Retail therapy: Influence of life engagement and subjective happiness

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ABSTRACT

The objective of this paper was to assess university students' participation in retail therapy, and how it relates to a person's life engagement and subjective happiness. Participants of the study were 377 students from one Midwestern university. Individuals that were more engaged in life participated more in retail therapy for a therapeutic motivation and positive mood than those less engaged in life. The study acknowledges that retail therapy does alleviate bad moods and it also a vehicle for adding value in life by being engaged in meaningful behavior. The people who had a greater purpose in life engaged in retail therapy more than those less engaged in life. This study makes a valuable contribution in distinguishing factors that impact and relate to retail therapy and showing that retail therapy is not necessarily negative.

Keywords: retail therapy, life engagement, subjective happiness,

INTRODUCTION

The objective of this paper was to assess university students' participation in retail therapy, and how it relates to a person's life engagement and subjective happiness. This study contributes to a better understanding of retail therapy as a consumer shopping behavior and some vital factors that impact it. Notably, university students are a large market comprising boundless trade prospects (Li, 2011).

There is a very fine line between retail therapy and compulsive shopping. Compulsive shopping is a disorder, which provides a physical outcome similar to that of drugs, alcohol and gambling (Joye, 2013). On the contrary, retail therapy is viewed more as a casual, feel good, and a pass time shopping behavior. Nonetheless, excessive and unchecked retail therapy can lead to compulsive shopping.

THEORETICAL FRAMEWORKS

A Multidimensional Perspective

There are many viewpoints of understanding retail therapy; each perspective offers an angle from which to view retail therapy and sheds light to its psychological functionality. Collectively, these varying viewpoints lead to apparently opposing paradoxical conclusions (Verplanken and Sato, 2011).

Self-regulation theory perspective

The current study was first drawn from the self-regulation theory to examine the relationship between retail therapy and life engagement and subjective happiness. Self-regulation is the ability to modify actions, thoughts, and feelings to bring oneself in line with internal values, objectives, morals, principles, or morals (Lucas & Koff, 2017). Self- regulation approaches are guided by two types of motives; The first is the promotion motive that is based on the desire to attain positive outcomes. The second is the prevention motive that is based on the desire to avoid a negative outcome (Higgins, 2002; Lucas & Koff, 2017). Further Verplanken and Sato (2011) argued that retail therapy may serve a variety of self-regulatory functions, both positive and negative. For this study, the positive self-regulatory function of retail therapy was applied for life engagement and subjective happiness. Often retail therapy is studied and perceived through the lenses of a negative function e.g. leading to guilt.

Emerging Compulsive shopping perspective

Since there is a very fine line between retail therapy and compulsive shopping, the authors of this study also apply the same theories and models that apply for compulsive shopping to retail therapy, except that for retail therapy the signs and indications are not abundantly recurrent to be categorized as a full blown compulsive shopping. The theoretical frameworks applied in this study are rooted in Workman and Paper (2010) perspectives on four concepts that explain compulsive shopping behavior; biological perspectives, sociocultural perspectives, affluence and social learning perspectives. The first is biological factors that suggest that the excessive shopping behavior changes the brain chemistry (Faber, 1992). Hence explaining why

arousal results and the buyers report a feeling of being happy or powerful after shopping (Christensen et al.,1994)

The second concept is the sociocultural perspective which views shopping as common pass time in developed countries particularly for women. This perspective does not view frequent shopping as enough evidence for a diagnosis of a compulsive buying behavior. The sociocultural perspectives blame excessive buying to the contemporary marketing strategies, combined with sufficient disposable income (Black, 2007; Faber & O'Guinn, 1992; Workman and Paper, 2010). The third perspective is culturally based and it has been named called 'affluenza', it is related to the second. The affluent culture in the developed countries has advertising companies that train consumers to solve problems with products. Thus for many consumers in developed countries shopping is the automatic response for good or bad happenings in life. The 'affluenza' explains the concept of materialism that acts as the stimuli that propels consumers to spend beyond their means (Black, 2007; De Graaf, Waan, & Naylor, 2005; Workman and Paper, 2010).

The fourth and last concept is the based on the social learning theory; whereby individuals isolate themselves and may relate more to others with similar unnecessary shopping habits. Hence their unwarranted shopping receives positive feedback, which hence validates them to continue in their habitual shopping. This perspective also argues that excessive shopping just like other excessive behavior can be traced in families that have substance abuse, emotional issues and conflict (Hirschman, 1992; Workman and Paper, 2010).

