

Toward an Expanded Theory of Surrogate Consumption: Consideration of Consumer Choice *and* Choicelessness

Terrance G. Gabel

University of Arkansas–Fort Smith

Terrance G. Gabel is Assistant Professor, College of Business, University of Arkansas–Fort Smith, P.O. Box 3649, Fort Smith, AR 72913-3649, (479) 788-7800, tgabel@uafortsmith.edu. The author thanks Jim Gentry and three reviewers for their insightful comments and suggestions.

EXECUTIVE SUMMARY

Surrogate consumption research has focused on privileged surrogate users motivated (for functional or psychic reasons) to pay other persons to perform acquisition and other consumption-related activities on their behalf. In addition, surrogate usage has consistently been viewed as a choice-laden, (economic) exchange-based activity.

The purpose of this exploratory inquiry is to advance surrogate consumption theory via development of a conceptual framework accounting for surrogate consumption activity involving limited-choice (and often disenfranchised) consumers—consumers who lack the opportunity and/or ability to engage in consumption acts on their own behalf. Our framework suggests that surrogate consumption is a far more commonly occurring and more diverse—albeit behind-the-scenes--phenomenon than discussed in extant disciplinary literature. More specifically, our conceptual framework suggests that 1) limited-choice surrogate users may account for the majority of consumption surrogate usage, 2) surrogate usage among limited-choice consumers differs significantly from that engaged in by privileged surrogate users, and 3) surrogate consumption theory should include a consideration of limited-choice surrogate users.

Historical Background

Historical accounts suggest that surrogate purchasers and purchasing consultants existed in ancient Rome and that the use of surrogate consumers can be traced through time to plantation owners in the American colonies (Hollander 1971). Modern surrogate consumption, however, is most closely related to surrogate activities involving United States-based "purchasing commissioners" of 1870-1940 (Hollander 1971). These surrogate consumers, numbering as high as 5,000 in New York City alone, catered mainly to upper-class consumers able and willing to pay for their services. At this same time in U.S. history, possibly as many as 8,000 "installments peddlers" provided surrogate consumer services—on credit--to consumers at the opposite end of the socioeconomic spectrum in New York's immigrant ghettos (Tetenbaum 1940).

Theoretical Background

The two main theoretical treatments of surrogate consumption--Hollander (1971) and Solomon (1986)—both focus on exchange-based surrogate consumption activities involving professional surrogate consumers and the relatively wealthy persons who are motivated to employ them. Hollander (1971) focuses on describing various functional motivations for surrogate usage (e.g., lacking product knowledge, limited access to goods, and marketplace complexity). Solomon (1986), while also addressing functional motivations, expands upon Hollander's perspective by 1) discussing psychic and expressive motivations driving the employment of surrogates (e.g., the desire to make the most socially advantageous purchase possible or to move up in the social hierarchy), and 2) suggesting that surrogate consumption activity is most likely to occur when consumers are in role transition.

We contend that although Hollander (1971) and Solomon (1986)—and several other researchers—have significantly advanced understanding of surrogate consumption activity, their almost exclusive focus on privileged surrogate users and the professional surrogates they voluntarily choose to employ paints but a partial picture of the focal phenomenon. It is our opinion that there exists a substantive segment of consumers—likely more than 50 million people in the U.S. alone (e.g., the institutionalized, the food insecure, the homeless, the impoverished, and the disabled)—who 1) use and often (must, and often involuntarily) depend heavily on surrogate consumers for fulfillment of consumption-related needs, 2) do not and/or cannot formally employ surrogate consumers, and 3) go unaccounted for in surrogate consumption research and theory.

The Limited-Choice, Macro-Level Marketing Perspective and its Implications for Surrogate Consumption Theory

We account for surrogate consumption activity involving lesser privileged, often disenfranchised surrogate consumer users by employing a limited-choice, macro-level perspective (based largely on the work of A. Fuat Firat and his colleagues [e.g., Firat 1977, 1987; Dholakia and Dholakia 1985; Dholakia, Dholakia and Firat 1983]). Using this perspective, we identify and discuss three types of surrogate users—"full-choice" (the typical focus of disciplinary surrogate research), "restricted-choice," and "severely restricted-choice" (with the latter two types viewed collectively as "limited-choice consumers"). Further, expanding upon Solomon (1986), we examine how surrogate consumption activity differs across the spectrum of surrogate user types—as a function of level of consumer choice--in terms of 1) the locus of surrogate usage, 2) antecedents of surrogate usage, 3) the nature of the surrogate service provider, and 4) the nature of the surrogate service performed.

With respect to locus of surrogate usage, whereas full-choice consumers are free to let their personal preferences dictate their usage of surrogate services, surrogate consumption activity becomes increasingly more environmentally determined as one moves down the spectrum of consumer choice. With regard to antecedents of surrogate usage, whereas full-choice consumers may be motivated to employ the services of a surrogate in order to facilitate the fulfillment of both functional and psychic needs (e.g., self-esteem and social status), the needs satisfied for restricted-choice consumers and, most particularly, severely restricted-choice consumers are far more functional in nature. The nature of the surrogate service provider also differs across the three types of surrogate users. Full-choice consumers employ private-sector professional/expert surrogates (e.g., financial services firms, wardrobe consultants, and interior decorators) to perform specified consumption acts on their behalf. For restricted-choice consumers, family members, friends, volunteers, employees of privately run institutions and non-institutional group

quarters facilities, and, to a lesser extent, society (e.g., employees of state-run institutions) are likely serve as surrogates. In the case of severely restricted-choice consumers, the surrogate most typically is, ultimately, society. Finally, with respect to the nature of the surrogate services performed, for full-choice consumers, the act of surrogate usage is an exchange-based activity wherein the surrogate is formally hired (and compensated) to perform specified consumption acts. With restricted-choice consumers, the surrogate service is often provided on a volunteer basis (e.g., by friends, family members, and community-service organization employees). If exchange is involved with restricted-choice consumers, it is typically less direct and less formal. With severely restricted-choice consumers, 1) exchange—economic or otherwise—seldom if ever occurs (between the surrogate user and the surrogate service provider), and 2) the surrogate service is routinely performed in “default”—rather than elected—fashion (i.e., surrogate intervention is often either the only choice available or is forced upon the consumer).

Our paper closes with a discussion of the nature of our contribution to surrogate consumption theory and knowledge. We also address both public policy issues and implications for future research emerging from our analysis. The public policy implications of our inquiry build on Hill, Hirschman, and Bauman (1996) and are based on recent evidence suggesting that the United States’ “get-tough-on-crime” and welfare-reform legislation of the 1980s and 1990s has resulted in 1) restriction of consumer choice, 2) significant increases in the number of imprisoned and food-insecure limited-choice consumers, and 3) a shifting of the burden (to mass civil society and volunteer-based emergency food relief organizations) for the cost of having the consumption needs of severely restricted consumers met via surrogate intervention. We contend that public policy makers would be well advised not only to consider and plan for the surrogate consumption-related consequences of proposed legislation but also that they should carefully explain how these consequences will be dealt with as part of the policy debate. Implications for future researchers discussed include 1) verification of the types of consumers in the choice-based categories of surrogate users herein identified, and 2) better understanding the nature of surrogate consumption usage, antecedents of usage, and the nature of surrogate services performed with respect to each of the three types of limited-choice surrogate users discussed. Finally, we make the case that perhaps the greatest opportunities for future research lie in both ethnographic examination of limited-choice surrogate consumption activity and in-depth analysis of surrogate consumption activities involving the disabled elderly.

Keywords: Macro Consumer Behavior, Public Policy, Surrogate Consumption, Level of Consumer Choice/Choicelessness.

Toward an Expanded Theory of Surrogate Consumption: Consideration of Consumer Choice *and* Choicelessness

Marketing and consumer behavior scholars have long recognized the importance of surrogate consumption. These scholars have significantly improved our understanding of how and why some persons elect to utilize the services of third-party agents to perform product acquisition and other consumption-related activities on their behalf. The focus of this stream of research has been on 1) the motivations of the privileged consumers most able and willing to pay for the services of the surrogate consumer, 2) surrogate consumption as a choice-laden, (economic) exchange-based activity, and 3) product-category or brand-level (i.e., micro-level) consumption activity.

The purpose of the present inquiry is to expand existing surrogate consumption theory and facilitate more complete theoretical description of the focal phenomenon via consideration of increasingly ubiquitous and consequential surrogate consumption activity transpiring under circumstances vastly different than those typically discussed in the disciplinary literature. Toward this end, we develop a conceptual framework wherein 1) surrogate consumers are utilized not only by wealthy or otherwise privileged persons, 2) surrogate consumption activity takes place not only as a result of end-consumer choice, 3) a large volume of surrogate consumption activity transpires at the macro level of analysis, and 4) surrogate consumption activities involving tens of millions of lesser-privileged, limited-choice, and often disenfranchised consumers--perhaps the heaviest users of consumption surrogates--are accounted for.

Our discussion begins, below, with a review of the historical and theoretical underpinnings of surrogate consumption. Following that, the concept of limited, macro-level consumer choice is examined and applied in the context of surrogate consumption. Finally, in closing, we discuss the nature of our contribution to surrogate consumption theory and knowledge as well as both public policy issues and implications for future research emerging from our analysis.

HISTORICAL BACKGROUND

Historical accounts suggest that surrogate purchasers and purchasing consultants existed in ancient Rome and that the use of surrogate consumers can be traced through time to plantation owners in the American colonies (Hollander 1971). However, modern surrogate consumers, as discussed in marketing and consumer research, have far more in common with "purchasing commissioners" of 1870-1940 in the United States (Hollander 1971). Knowledge of surrogate consumption activity in this period is largely (and unfortunately) limited to analysis of classified advertisements run by surrogate service providers in upscale fashion magazines of the day (Hollander 1971). One such advertisement read as follows.

