



Consumption coping strategies and well-being among refugee consumers

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Abstract

This paper aims to provide new insight into refugee consumers' adaptation to stress with a particular emphasis on consumption coping strategies and well-being. Drawing on the appraisal-coping theory, this paper proposes a theoretical framework relating stress to coping responses and refugee well-being. Social support is also introduced in the framework as a moderator. Examining the interplays between these concepts provides a comprehensive view of how changes in consumption patterns occur and how they affect refugee well-being. Insights from this paper suggest that consumption activities could be viewed as responses of adaptation to chronic and acute stress. To adapt to new circumstances and reduce their stress, refugee consumers could engage in adaptive consumption coping or maladaptive consumption coping (i.e., compulsive and impulsive consumption), which in turn affect their psychological and physical, family, and economic well-being. The paper contends that service support moderates the relationships between stress, coping responses, and refugee well-being.

KEYWORDS

adaptive consumption, consumers well-being, maladaptive consumption, refugee consumers, social support

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1 | INTRODUCTION

Over the last decade, headlines around the world have reported on humanitarian crises caused by wars (e.g., the war in Ukraine), ethnic cleansing (e.g., Rohingya persecution in Myanmar), and violence as a result of political and economic instability (e.g., violence in Venezuela). War, genocide, and conflicts, among other life-threatening events, force 37,000 individuals every day to leave their homes in search of a safe place and better living conditions (UNHCR, 2018).

While refugees already struggle with the trauma of fleeing war, violence, and persecution, they have been harshly affected by COVID-19 (Finsterwalder et al., 2021). The stress and fear of contracting COVID-19 and the isolation and loneliness experienced during lockdowns have exacerbated their living conditions. As many refugees live in densely populated camps with inadequate health infrastructure, implementing preventive measures such as physical distancing became challenging (UNHCR, 2020a). COVID-19 has also slowed the provision of support programs, as measures to contain the pandemic have directly impacted the functioning of asylum systems. For instance, refugees who settled in countries like Djibouti have experienced a significant reduction in supplies during the pandemic. More strikingly, in Kenya, half of the adults in refugee households have reduced food consumption that their children can eat (UNHCR, 2020b).

Besides the COVID-19 stressor, refugees already undergo stressful experiences throughout different phases of their journey. In the context of services, Boenigk et al. (2021) distinguish between three phases of the refugee journey namely the entry phase (i.e., planning to flee or sudden escape), the transition phase (i.e., waiting in camps for uncertain and lengthy periods, arduous journey across countries to find a host country), and the exit phase (i.e., arriving at a destination country and engaging in activities to facilitate integration and resettlement in the host country). All these phases are mapped with a focus on refugee needs for services. For instance, during the entry phase, refugees have an urgent need for kits, legal, and routing services, while during the transition phase they have a higher need for health services, and finally, at the exit stage, services entailing legal, social, education services, and work permits are much needed. The focus of the current paper is on the exit phase after refugees settle in a host country and their consumption patterns. During this grand transformation phase, refugees must deal with transforming their everyday lives while consumption is happening (Hokkinen, 2019).

Compared to consumers from host countries, refugee consumers often have less access to a variety of products, either because they are unfamiliar with most local items or cannot afford many. In many cases, refugee consumers lack familiarity with the local marketplace offering and have limited knowledge about healthy food (Willis & Buck, 2007). While refugees are typically confronted with long periods of reduced food availability during the transition phase they could experience forcefully changed dietary habits and might have little knowledge of how to use available resources during the exit stage, which often affects their well-being (Al-Sayed & Bieling, 2022). From this perspective, refugees as consumers and the implications of the refugee status for relations with the locals (i.e., citizens of the host country) still deserve more attention (Hokkinen, 2019).

In fact, refugees as a vulnerable group of consumers remain understudied in the marketing field, as consumer research scholars have deployed few attempts to investigate their consumption patterns (Kriechbaum-Vitellozzi & Kreuzbauer, 2006). While previous work has focused on vulnerable groups of consumers such as those with disabilities, elderly consumers, children, and stigmatized groups of consumers (see Rosenbaum et al., 2017 for review), little attention

has been directed to consumer refugees, who could face various aspects of vulnerability at the time (see the 2014 UNHCR vulnerability assessment framework for review).

The few existing studies in the marketing field have attempted to address broadly the meso, macro, and individual levels of the refugee crisis (e.g., Boenigk et al., 2021; Farmaki & Christou, 2019). However, little work has specifically addressed consumption issues facing refugees at the individual level, with a few exceptions (e.g., Kriechbaum-Vitellozzi & Kreuzbauer, 2006). In this vein, Finsterwalder (2017) called for more work to address refugee consumer behavior, contending that “a closer analysis of the difference of refugee consumer behavior compared to local actors’ consumer behavior appears to be an understudied area” (p. 178).

In fact, the reason behind our lack of insight into specific matches between types of stress and consumption coping, particularly in the context of refugees, is conceptual and methodological. A bulk of work investigated the links between types of stress and a single form of consumption that is foremost problematic such as alcohol consumption, smoking, and substance use (e.g., Jefee-Bahloul & Jaafar, 2017; Streef & Schilperoord, 2010; Zangeneh et al., 2004), while other studies established the link between stress and other forms of consumption such as consuming a new variety of food, substituting some ingredients in a recipe with local items, and dietary consumption (e.g., AL-Rajie, 2019; Kavian et al., 2020; Peterman et al., 2010). Furthermore, in many studies, the constructs of stress and refugee consumption coping styles were measured with aggregated scores. For instance, Poudel-Tandukar et al. (2020) uses a scale to measure all types of stress altogether and a dichotomous scale to measure consumption. Likewise, reports mandated by UNHCR (e.g., the 2019 World Food Programme [WFP] report on Syrian refugees in Jordan) employ a consumption index to capture all consumption coping styles within a single measurement, making it difficult to match types of stress with their corresponding forms of coping. Such fragmented research impedes gaining a full understanding of the interplays between specific types of stress and particular forms of consumption coping.

Therefore, this paper focuses on changes in refugees’ consumption patterns viewed as consumers’ efforts to cope with stressful events and adapt to new living conditions. More specifically, this paper examines how changes in refugees’ consumption patterns occur and how these can affect refugees’ well-being. Understanding the underlying mechanisms by which refugees cope with stress can assist practitioners, agencies, and governments manage the currently fragmented interface between refugees and service providers. Ironically, in some instances, refugee consumers resettled in camps sell the food products they obtained in-kind, to get some cash and buy products they need from the local market, which makes the efficacy of in-kind assistance programs questionable and suggests an urgent need to shift from in-kind to cash aid (Alloush et al., 2017).

Gaining insights into the types of stress behind changes in consumption patterns can guide resettlement agencies and service providers to offer adequate support to refugees (Yap & Kapitan, 2017). For instance, early work on social support (e.g., Cutrona & Russell, 1990; Simich et al., 2003) suggests that instrumental support is most effective for controllable events associated with a temporary deficit in the life domain (e.g., the loss of assets). In contrast, emotional support is most effective with uncontrollable events related to permanent or reoccurring deficits (e.g., the loss of relationships). Thus, one can argue that buffering long-lasting stress (i.e., chronic stress) originating from a recurrent stressor requires emotional support, whereas easing stress necessitates an adjustment within a short time (i.e., acute stress) requires instrumental support. As such, mapping out early undesirable changes in consumption patterns resulting from stress helps to develop customized support programs and prevent lasting adverse

effects on refugees' well-being. Taken together, providing a comprehensive view of the effects of stress on refugees' consumption patterns and their well-being is of crucial importance for refugee programs. These require multiple interventions, complex collaborations, and better coordination between refugee organizations and service providers (Finsterwalder, 2017).

