

Coping with the Pandemic: A Qualitative Exploration of How Female Millennial
Consumers Use Retail Therapy

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DEDICATION

To my angels, especially my mother. Thank you for watching over me as I pursue my dreams and for showing me that kindness and hard work are the key to reaching them.

To my village, my family and friends. Your unwavering belief and support kept me going through the ups and downs of this long journey. I count on you more than you know.

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ABSTRACT

The focus of this dissertation study was to explore retail therapy (RT) behaviors of female millennial (born between 1981 and 1996) consumers in the novel context of the coronavirus pandemic. Personality was an additional attribute examined to understand how it impacts attitudes and behaviors towards shopping in these conditions. This study took a qualitative grounded theory approach by conducting semi-structured in-depth interviews of 19 millennial women, most of whom had partners and children.

The findings suggest themes that seek to redefine the meaning of retail therapy and offer new factors driven by the pandemic that led to an increased need to seek retail therapy. Online shopping led to an increase in package deliveries to the home which made shopping behaviors more visible to partners, creating a new dynamic of feelings of guilt within relationships. Inventory shortages both online and in store created frustration for participants that exhibit completionist type personalities. This study demonstrates how retail therapy shopping itself has changed – RT theory should be defined more broadly to include treat shopping as a reward for good outcomes or avoidance of negative ones, and that shopping for treats for others is a form of RT. Additionally, novel conclusions about relationship guilt and completionism as factors that drive retail therapy shopping have changed because of the pandemic are discussed.

Outcomes of this study offer several theoretical implications by contributing to existing studies on retail therapy and related topics, as well as offering a novel research approach of qualitative research. Practical implications of this study are realized by providing insight to the retail industry on the female millennial consumer's therapeutic shopping needs in a post-pandemic paradigm.

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CHAPTER I

INTRODUCTION

Defining the Problem

Consumers are living in unprecedented times. The coronavirus pandemic of the past three years fundamentally changed many aspects of life. Never have we experienced being confined in our homes, shutdowns of stores with no notice, and supply chain and labor shortages (Akram et al., 2021). And yet, never before have we had the technology to give us access to the products and services we need in new ways (McClain et al., 2021).

Of the many areas of life that were impacted, one of the greatest was the shift in how we consume goods and services (Dickler, 2021; Dobbstein & Naidoo, 2020). Thus, there are several consumer behavior concepts that warrant re-evaluation in this new paradigm (Zwanka & Buff, 2021). This study was designed to examine the existing theory of retail therapy attitudes and behavior in the novel context of the coronavirus pandemic among the demographic group of female millennial consumers aged 27 to 42. Retail therapy is generally defined as the purchasing of “treats” to feel better and improve one’s mood (Arnold & Reynolds, 2003; Atalay & Meloy; 2011; Noh & Hasan, 2017). These “treats” are typically defined as the purchase of products, often clothing or beauty items (Kang & Johnson, 2011; Kacen & Frise, 1999).

Chapter I introduces background and context of the problem to be investigated by this dissertation research, theoretical perspective, research objectives, significance of the study and expected contributions.

Collective Trauma and Isolation

Americans saw their lives reshaped overnight because of the coronavirus pandemic. Americans experienced both positive and negative consequences of the resulting changes, deep-rooted problems came to light and silver linings emerged, but research has generally found the negatives have outweighed the benefits (Van Kessel et al., 2021). The coronavirus pandemic affected people globally and resulted in the collective experience of feeling of trauma and loss (Lathabhavan & Padhy, 2022; Tandon, 2021). “There has been no shortage of grief at the individual level, as this virus has torn through families and communities. But any collective grief on a national level long ago became another casualty of COVID. We can’t even agree that this is a tragedy” (Rather & Kirschner, 2022, p. 1). Some experts have argued that society itself has fundamentally changed as a result and has led to the “unraveling of families and communities” (Kamp et al., 2022, p. 1). Relationships evolved and sometimes dissolved under the pressure of new social norms or lack thereof (McClain et al., 2021). At the start of the coronavirus pandemic, people needed to find new ways to connect amid growing isolation (McClain et al., 2021).

Several recent studies show that Americans were suffering from high stress and feelings of isolation during the pandemic, and that some demographic subgroups were particularly vulnerable (Park et al., 2020). For some, especially older generations, going shopping provided the only social interaction and escape from the isolation of their homes before the pandemic (Kim et al., 2005; Mikal et al., 2021). Yet, we were also warned of the dangers of going to stores for fear of contracting the virus, which created a paradoxical situation for consumers. Individuals struggling with substance abuse, anxiety

and depression faced significant challenges and levels of distress due to the isolation, which led to a need to circumvent social distancing guidelines in some instances (Taylor et al., 2021). Parents faced unprecedented challenges managing childcare and education amid unpredictable school closures (Kekatos et al., 2022). Generational and gender differences in dealing with this stress became more apparent, where younger and more educated Americans were more likely to mention silver linings, while women were more likely than men to mention challenges or difficulties (Van Kessel et al., 2021).

Role of Internet and Social Media

Technology provided a way to stay connected and maintain relationships when physical closeness was not possible (McClain et al., 2021). In a survey conducted by McClain et al. (2021) on behalf of the Pew Research Center, 58% of U.S. adults responded that the internet was essential during the coronavirus pandemic. Akram et al. (2021) recently conducted research to understand how the digitization of one aspect of consumers' life, wellbeing, was impacted as result of the coronavirus pandemic. Their findings suggested that millennials were able to adopt and adapt (measured by Technology Acceptance Model) to the evolving digital commerce environment more easily than older generations. As a result, the millennial generation had higher expectations which presented a challenge for retailers (Akram et al., 2021).

Socio-economic groups varied, however, as to how much they relied upon the internet and for what reasons during the coronavirus pandemic (McClain et al., 2021, p. 2-4). When nationwide “shelter-in-place” and curfew orders were put in in place in early 2020, “many people worried the mental health of older adults would suffer from the negative effects of COVID-19 and social isolation” (Mikal et al., 2021, p. 1). In response,

University of Minnesota researchers Mikal, Wurtz, and Grande (2021) explored the role that social media played in maintaining social connection during the pandemic between multiple generations. Initial results showed that social media provided differing functions for people across generational, gender, socio-economic and other demographic lines. Older adults were likely to miss important information for access to resources and support early in the pandemic due to their often-limited use of social media (Mikal et al., 2021). The researchers acknowledged, however, that much more work is necessary to discover the nuances between the many demographic groups and how they are using social media (or not) for varying purposes during and post-pandemic.

Career and Financial Stress

Job markets across the globe saw dramatic changes during the coronavirus pandemic (Torry, 2022). In the United States, workers quit at record-setting rates and created record-setting levels of job openings (Torry, 2022; Yiwen & Hahn, 2021). Approximately 8.8 million American workers were out sick from work or caring for someone with coronavirus in the first weeks of 2021, the highest rate recorded since the start of the pandemic (Torry, 2022). Workers, especially those in healthcare, experienced new and unprecedented levels of stress ultimately resulting in burnout and attrition (Slater, 2022). The circumstances took a physical, mental, and financial toll not only on workers, but on their families and friend relationships (Yiwen & Hahn, 2021). The proliferation of misinformation bred distrust and hostility towards healthcare providers which amplified already stressful conditions for these workers (Slater, 2022). Healthcare workers regularly reported feeling unsafe, to the extent that hospitals and individuals received threats over the care of patients and related issues (Slater, 2022).

The onset of the pandemic was not without some benefits to the American worker. Research by Ohu and Dosumu (2021) demonstrated the positive effects of working remotely (also referred to as telecommuting). According to their findings, millennials appreciated the flexibility that remote working provided because it helped improve work-life balance. Flexibility and work-life balance were an expressed priority for many of the participants in this age group because they have young families (Ohu & Dosumu, 2021).

Government and Public Health Implications

“Nearly two years into a pandemic coexistent with several national crises, many Americans are profoundly tense” (Iati, 2021, p. 1). Inflation was at the highest level in four decades (Torry, 2022). Effects of the coronavirus pandemic situation have been compounded by and in some cases amplified by other underlying political and societal issues such as the U.S. 2020 elections and the killing of George Floyd (Rather & Kirschner, 2022). The pandemic brought public health issues, such as vaccination, to the forefront and saw deep divisions among Americans. Seeds of distrust for science and the government were planted by campaigns of misinformation and conspiracy theorists, which presented significant challenges in preventing COVID deaths and leading the country out of the pandemic (Schreiber, 2022; Thompson, 2022). “Across the United States, an alarming number of people are lashing out in aggressive and often cruel ways in response to policies or behavior they dislike” (Iati, 2021, p. 1).

Americans were feeling exhausted, stressed, and burnt-out from the pandemic (Edwards, 2022). Two years in, leaders faced mounting pressure to relax or eliminate restrictions. Put simply, “Americans don’t like to be told what to do” (Martin, 2022, p. 1).

As mask mandates lifted the government and public health administrators experienced backlash questioning the past two years of pandemic policies. This backlash occurred despite data which showed deaths from coronavirus in the United States. still hovered around 2,300 people per day (Achenbach, 2022; Thompson, 2022). Patience with public health measures eroded even for those that were diligent subscribers to the protocols from the start of the pandemic (Achenbach, 2022).

Still, experts warned of the dangers of forgetting the lessons of the 1918 influenza pandemic as we learned how to balance continuing caution with a return to “normal life” (Martin, 2022). According to Martin (2022), government backed efforts to thoroughly research the 1918 influenza pandemic before, during, and after the pandemic, quickly “lost steam” (p. 3) in the 1920s leading towards failure to prevent the next global pandemic. Untangling and making sense of the relationships between all these deeply complex social, economic, and political factors will be the work of social science researchers for years to come (Mazer, 2022; Zwanka & Buff, 2021). Researching stress responses and adherence to the Centers for Disease Control and Prevention (CDC) guidelines during the pandemic is critical for mental health support and future policymaking (Park et al., 2020).

Theoretical Perspective

This dissertation aimed to explore whether and how attitudes and behaviors have changed for retail therapy shoppers as a result of the coronavirus pandemic, particularly for female millennial consumers, and potential moderating effects of personality on attitudes and shopping behaviors. Retail therapy is generally defined as those who engage in shopping and purchase behavior to alleviate negative feelings (Noh & Hasan, 2017).

Retail therapy has been proven to have a positive value for consumers for mood alleviation and compensatory consumption reasons (Kacen, 1998; Woodruffe, 1997). Consumers who engage in retail shopping for therapeutic purposes also represent significant purchasing power (Kang & Johnson, 2011).

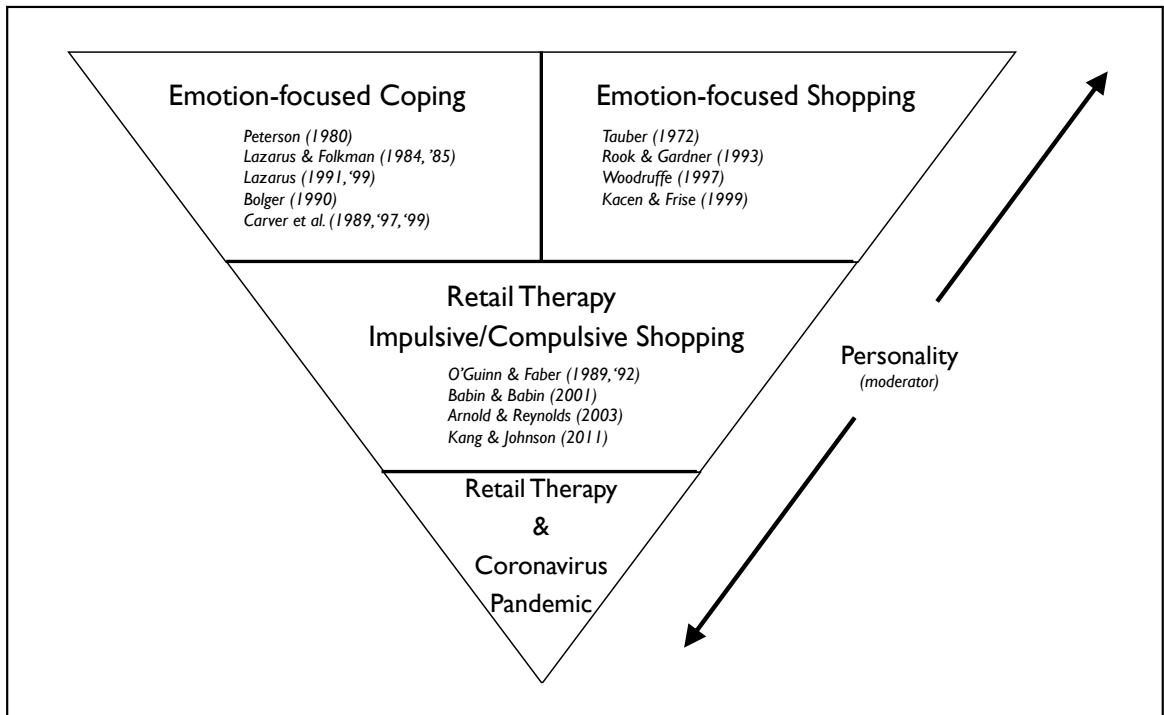
A substantial amount of research exists to support relevant theory connected to the concept of retail therapy. Emotion-focused coping and emotion-focused shopping theory was first developed starting in the 1970s to 1980s by key contributors Carver et al. (1989, 1997, 1998), Lazarus and Folkman (1984, 1985), Peterson (1980), and Tauber (1972). During that time, personality was introduced as an influencing moderator in behavioral outcomes when it came to coping in general, and has been extended to include retail therapy coping (Bolger, 1990; Carver & Conner-Smith, 2010). The 1990s saw further delineation and specification within these theories and the development of detailed models, for example the five-factor personality trait model by McCrae and Costa (1992). The early 2000s saw the merging of emotion-focused coping and emotion-focused shopping theories with the introduction of the term *retail therapy* (Arnold & Reynold, 2003; Woodruffe, 1997). Since then, work on the subject has evolved in understanding the value, that is, the benefits and consequences of this kind of shopping behavior (Kacen & Frise, 1999; Kang & Johnson, 2011). Effort has also been in understanding how retail therapy differs from impulsive and compulsive shopping on the behavioral continuum (O'Guinn & Faber, 1989; Noh & Hasan, 2017).

The following figure provides a visual representation of how related theory has evolved over the past several decades to establish the concept as it is known today.

Additionally, Figure 1 depicts the current gap in knowledge of the relationship between existing retail therapy theory and the coronavirus pandemic.

Figure 1

Key Studies in the Evolution of Retail Therapy Theory



Research Objectives

Literature provided many insights to consumer attitudes and behaviors as they existed in a pre-pandemic paradigm. However, the physical store environment and experience had altered dramatically during the pandemic. Effects of the pandemic also resulted in significant changes to online shopping functionalities. Therefore, seeking to understand how female millennial shoppers feel about retail therapy shopping in a post-pandemic environment is valuable insight for the broader retail industry. Female

millennial consumers were defined as individuals who identified as female, were born between 1981 and 1996, and were partnered or not partnered.

Given existing literature and the novelty of the coronavirus pandemic, the following research questions were the focus of this dissertation study:

- *Have retail therapy attitudes and behaviors changed for female millennial consumers during the coronavirus pandemic?*
- *If attitudes and behaviors have changed, how have they changed? Why have they changed?*
- *What role could personality traits play in these changes for the individual? In differences between personality groups?*

Significance of the Study

As the pandemic began to abate and restrictions lifted, continued outreach to consumers through research has been essential to understand how their needs and wants have evolved. My goal with this research was to provoke further questions about traditionally accepted perceptions of retail therapy as they apply in a new environment of a post-pandemic world. My opinion, following a review of literature, is that retail therapy is still too tightly coupled with the concepts of compulsive and impulsive shopping and thus is viewed as negative behavior (Austenfeld & Stanton, 2004; Lazarus, 1999; Stanton & Franz, 1999). My hope is that this research will be a starting point for more discourse, research, and ultimately a deepening of knowledge about retail therapy behaviors in nuanced situations. There is value to be had in the further development of retail therapy theory during the coronavirus pandemic context through the discovery of themes (Noh & Hasan, 2017; Ürkmez & Wagner, 2020). Follow-up quantitative studies can then seek to

support or disprove specific themes and their relationships in the future (Guba & Lincoln, 1994; Ham, 2016; Hebdon et al., 2021; Kang & Johnson, 2011).

The purpose of this dissertation was also to demonstrate my ability to conduct research on a clear, concise, and theoretically sound topic which establishes me as a credible researcher in this area of expertise (Bloomberg & Volpe, 2018). The purpose was not to chase ambitiously large concepts, these ideas will be developed in the longer-term (Bloomberg & Volpe, 2008). This work was not intended to be all-encompassing of the vast concept that is retail therapy, which is deeply complex in nature. Rather, my intention was to revisit established theoretical behaviors again in the specific context of the coronavirus pandemic as a novel situational variable.

Validating existing theory of retail therapy with the situational variable of the coronavirus pandemic has tangible and immediate practical implications for retail industry leadership, especially in the areas of marketing and product development. As no modern-day relatable experience exists for business executives to base decisions upon, research provides necessary insight to fill this knowledge gap. My aim was to raise awareness for retail industry leaders by advocating for this type of consumers' needs in how retail therapy can bring important benefits for them in these difficult times. By bearing witness to retail therapy shoppers' positive experiences as well as hardships they have experienced, this research helps build empathy for this consumer group with retail industry leaders. Understanding how previously established truths about consumers' therapeutic shopping needs have changed will help marketers in creating more effective experiences to fulfill these needs going forward (Kang, 2009). Additionally, insight into how the need for retail therapy by consumers has impacted online shopping behavior is

critical for retail companies to consider their future growth and investment in technology resources.

Little qualitative research exists that is specific to a large demographic of consumers with significant spending power – millennial women. Female millennial consumers experience stress in their everyday lives, more so than ever in the coronavirus pandemic, such as losing a job, health issues, balancing work with family, and struggles in personal relationships (Hebdon et al., 2021; Leonhardt, 2021; Mazer, 2022; Yiwen & Hahn, 2021). Millennial women had to find ways to cope with these different challenges as young and middle-aged adults (Lathabhavan & Padhy, 2022). Female millennial consumers are at an age where they are starting families while also reaching higher levels in careers and incomes, so shopping behaviors are likely to change as priorities evolve (Awe, 2004; Hebdon, 2021; Leonhardt, 2021).

Retail therapy shopping by female millennial consumers in the coronavirus pandemic is important for retailers to understand because this demographic is emerging as one of the largest consumer bases in the U.S. (Awe, 2004; Ginger Consulting LLC, 2013; Mediative, 2012). Female millennial consumers represent consumers with some of the greatest purchasing power, therefore a better understanding of what motivates this cohort of shoppers towards retail therapy behaviors can provide valuable insight to the retail industry and enable them to improve web and technology products (Awe, 2004; Ginger Consulting LLC, 2013; Mediative, 2012). As discussed in an online strategy journal, “Inevitably when technology enables and changes consumer behavior quickly, many firms will struggle to understand the new market dynamics at play” (Strategic Direction, 2013, p. 17).

Definition of Terms

The topic of retail therapy is known generally by many; however, the possibility exists that discussion throughout this paper may include some terms not commonly known. Table 1 provides detailed explanations of key terminology to reduce ambiguity so that readers have a common understanding to ensure clarity of intent and meaning in this research work.

Table 1

Definition of Terms

Term	Meaning	References
Retail therapy	Engaging in shopping behaviors for the purpose of enjoyment, relieving stress and improving mood.	Atalay & Meloy (2011) Kang & Johnson (2011) Noh & Hasan (2017)
Female millennial consumer	Female (including persons who identify as female) consumers born between the years of 1981 and 1996 (ages 26-42). Consumers are people who buy or use goods and services to satisfy their needs and wants. Consumers can be either an individual or group of people who purchase or use goods and services for personal use and not for manufacturing or resale.	Pew Research Center (2020) Kang & Johnson (2011) Noh & Hasan (2017)
Zoom	Video conferencing software application that is accessible through a web browser (Google Chrome, Internet Explorer, Safari) on a computer or smart phone, or through a mobile application on smart phones. Functionality includes the ability to record and save interviews to a device for researcher's use.	https://support.zoom.us/hc/en-us/articles/4420426401037-What-is-Zoom-Video-Conferencing-
TikTok & Instagram	TikTok is a social media platform where users go for entertainment purposes, mainly to watch random funny videos, how-to and product content from influencers, short tutorials, and even educational content. Instagram is a social media platform where users catch up with their friends and check on their favorite influencers and brands.	https://socialbee.com/blog/tiktok-vs-instagram/

Influencer	Influencers are social media users who have an established credibility and audience, who can persuade others by virtue of their trustworthiness and authenticity. For a brand, influencers are users that employ their brand hashtag who have the largest number of followers.	Shamim & Islam (2022) Gunawan & Iskandar (2020) https://www.pixlee.com/definitions/instagram-influencer
Athleisure wear	Casual, comfortable clothing designed to be suitable both for exercise and everyday wear.	Merriam-Webster (n.d.)
Love language	A term first introduced by Gary Chapman, meant to describe five general ways people express and experience love. Organized into five categories, love languages are acts of service, gift-giving, physical touch, quality time, and words of affirmation.	Chapman (2022) Cook et al. (2013) Hughes & Camden (2020)
Buyer's remorse	Feelings of guilt or remorse consumers feel after purchasing a product. Often associated with products that are intended for pleasure, which consumers typically have a harder time justifying. Also commonly associated with impulse purchases.	Hama (2001) Lee-Wingate & Corfman (2010) Trampe & Stapel (2011)
Completionist	Game player type classification. Users who play to explore all elements of a game fully. Earning achievements in game can be intrinsically motivating to players. Fulfillment of completionist motives is positively related to perceived enjoyment and amount of pleasure or delight in playing the game.	Butler (2014) Patzner et al. (2020)

CHAPTER II

LITERATURE REVIEW

Chapter II aims to demonstrate a comprehensive understanding of previous research through literature review on the topic of retail therapy. This chapter provides an overview of key research that has led to current day understanding of retail therapy by describing the evolution and demonstrating the connections between theories of emotion-focused coping, personality and coping, emotion-focused (hedonic) or retail therapy shopping, and distinction from impulsive/compulsive shopping behavior.

Early grounded theorists Glaser and Strauss (1967) suggest that the literature review process should wait until after qualitative data collection to avoid preconceptions from biasing the researcher's conclusions. They believe it allows for formulation of the researcher's own ideas first, free from influence. Over time, however, grounded theorists have recognized the lack of some initial knowledge on the subject as a detriment to the quality of outcomes of the study (Charmaz, 2014). As this dissertation proposes a grounded theory methodology, the literature review process was conducted initially to define related concepts and then was revisited during the data collection phase to further clarify emerging relationships determined by the researcher's analysis (Bloomberg & Volpe, 2008; Creswell, 2003). Emergence of themes during data collection and analysis of newer forms of retail therapy, gift-giving, guilt, and completionism warranted additional research of related theory. Literature review of these specific topics is discussed in further detail in Chapter V's conclusions.

Defining Retail Therapy

Review of the literature showed an evolution of the concept of retail therapy from well-established theory of emotion-focused coping and shopping (Lazarus & Folkman,

1984; O'Guinn & Faber, 1989; Tauber, 1972). Historical context related to pandemic behavior added robustness in understanding of this dissertation's research question. Accordingly, this review chronologically follows the evolution of the retail therapy concept to the present day, outlined as follows: 1) emotion-focused coping, 2) personality and coping, 3) retail therapy and emotion-focused shopping, and 4) retail therapy verses impulsive/compulsive behavior.