We will buy for you birthday and wedding gifts, masculine or feminine clothes, dogs or diamonds--in fact, anything sold anywhere in New York (Hollander 1971, p. 226).

Hollander (1971) suggests that there may have been as many as 5,000 "purchasing commissioners" in New York City alone at one time during the 1870-1940 period. These surrogate consumers targeted upper-class persons able and willing to pay for their services.

At the end of the same time period in American history that Hollander's "purchasing commissioners" were catering to the needs and wants of the upper classes, there also existed individuals known as "installment peddlers" who provided surrogate consumption services to consumers at the opposite end of the socioeconomic spectrum, particularly in impoverished immigrant communities. According to Tetenbaum (1940), these surrogates functioned by buying merchandise from local retailers or wholesalers--per end-consumer requirement—and then selling these goods on credit to individual consumers (who otherwise had no resources with which to pay for the goods). It is estimated that there were 8,000 "installment peddlers"--most of them immigrants themselves--doing business in New York City in 1940 (Tetenbaum 1940).

THEORETICAL BACKGROUND

Hollander (1971) and Solomon (1986) provide the most comprehensive theoretical treatments of modern surrogate consumption activity. The seminal contributions of both researchers are discussed below. This discussion will be followed by a brief review of other relevant studies and their collective impact on our understanding of surrogate consumption.

Hollander (1971): "She 'Shops for You or With You': Notes on the Theory of the Consumer Purchasing Surrogate"

Hollander suggests that consumer researcher attention began to turn to the issue of surrogate consumption in the mid 1960s due to recognition of the need for some consumers to employ the services of "professional buyers" in order to help them cope with increasing marketplace complexity. According to Hollander, a series of highly interactive marketplace trends served as drivers of this recognized need. These trends include: 1) the steadily increasing—and less manageable--number of product and brand alternatives available to consumers, 2) the increasing complexity of many consumer goods, 3) increased value being placed on time/efficiency, 4) increasing role specialization and differentiation (wherein tasks customarily performed within the household were being transferred to third-party specialists), 5) shopping becoming, for some persons, an unpleasant experience (due to the escalating stress of [then] modern life), and 6) marketing having become more a "flow to the customer" than a "flow from production" (with the needs of consumers becoming predominant over those of producers).

Hollander suggests that surrogate consumers are most likely to be employed when the service provider holds either 1) preferential access to necessary resources, or 2) special expertise regarding product knowledge and acquisition. Hollander also contends that the main responsibility of the surrogate consumer is to provide both time and place utility while also helping the client to derive pleasure and satisfaction from the shopping experience. He further maintains that those consumers most likely to employ surrogates are those with higher levels of both education and income. Finally, Hollander acknowledges the existence of what were then "modern-day installment peddlers" in urban ghetto settings who functioned by virtue of their holding preferential access to various forms of consumer credit. He optimistically suggests, however, that these surrogates to the lesser privileged "... Should whither away if present or future programs for amelioration or elimination of ghetto conditions are successful" (1971, p. 236).

Solomon (1986): "The Missing Link: Surrogate Consumers in the Marketing Chain"

Solomon defines a surrogate consumer as "an agent retained by a consumer to guide, direct, and/or transact market activities" (p. 208). Surrogates, according to Solomon, "play a wide range of roles" and include service providers such as "tax consultants, wine stewards, interior decorators, or stockbrokers" (p. 208). Solomon summarizes the many possible reasons for the employment of these facilitative agents by asserting that such practice has become more prevalent, and thus worthy of increased researcher attention, due to 1) higher levels of consumer affluence, 2) increased role specialization, and 3) partial disintegration of the traditional family structure. Solomon suggests, further, that surrogate consumption involves a choice, on the part of the surrogate user, to employ expert consultants/agents to help guide their personal lives for both functional (i.e., time and place utility-based) and, increasingly, expressive (i.e., image and self-concept management-based) purposes. According to Solomon:

With increasing affluence and role specialization, the individual consumption process is becoming professionalized... As expressive products and services--from restaurants and health clubs to cars, home furnishings, and clothing--are increasingly consumed for their strategic properties, surrogates may begin to assume more of a partnership role in their purchase (1986, p. 217).

Surrogate consumption, according to Solomon, represents a situation in which high involvement purchase decisions do not necessarily involve active problem solving on the part of the ultimate consumer. He suggests that consumers, pressured by time or knowledge constraints or driven by the desire to engage in socially expressive behavior, may delegate high involvement problem solving to what they perceive as more capable (surrogate) parties (that "... filter information, weight options, make recommendations, and even conduct transactions on their behalf" [1986, p. 208]). Further, Solomon, like Hollander (1971), contends that economically privileged consumers are the primary users of surrogate consumption services. Solomon adds, however, that surrogate consumption activity is most likely to occur when these consumers are in role transition. Surrogate usage, in this case, thus results from the combination of lacking role knowledge and the prospect of having to make important, new consumption decisions.

Arguably Solomon's most significant contribution to our understanding of surrogate consumption activity involves the delineation of possible antecedents of surrogate utilization. These antecedents are both summarized in Table 1 and discussed below.

Solomon holds that surrogate consumers can offer two broad classes of benefits to surrogate users. *Psychic* benefits are subjective in nature and may involve the provision of stylistic guidance, reassurance, or status. *Functional* benefits are objective in nature and involve the provision of access to goods or services in the marketplace. Consider, as an example to distinguish between these two classes of surrogate usage benefit, that an interior decorator might provide psychic benefits in the form of creating a certain ambiance or level of perceived status through the design of a room or house while at the same time providing the functional benefit of preferential (e.g., lower-cost and/or faster) access to the range of raw materials, accessories, and other needed goods and services. Another, more general, functional benefit provided by interior decorators (and other surrogates) is that they help lessen the complexity of the overall decision making task by virtue of their expert knowledge of the possible overabundance of category- or project-specific goods and services—they know what is right for each particular client and this insight can minimize time and effort spent considering inappropriate products.

TABLE 1
Solomon's (1986) Hypothesized Antecedents of Surrogate Utilization

<u>DIMENSION</u>	ANTECEDENTS:	
LOCUS:	FUNCTIONAL	PSYCHIC
CONSUMER	Low shopping motivation Low product knowledge High perceived (functional) risk	Low self-confidence in selection ability Low discriminatory ability Need for status High emphasis on product sign value and perceived instrumentality to social goal(s)
ENVIRONMENT	Limited product availability Inadequate access to channel Low leverage in channel Time constraints	Lack of informal referral networks High role conflict Normative pressure

Solomon contends that environmental and consumer variables also influence surrogate usage. Specifically, within each of these two determinant categories, psychic and functional benefits manifest themselves in order to influence the likelihood of surrogate usage. Consumer and environmental variables are discussed below.

Consumer Variables - Objective or functional consumer-related factors influencing surrogate usage include whether or not the end-consumer has the time or inclination to engage in the information search and processing activities. If the consumer lacks either the inclination or time, and is willing and able to pay for the services of a surrogate consumer, he or she may do so (and avoid what may be an unpleasant or tedious experience). Subjective or psychic consumer-related factors affecting the probability of surrogate usage include the perceived ability on the part of the surrogate user to increase their likelihood of enhancing self-worth, social mobility, or professional advancement. In this case, the consumer employs the surrogate to market themselves in the competitive social environment.

Environmental Variables - One objective/functional environmental variable which might influence the probability of surrogate usage is restricted access to products. Stockbrokers and other investment professionals, for example, through specialized contacts and volume trading, offer consumers better access to investment products than can typically be attained on an individual basis. Subjective or psychic environmental factors influencing surrogate usage are likely to manifest themselves in situations involving consumer role transition and publicly consumed goods wherein the individual is unfamiliar

with the new role and may feel that they must possess an entire group of symbolically consistent and otherwise “correct” products in order to perform the new role adequately (in the eyes of both referent others and themselves).

Other Surrogate Consumption Studies in Marketing and Consumer Research

Since Solomon's (1986) work, a number of researchers have examined various aspects of surrogate consumption. The focus of the vast majority of these studies, like Hollander (1971) and Solomon (1986), is on how and why surrogates are used by those consumers most able and willing to pay for services rendered. Several studies (e.g. Forsythe, Butler, and Schaefer 1990; Fuller and Blackwell 1992; Solomon 1987; Solomon and Douglas 1985) examine the role of the surrogate consumer--as wardrobe consultant or personal shopper--in the context of the purchase of female business attire or other items of clothing in retail settings. These studies consistently find that persons most likely to employ surrogates 1) have higher relative incomes, 2) are relatively young, and 3) perceive product purchase to be highly important for career-advancement purposes.

These post-Solomon (1986) studies, particularly those concerning the surrogate-facilitated purchase of female business attire and other items of clothing, are valuable in that they are set in a context in which the symbolic meaning of the focal product has changed due to the steady movement of (role-transitional) women into the workplace. Further, these studies provide empirical support for many of the theoretical foundations of surrogate consumption promulgated by both Hollander (1971) and Solomon (1986). However, these studies do relatively little to expand knowledge of the focal phenomenon beyond parameters set by Hollander and Solomon.