Thus, this conceptual paper makes three notable contributions to the literature. First, the paper develops an integrated framework that depicts interplays between different types of stress, consumption coping, and well-being, paving the way for a comprehensive view of how refugee consumers cope with stress, how their coping styles affect their well-being, and how social support can mitigate problematic consumption coping. Second, this paper suggests a landscape of social support interventions for refugees in the context of resettlement which adds to the few existing tools (e.g., UNHCR-IDC Vulnerability Screening Tool and Refugee Health Screeners, etc.) used by practitioners (e.g., refugee counselors, health care providers, etc.) to spot areas of vulnerability among the refugee population and identify the needed social support. In this regard, the developed framework could be a helpful guide on how to optimize allocating social support resources. Lastly, by placing refugee consumers under the spotlight, this research contributes to Finsterwalder's (2017) call to the consumer research community to advance consumer behavior research that focuses on refugees as one of the most vulnerable groups of consumers.

The paper is organized as follows. First, we define refugee consumers. Second, we develop a model based on the appraisal-coping theory (Lazarus & Folkman, 1984), suggesting that changes in refugees' consumption patterns can be viewed as coping responses to stressful events. Third, we discuss the interplay between types of stress, consumption coping, and subjective well-being. We also introduce social support as a moderator of the relationships between stress, coping responses, and subjective well-being. As we proceed, we develop a set of propositions. Finally, we conclude with some theoretical and managerial implications and research avenues.

2 | REFUGEE CONSUMERS

Marketing research on refugee consumers remains scarce, as most studies on vulnerable consumers have been directed to immigrant consumers (e.g., Adkins & Jae, 2010; Jae, 2009; Peñaloza, 1995) and other groups of vulnerable consumers (see Baker et al., 2005 for review). To address this dearth in the literature, Cheung and McColl-Kennedy (2019) call for an instrumental role that marketing can play in meeting refugees' needs and reducing their vulnerability.

Consumers from refugee populations represent a distinct group of vulnerable consumers in many aspects. First, unlike voluntary immigrant consumers, refugees are involuntary immigrants. Fleeing war and other life-threatening events, they are often forced to settle into a new social and cultural environment that is not necessarily of their choosing (Farmaki & Christou, 2019; Nasr & Fisk, 2019). In contrast with other immigrants, refugees often have to adapt to a large cultural distance and make involuntary changes to their lifestyle and food consumption (Dharod et al., 2013). In many instances, refugees come from poor countries, are not accustomed to a consumer society, and have to learn about new products and potential substitutes for their traditional food (Kiptinness & Dharod, 2011; Kriechbaum-Vitellozzi & Kreuzbauer, 2006). Unlike voluntary immigrants, refugees typically experience a substantial amount of distress, which is overwhelming and could negatively affect their consumption habits and life quality (Mooren & Stöf sel, 2014). For instance, experiencing food shortage was

found to be correlated to unhealthy consumption practices such as overeating and poor food choices (e.g., fast food) (Rondinelli et al., 2011). Furthermore, refugee consumers are likely to experience many facets of consumption deprivation, including material (i.e., the loss of assets and consumption options), social (loss of respect from sellers, loss of access to financial institutions, and loss of safety to travel to marketplace) and psychological (i.e., loss of self-confidence, low self-esteem, and the lack of expressing oneself through consumption) deprivation (Viswanathan et al., 2021).

There is also some evidence to suggest that refugee consumers can be more susceptible to compulsive buying. In this vein, many studies pointed to the prevalence of obsessive-compulsiveness disorder among refugees (Elnahrawy et al., 2020). For instance, prior work by Westermeyer et al. (1984) reports high levels of experienced obsessive-compulsiveness among Hmong refugees compared to other populations. Likewise, Salah et al. (2013) found different mental disorders among refugees settled in Central Sudan, including obsessive-compulsiveness disorder. Besides, other studies have established a link between compulsive-obsessive disorder and compulsive buying (Frost et al., 2002); compulsive buyers scored significantly higher on obsessive compulsiveness trait, suggesting a strong correlation between obsessive-compulsiveness disorder and compulsive buying behavior (O'Guinn & Faber, 1989). Taken together, refugee consumers present many aspects of vulnerability, may experience higher levels of stress than other groups of vulnerable consumers, and may adopt different consumption strategies to cope with their stress.

3 | THEORETICAL MODEL

Many works have attempted to model refugees' adaptation to stress (see Table 1). Early research has been dominated by Andreasen's (1984) biomedical model of distress, with a particular interest in refugee mental health. This model focuses on the psychological sequelae of stress experienced by refugees and also relates the pathological conditions to the diagnosis and treatment of disorder symptoms among refugees (Kokanovic et al., 2008). Other works have adopted Engel's (1977) biopsychosocial model of stress with an emphasis on the role of the environment in creating stress among refugees and their subsequent physiological reactions to stress (Winter & Young, 1998). Whereas, other studies have focused on the diathesis-stress model (McKeever & Huff, 2003), viewing stress as a life event that disrupts the refugee's psychological equilibrium and catalyzes the development of a psychological disorder throughout his lifespan (Idemudia et al., 2013).

Since the last decade, a growing interest has been paid to Lazarus and Folkman's (1984) cognitive appraisal model of stress. This model contends that when individuals perceive environmental stressors as potentially threatening, they engage in coping activities to remove these stressors or minimize their adverse effects. This model has become noticeably influential in conceptualizing refugees' adaptation to stress (Ryan et al., 2008).

Applied to the context of refugee consumers, the cognitive appraisal model of stress has many advantages over the aforementioned stress models. First, with this model, stress is defined as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (Lazarus & Folkman, 1984, 19). Thus, the stress here is no longer pathologized but instead conceptualized as a response to critical stressors. Second, with this model, the adjustments individuals make to their consumption practices to adapt to new situations and stressors can be viewed as



TABLE 1 Theoretical models of stress

Study	Model/author	Orientation	Theoretical approach	Model description
Boehnlein and Kinzie (1995)	Biomedical model (Andreasen, 1984)	Psychiatry	Stress is caused by disease or illness of the brain.	Stress experienced by refugees is mental and is best understood as a medical illness, a disease process that involves an alteration of biological, structure, and functioning.
Winter and Young (1998)	Biopsychosocial model (Engel, 1977)	Psychiatry	Stress is a health illness that could be better understood through biological, psychological, and social factors and their complex interactions.	The model links cognitive, physiological, and behavioral responses of refugees to stress.
Idemudia et al. (2013)	Diathesis stress model (McKeever & Huff, 2003)	Psychology	Stress results from a psychological disequilibrium that could catalyze the development of a psychological disorder throughout the lifespan.	This model emphasizes the sources of resilience in refugees as well as those factors that may predispose refugees to negative reactions to stress.
Ryan et al. (2008)	Cognitive appraisal model (Lazarus & Folkman, 1984)	Psychology	Stress is perceived as the imbalance between the demands placed on the individual and the individual's resources to cope with the stressful situation.	This model contends that when refugees perceive environmental stressors as potentially threatening, they engage in coping activities to remove these stressors or minimize their negative effects.

coping strategies (Ghanem et al., 2017), making it particularly useful for studying the unique situation that refugees face. Third, the cognitive appraisal model of stress has been employed in previous studies on vulnerable consumers (Echeverri & Salomonson, 2019; Falchetti et al., 2016). Lastly, the cognitive appraisal model has merit for its flexibility to integrate both psychological resources (e.g., adaptive coping strategies) and social resources (e.g., social support) to reduce or eliminate stress (Hudek-Knežević & Kardum, 2000).