Theory in social science fields is most often build on years, if not decades, of preceding research which repeatedly tests interrelated concepts. In the realm of consumer behavior, researchers look to examine connections between theory in psychology, business, economics and even medicine to better understand the complexities of why consumers do what they do. As this dissertation takes a grounded theory approach to explore if the coronavirus pandemic has changed attitudes and behaviors towards retail therapy, it is essential to gain deeper historical context on the evolution of relevant theory to provide an appropriate perspective.

To frame the discussion for this chapter, first a review of established principles of emotion-focused coping theory, dating back to the 1980s with work by Lazarus (1991, 1999), Lazarus and Folkman (1984, 1985), and Peterson (1980) is discussed. Work by these researchers has been cited as a foundation upon which much of later retail therapy and related concept theory has been built. Second, this literature review takes specific focus on a sub-track of coping theory and relationships with personality. Stemming from theory developed around the 1990s by Bolger (1990) and Carver et al. (1989, 1997, 1998), several measurement models were established which have been used widely by subsequent studies up to the present. Third, this chapter reviews theory of retail therapy

coping, often discussed interchangeably with emotion-focused (hedonic) shopping, which was concurrently evolving around the same time as emotion-focused coping in the field of psychology. Tauber's (1972) work is frequently cited as a pioneer in emotion-focused shopping, aimed at trying to understand the feelings behind *why* people shop. Later works by Arnold and Reynolds (2003) and Kacen and Frise (1999) continued to explore Tauber's research and is discussed in following sections. Fourth, this literature review takes a specific focus on a sub-track of consumer behavior which is often closely discussed with retail therapy, that of impulsive/compulsive shopping. Theory by O'Guinn and Faber (1989, 1992) provided insight into important distinctions and differences between these behaviors as well as the role personality may play. Lastly, the research questions to be examined by this dissertation, derived from the summarization of review of existing literature and discovered gaps, are outlined.

Emotion-focused Coping

In recent years, the body of research on emotion and coping has deepened our understanding of how the two concepts interrelate. Austenfeld and Stanton (2004) provided a detailed literature review connecting existing theory in support of their conceptual framework linking emotion, coping, and health-related outcomes. The purpose of their work was to acknowledge the bad reputation emotion-focused coping had earned and provide a countering viewpoint to this commonly accepted thought. They ask the question – why has emotion-focused coping gained a “bad reputation” (Stanton & Franz, 1999, p.96)? At the time their review work was introduced, limited research had been published showing evidence for beneficial health outcomes from emotional

processing and expression (Lepore & Smyth, 2002; Smyth, 1998; Smyth & Pennebaker, 1999).

In the past, research on coping processes driven by emotion had often been found to have negative, dysfunctional outcomes. Dating back to work by Lazarus and Folkman (1984), studies have consistently demonstrated robust associations between attempts to manage negative moods in stressful situations and dysfunctional outcomes. In fact, Coyne and Racioppo (2000) state that this relationship is “perhaps the most consistent finding in the coping literature” (p. 657).

Coping behavior, however, is a complex web of internal and external factors working both independently and interdependently in any given situation. When it comes to designing coping related experiments, Lazarus and Folkman emphasized the importance of considering the context under which participants are being studied when evaluating the outcomes from their coping efforts. Lazarus (1999) later suggested, interestingly, that perhaps the field of coping research has fallen into “bad habits of thought” (p. 123) by being too focused on either problem-focused coping *or* emotion-focused coping. By viewing each of these concepts as separate, discrete action (behavior) types, research has oversimplified how coping works. It has even led to researchers pitted these two types of behaviors against each other in effort to understand which is more “useful” (p. 124) instead of looking at how these actions are working in tandem. Lazarus goes so far to assert that the erroneous conclusion that problem-focused coping is more useful is a product of modern-day culture which centers on a need for control over the surrounding environment.

Austenfeld and Stanton (2004) suggested that prior research has had a limited view because coping measurement scales are confounded with distress and self-depreciation. For example, commonly used scales phrase questions like “I blame myself for becoming too emotional”, “I let my feelings out”, “Focus on my general inadequacies” (Endler & Parker, 1990; Scheier, Weintraub & Carver, 1986).

The researchers reframed the idea of emotion-focused coping by coining a new term, Emotional Approach Coping (EAC), and positioned it as a strategic behavior. Defined as the process of acknowledging, understanding, and expressing emotion, this concept serves as a precursor to later work by Atalay and Meloy (2011) which also positioned an emotion-driven form of coping, retail therapy, as a strategic behavior. Through their review, Austenfeld and Stanton saw consistent patterns that individual personality, stressor type, and environmental contexts each act as moderators between EAC and outcomes. The personality construct of emotional intelligence has garnered particular attention by researchers in recent years. The influence of personality attributes on effects of EAC has been an area of interest for several decades (Bolger, 1990). Similarly, the association of self-regulation theory to EAC has been the subject of much interest in the field over the past several years (Carver & Scheier, 1998; King, 2002). Both bodies of theory centralize around the idea of goal setting and pursuit, what inherent traits drive the likelihood to demonstrate these behaviors and the subsequent outcomes. For example, people with high self-regulation abilities may use EAC more effectively during stressful times when “goals are threatened or blocked” because the “process of acknowledging, processing, and expressing emotions may help clarify, reinforce or reframe goals and motivate action” (Austenfeld & Stanton, 2004, p.1353).

To setup specific environmental contexts for their review, Austenfeld and Stanton chose to focus on studies of coping behaviors in three health-related scenarios: infertility, breast cancer, and chronic pain. Austenfeld and Stanton's work (2004) evaluated existing coping scales focused on measuring emotional responses in this health-related context which then resulted in the formation of their own emotional-approach coping scale. Their work looked more closely at the widely accepted scales of Ways of Coping Questionnaire (WOC), COPE questionnaire and the Coping Inventory for Stressful Situations (CISS) to understand existing measurements of emotion-focused coping behavior (Lazarus & Folkman, 1985; Carver, Scheier & Weintraub, 1989; Endler & Parker, 1990, 1994). However, the researchers also highlight a review by Skinner et al. (2003) of 100 coping scales which concluded that none contained the same system of categorization as determined by their labels. They suggest, therefore, that "this makes it practically impossible to aggregate findings relevant to the same stressor and domain, much less to compare results across different stressors or domains" (p. 217). This suggests that research on the subject, due to the inherent complexity and likelihood of confounding variables, can be difficult to generalize. Research design, therefore, needs to be reflective of the highlight nuanced and individualistic nature of the coping experience.

In effort to evolve coping measurement scales beyond self-depreciative, emotional distressed language Austenfeld and Stanton (2004) developed a scale consistent with their belief that coping through emotional processing is an active, strategic behavior. This novel EAC scale included questions such as "I take time to figure out what I'm feeling" and "I realize that my feelings are valid and important" to reflect an active verb tense. The EAC scale was also developed to address both situational and

dispositional time constructs with questions like “indicate what you *generally* do, feel and think when you experience stressful situations” and “indicate what you do, feel, think” in a specific current stressful situation (p. 1342).

Austenfeld and Stanton’s work (2004) reflected the beginning of a new era of thought for the field of coping research. Historically, the vast majority of theory supported the conclusion that emotion-based coping behaviors led to negative outcomes, both short and long term. However, the past two decades have shown an evolution in this foundational theory to expose the benefits that emotion-focused coping can provide, particularly when viewed in contexts of specific individualistic personality traits and environmental stressors such as health-related issues.

Results of their work suggested novel thought or reinforced existing theory with several important findings. First, gender differences were found to play a role in coping behaviors and frequency. Women reported more coping through emotional processes across all three health-related scenarios. Of note, the breast cancer and infertility related studies were skewed more towards a female population which the researchers acknowledged as impact in their results. However, the study of chronic pain participants was balanced between men and women and still found higher engagement of emotional coping from the female participants (Mendolia & Kleck, 1993). In comparison, the results from a Berghuis and Stanton’s (2002) study of couples going through infertility treatment showed that high emotional processing and expression prior to treatment was predictive of less distress after unsuccessful treatment for *both* women and men. Another impactful finding from the infertility study was that the female participants who employed EAC showed lower depressive symptoms over time regardless of their

partner's coping strategy. For women that scored lower in EAC, they were shielded from depressive symptoms over time if their partner demonstrated high EAC, which suggested a compensatory relationship between couples and EAC. Stanton et al. (2000a) provided insights two years earlier in the context of breast cancer treatment and emotion-focused coping for women through their study. Here, the researchers found that women who engaged in EAC later reported fewer post-treatment appointments for cancer-related issues, improved physical health, more energy, and less distress.

Second, personality attributes like goal-oriented, positivity, neuroticism, and self-esteem have an association to emotional coping behaviors but were varied in association as a "function of gender" (p. 1344). Third, Stanton et al. (2000a) conducted a review of a longitudinal study found that young women who engage in EAC behaviors experience predictable positive adjustment in the long-term when compared with men, who experienced diminished adjustment. Women were shown to be less depressed in interpersonal stressful situations as well as situations perceived to be uncontrollable over time. This literature demonstrated that theory supporting the positive benefits of emotion-focused coping has been established and proven to have positive association to a person's sense of control.

When viewed holistically, the connection between the studies examined by Austenfeld and Stanton (2004) offer a broader perspective which suggested that emotion-focused processing behaviors for the purpose of coping can be reliably predictive of a person's ability to adjust over time. The conclusion of these studies, when taken together, suggested that coping through emotional processing and expression provided adaptive benefits which led to improved psychological and physical health. The authors also

suggested that much of EAC behaviors take place in social relationship scenarios. Reinforced by the researchers' extensive literature review, their work found that important relations between moderators such as personality (e.g., neuroticism) still exist. However, the authors made a point to re-emphasize the complexity of the topic by stating, "EAC is not simply an epiphenomenon of personality or social parameters involved in emotional processing and expression (e.g., seeking social support)" (Austenfled & Stanton, 2004, p. 1347).

If, as review of the literature suggests, retail therapy is considered a form of emotion-focused coping, then the purpose of Austenfled and Stanton's work (2004) strikes at the core of the stigma issues this dissertation seeks to address. Most importantly, they concluded that emotional approach effects are in direct contrast with theory by Lazarus & Folkman (1984) of avoidance strategies including wishful thinking, mental and behavioral disengagement, which research had previously left unclear. As Austenfled and Stanton (2004) ask early in their introduction, "Is emotion-focused coping bad for you?" (p. 1337).

Personality and Coping

Personality and coping are concepts have links that have long been known to researchers in the field of psychology. However, application of these principles as they pertain to specifically to shopping behaviors is still an emerging field of study. The following sections sought to understand interrelationships between personality traits and coping behaviors on a deeper level. Awareness of these relationships allows the qualitative researcher of this study to determine if these signals exist in the information collected from interviews and form a theme.

Knoll et al. (2005) leveraged the five-factor model of personality to examine and compare situational versus dispositional coping outcomes. The purpose of their research was to understand if either personality factors or coping behaviors (or both) possess predictive power to a person's ability to adapt to a particular type of stressful situation.

Knoll et al. (2005) highlighted two primary schools of thought when it comes to the relationship between coping and personality. Coping researchers, as they suggested, believe that a person's coping behaviors are generally driven by a desire to either alter aspects of the situation to improve it and/or to focus on regulating their emotional response to the stressor (Bolger, 1990; Carver, Scheier & Weintraub, 1989; Lazarus, 1991; Peterson, 1980). Personality researchers such as Borkeanu and Ostendorf (1993), McCrae and Costa (1986) and Wolfradt and Pretz (2001), in comparison, took a viewpoint that a person's temperament or disposition is a stable quality throughout the constant change of stressful scenarios. Certain personality traits, such as Neuroticism for example, are therefore more susceptible to stressful situations than others.

For their study, Knoll et al. (2005) employed a situational variable of a mildly stressful medical procedure, cataract eye surgery, was used to evaluate coping mechanisms across four periods of time: hospital admission (T1), day of surgery (T2), discharge from the hospital (T3) and six weeks post-surgery (T4). Interestingly, questionnaires for T1, T2 and T3 were all tailored with situational-worded scales whereas the T4 questionnaire, given six weeks later, utilized dispositional-worded scales. Explanation for this decision was not provided by the researchers but was acknowledged in the conclusions to potentially account for some of the lack of correlation in results.

Of the full sample of 110 cataract patients, 78 percent answered all four questionnaires that were used for analysis. The majority of the sample population were married, living in private homes and older (median age 71.6). The sample population also skewed slightly towards women. A language adapted version of the 'Big Five' personality factors model was used to measure personality of the participants (Borkenau & Ostendorf, 1993). The Brief COPE (Carver, 1997) scale, also language adapted as this study took place in Germany, was used to measure the coping efforts one usually pursues in a stressful situation.

The choice to study coping outcomes across several points of time over a six-week period left this study open to criticism since some research has historically found challenges with recall bias intrinsically linked with certain personality types (Bolger, 1990; McCrae & Costa, 1986; Peterson, 1980). Knoll et al. (2005) also fell short of clearly defining their viewpoint on what constitutes dispositional coping and how it differs from situational coping. Among other terms they fail to clearly define the four new coping scales introduced by this study; Focus on Positive Coping, Active Coping, Support Coping and Evasive Coping. Lack of these definitions leave their conclusions open to varied understanding by others and thus vulnerable to misinterpretation.

Overall, this research yielded several results that lent additional weight to existing theory and can provide relevant context for purposes of this dissertation work. Foremost, Knoll et al. (2005) determined through their analysis that the situational variable of cataract surgery presents mild to moderate stress for those who participated in the study. First, women tended to experience more negative effect than men, particularly prior to surgery (T2). Second, participants who had previous experience with cataract surgery

reported, as was expected, less negative effect prior to surgery than first-time participants. Third, the only personality trait proved to be connected with positive affect at T1 (hospital admission) was Openness to Experience. Lastly, the researchers found that the coping behavior Focus on Positive proved to be a reliable predictor of positive affect at the T3 (discharge from hospital) stage.

The authors seem to suggest in their discussion that Extraversion and Openness individuals demonstrate healthier behaviors because they showed to have more positive affect outcomes and problem-solving approaches in their study. Knoll et al. (2005) also specifically cite a study conducted by Wolfradt and Pretz (2001) which demonstrated how individuals who registered high in Openness had a higher tolerance towards ambiguous situations, something that could certainly describe the current situation of the coronavirus pandemic. Additionally, this study provided insight into alternative categorizations of coping outcomes in the context of a health-related stress situation, which bears relevance to the coronavirus pandemic variable being studied by this dissertation.

Following the research by Knoll et al. (2005), Carver and Conner-Smith (2010) presented a comprehensive look on the topic through their discussion of leading existing research and subsequent study exploring the five-factor model of personality, moderators, and coping outcomes. The researchers focused on a biological, human nature centric models and goal-based theories as the foundation of their framework.

In this context, Carver and Conner-Smith (2010) defined personality as the many processes of human functioning and the “dynamic organization within the person of the psychological and physical systems that underlie that person’s patterns of actions,

thoughts and feelings” (p. 680). Interestingly, the authors do not specifically mention the term (patterns of) behaviors, however given the nature of the topic actions and behaviors are assumed to be synonymous. Similarly, the terms of thoughts and feelings were assumed to be synonymously related to concepts of motivation and values, which were discussed in later chapters by the researchers. Stress was defined by the researchers as a “term that is most often applied to circumstances that elicit coping” (Carver & Conner-Smith, 2010, p.680).

Several theoretically accepted truths exist about the nature of certain personality traits and tendencies towards coping behaviors. Carver and Conner-Smith (2010) used the five-factor model which focuses on the five traits of extraversion, neuroticism, conscientiousness, agreeableness, and openness. Additionally, the researchers examined optimism as a sixth related trait for purposes of their study. Carver and Conner-Smith, through their literature review of existing study, defined the following five traits accordingly (Ashton et al., 2002; Caspi & Shiner, 2006; Costa & McCrae, 1985; Digman & Inouye, 1986; John & Srivastava, 1999). Extraversion was a trait connected to sub-traits of positive emotions, sociability, assertiveness, sensitivity of reward and high energy. Given these aspects, extraversion behavior grounds itself in approach strategies of coping. Neuroticism as a trait included tendencies of sadness, fear, physiological arousal, and distress. Thus, neuroticism was highly grounded in avoidance temperament behaviors and led to a high-degree of emotion-based coping. Conscientiousness as a trait involved self-discipline, persistence, organization, deliberative approach, and achievement orientation. Problem solving approach as a coping strategy was highly correlated to this personality type. Agreeableness as a trait implied high levels of concern

for others and trust, as well as a tendency towards strong social networks. As such, those high in agreeableness were predictable in using social support as a form of coping. Openness as a trait suggests was a person who was curious, flexible, creative, imaginative, attuned to inner feelings and inclined toward new activities or ideas. Those that exhibit openness as a trait were therefore likely to employ engagement coping strategies. The argument could be made that agreeableness and openness were not distinguishable enough to make meaningful conclusions, since a person who was agreeable must also be open-minded in nature in order to relate to and accept others' viewpoints. Optimism as a trait was linked to those who demonstrated an engaged approach to life with the expectation of good outcomes. Given these characteristics, it was not surprising that an engagement type of coping was positively related to this personality trait.

Carver and Conner-Smith's (2010) conclusions demonstrated that complexity and nuance exist in the relationship between personality and coping, the concepts act both independently and interactively and thus impact mental and physical health outcomes in many ways. Optimism, extraversion, conscientiousness, and openness were found to be connected to more engagement coping whereas neuroticism was found linked more to disengagement coping. Optimism was found to be predictive of behavior to actively attempt to both change and accommodate to stressful situations. Extraversion was found to be predictive of cognitive restructuring, use of social support and problem-solving approaches to engagement coping. Disengagement coping was less strongly related to personality traits than engagement, however there were specific factors that found some loose correlation. Overall, neuroticism was positively related to disengagement

responses, especially withdrawal and wishful thinking. Extraversion, conscientiousness, and agreeableness were each shown to predict less disengagement and denial responses.

Moderators of age, severity of the stressor and time elapse between coping activity and report were all found to have statistically significant correlations. Increase in agreeableness and decrease in neuroticism with increasing age suggested that older adults experience less distress and thus less variability in coping, whereas younger adults engaged more in problem solving and cognitive restructuring (Carver & Conner-Smith, 2010). Relations between personality and coping were found to be stronger in high stressor situations with low-grade stressors showing low variability in coping approach. Time between coping activity and coping report was also a moderating factor, where longer recall periods and higher stress levels show greater discrepancies in accuracy of the report. In fact, personality may have even influenced one's ability to accurately recall experiences by introducing natural bias, a potential subject for future investigation.

The five-factor model traits of extraversion, neuroticism, conscientiousness, agreeableness, and openness, along with optimism, provided valuable definitions for purposes of this dissertation work because they could be observed and measured by the researcher to some extent when interacting with participants during interviews. Themes such as concern for others, fear, trust, socialness, and inclination towards new activities (e.g., wearing facemasks, social distancing) were expected to be discussed by the participants in the context of the coronavirus pandemic. For example, a participant could have been observed to be high energy (extraversion) through tone, body language, and terminology they use. A participant could have been observed as highly agreeable in nature if they repeatedly mention concern for others during their interview. In addition,

prior research confirmed the relationships between these specific traits and coping also provided a basis for using personality tests with valid measurement scales for future quantitative studies (e.g., Butler, 2014; Carver & Conner-Smith, 2010; Moody et al., 2010).

Retail Therapy Coping and Emotion-focused Shopping

Retail therapy as a form of coping has been studied for many years by psychologist and consumer behavior theorists. The concept was generally defined as the behavior of buying treats for oneself to alleviate negative feelings. However, many experts have extended the notion over the years beyond only purchasing behavior to include the broader behavior of shopping to deal with the effects of stress.

Contrary to popular opinion that retail therapy is a result of lack of control, Atalay and Meloy (2011) positioned retail therapy as positive behavior with their findings on strategic motivation and the long-term positive impact to one's mood. However, an important caveat discussed in their work is the element of self-regulation. Self-regulation theory suggested that bad moods cause individuals to fail at self-regulation (Tice & Bratslavsky, 2000). A person's ability to exercise restraint was a key component to ensuring they do not overindulge in self-treats, which led to negative post-purchase feelings. According to several studies, lack of self-regulation was also a distinguishing factor in leading to impulsive and compulsive buying behaviors (Baumeister & Heatherton, 1996; Baumeister & Vohs, 2004). Delineation between these theories is discussed further in the following section on impulsive/compulsive shopping. Inevitably, discussion of self-regulation invited conversation about concepts such as self-control, priority, value, and strategic motivation. Contrary to existing theory, Atalay and Meloy

(2011) suggested that retail therapy might be a strategic effort to regulate one's mood as opposed to an impulse behavior. Atalay and Meloy (2011) posited a crucial question for future study that ties to the purpose of this dissertation, "Does existential anxiety lead to a decrease in retail therapy, relative to other negative affective states?" (p. 655). By positioning retail therapy as a strategic behavior, theory of engagement/disengagement coping behavior was called into question since strategic behavior could be considered as a form of engagement coping (Carver & Conner-Smith, 2010).

Naturally, a desire to understand a person's abilities (i.e., to self-regulate, think strategically, etc.) begs the question if abilities stem from personality traits. Thus, Atalay and Meloy (2011) included personality variables of mood, loneliness, and regulatory orientation in their study to assess if these traits lead to differences in likelihood to engage in retail therapy. Interestingly, these terms were not commonly found in psychology literature as defined categories of personality. Rather, literature tended to suggest that mood was a product of the interaction of multiple personality traits (Carver & Conner-Smith, 2010). The researchers did not make their reason clear for employing this approach in their study instead of utilizing common personality scales such as the Big Five factor model or Myers-Briggs Type Indicator (MBTI) (Digman, 1990; Goldberg, 1981).

Atalay and Meloy (2011) aimed to understand three hypotheses with their research: 1) Individuals will purchase *unplanned* treats to improve mood, 2) Unplanned purchases to improve mood are strategic in nature, and 3) Purchase of unplanned treats to improve mood do not result in feelings of regret or guilt afterwards. To operationalize the hypotheses, the researchers conducted three separate studies with shoppers in a variety of

settings each geared towards a corresponding hypothesis. In study one, participation from a broad sample of the adult population was collected from a shopping mall where shoppers were surveyed both pre and post shopping to demonstrate if self-treats had been purchased. Study two was setup as 2 x 2 between participant design of positive/negative mood and goal/ no goal groups with college-age students. Participants in the “goal” group were given a restraint condition prior to the start of the experiment through a text which told them that research of impulsive people found them to be less creative and perform worse at intelligence tasks. Participants were then invited to sample candy and ice cream combinations as much as they wanted. Study three was designed to address the third hypothesis in understanding short term and long-term implications of unplanned treat purchasing. Participants, who were again collected from a Midwest university, were asked to keep a shopping journal over the course of two weeks. Individuals were asked to provide self-reported reasons for the purchase, feelings afterward about the purchase and if they had any thoughts of returning the item. Demographics and mood (Mood Short Form) measurements were captured throughout the studies (Peterson & Sauber, 1983).

Several important findings from this research were considered relevant to the scope of this dissertation. First, study one discovered that the presence of a temporary negative mood was the sole predictor of an unplanned treat purchase. In other words, participants that had a negative mood were more likely to engage in retail therapy and further, to purchase self-treats. Second, their study found that 82% of the sample provided only positive responses on their feelings of the purchase two weeks later. Based on these findings, Atalay and Meloy (2011) asserted that retail therapy is “alive and well”

(p. 655) because people have little to no buyer's remorse and did not engage in compensatory behavior (i.e., returning the item).