RELATED LITERATURE

Retail therapy is viewed as shopping to make one feel better; approximately 64% of women and 40% of men shop to feel happier (Henning, 2013). Research across disciplines has shown that excessive shopping is related to the female demographic variable Faber (1992). About a third of Americans choose to retail therapy in times of sadness (Gregoire, 2013). Retail therapy occurs when consumers shop to improve negative feelings rather than merely acquire a needed product (Kang & Johnson, 2011: Pereira & Rick, 2011: Rick, Pereira, & Burson, 2014).

Retail therapy provides several advantages to the participants; positive distraction, escapism, pampering, a boost in self-esteem, motivation, a sense of control, and a social connection (Kang& Johnson, 2010). Choosing to go shopping in times of unhappiness can aid to reinstate a sense of individual regulation over one's situation and decrease lingering sadness (Rick, Pereira, & Burson, 2014). According to Workman and Paper (2010) a lack of impulse control is associated with people being unable to resist or delay pleasure. Also some personality traits provide clue excessive shoppers, they are used to doing things on impulse and thus many have issues with maintaining relationships. Very frequent impulsive shopping gradually leads to compulsive shopping.

Retail therapy is studied in two viewpoints: Retail therapy done for mood alleviation and compensatory consumption. The mood alleviation perspective is the common one, where individuals shop to lighten their mood. Notably, for the compensatory perspective, retail therapy is done as a form of compensation for some apparent psychosocial deficiencies (Kang & Johnson, 2010: Lee & Marcketti , 2017). Positive emotions experienced by retail therapy shoppers is positively related to impulse buying behavior and shopping addiction. The positive experience by individuals, who engage in retail therapy to improve their mood, encourages prospective shopping trips to boost positive emotions. Consequently, a disturbing pattern of overconsumption may advance if retail therapy shoppers do not find other methods for mood-

alleviation (Yurchisin, Johnson, Whang, & Watchravesringkan , 2016). Engaging in impulse buying while retail therapy shopping may encourage compulsive buying behavior (Kang & Johnson, 2011).

Notably, Atalay and Meloy (2011) study argued that people who indulged in retail therapy also employed restraint if the goal of restraint lead to improved mood. Further, the same study contended that retail therapy had long-term positive impacts on mood, and the feelings of remorse and guilt were not associated with the unplanned shopping if it was done to repair a bad mood. Retail therapy is seen as a means to self-reward. However, the negative moods associated with retail therapy are linked to instinct buying and lack of self-control. Atalay and Meloy study argues that though retail therapy can be caused by bad moods, but the essence of wanting to self-reward through retail therapy is strategic and conscious (Atalay & Meloy, 2011).

To stimulate consumers to purchase products, apparel retailers strive to provide opportunities in which shopping is encouraged. Fashion retailers are invested in encouraging retail therapy by consumers (Lee &Marcketti , 2017). The figurative imagery used in today's commercial advertisements has shaped society's perspective into thinking that the very existence of human beings, the actualization of self, and disparities among humans are achieved by using or purchasing certain advertised products. Consequently, the advertised and purchased products serve as the symbols of those human achievements (Hasyim, 2017).

Happiness has been of paramount interest dating back from Aristotle, the writers of American Declaration of Independence, to present day intellectuals. The subjective happiness scale used in this study is a measure of one's overall or global happiness, a measure of whether one is generally a happy or unhappy person (Lyubomirsky & Lepper, 1999). Individuals spend most when they feel unhappy; however, one feels better closely after the shopping, but the enjoyment with the bought goods declines with time. Curiously, money spent on others upsurges one's pleasure unlike money on self (Rath, 2010).

Contentment and fulfillment are the enemies of Western consumerist culture. Discontentment has become a hallmark of the human race, we are continuously in a 'wanting more' mentality and are completely disconnected from a gratitude perspective. Consumerism such as in retail therapy have shaped our mindset to be always needy and unsatisfied (Rolef Ben-Shahar, 2015). Congruently, researchers suggest that retail therapy is a way of consumers achieving happiness from the negative emotional state of modern life (Lee &Marcketti , 2017: Kang & Johnson, 2010). Conspicuously, the fashion industry, civic groups, and politicians articulate consumerism as a means bolster the American economy (Ribitzky, 2001). Consequently, retailers have an ethical dilemma - on how to encourage consumers to purchase goods and kindle their businesses and the economy, while being cognizant of potential consumer difficulties that may result from retail therapy (Lee &Marcketti , 2017)

Currently the consumer relies on the market to create demands that had not previously existed. Hence we have witnessed an abundance of new gadgets and services that are proposed by advertising. These very gadgets are themselves constantly being updated and hence making the previous models obsolete even though they are functioning perfectly. The ubiquitous advertising of such products and their enjoyment exacerbates a sense of alienation for those who cannot afford and hence has led to retail therapy as consumer seek to enjoy the products being advertised (Plastow, 2012).