Therefore, this paper builds on the cognitive appraisal model and develops a theoretical model (see Figure 1) that links stress, to coping responses and the latter to subjective well-being. Well-being refers here to individuals' feelings and cognitive evaluations of the quality of their life (Diener, 2012). The proposed model suggests that life events can act as stressors inducing stress, which triggers changes in refugees' consumption patterns and eventually affect their well-being. Social support is posited in this model to moderate the effects of stress on refugee well-being. The following sections will elaborate on the interplays between types of stress and consumption coping responses.

4 | STRESS AND CONSUMPTION COPING BEHAVIORS

Figure 1 depicts a model of refugee consumption coping. The model suggests that stress (i.e., acute and chronic stress) triggers changes in consumption patterns (i.e., consumption coping), which in turn affects refugee well-being (i.e., psychological and physical, economic, and family well-being). Social support (i.e., informational, emotional, and instrumental support) is posited in the model to moderate the relationships between stress, consumption coping, and well-being.

4.1 | Stress: acute versus chronic stress

Exposure to conflicts, wars, and life-threatening events, represents stressors that can induce stress among consumers (Ruvio et al., 2014). Refugees, in particular, often undergo a high number of stressors (Yakushko et al., 2008). These include stressors incurred before resettlement, such as witnessing war trauma, torture, imprisonment, loss of family members, and fear for

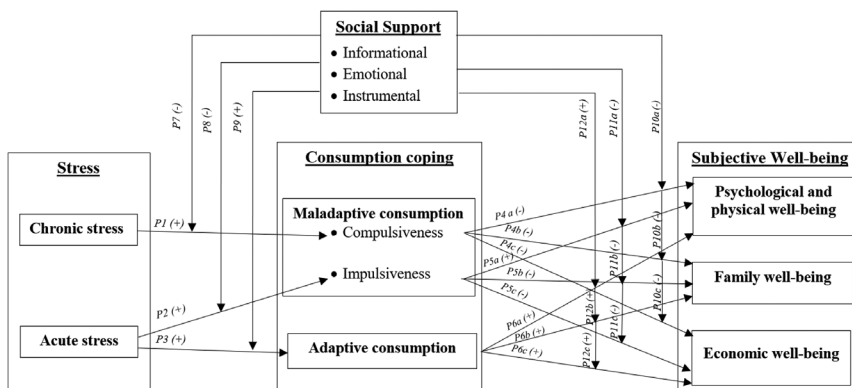


FIGURE 1 A conceptual framework of refugee consumption coping

personal safety (Jamil et al., 2010; Prendes-Lintel, 2001; Silove, 2001), as well as other stressful events taking place after resettlement such as discrimination and cultural and language barriers (Clark et al., 2014; Khawaja et al., 2008). That said, stressors experienced in the early phases of refugees' journey, namely at the entry or transition phases, could also impact the exit phase. For instance, a loss of a family member (e.g. spouse) occurring when fleeing a war zone (i.e., the entry phase) could create a situation of role conflict, after resettlement (i.e., the exit phase), where a person has to fulfill multiple roles simultaneously, such as working and taking care of children (Lenette, 2014). Likewise, trauma and fear for personal safety experienced at the entry stage may still have sequela at the exit stage (Pittaway et al., 2009). It is therefore important to acknowledge the impact that stressors like loss, trauma, and torture, even experienced during the entry phase, may have on resettlement and integration at the exit phase.

Whether the stressors occur before or after resettlement, the induced stress can last for a short or extended time (Bauer et al., 1994). In fact, stress can be classified into either acute or chronic stress, as depicted in Figure 1. Acute stress is short-term and situational, while chronic stress is long-term and lasting (American Psychological Association, 2013). According to the American Psychological Association, acute stress is the most common form of stress and is mainly triggered by a situation or pressures in either the recent past or the immediate future that would impact an individual's current emotional state. Symptoms of acute stress include aspects of emotional distress such as anxiety, irritation, and anger (Parrouy, 2014). In contrast, chronic stress lasts a long time and can originate from chronic persistent events (e.g., permanent disabilities), sudden cataclysmic events (e.g., death), and major natural disasters or terrorist attacks (Morrison & Bennett, 2009; Sarafino & Smith, 2014). Chronic stress can cause serious harm to the individual (Segerstrom & Miller, 2004).

While acute stress requires adjustment within a relatively short period, chronic stress needs adjustment over a prolonged period. For instance, the tension associated with relocation induces acute stress that requires mobilizing resources and adjustments within a relatively short period (Cernovsky, 1990). In the same vein, witnessing war devastation, torture, and bombings triggers acute stress that requires quick adjustments (Short et al., 2009). However, a disabling injury often requires a role change within the family or a transition to a new role and necessitates adjustments over prolonged periods, which translates to chronic stress (Moschis, 2007a). Likewise, an unemployed mother who has transitioned to becoming widowed may contemplate re-entering the labor force and dealing with constant stress emanating from her single-parent-hood role, reflecting chronic stress (Moschis, 2007a).

In the same vein, a refugee's exposure to discrimination and language barriers after resettlement can be repetitive and induce chronic stress that requires some adjustments over a long time (Stewart et al., 2015). Indeed, acculturation and discrimination are among the stressors commonly experienced by immigrants and refugees. These stressors tend to persist and contribute to chronic stress (Szaflarski & Bauldry, 2019).

4.2 | Coping strategies: adaptive versus maladaptive consumption coping

Persons who are under stress attempt to relieve frustrations and tensions by initiating or modifying their behaviors, which can be viewed as coping strategies. Coping strategies refer to cognitive and behavioral attempts to manage stressful events (Lazarus & Folkman, 1984). In fact, most research on consumers experiencing stress has focused on non-consumption coping (e.g.,

Chebat et al., 2005; Zourrig et al., 2014), though coping strategies can also include consumption behaviors (Mathur et al., 2008; Yap & Kapitan, 2017). Previous studies suggest that changes in consumption habits can reflect efforts to handle stressful life events (Sneath et al., 2014; Somer & Ruvio, 2014), that is, “stress from life events yields coping strategies and behavioral adjustments that are reflected in altered consumption patterns” (Yap & Kapitan, 2017, 175). To put it bluntly, consumption-related coping behaviors can be conceptualized as activities that consumers may initiate, intensify, or change in response to stress (Lee et al., 2001). For instance, eating out, purchasing new clothes, and changes in brand preferences can be viewed as coping responses to life status changes viewed as acute stress (Andreasen, 1984). Likewise, an increasing and ongoing consumption of alcohol, cigarettes, antidepressants, tranquilizers, and sleeping pills can be viewed as a strategy of coping with chronic stress (Mathur et al., 2008).