Specifically, their findings reinforced prior knowledge that individuals who are lonely depend on encounters in the retail space to fulfill social needs (Forman & Sriram, 1991). In fact, Kim, Kang, and Kim (2005) suggested that individuals who have chronic feelings of loneliness are more likely to browse and delay purchasing to have the chance to return later for more social interaction. This finding provided critical and relevant insight within the context of the coronavirus pandemic where circumstances have increased feelings of loneliness for many people.

Retail therapy has gained attention by retail businesses in recent decades because of the important role it plays in consumers daily lives, so much so that major retailers have dedicated marketing campaigns specifically targeted towards this type of consumers (Kang & Johnson, 2011). One common definition, widely accepted by consumer behavior researchers, was that consumers engage in retail therapy shopping behaviors to alleviate negative moods (Kacen, 1998). These moods were often linked to corresponding stress that is experienced by the individual.

According to Kang and Johnson (2011), qualitative approaches accounted for the vast majority of retail therapy studies at the time of their work (Kacen, 1998; Kang & Johnson, 2010; Luomala, 2002). The objective, therefore, of their efforts was to develop a refined scale of measurement which would help researchers to delineate retail therapy behavior beyond broader concepts such as hedonic, compulsive, and impulsive shopping. Accomplishment of this goal meant they would contribute a means for future researchers to conceptualize and operationalize retail therapy.

Traditionally, the researchers suggested that retail therapy was looked at by experts as either compensatory consumption behavior or mood-alleviative consumption behavior. Woodruffe (1997) and Yurchisin et al. (2008), who supported the compensatory consumption theory, defined retail therapy shoppers as individuals who go shopping to compensate for perceived deficiencies such as lack of self-esteem, being angry, or feeling bored. Kacen and Friese (1999) and Luomala (2002) supported the concept that retail therapy was a mood-regulatory mechanism and defined it as the behavior of going shopping to repair or alleviate negative moods.

To effectively make a case for the need for further retail therapy scale development, Kang and Johnson (2011) first discussed concepts in their literature review that had historically been closely related to the idea of retail therapy. Theory of compulsive buying, impulsive buying, and hedonic shopping were all reviewed but also found a lack of explicit discussions of retail therapy in conceptual definitions. Research of compulsive consumption suggested that it shares a common motivating factor with retail therapy – to alleviate a negative mood (Faber & O’Guinn, 1992). For example, Faber and O’Guinn’s (1992) compulsive buying scale included the question, “I bought myself something in order to make myself feel better” which easily translated to a retail therapy questionnaire. By comparison, Kang and Johnson’s (2011) review of impulse buying scales found them to lack specific items inclusive of the concept of retail therapy. However, studies suggested that this type of buying behavior appeared to be an “effective tactic for breaking out of an undesirable mood state” (Kang & Johnson, 2011, p. 5; Rook & Gardner, 1993).

Retail therapy, according to Kang and Johnson (2010), fit under the broader concept of hedonic shopping because the “core concept of hedonic shopping is shopping enjoyment and it is logical to assume that individuals who use shopping as therapy enjoy shopping and participate in hedonic consumption rather than routine utilitarian consumption” (p. 14). Foundationally, Arnold and Reynold’s (2003) study of hedonic shopping motivations employed a mixed methods approach to investigating the emotional reasons behind consumer behavior. As part of their study, the researchers conducted qualitative semi-structured depth interviews of 98 men and women, ages 18 to 55 to evaluate the hedonic motivations of the participants. As a result, Gratification and Idea Shopping emerged as themes of hedonic motivation. For example, a response by one participant that was coded as Gratification stated, “I like to go shopping when I’m stressed; to me it’s a way to get my mind off of what happens to be stressing me out that day” (p. 92). Findings by Arnold and Reynolds of hedonic shopping value (2003) were also discussed by the researchers, which also demonstrated that individuals feel enjoyment from shopping when they seek to escape from boredom. Further, they suggested that people engage in hedonic-motivated shopping behaviors (buying themselves “something nice”) as a response to feelings of boredom or depression. One specific dimension of Arnold & Reynold’s (2003), gratification shopping, appeared to have significant overlap with ideas brought forth in retail therapy. Despite the similarities in the aforementioned concepts, Kang and Johnson (2010) argued that the constructs were related but distinct because existing research lacked focus on understanding this kind of consumption behavior as “therapy” or as a form of coping.

Kang and Johnson's work (2011) marked a definitive point in retail therapy research by offering an evolved, robustly tested measurement scale. Not only did their work provide subscales for pre-, during, and post shopping phases but it expanded beyond just an apparel category to include broader consumer products. The scale also developed to be inclusive of measurements for both browsing without purchasing and purchasing behaviors. Thus, this work served to fill crucial holes in the scale previously developed by Woodruffe (1997) and Yurchisin et al. (2008) and generally in retail therapy knowledge. However, Kang and Johnson (2011) failed to integrate existing theoretical perspectives on how different types of stressors (e.g., health, financial, social) can impact coping behavior. Questions aimed at measuring social aspects as both a motivator for retail therapy shopping and as a cause of stress (therefore, driving retail therapy behavior) are notably missing from the scale. Additionally, there was no mention of how the widely acknowledged moderators of personality, gender, and environmental context bear relationships to coping strategies and outcomes.

Babin and Babin (2001) discussed the concept of typicality with factors including store location, salesperson appearance, and store name, and the relationship to patronage intent. Typicality, in a psychology context, referred to an affect state that individuals respond more quickly and positively to typical examples of a category than they would to examples that are considered atypical (Merriam-Webster, n.d.). The premise of their argument was that shoppers develop a sort of prototype for a certain type of stores based on a culmination of their previous experiences of what they perceive to be similar store types. Shoppers may then enter into a store experience with preconceived expectations which are either met or not met and can influence the likelihood that they will visit the

store again. The theoretical framework outlined how cue configuration leads to assimilation/contrast, which leads to perceived typicality. The researchers in this study demonstrated that typicality and emotional shopping behaviors bear a relationship in that retail therapy behaviors were more likely in environments that align with their perception of typicality. Perceived value of the shopping experience and future patronage intentions for a store were thus influenced by the store's ability to meet the consumer's preconceived expectations. Babin and Babin's (2001) research of consumer typicality for a store held relevance with the current study as the pandemic significantly changed the physical store environment which likely challenged and eventually changed consumer's preconceived expectations. The possibility existed that consumer's expectations of retail therapy value at a particular type of store did not change as quickly as the retail environment needed to due to the pandemic.

More recently, studies have sought to extend this traditional theory to the digital space of online shopping behavior. The existence of a nominal consumer group that engages in online shopping behaviors on a regular basis for purposes of enjoyment, stress relief, fun, pleasure, and escapism (hedonic motivations) was widely understood and accepted as known truth in the consumer behavior field (e.g., Overby & Lee, 2006; Schenkman & Jönsson, 2000). Overby and Lee (2006) explored the concept of value dimensions between hedonic and utilitarian values and their correlation to preference and future patronage intentions. Their hypothesis stated that utilitarian value was more strongly related to preference of internet retailers. The researchers acknowledged, however, that frequency of shopping could played a moderating role. Overby and Lee (2006) utilized theory from Bolton and Drew (1991) to determine how they defined value

as not solely as a trade-off of price and quality, but also encompassed hedonic and utilitarian factors. While Overby and Lee (2006) began to acknowledge that online shopping provided some hedonic value, the researchers suggested that the internet was, at that time, primarily used to purchase day-to-day commodities and not retail therapy type items. The current study aimed to show that technology and the pandemic has evolved this mindset by demonstrating that online shopping is used for retail therapy value as well.

Retail Therapy verses Impulsive/Compulsive Behavior

The idea of retail therapy has often been associated with lack of control and concepts like impulsivity and compulsivity. Research generally suggested that consumers do not have the ability to control themselves when in a negative mood (e.g., Antonetti & Baines, 2015; Folkman et al., 1986; Pereira & Rick, 2011; Trampe & Stapel, 2011).

Kang and Johnson (2011) found that respondents reported shopping when they experienced strong affective mood states either elation or unhappiness. Conclusions of their research supported existing theory that retail therapy is “not a precursor to compulsive buying, but a distinctive concept that shares some common characteristics with compulsive buying” (Kang, 2009, p. 105). Further, the researcher determined that stress was the most relevant mood for the participants to manage through shopping, followed by depression, and anger.

Phenomenological research by O’Guinn and Faber (1989) also provided theoretical insight to the related topic of compulsive buying behaviors. Their study employed both qualitative and quantitative methods to arrive at a phenomenological description of the relationship between compulsive buying and personality. Here, the

researchers discovered that those with lower self-esteem, were prone to fantasy, and display general compulsivity were more likely to also buy compulsively. O'Guinn & Faber discussed negative consequences for the consumer including extreme debt, sense of loss of control, and anxiety of compulsive buying.

Quantitative research by Hama (2001) presented a nuanced view of retail therapy by comparing it with concepts often deemed to be similar in nature – diversion shopping and impulse buying. Consumers, as the study found, who were under stress tended to practice appropriate coping behaviors to avoid severe stress responses (e.g., conflict, anxiety, depression). Literature prior to publication of her study defined emotional coping behavior as a means to maintain one's sense of well-being and that retail therapy was deemed a type of emotional coping behavior. Hama's (2001) study asserted that there was a distinction between impulse buying, which just helped in *reducing* stress, while diversion buying behavior was more clearly and obviously aimed at *releasing* stress. Hama (2001) suggested that diversion buying was often engaged because it provided a relatively easy method of stress release. Additionally, the researcher suggested that the concept of acquisition, as in the behavior of acquiring and collecting of things, was an important part of the process of diversion buying. Hama (2001) theorized that people who were experiencing stress identified items they wanted to acquire (collect) while diversion shopping, which then led to impulse buying.

Hama's research design (2001) employed a survey method given to 78 males and 104 females, mostly undergraduate students. Participants were given 26 items to choose from for causes of stress, and then 26 items for ways of releasing stress. The researcher used a scale by Sasaki (1984) as the method of measurement for the rationality and

emotion of the shopping behaviors. Hama's survey (2001) covered a variety of stressor types from work, relationship, environmental factors (e.g., "irritated with traffic jam or waiting," p.220) to general satisfaction with life (e.g., "I have a drab life," p. 220).

The results of Hama's study (2001) were that almost half (49.2%) of the respondents said they went shopping when they felt stressed, and of those respondents 61.2% were female. In comparison, only 32.5% of males said they practiced diversion buying. For the respondents who answered they practice diversion buying, the largest percentage (43.4%), said they went to department stores. The research also looked at the timing of the diversion buying and found that most respondents chose to use diversion buying right after stress (40.2%). Overall, Hama (2001) concluded that "shopping was an efficient means of stress release, especially for women" (p. 219).

Hama (2001) clearly positioned the concept of retail therapy as a form of diversion behavior with her study. However, the study was not without limitations as it was conducted in Japan and therefore cultural differences may present themselves as confounding factors when repeated in other contexts. Yet, several sources of existing literature on the subject also described behaviors for purpose of diversion as avoidance or disengagement coping (e.g., Austenfeld & Stanton, 2004; Carver & Conner-Smith, 2010; Lazarus & Folkman, 1984). This type of escapism behavior was generally viewed negatively by psychologists because it delayed the process of confronting and addressing the problem and led to greater negative feelings later (Lazarus & Folkman, 1984; Stanton & Franz, 1999; Tauber, 1972).

Research by Noh and Hasan (2017) took knowledge about retail therapy in a different yet tangentially related direction with regards to the moderating relationship of

personality. Their work supported a broader body of research that demonstrates connections between retail therapy, compulsive buying, and hoarding. Tone and language used to describe their work suggested the researchers generally perceived retail therapy, compulsive buying, and hoarding as negative (problematic) behavior. The researchers posited that “compulsive buying seems to be motivated by factors that also underlie retail therapy shopping (e.g., alleviate negative moods), and given that compulsive buying and hoarding are associated, we propose that retail therapy shopping is one of the antecedents of compulsive hoarding” (p. 184). Put simply, Noh and Hasan (2017) suggested that retail therapy behaviors acted as a sort of ‘gateway’ drug to these worse behaviors. The authors go on to distinguish compulsive behaviors as a serious, medically recognized mental health disorder in accordance with the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) (American Psychiatric Association, 2000).

Similarities with prior literature were reinforced in the definition of retail therapy and personality traits used by the Big Five Personality Traits model. Noh & Hasan (2017) viewed retail therapy to manage negative moods and highlighted Kang’s (2009) study which showed that retail therapy was used as an escape or positive distraction. They also supported the notion that individuals who have low self-esteem were more likely to engage in retail therapy (Kacen & Friese, 1999).

Drawn from prior work by Mowen and Spears (1999), Noh and Hasan (2017, p. 184) defined the Big Five Personality Traits as follows:

- Extroversion – tend to be positive
- Neuroticism – emotional instability, insecurity, anger, anxiety, depression

- Agreeableness – friendly, helpful, generous, considerate, places high value on getting along with others
- Conscientiousness – demonstrate self-discipline, act dutifully, engage in planned rather than impulsive behavior, organized, dependable
- Openness to experience – intellectually curious, creative, likely to hold unconventional beliefs

Missing from the discussion in their paper, however, was conclusions specific to the Big Five personality trait of conscientiousness. Noh and Hasan (2017) described the trait as one who was likely to act dutifully, demonstrate self-discipline and engage in planned rather than impulsive behavior. This definition raised the question if self-discipline is the same concept as self-regulation, and if so, do the conclusions by previously drawn by Atalay and Meloy (2011) apply in this context?

One key distinction from previous literature on retail therapy and personality was put forth by Noh and Hasan (2017). Instead of suggesting that *all* neuroticism was predictive of retail therapy behaviors, and sometimes compulsive behaviors in extreme, their study provided further delineation of the personality trait. Their findings showed that participants who scored high in narcissistic authority-leadership personality often participated in retail therapy but were not likely to engage in compulsive buying. Conversely, participants with narcissistic high self-esteem personality, with both negative and positive dispositions, were likely to engage in compulsive buying and hoarding behaviors. Still, both conclusions drawn were focused on a narcissistic personality type which was rarely viewed with positive connotation.

Another consideration was that if, as Noh and Hasan (2017) suggested, people who ranked high in conscientiousness were likely to act dutifully, this personality trait would bear significance when examined in the context of the coronavirus pandemic with regards to face mask wearing and social distancing protocols.

To summarize, the exercise of reviewing prior literature (Carver & Conner-Smith, 2010; Hama, 2001; Kacen, 1998; Kang & Johnson, 2011) provided critical learning of the connection points between the concepts of emotion-focused coping, retail therapy, and impulsive/compulsive shopping behaviors as they related to the research question of retail therapy shopping in the coronavirus pandemic. Such understanding allowed me to target specific areas of knowledge where gaps still exist, namely applying established retail therapy truths under the novel condition of a global pandemic. Additionally, literature review gave insight to the appropriate methods of qualitative study that have been used in the past and provided guidance on approach and measures discussed in the next chapter.

CHAPTER III

METHODS

The purpose of this qualitative research was to investigate retail therapy behaviors of female millennial consumers in the novel context of the coronavirus pandemic. Additionally, this dissertation study sought to understand the role that personality traits may play as moderators in such feelings and behaviors, as previous studies have established connections between these factors (Bolger, 1990; Carver et al., 1998; Digman & Inouye, 1986; Knoll et al., 2005; Lazarus & Folkman, 1984). Chapter III describes the approach and methods employed by this study. First, analysis of the various qualitative methods and explanation for the rationale of grounded theory approach are discussed. Second, specific processes and procedures for this qualitative research are outlined.

Overview of Qualitative Research

The qualitative research field generally looks at *how* or *why*, where research questions are used to define what it is the researcher is trying to discover about a topic. In comparison, the quantitative research field strives to understand *how much* or to *what degree*. Triangulation – approaching the question from multiple angles – through a mixed methods approach strengthens the quality and validity of the study (Creswell, 2014).

Quantitative research uses methods of surveys and experiments built on quantifiable scales of measurement to answer a hypothesis asking *what* or *how much*. A strength of quantitative research is that it reduces the bias of the researcher(s) that is inherent in qualitative research. Quantitative research benefits from established methods to evaluate validity and reliability, as discussed above, and thus the ability to clearly demonstrate rigor and credibility (Creswell & Plano Clark, 2007). A weakness of quantitative research is that while it can help us understand *what* or *how much* is

happening, it cannot always explain *why*. Additionally, a downside to observational data studies is that it is difficult to avoid confounding variables, meaning, it is difficult to pinpoint the exact variable or variables that are impacting relationship (correlation) or are causing (causation) the outcome (Lock et al., 2020).

Qualitative research, by comparison, uses methods of interviews, observation, and focus groups to gain detailed and in-depth information from participants that is difficult to collect in quantitative studies (Bloomberg & Volpe, 2018). In a qualitative study, the researcher plays an active part of the data collection process, where in a quantitative study they aim to remain distant observers and to be objective. Quantitative studies are generalizable, if the data is collected from a sample group is statistically representative of the broader population, whereas qualitative studies are not (Creswell, 2014). A strength of qualitative research is that it can provide detailed and in-depth information from participants that is difficult to gain in quantitative studies. This approach could be especially useful and valuable in a novel situation like the coronavirus pandemic, a topic which undoubtedly draws strong feelings and opinions from most people. However, a weakness of this method of study is that the researcher is also the measurement instrument, so their world view will impact how the answers are perceived and their meaning (Bloomberg & Volpe, 2008). Table 2 provides a comparison of five qualitative research approaches.

Table 2

Comparison of Five Qualitative Research Approaches

Approach	Purpose	Data Collection Procedure
Ethnography	<ul style="list-style-type: none"> • Seeks to discover patterns of behavior and characteristics shared among a defined cultural group in a familiar setting • Assumes aspects being studied can be learned, and thus shared within the group 	<ul style="list-style-type: none"> • Primarily extensive, immersive direct observation, interviews, and other interaction with participants • Can involve extended time in the field (settings of group being studied) • Involvement of researcher can affect behaviors of group members and influence results
Phenomenology	<ul style="list-style-type: none"> • Seeks to understand underlying meaning and describe the lived experience of individuals in the context of a shared phenomenon or event • Looks for intentionality and consciousness of memory, image and meaning about the experience from participant's description • Focus on uncovering what all participants have in common, identifying a core essence 	<ul style="list-style-type: none"> • Primarily individual interviews and focus groups • Supplemental data can be collected from observations, documents, and content review • Avoids specifically defined procedure to prevent limiting researcher creativity
Grounded Theory	<ul style="list-style-type: none"> • Seeks to further develop an existing theory or create a new theory through a systematic process • Can provide a framework for future research 	<ul style="list-style-type: none"> • Involves iterative stages of data collection and comparative literature review • Typically uses interview method, can be as few as

	<ul style="list-style-type: none"> • Less about description of an event, phenomena, or group of people, conclusions are instead grounded in data from the field 	<ul style="list-style-type: none"> • 8-10 participants and as high as 60 participants. • Employs <i>theoretical sampling</i> of different groups to increase variability of information • Data collection is determined complete when saturation of themes is clear.
Narrative	<ul style="list-style-type: none"> • Seeks to learn about the lives of individuals by having them share information in the form of stories from their past, often chronologically 	<ul style="list-style-type: none"> • Primarily interviews and documents
Case Study	<ul style="list-style-type: none"> • Seeks to analyze and describe an in-depth case, experience, event, or activity of an individual or group of people 	<ul style="list-style-type: none"> • Involves collecting data from multiple sources, such as focus groups (if more than one individual), interviews, questionnaires, observations and content review of documents or other artifacts

Sources: Bloomberg & Volpe (2008); Charmaz (2014); Cho (2018); Creswell (2013); Donalek (2004); Glaser & Strauss (1967); Ham (2016); Jacelon & O’Dell (2005); Leininger (1985); McCracken (1988); Polkinghorne (1989); Strauss & Corbin (1998)

The most commonly used approaches in qualitative research are phenomenological and grounded theory (Donalek, 2004; Strauss & Corbin, 1998). A phenomenological approach is meant to “investigate the lived experience of people of a common event” (Bloomberg & Volpe, 2008, p. 32). This type of approach seeks to investigate the human experience of a shared phenomenon by collecting descriptions from people involved and grouping the information into “meanings” (Donalek, 2004;

Ham, 2016). Contrary to phenomenology, grounded theory is meant to “uncover, modify or elaborate a theory of a process action or interaction, expanding on existing theory or challenging it” and therefore served as the best approach for this study (Bloomberg & Volpe, 2008, p. 32). Grounded theory approaches data collection and analysis with the intention of theory development (Creswell, 2014; Ham, 2016). Grounded theory methodology offers the opportunity for the research to evolve based on interview data inputs. This iterative approach ultimately allows for more detailed and refined conclusions to be drawn. The more specificity that can be drawn in conclusions, the better one can setup future studies; in essence it allows the researcher to better know where to start (Creswell, 2013). An important feature of grounded theory is that the literature review is conducted after data collection so that the information does not lead to preconceptions, in other words, it allows the researcher to "suspend preconceptions" (Bloomberg & Volpe, 2008, p. 42).

In qualitative studies, the researcher is the instrument providing interpretation of the data. Thus, an important step in this process is for qualitative researchers to systematically reflect on their role in the research and be self-aware of their worldview on the topic because of personal biases. A researcher’s philosophical orientation shapes how they see the world and will therefore play a role in how they determine what the appropriate methods are to use in their own research – whether it be a postpositivist, social constructionist, advocacy/participatory or pragmatic view. By considering the philosophical orientation of a researcher the reader can understand how their worldview is shaping the study and its results. Philosophical assumptions of the researcher also need to be considered when reviewing a study: what are the researcher’s epistemology,

ontology, and methodological perspectives (Guba & Lincoln, 1994)? A qualitative study which does not include dialogue on the researcher's personal background and perspective on the topic should call into question the reliability of the study. Philosophical orientation and assumptions are important to be acknowledged by qualitative researchers, to show awareness of their personal bias.

In virtually all kinds of scientific studies, researchers need to account for two kinds of bias that can affect the quality of the study – response and confirmation. Response bias refers to the tendency of a person to answer questions on a survey untruthfully or misleadingly because of a desire to provide an answer they think is “correct” (Creswell, 2014). For example, they may feel pressure to give answers that are socially acceptable. They also may not be aware that they are answering questions against how the researcher intended. This can be an issue especially in self-reporting situations, like interviews. Offering incentives can increase participation and response rate (completion of survey) as well as improve quality of responses in some cases. However, it can also introduce issues with unqualified participants, in other words, people misrepresenting themselves, therefore increasing response bias, so that they can participate in the study and get the incentive (Creswell & Plano Clark, 2007).

Confirmation bias, on the other hand, refers to when an individual knowingly or unknowingly misconstrues information to support their own ideas or beliefs. It also means that information not supporting their ideas or beliefs is ignored or disregarded. Confirmation bias often happens when we want certain ideas to be true, a tendency that researchers need to be especially aware of in their own work (Glesne, 2016). This type of bias could also impact the outcomes of this study when considering

the spread of misinformation surrounding the coronavirus pandemic that was a significant issue. A portion of the population does not believe the coronavirus pandemic existed, a population that could very well be represented in a study's sample group.

Methods exist to help reduce bias that are inherent in qualitative research. Purposeful and convenience sampling methods that are mostly used in qualitative design so that participants represent a targeted group (Creswell, 2014). Performing member checks during and after interviews or focus groups helps to ensure the accuracy of the responses given by the participants, as they intended them to be heard (Bloomberg & Volpe, 2008). Additionally, emerging data science techniques like natural language processing (NLP) can effectively turn words into math by using algorithms to measure meaning behind phrases and extract important words from large amounts of text (Theobald, 2017).