Consumers may indulge in retail therapy in an effort to regain a sense of control over their life which is ironic because the act of spending while sad is in itself a loss of self-control. Nevertheless, the act of choosing whether or how to spend, rather than the mere acquisition of

products, was primarily what alleviate sadness. Although retail therapy can be taken to precarious extremes, moderate amounts of spending might actually be an effective emotion regulation strategy, and not a failure of self-control (Pereira & Rick, 2011). An example is like when retailers during breast cancer month allure customers with phrases like - 'fight breast cancer with little retail therapy' (Padgett, 2007).

Life engagement deals with one's purpose in life; the life engagement scale used in this study assesses the extent to which a person engages in activities that are individually valued. The life engagement scale correlates with other psychosocial factors such as dispositional optimism, social networking, and emotional expressions. The life engagement scale is shaped by behavioral self-regulation theories that suggest that purpose in life is derived largely from having valued activities to engage in (Scheier et al., 2006).

For life engaged individuals, purchase of products through retail therapy may also serve a symbolic meaning; for instance, the products may symbolize a certain status, value, political positon, identity or life style. A basic principle in all domains of psychology is that individuals are fundamentally interested in seeking pleasure and avoid pain (Verplanken & Sato, 2011) Hence life engaged individual may apply retail therapy to achieve these pleasure-seeking intentions.

Retail therapy may help individuals restore one's lost sense of individual regulation. This may be because retail therapy is about an individual's choices; where one choses to go shopping or what they chose to buy and how much they chose to spend. Research suggests that executing choice can increase one's sense of control. Thus, it is reasonable to conclude that retail therapy may increase one's subjective happiness and purpose in life. Inversely, repeated retail therapy, may increases one's debt, hence endangering the very sense of personal control that shopping was meant to restore in the first place Rick (2013).

On the basis of the theoretical framework and related literature, the current study aims to contribute some understanding on how involvement in retail therapy is influenced by life engagement and subjective happiness.

MATERIALS AND METHOD

The investigators got approval from their university's review board before collecting any data. The volunteer participants were first provided with the study's informed consent, and then the surveys were distributed to volunteers during usual class time. Participants were students from one Mid-western university in the United States. The survey was contained three scales; 1) Retail Therapy; 2) Subjective Happiness; 3) Life engagement. The demographic section provided information on gender, age, and major.

The first scale was a 22 item Retail Therapy scale by Kang and Johnson (2011). The scale has four subscales. Higher scores on the measure on the Retail therapy total score indicate higher levels of retail therapy. Participants responded to each question using a 5-point scale with 5 indicating strongly agree and a 1 indicating strongly disagree.

The second scale was a four item scale on Subjective Happiness by Lyubomirsky & Lepper (1999). An example of an item in the scale is, 'In general, I consider myself happy'. Participants replied to each inquiry on a 7-point Likert scale with 7 indicating agreeing with the statement and a 1 indicating agreeing least with the statement. Higher scores on the subjective happiness scale indicated higher levels of individual happiness by the respondent.

The third scale was a six item life engagement test which measured one's purpose in life by Scheier et al., (2006) an example of an item in the life engagement scale is, 'I have lots of reasons for living'. Participants responded to each question using a 5-point scale with 5 indicating strongly agree and a 1 indicating strongly disagree. Higher scores on the life engagement scale indicated higher levels of how the individual had purpose in their life.

RESULTS

Demographics

Participants of the study were 377 students from one Midwestern university. There were 106 (28.1%) men and 271 (71.9%) women whose ages ranged from 17-68 (mean age = 22.5). The study included students from several varying majors. All the college years were represented: 89 (23.6%) freshmen, 42 (11.1%) sophomores, 141 (37.4 %) juniors, 78 (20.7 %) seniors, and 2295.8%) graduate students and other were 5(1.3%). Various ethnicities participated in the study.