In fact, consumption activities can be classified into either adaptive or maladaptive consumption coping (Boland et al., 2020; Zelig et al., 2019). Adaptive consumption refers to the consumption of a product or service that is consistent in terms of frequency and nature with the societal norms and usage standards and is harmless to consumers, while maladaptive consumption refers to consumption activities that exceed the healthy behavioral boundaries and increase the risk of significant harm to consumers or societal well-being (Boland et al., 2020). In other words, adaptive consumption is deemed protective of health, while maladaptive consumption encompasses activities that are detrimental to health (Holton et al., 2016). For instance, overeating, overconsuming drugs, and alcoholism are maladaptive consumption activities and reflect an avoidance strategy that drives individuals away from stress (Yap & Kapitan, 2017). By contrast, dining out, consuming precooked meals, and substituting ingredients for a recipe are examples of adaptive consumption activities that intend to help individuals improve in areas of deficit, saving time, and affording convenience (Kim & Gal, 2014). These consumption activities can be viewed as approach strategies to address or reduce stress.

Likewise, in the context of refugees, the distinction between adaptive and maladaptive coping is based on health outcomes (Kurt et al., 2021). In essence, adaptive coping strategies are associated with efforts to manage or alter the source of stress and result in positive health outcomes, while maladaptive coping strategies (e.g., substance use) confer avoidance and predict adverse health outcomes (Kurt et al., 2021). In this vein, research on refugees points to much adaptive and maladaptive consumption coping. Table 2 depicts some examples of consumption coping strategies. For instance, Crane and Green (1980) investigated changes in food consumption associated with the resettlement of Vietnamese refugee families. The authors found that while traditional foods (e.g., fish, rice, vegetables, and tea) continued to be eaten frequently and preferred, some American foods (e.g., beef, butter, and milk) were added to the diet, reflecting an adaptive coping.

In comparison, Peterman et al. (2010) studied Cambodian refugees' consumption patterns and found refugees who experienced food deprivation were likely to engage in unhealthy eating practices, pointing to maladaptive consumption. The 2015 WFP report converges to similar conclusions; after resettlement, Syrian refugees' food consumption patterns have shifted toward high caloric ingredients and low nutritional value content. These changes seem to be irreversible and reflect maladaptive consumption patterns (i.e., compulsive consumption). Likewise, Kriechbaum-Vitelozzi and Kreuzbauer (2006) reveal impulsive purchasing among African refugees who, despite the financial strains, purchase fashionable branded items and mobile phones that exceed their financial means, giving testimony to maladaptive consumption activities.

TABLE 2 Examples of refugee consumption-coping behaviors

Consumption-coping behaviors	Studies
Adaptive consumption-coping behaviors	
• Eating out	Renzaho and Burns (2006)
• Planned shopping (weekly instead of daily shopping)	Dharod et al. (2013)
• Balanced diet of meat, milk, and cereals	
• Consumption of a new variety of fruits and vegetables	Burns (2004)
• Consumption of convenience food (instant food, oven-ready food, frozen food, etc.).	
• Substitution of items/ingredients	Pereira et al. (2010)
Maladaptive consumption-coping behaviors	
• Alcohol/drugs addiction	Streel and Schilperoord (2010)
• Tobacco abuse	Jefee-Bahloul and Jaafar (2017)
• Tranquilizers and anti-depressants misuse	Zangeneh et al., (2004)
• Overeating (e.g., overconsumption of junk food, sugary drinks, at least once a day)	Dharod et al. (2011)
• Impulsive buying (e.g., fashionable clothes, mobile phone)	Kriechbaum-Vitelozzi and Kreuzbauer (2006)
• Gambling	Petry et al. (2003)

4.3 | The effect of stress on consumption coping

Despite evidence that refugees can adopt maladaptive and adaptive consumption coping to reduce their stress, little is known about the interplays between consumption coping and types of experienced stress. Nevertheless, research in psychology and sociology has viewed acute and chronic stress as processes with different outcomes (e.g., Elder et al., 1996; George, 1989; Pearlin et al., 1981). For instance, acute stress was shown to decrease food intake, whereas chronic stress increases overeating and obesity (Torres & Nowson, 2007). The following sections will discuss the effects of stress on maladaptive and adaptive consumption coping.

4.3.1 | The effect of stress on maladaptive consumption coping

Stress can engender consumption behaviors that are mostly maladaptive (Mano, 1999; Somer & Ruvio, 2014). Two main types of maladaptive consumption have been discussed in the literature, namely impulsive and compulsive consumption (Reimann & Jain, 2021; Turel & Bechara, 2021).

Impulsive consumption is driven by a spontaneous or sudden desire to buy and is a reactive type of consumption that is often unplanned (Rook, 1987). Consumers indulge in impulsive consumption when they are in high emotional states, either positive or negative (Hirschman & Stern, 1999). Compulsive consumption refers to “a response to an uncontrollable drive or desire to obtain, use, or experience a feeling, substance, or activity that leads an individual to repetitively engage in a behavior that will ultimately cause harm to the individual and/or to others”

(O'Guinn & Faber, 1989, 148). Compulsive consumption is distinct from impulsive consumption as it involves an "inability to control the urge" (Faber et al., 1995, 297) and "leads to extreme negative circumstances" (Ridgway et al., 2006, 131). In contrast to impulsive behavior, which is acute, compulsive consumption is chronic and difficult to stop (Peters & Bodkin, 2007). Noteworthy, over time, impulsive consumption could transition into a compulsive consumption. In this vein, Hirschman (1992) argues that some impulsive consumers are at risk to transition into compulsive consumption; while they usually purchase in response to impulses, they can lose their ability to establish and maintain rules that constrain their buying and thus turn into compulsive consumers.

In the context of refugees, acute stress has been linked to impulsive buying (Kriechbaum-Vitelozzi & Kreuzbauer, 2006). Buying on impulse helps to alleviate feelings of depression (Sneath et al., 2009). When refugee consumers feel deprived of their possessions and former social status, they adopt behaviors that help them regain a sense of normalcy and cope with difficult circumstances. For instance, Kriechbaum-Vitelozzi and Kreuzbauer (2006) found that African refugees save money to acquire mobile phones, electronics, and branded clothes. Besides, African refugees showed a strong temptation to buy jewelry and perfume as these items provide them with a sense of delight and help them to turn toward a better life. Research conducted by Goh et al. (2017) also found that although clothing was not an immediate need, many refugees settled in Germany engaged in the process of selecting and buying clothes as an important medium for self-expression and empowerment, to the extreme that some refugees can spend all their cash transfers at a higher-end clothing store to reward themselves. Other studies on African refugees point to compulsive consumption resulting from chronic stress. For instance, Horyniak et al. (2016) found that refugees engage in harmful alcohol consumption as a way of distraction, killing time, and coping with the frustrations of their everyday lives, particularly their experiences of marginalization and rejection. In this vein, drinking reflects a sense of resignation and avoidance.

In fact, research on whether a specific type of stress (chronic stress or acute stress) triggers a different maladaptive coping response (i.e., compulsive consumption or impulsive buying) remains scarce and inconclusive (Thoits, 1995). Among few works, Moschis (2007b) advocates that impulsiveness is considered a coping behavior in which the loss of control is temporary. The person can stop being impulsive once his or her need to alleviate stress is satisfied. In claiming so, impulsiveness can be triggered by acute stress, which is in essence short-term stress.

That said, previous research support that coping with acute stress is contingent upon the cognitive appraisal of the stressful event (Anshel et al., 1997; Anshel & Delany, 2001; Gan et al., 2009). In fact, a stressful event can be appraised as either a threat or a challenge (Lazarus & Folkman, 1984). Threat appraisal refers to the evaluation of a situation as potentially harmful or as a source of failure, by contrast, challenge appraisal refers to the evaluation of a situation as an opportunity for self-growth (Zandara et al., 2016). Individuals who appraise a situation as challenging tend to use an adaptive response of coping (Tomaka et al., 1993), whereas those who appraise a situation as threatening, tend to use maladaptive behaviors (Folkman & Lazarus, 1985).