Rationale for the Chosen Methodology: Grounded Theory Approach

A qualitative grounded theory design was chosen as the best approach to investigate the following research questions of this dissertation: *Have retail therapy attitudes and behaviors changed for female millennial consumers during the coronavirus pandemic? What role does personality play in these attitudes and behaviors?* In-depth interviews were used to collect information from female millennial consumers on their experiences of engaging in retail therapy during the coronavirus pandemic. Interviewing was a beneficial first approach in a novel situation such as the coronavirus pandemic because the researcher can collect rich data to develop a contextual understanding of the situation and use this insight to provide direction to future studies. Prior dissertation work by Ham (2016), Kang (2009), and Cho (2018) as well as literature by Bloomberg and

Volpe (2008), Creswell and Plano-Clark (2007), and Creswell (2014) gave direction on the appropriate measures for this type of approach to ensure reliability and data trustworthiness. Literature review of Watson III's (2020) qualitative research on the pandemic and small businesses also supported use of grounded theory methodology for this study because of the specific use of a pandemic situational variable.

Qualitatively structured research studies are commonly used in the field of social sciences, often as a jumping off point for exploration into a novel topic (Merriam, 2009). From the themes identified in a qualitative study, researchers tend to follow with more specific, detailed quantitative studies to test specific variable relationships. Ample quantitative research exists on the theories of emotion-focused coping and retail therapy; however, these theories appear to have very little qualitative study (Atalay & Meloy, 2011; Hama, 2001; Kang & Johnson, 2011; Noh & Hasan, 2017). Thus, established, quantitatively tested theory exists for which this dissertation research has been anchored to for a grounded theory approach. Novelty was found in this work by using a qualitative approach and the introduction of the situational variable of the coronavirus pandemic. While a phenomenological approach was considered since the coronavirus pandemic could be viewed as a "lived experience shared by people of a common event", grounded theory approach was chosen for this dissertation because this research aimed to challenge the perception that retail therapy is an unhealthy behavior during the coronavirus pandemic (Bloomberg & Volpe, 2008, p. 175).

Additionally, part of the purpose of dissertation work was to establish a field of focus as a researcher and to support a career trajectory focused on a particular topic. A qualitative study was expected to yield valuable insight to guide my future work. A

grounded theory approach also allowed the research effort to be scoped appropriately to balance expectations of dissertation level work and constraints such as time and budget.

Researcher Positionality

As a retail therapy shopper and graduate student in retail and consumer studies, I have witnessed first-hand both the positive and negative effects of the coronavirus pandemic on shopping behavior. I am keenly aware of the changes in my personal shopping behaviors and, I believe, how that has impacted my emotional state both during the coronavirus pandemic and longer term. I have found myself evaluating my *needs* verses my *wants* differently than I had before the coronavirus pandemic. Retail therapy usually discusses the idea in terms of *want*, but I believe the lines have been blurred with what we feel we *need*. In part, my ability to obtain some of my usual products and services has changed dramatically which has impacted my resulting shopping decisions as well as my emotional state of mind.

I have found through my graduate studies and prior research work that I take a Social Constructivism philosophical orientation, which believes that reality is socially, culturally, and historically constructed. This viewpoint believes that reality is individualistic in how one sees the world, and this type of researcher seeks to understand these nuances (Creswell & Plano Clark, 2007). I believe that my strengths of approachability and empathy as well as my orientation as a Social Constructivist was valuable in connecting with my participants to gain genuine insight.

First-hand observations and my training as a researcher led me to raise questions about the fundamental nature of retail therapy shopping in a post-pandemic environment. How have we, as consumers, been truly affected (emotionally, physically, financially,

and socially) *if* we are no longer getting what we need from retail therapy? Are there new ways in which we are still able to fulfill this need? My motivation for this study was to understand if these changes were bigger than just my experience, to guide future research by myself and others in the field and to provide crucial information for retailers to understand their customers in this new paradigm.

Sampling and Recruitment

Literature review has determined the behaviors that define a typical retail therapy shopper, and under what circumstances they engage in these behaviors. Arnold and Reynold (2003), Atalay and Meloy (2011) and Kang and Johnson (2011) provided measures which were used to determine qualified participants for each phase of the study. In general, retail therapy shoppers have been defined by experts as people who purchase “treats” in effort to alleviate a negative mood.

Convenience sampling was used to recruit 19 participants (n=19) to complete in-depth interviews. Convenience sampling was appropriate for this type of study because this method is the intentional selection of participants based on their ability to explicate a specific theme, concept, or phenomenon (Creswell, 2014). Participants were selected based on the follow inclusion criteria:

- Persons that were female (or identify as female).
- Female consumers that were part of the millennial generation (born between 1981 and 1996).
- Female (and persons that identify as female) consumers that resided in the United States.

- Female consumers that shopped for enjoyment, stress relief or to improve their mood.
- Female millennial consumers with whom the researcher had not had prior contact (a brief conversation or more) in the last 6 months.
- Female millennial consumers who were not members of the researcher's family (immediate and extended) or close friends (contact within the last month).
- Participant had access to a computer or mobile phone and the Internet.
- Participant was able to converse in English clearly.

Individuals who did not meet the above criteria were excluded, as well as vulnerable populations such as pregnant women, prisoners, and those lacking the ability to consent.

Qualitative research of retail therapy by Ahn and Lee (2018), Morrow (2005), and Ürkmez and Wagner (2020) each found that a sample size of between 15 and 25 was effective in finding consistent themes from the interview data. Creswell (2013), Charmaz (2014), and McCracken (1988) also provided sample size recommendations of eight to 25 participants for a grounded theory approach, while still acknowledging there is fluidity with these guidelines due to the iterative nature of the methodology. Data collection for grounded theory approach dictated a continuously comparative process, whereby collection and analysis happen simultaneously (Ham, 2016). Thus, multiple rounds of recruiting occurred during data collection for this study.

To achieve this level of recruitment, I first engaged close family members and friends to help connect me to individuals who they know in their network which fit the

inclusion criteria for the study. This afforded me the ability to quickly gain rapport with my participants while still mitigating researcher bias that comes with knowing a participant too well. Close friends and family members were blind copied (to protect their privacy) on an email outlining the study, the requirements for participation, contact information, and the offer of compensation (Appendix A). As a secondary recruitment method, I also solicited participation of female millennial consumers who were self-identified retail therapy shoppers by posting on the social media platform Facebook (Appendix B).

The recruitment strategy was designed through a combination of guidance from similar studies, my prior experience in conducting a qualitative study and my personal knowledge, as a female millennial consumer of the targeted demographic. Thus, the choice of engaging recruiting help from my close network, use of the Facebook platform, and the language used in messaging was carefully considered and tailored to reach the targeted demographic group. Theoretical sampling was conducted in later recruitment and data collection stages to further explore themes identified in the initial data analysis. According to Ham (2016), “theoretical sampling is a process that unfolds out of the simultaneous practice of data collection, data analysis and theory development in the grounded theory approach” (p.48). This strategy allowed me to continuously investigate emerging themes that were underdeveloped, by asking pointed questions to address areas that need to be further understood (Charmaz, 2014).

Incentives in the amount of a \$25 digital gift card to a selection of retailers was offered to those who participated in an interview as compensation for their time. Literature on qualitative study design suggests that offering an incentive improves

response rates, especially in studies that require greater time commitment and effort (Creswell & Plano Clark, 2007).

Data Collection

Following review and approval of the dissertation proposal from my committee, approval from the Institutional Review Board (IRB) of the University of Minnesota was obtained to proceed with data collection (Appendix C). While no sensitive information, including personal health information, was specifically asked for by the researcher, it was possible that participants would provide such information. Accordingly, the appropriate measures for handling of this type of data were outlined for the IRB. All electronic data (including video recordings of interviews) was saved on a password protected laptop and purged at the conclusion of the study. The participants were kept anonymous to anyone outside the study and are known only by the principal researcher and her advisor, which participants were told during the consent process. An Excel table was created to store participant information and their assigned anonymous identification numbers, which was stored on the same password protected laptop as the recorded interviews and was only accessible to the principal researcher. Assuring the participants of proper handling of their identity and information was an important step in gaining trust prior to starting the interview (Merriam, 2009). Participants were informed that the interviews were recorded and were given a brief description of the nature and purpose of the research. This information was provided to the participant in detail through the consent form (Appendix D), which IRB determined only needed to be provided and not signed by the participants, and was reviewed at the start of each interview.

Once a date and time for the interview had been determined through communication that was conducted through text, university email, or Facebook messenger, a detailed confirmation email was sent to the participant to prepare them for the interview. The email (Appendix E) included confirmation of the date and time of the interview, a Zoom link, items to prepare for the interview and the consent form. Participants were asked to choose a quiet, private location free from distraction for the duration of the interview which was expected to last 60 minutes. Participants were asked to prepare ahead of time, a few words that described their personality to share during the interview. Suggestions of personality words were derived from commonly known concepts such as detail-oriented, organized, empathetic/compassionate, risk taker, and descriptive terms found in the five-factor model of extroversion, neuroticism, openness, agreeableness, and conscientiousness (Costa & McCrae, 1992). Participants were also asked to bring two to three items that represented recent “treat” purchases to talk about during the interview.

Semi-structured interviews were employed to identify relevant themes and set up additional literature review of related concepts. Interview questions were developed from existing literature by Atalay and Meloy (2011), Kang and Johnson (2011), and related best practices (Bloomberg & Volpe, 2008; Creswell & Poth, 2018). Interview questions were created and structured with the intention of guiding the conversation through an easy flow and inviting the participants to open up so that they felt they could give answers freely (Creswell & Poth, 2018). The interview questions were as follows (Appendix F):

1. Tell me a little bit about yourself – family and friends, where you live and grew up, school experience, job and career, hobbies and likes.
2. How would you describe your personality in three to five words? Why do you choose these specific words?
3. How do you think these personality traits played a role in your ability to navigate through the pandemic?
4. Where do you like to shop for yourself?
5. Do you find you typically purchase “treats” while shopping for your everyday needs? Or do you make specific trips or stops to get a “treat”?
6. How do you think this behavior might have changed for you during the pandemic?
7. Tell me about the item(s) you brought for our interview as examples of “treats” you have purchased. Describe for me some context as to what was going on in your life at that moment that led to you purchasing that treat.
8. How has the pandemic impacted your need to shop for stress relief and mood improvement?
9. Do you think you shop more? Less?
10. How do you think this will impact your shopping needs in the future?
11. What aspects about the changes made to physical stores during the pandemic did you like? Dislike? Describe how you think this might have changed your enjoyment, stress relief, or purchasing of “treats” as a result.

12. What aspects about the changes made to online shopping (stores) during the pandemic did you like? Dislike? Describe how you think this might have changed your enjoyment, stress relief, or purchasing of “treats” as a result.
13. What changes would you like to see to make your experience more enjoyable, if you could tell a retail leader personally?

A pretest of the interview protocol and interview questions was conducted with three initial respondents to clarify the interview process and to evaluate effectiveness of the interview questions and setting. The interview questions provided a guideline, however the nature of the interview was designed to be semi-structured to have some flexibility, so not all questions were used in every interview. The pretest revealed that it was difficult for participants to think of words to describe their personality in the moment, so the preparatory email was updated to include suggested words. This update improved the quality of the subsequent responses from participants. Additionally, the pretest revealed that it was helpful to discuss with each participant their understanding and definition of the term retail therapy to ensure the participants were not too narrow in their view of the concept and thus limited in their responses. Interview questions were continuously refined throughout the iterative data collection process as themes started to emerge. The continual evolution of the questions was flexibility that was essential to gain more detailed information as themes came into focus in later interviews.

An element that was carefully considered in the study’s methods design was the changed nature of the interview process due to the coronavirus pandemic and the impact it may have had on the quality of the data collected. For the health safety of both the researcher and participant, interviews were chosen to be conducted over Zoom. Thus,

ease of use of the video conferencing platform and choice of location were essential considerations for interviewing in this format. The participant needed to feel safe and comfortable to open up throughout the conversation, as well as not be distracted or frustrated by technology issues. Building rapport with the participant was crucial to gain trust and elicit more genuine, truthful responses. Little research precedent exists for these circumstances, so it is not yet fully understood how this might impact the nature of the interview and the quality of the resulting data.

Data was collected over a five-month period from August 2022 through January 2023. Two to four individual interviews were conducted over a few days, and then a break of two to three weeks was taken in order to process the information heard and make refinements for the next round of two to four additional interviews. This process continued to the end of the data collection. Interviews were recorded through Zoom and transcribed verbatim by the online artificial intelligence (AI) transcription service Rev, a service that was suggested by graduate program personnel. Member checks were conducted periodically throughout the interview and after the final question to ensure the participant was clearly understood and their words captured accurately. Detailed field notes were taken during review of the interview recording, including observations of the participant's body language for contextual analysis (Bloomberg & Volpe, 2018).

Data Analysis Strategy and Coding

This study employed the use of triangulation to take several approaches in analyzing the data collected during the interviews to ensure trustworthiness. Data collection was complete once four themes emerged and sufficient support for these patterns was obtained. The extended and iterative collection process provided the

opportunity to determine high level, general themes in advance of the detailed transcript analysis process, with which I could start organizing the data. Demographic and personality information collected during the interview was organized in an Excel table to easily categorize participants. Pseudonyms were assigned, to be used as reference during the analysis phase, in this table to ensure anonymity.

A preliminary review of the interview data was completed to ensure accuracy of the transcription, where several transcripts were read while listening to the corresponding interview recording. The first step of analysis involved an *open coding*, where each individual transcript was read from beginning to end to pull out more detailed information beyond the responses to the interview questions (Strauss & Corbin, 1998). Statements from the transcripts that were representative of the identified themes were selected to be included in the findings and conclusions of this dissertation. Throughout the open code process, direct quotes and paraphrased statements were collected and organized in a separate Word document into the four initially identified themes of general retail therapy observations, gift-giving, guilt and relationship impacts, and completionist personalities. During analysis a detailed journal of reflections and thoughts that occurred during this process captured themes for discussion, a process referred to as memo-writing (Charmaz, 2014). Second, *axial coding* was employed to inspect the open code and identify potential patterns and relationships in the data (Ham, 2016). A selective coding process was utilized to formalize core themes, give them a descriptive label, and validate relationships between the themes (Strauss & Corbin, 1998). Specifically, this process involved printing the open code Word document so that each of the quotes and paraphrased statements could be cut apart and posted on a physical board by their initially

identified open code theme. Printing and posting the data in a large physical space allowed for better re-organization of individual statements and quotes. All direct quotes and paraphrased statements within the four themes was then read again and organized into subthemes. During this step of the process, quotes or statements were re-organized into another theme when determined appropriate. Each theme and subtheme within was then sequenced in an order that provided a logical flow for the reader's overall understanding of information. Each step of analysis occurred on different, subsequent days and not all in one sitting to help reduce bias. Three participants were followed up with over the phone to solicit more detailed information during the analysis process. Lastly, the open code Word document was updated to reflect the axial code process with the final organization of themes, subthemes, individual direct quotes, and paraphrased statements. The axial code Word document then served as an outline when writing the next chapter of this dissertation.

CHAPTER IV

FINDINGS

The purpose of this dissertation study was to explore retail therapy behaviors of female millennial consumers in the novel context of the coronavirus pandemic. The focus of this study centers on the research questions: *Have retail therapy attitudes and behaviors changed for female millennial consumers during the coronavirus pandemic? What role does personality play in these attitudes and behaviors?* Chapter IV presents the findings collected from 19 semi-structured in-depth interviews on the subject matter. This chapter aims to convey a rich description and highlight the complexity of the topic through a storytelling approach, providing illustrative quotations from the participants to show a variety of perspectives. Most importantly, the goal is to allow the women to speak for themselves by sharing a broad range of their experiences so that the reader can immerse themselves in the reality of the women and understand them better (Bloomberg & Volpe, 2018).

The themes identified and discussed were decided upon based on several criteria: 1) ability to answer the research question, 2) relevance to existing and established theory, 3) novelty that could lead to future studies, and 4) a sentiment that was expressed by at least six or more of the 19 participants. First, general findings related to retail therapy and pandemic-driven consumer insights are discussed. Within this section, five sub-themes were identified through open and axial coding: 1) redefining retail therapy treats, 2) personality and types of shoppers, 3) motherhood and shopping in the pandemic, 4) work stress in the pandemic and 5) relationship stress in the pandemic. Next, online shopping in the pandemic is discussed as a core theme, along with a related concept of influencers

and recommendations. Lastly, the findings for three core themes, which I found to introduce novel ideas and approaches to existing theory, are reported: 1) gift-giving as retail therapy, 2) feelings of guilt in relationships, and 3) the completionist.

Getting to Know the Female Millennial Consumer

This chapter presents many detailed accounts and direct quotations of the 19 female millennial consumers who participated in this study. To help gain a better understanding of who they were and to give context to their stories, Table 3 outlines key demographics of the participant.

Table 3

Participant Demographics

Participant Pseudonym	Relationship Status	Children	Millennial Age Range	Location	Occupation
Megan	married	baby	older	South	Mechanical Engineer
Rachel	married	teenagers	older	South	Stay-At-Home Mom
Sarah	married	young children	younger	Upper Midwest	Stay-At-Home Mom
Nina	married	none	younger	Upper Midwest	Marketing Manager
Alexis	married	young children	older	Upper Midwest	Home Goods Designer (LLC)
Olivia	married	none	older	Upper Midwest	Graphic Design (freelance - LLC)
Anne	single	none	younger	Upper Midwest	IT Consultant
Gabby	married	baby	older	Upper Midwest	Stay-At-Home Mom
Carrie	domestic partner	none	younger	Upper Midwest	Cosmetic Specialist (LLC)
Holly	single	none	younger	Upper Midwest	Occupational Therapist
Dawn	married	young children	older	Upper Midwest	Social Worker
Wendy	married	young children	older	Upper Midwest	Retail Manager (LLC)
Lily	domestic partner	baby	younger	Upper Midwest	Social Worker
Amy	married	none	older	Upper Midwest	Teacher
Tanya	married	teenagers	older	West	Office Manager
Kelly	married	baby	younger	Upper Midwest	Talent Recruiter
Emily	married	baby	older	Upper Midwest	Project Management
Paige	married	young children	older	Upper Midwest	Retail Manager
Felicity	married	baby	older	Upper Midwest	Medical Assistant

Definition of the various elements of Table 3 are as follows. Participants were given a pseudonym to protect their anonymity, a commonly used method in qualitative research. Use of a pseudonym makes the experiences shared seem more real to the reader,

rather than a random letter or number to identify the participants. For Relationship Status, participants were divided into three categories: married, domestic partner, or single. The “domestic partner” label was given to participants who were not married but lived in the same household with their partner. The “single” label was given to participants who were either not in a relationship or were dating but did not share a household with their partner. The demographic category for Children was separated into several labels. “Baby” was used for those who had a child under two years old, which was thus born during the pandemic. “Young children” was used for those who had children that were not yet school-aged, meaning five years old or younger (two to five years). Of note, all five of the women with this label in this category had two children, the younger of the two children were all under two years old and were thus born during the pandemic. For Millennial Age Range, participants were separated into “older” and “younger”, determined by their age being in either the older half or the younger half of the 15-year generational range. The participant’s Location was assigned by major areas of the country and generalized to protect anonymity. For example, someone from California would be assigned “West” and someone from Iowa would be assigned “Upper Midwest.” Lastly, the Occupation category provides general labels for the participant’s primary work. Again, generalization was used to protect anonymity, as the primary recruitment method was through connection with my friends and family. The “stay-at-home mom” label was used for the participants who did not work outside the home and did not bring in consistent income to their household. “LLC” is meant to designate participants who owned their own business or were a major stakeholder in a family business.

Redefining Retail Therapy Treats

One of the primary purposes of this dissertation research was to understand if and how the nature of retail therapy treat purchases had changed during the pandemic for female millennial consumers. This section will encapsulate how the participants described their view of retail therapy and the types of treat items they chose to share as examples. At the beginning of each interview, participants were asked to define what retail therapy meant to them, in an effort to understand their preconceptions of the topic. All participants were found to be familiar with the term “retail therapy,” with some taking a narrower view of it being reduced to impulse purchases of clothes or similar type items. To Wendy, retail therapy meant:

Retail therapy to me is therapeutic. I guess feeling a need emotionally to feel good when you're sad or to feel good when you just need to feel whole. I see therapeutic shopping as more of instant gratification, more of a quick pick me up kind of thing, or a 'I deserve this' kind of thing.

A few participants defined the term more broadly to include experiences or idea shopping. Kelly, a younger millennial and new mom, described the term as, “I think of retail therapy as more of a lighthearted term, like going to do something fun when maybe you want a little distraction or to treat yourself.” Another participant, Tanya, expanded the definition further beyond treats purchased for herself in saying:

I'm not one of those that I like to go buy stuff for myself. But I do a lot of perusing of things I could buy, both online and in the store. I like to save those ideas for the future. And I do love buying stuff for other people.

Some participants hypothesized that as they grew older and had more responsibilities for their shopping behaviors had shifted away from retail therapy shopping, at least as is commonly viewed as impulsive and/or luxury type purchases. Amy, an older married participant, illustrated how she thought her shopping behaviors had changed with age, but then reverted slightly because of the pandemic:

Sometimes I still do retail therapy, just not as much as maybe my early twenties when I was in a single, carefree sort of lifestyle. I think it is a different mindset with growing older and more conscientious of what I'm buying. However, I think with the pandemic retail therapy came back a little bit more for me since I had more money because I couldn't go out and do anything. I would buy things online, thinking it wasn't a big deal.

Throughout the interview process it became clear that retail therapy had been redefined during the pandemic. What the participants viewed as a treat and the reasons they gave for buying them were outside of the boundaries determined by the literature review.

Well Done Me: Retail Therapy as a Reward

Interestingly, approximately half of the participants spoke of how purchases were also for a "job well done" or a reward for something positive, not solely as a reaction to negative feelings. In one example, Lily expressed, "I think I'm generally more of a person that wants to treat myself because I've been doing well in certain areas of life, more than for being sad." The participants introduced the idea of "I deserve this" because of something they had achieved or accomplished. This notion extended to include rewards for accomplishments in self-care such as starting a new workout routine. Sarah

provided one such example in describing a recent treat purchase she made as a reward for working to improve her health:

Two of my treat purchases were actually health related. I got an exercise bike for home because with a newborn, it was too tough to get to a gym. After I got back into working out more with it, I bought myself a new workout outfit as a reward and to motivate me to keep going with it.

Sarah's situation demonstrates that the participants viewed not only smaller purchases such as workout clothing as a treat, but also larger investments such as exercise equipment, which she described researching extensively.

Another tradition-breaking view of retail therapy was the perception that a treat purchase was in *anticipation* or for *motivation* to achieve something positive. Wendy explained that she bought a new pair of running pants because she was trying to get back into exercising more. She claimed that shopping for new, nicer clothes would be the reward once she achieved weight-loss goals. As she said, "Some women are so good at having babies, but I was never that person. I hated being pregnant. And now that I'm getting back to myself, it's time to treat myself to some of those things."

Dodged a Bullet: Retail Therapy for Avoiding a Negative

Some participants discussed how treat purchases were made after they had avoided something potentially bad. Carrie discussed how one of her treat purchases was made on impulse after a trip to the vet for her dog, which ended up not being as expensive as she had anticipated. She viewed the treat as a small way to celebrate what she described as "lucky," avoiding something out of her control like a costly bill:

I always get nervous [going to the vet] because as my dog has gotten older it seems to always cost a lot of money and I am afraid they will tell me something is wrong. At this particular visit, I was expecting she would need surgery and thought she might be in pain. I was relieved when I found out it was just a cheap visit, and she was okay. So, I stopped in at the bargain store next door before I picked her up and ended up buying a tee shirt on impulse to celebrate my luck that she is fine and that I avoided an expensive bill.