Finally, in a slight departure from other topical inquiry, Rosen and Olshavsky (1987) develop a brand-choice decision strategy framework which takes into account the (surrogate) role of the recommendations of other persons. Rosen and Olshavsky empirically identify four types of decision making 1) *Own-Based* (wherein the consumer makes their own decision without assistance from others), 2) *Subcontracted* (wherein the consumer acquires a single recommendation with the intention of buying the recommended brand [with no additional input]), 3) *Recommendation-Forms-Evoked-Set* (wherein the consumer “acquired only attribute-value information about one or more brands that had been previously recommended and purchased one of the recommended brands” [p. 441]), and 4) *Recommendation-Forms-Standard* (wherein the consumer uses a recommended brand as a standard for subsequent evaluation of other brands). Given Solomon's definition of a surrogate consumer as “an agent retained by a consumer to guide, direct, and/or transact market activities” (1986, p. 208), it is possible to view the latter three types of Rosen and Olshavsky's decision strategies as involving surrogates. For example, with specific regard to subcontracted decision making, Rosen and Olshavsky state that

... “subcontracted” decision making... may replace traditional “own-based” decision making when the consumer feels constraints on his/her time or recognizes the referrer as a particularly knowledgeable source (1987, p. 440).

Overall, it is possible to view Rosen and Olshavsky's (1987) decision strategy framework as an extension of Solomon's (1986) notion of surrogate consumption—mainly on grounds that they discuss three specific (and previously unidentified) ways in which surrogates are used.

Summary and Implications: Limited-Choice Surrogate Users in the United States

Two key issues emerge from the surrogate consumption literature. First, there exists strong consensus that surrogate users tend to be (at least) relatively wealthy and relatively young. Second, role transition and/or a desire to move up in the social hierarchy are situational factors that significantly increase the likelihood of surrogate utilization. Two additional—albeit less explicitly addressed—matters warrant consideration 1) surrogate usage is viewed as a (voluntary) matter of choice—for privileged consumers faced with an at times overwhelming abundance of choice, and 2) surrogate usage entails a formal economic exchange.

Our disciplinary focus on privileged consumers motivated to employ the services of surrogates is not questioned from a marketing--particularly a strategic, practitioner--perspective. However, from a theoretical perspective, a potential problem that arises is whether or not extant surrogate consumption theory paints a complete, veracious portrait of the focal phenomenon. Subsumed within this potential problem are concerns related to whether or not 1) the privileged consumers focused on in disciplinary inquiry are the only surrogate users worthy of researcher attention, 2) all surrogate users necessarily (and voluntarily) choose to formally employ the surrogate consumer, and 3) an exchange—economic or otherwise—necessarily takes place between the surrogate user and the consumption surrogate.

It is our opinion that there exists a large segment of consumers in the United States who 1) need and use surrogates, 2) do not and/or cannot formally employ the surrogate consumers that perform services for them, 3) frequently have little if any choice but to (often involuntarily) rely on the intervention of surrogates, and 4) go unaccounted for in existing surrogate consumption research and theory. These neglected, limited-choice surrogate users may lack the motivation, the opportunity (e.g., access to retail shopping environments), and/or the ability (e.g., the financial resources), to function within the "normal" exchange-based marketplace in which surrogate consumption studies are typically conducted.¹ These persons are, however, likely to utilize the services of surrogate consumers based on a very real functional need for such services.

As an example of the suggested gap in surrogate consumption theory, consider that Cornwell and Gabel (1996) find that friends and family members of institutionalized persons, as well as employees of both institutions and community-service organizations, may act as surrogate consumers for persons unable to otherwise acquire certain goods on their own behalf. Consider, as exemplary in this regard, the following.

Andy, whose mother was confined to nursing homes for the last several years of her life, told us that he and his brothers often bought their mother requested food and clothing items as well as over-the-counter medications. Similarly, in a more restricted environment, Barb reported that she purchased for her imprisoned brother-in-law factory-sealed food products, toiletries, and tennis shoes to wear in place of those provided by the institution... Eddie told us that institutional employees also may serve as surrogate consumers to the institutionalized. Not only did Eddie himself sometimes purchase goods for the inmates, but he and his wife would, on occasion, prepare food for these persons...

Emerging from our findings is the notion of surrogate-facilitated gift giving among the institutionalized. Exemplary are programs sponsored by church or community-service organizations which facilitate the

¹ The use of the terms motivation, opportunity, and ability--here and throughout this inquiry--is based on both the insightful recommendation of one *AMSR* reviewer and the "MOA" framework developed by MacInnis, Moorman, and Jaworski (1991).

exchange of Christmas gifts between prison inmates and their children. According to Greg, a representative of an organization responsible for coordinating such projects, this is accomplished via the collection of the childrens' "wish lists," which is followed by consultation with the inmate/parent, acquisition, and then delivery of the requested gifts to the children in a holiday atmosphere... Andy... informed us that his mother "bought" her seven sons gifts by having them shop for each other on her behalf. Regardless of method of exchange, such actions facilitate the giving of gifts between institutionalized individuals and their loved ones and are a distinguishing characteristic of institutionalized consumption behavior (Cornwell and Gabel 1996, p. 284).

The study of consumers lacking the full range of consumption alternatives available to the privileged persons commonly identified as surrogate users due to their living/housing arrangements and/or economic, physical, or social-support constraints offers a wealth of potential insight into the nature of surrogate consumption. In fact, extant disciplinary research and theory may fail to account for the majority of surrogate consumption activity—that involving lesser privileged, limited-choice, and often disenfranchised persons. Consider, for example, that the current focus on those consumers most willing and able to pay for the services of professional surrogates fails to account for surrogate consumption activities involving perhaps more than 50 million persons in the U.S. who 1) are imprisoned, live in nursing homes, or are otherwise institutionalized, 2) live in college and work dormitories or other group quarters environments, 3) are physically disabled or handicapped, 4) are impoverished, 5) are food insecure², or 6) are homeless (see Table 2).

All persons in Table 2 face some level of limitation with respect to their ability to engage in consumption activities on their own behalf—at both the micro and macro level of analysis. At the micro-level of analysis, for example, institutionalized persons and those living in most group quarters environments often have little if any choice as to the brands or types of food products they consume. At the macro-level, many of these same institutionalized persons—along with the impoverished and the homeless—are often unable to possess and have little if any opportunity to possess material goods (e.g., homes, cars, and major home appliances) that are “necessary” and commonplace goods in the eyes and households of more privileged consumers.

² The United States Department of Agriculture (USDA) defines food security as “access by all people at all times to enough food for an active, healthy life” (Nord and Brent 2002, p. 20). Two dimensions of food security exist: 1) an economic sufficiency component focusing on “the ready availability of nutritionally adequate and safe food,” and 2) a social dimension entailing “an assured ability to acquire acceptable foods in acceptable ways (e.g., without resorting to emergency food supplies, scavenging, stealing, or other coping strategies)” (Nord and Brent 2002, p. 20). Food insecure households are defined by the USDA as those having “limited or uncertain availability of nutritionally adequate and safe food or limited or uncertain ability to acquire acceptable foods in acceptable ways” (Nord and Brent 2002, p. 20). Note that hunger, the “... uneasy or painful sensation caused by a lack of food” (Nord and Brent 2002, p. 20), is a (potentially but not necessarily present) subset of food insecurity. For further information on conceptualization and measurement of food security/insecurity see: Hamilton et al. (1997); Nord and Brent (2002); Nord, Andrews, and Carlson (2004); Wilde (2004).

TABLE 2
Limited-Choice Consumers in the United States (1970-2000)

	2000	1990	1980	1970
Institutionalized Persons				
Correctional institutions	1,976,019	1,115,111	466,000	328,000
Nursing homes	1,720,500	1,772,032	1,426,000	928,000
Juvenile institutions	128,279	104,200	42,000	66,000
Mental hospitals or wards	79,016	128,530	255,000	434,000
Hospitals/wards and hospices for the chronically ill	40,022	40,980	61,000	67,000
Other institutions	115,113	214,145	244,000	64,000
Total	4,059,039	3,374,998	2,494,000	1,887,000
Non-institutionalized Group Quarters Residents				
College dormitories	2,064,128	1,953,558	1,994,000	1,765,000
Military quarters	355,155	589,700	671,000	1,025,000
Other	1,300,311	820,468	580,000	869,000
Total	3,719,594	3,363,726	3,245,000	3,659,000
Impoverished Persons	33,899,812	NA	NA	NA
Food-Insecure Persons	approx. 33,231,000	NA	NA	NA
Disabled/Handicapped Persons (Civilian, Non-institutionalized)	49,746,248	NA	NA	NA
Homeless Persons	approx. 3,000,000	NA	NA	NA

Sources: Food insecurity data: Nord, Andrews, and Carlson (2004). Note: Measurement of food insecurity is most accurately conducted at the household level. The figure of 33.2 million persons entails only that these persons lived in food-insecure households in 2000. It cannot be stated with certainty that these 33.2 million people were food insecure—only that they lived in households in which at least one household member lacked access to enough food for an active, healthy life. Note that more recent estimates place the number of persons living in food-insecure households at nearly 36.3 million—12.7 percent of the U.S. population (Nord, Andrews, and Carlson 2004).

Homelessness data: National Coalition for the Homeless (2002); United Methodist Communications (2000); Urban Institute (2000). Note: Measuring the number of homeless persons at any one time is a complex, subjective matter. The figure cited above is a conservative, triangulated estimate of the number of persons in the United States likely to experience homelessness in a given year. It is estimated that the number of homeless persons in the U.S. has more than doubled since the late 1980s (National Coalition for the Homeless 2002).

All other data: U.S. Bureau of the Census (1990 [1990 data]; 1991 [1970 and 1980 data]; 2000 [2000 data]). Note: More recent estimates of the number of persons living in correctional institutions in the U.S. run in the range of 2.1 million (Anderson 2003) to nearly 2.7 million (United States Department of Justice 2002).

Notes: 1. “NA” implies that closely comparable data are not readily available. 2. Significant levels of overlap are likely to exist between categories of limited-choice persons. For example: a) many homeless persons may as well be impoverished and food insecure, and b) many food-insecure persons may also be impoverished (and vice-versa). As a result, it is not advisable to summate the category-level numbers reported above to arrive at a “grand total” number of limited-choice consumers in the United States.