In this vein, it is safe to argue that if acute stress is appraised as threatening, it could trigger coping behaviors such as the use of psychotropic drugs and impulsive shopping. Both have been recognized to be temporal activities that may cease or disappear once acute stress is reduced and may not appear until another stressful situation arises (Mathur et al., 2008).

Compulsiveness, on the other hand, is viewed as excessive, continuous, and beyond the person's control (Hirschman, 1992).

From this perspective, one can argue that though both acute and chronic stress can be predictors of impulsiveness and compulsiveness; acute stress, if appraised as a threat, would relate mainly to impulsiveness, while chronic stress relates more to compulsiveness; impulsive consumption is acute, while compulsive consumption is chronic (Peters & Bodkin, 2007). Based on this rationale, the interplays between stress and maladaptive consumption coping are depicted in Figure 1; the chronic stress experienced by consumer refugees triggers compulsive consumption, while acute stress leads to impulsive consumption. Thus, the following propositions are offered:

P1. The higher is the experienced chronic stress, the higher a refugee's predisposition to engage in compulsive consumption will be.

P2. The more acute stress is appraised as a threat, the higher a refugee's predisposition to engage in impulsive consumption will be.

4.3.2 | The effect of stress on adaptive consumption coping

Acute stress can also induce adaptive coping if the stressful event is appraised positively as a challenge to be overcome (Folkman, 1984; Kohler et al., 2006; Latack, 1986). Adaptive coping behaviors are those that lead to constructive, healthy psychosocial and physical outcomes for the individual (Kohler et al., 2006).

For instance, Andreasen (1984) found that stress induced by an adjustment to life status (i.e., a change in an existing and stable lifestyle pattern, viewed as a challenge), triggers changes in brand preferences, boosts attending cultural events, exercising, and buying new clothes. Such lifestyle changes reflect the direct effects of acute stress on adaptive consumption coping (Mathur et al., 2008).

In the same vein, Lee et al. (2001) found that consumers are likely to change their preferences of store patronage and consumption habits as they attempt to satisfy new consumption needs and adapt to new lifestyles. In their study, adaptive coping (i.e., consumption-related lifestyle changes.) was found here to be a response to acute stress rather than chronic stress; indeed, "life events (acute stress) create demand for readjustment in the form of consumption-related lifestyle" (Lee et al., 2001, 35). Hence, as indicated in Figure 1, a high level of acute stress experienced by a refugee consumer also increases the tendency to engage in adaptive consumption. From this, P3 flows:

P3. The more acute stress is appraised as a challenge, the higher a refugee's predisposition to engage in adaptive consumption will be.

5 | CONSUMPTION COPING STRATEGIES AND REFUGEE WELL-BEING

The link between consumption and consumers' well-being is well-established in the literature. For instance, consuming more portions of fruit and vegetables was found to boost psychological

well-being (Blanchflower et al., 2013). Likewise, consuming hedonic products was shown to increase consumers' subjective well-being (Zhong & Mitchell, 2010). Subjective well-being refers to the overall evaluation that people make regarding their lives, the events happening to them, their bodies and minds, and the circumstances in which they live (Diener, 2012).

Though the concept of well-being encapsulates a broad notion of life satisfaction that individuals confer on different areas of their lives (Lever et al., 2005), research on refugees' well-being has placed much emphasis on the mental and physical health of refugees, referred here as psychological and physical well-being (Jayawickreme et al., 2013; Young & Evans, 1997). In the context of refugees, the psychological and physical well-being has been discussed in the literature as the individual's optimal mental and emotional functioning (e.g., self-acceptance, personal growth, a sense of purpose in life) and his satisfaction with his levels of vitality and functionality (Lee-Fong, 2019).

Noteworthy, studies on refugees' well-being have expanded to other domains of life satisfaction, including refugees' family well-being (Bernhard et al., 2007; Browne et al., 2021) and economic well-being (Ecke et al., 2016), as the main challenges to refugee well-being, during the settlement process, also include economic factors such as unemployment as well as family-related factors such as fulfilling family obligations (Beiser & Hou, 2006). Family well-being is broadly defined as the degree to which a person can engage successfully and appropriately in interpersonal relationships with family members (Ihinger-Tallman, 1994), whereas economic well-being refers to judgments of one's financial situation in light of what is required and desired (Hayhoe & Wilhelm, 1998). The next sections will detail the interplays between types of consumption and refugees' well-being.

5.1 | The effects of maladaptive consumption on refugee well-being

The relationship between refugees' well-being and maladaptive consumption has been extensively researched. For instance, compulsive consumption was found to cause health damage and negatively affect the individual's economic, social and psychological well-being (Dittmar, 2008; Kashdan & Breen, 2007; Weaver et al., 2008).

There is also evidence to suggest that compulsive buying has adverse effects on an individual's economic and family well-being. Compulsive buyers were found to amass unmanageable amounts of debt and create emotional problems for themselves and their families (O'Guinn & Faber, 1989). Hence, compulsive buying can deteriorate not only the person's well-being but also the family well-being (Park & Davis Burns, 2005).

Nevertheless, the literature suggests that impulsiveness can have contradictory effects on individuals' well-being. On the one hand, impulsiveness was found to contribute to consumers' debt (Pirog & Roberts, 2007), which negatively affects their economic well-being (Norvilitis et al., 2003, 2006) and family well-being (Xiao et al., 2006). On the other hand, impulsive buying was found to be a beneficial behavior for many consumers who went through a traumatic event, as engaging in impulsive purchasing has a buffering effect helping them to resorb the negative emotional distress, recoup losses, and restore the sense of self-esteem (Sneath et al., 2009; Youn & Faber, 2000). In this light, impulsiveness improves a person's psychological and physical well-being, but impedes his economic and family well-being.

Following this rationale, the interplays between types of maladaptive consumption and well-being are depicted in Figure 1; refugee consumers who engage in compulsive consumption could experience adverse effects on their psychological and physical, family, and economic

well-being, while those who engage in impulsive consumption would experience a positive effect on their psychological and physical well-being, but adverse effects on their family and economic well-being. Hence, the following propositions are offered:

P4. Compulsiveness has a negative effect on a refugee's (a) psychological and physical well-being, (b) family well-being, and (c) economic well-being.

P5. Impulsiveness has a positive effect on a refugee's (a) psychological and physical well-being, but (b) a negative effect on family well-being and (c) economic well-being.

5.2 | The effects of adaptive consumption on refugee well-being

Previous research suggests that adaptive consumption can improve ways of how children cope with new life situations and overall family well-being (Björnberg, 2013; Gonzalez de la Rocha, 1991). Other studies suggest that adaptive consumption coping has a positive effect on refugees' psychological and physical well-being, despite the serious challenges they could face in establishing healthy food habits upon resettlement (Burns, 2004; Crane & Green, 1980; Hadley & Sellen, 2006). In this regard, Burns (2004) contends that it is important that refugees are encouraged to retain the best of their traditional diet while adopting healthy foods from the host country.

Nevertheless, adaptive consumption has been reported to loosen budgetary constraints experienced by many refugees, as items and products from their home country seem to be less affordable than products from the host country market (Dharod et al., 2013; Patil et al., 2010). Therefore, substituting home country products with market ones can reduce the financial strains (Renzaho & Burns, 2006). From this perspective, as depicted in Figure 1, adaptive consumption has some benefits for financial and economic well-being. Hence, P6 flows.