The scenario Carrie described was similar to other examples in which participants shared emotions of relief in avoiding a stressful situation. Avoiding a large medical bill after an emergency room visit, negative COVID-19 tests before a family event, and paid time off when needing to quarantine due to COVID-19 were a few examples shared where participants then rewarded themselves with a treat purchase shortly thereafter.

Fixups and Feng Sui: Home Improvement as Retail Therapy

Some participants also viewed treat purchases as something that helped alleviate responsibilities that they were capable of but had little time for, such as hiring a cleaning service for their home. Paige, a mom of two young children who works full time, viewed having help in maintaining her home as a treat:

For me, finally hiring someone to come clean our home once a month was a huge treat. I was starting to feel really overwhelmed and stressed about keeping our house somewhat clean, which is so tough now with two little kids. I'm a pretty organized person, so working at home full time during the pandemic and still being remote part-time now, it is distracting for me if my home is messy.

Hiring cleaning help was not the only creative example of retail therapy. One participant, Tanya, discussed how she viewed projects to fix up her house was a type of treat, one she could also enjoy as an activity to spend time with her spouse:

Most of our spending money goes into projects for our home. For example, we didn't like the carpet we had in our living room and my office, so we recently redid the floors to hardwood, which I consider a treat. And now we are working on our master bedroom, where we spend a lot of time, so it is important to me to be a place of calm. So, our retail therapy money goes to Home Depot.

A general focus on home improvement does not come as a surprise considering how much more people were at home due to the pandemic. The view that spending money on home projects is a treat, however, is a new notion. This information shows a potential shift that consumers may be looking at home improvement purchases as more of a *want* rather than a *need*.

Simple Sweets: Food as a Form of Retail Therapy

Overall, participants expressed a sentiment that their expectations for what constitutes a treat purchase and the justification for buying that treat had lowered because of the pandemic. Even simple things like getting takeout food were considered a treat. Several of the women discussed how they cook at home more now because going out to eat was more difficult at the height of the pandemic. Several of the participants listed food-related items as treats, including an air-fryer, ice cream, and high-quality beverage holder. As the pandemic waned, they still found themselves cooking at home more because labor shortages persisted which caused restaurants to be closed unexpectedly or operate at reduced capacity. Anne said:

I think I'm more grateful when I'm doing things that were taken away from me for a while. That's how it felt when we were in the pandemic – that things were taken away from us. Things like being able to go to a store in person and consistency of hours.

Anne, along with several other participants, spoke about the enjoyment that food brings to their life, whether it was grocery shopping, trying a new restaurant, getting takeout from a favorite place, or trying a new recipe at home. Viewing food-related experiences as a form of retail therapy presents yet another perspective where seemingly every day needs, like home improvement or eating a meal, took on new meaning during the pandemic.

Trips as a Treat: Traveling Used to be Retail Therapy

One such example of a “thing that was taken away” from us was ease of travel during the pandemic timeframe. Several of the women expressed how much they used to enjoy travel prior to the pandemic and viewed this as a type of treat. However, all the women who spoke of travel as a treat described how they had held back from travel during the pandemic to be with family or friends for important life events, like weddings and birthdays, because of COVID-19. Sarah, a younger millennial and mom of two young children, described how travel had been challenging for them during the pandemic:

Before the pandemic, my husband and I enjoyed travelling, especially internationally as he has family abroad. But right now, it is just too unsafe, there is too much risk. We actually had a family event in Europe this past spring, but just a few weeks before the wedding, several people in the wedding party got

COVID, so we decided not to go because we couldn't risk getting stuck there without our kids. I'm still just not able to eliminate that fear in my head.

Fear of being "stuck" away from home, their children and work because of uncertainty with travel restrictions and protocols was cited as a main reason for avoiding travel.

Participants who discussed travel as a form of treat conveyed that it was one of the pieces they missed the most during the pandemic, how sad it made them to have to miss or delay time with their family, and how much they looked forward to being able to travel again one day.

Treat Yourself: Self-Care has Never Been More Important

Many of the women spoke about how they tried to focus on small ways they could engage in self-care daily, instead of taking extravagant trips or buying expensive luxury clothes. The types of treats the women brought to the interview as examples reflected this shift. They described how they had become more focused on regaining their health through exercising and going outside more, exemplified by treats like an under-desk treadmill, a high-quality water bottle and jogging pants. Tanya discussed that one of her example treat items, her treadmill, was a way to fit in taking care of herself in her busy schedule as a mom who works full time:

My whole life I've wanted to exercise, but I hate exercising. By the time I'm done with my workday, I am too tired physically and mentally to even go to the basement and get on our treadmill. So, I thought, maybe I could do this *while* I'm working? So, I looked online at a lot of different models and read reviews, and eventually went with one that was mid-range in price and quality, which I found on Facebook Marketplace.

Cosmetic and beauty items such as a facial tool, hair straightener, new eyeshadow and nail polish were other examples of the focus on self-care. Carrie, a younger millennial without children, described her usual treat purchases as beauty items:

I mostly research before I buy something more expensive or a makeup product, which is one of my typical treat purchases. I really got a lot of enjoyment out of those types of treats during the pandemic because I felt like I was doing a little something to take care of myself. If it is cheaper or something like clothes, I find I impulse buy more, but I don't buy that stuff [cheap clothes] much anymore.

Additionally, self-care took the shape of ways in which they could feel a “boost” in their work life, either by purchasing a new luxury brand purse to use when returning to the office or starting her own business. Of all the items shown as examples of treat purchases, the majority of women described being intentional about each purchase, few had purchased the items on impulse. The participants demonstrated how they had researched their options and thought about the item for a long time, especially those items that were more expensive.

Comfy Clothing: Retail Therapy’s Typical Treat Evolved

While many treat items exemplified self-care items and non-traditional ideas like food-related items and house projects, a few women did include items of clothing and bags as examples of treats. Most of the participants mentioned how their clothing style and purchase behaviors had changed during the pandemic. For 11 out of 19 of the participants, changes in clothing purchases were related in part to the fact that they had experienced pregnancy and motherhood in addition to factors related to the pandemic. Megan, a first-time mother working as an engineer, was one such participant:

I'm shopping more for clothing than I did before. I think there are a couple of things driving that. The pandemic changed what I was wearing because I stopped going to the office for a couple of years, so I wasn't wearing work clothes anymore. I was searching for a lot more leisure and comfort wear, and then I got pregnant, so I was searching for maternity and nursing clothing.

Kelly, a talent recruiter for a major retailer, described how she continued to buy professional style clothing for work because she expected to return to "normal" within a few weeks, in time for the summer (of 2020):

I think in a lot of people's minds at that point [the start of the pandemic], it was a very short-term thing. I never thought, in that first month or so, that we would be in a situation long-term, and it would ultimately change the way we work.

In another instance, Anne shared how she initially continued to buy professional wear early in the pandemic with the hope that she would return to the office soon. However, as the pandemic lingered on, she came to realize that she would feel more value from clothing that was comfortable:

I think it might have been kind of a coping mechanism to get through those early weeks of the pandemic. I kept buying summer outfits that had just come out online thinking, 'we'll be back in the summer.' As it turns out, I never really got to use them and have since donated a lot of it. I don't have much use case for nice clothes anymore.

When discussing clothing purchases during the pandemic the majority spoke of how their wardrobe has changed to be more casual athleisure wear from professional wear because of the change to working from home.

Personality and Types of Shoppers

Personality and the type of shopper, reported by each participant throughout their interview, affected how they reacted and adapted to various situations created by the pandemic. This section summarizes commonalities identified in the data between traits, shopper types and behaviors exhibited.

Organized and Disciplined Shoppers

Most of the women described themselves as being “planful” shoppers, especially when talking of treats for themselves. Each participant that described herself as highly organized also demonstrated planful shopping behaviors. Taking the time to research, especially for those that were price-sensitive to find the best deal, helped them to justify or rationalize the purchase. Megan, an engineer and new mom, described her shopping process for a recent treat item:

I bought this [mid-level luxury brand] backpack specifically because I was having a difficult time period at work. I don't usually consider myself an emotional shopper, but this was definitely an emotional purchase. I bought it because I wanted to lift my spirits about going back into the office in my job. So, I got this bag that could carry my laptop and work stuff. I shopped for a long time to find something that was nice, durable and would last a long time, professional looking but trendy and a little feminine in style without being super girly.

The connection between highly organized and goal-oriented personality types and being a planful retail therapy shopper supports prior studies on Emotional Support Coping (EAC) by Austenfeld and Stanton (2004) and Atalay and Meloy (2011) which positioned this type of coping as a strategic behavior. Judging by the descriptions given by the

participants and definitions of approach and avoidance behaviors in a consumer-related context, the planful, proactive behavior exhibited by the participants aligns with the concept of approach coping (Arnold & Reynolds, 2012). Approach coping is generally viewed more positively by researchers and psychologists as it reflects action and behaviors which attempt to address and solve the problem of the negative stressor, which includes a processing of one's emotions in the situation (Arnold & Reynolds, 2012; Atalay & Meloy, 2011; Austenfeld & Stanton, 2004).

Several women shared how they believed they had learned their shopping habits from their parents, which included their planful approach to shopping. For some, shopping was a fun, reward behavior that they would do with their mother. Others learned how to budget, save, and discount shop from their parents. Amy observed:

I'd say we were more on the conservative side with our views on the pandemic and regulations. We always wore masks and were careful, especially in the beginning. I remember even wiping down our groceries with wipes for a time because we didn't know. My dad was high risk and we were living with him, but he continued to go out to stores because he preferred shopping that way. We thought it was risky, so it caused some tension for our family.

Interestingly, Amy stated that her dad was a spender and her mother was more frugal in her parent's relationship. She noted how she observed that this difference created tension in her parent's relationship on occasion, and it likely influences her spending habits and how she budgets with her own husband.

Local Retail Supporters

Another shopper type that emerged as a theme were women who described themselves as focused on shopping local. Several of the women expressed how they prioritized buying from small and/or local businesses whenever possible. These same participants often described themselves as conscientious shoppers who are also concerned about their impact on the environment. Additionally, the women who mentioned this topic consistently described themselves as caring or empathetic individuals. Four of these individuals own a local business. The women who owned a local business conveyed a sense of solidarity and responsibility or duty to support others like themselves. Olivia, a freelance graphic designer, and self-described empath, explained, “I try to support local businesses whenever possible, probably because I own my own business. I felt a responsibility to do my part, especially during the pandemic, because it was so tough for us to survive.”

Additionally, women that had worked in a customer service capacity represented yet another type of shopper, one with higher expectations. Felicity, new to motherhood and had worked in customer-facing jobs for most her career, said:

Having worked for so many years in customer service, I get frustrated probably more easily than others when I have a bad experience. Curbside-pick up is one example. I used it a few times early in the pandemic for groceries, but every order had something wrong or substituted that I didn’t want. I asked for green beans once and got broccoli. I’ll still use it occasionally for other things, but not anymore for groceries.

These participants seemed more aware and frustrated by simpler customer service failures, such as the inaccuracy of grocery with curbside pick-up, or failure to wear masks in a food service setting when required by pandemic regulations.

Converted Introverts

In terms of personality, multiple women described themselves as being more extroverted prior to the pandemic, but realized they enjoy being home more and felt they had changed to be introverted. Emily, one of the women who acknowledged this change, described how the pandemic forced her to be home more which made her recognize that she needed more time herself:

Before the pandemic, I was always going, going, going. And I was always there for my friends. With the pandemic, I've definitely stepped back. I feel like I'm still doing things all the time, but I've taken more time for myself or I need that time to decompress and that it is okay to sit at home and do nothing.

Emily also speculated that this new attitude could be, in part, a factor of getting older and settling into a "family mode" (she was recently married). Rachel was another participant who expressed similar feelings about her change in socialness:

Being forced to stay home because of the pandemic showed me it can be a good thing to slow down. I used to think I was an extrovert but now I think I am more introverted. I realized I was going out a lot socially and focusing on things that don't seem so important now. It gave me time to focus on things I like to do and explore new hobbies. I enjoyed this much more than I thought I would, and I prioritize better now who I spend my time with.

This sentiment showed consistency with the focus on self-care expressed by many of the participants. In fact, the participants who discussed how they came to appreciate more time for themselves explicitly stated how they viewed it as an important component of self-care.

Shoppers Who Want Solitude

When discussing shopping behaviors in a store, most of the participants stated that they preferred to shop alone. This appeared to align with the high number of participants that described themselves as introverted personalities. The women explained that shopping alone allowed them to move more quickly (for everyday items) or take their time and browse if they wanted. For those that are mothers, they especially avoided whenever possible having to take children with them during shopping. Emily stated, “I definitely prefer to shop alone, if I can help it. I can get through my shopping list much faster without kids with me, and that saves me a little time to look at things that interest me as well, a little retail therapy perhaps.” The participants explained that they wanted to limit their time and interactions within the store for safety and efficiency – as most described themselves as conservative with their approach to the guidelines. Anne, a single woman without children, who described how she used to enjoy going shopping in stores prior to the pandemic stated:

The biggest change for me is that I used to not mind crowds. Now, I will literally go to the grocery store at night when I know there won't be a lot of people there so there will be less risk of exposure. I don't like a ton of people around because I'm not used to it anymore.

Some of the women who described themselves as having a social personality mentioned that they enjoyed interaction with sales staff and other customers when shopping on occasion. Paige, for example, said how she used to take her time browsing the store because she liked looking at all the various products. However, she said her feelings changed in the pandemic as she no longer desired lingering in the store:

Normally, I would enjoy looking around at all sorts of things when shopping in a store, I enjoyed going into the store. But during the pandemic I hurried while shopping so I could get in and out quickly. I didn't want to be around people much and risk getting sick. So, I felt like I was missing out on that pleasurable component of shopping in a store.

The preferences to shop alone, as most of the women stated, were in place prior to the pandemic. However, the nature of COVID-19 and retail stores' reactions to the pandemic guidelines increased their desire to have solitude while shopping.

Creative Social Shoppers

Participants who enjoyed social shopping with family or friends prior to the pandemic still found creative ways to engage in a similar behavior. As one example, Anne described how she would video conference with her mother and sisters and shop retailers' websites together through shared screens:

I used to shop pretty regularly with my mom and sisters before the pandemic, it was an activity we enjoyed doing together to spend quality time with each other. So, when COVID made that difficult, we would actually Zoom with each other and shop online together to fulfill that experience we used to have.

Other participants found ways to shop socially by sharing and exchanging ideas of products their friends or family might like through digital channels. Megan shared how this exchange had become vital for her as she became a new mom during the pandemic:

I enjoy texting with my network of mom friends to be like, ‘hey, I saw this sale if you are interested in it’ or if they send [a product] to me, then I will go shop somewhere that carries what they sent me. So, while I prefer to shop in person alone, I am more social when it comes to shopping online or beginning the shopping process for something.

Shopping in this way allowed her to feel connected to other mothers and, as she described, saved her valuable time in searching for what she needed for herself and her baby.

Health Conscious and Anxious Shoppers

When asked about their perceptions of the protocols put in place during the pandemic and how they approached the safety measures, each participant described themselves as being on the conservative side with regard to health protocols, vaccines, testing and quarantines, avoiding contact. Felicity, a new mom working in the healthcare industry, shared her feelings about the store environment:

I definitely felt a bit frustrated when I saw people in a store not wearing a mask or social distancing. It seemed more of a political statement than just caring about public health and concern for me. All those things were kind of clashing at the same time.

Participants noted how they noticed stores that made the effort to keeping things clean and that followed the guidelines at that time, such as social distancing and implementing

contactless payment. Rachel and Olivia were two participants that described how they got used to that mindset and it eventually became an expectation for them. By comparison, businesses that were unable to or did not seem to care about maintaining that standard were businesses they said they would not go back to. Rachel provided one example of this:

I remember going out for a retail therapy purchase, to buy some rolled ice cream as a treat for our family, and I was frustrated (and never went back there) because I saw that one of the employees didn't have a mask on. And I wondered why, with all the information out there about transmission of the virus, he wouldn't think to wear a mask.

Alexis, a part time retail associate, saw first-hand how shoppers were adapting to (or not) the guidelines her store put in place during the pandemic. As such, she admitted she had certain standards when shopping at other stores that she expected:

I appreciated the companies where I remember seeing more people cleaning more, like carts for example, or having social distancing signage posted. That piece is I think, really important to facilitate for the promotion of public health awareness, where people are falling short in the general public.

When asked if there was anything driving them away from stores once the pandemic had started, Gabby said, "At the beginning, you would see anti-mask protests or conflicts in stores in the news or on television. Even though I did not witness this personally, it didn't give me a reassured feeling going into any establishment."

Being a Mom is Hard – The Pandemic Made It Harder

As discussed in previous chapters, there is much evidence that women who were having children during the pandemic faced unique circumstances, challenges which often resulted in significant stress. Thus, it was not surprising that distinct shopping patterns emerged from the interviews with the women who were mothers. With all participants who were married or in a domestic partnership, the conversation tended to focus on their shopping behaviors as a mom or partner, it was difficult to separate from this mindset and identify examples of treats for oneself. It was clear by the amount of time spent discussing ways in which they cared for their families that the needs of her family took priority over herself most of the time. Much of the stress expressed by the women was derived from feelings of responsibility as the caretaker of the family. The women with young children who were working also discussed the added stress of caregiving. As Tanya succinctly said, “A lot of my happiness comes from making sure my family is happy despite things being chaotic or not going the way we expect.” As a result, the women found it harder to justify a treat for themselves, and when they did attempt to reward themselves found it challenging because of the changed nature of shopping in stores.

New Moms: Where is My Village?

Of the 19 women that participated in an interview, 11 were pregnant and/or had newborns in the first year of the pandemic. Six of the 11 women were first-time moms, while the remaining five also had young children under 3 years old at home. This group of women described experiencing significant stress caused by the pandemic. “I think we [women] don’t speak the truth about motherhood enough. It’s not as rosy as everybody

pretends. It's the most beautiful thing, but it is the most challenging thing in your life," stated Kelly when talking about becoming a mother during the pandemic. The pandemic changed for them, as they described, traditionally important moments in having a child. Baby showers had to be delayed, done virtually or cancelled altogether because gatherings like this were considered unsafe, especially before vaccines were widely available. Visitors, including support persons like a mother, sister, doula or even sometimes her partner were restricted from being at the hospital during the birth. Surprisingly, Lily shared how the pandemic urged her to re-evaluate her feelings of when she wanted to become a mother:

I think the pandemic maybe motivated me to have a baby sooner, although my clock was ticking anyway. I just felt like I was sitting at home with nothing to do and could be filling that time with a child I could be bonding with. But then there was also this piece of having a baby and being in the hospital while the pandemic was going on that was kind of scary.

Lack of precedent and reliable data left many of the participants, unsure if they should be vaccinated or not while try to have children, being pregnant or post-partum. Doctors strongly discouraged the child, mother, father, and siblings from being around people unnecessarily in early months, even after vaccines became available to most adults. As a result, most of the women with young children expressed feelings of isolation as a result from confinement to the home, especially prior to the availability of vaccination. Gabby, who learned she was pregnant shortly after the pandemic began, described how uncertainty about COVID-19 impacted her experience of becoming a mother for the first time:

The hardest thing was as a pregnant woman, I couldn't really go anywhere or do anything because of the increased risk to pregnant women and no vaccine available [yet]. So, when our baby was born, the doctors were very much like, no one needs to meet your baby, no one needs to be near your baby, because they were worried about germs and COVID-19.

The women in this category tended towards bringing treat items to the interview that were first and foremost something functionally needed for a new mother, but perhaps of nicer quality or brand. For example, one new mother showed an Apple watch that she described as needing because her hands were usually full carrying the baby and she could not conveniently get to her mobile phone. Most often, health safety and supply shortages (unavailable product) were discussed as the barriers in a successful retail therapy purchases for the women in this group. Yet, the women interviewed for this study still managed to find creative solutions to circumvent these issues and exercise some retail therapy by shopping online and using curbside pick-up once it became an available option. Wendy, who had her first child just prior to the start of the pandemic and her second child mid-way through it explained why she greatly avoided shopping, "Going out shopping was impossible. I wasn't bringing my baby anywhere; it wasn't worth the risk. I was happy to sacrifice things I didn't really need to do in order to keep my baby away from COVID-19."

Work Stress in the Pandemic – Not Enough Hours in the Day

Changes in the workplace due to the pandemic was another topic frequently discussed as a source of stress by the women that participated in this study. The most common themes heard were the challenges of balancing motherhood and working,

uncertainty in job security and industry-specific challenges in adhering to pandemic guidelines.

A Welcomed Break for New Moms

In six of the 19 cases, the participant experienced a gap in employment during the pandemic, either from maternity leave, lay-off, voluntary resignation with severance benefits or short-term disability. In each situation, the women described how they and their partner saw it as an opportunity to focus on taking care of themselves and their family. Sarah, a mother of two young children, provided an example of how circumstances of the pandemic created a need for her to take time off from working to care for her family, which led to her taking the opportunity for a voluntary lay off offered by her employer at the time:

It was a very stressful thing [working and being a mom of young kids] at first.

When I started talking to my husband about it, we realized my anxiety was around my using paid time off to manage times when the kids were sick or couldn't be at daycare because of COVID. I realized that so many people did that [take time off] even intentionally in their careers before the pandemic. So, we decided to take advantage of the voluntary severance being offered by my company. I did it for our family.

Emily, a new mom and project manager, spoke of how she struggled to cope with her demanding job as a project manager and the life changes that came with being a mother. She remembered telling her husband, "I'm trying to do two jobs - work a full time at a difficult job and do all the things of a full-time mother. But I don't get twice the number of hours in the day to do it." As a short-term solution, her employer allowed her to take

time off at full pay under short term disability to focus on her mental health, for which she said she was grateful. However, she had reservations about her job security initially when pursuing options to address her feelings of burnout. Emily described herself as one who is very driven, organized, and responsible, so she acknowledged this was part of the reason it was so difficult for her to come to the decision to take time off from her job. Ultimately, though, Emily said she decided that “Life’s so short, so it’s okay to give yourself breaks now and then.”

Working at Home: A Tough Transition

The participants that had babies and very young children (under 2 years old) had trouble when trying to work from home, despite having an in-home caregiver, because the children were too young to understand why their parents were unavailable while at home. Dawn, who primarily works remotely in her job as a social worker and has a nanny in her home during the weekdays, shared how it has been difficult to juggle prioritizing work while being in such close proximity to her children. She created a dedicated, separate office space in her home, but her children were still too young to understand the concept. She shared, “My daughter, who is 6 months, is pretty particular. Hearing her crying, it’s very hard to focus. If I didn’t have a meeting then I was going out there to help take care of her.”

The participants that described themselves as highly organized consistently spoke about how working from home initially required considerable time for transition, but that over time they found it to be beneficial and, in some cases, preferred. In each situation, these highly organized women discussed how they struggled with stress from perceived household messiness interfering with their ability to focus on work. Tanya, who had two

teenage children and worked entirely remote, best represented these feelings when she said:

When I first started working remotely, it was hard to block off and just be at work. I felt like my house was a mess and I needed to take care of it, it stresses me out when things are a mess. I'm doing a better job now in just focusing on keeping my workspace clean, the rest of the house I can't see it.

Approximately half of all the participants had occupations which were able to be adapted to remote working once the pandemic started. Of the women that were working remotely, each one expressed surprise at how much they liked working remote. They felt it was conducive to their introverted personalities, they were more productive overall because they could manage their time better, and they didn't miss the stress and time lost from commuting. Tanya described how she felt she had improved in communication skills that had been a challenge for her in the past:

I prefer to work from home. I consider myself to be very introverted, I don't like social situations. It's worked really great for me because I've built a better skillset as far as communicating to people on meetings or phone calls, which used to feel more awkward.