As a result of these micro- and macro-level limitations on consumption choice, members of each segment of limited-choice consumers included in Table 2 often—and in many cases *must*—rely on surrogates (e.g., family members, friends, institutional employees, community services organizations, individual volunteers, or governmental agencies/society) for fulfillment of a significant proportion of their consumption-related needs. Although it is both difficult and beyond the scope of the present inquiry to accurately explicate the (overall or segment-specific) magnitude of surrogate-facilitated consumption activities serving the needs of limited-choice consumers, data concerning three segments of limited-choice consumers provide meaningful insight in this regard. Below we briefly discuss the extent of surrogate consumer usage by 1) persons living in correctional institutions, 2) the food insecure, and 3) the disabled elderly.

Inmates of Correctional Institutions - As a result of institutional regulations and/or their lack of—or lack of ready access to—financial resources, the record number of persons currently incarcerated in the United States frequently lack both the opportunity and the ability to acquire products on their own behalf. As a result, these persons, particularly those housed in maximum-security prisons, must often rely on surrogate intervention for the satisfaction of the majority of their consumption needs—often for numerous years if not decades.³ The magnitude of this intervention, viewed in terms of governmental expenditures, is substantial. Consider, for example, that state governments spent \$2.6 billion and \$1.1 billion, respectively, on medical/dental care and foodservice activities in correctional institutions in 1996 (United States Department of Justice 1999). Covered, in the case of surrogate expenditures on medical care (which translate into \$6.54 per inmate per day), are costs associated with both the purchase of prescription drugs and other medicines as well as the salaries of correctional staff involved in purchasing activities (United States Department of Justice 1999). Foodservice expenditures (which translate into \$2.96 per inmate per day), include costs associated with the acquisition and processing of food items (United States Department of Justice 1999).

Food-Insecure Persons - Many of the more than 30 million persons living in food-insecure households in the United States at least occasionally turn to surrogate means (e.g., food pantries, soup kitchens, and homeless shelters) in order to meet their food-intake needs. America's Second Harvest (A2H), a rapidly growing network of more than 36,000 privately run, mostly volunteer-staffed food banks, food pantries, food-rescue organizations, soup kitchens, and shelters⁴ serving every county in the U.S., provided emergency food relief (EFR) services to 23.3 million different persons in 2001—a nine percent increase over 1997 (America's Second Harvest 2001; 2004a). In 2000, the A2H network distributed 1.4 billion pounds of food to its clients, most of whom are, according to official USDA guidelines, food insecure

³ This statement is not meant to imply that inmates of correctional institutions do not engage in consumption activities on their own behalf. Of importance in the present inquiry is the fact many of the goods and services consumed by inmates are purchased by other (i.e., surrogate) persons with limited input from the ultimate consumer. For information on the consumption activities of inmates, see Cornwell and Gabel (1996) or Szykman and Hill (1993).

⁴ Food banks “serve people in need by securing and storing surplus food and distributing it through their own network of local service agencies” (America's Second Harvest 2004c, paragraph 3). Food-rescue organizations “often operate within a shorter time-frame, picking up and delivering perishable foods on a single run” (America's Second Harvest 2004c, paragraph 3). Some A2H affiliates combine the two types of food-acquisition operations. Food collected by A2H at its food banks and food-rescue facilities is then distributed through food pantries, soup kitchens, and at homeless shelters.

(America's Second Harvest 2001). Demand for A2H's surrogate services is greatest in and has risen fastest in the nation's largest cities. In New York, for example, demand at the organization's EFR facilities was up 45 percent between 2000 and 2002 (America's Second Harvest 2004a). In Boston, the Greater Boston Food Bank recently saw demand for emergency food rise from the normal level of 350,000 pounds a week to between 500,000-600,000 pounds (America's Second Harvest 2004a).

As summarized below, the majority of persons seeking surrogate assistance at A2H facilities are members of the working poor.

In the last decade, hunger-relief agencies have found that the greatest increase in hungry Americans has been among the working poor. Despite the strong economy and their own hard work, they cannot always make ends meet. And increasingly, they are turning to charities for hunger relief (America's Second Harvest 2004b, paragraph 1).

As many poor families continue to make the difficult transition from welfare to work, as their benefits are cut or reduced, they are finding that their meager wages are not sufficient to meet their basic needs... Too often, a family finds that it must cut their food budget or turn to a local charity for aid (America's Second Harvest 2004c, paragraph 2).⁵

Also alluded to above is the notion that A2H's clients seek its surrogate assistance as a result, in part, of lacking governmental assistance being available to them. According to A2H data, the organization's clients participate actively in governmental food assistance programs. For instance: 1) 30 percent of A2H clients receive federal food stamp benefits, 2) among client households with pre-school children, 52 percent participate in the Supplemental Nutrition Program for Women, Infants, and Children (WIC), and 3) among client households with school-age children, 63 and 50 percent, respectively, participate in the federal school lunch and school breakfast programs (America's Second harvest 2001). However, it appears that even with this governmental assistance, millions of food-insecure persons still cannot meet their food-intake needs—and turn to A2H for surrogate-assisted food acquisition.

EFR service providers like A2H have existed in the U.S. for more than 200 years. Until very recently, these organizations were predominantly temporary in nature. Today, however, driven by the escalating number of food-insecure persons (which is, as mentioned above, in turn driven significantly by lacking governmental assistance programs for the food insecure [see: America's Second Harvest 2004d; Biggerstaff, Morris, and Nichols-Casebolt 2002; Graves 2004; Martin, et al. 2003⁶]), these surrogate consumer organizations appear to have become permanent fixtures on the U.S. social landscape (Biggerstaff et al. 2002).

⁵ Note that while working-poor persons account for the majority of the food insecure, "the newly poor"—unemployed or underemployed managerial and professional workers—are estimated to account for approximately 20 percent of all food-insecure persons in the United States (America's Second Harvest 2001; Berner and Zellner 2003; Nord and Brent 2002). An estimated 10-15 percent of food-insecure persons are homeless (America's Second Harvest 2001; Biggerstaff, et al. 2002; Graves 2004).

⁶ While many food-insecure persons utilize surrogate-facilitated food-acquisition services due to being ineligible for or having recently lost governmental benefits, just as many appear to be driven to seek private EFR assistance by the complexity and/or inadequacy of governmental assistance programs (e.g., the federal food stamp program), being poorly informed about these programs, and/or the stigma associated with utilization of governmental benefits (see: America's Second Harvest 2004d; Biggerstaff, et al. 2002; Martin et al. 2003).

The Disabled Elderly - Although not explicitly accounted for in Table 2, the disabled elderly constitute another substantial segment of limited-choice surrogate users. According to 2000 U.S. Census data, there were nearly 28 million total disabilities reported among the nation's approximately 35 million persons aged 65 and older (United States Bureau of the Census 2000). With respect to types of disabilities reported among the elderly there were 1) 4.74 million instances of sensory disability (i.e., blindness, deafness, or severe vision or hearing impairment), 2) 9.55 million instances of physical disability (i.e., difficulties with walking, climbing stairs, carrying, lifting, or reaching), 3) 3.6 million instances of mental disability (i.e., problems with learning, remembering, or concentrating), 4) 3.18 million instances of "self-care" disability (i.e., difficulties associated with dressing, bathing, or moving about inside the home), and 5) 6.8 million instances of "go-outside-home" disability (i.e., problems with going out to shop or visiting a doctor) (United States Bureau of the Census 2000). Although some overlap exists between these types of disability—due to the fact that a person may report having more than one type—these data collectively suggest need for at least occasional surrogate intervention (e.g., by community-based volunteers, nursing home employees, or family and friends) with respect to product acquisition and other consumption activities.

Arguably more important than the current state of need for surrogate intervention among the disabled elderly are projections for future growth of this segment of the U.S. population. The number of persons aged 65 and over is expected to roughly double—to 71.5 million—by the year 2030 (United States Department of Health and Human Services 2003). Even greater growth is expected among the oldest of the old, with the population of persons aged 85 and over projected to grow from 4.6 million in 2002 to 9.6 million in 2030 (United States Department of Health and Human Services 2003). As a result, the overall magnitude of surrogate usage by the disabled elderly is likely to increase significantly in the coming years.

The purpose of the present inquiry is, as previously stated, to expand existing surrogate consumption theory by developing a conceptual framework which accounts for increasingly ubiquitous surrogate consumption activity involving limited-choice persons (such as those denoted in Table 2 and discussed above). Below, building on the basic notion that limited-choice consumers do frequently utilize the services of surrogate consumers, we more formally develop a limited-choice, macro-level marketing perspective of consumption surrogate usage.

THE LIMITED-CHOICE, MACRO-LEVEL MARKETING PERSPECTIVE AND ITS IMPLICATIONS FOR SURROGATE CONSUMPTION THEORY

The rhetoric of freedom and freedom of choice is so interwoven into the ideas of the market system and the workings of a free market, that it is thoroughly inconceivable, a taboo, in fact, to imagine and, certainly, to express anything otherwise (Firat, 1987, p. 262).

The work of A. Fuat Firat and his colleagues (e.g. Firat 1977, 1987; Dholakia and Dholakia 1985; Dholakia, Dholakia and Firat 1983) on socially constructed consumer choicelessness concerns a lack of consumer choice due to certain dysfunctional, macro-level tendencies inherent in capitalistic social systems. Firat and his colleagues contend that the vast majority of consumers--particularly the

impoverished--are faced with a lack of satisfactory macro-level consumption alternatives due to capitalistic systems being predicated upon the needs of upper-class, privileged consumers—such as those most typically viewed as surrogate users in the disciplinary literature. Lesser privileged consumers are, as a result, forced to choose from among the few available macro-level consumption alternatives--referred to as "consumption patterns" or "CPs"--which often inherently fail to meet basic consumption needs. According to Firat:

The evidence is strong that human beings are forced into the contemporary CPs rather than freely select them. Indeed, this has much to do with choicelessness at a fundamental level of consumption, that of consumption patterns, while there is much choice at the level of brands (1987, p. 261).