P6. Adaptive consumption has a positive effect on a refugee's (a) psychological and physical well-being, (b) family well-being, and (c) economic well-being.

6 | THE MODERATING EFFECT OF SOCIAL SUPPORT

Social support is an important psychological resource that mitigates the negative consequences of stressful events (Brewin et al., 2000; Ozer et al., 2003). Social support can be classified into instrumental, informational, and emotional functions (House et al., 1988; House & Khan, 1985). Instrumental support refers to the provision of material or physical assistance such as housing, transportation, and financial support, while informational support refers to the provision of information, advice, or guidance. Emotional support, on the other hand, refers to how emotional engagement by others (e.g., showing love and trust) can reduce an individual's expression of distress and facilitate coping (Helgeson, 2003).

In the context of refugees, social support has been acknowledged to be a critical resource for successful resettlement (Agbényiga et al., 2012). For instance, providing informational support assists refugees with the information needed to prepare them for the reality of resettlement challenges and introduce services available to them after resettlement (Simich et al., 2003).

Likewise, the provision of tangible assistance or instrumental support helps refugees meet their basic needs (e.g., housing, assistantship) and breaks down structural barriers to resettlement (e.g., employment, training programs) (Hynie et al., 2011; Mels et al., 2008). In the same vein, providing emotional support can take different forms, ranging from showing empathy and care to sharing experiences that empower refugees to overcome psychological challenges (Stewart et al., 2008); emotional support is particularly important for refugees who have experienced isolation, loss, and enduring family separation (Simich et al., 2003). Overall, evidence suggests that providing refugees with social support can ease their stress and increase their well-being (Tran & Wright, 1986).

While social support has been shown to positively impact people's well-being (see Taylor, 2011 for review), it has also been theorized as a moderator (Beeble et al., 2009; Cohen et al., 2000). For instance, Cohen and McKay (1984) examined the mitigating effect of social support on well-being and found that while stress has deleterious effects on the health and well-being of individuals who received little or no social support, these effects are lessened or eliminated for those with strong social support systems. Likewise, Zhou and Lin (2016), found that social support moderates the relationship between adaptability (i.e., an individual's ability to change and adapt to a new environment) and well-being (i.e., life satisfaction), indeed the effect of adaptability on well-being is stronger for individuals with a high level of social support compared to those with a low level of social support. In the same vein, recent work by Holliman et al. (2022) showed a positive relationship between adaptability and psychological well-being that is stronger when a high level of social support is provided. Extended to the context of maladaptive coping, early work points out an increase in smoking among individuals who received little social support and decreasing consumption of alcohol among individuals who received high social support (Stephens et al., 1996). In a similar vein, we argue that social support has a moderating effect on the relationship between consumption coping and well-being, in such a way that it mitigates the adverse effects of maladaptive consumption on well-being and boosts the effect of adaptive consumption on well-being. The following sections will discuss the moderating effects of social support on the relationships between stress, consumption coping, and refugee well-being.

6.1 | Moderating effect on the relationship between stress and consumption coping

Social support can help to buffer individuals from the potentially pathogenic influence of stressful events (Cohen & Wills, 1985). Prior work suggests that social support reduces the level of experienced chronic and acute stress (Shisana & Celentano, 1987; Uchino & Garvey, 1997).

According to the stress-buffering model (Cohen & Wills, 1985), social support protects individuals from the adverse effects of stressful events by helping them to either mitigate the stressor or make the stressor seem less important and also by promoting effective coping strategies (Cohen, 2004). Thus, social support mitigates the effect of stress on maladaptive outcomes. In this vein, Cano et al. (2017) found that instrumental, informational, and emotional support mitigates the effect of immigrant stress on alcohol consumption. In the same vein, Cohen (2004) contends that social support attenuates the effect of stress on substance use.

Furthermore, social support was shown to be associated with adaptive outcomes such as weight management, fruit, and vegetable consumption, general diet, and smoking cessation attempts (Fuemmeler et al., 2006; Nollen et al., 2005; Tang et al., 2008; Wolfe, 2004). However,

a lack of social support leads individuals to channel their stress through maladaptive consumption activities such as compulsive consumption and impulsive buying (Ruvio et al., 2014). Individuals who receive higher levels of social support showed significantly higher adaptive coping than their counterparts with lower levels of social support (Kalbfleisch et al., 2015). This suggests that social support can boost adaptive consumption while reducing the temptation to engage in maladaptive consumption. In sum, the following propositions of stress-buffering mechanisms of social support are depicted in Figure 1.

P7. Social support (informational, instrumental, and emotional) reduces the effect of chronic stress on compulsiveness.

P8. Social support (informational, instrumental, and emotional) reduces the effect of acute stress on impulsiveness.

P9. Social support (informational, instrumental, and emotional) increases the effect of acute stress on adaptive consumption.

6.2 | Moderating effect on the relationship between consumption coping and well-being

Little work has attempted to investigate the potential moderating effect of social support on the relationship between consumption coping and well-being. Boland et al. (2020) explore the transition from adaptive to maladaptive behaviors, and the return to adaptive consumption patterns, with the aim of improving consumer well-being. The authors contend that resources such as education (e.g., education programs building awareness, school programs), incentives (e.g., financial incentives for selecting healthy food choices, sponsoring events promoting active lifestyles), and interventions (e.g., partnership programs, policy interventions), which can be viewed as instrumental and informational supports, play a key role in impeding consumer progression toward maladaptive consumption and triggering potential reversal movement toward adaptive consumption, thus far improving consumer well-being.

In claiming so, social support can potentially moderate the effect of consumption coping on well-being. This finds support in previous work on social support and health behaviors. For instance, social support was found to be linked to healthy eating and wellness (Fuemmeler et al., 2006; Tang et al., 2008; Wolfe, 2004). Likewise, individuals who received greater social support were more likely to report quitting smoking when compared to those with weaker social support (Nollen et al., 2005). Similarly, social support received from family was associated with decreased alcohol consumption, and social support from friends was associated with increased physical activity (Qin, 2021). Furthermore, in other studies, social support was positively correlated with psychological well-being (Turner, 1981), and was shown to be a predictor of increased subjective well-being and decreased negative affect (Siedlecki et al., 2014).

In the context of refugees, social support has been shown to be beneficial effects on their well-being. For instance, Young (2001) found that Salvadoran refugees who have received a high level of social support, including emotional (i.e., showing affection, giving encouragement), instrumental (i.e., practical and financial support), and informational (i.e., advice/guidance) support, reported a high level of well-being compared to those who received a low level of social support. Likewise, Tran and Wright (1986) found social support to be a crucial factor in

determining Vietnamese refugees' psychological well-being; refugees with meaningful and functional social support tended to be happier than those with relatively weak social support. Social support has been shown to provide Vietnamese refugees comfort and, to some extent, a sense of belonging to their new social and cultural environment. Regarding refugees' financial well-being, Kim et al. (2020) argue that support programs on financial inclusion and economic integration can reduce the experienced financial stress and positively affect African refugees' financial self-efficacy, thus improving their financial well-being.

