LET’S SHOP! EXPLORING THE EXPERIENCES OF THERAPY SHOPPERS

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Introduction

Retail therapy is casually defined as shopping to alleviate negative moods. Consumers’ desire to assuage their negative moods is an important personal need. Successful mood management through shopping may effect emotional welting and perceived quality of life. Retail therapy fills this important need when well-managed. Retail therapy research has also been associated with shopping addiction and compulsive buying.

The importance of retail therapy was recognized in retail businesses and has been used in marketing efforts. For example, some independent mid-tier retailers used “retail therapy” as a store name and one of these retailers specifically mentioned that they selected this name to convey the idea that shopping at their stores would make customers feel better (i.e., www.mendwelltherapy.com). Despite the importance for both consumers and retailers, research on shopping behaviors from the perspective of negative moods is scarce and needed attention.

Therefore, this research was designed to enhance understanding of retail therapy by investigating consumer’s experiences during three shopping stages: pre-shopping, shopping, and post-shopping. The following questions were developed to achieve this goal: R1. What kind of negative moods led to therapy shopping? R2. How often do people use shopping as therapy? R3. What reasons do people offer for their use of shopping as therapy? R4. What are the key components of a therapeutic shopping experience? R5. What are the post-therapy experiences of shoppers? R6. What is the role of the product purchased in alleviating mood after shopping?

Conceptual Foundation/Related Research.

Retail therapy has been studied from two different approaches: mood-alleviative consumption (Kacen, 1998; Kacen & Frase, 1999; Luomala, 2002) and compensatory consumption (Woodruffe, 1997; Yaroch, Y. N., Warshowskyng, & Chen, 2008). For the first approach, shopping and buying are considered mood-regulatory devices. Individuals experiencing bad mood shop and make purchases to repair their mood. Compensatory consumption researchers view shopping and buying as a form of compensation for perceived psychosocial deficiencies.

Kacen (1998) found that shoppers in negative moods frequently purchased clothing and accessories, electronic products, and food. These categories of products were chosen because they enhanced self-image and alleviated distress. Luomala (2002) emphasized the existence of qualitatively different negative moods and labeled them as irritation, stress, and depression. Luomala also identified eight types of therapeutic power stemming from different mood-alleviative consumption activities. Among these types, distinction, self-indulgence, and activation were linked to shopping and purchasing. Woodruffe (2007) found that when people engaged in several forms of consumption (e.g., shopping and buying, eating, traveling) to make up for felt deficiencies such as feeling bored, blue, or depressed.

Method

Self-identified therapy shoppers (n = 43) participated in in-depth interviews. All interviews were tape recorded and transcribed. To analyze the data, several cycles of analysis were conducted. Analysis began with identification of the details of each response. From the concrete level, statements were grouped together to identify themes of content. This process of interpretation was repeated for all research questions.

Findings

Participants represented demographic diversity with the exception of gender. The majority of participants were women. About half of the participants were young adults between 20 and 30 years of age. Slightly less than half were middle-aged people between 40 and 59 years of age. About half of the participants were European Americans, while the other half represented Asian and African Americans. The majority of participants were employed full-time in a variety of industries and had annual incomes between $25,000 and $99,999.

In the pre-shopping stage, all dimensions of negative moods (e.g., stress, depression, anger) led to therapy shopping. When experiencing negative moods, most participants went shopping to alleviate them more than half of the time. There was not a clear pattern exhibited linking the frequency of experiencing a negative mood with the frequency of going shopping to alleviate it. Participants provided various justifications for their behavior. Shopping provided a positive distraction, an escape, an indulgence, an elevation in self-esteem, activation, a sense of control, and a social connection.

Improvement of mood stemmed from gaining consumption experiences. For instance, all three of the therapeutic powers identified in Luomala (2002)’s research were noted in the current study, but we identified four additional reasons. Therefore, shopping has more therapeutic power and satisfies a broader range of needs than previously identified.

For retailers, the profile of therapy shoppers can be used as marketing tool. Moreover, identifying various therapeutic needs (e.g., escape, activating) and different aspects of shopping (e.g., retail environment, purchasing) to meet these needs can greatly assist retailers in developing ways to make consumers’ experience an effective therapy. For example, window displays suggesting fantasy can attract shoppers who seek escape from reality. Also, to help consumers feel activated, retailers can provide various educational experiences. For instance, an apparel retailer could provide a flower show in spring to entertain and educate shoppers.

The findings of this study also suggest ways for consumers to prevent and/or discourage compulsive buying, which is excessive, uncontrollable, and repetitious purchasing behavior. A therapist is motivated to relieve a negative mood (Edwards, 1993, O’Guinn & Faber, 1989). A few participants in this study appeared to be compulsive buyers. The major difference between a compulsive buyer and a therapy buyer was that compulsive buyers felt strong regret or guilt immediately after a therapy shopping trip. If therapy shoppers recognize that their shopping experiences did not have the desired effect and they experienced a strong feeling of regret, then they should be more cautious of entering into a pattern of compulsive buying possibly requiring professional help.

Discussion and Implications

The primary contribution to the consumers’ well-being field is to support and significantly extend existing knowledge of shopping as therapy. For example, all three of the therapeutic powers identified in Luomala (2002)’s research were noted in the current study, but we identified four additional reasons. Therefore, shopping has more therapeutic power and satisfies a broader range of needs than previously identified.

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Resource list