Firat suggests that this macro-level, limited-choice perspective has been neglected by marketing and consumer researchers (who focus predominantly on choice-abundant consumers and micro-level [i.e., brand-level] consumption activities). Firat holds that this neglect limits our ability to understand various marketing and consumption-related phenomena and that disciplinary theories would be far more useful if they were to take a more macro-oriented perspective, in part, by better taking level of consumer choice into account.

The notion of lacking consumer choice in the present research is similar to that forwarded by Firat and his colleagues both in that it is predominantly socially determined as well as in that choicelessness leads frequently to negative societal consequences (e.g., food insecurity, hunger, poor health, and an otherwise low quality of life for millions of persons, as well as the inefficient use of public resources). Here too then, lack of choice is considered to be a systemic phenomenon with consequences reaching far beyond the consumer groups most directly involved. Choicelessness is, however, here considered in more specific terms as existing along a continuum. As delineated in Table 3 and discussed below, we contend that there are 1) three levels of choice relevant to understanding surrogate consumption, and 2) three (resultant) types of surrogate consumer users--“full-choice,” “restricted-choice,” and “severely restricted-choice” (with the latter two types of surrogate users viewed collectively as “limited-choice consumers”).

Level of Consumer Choice and Type of Surrogate Consumer User

We conceptualize level of consumer choice, in the context of surrogate consumption, as being predicated most significantly on two factors 1) level of dependence on others for satisfaction of consumption needs, and 2) magnitude of functional need for surrogate services. The three levels of choice, as well as the types of consumers exhibiting them and the manner in which each segment engages in surrogate consumption activities, are discussed below.

Full-Choice Consumers - Full-choice consumers are those that have the resources and ability needed to personally satisfy basic consumption needs with relative ease. They are, perhaps most importantly, free to choose from a wide range of (micro- and macro-level) consumption alternatives as a result of their living and financial situations. Subsequently, they have limited functional/utilitarian need for the services of surrogate consumers.

Full-choice consumers include the social elite, who, taking Firat's view, have constructed the social system so as to meet their needs in the most effective manner possible. Full-choice consumers also include the group of consumers most typically identified as the prime users of surrogate services. Perhaps not so ironically, based on the value placed on the accumulation of wealth in capitalistic societies,

although these individuals are the least in need of surrogate intervention from a functional perspective, they choose to employ surrogates as a result, often most significantly, of the psychic desire to make the most socially acceptable, most expressive, most conspicuous, or otherwise “best” purchase possible.

TABLE 3
Levels of Consumer Choice

	FULL	RESTRICTED	SEVERELY RESTRICTED
Level of Dependence	Very low	Partial-high	High-full
Level of Functional Need	Low	Moderate-high (situational)	Very high-absolute

Restricted-Choice Consumers - Firat's “choiceless” consumers are best typified along the continuum described in Table 3 as falling into the restricted-choice category. Restricted-choice consumers include 1) persons living in most types of non-institutionalized group quarters (e.g., college and work dormitories, military barracks, and group homes), 2) the moderately impoverished (e.g., the working poor—and thus the majority of food-insecure persons), 3) persons disabled only to the extent of having minor functional impairments (i.e., minor “instrumental activities of daily living” [IADL] impairments [see Zarit, Johansson, and Berg 1993]), 4) the “hidden homeless” sector of the homeless population, 5) role-transitional new immigrant consumers, 6) younger children, and 7) residents of minimum-security correctional and mental institutions (who are at times allowed to leave institutional grounds for shopping and other consumption-related activities). Choice, for these consumers, is at least partially restricted by one’s living situation or physical, mental, social and/or marketplace-knowledge limitations. As a result, these consumers are often at least moderately dependent on surrogate service providers.

While consumption alternatives for restricted-choice persons are limited, significant choice nonetheless still exists—at least at times. For example, considered from the perspective taken by Firat and his colleagues, it can be assumed that the consumer may still be able to choose between conforming to societal norms and expectations and not conforming, in which case they would instead base consumption decisions on more functional grounds. Alternatively, the restricted-choice consumer can be viewed as being able to make personal choices up to a certain point (e.g., within bounds set by the nature of their living situation or physical or economic limitations). Once these bounds are reached, it may be the case that individual consumption needs are not met. When this occurs, the restricted-choice consumer may turn to the services of a surrogate—formally or informally—in order to fulfill the remaining portion of consumption needs.

Consider, as one segment of restricted-choice consumers, the nearly 2.1 million persons currently living in college dormitories in the United States. While these consumers are generally considered “free” to engage in the consumption behaviors of their choice, they are nevertheless restricted in these behaviors by virtue of their (chosen or required) living arrangements—and often their financial states. They, as a result, rely upon surrogate consumer intervention for the fulfillment of at least some of their consumption needs and wants. College dormitory residents, for instance, often rely heavily on university foodservice

employees and purchasing agents to meet food-related consumption needs (due, in large part, to some combination of lacking food-storage space and preparation accommodations in their living quarters, as well as the fact that foodservices—i.e., surrogate acquisition and processing—are typically purchased in a-priori, bundled fashion). In this case, university foodservice employees and purchasing agents act as surrogate consumers in that they purchase and prepare food on behalf of the dormitory residents (with limited direct input from the ultimate consumers as to what will be purchased and how it will be prepared). Further, from a more macro-level perspective, college dormitory residents—like persons living in military barracks and in most group home environments—are at least partially restricted with regard to their ability to possess certain types of products (e.g., furniture and many major home appliances) and to engage in the consumption patterns followed by most full-choice consumers (due, for example, to space limitations, the temporary nature of residency, financial constraints, or mandated surrogate provision of select goods).

Similarly, “newly poor”—white-collar unemployed and underemployed—food-insecure persons (and many working-poor food-insecure clients of EFR surrogates) are likely to experience choice in some consumption domains (e.g., the possession of homes, automobiles, and other goods consistent with the dominant consumption pattern). However, they at least occasionally face choice limitation in other areas (e.g., type and brand of food product—only what is available through surrogates at the local food pantry). With the food insecure, unlike college dormitory residents (and others who *choose* to live in group quarters environments), choice limitation is not likely to be a voluntary matter. Students who choose to live in dorms do so knowing—or at least should know—that they are going to face consumption choice limitations as a result of their living situations. Few if any food-insecure persons choose to be food insecure. The choice for food-insecure persons appears to be what domain of consumption they can seek and obtain surrogate assistance in. Consider, in this regard, that A2H data indicate that 1) 45 percent of A2H clients report having to choose between paying for food and paying for utilities or heating fuel, 2) 36 percent of clients report having to choose between paying for food and paying their rent or mortgage bill, and 3) 30 percent of clients report having to choose between paying for food and paying for medicine or medical care (America’s Second Harvest 2001). When faced with these tough choices, many food-insecure persons (reluctantly) seek surrogate assistance in the area of food acquisition—at least partly due to the fact that surrogate assistance in this domain is more readily available than with other basic necessities of life.

Another segment of restricted-choice consumers worthy of attention is the “hidden homeless” sector of the homeless population studied by Hill and Stamey (1990) and discussed by Hill (1991). The “hidden homeless”—referred to as “hidden” due to the fact that they are seldom seen on the streets and often not accounted for in measures of homeless incidence—“take an active role in determining their life choices” (Hill and Stamey 1990, p. 319). They “are a resourceful, determined, and capable group that proactively deals with the lack of resources in their consumer environment” (Hill 1991, p. 299). Further, the “hidden homeless” exist “outside the social welfare system... [and] choose to live by their own wits on the street” (Hill 1991, p. 299). Thus, the “hidden homeless” take great pride in doing, and are highly motivated to do, what they can for themselves—without governmental or private-sector surrogate (or non-surrogate) assistance. Faced with significant resource limitation, the “hidden homeless” often resort to nontraditional means of need satisfaction (e.g., scavenging for food and other necessary goods [Hill and Stamey 1990]). Still, even with their resourcefulness and determination, many consumption needs of these persons go unmet. When this happens, the “hidden homeless” may turn to surrogates (e.g., for food [at EFR food

pantries, soup kitchens, and shelters], for clothing [at Salvation Army outlets and other charitable surrogate organizations], or, as suggested by Hill and Stamey [1990], for healthcare services [at jails—wherein the surrogate is government-based]). Consider, with respect to surrogate-facilitated food acquisition, that A2H data indicate that 10 percent of the 23.3 million different persons seeking assistance at its EFR facilities in 2000 reported being homeless (America’s Second Harvest 2001)—although it is not possible to accurately determine what proportion of these 2.3 million homeless A2H clients are “hidden homeless.”

Last, younger children and role-transitional new immigrants warrant consideration as restricted-choice consumers due to social and/or marketplace-knowledge limitations. Members of both consumer segments often lack the ability to effectively communicate directly--or feel uncomfortable communicating directly--with retailers and other marketers. At the same time, consumer choice may be restricted as a result of being unfamiliar with marketplace norms and, thus, lacking in role knowledge. As a result, younger children and recent immigrants may turn to surrogate others--e.g., parents (in the case of younger children) and more acculturated and/or assimilated children (in the case of immigrants [see: Penaloza and Gilly 1986; Penaloza 1994])—for satisfaction of consumption needs. Finally, it should be noted that surrogate utilization among both younger children and new immigrants may be viewed as an at least partially involuntary form of Rosen and Olshavsky’s (1987) subcontracted decision making. Here, the consumer, faced with social and/or marketplace-knowledge limitations, may feel that it is in their best interests—and that they may have little choice but to--allow trusted others to make consumption decisions on their behalf (with limited specification of what types and/or brands of products to acquire).