Social support improves refugees' family well-being. For instance, Hoffman et al. (2020) found that providing instrumental support (i.e., community-based parenting interventions) had a positive outcome on family cohesion, communication between family members, and confidence in the parenting role among Burmese refugees reflecting a sense of family well-being. In the same vein, Lakkis et al. (2020) showed that providing support, in the form of training and interactive educational sessions, has contributed to the improvement of relationships between Syrian refugee parents and interactions with their children. Based on the above discussion above, we posit:

P10. Social support (informational, instrumental, and emotional) decreases the effects of compulsiveness on (a) psychological and physical well-being, (b) family well-being, and (c) economic well-being.

P11. Social support (informational, instrumental, and emotional) decreases the effects of impulsiveness on (a) psychological and physical well-being, (b) family well-being, and (c) economic well-being.

P12. Social support (informational, instrumental, and emotional) increases the effects of adaptive consumption on (a) psychological and physical well-being, (b) family well-being, and (c) economic well-being.

7 | THEORETICAL IMPLICATIONS

This paper contributes to the literature on refugee consumers and adds to the nascent but growing marketing research on refugees' vulnerability and well-being (e.g., Boenigk et al., 2021; Viswanathan et al., 2021).

As such, important theoretical implications could be derived from this paper. First, drawing on the cognitive appraisal theory (Lazarus & Folkman, 1984), the paper extends the stress-coping model to the context of refugee consumers to include well-being as a key outcome and social support as a moderator of the effects of stress on coping strategies and well-being. The model developed here (Figure 1) unpacks the psychological mechanisms that shape adaptive and maladaptive consumption coping as well as the underlying effects on refugee well-being. The changes refugees make to their consumption activities are viewed as coping responses; refugees either engage in adaptive consumption to adjust to their new environment or adopt a maladaptive consumption style to escape their stressful situation. Seen in this light, consumption coping is evidence of adaptation to stressful life events.

The paper also sheds the light on the contingency effect of stress, as adopting a consumption coping style is, in fact, contingent upon the type of experienced stress. While chronic stress (i.e., long-lasting stress) is likely to lead to compulsive consumption, acute stress (i.e., short-lived



stress) triggers either an impulsive consumption aiming at alleviating the feeling of depression and deprivation or an adaptive consumption as a way to adapt to a new lifestyle. This holds important implications for studying refugee consumers' resilience as it unpacks potential stress-related pathways of bouncing back from compulsive consumption and moving toward adaptive consumption, which has not been yet fully examined (Boland et al., 2020).

Second, this paper extends refugee consumer well-being conceptualization to include different domains of well-being (e.g., economic and family well-being) within a single framework, while previous studies on consumer affairs have apprehended refugee consumers' well-being broadly (e.g., Viswanathan et al., 2021). Also, germane here is how adaptive and maladaptive consumptions (i.e., impulsiveness and compulsiveness) affect refugees' well-being in different ways. On the one hand, adaptive consumption helps establish healthy consumption habits and thus leads to positive outcomes for the psychological and physical well-being of refugees. Adaptive consumption could also loosen budgetary constraints and facilitate family integration into a new life after resettlement, which improves family and economic well-being. On the other hand, maladaptive consumption could yield mixed outcomes for refugees' well-being. While impulsive consumption restores a sense of self-esteem and resorbs emotional distress, which positively affects refugees' psychological well-being, it can impede the family and economic well-being (because of rising debts, family discord, etc.). Nevertheless, compulsiveness could deteriorate refugees' psychological, family, and economic well-being altogether. This insight opens the door to further examining the relationship between consumption coping and different domains of well-being that are closely intertwined, yet not fully grasped. Finally, our work highlights two main pathways whereby social support interventions (emotional, informational, and instrumental supports) could be delineated. The first one is buffering the adverse effects of stress on consumption coping, and the second is moderating the effect of consumption coping on refugees' well-being.

Thus, shedding the light on the effects of social support on the interplays between stress, consumption copings, and refugee well-being highlights nuanced aspects of social support intervention areas. In this vein, recent work recognizes the key role of social support programs such as settlement services literacy (Renzaho et al., 2022) and interventions targeted toward refugees (Polonsky et al., 2022) in fostering their inclusion and improving their well-being.

8 | MANAGERIAL IMPLICATIONS

The model developed in this paper can serve as a framework to plan and design preventive programs and interventions. Practitioners such as counselors (e.g., advisors at refugee centers for counseling) and health care providers (e.g., officers of refugee health assistance centers) can use this framework to think systematically through pathways to refugees' well-being. Mapping out the interplays between stress, consumption coping, and well-being would facilitate the early layout of sources of undesirable changes in consumption patterns and thus helps plan prevention programs and interventions to prevent and handle adverse effects on refugees' well-being.

The first step is to identify different stressors as well as the types and levels of experienced stress (acute or chronic stress). The use of screening stress instruments (e.g., refugee health screeners, refugee core stressors assessment tool) not only helps orient refugees to the needed service provider (e.g., counselor, health care provider, etc.) but also maps the route to potential adaptive and maladaptive forms of consumption, paving the way to more effective prevention programs. In this vein, non-profit organizations serving refugees can create guidelines and

campaigns to raise awareness about the harm of maladaptive consumption and stimulate changes in consumption activities toward adaptive consumption. Likewise, policymakers and other stakeholders involved in refugee education can organize sessions and workshops to make refugees aware of the problematic aspects of maladaptive consumption and its adverse effect on well-being.

A second step would go beyond early prevention to turn it into intervention plans. In this light, behavioral interventions can induce changes in consumption patterns, transitioning refugee consumers from maladaptive toward adaptive forms of consumption. For instance, clinicians and counselors working with refugees can use a cognitive behavioral therapy (CBT) approach, a form of psychological treatment that has been proven to be effective in addressing a range of consumption problems. CBT has been proven to be an effective intervention in managing maladaptive consumption behaviors such as compulsive buying (Grüsser et al., 2004; Kellett & Bolton, 2009), substance abuse, and eating disorders (Garner et al., 1997). For instance, Müller et al. (2013) have shown that weekly sessions of cognitive and behavioral interventions are very effective in reducing compulsive buying. Using exposure and response prevention techniques (i.e., confronting repeatedly one's fear and obsessive thoughts, till refraining from compulsions), CBT sessions aim to interrupt and control compulsive buying habits and establish alternative behaviors. In other words, CBT interventions first delineate factors that maintain the uncontrolled buying episodes, then train compulsive shoppers to reframe thoughts associated with their problematic behavior, which ultimately leads to breaking compulsive habits and establishing healthy consumption patterns (Harnish et al., 2021). Noteworthy, many studies suggest that CBT significantly improves refugees' functioning and well-being (e.g., Kananian et al., 2020). Another option is to nudge refugees toward adaptive consumption. For example, policymakers and non-governmental organizations (e.g., food assistance for refugee organizations) can work with refugee agencies to grant refugees some incentives to choose healthy consumption or sponsor events promoting healthy consumption habits and lifestyles.

Likewise, the early provision of emotional, informational, and instrumental supports reduces post-resettlement stress, before leading to adverse effects on consumption coping and refugee well-being. Table 3 displays a landscape of social support in the context of refugee resettlement.

For instance, refugee organizations such as ethnic community-based organizations and faith-based organizations are valuable resources of emotional support. Providing refugee consumers with opportunities to socialize, enlarge their social network and share their personal experiences, reduce their stress and feeling of isolation and increase their sense of belonging to the community (Beirens et al., 2007; Simich et al., 2005). In the same vein, host community peers and community support (e.g., joint shopping expeditions) could boost social connectedness and reduce their isolation and stress (Walker et al., 2015; Wollersheim et al., 2013). Support programs for refugee families also reduce family-related stress (e.g., marital disruption) and foster cohesiveness and belonging, and family well-being (Weine et al., 2005).

