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# Guest editorial: Mental health and the marketplace: a research agenda

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When the idea for this special issue on “Mental Health and Marketing” was conceived, little did we suspect the world as we knew it was about to spin out of control because of the COVID-19 pandemic. Rather, as marketing academics long interested in the impact of stigma in the marketplace (Adkins and Ozanne, 2005; Mirabito *et al.*, 2016; Machin *et al.*, 2019), we saw too many consumers trapped by the functional and emotional challenges associated with mental illness (MI) and the attendant stigma (Rüsch *et al.*, 2005). Before the pandemic, diagnosable mental health (MH) conditions affected approximately one in four people in the USA (Bagalman and Cornell, 2016); globally, over 250 million people suffered from depression alone (Dattani *et al.*, 2018). The costs associated with MI treatments and lost productivity exceeded \$2.5tn globally (Trautmann *et al.*, 2016). Additional stressors emerged with COVID-19, exacerbating existing conditions and hurting new populations. Reported rates of MI, specifically anxiety and depression, jumped dramatically (Ettman *et al.*, 2022). At the same time, the mental wellness economy reached over \$120bn in value (Global Wellness Institute, 2021). Despite the pervasiveness, high cost and market value surrounding mental illness and mental health (MI/MH), the marketing literature is nearly void of research into how these concepts are impacted by marketing actions or how these concepts impact the marketplace and the consumer experience. Hence, the call for papers that examine the intersection of marketing with MI/MH.

MI or mental disorders are specific, diagnosable medical conditions “involving changes in emotion, thinking or behavior (or a combination of these)” (American Psychiatry Association, 2018, p. 1). Anxiety, depression, schizophrenia, substance abuse and hoarding among other disorders are diagnosed following criteria found in the *Diagnostic and Statistical Manual of Mental Disorders*.

MH is a broader concept than MI. Though disciplinary specific definitions for MH exist (Fusar-Poli *et al.*, 2020), there is consensus that MH does not simply refer to the absence of MI (Ryan and Deci, 2001). MH involves emotional, psychological and social well-being (Centers for Disease Control and Prevention (CDC) 2021) and is defined by the World Health Organization (2004) “[as] a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution

to his or her community.” An individual with well-managed MI can flourish in life, while someone with no diagnosed mental disorder may still struggle (Keyes, 2002). The terms mental wellness and mental well-being are often used interchangeably with MH (CDC, 2018; World Health Organization, 2004), although some researchers argue they are distinct constructs. Galderisi *et al.* (2017), for example, find fault with the inclusion of well-being in a definition of MH as culture, values, religion and beliefs shape well-being and personality and individual differences (Ryan and Deci, 2001) impact it. Clarifying the discrepancies and overlaps between MH and mental well-being is an area ripe for development, and marketing scholarship, which draws from multiple disciplines, is uniquely positioned to develop these constructs.

## Promising research avenues at the intersection of marketing and mental health

Individuals with MI face unique marketplace experiences: the treatment landscape is complex; their disorder is stigmatized; and their condition may affect the ways they engage with the marketplace for nonclinical purchases. As noted in this issue’s “Conversations about Conducting Marketing Research in Mental Health,” marketing theory can be advanced by exploring the distinctive marketplace experiences of consumer groups such as individuals with MI. We explore below promising research avenues.

Promising avenues for research at the intersection of MH and marketing:

- Navigating the marketplace: Treatment for MI includes multiple marketplace interactions involving complex therapies, providers and treatment settings.
- How do consumers with MI navigate their treatment journey?
- How do consumers with MI find and evaluate providers? How can the process be facilitated?
- How do consumers, policymakers and employers who pay for employer-sponsored health insurance assess price fairness for MI services compared to physical health services?
- What servicescape environments are most conducive to favorable MI treatment outcomes?
- How do individuals with and without MI evaluate complementary and alternative MH providers?
- Blunting the stigma: The prevalence of MI stigma damages individuals and society.
- How and why does MI stigma vary by generational cohort, gender, race, social class, culture and over time?
- How do people with an MI manage the stigma while navigating the marketplace?
- How can “MI” be framed and labeled so as to reduce MI stigma and improve willingness to seek treatment?
- What elements in social marketing campaigns are most effective in reducing MI stigma?
- Has direct-to-consumer psychopharmaceutical advertising reduced the stigma of MI?
- Coping with the general marketplace: People with MI or suboptimal MH must navigate the marketplace for non-MH products.

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- Does the presence of depression, anxiety or other mental disorder affect consumer decision-making strategies and processes and, if so, how?
- What challenges do individuals with suboptimal MH or an MI experience in the marketplace? How can the consumption experience be improved?
- When and how should firms offer trauma-informed services?
- How can the market be more inclusive and representative of those with suboptimal MH or MI?
- How can companies support MH and not engage in “blueswashing”?
- Flourishing in the marketplace: Good MH helps consumers flourish in the marketplace and in life.
- What is the relationship among mental well-being, MH, and MI?
- Would advertising regulations about body image portrayal promote better MH among consumers? What would these regulations entail?
- What marketing strategies can companies use to promote MH? E.g. what types of new products or services could improve MH?
- How do food and shelter insecurity impact MH?
- How does social media amplify and undermine consumers’ MH?