Severely Restricted-Choice Consumers - As previously stated, Firat’s “choiceless”—our “restricted choice” consumers--do have a choice in that they can choose between conforming or not conforming to societal norms and expectations and do, at least at times, have the opportunity to make various acquisition and other consumption-related decisions on their own behalf. What differentiates “restricted-choice” consumers from “severely restricted-choice” consumers is that the latter rarely if ever have the opportunity and/or ability to personally engage in many consumption activities. As a result, severely restricted-choice consumers (e.g., most institutionalized persons [particularly those in maximum-security prisons and other “total institutions”⁷], many homeless persons, the severely impoverished, the drug-addicted, and the totally or near-totally disabled) must, wittingly or not, directly or indirectly depend upon society, the generosity of individual members of society, charitable organizations, and/or institutional employees for the satisfaction of the majority of their consumption needs.

Arguably the most vivid example of severely restricted-choice consumers in the U.S. are the majority of institutionalized persons, particularly the rapidly growing number of persons confined to medium-security and maximum-security correctional institutions. For these persons, consumption choices related to food, furniture, clothing, prescription and non-prescription drugs, medical care, personal care products, and a wide variety of other goods and services are often reduced to but one—take what is provided by others (i.e., surrogate consumers) or make do with nothing. Further, drawing from Firat’s (1987) macro-level perspective, there is often no choice for prison inmates—and most other institutionalized persons--with respect to consumption patterns in that what they can and cannot consume or possess, as well as when

⁷ “Total institutions” are, according to Goffman (1961, p. xiii) places of “residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life.”

they can or cannot acquire or consume it, is determined by others--consumption surrogates or those working with surrogates.

Prison inmates and many other institutionalized persons are not, however, the only severely restricted-choice users of consumption surrogates worthy of attention. Analysis of the consumption activities and circumstances of other underprivileged, disenfranchised segments of consumers exemplifies that they, for all intents and purposes, also often have no substantive opportunity, nor ability, to make consumption-related choices. Drug addicts, for example, often neglect basic consumption needs in favor of satisfying their need for drugs (Hirschman 1992). According to Hansen's (1976) conditions for choice to exist (pertaining to the necessity of choice alternatives to arouse conflict and resultant cognitive activity aimed at conflict reduction), it may be that the craving for drugs in the addicted consumer makes all other needs irrelevant. Consider, as evidence of this severely restricted-choice phenomenon created by a lack of conflict and subsequent cognitive activity, the following statements from two drug-addicted consumers.

I had not taken a bath in a year nor changed my clothes or removed them except to stick a needle every hour in the fibrous grey wooden flesh of terminal addiction... I did absolutely nothing. I could look at the end of my shoe for eight hours. I was only roused to action when the hourglass of junk (narcotics) ran out (Burroughs 1992, p. xiii). (parenthetical statement added for clarity)

I would live in crack houses for a week at a time. It was just filth and dirt there, but I was comfortable with it. I used to like to sleep, but I found that cocaine was better... I used to like to eat, but found cocaine was better... (Hirschman 1992, p. 164).

Drug-addicted consumers, as a result of neglecting basic consumption needs (outside of satisfying the need for drugs), may often turn to surrogate others. The addicted, partly as a result of being at high risk of becoming homeless and/or institutionalized, may also come to be heavy users of soup kitchens, various forms of charitable organizations, and employees of publicly funded institutions (wherein acquisition and other consumption-related decisions are made on their behalf).

Severely impoverished consumers, particularly those living in inner-city ghettos, may also be categorized as severely restricted-choice surrogate consumer users. Numerous authors (e.g., Alexis, Haines, and Simon 1972; Andreasen 1978, 1993; Bell and Maria 1993; Caplovitz 1963; Fisk and Andreasen 1972; Stone 1954) have for decades made the case that the frequently exploited inner-city poor seem to have little recourse but to make the best of their deplorable circumstances, which include limited product- or brand-level choices as well as routinely paying relatively high prices for many products. Alexis et al. (1972) go so far as to equate the impoverished with prison inmates--with respect to lacking consumption alternatives--stating that, like prisoners, the inner-city poor 1) are (physically and/or financially) confined to their disadvantaged surroundings, 2) are isolated from other social groups, and 3) often use commodity items as a form of currency. Further, the inner-city poor may, using Hansen's (1976) choice criteria, qualify as severely restricted-choice consumers in that they may simply "give up" on consumption activities (and stop caring about changing for the better their painful lives). Impoverished consumers exhibiting this tendency may fail to engage in cognitive processes aimed at reducing the conflict caused by consumption alternatives--if and when this conflict occurs. Exemplary of this phenomenon, Stone (1954) finds that the most apathetic of consumers are those from the lowest social strata. Further, Caplovitz (1963) states that: "In most cases... apathy signifies the consumer's belief that he can do nothing about the problem" (p. 172). Whatever the specific case, the inner-city poor may often have very little if

any choice, particularly from a macro-level consumption (pattern) perspective. When basic consumption needs are not met by the narrow range of self-enacted alternatives available, society (e.g., through welfare payments and the provision of both selected food items and subsidized housing) or another form of surrogate (e.g., EFR organizations) routinely steps in.

A final segment of severely restricted-choice consumers warranting attention is the “sheltered (and predominantly female) homeless” sector of the homeless population studied by Hill (1991). These consumers, in contrast to their “hidden homeless” counterparts (who choose to live on the streets and proactively and resourcefully engage in many consumption acts on their own behalf), are heavily dependent upon consumption surrogates (e.g., workers at the shelters they live in and at soup kitchens, as well as charitable organizations that organize donations). According to Hill (1991), shelters possess characteristics of “total institutions” and “sheltered homeless” consumers “depend on shelters for the necessities of life” (p. 299). These consumers also “view the shelter as a resource for food, clothing, and (occasionally) a home” (Hill 1991, p. 301 [original parenthetical statement]). With further regard to the (surrogate) provision of a home to the “sheltered homeless,” Hill (1991) asserts that these consumers become “... dependent on the shelter as a future residence and a source of needed possessions” (p. 305). As Hill and Stamey (1990) point out, “the meaning of home... does not lie in its manifest content but in its underlying latent content” (p. 319). It thus appears that one of the key things that the “sheltered homeless” receive, in surrogate fashion, is a home—or at least McCracken’s (1989) “homeyness” (i.e., a comfort-laden sense of home, complete with various possessions that help create this feeling).

Level of Consumer Choice and the Nature of Surrogate Consumption Activity

As discussed above, what limited-choice (i.e., restricted-choice and severely restricted-choice) consumers have in common is a constrained, often inadequate set of consumption alternatives which drives these persons to become dependent upon surrogates to help them meet consumption requirements. Our discussion to this point, however, fails to adequately address several key issues related to understanding the nature of surrogate consumption activity involving the various types of surrogate users identified—and, importantly, how the nature of surrogate consumption activity differs by type of surrogate user. Needed, most particularly, is more precise explication of how and/or why level of consumer choice—at both the micro- and macro-level of analysis—influences 1) reasons for surrogate utilization, 2) the nature of the surrogate consumer, and 3) the nature of the services provided by the surrogate. We contend, as depicted in Table 4 and discussed in further detail below, that better understanding these issues is predicated most significantly on formally expanding 1) Solomon’s (1986) hypothesized antecedents of surrogate consumer utilization, and 2) the prevailing view of surrogate consumption involving both high levels of choice and the formal employment of “professional expert” surrogate service providers.

Locus of Surrogate Usage - The full-choice consumers that have been the focus of researcher attention are free to let their personal preferences dictate their surrogate usage. As Solomon (1986) states, these consumers may choose to use surrogates for a variety of consumer-centered or environmental factors. Regarding consumer locus of control, full-choice consumers may elect to employ surrogates as a result of having little desire to personally engage in acquisition activities, because of low product knowledge, or to enhance self-worth and social mobility (e.g., via possession and display of role-appropriate status symbols). On the environmental side, full-choice consumers may elect to employ surrogates as a result of limited product availability, time constraints, lacking informal referral networks, and role conflict.

TABLE 4
Level of Consumer Choice and the Nature of Surrogate Consumption Activity

	FULL CHOICE	RESTRICTED CHOICE	SEVERELY RESTRICTED CHOICE
Locus of Surrogate Usage	Consumer or Environmental	Predominantly Environmental	Environmental
Antecedents of Surrogate Use	Functional or Psychic	Predominantly Functional	Functional
Nature of Surrogate Service Provider	Private-Sector Professional Expert	Family, Friends, Volunteers, Private Institutional, or Society	Predominantly Society
Nature of Surrogate Service	Formal Economic Exchange	Formal or Informal (often Volunteered)	Formal or Informal (Default or Volunteered)

The locus of surrogate use for limited-choice consumers is far more environmentally-based. This is particularly the case for severely restricted-choice consumers. Most institutionalized persons, for example, are often so constrained by objective environmental factors (e.g., limited product availability and inadequate access to retailers) that their personal preferences are virtually irrelevant with regard to the use of surrogate services—surrogates engage in most if not all acquisition and other consumption-related activities for them (with at most minimal consumer input). Much the same can be said—albeit to a somewhat lesser extent—with respect to surrogate usage by the severely impoverished and the drug-addicted (where it is neither the law nor the rules of the institution but rather inadequate financial resources or the confines of the bottle or syringe that restrict consumer choice and ultimately lead to reliance on surrogates).