Reliability was assessed using Cronbach's alpha. All the three scales yielded a high reliability; the Retail Therapy (RT) scale yielded a remarkable high Cronbach's alpha of .97; The Measure of Subjective happiness yielded a Cronbach's alpha of .78; and the Life Engagement Scale yielded a Cronbach's alpha of .79. The various descriptive statistics (Range, Mean, and SD) for all the three scales are summarized on Table 1 (Appendix)

Multivariate analysis of variance (MANOVA) with high/low Life Engagement (above and below mean) as the independent variable and the RT and its four subscales as the dependent variables was significant for Life Engagement , (Lambda (3, 373) = .897, p = .000).
Also MANOVA with high/low Subjective Happiness(above and below mean) as the independent variable and the RT and its four subscales as the dependent variables was significant for subjective happiness, (Lambda (3, 373) = .970, p = .010). Therefore, Analysis of variance (ANOVA) was conducted as a follow-up procedure.

Next, ANOVA was conducted with scores on the RT and its four subscales as dependent variables and Life Engagement high/low as the independent variable (see Table 2 - Appendix). The results indicated that those high in life engagement scores had significantly higher RT mean scores in two subscales -the therapeutic motivation and therapeutic positive mood subscales, but not therapeutic negative mood and therapeutic outcome. The study indicates that individuals' that are more engaged in life may participate in RT for a therapeutic motivation and positive mood than those less engaged in life. Since the sample size for the low life engagement and high life engagement was unequal, Cohen's D was conducted to evaluate the effect size for each subscale that indicated a significant alpha level. Cohen's D revealed a small effect (*d* was 0.2 and 0.3) which is an indication of a marginal difference in retail therapy between the low life engagement and high life engagement.

Lastly, ANOVA was conducted with scores on the RT and its four subscales as dependent variables and Subjective Happiness high/low as the independent variable (see Table 3-Appendix). The results indicated that those low in subjective happiness scores had significantly higher RT mean scores in only the therapeutic negative mood subscale. The study indicates that individuals' that are low in subjective happiness participate more in RT to calm negative moods, than those high in subjective happiness. Since the sample size for the low subjective happiness and high subjective happiness was unequal, Cohen's D was conducted to evaluate the

effect size. Cohen's D revealed a small effect (*d* was 0.2) which is an indication of a borderline difference in retail therapy between the low subjective happiness and high subjective happiness.

DISCUSSION

The current study shows evidence that retail therapy is impacted by one's life engagement, and marginally by subjective happiness. Individuals that are more engaged in life may participate in RT for a therapeutic motivation and positive mood than those less engaged in life. Life engagement is created upon self- regulation theories that suggest that purpose in life is derived largely from having valued activities to engage in (Scheier et al., 2006). Individuals high in life in engagement had more purpose in life and it is conceivable that they may engage in retail therapy for reasons that add value to their lives. According to Atalay and Meloy, (2011) individuals may engage in retail therapy as a means of self-reward, and that this is usually strategic and conscious. Congruently, the current study outcomes imply that; the more engaged one is in life, the more they may want to self-reward through RT as means to positively motivating them to continue their good cause and purpose in life.

Correspondingly, individuals more engaged in life may participate in RT for good reasons that have a positive impact in society, and adds purpose and value to their lives. Such individual would be the ones described in Padgett (2007), who are allured by advertisements to participate in RT to fight breast cancer, or for other charitable reasons. Hence the current study agrees with previous study by Pereira and Rick (2011) which perceived RT as an effective emotion regulation strategy and not a failure of self-control (Pereira & Rick, 2011: Rick, 2013).

Additionally, the current study found that individuals that are low in subjective happiness participate minimally more in RT to calm negative moods, than those high in subjective happiness. It is a commonly perceived that individuals low in subjective happiness will engage in retail therapy to alleviate their negative mood. This is the most informal way RT is perceived and numerous studies support this premise: Shopping to improve negative feelings rather than acquire the needed product (Kang & Johnson, 2011: Pereira & Rick, 2011: Rick, Pereira, & Burson, 2014). Approximately one in three stressed out Americans attempts retail therapy as a means to release stress (Gregoire, 2013). Rick (2013) study cautioned that repetitively indulging in retail therapy may increase one's debt, hence endangering the very sense of control that the spending was meant to reinstate in the first place.

Implications to marketers

The current study has implications for marketers; Since the people who have a greater purpose in life engage in retail therapy more than those less engaged in life. Some of the advertisement that link, "shop for good cause' actually do reach to those individuals who are having a higher life purpose and are engaged than the ones than are less engaged. This finding has an essential impact for business and how they word their advertising. Marketers should consider ways to diverge the shopping synergy for a greater good. However, marketers should not take advantage of the consumers, but instead they should practice responsible advertising by attaching meaningful cause for the purchase e.g. some of the profits goes towards community projects. In addition marketers can strategically and consciously use slogans in their advertising as a self-reward through retail therapy; this is because individual who are engaged in life will

feel persuaded to self-reward. However, the self-reward slogans should have some element of regulation so as not to take advantage of the consumers.

