themselves or even engage in maladaptive coping. Consumers who lack knowledge about efficacy may engage in fear control and discount risk severity or vulnerability (Rogers and Newborn 1976; Witte 1992). Consumers who lack knowledge about vulnerability may actually seek out risks; this is a characteristic of adolescence (Pechmann et al. 2003, 2005).

A few studies have assessed the costs of problem knowledge (e.g., boomerang effects), but it is unclear whether participants’ knowledge was increased to the point of being truly adequate or whether certain types of knowledge were still lacking. For example, studies have shown that information about the risks of drinking actually caused heavy drinkers to drink more (Bensley and Wu 1991), as did normative information about average drinking behaviors that contrasted with personal drinking behaviors (Nye, Agostinelli, and Smith 1999). However, in these studies, the heavy drinkers may have lacked knowledge about quitting efficacy (Rogers and Newborn 1976).

Another theory, terror management (Pyszczynski, Greenberg, and Solomon 1999), posits that making problem information salient can be detrimental if the problem is a person’s own inescapable mortality. Studies have shown that conscious thoughts about mortality evoke defensive processes, such as denial of vulnerability, which serve to suppress the mortality thoughts. As a result, warnings that stress mortality salience can actually boomerang and increase risky attitudes and behaviors and evoke other irrational defensive processes that maintain a person’s faith in the comforting cultural worldview (Hansen, Winzeler, and Topolinski 2010). The costs of problem recognition seem to be greatest for consumers with personality traits such as self-deception (Nye, Agostinelli, and Smith 1999), low self-esteem (Harmon-Jones et al. 1997), and high reactance (Dowd et al. 1994).

Research has also documented that problem knowledge elicits aversive negative emotions. For example, studies show that information about risk severity and vulnerability evoke fear and/or anger (Floyd, Prentice-Dunn, and Rogers 2000; Maddux and Rogers 1983). However, fearful consumers perceive a lack of control and judge new situations to pose a greater risk, whereas angry consumers perceive they have control and face less risk (Lerner and Keltner 2000, 2001). Thus, anger seems to be more constructive than fear, and so more research should focus on whether and how to elicit anger.

More research is needed on the relative costs and benefits of full problem knowledge in different situations. Can full knowledge sometimes be counterproductive, and if so, when and why? Are there specific circumstances in which problems should not be completely disclosed? For example, if consumers with full information cannot engage in any meaningful protective behaviors because any behaviors available to them would have negligible or even counterproductive effects, should they still always be given full information? Although these are ethical dilemmas, empirical studies can be invaluable; researchers can compare consumers who are given versus not given full information and examine a host of outcomes to inform moral judgments. Medical groups withdrew their support for certain health screenings (e.g., early mammogram screenings) on the basis of objective health outcomes, which is a key consideration, but subjective well-being should also be considered (e.g., feelings of control, respect, dignity).

Concluding Thoughts

Many gaps persist in the understanding of how to research and assist at-risk consumers. In this essay, we have identified four critical tensions—focusing on vulnerabilities versus strengths, radical versus marginal change, targeting versus nontargeting, and knowledgeable versus naive consumers—that are particularly important to understand if the well-being of at-risk consumers is to be improved. As a final point, we consider the importance of including at-risk consumers as full marketplace participants. Research has consistently demonstrated the negative psychological, sociological, and cultural effects of marginalization and exclusion (Abrams, Hogg, and Marques 2005) and the positive effects of inclusion for both the at-risk and dominant populations (Lombe and Sherraden 2008).

Inclusion and exclusion are essentially about power relationships (Abrams, Hogg, and Marques 2005); the dominant group has power to marginalize and exclude a person or group on the basis of perceived differences (Millar 2007). These differences can be linked to agency no-choice attributes such as race, ethnicity, sexual orientation, addiction, challenges in skills, intelligence, and age (e.g., Heisley, Murawski, and Kretschmer 2008; Litt, Pirouz, and Shiv 2012; Strauss and Pollack 2003; Tatsum 2003). Alternatively, these differences can be linked to agency choice attributes (e.g., the choice to reject a cochlear implant that could restore hearing, the choice to adopt counterculture behaviors; Koziens 2002). These differences can be created by structural or situational factors, such as social class or caste systems (Levy 1999), war, and ecosystems, or they can be inextricably linked to both structure and agency, as in poverty (Hill 2001, 2002), mental illness (Heisley, Murawski, and Kretschmer 2008), illiteracy (Adkins and
Oznane 2005; Wallendorf 2001), financial illiteracy (Lusardi, Keller, and Keller 2009), obesity (Grier and Kumanyika 2008), and addiction (Hirschman 1992). The resulting marginalization can be subtle, pervasive, and harmful.

As the marketing and public policy field strives to address issues of populations that are at risk, researchers need to rid the research of the language of power. For example, we should change the term “weakness” to “challenge.” Similarly, “handicapped” is an offensive term; the terms “disabled” or “challenged” would be more appropriate. “Handicapped” evokes images of physically or cognitively challenged people standing at the corner with cap in hand. Furthermore, the judgmental term “normal” should be replaced with “typical,” which refers to the middle of a distribution. Finally, the field would benefit from more people-centered language. For example, although people do not typically refer to the “cancer woman,” they refer to the “autistic kid” or the “Down’s child.” Instead, as researchers, we should respectfully refer to our research participants as, for example, “a child who has autism,” because this term recognizes the child as a person first.

Many research questions remain about including at-risk consumers in the marketplace, such as how they experience marginalization and exclusion and how they improvise, solve problems, navigate, advocate, and sometimes eventually gain access. Other important questions include how marketing tactics and marketplaces contribute to marginalization and how these can be changed so that all people can participate to their fullest extent, enhancing their dignity.

The issues regarding how to research and assist at-risk groups are complex, and much remains to be learned. Issues regarding the specific risks these groups face should also be studied more, including discriminatory practices, product liability, and unfair and deceptive advertising. Many research opportunities exist for consumer behaviorists, who bring a unique set of skills and perspectives. We hope this essay will stimulate more research in this crucial area.

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