Nina, who described herself as an extrovert and is in marketing, enjoyed having the time at home but missed the interaction with coworkers. Her office was in the process of moving to a hybrid model with a few weekdays in the office at the time of her interview:

It's so nice to be in sweats and to get laundry done and to go on a walk over lunch with the dog. I feel like now if I go into the office, it's more of a social thing and to see coworkers and friends and you don't get much work done.

In general, the consensus among the participants that worked was that they benefitted most from a hybrid solution where they were able to split their time between being at home and in the office.

Burning Out: Pandemic Impacts on Healthcare and Retail Workers

Two industries that experienced extensive change and challenges during the pandemic were healthcare and retail. Four of the 19 women worked in healthcare (or had a spouse that did) and specifically mentioned burnout and stress from their job. Holly, who worked at a senior care center with a highly vulnerable resident population, described how her job was particularly difficult in the early days of the pandemic:

When residents started testing positive [prior to vaccination availability] it was challenging to get them to stay in their rooms, especially those that were pretty mobile and independent, so that it wouldn't get through the whole facility. I wasn't really able to do activities, I had to focus on implementing social distancing.

Four of the 19 women owned their own business or were part of leadership in their family's retail business. Each expressed that they felt anxiety and stress because of regulations and guidelines put in place during the pandemic which limited their businesses. Importantly, the women did not say that they disagreed with the restrictions, only that it caused challenges to react and adapt their businesses so quickly, which was stressful. Wendy, a mother with two young children and whose spouse, parents and

siblings work in the family's retail business, faced unique challenges in comparison to the other participants. Her job was intertwined with managing different viewpoints on how their business should respond to the restrictions and guidelines and ensuring her employees' safety was a priority:

Our store is never closed. Holidays, family birthdays and weddings, we were open. So, this was huge, this forced closure in the first weeks of the pandemic. One of my family members didn't really take it seriously. His attitude was 'what are they going to say? How are they going to catch me? I'm going to stay open and make as much money as I can. We couldn't afford to lose the store.

As a new mother with young children, Wendy described how she felt torn between her strong sense of obligation to support her family's business and her responsibilities as a mother and wife. She expressed concern about being in the store for long periods of time before it was widely known what COVID was, and the risk of catching it and giving it to her newborn child.

Keeping My Circle Small – COVID-19 Challenged Relationships

Stress in relationships, both family and with friends, was also a common topic of discussion during the interviews. All 19 participants mentioned how they kept their "circle small" during the pandemic and how some relationships with their family and friends changed as a result. They acknowledged that the pandemic led to them prioritizing certain relationships over others.

Several participants discussed how friendships dissipated over differing viewpoints on the pandemic and how to manage safety around other people. Most did not encounter issues regarding vaccination within their close network of family and friends.

Five of the 19 participants specifically mentioned they had parents or other family members who are immunocompromised, which is a high risk for more serious complications from COVID-19 (Center for Disease Control, 2022). Rachel, who trained in the medical field and whose husband is a doctor, explained how she had “distanced from a few friends who had extreme views not based in scientific fact on the pandemic.” Participants who had a baby during the pandemic had a difficult time managing others’ expectations in spending time with their family and worried friends and family would think they were inconsistent with approach to health safety. Lily, who had her first child early in the pandemic (October 2020) shared her concerns, “Having visitors after we first had our baby was really anxiety producing. Obviously, everybody wanted to come and meet the baby, and I wanted people to meet my baby, but I also wanted to protect my baby.” Dawn, a married mother of two young children (one of whom was born during the pandemic), reported that there was tension with family and her spouse over a perception of a double standard with how they were approaching the pandemic and safety. Anxiety over the subject led to her writing an explanation that she emailed to family and close friends. Dawn explained that she believed the right thing to do for her family was to take a more conservative approach and asked family members to test prior to going to family events:

Our family was always careful about testing before events because we were living with my spouse’s parents early in the pandemic, and they were higher risk. After vaccinations became available, though, I learned that some of our family and friends were becoming more relaxed with testing, even though at-home tests were easily available. We had a family wedding that we had looked forward to

attending later that year (2021), while I was still pregnant. However, shortly before the wedding we learned that several of the guests were not planning to take tests, and since it was fall and COVID cases were starting to increase, I didn't feel comfortable going anymore. This caused tension with my spouse, who still wanted to attend and was frustrated with me for being so cautious.

Multiple women, across both older and younger segments of the millennial generation, mentioned how they took time away from social media. They described how they had stopped following friends or family members due to their viewpoints on the pandemic and politics, which they spoke of being intertwined. Holly, a younger millennial in the medical field, described her social media actions accordingly:

I found myself cleansing my friend lists and people who I was following on social media because I didn't like what they were posting and it frustrated me. I'm pretty intentional about the people I keep in contact with, it is important to me to have similar views, especially regarding the pandemic.

Younger participants that were single or in a committed relationship and without children expressed missing the socialness of going out with friends more than older participants. They also voiced more situations of falling out with friends who they perceived were not approaching the guidelines as seriously and were acting in an unsafe manner. As Anne, a younger millennial in the IT field described:

I had friends who got COVID that weren't following the CDC guidelines. They were out and about, wearing masks, but still out earlier than I would have thought safe. And that made me feel differently about them. I don't like confrontation, but

I felt in that scenario I had to say something because they are potentially risking others.

Similarly, Holly expressed how she had many friends that she would regularly meet in person prior to the pandemic but chose to keep her “bubble” small during the pandemic:

I do remember feeling frustrated seeing other people going out or just refusing vaccinations. Working in a healthcare facility and knowing what was happening in real life, I did feel a lot of frustration from that, people were just so ignorant.

Overall, most of the women described that they have continued in keeping their social networks small as we have emerged from the pandemic. The explanation they consistently offered as a reason for this was that they had come to value the time spent with their immediate family and for themselves more.

Pandemic Impacts on Online Shopping Behavior

Convenience (and Variety) is King

The changes in physical stores brought on by the pandemic pushed many consumers to online shopping, especially in the early weeks. Inevitably, it was a theme that every participant discussed in some capacity. Many of the women mentioned the access to a wider variety of products to be found online as a positive and explained it was a reason for shopping online more during the pandemic. They discussed how they were often able to find something that was not available in the store. Additionally, each participant described how they felt online shopping was more convenient and saved them time. Megan, a working mom with a newborn, stated, “It’s been easier to shop online, especially because they have made returns easier. The value of my time is more important to me than the value of the price.” Younger participants more frequently

discussed utilizing online technology as a solution to more quickly finding products they needed or wanted. “I feel like I would online shop even before the pandemic, but I also went to the mall a little bit more before then too. Maybe it’s just because it is so much easier to shop online now compared to two years ago,” said Nina, a younger participant.

One clear trend in the interview data was that all participants mentioned the general improvement in ease of returns with online shopping during the pandemic, which helped it to become less risky. However, some of the women had challenges with smaller, less well-known brands in returning items purchased online, which then led them to check return policies more thoroughly before buying online. Paige explained her viewpoint of online shopping and returns as:

I feel like returning items I bought online has generally gotten easier because of the pandemic. Bigger retailers have figured out how to do it to make it convenient for us, like Amazon. Some of the smaller online brands, though, still have unrealistic or unfair policies, which I have learned the hard way on a few occasions. After that, I am now a lot more careful and research the return policy before buying something online.

Not surprisingly, participants that described themselves as a “planner” in their personality traits consistently discussed how they would research inventory availability and return policies online prior to making a purchase.

Introducing the New Convenience: Curbside Pick-Up

One aspect of this convenience was the introduction or increased availability of curbside pick options. Virtually all participants viewed curbside pickup as a positive and hoped that the broader availability of this option would continue after the pandemic.

Holly made the point that she liked curbside pick-up because then she was not tempted by going into the store to buy things she didn't need, "I just order what I know I need, pick it up, then not do that browsing piece."

Approximately 75% of the women specifically stated how they would not shop for groceries online or do curbside pick-up for this type of product because they preferred to do it in person in the store. Five of the women spoke about their reason for this attitude came from experiences of inaccuracies or disappointment in quality with their attempts at online grocery orders (curbside pick-up or delivery) early in the pandemic.

Multiple participants, however, voiced issues with the inaccuracy of online inventory for many retailers. They expressed how it was frustrating and wasted their time to show products online that were not available, especially if they then made a trip to the store only to find it not there. While this sentiment was expressed consistently across both every day and treat type of items, the participants appeared to express greater frustration when a treat item was unavailable. Megan provided one such example:

My recent frustrations have been around things being advertised as being available, but then they're actually not in stock. It's very frustrating when you're like, this pair of shoes look great and you look into buying them just to find they are not available in your size. Sometimes it will show it is not in stock right now but may be later, but they miss the point. I'm trying to buy something *now*.

This greater level of frustration in failing to obtain a treat item fits with the significant amount of evidence shared by the participants that they have a hard time justifying retail therapy purchases for themselves. To overcome the justification hurdle only to find the product is unavailable understandably leaves one feeling disappointed and possibly

feeling guilty – either guilty for a “moment of weakness” in almost giving in to a self-treat, or for wasting time pursuing something for themselves. Guilt is a complex emotion that was found to be interwoven throughout multiple themes of this research and is discussed in more detail in following sections.

Uncertainty Persists in Shopping Online for Clothes

The pattern of increased online shopping, however, diverged with the product type of clothing. Most of the participants admitted they still preferred to shop for clothing in a store rather than online. Clothing shopping was a product type of special interest because it is traditionally the most common treat purchase associated with retail therapy. Olivia, an older millennial without children, shared:

I'll buy clothes online if it is convenient and inexpensive because you don't have to do anything [like get in your car and drive to a store]. But in store, I can see and feel if the material is cheap, I can try it on to know if it will fit the way I want. So, if it is something like expensive clothing or a piece of furniture, I have better success with seeing it in person first before buying.

While most of the participants stated they preferred to still shop for clothing in stores, the older millennial women, especially those that are moms, seemed to be more determined to shop in store for clothing rather than buying online. Lily, a new mom in the older millennial age range, explained that she had experienced returning clothing from online to be too much of a “hassle”. She had attempted more online shopping earlier in the pandemic for maternity clothing and post-partum but given her body had changed she found it difficult to get something that fit correctly by simply viewing it online. Anne specifically noted how she considered shopping to be a hobby and preferred to do so in

stores, especially for clothing. She was driven to shop online for a time early in the pandemic with store closures, but once vaccinated and deemed safe to go to stores, her online shopping behaviors waned. Similarly, Holly, a younger millennial without children, said:

Even during the pandemic, I still preferred to shop for clothes in the store.

However, since I was going out so much less, I didn't feel the need for a cute new outfit as much. So, I was buying comfy clothes that were less expensive, usually online from Amazon or Target, places it was easy to return if I didn't like it. But if I was looking for something nicer that I was going to spend more money on, I definitely made the trip to the store so I could make sure I would like it before buying it.

In comparison, Carrie, also a younger millennial without children, felt the increase in ease of return during the pandemic led her to purchase more clothing online:

Before the pandemic I was a lot more hesitant to buy clothing online because if it didn't fit or I didn't like it in person, then I would've had a hard time returning it or couldn't. But now that they've removed some of those barriers, I have a lot less hesitation before pulling the trigger for online purchases.

While approximately one third of the participants stated their pre-pandemic level of clothing shopping continued during the pandemic, albeit through different channels, the remaining two-thirds of participants acknowledged how their clothing shopping declined. The most consistent reason was that they felt they had shopped less for clothing during the pandemic because they could not see or touch the product to determine quality and try it on to determine fit. Olivia explained her justification process as:

During the pandemic, there were so many restrictions and a lot of places had either closed or moved things to online. I did way less shopping because it wasn't as convenient and because it's hard for me to order online by looking at a photo. I want to be able to touch it. I want to try it on. I'm always thinking, what else could we be using that money towards? If I can see and feel it to know if it is good quality and will fit, then I can justify it more easily than if I bought it online and not know if I will like it.

Participants explained that they did not trust the item would meet their expectations and they did not want to risk wasting their time if it failed to do so. Interestingly, this pattern connects with another identified theme, that of guilt, discussed in an upcoming section. Six of the 19 women described how they felt more guilt (some called it "buyer's remorse") over buying products, especially clothing, online because they did not know if they would "love" it.

The Impact of Influencers in Online Shopping

Another common topic within the interviews was how much the participants relied (and still do) on recommendations from friends, family, and influencers. This concept also extended to the reading of reviews of products online. Older millennial women appeared to give greater weight to product recommendations from family and friends, whereas the younger women looked more to social media influencers on platforms like Tik Tok. The pattern of reading reviews to inform purchase decisions was consistent across all participants, especially when it came to retail therapy type purchases. The women claimed they were able to justify a treat purchase more easily if they had

taken time to research it, which included gathering information from recommendations and reviews.

Surprisingly, younger participants discussed how they had found income streams from online blogs and other means of being an influencer. Two of these women, Nina, and Sarah, talked of how they received income and free products as a result of these efforts, and that they often used the added income as their “spending money” for treats for themselves. The role of influencers on the younger women appeared to be a strong driver of their retail therapy behaviors, often dictating treats they wanted for themselves. Four of the younger participants specifically mentioned being easily influenced by products they were seeing online, especially ones that seemed to be in high demand and selling out quickly. They liked having links directly to the items shared by the influencers so they could easily buy. These findings support recent research of the role of influencers on impulsive shopping behaviors by Shamim and Islam (2022). Lily described it as “pandemic boredom”, where she would spend time, sometimes significantly, surfing Instagram for ideas. Woodruffe (1997) and Yurchisin et al. (2008), in their theory of compensatory consumption attitudes and behaviors suggested that retail therapy shopping can be driven by moods of boredom, as this current study demonstrated. Lily’s description was also consistent with recent findings by Park et al. (2022) which investigated how negative emotions driven by COVID-19, such as boredom, affected changes in shopping behavior. Lily described how she would often see videos from TikTok by influencers that showed products that piqued her interest, which she would then sometimes buy. She explained her browsing and buying behavior as:

I probably wouldn't have looked at TikTok as much except I was home alone all that time. It was literally boredom. It was entertaining little, short videos that made me laugh in a time where, it [2020] was a tough year. There was the pandemic, George Floyd and leading up to an election. I would see products in these videos that interested me, so it definitely led to some treat purchases.

Even if this exposure did not lead to a purchase, the women discussed how they would save products they were interested in through various "wishlist" functionalities that many online retailers now provide. They stated that the act of simply saving the idea, even though most often they did not go back to buy, was enjoyable. Nina shared, "I can be easily influenced, and I save things, for example specific clothes, for when there is a sale or when I can afford it more." Of note, most of the women mentioned that they rarely went back to a saved item to purchase it, and if they went back to an item and it was out of stock, they did not attempt to find a similar item or find it elsewhere.

Gift-Giving: The New Retail Therapy

Treats for Others – Even Better Than Treats for Myself!

A clear theme that emerged from the interviews involved a new way of looking at the traditionally accepted theories of retail therapy – the concept of gift-giving as a form of retail therapy. Instead of self-treats, many of the participants were eager to talk about the positive feelings they associated with giving treats to others. Dawn described searching for and buying gifts for others in the context of a current popular term, as a "love language" (Chapman, 2022; Cook et al., 2013; Hughes & Camden, 2020). She said, "I think that if giving gifts is part of your love language, it is helping to fill yourself up by

doing that for other people.” Anne offered a specific example of a recent gift purchase and how it made her feel:

As much as I love buying stuff for myself, it also makes me happier than anything to get something I know someone is going to love and to give it to them. I was at Costco last night and found these joggers that were only \$3, and they were my sister’s size, so I got them because I know she loves joggers. It makes me really happy to make other people happy.

I found that this theme spanned all ages within the generation and relationship types – younger, single women and older, married women alike expressed joy in giving gifts. Some participants discussed how they liked to give gifts to friends and family even when it was not for a particular occasion like a birthday. The women that spoke about the joy of gift-giving described that they view it as one of their ways of “being there” to show support and caring for their loved ones. Lily also provided an example of her gift-giving:

During the pandemic, I would send flowers or treats because I wasn’t able to celebrate things with them in person, even though I would have wanted to. I was just looking for ways to brighten people’s days.

While the participants generally spoke of their positive feelings while shopping for and giving gifts, a few admitted that gift-giving can also be a source of stress when they felt obligated to do so for someone they found challenging to buy for or did not know as well. Olivia explained how her feelings differed depending on the situation:

I love gift-giving, but I like to give a gift when I have found something that I know someone would love. Sometimes, for someone I don’t know as well or is

hard to buy for, it feels like ‘well now I have to find something’ and is more of a chore. However, I can more easily buy something for somebody else than I can for myself.

By describing the act of finding a gift as a chore rather than a fun, enjoyable activity, Olivia provided a scenario in which shopping for a gift would be more of an item on a “to-do” list rather than a retail therapy experience.

The Gift of Experiences or Necessities

Shortages during the pandemic also led to untraditional types of gift-giving. Those who described themselves as caring or generous personalities gave examples of how they would stock up on basic items for their friends and family if they found them available. For example, several women described how they would buy packs of toilet paper or cans of baby formula, of which there were shortages during the pandemic, to have on hand should their family or friends need them. Felicity, an older participant, and new mom, shared:

At one time during the pandemic, some friends and I [who have newborns] were having difficulty finding baby formula, both in stores and online. I had a family member who lives in a rural area near a Walmart that showed a good supply in stock. I was able to order formula for myself and two other friends who needed it and my family member graciously picked it up for us. For the next several months, I would always grab an extra can or two when I found it shopping, so I could give it to others when they needed it.

In some sense, they were exhibiting panic buying behaviors not only for themselves but for others.

Multiple women also described how, instead of giving tangible gifts, they preferred to give the gift of time spent together doing something such as having a meal together. Kelly provided an example of how the type of gifts given in her family changed during the pandemic, “We made shifts in that direction [towards having experiences over buying things as gifts]. I don’t buy my siblings and my parents’ gifts; we’ve started a tradition that I just take them out to a nice dinner for their Christmas gift.” This information is consistent with sentiments expressed when self-treats were discussed, the participants often spoke of how their idea of treats for themselves had evolved to experiences over things. When asked to speculate on the reason for this change, they stated that they believed this was a result of both the pandemic situation and a factor of growing older.

Proactive and Planful Gifting

The idea of “future gifting” was another trend identified during the coding process related to the gift-giving theme. Of the participants that claimed to enjoy gift-giving, most had also described themselves as a planner or highly organized and tended to keep lists and collect gifts while shopping throughout the year to save them for future use.

Dawn described her rationale and gift-giving process as:

I love being able to have the perfect gift for somebody. For me, it’s keeping a list throughout the year – bigger gifts for special occasions or something that is just a cool gift in general. When you give that perfect gift that makes them really happy, I love that. It makes me feel good.

Similarly, Nina, who was one of the younger participants, said, “I love gift-giving. I always try to think of little things or if someone makes a comment, to try and remember it

for down the road. Giving people something that they love and appreciate is one of the best feelings.” One participant, Felicity, discussed how she looked forward to Black Friday shopping this past year for gifts, so much so that she planned and researched deals for the event weeks ahead of time. She conveyed a sense of pride and happiness while speaking about the subject, feelings that were clear to observe by her words, tone of voice and body language. At the same time, she spoke of how she discovered, while researching, that a more costly item on her personal wishlist was on sale for Black Friday. Felicity decided to purchase it as a reward for having been playful about her gift-giving.

Searching for Gifts: A Guiltless Way to Shop?

Throughout the interviews, I observed that the women appeared to have less buyer’s remorse and guilt when discussing the topic of gift-giving. This was interesting to learn, considering most of the women expressed some level of guilt when buying gifts for themselves. One explanation, offered by Emily, was, “Even though I can rationalize buying things for myself, it’s probably easier to do it for other people as gifts because it’s probably not something I do as often.” Tanya, who was one of the last interviewees, summarized the juxtaposition between gifts for others versus gifts for oneself:

I feel guilty buying something for myself using the money that we’ve earned. It’s been hard and we don’t really need the thing. I can talk myself out of getting myself something all day long. But I feel zero guilt spending the same amount of money on something for somebody else. I’m like, no, this is nice, you deserve it.

When it came to gift-giving, the participants appeared to have an easier time in justifying a purchase for others, possibly because it was a nice gesture for someone else. The

participants who described themselves as caring or highly empathetic appeared to express the greatest amount of joy in gift-giving, and a fear of being perceived as selfish in buying treats for themselves.

Guilt and Treats: Do I Really Need This?

One of the most evident themes to emerge from the interviews was a feeling of guilt associated with their retail therapy shopping. The participants on the older millennial age range, all of whom were married and most had children, seemed to question their purchases more. Amy, an older millennial who was married, described how her retail therapy shopping changed as she moved into her 30s, got married and started saving to purchase a home:

I think I used to be more into retail therapy when I was younger. It was like, I had a bad day at work and I'm just going to wander around Target and see what's there and end up picking up a few things. Or, I deserve this because I had a rough day or week sort of thing. I still do retail therapy at times, just not as much as my early twenties when I was single and only had me to worry about. Now I have more responsibilities.

The participants shared their feelings of guilt because they questioned if they should have bought that treat item instead of something for the family. Examples they gave of other responsibilities the money could have gone to included saved or invested for retirement, put towards children(s) education, or saved for a vacation. Paige, a married mother of two young children, shared:

I definitely feel guilty sometimes. Especially if I buy something that doesn't work out and I don't return it. One thing I tend to buy on impulse is clothing or

makeup. I feel guilty about those purchases because I question if I really needed it and think about how that money could have gone towards savings or a trip.

Only one of these participants, Tanya, expressed that she rarely feels guilt for her retail therapy purchases. In fact, she stated that her husband often says to her that she does not treat herself enough and encourages her to do so more. “My husband tells me I don’t buy something for myself nearly enough, so he is happy whenever I do. He actually encourages me to treat myself more,” as she said. Tanya’s response created an anti-pattern, an exception to the responses heard by the other married women. By comparison to married participants, women who were single or dating but not living with their partner, which constituted two of the 19 participants, expressed little to no guilt about their retail therapy shopping behaviors. They also did not exhibit signs that they felt buyer’s remorse or questioned purchases that they considered treats. In total, Tanya, Anne, and Holly were the only three women out of 19 that did not express guilt over their treat purchases.

Mothers clearly had a harder time buying treats for themselves and struggled more to come up with examples to discuss in their interviews. While all participants were able to bring some items to share, many of the moms in the group had treat examples that directly related to their motherhood. The interview conversation tended to consistently circle back to their shopping behaviors as caretakers of the family, less of shopping for themselves. Thankfully, focusing the conversation on personal shopping behaviors became less challenging as data collection continued and more specific themes began to emerge so that my questions could evolve to be more detailed. Alexis expressed that even

prior to motherhood it was difficult to justify buying treats for herself, which only intensified once she got married and had children:

To be honest, it has always been hard for me to buy stuff for myself. When I would go shopping with my girlfriends and would see something I like, I would question if I needed it. But they convinced me that I should get it.

Gabby had joked, after claiming she did not have many interesting hobbies, that going shopping at Target was her hobby. Her choice of words, however, was almost identical to other participants which echoed feelings of guilt:

The pandemic made me realize how much I used shopping as a kind of hobby because when it became a situation where I was only going to the store out of necessity, it forced me to think, is this something I really need? Could it wait until the next trip? Do I really need to risk it?

Equating shopping to a hobby echoed the same idea of “pandemic boredom” shared by Lily when she discussed browsing TikTok and shopping online. Arnold & Reynolds (2003) provided evidence that these behaviors demonstrate an escapism coping strategy.