Restricted-choice consumers fall somewhere between the extremes of full-choice consumers and severely restricted-choice consumers. Although these consumers may at times themselves dictate when and how surrogates are used, environmental factors tend to dominate. This occurs for a variety of possible—and possibly interacting—reasons, including 1) surrogate usage possibly being dictated by institutional rules, 2) limited product availability, 3) limited access to retailers, 4) limited ability to employ surrogates for more personal reasons (e.g., due to lacking financial resources), 5) limited financial resources (e.g., among the working poor and other food-insecure persons), and 6) pre-paying for bundled surrogate services (e.g., food acquisition and preparation) as part of the living arrangement. For example, most persons living in non-institutionalized group quarters (e.g., college and work dormitories, military barracks, and group homes) most typically have at best limited choice with regard to 1) acquisition of bedding and other furniture items and 2) acquisition and processing of food products. The locus of surrogate usage for the partially disabled is often environmentally determined due to the fact that their disabilities may limit their access to—or their desire to personally access—retail outlets, thus driving

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them to rely upon friends, family members, and various forms of volunteer-based surrogate service providers. Environmental-based motivations for surrogate usage are, in both cases, even more pronounced when the restricted-choice consumer is also further constrained by limited financial resources (which not only makes reliance upon the surrogate—who or which is often available for free or already paid for—more economically attractive but also limits the ability to employ surrogates for more personal, consumer-oriented reasons).

Antecedents of Surrogate Usage - Full-choice consumers are generally free to use surrogate services in order to fulfill both functional and psychic needs (Solomon 1986). These privileged consumers may—and often do—choose to invest discretionary income in surrogate usage not for the satisfaction of functional needs but rather the reinforcement or enhancement of self-esteem and social status. Full-choice consumers may, in the latter regard, be viewed as marketing themselves (in a highly competitive social environment) through surrogate usage.

The antecedents of surrogate usage are quite different for limited-choice consumers. The needs satisfied by the surrogate here are far more functional in nature. This focus on functional needs driving surrogate usage is particularly pronounced with severely restricted-choice consumers. Consider, for example, that for many if not most of the approximately five million persons either homeless or living in correctional institutions, meeting basic functional requirements of living often takes complete precedence over psychic desires (and requires the assistance of surrogate consumers). Much the same can be said of the severely impoverished, the disabled, and the drug-addicted. Severely restricted-choice consumers, rather than marketing themselves in a competitive social environment through surrogate usage, are themselves consumed with merely meeting basic functional needs, which they often cannot do on their own.

Restricted-choice consumers may at times employ surrogates to fulfill psychic needs. Many persons living in non-institutionalized group quarters, for example, are free—in the absence of financial constraints—to employ the services of surrogates for whatever reasons they want. Much the same—albeit to a lesser extent—can be said of inmates in minimum-security correctional and mental institutions who are allowed to at least periodically leave institutional grounds for shopping and other consumption-related activities. However, these and other restricted-choice consumers are often significantly (if not completely) limited from using surrogates to meet psychic needs due to financial and institutional constraints. The surrogate services used by these persons, particularly mandated services (e.g., the acquisition of uniforms that minimum-security prison inmates must wear) and services paid for (in advance) as a part of the living arrangement (e.g., the acquisition and preparation of food items included in dormitory “room and board”), most typically involve basic, commodity-type goods and satisfy functional needs. In other circumstances, restricted choice consumers may avoid surrogate intervention for psychic reasons (and only utilize them when absolutely necessary for functional reasons). Such is the case with the “hidden homeless,” who enhance their self-concepts via avoiding (if not also denigrating) external assistance and doing what they can for themselves as consumers (Hill and Stamey 1990).

Nature of the Surrogate Service Provider - Full-choice consumer users are, as a result of their relatively abundant financial resources and, frequently, their desire to make the “best” (socially defined) purchase, at liberty to employ private-sector professional/expert surrogates (e.g., financial services firms, wardrobe consultants, catering firms, and fine arts and antique brokers) to perform specified consumption acts on their behalf. The nature of the surrogate service provider changes as one moves down the spectrum of

consumer choice. For restricted-choice consumers, family members, friends, volunteers (e.g., at food pantries and soup kitchens), employees of privately run institutions and non-institutional group quarters facilities, and, to a lesser extent, society (e.g., employees of state-run institutions) are likely to engage in varied surrogate consumption activities. In the case of severely restricted-choice consumers the surrogate most typically is society. Consider, as exemplary of the latter, the massive expenditures on state-run prisons which go to cover costs associated with the acquisition of bedding, personal care, medical, and food products. Here, society ultimately acts as the surrogate to severely restricted consumers in that tax dollars--collected from members of society--go to cover the costs of employing persons engaging in surrogate acquisition, processing, and other consumption-related activities facilitating the satisfaction of inmate needs. Expenditures on welfare programs and other publicly funded social service programs--targeted, for example, at the homeless and severely impoverished, drug-addicted, and disabled persons--can be viewed in similar fashion. These consumers, viewed from Firat's (1987) macro-level perspective, are disenfranchised by-products of the capitalistic market system who, both ironically and dysfunctionally, reluctantly become at least partially dependent on that same system--on society, in surrogate fashion--for basic subsistence.

Nature of the Surrogate Service. For full-choice consumers, as described by Solomon (1986) and the vast majority of other disciplinary scholars examining surrogate consumption activity, the act of surrogate usage is an (economic) exchange-based activity wherein the surrogate service provider is formally hired to perform specified consumption activities. Here, the surrogate user elects/chooses to both employ the surrogate and to provide compensation--directly to the surrogate--for services rendered.

In the case of restricted-choice consumers, the act of surrogate usage may, as with full-choice consumers, involve a formal, economic exchange. However, when an economic exchange is involved, it is often less direct/formal. Exemplary here is the case of college dormitory residents who pay for various surrogate services (e.g., food acquisition and preparation) but typically do not engage in exchange directly with the persons who ultimately perform these services. Another point of demarcation between the nature of services provided to full-choice and restricted-choice consumers concerns the fact that many services provided to the latter type of consumer are provided by volunteers (e.g., friends, family members, and community-service organization employees) and typically involve no formal, economic exchange.

For severely restricted-choice consumers, the surrogate service may be viewed as being formal in nature only, perhaps, in that the service providers (e.g., institutional purchasing agents or foodservice workers) are acting out of a formal duty. However, exchange--economic or otherwise--seldom if ever takes place between the surrogate service provider and the severely restricted-choice consumer. Further, although the service may be viewed as being provided formally, the majority of surrogate services undertaken on behalf of severely restricted-choice consumers are performed in "default" fashion by society. Here, as in the case of most state-run prison inmates and the severely impoverished, the person (voluntarily or involuntarily) "drops out" of society and comes to be a consumer of the surrogate services by default (rather than by election). In many cases (e.g., with prison inmates and many other institutionalized persons), surrogate intervention is forced upon the severely restricted-choice consumer. Finally, it should be noted that, as with restricted-choice consumers, some surrogate services provided to severely restricted-choice consumers are performed by volunteers who may or may not be formally obligated to provide such services (see Cornwell and Gabel 1996).

DISCUSSION

Our macro-level, limited-choice theoretical conceptualization of the heretofore neglected limited-choice end of the surrogate consumption spectrum suggests that surrogate consumption activity is a far more commonly occurring and more diverse—albeit behind-the-scenes--phenomenon than discussed in existing marketing and consumer behavior literature. Further, our inquiry represents both a return to and an extension of early works in the field. Hollander's (1971) "installment peddlers" of the early 1900s provided surrogate consumption services to consumers at the lower end of the socioeconomic spectrum, particularly in impoverished immigrant communities. According to Tetenbaum (1940), these surrogates, who likely far outnumbered surrogates employed by the upper-classes, purchased goods from local retailers or wholesalers and then sold them on credit to individual consumers (who otherwise had no resources with which to pay for the goods). Also, as previously mentioned, Hollander (1971) discusses "modern-day installment peddlers" in urban ghetto settings of the early 1970s who functioned by virtue of their holding preferential access to various forms of consumer credit. Hollander (1971) optimistically suggests, however, that these surrogates to the lesser privileged are likely to soon cease to exist due to the effectiveness of programs then being formulated for the "amelioration or elimination of ghetto conditions" (p. 236). Although the surrogate consumption activity involving limited-choice consumers discussed in the present research differs in nature from that addressed by Tetenbaum (1940) and Hollander (1971), our conceptual framework suggests that limited-choice consumers still often rely heavily (and often involuntarily) on surrogate consumer intervention to meet consumption-related needs. In addition, our framework, given its macro-level focus, also views the phenomenon of surrogate consumption far more broadly than earlier works in the field.

The consumers almost exclusively discussed in marketing and consumer behavior research as users of consumption surrogates are those most able and willing to pay for such services. These typically wealthy and otherwise highly privileged consumers, for either psychic or functional reasons and often faced with an overabundance of consumer choice, formally and voluntarily elect to relinquish some degree of control over acquisition and/or other consumption-related decisions to what they perceive to be more qualified individuals. We hold that the received view of surrogate consumption is, as a result of its focus on privileged full-choice consumers, incomplete. Central to this contention is the notion that surrogate consumer usage occurs not only as a result of the planned, formal employment of expert agents but also—in greater volume and more frequently--due to an often severe lack of not only micro-level consumer choice, but also as a result of lacking macro-level consumption alternatives (resulting from economic and physical constraints and/or the restrictive nature of one's living situation). Moreover, we hold that important differences exist between both the motivations for and the nature of surrogate usage by full-choice, restricted-choice, and severely restricted-choice surrogate users. We also contend that there is considerable variation amongst the surrogates who serve these three types of consumers.

Inclusion of limited-choice consumers in surrogate consumption theory, and disciplinary researcher attention being paid to these consumers in the context of their utilization of consumption surrogates, is important from at least two perspectives—the first theoretical and the second concerning public policy issues. Each perspective is discussed below. This is followed by a discussion of implications for future research in the area of surrogate consumption.