### Navigating complex marketplaces

Treatment for MIs includes multiple marketplace interactions involving a variety of therapies, providers and treatment settings. Marketing scholars have an opportunity to increase understanding of how individuals with chronic MH conditions engage with the health services marketplace. Service theories can sharpen the understanding of the customer service experience and can, in turn, be broadened by the findings. In “The impact of servicescape design on consumers’ psychological safety, readiness, and self-disclosure,” Gopaldas, Siebert and Ertimur investigate how servicescape design can be used to improve the consumer experience in dyadic services (e.g. psychotherapy and counseling). In the research, consumers of services like psychotherapy and counseling indicated the importance of spatial and temporal components to the service experience and outcomes. The authors present two servicescape design strategies to improve the customer experience and service outcomes. Other research avenues include improving access to treatment, increasing price transparency, understanding the availability of treatment options and establishing more effective distribution channels. Understanding consumer motivations for accessing complementary and alternative MH services warrants special attention.

### Blunting the stigma of mental illness

Marketing has contributed to the stigma surrounding MI (Mirabito et al., 2016; Machin et al., 2019). Sadly, stigma is arguably “the fundamental issue in the entire mental health field” (Martinez and Hinshaw, 2016, p. 1; italics in original), adding burdens to individuals and lessening willingness to seek treatment (Corrigan et al., 2014). Research is needed on how MI stigma may vary by generational cohorts, gender,

race, social class and over time. By studying how the level and severity of stigma have fluctuated, researchers may uncover measures to reduce stigmatization on both the individual and societal levels. Li’s article, “The impact of advertising exposure on mental health stigma,” explores the gendered perspective of men with respect to MH and finds seeking help for psychological rather than physical symptoms diminish perceived masculinity. However, priming with images of masculinity attenuates the effect.

Research shows the “mentally ill” label itself is stigmatizing (Rosenfield, 1997). Although terminology such as “person with mental illness” (people first language; Human Rights Commission) and neurodiversity (Graby, 2015) may be less stigmatizing, the effects may vary by market segment (Yeh et al., 2017). Using Twitter data, Go Jeffries and Ahmed’s “Marketing #neurodiversity for well-being” finds five market segments respond differently to the neurodiversity label, an emerging nomenclature intended to replace stigmatizing labels such as autism, dyslexia and attention-deficit/hyperactivity disorders. Further research is warranted to understand other ways of reframing MI to lessen the stigma.

### Coping with the general marketplace

Because MI is so pervasive, scholars who ignore its impact on consumer behavior threaten the external validity of their research. For example, certain mental disorders may impact decision-making, advertising perceptions and recall, service encounters and post-purchase satisfaction evaluations. In this line of study, Alcoforado, Melo, and Alcoforado’s, “Depression and consumption habits: A cross-cultural study,” investigates the intersection of culture and depression severity on product choice. In their comparison of consumers in Brazil and Germany, the authors find notable differences in consumption based on the collectivist or individualist orientation of the consumer’s culture. Other research in this stream can examine challenges consumers with suboptimal MH encounter in the marketplace, which can provide valuable insight on how to make the market more inclusive. Moreover, scholars can explore how companies can effectively support MH rather than using it simply as a public relations tool, the latter, an effort we refer to as “blueswashing”.

### Flourishing in the marketplace

Consumer psychology and marketing management frameworks offer lenses into ways to enhance consumer mental well-being while measuring the effect on firm value. In many instances, there may be public policy implications for such research into materialism, hedonic consumption, social networks, conspicuous consumption, and other topics. In this vein, Rūteliūnė, Šeinauskienė, Nikou, Lekavičienė and Antinienė’s “Emotional intelligence and materialism: The mediating effect of subjective well-being” extends our understanding of the relationships among the three constructs, this time with a sample of Lithuanian adults. The authors find evidence that poor emotional intelligence compromises subjective well-being (SWB) and the lower SWB in turn promotes materialism. Continued research in this area may include studying interventions to improve

emotional intelligence or compensatory measures increasing SWB. Marketing researchers should also investigate how changes to marketing strategy and the marketing mix improves well-being. This includes looking at segmentation, targeting and positioning, as well as how marketers develop, price, advertise and distribute products and services. Within the product dimension of the marketing mix, Abaidi, Cottet, and Abaidi find in their paper “Co-production: A source of psychological well-being for consumers?” that coproducing promotes perceived benefits and value, leading to an overall improved sense of psychological well-being.

### Pursuing a marketing and mental health research agenda

With their article, “Healthcare: A Fertile Opportunity for Service Researchers,” **Berry and Bendapudi (2007)** encouraged marketing scholars to engage in health-care research. Now, just 15 years later, health-care marketing has a solid place in the marketing discipline including regular contributions to top journals, special issues in numerous publications, a well-established health-care and marketing association (Association for Marketing & Health Care Research) and a focused conference. Today, we find ourselves at a similar tipping point with marketing and MH research. Business and society are placing a bigger focus on MH. Numerous MH apps (e.g. Talkspace, Betterhelp, Calm, and Cerebral) dominate the digital marketplace, more and more celebrities (e.g. Michael Phelps, Naomi Osaka and Simone Biles) disclose their struggles, companies recommit to their employees’ mental well-being (**Kelly, 2021; Newmont, 2021**) and to the MH of their communities (**Bank of America, 2021**) and even MBA programs such as the one at Harvard Business School incorporate well-being concepts like happiness into their curriculums (**Ellis, 2022**). Extant research in the space is promising and substantial white space remains. No facet of health is more important to well-being. Although there are special challenges in conducting research in this space, marketing researchers are well-equipped to address those challenges. Welcome to the journey.

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### Further reading

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