Another Package at the Door: Guilt and the Delivery Dilemma

A key realization which came from the interviews was that because of the increase in online shopping and home delivery options, one’s shopping habits were put on display more for their partners. This occasionally led to what I interpreted to be feelings of judgement and guilt between some of the women and their partners, which clearly added stress to the relationship. By exposing the frequency and types of packages being delivered to their home, thanks in part to technology like Ring doorbells, partners became more aware of what each other was buying. Nina, who had recently gotten

married, said her spouse would say to her, “another package is here” in frustration and she would feel the need to explain to him, “it’s from the wedding registry, not me!” She also mentioned how her partner justified his treats because the items he collected were only a few dollars each. Nina shared that in reply to his defense of his treat purchases she said, “Do you know our expenses?”

In most cases, the woman’s work provided supplemental income, but they were not the primary income earners. Five of the 19 participants suggested that some of their guilt stemmed from a feeling that the money is not “theirs” since they did not directly earn the income. Several women discussed instability with their jobs (and related income) and how that intertwined with becoming a new mom. Six of the 19 participants had been laid off and did not return to work at all or in part after having a child during the pandemic. They all stated how their partners and they decided to prioritize having the women stay at home to be with the young children instead of returning to work. All the women did mention, however, at least some feelings of guilt in relation to spending for themselves because they were not earning income.

Guilt and the Budget Oriented Shopper

Most participants discussed how they had researched their treat items in advance, sometimes quite extensively, especially by those who described themselves as budget oriented. This appeared to correspond to the participants that had planner personalities and were discount driven type shoppers. Many of the women stated how they would ask themselves, “do I need to buy this?” before they made the purchase. Very few examples seemed to be impulse purchases, which the participants claimed was to help reduce the risk of feeling guilt from buyer’s remorse. Sarah, who described herself as very

financially conscious, provided one example where she pulled back from spending on something she viewed as a treat:

I feel like I'm hyper aware when spending money. I definitely treat myself, but I have a healthy balance with it. It was definitely weird, though, when we were starting to go out more [when restrictions lifted and it felt safe] and we were like, whoa, we definitely should stop eating out.

The women that considered themselves a budgeter, frugal, financially conscious, and not impulse buyers often spoke of how they justified smaller treat purchases for themselves because they were not going on what they perceived to be big shopping trips.

Guilt and the Environmentally Conscious Shopper

Of note, feelings of guilt were not only identified regarding interpersonal relationships but also in relation to the environment. Interestingly, five of 19 women mentioned guilt about greater shipping needs during the pandemic and its impact on the environment, when they looked at the increase in trucks on the road and wasteful packaging. Alexis, who mentioned her concern about the increase in online shopping and the resulting shipping said:

It bothers me when a company sends me something in wasteful packaging, like a huge box for something small. I make a note of it and try not to shop there again if I can help it. I try to be aware of that and do what I can to minimize damage to the environment. This is why I try to avoid shopping on Amazon now, especially since stores have opened back up again and things are safer with vaccines being available.

When looking at what type of consumer they were, each considered themselves to be conscientious shoppers who researched their options carefully before choosing to buy from a company.

Completionist Shoppers in the Pandemic: Unchecked Lists Drive RT

A distinct pattern that emerged as a theme was centered on a certain type of personality. A “completionist” is a term that started to appear in popular culture and game theory literature but has not yet made it into academic study vernacular for consumer behavior. I first heard this term in a gaming context, where it has been used in reference to players whose goal is to collect every prize or character in the game (Butler, 2014). As data collection began, I realized that this term adequately described the shopping goals of the women I was interviewing. In this context, I refer to it as someone who keeps a list of things to complete and feels accomplishment when they can check those items off their list.

This concept offers a direct connection to the personality information collected from the participants. A completionist, as the data showed, tends to be someone who is detail-oriented, highly organized, task-driven, and an adept multi-tasker. Most of the participants expressed that they consider themselves to be planners, for example thinking ahead for the week on what the family would eat before grocery shopping. When things do not go to plan and they were not able to get what they wanted or had to go to multiple stores to complete their list, they said they felt a sense of being out of control. Gabby reported that her husband offered a different perspective on the subject when he said, “Maybe you are just inventing problems for yourself.”

The participants who fit the personality profile of a completionist consistently described experiencing greater stress when unable to accomplish things than those who did not report or display similar personality traits. As Carrie, one who confirmed she fit this description, shared:

It bugs me when I can't check things off my list, especially when it is something out of my control. I feel more complete if I have a set of tasks to do and then I complete them, I feel good that I finished my work. If it's just ongoing, I'm irritated by it. I just want to get it done.

Participants who were completionists and also moms expressed how being unable to check things off their list led to a sense of failure to take care of their families.

Participants that did express frustration at not being able to complete their lists invariably connected this to a feeling of guilt and failure of responsibility to care for their family.

Tanya described how intimately her priorities, or things she felt she needed to accomplish, were entwined with the needs of her family, "I am very much family focused, so I don't feel like I'm much of an individual anymore. I'm a people pleaser. My priorities aren't my priorities. Other people's [my family] priorities are my priorities."

The feeling of failure appeared to be amplified if they were also high in empathy for personality. Additionally, the feeling of failure expressed by the participants provided yet another connection to the theme of guilt, in this case feeling guilt over their inability to complete something needed by their family.

Supply chain issues that began to arise during the pandemic made it hard to accomplish shopping lists, which caused added frustration for the women that exhibited completionist traits. The effects of these supply chain issues and resulting frustrations

were discussed by the participants in both in-store and online shopping contexts (mentioned in previous section). At times, this frustration led to in-the-moment retail therapy shopping for smaller treats to alleviate this negative feeling as six of the 19 women reported. Gabby offered the following explanation as a cause of her frustration:

We're pretty used to, at least in America anyway, being able to walk in and have everything we need and 12 options of each. The hardest thing for me is having this feeling that you have to go to another store to get something. It feels like a lot of running around, adding chaos to my day, and that stresses me out.

Similarly, Rachel stated that she feels overwhelmed when she cannot complete certain items on her list, for which she needed to get some self-care:

I think people are just more on edge in general, to get the things that we feel like we need, like certain groceries or just getting things done. I wonder 'why does it have to be this hard?' It didn't use to be this challenging.

Conversely, Rachel described how she felt more upbeat and validated when she accomplished many things in a day, even more so because she felt it was her responsibility to take care of these things since she does not work:

Sometimes I would pick up a Starbucks as a reward after a successful grocery shopping trip or do take-out for dinner as a treat if I had a really busy day where I got a lot done on my to-do list. It's funny, I feel like my bar [expectations] for accomplishing stuff has gotten so much lower thanks to the pandemic. I didn't do things like that nearly as much before the pandemic.

At times, the women spoke of these feelings of frustration led them to give up or change that item on their list. Olivia described how after multiple experiences of going to a store

to learn the item was not there, she lost faith in the accuracy of the online inventory for that business. Ultimately, she went elsewhere or decided she did not need the item, which also, as she pointed out, resulted in the loss of the sale for the business. She shared, “I feel frustrated that it is another thing I have to do, go to another store to find that item. And sometimes I’ll just give up on it and I will be like, whatever, I don’t need that.”

One of the younger participants, Holly, described herself as a list-maker but not as someone who feels stress by not being able to complete it each day. This was another example of an exception to the pattern. The personality with which she described herself, however, differed from those participants that expressed stress at not being able to complete lists. She did not use words like organized, highly responsible or task-oriented, detail-oriented to describe her personality. The one overlap of terms she did have with the other participants was caring/empathy, however, she differed from the other participants in that she is unmarried and has no children so does not bear that added responsibility.

Further exploration of this concept in the context of existing studies and expansion into novel theory will be discussed in my conclusions in the following chapter.

CHAPTER V

DISCUSSION AND CONCLUSIONS

The aim of this study was to discover, through interviews collected in a grounded theory approach, themes which provide answers to the research question – *what has changed with retail therapy shopping for female millennial consumers during and because of the pandemic? And how does personality play a role in those changes?* This chapter presents a conceptual framework designed to illustrate the novel concepts discovered and discussion of conclusions drawn from the findings. Highlights of specific theories relevant to the identified themes provide foundation to anchor the conclusions drawn from the data collected in this research.

Four novel concepts were identified from the themes that emerged in the interview data. First, I introduce the idea that retail therapy is not solely to alleviate stress and negative moods but can be defined more broadly as a reward for accomplishing something. Second, the idea that purchasing treats for others instead of oneself, in other words gift-giving, as a form of retail therapy is introduced. Third, I posit that the increase in home deliveries due to the coronavirus pandemic has led to increased visibility of shopping behaviors and has resulted in increased feelings of guilt for female millennial consumers and conflict between romantic partners. Fourth, I draw a new connection between a gaming concept, the completionist player, and female millennial consumers in their ability to complete lists, either shopping or otherwise.

The first and second novel conclusions of this study demonstrate *how* retail therapy shopping itself has changed – it should be defined more broadly to include viewing the behavior as a reward for good outcomes or avoidance of negative ones and

that treats for others, or gift-giving, should be included in the theory. The third and fourth novel concepts, relationship guilt and completionism, speak to *how factors* that *drive* retail therapy shopping have changed because of the pandemic. Relationship guilt and completionism both deal in negative emotions which then can lead to a feeling of need to engage in retail therapy.

Practical implications of this study's outcomes provide retailers with valuable information to build empathy for the female millennial consumer and create strategies to improve the retail therapy shopping experience, both in store and online. Focusing advertising on encouraging, "you deserve it" messages and providing the ability to shop socially online are ways in which retailers can increase retail therapy shopping for female millennial consumers.

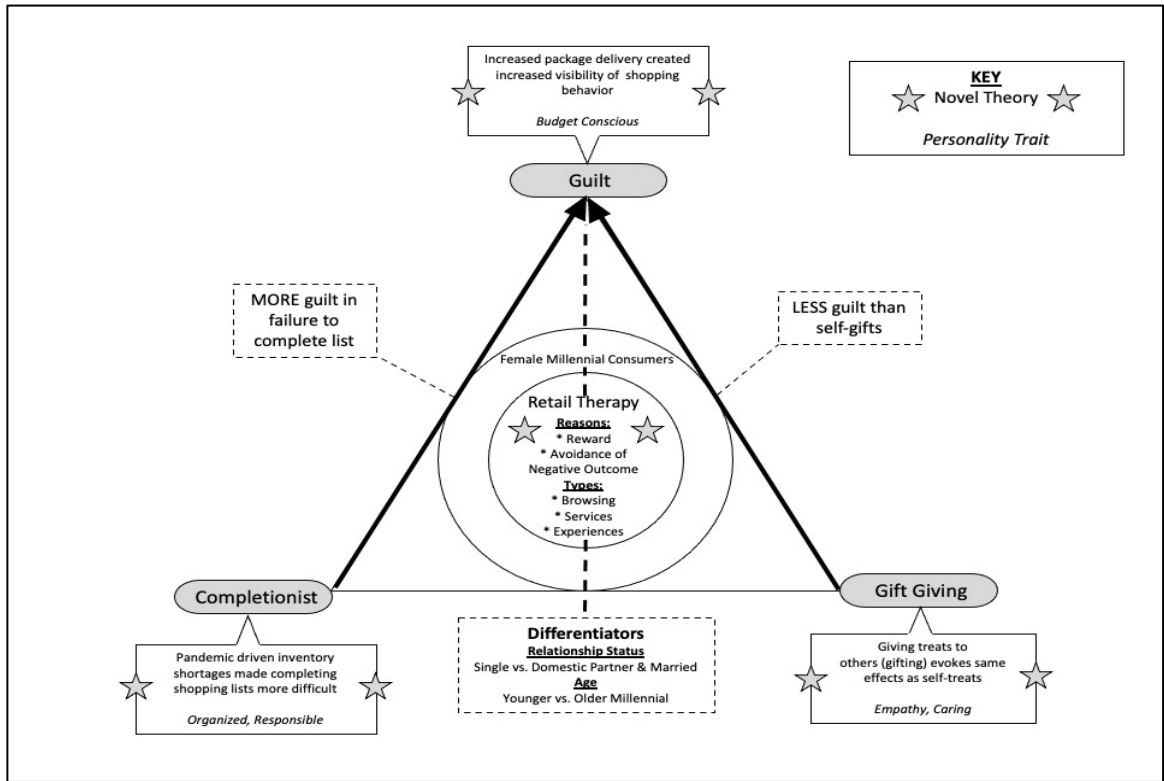
Lastly, questions raised by the findings are discussed as an opportunity for future studies. Limitations in this study with convenience sampling and use of Zoom for interviews open opportunity to conduct future research with a quantitatively-designed approach or by conducting interviews in person. Exploring retail therapy shopping for men, different generations and in other cultures in the post-pandemic paradigm could all prove useful in extending the concepts identified in this study.

Theoretical Implications

From a theoretical perspective, this study contributes to the current understanding of retail therapy behaviors and contributing factors as they relate to the novel situational variable of the coronavirus pandemic (Son & Chang, 2016). The following conceptual framework (Figure 2) illustrates how the novel theories discovered in this study in retail therapy, gift-giving, guilt, and completionism connect and interact in a macro view.

Figure 2

Conceptual Framework: Novel RT Definitions and Driving Factors



Having met the research objectives of this study, several theoretical and methodological implications were realized. First, the conceptual framework developed from this study encapsulates the descriptive narrative of identified themes which challenge and expand existing theory. Second, this study extends the usefulness of Kang & Johnson’s (2011) retail therapy measurement scales by testing them through a different method (qualitative interviewing) in a novel situation of the coronavirus pandemic. Third, this study provides supportive evidence to Park et al.’s (2022) investigation of negative moods, lack of socialization and effects on shopping behavior in the pandemic. Lastly, this study contributes findings and knowledge which support many other recent related

studies: consumer behavior shifts in the pandemic (Mouakhar-Klouz et al., 2016; Noh & Hasan, 2017; Zwanka & Buff, 2021), impulse buying (Shamim & Islam, 2022; Sofi & Najjar, 2018), emotions of gift-giving (Im & Whang, 2016; Pillai, R. G., & Krishnakumar, 2019), and gender inequalities in the pandemic (Dang & Nguyen, 2021; Dunatchik et al., 2021).

Retail Therapy Theory – More to It Than We Thought

The primary theme to emerge from this study was that female millennial consumers define “treats” for themselves beyond the boundaries of traditional retail therapy theory. This concept presents novel thought because retail therapy theory, as shown through literature review, focuses almost exclusively on purchase behavior as a reaction to negative moods (Arnold & Reynolds, 2003; Babin & Babin, 2001; Noh & Hasan, 2017; Saleh, 2012). This study serves to expand the theory beyond its traditional understanding.

Existing retail therapy theory focuses on the behavior as a reaction to negative moods caused by stress, however emerging studies show that stress is not always bad. Dr. Hye-Young Kim, director of the Center for Retail Design and Innovation at the University of Minnesota’s College of Design, shares “American consumers love shopping. They sometimes use shopping as a way to relieve their stress. It has a therapeutic quality to some people” (Norfleet, 2023, p. 5). Newer studies in the psychology field put forth the idea that there are also forms of good stress (Crum et al., 2013). Psychologist Alia Crum suggests that our perceptions are filtered through our mindsets and that our mindsets can affect how we respond to stress in profound ways (Crum & Vedantam, 2022). According to her, by reframing our mindsets we can come to

perceive stress in healthier ways and thereby turn it into “good stress.” Given this perspective, it could be said that stress that is endured in pursuit of an accomplishment is good. Thus, engaging in therapeutic shopping behavior for both pursuit of an accomplishment or after an accomplishment could be attributed to the good stress endured along the way.

The current study found evidence that female millennial consumers engaged in retail therapy behavior as a reward for an accomplishment. The accomplishment could be as significant as getting a promotion at work or as small as completing a grocery shopping list in one trip. These participants also purchased treats for themselves after avoiding something potentially negative, like a big veterinary bill.

Retail therapy could also be considered as simply browsing in a store or online, it does not have to be purchasing an item. Having the opportunity to see interesting products and get new ideas for future potential treat purchases was considered, especially for new mothers, a treat in and of itself. Several of the participants in this study mentioned how they enjoyed saving items in cart or wishlist for future potential treat purchases, and found that to be just as therapeutic as an actual purchase, without the guilt of spending money. This concept is consistent with qualitative research completed for my master’s thesis, which found that browsing Pinterest offered stress relief and escape from negative moods (Langefels, 2016).

Additionally, the idea that engaging in experiences or services as a form of retail therapy was introduced. Often, experiences involved a tangential treat purchase, such as workout clothing for exercise or a new outfit for a concert they attended. While participants considered the main treat to being either the exercise activity or the concert,

the realization that there were also indirect, secondary treat purchases made in connection to these experiences was found to be a common occurrence. Service-related retail therapy took the form of a massage or a pedicure, which participants also described as a treat purchase.

While a few, more recent, researchers briefly mention the behavior in a positive context, none were found to explicitly include positive factors in their core research questions or hypothesis (Kang & Johnson, 2011; Pereira & Rick, 2011). Trampe and Stapel (2011), for example, suggest that retail therapy is driven by both positive and negative moods. However, despite the title of their study using the term retail therapy, the remaining written work only refers to how moods affect *impulse buying*. As the literature review identified, retail therapy and impulse buying, while sharing some similar features, are distinctly different concepts. The researchers refer to the “potentially self-destructive nature” of impulse buying, which I argue is one of the factors that delineates it from retail therapy shopping behavior (Trampe & Stapel, 2011, p. 2). In my research, I found that the women I interviewed were quite intentional and planful with their treat purchases, rather than impulsive. Only a handful of treat examples provided by the women in this study were acknowledged to be impulses purchases, and these examples were associated with the younger participants and having been driven by influencers. Research confirms this study’s findings that impulsive treat purchasing appears to occur more often with younger women (e.g., Hama, 2001; O’Guinn & Faber, 1989). These findings also contribute to an area of research focused on the role that influencers play in impulsive/compulsive shopping behavior which has recently emerged with the creation of social media (Gunawan & Iskandar, 2020; Shamim & Islam, 2022; Sofi & Najjar, 2018).

Gift-Giving – the New Retail Therapy

One of the most profound revelations from this study was the notion that gift-giving, that is shopping for gifts for others, could be considered a form of retail therapy. Historically, retail therapy theory has focused on self-treats, not giving treats to others (Heath et al., 2015). This observation presents a departure from the current understanding that retail therapy is purchasing treats for oneself. While more recent studies have emerged on the emotions of gift-giving and have shown to have very similar emotional qualities to retail therapy, my research has shown a direct connection between two theories should be made (Chakrabarti & Berthon, 2012).

In the theory of social exchange, giving gifts can influence relationship ties by evoking positive emotions that strengthen social connections (Lawler, 2001). Increases in shopping activity through online and mobile platforms has opened more options for sending gifts electronically, a feature that became even more common during the pandemic (Im & Whang, 2016). Social distancing and quarantine guidelines put in place during the pandemic made in-person gift exchange difficult and contributed to feelings of isolation and loneliness. Enhancements to online and mobile shopping in recent years provided a means for consumers to still connect and maintain meaningful relationships through gift-giving. Several of the participants described how happy it made them feel to give spontaneous (not for a specific occasion) gifts to loved ones and that it helped them feel closer to someone when the pandemic was forcing them to be apart. Research has shown, however, an important caveat to this theory – positive emotions such as happiness and enjoyment in gift-giving are dependent on the closeness of the relationship (Komter & Vollebergh, 1997). Relationships that are more intimate have a better understanding of

each other's likes and preferences, whereas gift-giving for relationships that are greater in distance feels more obligatory. Additionally, a study by Pillai and Krishnakumar (2019) showed that consumers with higher emotional understanding (EU) of the gift receiver are likely to spend more on a gift and experience greater happiness in the exchange.

Existing theory of the emotional and social benefits of gift-giving is supported by the findings of this study. The positive emotions of happiness, enjoyment and strengthening of their relationships described by the participants appeared equal to, if not greater, than the benefits of treats for themselves. Giving gifts to others became of higher importance to maintain a sense of closeness with friends and family during the pandemic. Interestingly, participants also showed less guilt or buyer's remorse in purchasing gifts for others than purchasing self-treats.

Relationship Guilt and the Package Delivery Dilemma

The emotion of guilt associated with consumption is a deeply complex construct to understand (Lee-Wingate & Corfman, 2010). Existing retail therapy research has explored the connection with guilt through the concept of buyer's remorse, but the shift to online shopping (with home delivery) during the pandemic changed the dynamic of shopping.

Gender-related societal norms and inequities, studies have found, were amplified during the pandemic (Dang & Nguyen, 2021; Dunatchik et al., 2021; Kramer & Kramer, 2020). A study on gender stereotypes by Erchull et al. (2010) demonstrated the misconception that a woman desires marriage and children more than men is still prevalent in American culture. The research showed that both men and women, as a result, expected a woman to take on a greater share of household chores, including care

of the children, because of this perception that she desired marriage and children more. Additionally, the literature did not discuss if these assumptions were extended to same sex partnerships.

Greater responsibility for household chores may not be the only expectations women put on themselves when they become wives and mothers. As research has shown, whether by a societal norm or self-driven, most women feel a responsibility to make greater sacrifices when it comes to spending money on themselves (Mouakhar-Klouz et al., 2016). Emotions of guilt and shame result when women feel they are falling short of these responsibilities, or feel they are perceived to be failing by their spouse or partner.

Increases in online shopping and home delivery options necessitated by the coronavirus pandemic put shopping behaviors on display for those they share a home with, particularly their spouses or partners. The increase in frequency and number of packages being delivered to the home during the pandemic created a perception for their partner, some of the women felt, that they were shopping more and therefore spending money irresponsibly on themselves. The irony, however, was that the participants disclosed that the packages they would have shipped to their home were most often supplies for the family and home, not themselves. Inventory shortages, limited store hours and occasionally the need to quarantine, factors brought on by the pandemic, were the reasons given for needing to ship these items to their home rather than purchasing them at a store. The construct of financial infidelity, defined in a study by Garbinsky et al. (2020) as “engaging in any financial behavior expected to be disapproved of by one’s romantic partner and intentionally failing to disclose this behavior to them” (p. 1), offered an explanation for what the participant’s feared their partners were thinking about their

shopping behavior. If their husbands and partners believed these perceptions to be true, it could have led to a breakdown in trust in the relationship.

Working and earning income proved to be a differentiator in the level of guilt among the women that participated in this study. Research shows that sense of guilt associated with motherhood strengthened in recent decades as women entered the labor market in greater numbers and found they needed to divide their time between taking care of their children and their careers (Battistella-Lima & Botelho, 2019). In a recent television interview, Dr. Sue Varma, a board-certified psychiatrist, spoke about women and parenting guilt, “Women today are expected to work like they don’t parent and parent like they don’t work,” (Varma, 2022). She goes on to say how women often internalize shame and guilt, and this can be profoundly corrosive to mental health.

In most cases, the woman’s work provided supplemental income, but they were not the primary income earners. A few of the participants who discussed feeling guilty about their treat purchases explained that their feelings stem from the fact the money is not theirs since they did not directly earn the income. These feelings of guilt were amplified for the participants that did not work, they appeared to question their retail therapy purchases more than the participants earning some income. A few cases showed exception to this theme, which thus contained this type of guilt to the women that were in committed relationships and living with their partner. The three participants that were single or dating but not living with their partner and did not have children did not express feelings of regret or guilt for treat purchases.

Shopping behaviors and feelings of guilt in this scenario can operate in a cyclical pattern. Online shopping and home delivery seems to be creating perceptions excessive

spending between romantic partners, which has led to a sense of guilt for women. Guilt, considered to be a negative emotional experience, then creates a need for emotion-focused coping which can sometimes take on the form of retail therapy shopping (Antonetti & Baines, 2015).

The Completionist in the Game of Life

Another novel concept that emerged from the interview data was a connection between a gaming concept, the completionist type player, and millennial women who create lists. Comparison of the two concepts revealed similar motivations and personality traits as drivers for this type of goal setting behavior.