Theoretical Importance

The work of Hollander (1971) and Solomon (Solomon [1986, 1987]; Solomon and Douglas [1985]) has significantly advanced understanding of the basic notion of surrogate consumption from a marketing and consumer behavior perspective. The present inquiry suggests, however, that, with the exception of Hollander's (1971) discussion of United States "installment peddlers" of the early 1900s, disciplinary surrogate consumption research and resultant theory has focused on but a minority of surrogate consumption activity—that engaged in by privileged, full-choice consumers via formal, exchange-based employment of image consultants, wardrobe consultants, interior decorators, and other professional service providers. As a result of this narrow perspective, extant disciplinary inquiry on surrogate consumption fails to account for the (often increasingly) ubiquitous usage of surrogate consumers by 1) nearly 8 million persons living in institutions or non-institutionalized group quarters environments, 2) nearly 34 million impoverished consumers, 3) more than 33 million food-insecure persons, 4) nearly 50 million disabled or handicapped consumers, and 5) approximately 3 million homeless persons. Although there is likely considerable (and difficult-to-accurately-measure) overlap between these segments of limited-choice surrogate users, we hold 1) that each segment is significant in its own right and 2) that members of each segment should be accounted for in surrogate consumption theory.

The present inquiry, transpiring roughly 20 years after publication of the most recent major advance in the field of surrogate consumption, helps facilitate the filling of this long-standing theoretical void via development of a conceptual framework accounting for surrogate consumption activities involving limited-choice consumers. Our perspective, when combined with that of both Hollander and Solomon, establishes a more complete, veracious theoretical foundation on which to understand surrogate consumption. Finally, we hope that our contribution in this regard will serve to make disciplinary theory on the focal phenomenon more useful to a broader range of interested parties—not only those interested in serving the needs of privileged, full-choice surrogate users and/or the professional service providers they employ.

Public Policy Implications

One way in which the present inquiry has the potential to make surrogate consumption theory more useful to a broader range of interested parties involves consideration of the implications of our macro-level, limited-choice framework from a public-policy perspective. The applicability of viewing surrogate consumption from this perspective is rooted in the enactment of 1980s and 1990s legislation designed to "get tough on crime" and "get people off welfare and into work." "Get-tough-on-crime" legislation, most notably tougher drug possession and distribution law, has had the effect, among other things, of significantly driving today's record U.S. prison population (Abramsky 2002; Couch 2002; Donziger 1996; Drug Policy Alliance 2005; Wilkinson 1997). Similarly, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, the key "welfare-to-work" law, has led to dramatic escalation in the number of (mainly working-poor) food-insecure persons (America's Second Harvest 2004d; Biggerstaff et al. 2002; Martin et al. 2003). As a result, both areas of legislation have contributed significantly to the large and growing number of limited-choice surrogate consumers—and level of surrogate consumption activity--in the United States. "Get-tough-on-crime" legislation has led to rising numbers of imprisoned persons—and increased numbers of severely restricted choice consumers in need of surrogate intervention in order to meet their consumption needs. PRWORA has gotten many persons off welfare and into the workplace. However, the partial removal of the social safety net for the poor (e.g., the reduction of food stamp benefits) manifest in this "welfare-to-work" law has done little to reduce the

incidence of poverty—as the previously unemployed poor are often transformed into working-poor--and has 1) driven many working people into food insecurity, and 2) turned many of these persons into customers of food pantries and other surrogate emergency food relief service providers.

Of relevance to the present inquiry is the notion that proposed legislation which restricts consumption choice can have serious individual and societal consequences—including increased incidence of possibly dysfunctional surrogate consumption. These consequences should be taken into account and planned for by lawmakers prior to the passage of choice-restricting legislation. The perspective taken in the present inquiry suggests that the consequences of “get-tough-on-crime” legislation include 1) restriction of consumer choice (i.e., placing a large number of persons in a living environment in which they often cannot engage in consumption activities on their own behalf), and 2) a shifting of the burden--to mass civil society--for the high cost of having the consumption needs of these severely restricted consumers met via (taxpayer-funded) surrogate intervention. In the case of PRWORA and other “welfare-to-work” laws, with the partial removal of social safety net for the poor, the surrogate which steps in to fill the substantial void is most frequently a private, volunteer-based one. For example, nearly 1.68 million volunteer hours are logged in an average week in the America’s Second Harvest network of food pantries, soup kitchens, and shelters--with the estimated weekly value of these volunteer hours being more than \$12 million (America’s Second Harvest 2001 [“Agency Data” section 13.2.1n]). In both cases, the passage of legislation has driven the need for significant surrogate intervention—at a great cost to both taxpayers and to generous volunteer service providers.

It is our opinion that public policy makers would be well advised not only to consider and plan for consequences such as these but also that they should carefully explain how these consequences will be dealt with prior to the passage of legislation (i.e., as part of the policy debate). It is plausible to speculate that had the surrogate consumption-related consequences of PRWORA and the various “get-tough-on-crime” laws been discussed in this manner, these laws would not have been so popular with the mass media and the general public (and may not have been passed into law).

It is interesting to note, in closing, that this is not the first time that marketing and consumer researchers have recently called for policy makers to pay more careful attention to the consequences of laws which may result in the restriction of consumer choice. Hill, Hirschman, and Bauman (1996), in their comparative, historical examination of modern entitlement programs in the United States, suggest that the “Contract with America,” which had (then) recently been passed by Congress and which included the PRWORA welfare reform legislation, would likely return the United States to Great Depression-like conditions in several important ways. Hill, Hirschman, and Bauman (1996) suggest, specifically, that the consequences of this collection of legislation might include 1) increases in both income disparity (between the wealthy and the poor) and poverty levels—thus thrusting many persons into a “consumer environment” that is “greatly constrained” (p. 274), 2) the movement from welfare to work not resulting in a reduction in poverty levels—due mainly to the notion that the jobs that those displaced from welfare would be moving into would often not pay enough to “escape from destitution and negative self-esteem” (p. 274), 3) escalating ethnic and class conflict (via devaluation of Blacks, Hispanics, and females who disproportionately populate the impoverished population), and 4) a return to self-sufficient modes of production “coincident with demoralization” (e.g., homeless consumers actively scavenging for food and self-constructing their makeshift shelters [p. 274]). Hill, Hirschman, and Bauman sum up their view on the matter as follows:

The relative deprivation, lack of employment opportunities, and resulting coping strategies of consumers during the Great Depression parallel the material lives of millions of Americans in the 1990s. These parallels suggest that the current welfare reform measures passed by Congress, which are designed to reduce federal expenditures rather than eradicate poverty, may diminish further the quality of life of these citizens and erode their self-esteem. The data described here suggest that welfare reforms that enhance poor consumers' ability to obtain the goods and services necessary for survival through their own efforts might be appropriate (p. 275).

Our analysis suggests that Hill, Hirschman, and Bauman's (1996) dire predictions for mid-1990s welfare reform were indeed profound. We add to their perspective by suggesting that policy makers should consider (and openly discuss) the surrogate consumption-related consequences of legislation which holds the potential to restrict consumer choice.

Implications for Future Research

By no means does our theoretical framework for better understanding surrogate consumption paint a complete picture--or even complete the picture--of the focal phenomenon. We encourage future researchers to both theoretically and empirically expand upon the macro-level, limited-choice perspective herein introduced. In-depth empirical investigation is called for with respect to 1) verification of the placement of types of consumers into the choice-based categories of surrogate users herein undertaken, and 2) better understanding the nature of surrogate consumption usage, antecedents of usage, and the nature of surrogate services performed for each form of surrogate user herein identified (i.e., the institutionalized, group quarters residents, the impoverished, food-insecure persons, the handicapped and disabled, and the homeless). With regard to the latter, the greatest opportunity for the advancement of topical knowledge may lie in in-depth analysis of surrogate consumption activities involving the disabled elderly. As was discussed, this segment of limited-choice surrogate users not only presently has significant need for the services of consumption surrogates, but this need is likely to grow dramatically in coming years as the number of persons 65 years of age and older—most particularly the oldest of old (i.e., persons 85 years of age and above)--is projected to double.

Another potentially fruitful avenue of inquiry involves measuring surrogate user satisfaction with surrogate services received. Questions to be answered in this area include 1) What do limited-choice consumers expect from surrogate service providers?, 2) Do these expectations differ by category of limited-choice surrogate user (or across consumers within categories)?, 3) Do these expectations differ as a function of whether or not the surrogate is utilized voluntarily (as opposed to having surrogate intervention forced on the consumer)?, and 4) Are the expectations of limited-choice surrogate users being met? Researchers interested in this endeavor are encouraged to consult and expand upon customer satisfaction measurements of food-insecure consumers conducted by America's Second Harvest (see: America's Second Harvest 2001 ["Client Data" section 9.2.1]).

We also challenge disciplinary researchers to more fully explicate the more commonly researched micro-level, full-choice end of the surrogate consumption spectrum. This is called for due to 1) extant topical inquiry focusing perhaps too much on one type of surrogate consumer (i.e., the wardrobe consultant), and 2) recent advances in technology (i.e., Internet- and World Wide Web-based technologies such as online auction sites [e.g., Ebay]) which have created vast new realms for the occurrence of perhaps unimagined surrogate consumption activity.

Finally, a methodological note is warranted. While both quantitative and qualitative (and mixed) methodological approaches are applicable, we especially encourage researchers to follow the model of ethnographic inquiry utilized in Hill's examinations of homeless consumption behavior (i.e., Hill 1991; Hill and Stamey 1990). The focus here should be on production of a more explicit, veracious description of consumption surrogate usage by limited-choice consumers at the level of the lived human experience of these neglected, often disenfranchised consumers.

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