Furthermore, community-based organizations can provide critical informational support to refugees. Facilitating access to information about housing, schools, consumer goods, affordable products, shopping places, and the local community through the internet, phone, and social networks would reduce acculturative stress (Glazebrook, 2004; Siddiquee & Kagan, 2006; Wachter et al., 2021; Walker et al., 2015).

Furthermore, refugee agencies and service providers are valuable sources of much-needed instrumental support to refugees. For instance, offering language and job training programs, and, the provision of legal advocacy, translation, and interpretation services, could assist

TABLE 3 Landscape of social support interventions for refugees in the context of resettlement

Social support	Examples of social support	Support area
Emotional support	<ul style="list-style-type: none"> • Creating a social space for refugees to connect with like-ethnic community members, make new friends, enlarge social networks, and share personal experiences (Beirens et al., 2007; Simich et al., 2005). • Peer support groups to help re-create a sense of community, boost social connectedness, and reduce isolation (Walker et al., 2015; Wollersheim et al., 2013). • Community support for shopping in form of joint shopping expeditions and shopping for each other (Walker et al., 2015). • Family support sessions aim at fostering intra and inter-family cohesiveness and belonging (Weine et al., 2005). 	Social capital, community and family.
Informational support	<ul style="list-style-type: none"> • Assistance with the internet to retrieve information about housing, schools, leisure, and community safety, also to learn about the local community and available resources such as counseling and career guidance (Siddiquee & Kagan, 2006). • Provision of free calls to help refugees get information about housing availability in their localities (Walker et al., 2015), information on visas and conditions of residence, getting assistance from the community if lost and news from their home country (Glazebrook, 2004). • Sharing information about affordable clothes, school items, shopping places, and consumer goods (Wachter et al., 2021; Walker et al., 2015). 	Orientation, reception, and integration into the community.
Instrumental support	<ul style="list-style-type: none"> • Promotion of healthy traditional food. For instance, creating a guide to healthy eating for refugees, that includes original food recipes with few adjustments (less sugar and fat, etc.) with aim of making native food healthy (Newland et al., 2007). • Offering language and job training programs to assist with job search, resumé writing, building interview skills, and referrals (Yu et al., 2007). • Provision of legal advocacy, language, translation, and interpretation services (Yu et al., 2007). • Provision of physical activity programs, such as exercise classes at the local community center with a discounted membership (Guerin et al., 2003). • Offering childcare services to refugee families (Dolan & Sherlock, 2010) as well as community-based parenting sessions aim to improve parent-children relationships (Hoffman et al., 2020; Lakkis et al., 2020). • Provision of financial literacy programs to help refugee consumers build skills in money management, budgeting, and banking (e.g., setting-up banking accounts), in addition to being able to understand billing (i.e., reading and paying bills) and taxes (Newland et al., 2007). 	Employment, language, health and counseling, family support, and financial inclusion.



refugees to overcome stress induced by language barriers, unemployment, and discrimination (Kumar Agrawal, 2019; Wrigley, 2007; Yu et al., 2007).

Likewise, the provision of financial literacy programs helps refugee consumers acquire skills in finance, budgeting, and banking besides learning how to pay bills and taxes which eventually reduces their financial stress (Kim et al., 2020; Newland et al., 2007). In the same vein, community organizations can provide different forms of instrumental support to refugee consumers ranging from promoting healthy food (Newland et al., 2007), the provision of physical activity programs (Guerin et al., 2003), community-based parenting programs (Hoffman et al., 2020; Lakkis et al., 2020), to childcare services to refugee families (Dolan & Sherlock, 2010).

9 | LIMITATIONS, FUTURE RESEARCH, AND CONCLUSION

Albeit conceptual in nature, this paper has sought to add insights into the psychological process whereby changes in refugees' consumption patterns occur and affect their well-being.

To advance this work, the propositions developed with the model can be tested using a mixed approach (Baranik et al., 2018) that entails in-depth interviews and surveys with a retrospective approach. The mixed method is deemed appropriate to test propositions, especially in a context where access to a large pool of participants can be difficult and where studies involving vulnerable populations like refugees come with ethical challenges (Jacobsen & Landau, 2003). Besides, as most studies on refugees' consumption have focused on food consumption, future research can expand the scope of investigations to other types of consumption such as utilitarian consumption (e.g., clothing, home furniture, etc.) and hedonic consumption (entertainment, movie theater, attending sports events, etc.). While the current paper has primarily focused on psychological and physical, economic, and family well-being, additional research is needed to extend the scope of this current study to other domains of well-being.

The adequacy between the provided support and refugee needs is also a critical area that requires further research. Often, policies and procedures for resettling refugees are pointed out to be inconsistent with refugees' needs for social support (Simich et al., 2003). As refugees cope differently with stress, they have different needs for social support. For instance, refugees who engage in maladaptive consumption activities (e.g., excessive consumption of antidepressants, alcohol, and cigarettes) primarily seek avoidance and therefore are in much need of emotional support (e.g., expressing empathy and care, etc.) to help them alter the perception of their situation. However, refugee consumers who engage in adaptive consumption activities (e.g., healthy adjustment to lifestyles, learning new recipes, etc.) would value instrumental support (e.g., assistantship, housing, and training) as these facilitate their adaptation and achieve their goals.

Furthermore, as individuals adapt to and transform their perception of ongoing stressors over time, their requirement for social support also changes (Jacobson, 1986). In this light, the need for a particular type of support can vary throughout the refugees' life course. For instance, refugees may need more information about their futures and substantial emotional support at the early stage of resettlement but more instrumental support at the post-resettlement stage. Therefore, researchers, practitioners, and policymakers should work collaboratively to uncover specific needs for social support through the refugee life course. In this vein, Shultz et al. (2020) have recently introduced the concept of the refugee pathway and underscored the need to design a more "humanitarian marketing system" to better meet the needs of forcibly displaced persons.

From a life-course perspective, services to refugees should not be viewed as episodic but rather as a continuum; the stress is cumulative, and changes in consumption patterns are too. In this light, policymakers and stakeholders should coordinate their efforts to share information about refugees' changes in their consumption activities.

Worldwide, policymakers, international organizations, and refugee agencies were alarmed at the growing issues related to changes in refugees' consumption patterns and the subsequent adverse effects on their well-being (WFP report, 2015). For instance, the 2018 report of the World Health Organization has pointed to high rates of poor health conditions among refugees (e.g., diabetes, heart disease, and malnutrition). In the same vein, reports mandated by the UNHCR point to a reconstruction of consumption habits and changes in consumption practices as an integral process of refugees' adjustment to their new environment. For instance, a prior study conducted by the Forced Migration and Refugee Studies Program at the American University in Cairo reveals a reduction in the variety of food consumed by Sudanese refugees resettled in Egypt, such as the loss of staples from the diet and the substitution of missing ingredients with alternatives available at the market of the host country (Ainsworth, 2007). Research on refugees also echoes similar trends; individuals who have experienced food deprivation and insecurity during the war are likely to engage in consumption activities that increase the risk of becoming overweight and obese after resettlement (Peterman et al., 2010). More strikingly, many refugees become more susceptible to alcohol and drug abuse (Streel & Schilperoord, 2010). In this regard, policymakers, refugee agencies, non-profit organizations, and service providers should be mindful of the various sources of stress and subsequent changes in refugees' consumption activities during resettlement.

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