Inventory shortages and reduced store hours or closures that occurred during the pandemic made it difficult at times for people to obtain items on their shopping lists. Women, who are typically the primary caregivers and shoppers for their family, especially felt the challenges in completing their shopping trip lists. Often, during interviews for this study, the participants spoke of how they would have to go to greater lengths to find the items they were searching for – whether it was groceries or a treat item for themselves.

Research has emerged within the last 10 to 15 years studying player types and emotional factors in immersive video games. One such study, by Butler (2014), examined personality types utilizing Meyers-Briggs and the Five Factor Model with gamification techniques. According to Butler, he found completionist gamers to rank high in the Meyers-Briggs *Judging* trait which has the following motivational tendencies: planning, complexity, exercising control and working towards a reward. *Judgers*, according to the study, are people who finish projects, pay attention to time, work first and play later,

make a plan and stick to it, see the need for rules and find comfort in schedules (Butler, 2014). One of the key mechanics this type of gamer responds to is the ability to build collections and track progress. Completionists play to explore all elements of a game fully. Earning and collecting achievements in a game is intrinsically motivating to these types of players (Patzner et al., 2020).

These traits and motivations align closely with how the participants in this study described themselves and my interpretation of their statements. Many of the women listed traits like highly organized, planners, detail-oriented, and responsible to describe their personality. Nearly all these women offered that they are list makers and get satisfaction from checking off items and completing a list. The inability to complete tasks on a list, whether it be items they were shopping for or things they needed to do for the day, led to feelings of guilt and frustration, according to the participants.

Guilt was the common term used by the women to describe their response to failing to complete items on the list needed by their family. As shown by research discussed in the previous section, in many relationships women still bear a greater responsibility for the household chores which includes shopping for the family (Erchull et al., 2010). Many of the participants that are mothers and in relationships expressed how much they tie their sense of personal value to their ability to care for their family.

Frustration was the common term used by the women to describe their response to a feeling a loss of sense of control. The feeling of loss of sense of control leads to a need to cope and at times, overcorrecting behaviors. People engage in emotion-focused coping when they feel they do not have options to affect the situation causing stress (Antonetti & Baines, 2015; Folkman et al., 1986). Engagement coping is also a way in which some

respond to negative situations that they perceive unalterable. This form of coping is an attempt to control stress by intentionally engaging in positive activities to offset stress which is out of their control (Carver & Connor-Smith, 2010). Retail therapy provides this positive mechanism for some to improve their mood and regain a feeling of sense of control over their emotions.

Practical Implications for Retailers

The results of this study provides useful information for retail industry leaders and consumers. The current study includes much needed insights for retail leadership of changes that have occurred with this important consumer group because of the pandemic. Retail companies are often among the first industries to be negatively impacted in economic downturns because disposable income shrinks and the ability to spend beyond necessities is restricted to those with wealth. According to a recent study by the Pew Research Center, millennials have now overtaken the baby boomers as America's largest generation (Fry, 2020). As such, the millennials hold significant potential revenue opportunities for the retailer that can truly understand this demographic's wants and needs at this stage of their life.

Research in behavioral psychology fields, like consumer behavior, can unlock important information for retail industry leaders and aid them in creating effective products and experiences to meet their customers' needs. A key principle in the study of social sciences is that behavior is shaped by both internal and external factors. Behavioral psychology "recognizes that behavior is often driven by rewards and punishments, as well as by habits and routines" (Czinano, 2023, p. 2). Research is emerging on the consumer impacts to these internal and external factors as a result of the pandemic,

however much more research on the subject is still needed (Park et al., 2022; Zwanka & Buff, 2021). Due to the rapid onset and unexpected nature of the pandemic, retail leadership was forced into a reactive position out of urgency. This research provides an opportunity for retail leadership to build empathy for their customers and proactively plan strategies to improve the shopping experience. Understanding how emotional states, personal motivations, social influences, and the pandemic environment interacted in retail therapy behavior can benefit industry leaders by building deeper empathy for female millennial consumers. Retailers can leverage this research and others to continue to encourage retail therapy and spontaneous treat purchases through their store and online design (Norfleet, 2023). Advertising strategies should focus, as this study demonstrated, on messages that justify treat purchases to overcome guilt, that conveys to the female millennial consumer that she “deserves it.”

Overall, several key metrics such as foot traffic and revenue suggest that retail shopping remains strong, albeit slightly slower than during the pandemic (Buchta, 2022; Norfleet, 2023). However, keeping the customer in the store longer is also a key metric to driving sales, not simply increasing traffic count. This study showed that the female millennial consumer appreciated retailers that continued to take steps in keeping a clean store environment and that they were more likely to stay longer in the store. Participants expressed that they enjoyed shopping to browse new and interesting products, and that being able to view and touch these products was an in-store benefit over online shopping. One positive outcome of the pandemic from a consumer perspective was the introduction and expansion of the convenience feature, curbside pick-up. Curbside pick-up, while expensive for a company to offer, seems to be a feature consumers want to see continue,

at least for female millennial consumers (Norfleet, 2023). The majority of participants in the current study stated that it was a feature they used regularly during the pandemic and said they would continue to use it if available. However, participants were frustrated by lower quality and unwanted substitutions that occurred with curbside pick-up, so retailers should seek to improve online inventory accuracy, quality standards used by employees packing the orders, and options for the consumer to reject substitutions. Online retailers can continue to capitalize on the female millennial consumer's desire for safe, convenient and variety-filled shopping by translating important aspects, such as socialness, of the in-store experience to the screen. Incentivizing customers to share reviews of products would continue to provide useful information for the female millennial consumer to encourage them buy online. Providing interfaces for consumers to shop together online is another tactic retailers should use to fulfill the socialness some female millennial consumers feel they need and get from in-store shopping.

The information collected for this research study also touched on one negative factor created by the pandemic. Supply chain issues and offering curbside pick-up were two such topics that were discussed by participants when asked about shopping benefits and pain points that persist for them in a post-pandemic world. Experts and retail industry leaders seem to understand they are still having post-pandemic supply chain and inventory issues and that communicating effectively to customers where and how they can get products still needs to be improved (Norfleet, 2023). However, beyond acknowledging there is still a problem, they have yet to fully understand how consumers' behavior has changed in reaction to these shortages. Participants expressed how the inability to find items they were trying to buy at a store caused them to spend less time in

the store and also deterred them from future patronage. For stores that carry products which are typical retail therapy type purchases, such as clothing and beauty items, gaining insight on these new behavior patterns would be particularly helpful to prevent loss of potential sales.

Limitations

Certain challenges in conducting this research were anticipated due to the nature of the coronavirus pandemic as well as limitations that are inherent with qualitative studies and convenience sampling methods. A drawback of sampling through convenience methods utilizing the networks of my friends and family members was that the sample was unable to be widely representative of the female millennial consumer group and was therefore less generalizable (Lock et al., 2020). Participants may have been less comfortable discussing health, political affiliation, or relationship tensions due to having a mutual connection to the researcher. To mitigate this, special attention was paid towards assuring the participant of confidentiality and anonymity at the start of the interview. Additionally, participants were assured at the beginning of the interview that there were no right or wrong answers to my questions and that my role is not to judge their responses.

Another set of limitations for consideration were technology related. As this study employed the use of a social media platform (Facebook) for recruitment and Zoom for interviews, those who did not have access to these tools or necessary competency to use these tools were unintentionally excluded from this study. Fortunately, no participant appeared to have challenges using any of these tools throughout the process. Therefore, I believe the potential for negative impact on their responses was successfully mitigated.

Focused attention on reducing these barriers for participants was of high importance to the success of the study. Pretesting with the initial three participants provided the opportunity to work through elements of the process that needed to be improved (Guba & Lincoln, 1994). The use of Zoom for conducting interviews also had the potential to present challenges in building rapport with the participants, an important aspect in qualitative studies. Virtual interactions, in some instances, limit the researcher and participant's ability to read each other's body language and other natural processes that aid in ease of conversation, especially if one party is not practiced at using the medium. The use of convenience sampling helped to mitigate some of this limitation because of the connection through a mutual friend that was used to start the conversation.

Timeliness of the study was another consideration since data was collected over two years after the start of the pandemic, when most restrictions had been lifted. This study was predicated on the assumption that consumers were able to remember back, at least generally, through the start of the coronavirus pandemic about their feelings of retail therapy shopping. Lastly, because this study was conducted during a specific period near the end of pandemic-related regulations, long-term ramifications are yet to be seen and will require further investigation in the future.

Future Research Opportunities

The exploration of changes in retail therapy behaviors for female millennial consumers demonstrated an ongoing need for research to further understand the outcomes suggested in this study. Emerging studies have begun to explore causation between reduced socialization due to COVID-19, effect on negative mood, and changes in shopping behaviors for which future studies can built upon, but much more testing of

these new theories are needed (Park et al., 2022). Consistency found in patterns in the interview data as well as robust sources of research in related theory suggest there is much opportunity to extend and test the ideas proposed here.

First, this study was designed using a qualitative method of grounded theory due in part to scope and time limitations and my previous experience with this style of research. This study would benefit from follow-up quantitative studies that survey and reach a larger representative sample of female millennial consumers, so that results could potentially be more generalizable. Specifically, further examination of the concept of retail therapy in a positive context, as a reward or avoidance of a negative outcome, would help to fill gaps in knowledge of retail therapy behavior. One possible mixed method approach to explore this could be a combination of participant journaling and shopping receipt comparison to triangulate the results of this current study.

Second, the sample group for this study was comprised of female millennial women mostly from the Upper Midwest. Broadening the study to explore generational differences in retail therapy shopping in a post-pandemic world could provide new information through comparisons to this study. Existing studies have demonstrated that consumer needs and behaviors evolve as one progresses through different stages of life and priorities in each phase change (Arnold & Reynolds, 2012; Jacoby et al., 1976; Zwanka & Buff, 2021). This current study clearly supported prior research as it almost invariably focused on family-building shopping behaviors. One age demographic segment that had significant struggles with mental health during and after the coronavirus pandemic, as studies showed, were ages 19 to 28 years old (McKoy, 2021; Pasquini & Keeter, 2022; Vahratian et al., 2021; World Health Organization; 2022). Examining the

impacts of this phenomenon on retail therapy shopping behaviors would provide insights critical to the retail industry in how to better market and design products for these consumers.

Third, further investigation of gender differences about relationship guilt and shopping behaviors would be useful to contribute to knowledge of the retail therapy theory. Little research has been focused, to date, on treat purchasing behavior for men. Research on the subject of guilt and consumer behaviors between romantic partners has been limited to heterosexual couples, with little mention of same sex relationships. The current study showed how millennial women, especially those who were stay-at-home moms, felt guilty about treating themselves. However, since the scope of this study was focused on retail therapy emotions and behaviors of the participants themselves, inquiry into their perceptions of retail therapy behaviors of their partners was limited. As a result, several questions arose while analyzing this theme: Did men feel guilty about the number of packages that arrived for them during the pandemic? Did they worry about the perception their (female) partners would have of their shopping behaviors *as much* as the women did for themselves? Expanding upon this idea further, future research could also explore if women perceive that their partners are treating themselves more than they are, and are not sacrificing for the family as much as they are, do they harbor feelings of resentment as a result? In other words, do female millennial consumers who are in a committed relationship believe their partners treat themselves more and do they resent them for it? As mentioned earlier, women who were not bringing additional income into the family had particularly strong feelings of guilt about spending what they believed was their husband's money. Understanding if women in this situation feel more or less

resentment (or other emotions) towards their partner for their spending habits would be valuable information for consumer behavior researchers and psychology fields in relationship and family counseling.

Fourth, exploration of gift-giving traditions in other cultural contexts and connections to retail therapy concepts would provide a useful dimension to the current study. Research has shown gift-giving follows different traditions within different cultures (Chakrabarti & Berthon, 2012; Heath et al., 2015; Im & Whang, 2016; Lawler, 2001). While the participants in this study expressed similar feelings for gift-giving as buying treats for themselves, these findings may not extend to female millennial consumers in other cultures.

Lastly, possibilities exist for future research to continue to dive deeper into the role personality plays in each of these concepts. Utilizing widely accepted personality measurement scales such as Meyers-Briggs, Costa and McCrae's Five Factor Model or CliftonStrengths® could provide a quantifiable dimension to the themes discussed in this study (Butler, 2014; Costa & McCrae, 1985). Triangulating through use of personality test information would aid in answering if certain personality types engage in retail therapy behavior more than others, and what might trigger the need for therapeutic shopping for different personality traits. For example, do consumers who rank high in empathy or responsibility have a harder time justifying treat purchases for themselves? Additionally, a phenomenological study to understand how these different, specific, personality types viewed various consumer topics during the coronavirus pandemic would present an expanded context for the current study.

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APPENDIX A: RECRUITMENT EMAIL



need your help with my dissertation research!

Hi friends and family,

As I mentioned to many of you in the past weeks, I'm starting my research for my dissertation!

I am conducting a dissertation research study on a consumer behavior theory known as "retail therapy" set in the novel context of the coronavirus pandemic. I would like to better understand the changes and needs of this consumer group to raise awareness for retail industry leaders.

I would greatly appreciate your help in **connecting me to people to participate** in my study, for a one-hour interview over Zoom. As much as I know you would love to be interviewed directly, for credibility (and to reduce my personal bias), I need to find people who I do not know so well ;)

I am looking for:

- Female (including identified female)
- Born between 1981 and 1996 (Millennial generation)
- Shop and purchase "treats" periodically for enjoyment, to relieve stress and improve mood

I will be offering a \$25 Target gift card to thank those who can take the time to complete the interview.

Please feel free to forward this message to those you know who are interested, along with my school email at [REDACTED] to get started. They can also connect with me (via sending an invitation) on Facebook or LinkedIn and send a PM/DM if that if they prefer.

Thank you!

~Erika

APPENDIX B: SOCIAL MEDIA RECRUITMENT MESSAGE

Hi Facebook network!

I am conducting a doctoral dissertation research study on a consumer behavior theory known as “retail therapy” set in the novel context of the coronavirus pandemic. I would like to better understand the changes and needs of this consumer group to raise awareness for retail industry leaders.

I am looking for:

- Female (including identify female)
- Born between 1981 and 1996 (Millennial generation)
- Shop and purchase “treats” periodically for enjoyment, to relieve stress, and improve mood

Interested in participating in an interview (approx. one hour) on the topic, or know someone who would? Personal Message (PM) me to find out more. Thanks!



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APPENDIX C: INTERNAL REVIEW BOARD (IRB) APPROVAL

UNIVERSITY OF MINNESOTA

Twin Cities Campus

Human Research Protection Program
Office of the Vice President for Research

Room 350-2
McNamara Alumni Center
200 Oak Street S.E.
Minneapolis, MN 55455
612-626-5654
irb@umn.edu
<https://research.umn.edu/units/irb>

EXEMPTION DETERMINATION

August 12, 2022

Hye-Young Kim



Dear Hye-Young Kim:

On 8/12/2022, the IRB reviewed the following submission:

Type of Review:	Initial Study
Title of Study:	Understanding Retail Therapy Attitudes and Behavior of Female Millennial Consumers in the Coronavirus Pandemic: A Grounded Theory Approach
Investigator:	Hye-Young Kim
IRB ID:	STUDY00016767
Sponsored Funding:	None
Grant ID/Con Number:	None
Internal UMN Funding:	None
Fund Management Outside University:	None
IND, IDE, or HDE:	None
Documents Reviewed with this Submission:	<ul style="list-style-type: none"> • Personal Introduction & Interview Questions, Langefels.docx, Category: Other; • Consent form, Langefels_v2.doc, Category: Consent Form; • citiCompletionCertificate_4544405_24485695_Erika Langefels.pdf, Category: Other; • hrp-580_-_social_template_protocol_-Erika K Langefels_v2.docx, Category: IRB Protocol; • Recruitment Message, Langefels_v2.docx, Category:

Driven to DiscoverSM

	Recruitment Materials;
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The IRB determined that this study meets the criteria for exemption from IRB review. To arrive at this determination, the IRB used “WORKSHEET: Exemption (HRP-312).” If you have any questions about this determination, please review that Worksheet in the [HRPP Toolkit Library](#) and contact the IRB office if needed.

This study met the following category for exemption:

- (2) Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met: (ii) Any disclosure of the human subjects’ responses outside the research would not reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects’ financial standing, employability, educational advancement, or reputation.

Ongoing IRB review and approval for this study is not required; however, this determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these activities impact the exempt determination, please submit a Modification to the IRB for a determination.

In conducting this study, you are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the [HRPP Toolkit Library](#) on the IRB website.

For grant certification purposes, you will need these dates and the Assurance of Compliance number which is FWA00000312 (Fairview Health Systems Research FWA00000325, Gillette Children's Specialty Healthcare FWA00004003).

We strive to provide clear, consistent, and timely service to maintain a culture of respect, beneficence, and justice in research. [Complete a brief survey](#) about your experience.

Sincerely,

Bri Warner
IRB Analyst

APPENDIX D: INFORMED CONSENT FORM

CONSENT FORM

Doctoral Dissertation Study – Erika Langefels

STUDY 00016767

Background Information

You are invited to participate in a research study about retail therapy shopping behavior during the coronavirus pandemic. You were selected as a participant because you are a female millennial (born between 1981 and 1996) consumer who engages in shopping and purchasing of “treats” for enjoyment, stress relief or to improve your mood. I am seeking your input to better understand how the pandemic might have changed these attitudes and behaviors.

Information from this interview will support research for my dissertation. I hope to learn more about this consumer behavior topic and to contribute knowledge to the theory and the field as well as advocate for our consumer group with retail industry leaders. It is also my hope that people who talk to me might find it useful to share their own experiences and knowledge.

Procedures

Answering my questions may take 60-90 minutes. Your interviewer on this project is Erika Langefels, a doctorate candidate at the University of Minnesota. You can contact me at [REDACTED]. My work is being supervised by my academic advisor, Dr. Hye-Young Kim, Department Head in the Department of Design, Housing, and Apparel, 352 McNeal Hall, University of Minnesota, St. Paul, MN. Her phone is [REDACTED], and the department’s phone is 612-624-9700.

Compensation

Participants will be gifted a \$25 digital certificate for a major retailer upon completion of the interview.

Voluntary Nature of the Study

If you agree to be in this study, I will ask you to participate in an interview asking for your opinions and needs. I will not ask anyone to share confidential information. Rather I want your own opinion.

The questions I ask may touch on topics that are sensitive and personal and may set off strong feelings. If you decide to be interviewed, you can stop at any point and can refuse to answer any question. Also, you can ask me to turn off the tape recorder at any time. Your decision whether to participate and to be recorded will not affect your current or future relations with the University of Minnesota.

Confidentiality

Interview answers and observation notes will be kept confidential. Dr. Hye-Young Kim and I will be the only people able to know specifics and identifiable information about this interview. No individual will be named on interview or observation sheets, as well as any reports or presentations made on behalf of your home environment.

Interview recordings or notes will be reviewed only by myself, my advisor Dr. Hye-Young Kim and potentially a professional transcription service. Personal identifiable information will be masked or removed prior to sending to the transcription service.

Final reports and presentations will not include any information that would identify a participant. I may choose to quote what you say in writing about this research, but I will never use identifying information specifically about you. I may decide to present this research at a local, regional, or national conference, either as an oral presentation or in a poster session.

All participant and interview data will be kept on password protected devices and sent through secured email. All data will be purged at completion of the project.

There is a possibility that your answers may provide information that would require us to break confidentiality. Under Minnesota law, the researchers cannot keep confidential information about incidents of abuse or neglect of a child, including physical, sexual, or emotional abuse or neglect. We would also be required to inform legal authorities if you reported to be in imminent danger of trying to hurt yourself or others.

Contacts and Questions

This research has been reviewed and approved by an IRB within the Human Research Protections Program (HRPP). To share feedback privately with the HRPP about your research experience, call the Research Participants' Advocate Line at 612-625-1650 (Toll Free: 1-888-224-8636) or go to z.umn.edu/participants. You are encouraged to contact the HRPP if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research participant.
- You want to get information or provide input about this research.

APPENDIX E: INTERVIEW CONFIRMATION EMAIL



Interview for Erika's dissertation research - Saturday 1/28 @ 12:30pm

Hi <<Participant Name>>!

Looking forward to our interview, **Saturday 1/28 at 12:30pm.**

Here are a few details for our interview:

Zoom Link:

Topic: Interview (<<Participant Name>>) - retail therapy research study

Time: Jan 28, 2023 12:30 PM Central Time (US and Canada)

Join Zoom Meeting: <https://umn.zoom.us/j/>

You should be able to just click on the link and it will take you to the session. I recommend using a computer instead of a mobile phone if possible. Please find a location that you are comfortable in, is private, and can be free from distractions during our time.

Two items I would like for you to think about ahead of time:

- 1. Please bring one or two example items of recent "treat" purchases to help our conversation.** A piece of clothing, beauty item, Starbucks cup, or even a pedicure receipt are some ideas...feel free to be creative!
- 2. Select three to four words that describe your personality.** These could be words that describe how you interact with others, how you think, and your lifestyle. Some ideas: extraverted(introverted), detail-oriented, empathetic, analytical, organized, creative, rule-driven, laid-back (easygoing), curious, task or idea-oriented.

Lastly, attached is the consent form for your review, you do not need to sign it. We will briefly review the form at the beginning of the interview, please note that interviews will be recorded so I can ensure the accuracy of my findings.

Let me know with any questions,

~Erika

STUDY00016767_Consent form, Langefels_v2.pdf
72K



APPENDIX F: INTERVIEW QUESTIONS & PROTOCOL

Interview Personal Introduction and Questions

Introduction to participant:

My name is Erika Langefels and I am a doctoral graduate student at the U of M in the Consumer Behavior field. I am taking a deeper look into topics that are important to the apparel design and retail industry. The primary objective of this dissertation study is to explore the research questions: *Have retail therapy attitudes and behaviors changed for female millennial consumers during the coronavirus pandemic? What role does personality play in these attitudes and behaviors?*

I am interested in looking at how the pandemic has impacted women of our generation in our daily lives. I also seek a deeper understanding of the emotions behind these behaviors so that retailers develop better products and experiences for our consumer group.

- Tell me a little bit about yourself –
 - Family and Friends
 - Where you live
 - School Experience
 - Job / Career
 - Hobbies and likes
- How would you describe your personality in 3 to 5 words? Why do you choose these specific words?
 - Researcher to give example if needed (Organized, Approachable, Curious, Empathetic, Principled)
- How do you think these personality traits played a role in your ability to navigate through the pandemic?
- Where do you like to shop for yourself?
 - Do you find you typically purchase “treats” while shopping for your everyday needs? Or, do you make specific trips or stops to get a “treat”?
 - How do you think this behavior might have changed for you during the pandemic?
- Tell me about the item(s) you brought for our interview as examples of “treats” you have purchased for yourself recently.
 - Describe for me some context as to what was going on in your life at that moment that led to you purchasing that treat.
- How has the pandemic impacted your need to shop for stress relief and mood improvement?
 - Do you think you shop more? Less?
- How do you think this will impact your shopping needs in the future?
 - Examples if needed – shopping more online, less with friends (social occasions), certain brands you may not buy from again?

- What aspects about the changes made to physical stores during the pandemic did you like? Dislike?
 - Describe how you think this might have changed your enjoyment, stress relief or purchasing of “treats” as a result.
- What aspects about the changes made to online shopping (stores) during the pandemic did you like? Dislike?
 - Describe how you think this might have changed your enjoyment, stress relief or purchasing of “treats” as a result.
- What changes would you like to see to make your experience more enjoyable, if you could tell a retail leader personally?

- Follow-ups / probing questions:
 - Can you tell me a little bit more about that?
 - Would you please describe that situation for me?
 - What more can you tell me?