Retailers in all channels should be deliberate in providing consumers with positive emotional responses while shopping. Additionally, marketers ought to supply consumers with objective information about the products, this will balance the subjective appeals provided by advertising of brand images. Also, when disseminating information about their fashion products through advertisements and promotions, manufacturers would find it a good business practice to target the information to reach females, and individuals that are engaged in life. These consumers are likely to indulge in retail therapy more than other consumers and may also disseminate the information about the products to other consumers.

Conclusion

This study contributes in understanding the distinguishing factors that impact and relate to RT and showing that RT is not necessarily a bad thing. The study acknowledges that retail therapy does slightly alleviate bad moods and it also a vehicle for adding value in life by being engaged in meaningful behavior.

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TABLES

Table 1. Descriptive Statistics of the Retail Therapy Scale, Life Engagement Scale, and Subjective Happiness Scale

	Example	Range	Mean	Std. Deviation	Cronbach Alpha
Retail Therapy Scale	_____	22-110	57.72	23.41	.97
Therapeutic shopping motivation – 6 items	I shop to cheer myself up.	6-30	16.04	7.96	.87
Therapeutic shopping Value: Positive mood reinforcement – 6 items	Shopping gives me a sense of achievement.	6-30	17.18	6.73	.89
Therapeutic shopping Value: Negative mood reinforcement – 5 items	Shopping is a way to take my mind off things that are bothering me.	5-25	11.77	5.54	.89

Therapeutic shopping Outcome: – 5 items	My shopping trip to relieve my bad mood is successful.	5-25	12.73	5.80	.93
Life Engagement Scale - 6 items	To me, things I do are all worthwhile.	10-30	25.16	4.25	.79
Subjective Happiness Scale - 4 items	Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?	4-28	21.23	4.10	.78

Table 2. ANOVA – Retail Therapy with Life Engagement

		N	Retail Therapy Means	Std. Deviation	Mean Square	F	Sig.	Cohen's D
RT TOTAL	Low Life Engagement	168	54.96	23.37	2308.214	4.250	.040	0.2
	High Life Engagement	209	59.94	23.25	543.144			
	Total	377	57.72	23.41				
RT Therapeutic Motivation	Low Life Engagement	168	14.65	7.90	586.334	9.471	.002	0.3
	High Life Engagement	209	17.16	7.84	61.910			
	Total	377	16.04	7.96				
RT Therapeutic Positive Mood	Low Life Engagement	168	15.92	6.50	485.978	11.005	.001	0.3
	High Life Engagement	209	18.20	6.76	44.161			
	Total	377	17.18	6.73				
RT Therapeutic Negative Mood	Low Life Engagement	168	12.13	5.71	37.787	1.232	.268	
	High Life Engagement	209	11.49	5.40	30.663			
	Total	377	11.77	5.54				
RT Therapeutic Outcome	Low Life Engagement	168	12.27	5.77	62.912	1.877	.172	
	High Life Engagement	209	13.10	5.80	33.524			
	Total	377	12.73	5.80				

Table 3. ANOVA – Retail Therapy with Subjective Happiness

		N	Retail Therapy Means	Std. Deviation	Mean Square	F	Sig.	Cohen's D
RT TOTAL	Subjective Happiness Low	143	58.52	23.99	145.006	.264	.608	
	Subjective Happiness High	234	57.24	23.08	548.913			
	Total	377	57.72	23.41				
RT Therapeutic Motivation	Subjective Happiness Low	143	16.35	8.10	22.121	.349	.555	
	Subjective Happiness High	234	15.85	7.88	63.414			
	Total	377	16.04	7.96				
RT Therapeutic Positive Mood	Subjective Happiness Low	143	17.10	6.63	1.669	.037	.848	
	Subjective Happiness High	234	17.24	6.81	45.453			
	Total	377	17.18	6.73				
RT Therapeutic Negative Mood	Subjective Happiness Low	143	12.62	5.83	166.650	5.496	.020	0.25
	Subjective Happiness High	234	11.25	5.30	30.319			
	Total	377	11.77	5.54				
RT Therapeutic Outcome	Subjective Happiness Low	143	12.45	5.73	18.307	.544	.461	
	Subjective Happiness High	234	12.90	5.84	33.643			
	Total	377	12.73	5.80				