Retail Therapy: A Qualitative Investigation and Scale Development

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ABSTRACT

The principle goal of this research was to enhance understanding of retail therapy, defined as shopping to alleviate negative moods. The specific research objectives were to 1) analyze the conceptual foundations of retail therapy, 2) qualitatively investigate the phenomenon of retail therapy, and 3) develop and validate a scale measuring retail therapy.

Through a detailed conceptual analysis of the two existing approaches to the study of retail therapy, the researcher articulated how these approaches are related. In addition, the exploration of relationships between retail therapy and other consumer behaviors further clarified the concept of retail therapy.

In-depth interviews were conducted to qualitatively investigate consumer experiences of engaging in retail therapy. 43 self-identified therapy shoppers participated in one time interviews. Interview findings revealed the nature of retail therapy during three shopping stages: pre-shopping, shopping, and post-shopping.

Retail therapy scale development consisted of three phases: initial item generation, scale purification, and scale validation. 43 initial scale items were generated based on interview findings and included in the survey questionnaire. 258 survey responses from the general population were used for scale purification through which four factor measurement model was developed with 22 items retained. The refined measurement model was validated using a separate sample of 272 general populations. Implications of research findings were provided in three areas: consumer behavior research, retailers and marketers, and consumers and therapists.

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CHAPTER I

INTRODUCTION

"When the going gets tough, the tough go shopping." This phrase used in an article by Cotton Incorporated's Lifestyle MonitorTM research team (2002) describes an aspect of many contemporary consumers' lifestyles, that is, shopping to alleviate a negative mood. This form of shopping is referred to as retail therapy.

A retail therapy event often includes the following elements. First, an individual experiences some negative event which results in a negative mood. The negative event could be learning some bad news, experiencing stress, or just having a difficult day. In response to the event, the individual goes shopping and may or may not make a purchase. Much like an aspirin can alleviate the pain associated with a headache, either shopping, the act of buying, or the product purchased or a combination of these things supposedly relieves the negative mood of a shopper or shifts it to a positive one. While some "therapeutic" purchases are totally unplanned purchases, they can also be items that the individual hesitated to purchase previously for a variety of reasons (e.g., price) but decides to purchase as "therapy" because the individual feels she/he deserves it and wants to make him/herself feel better.

As the behavior of shopping to diminish a negative mood has gained recognition, the term retail therapy has been increasingly used in the popular press (Lonsdale, 1994) and in books (Schor, 1998; Underhill, 1999). According to Lonsdale (1994, p. 1), engaging in retail therapy "lifts the spirits and provides an immediate high that psychologists have compared to taking cocaine." Schor (1998, p. 158) defined retail therapy as "a response to just about any mood state or psychological problem" and

argued that millions of Americans are engaging in retail therapy, describing them as people who “use consuming as a way to fight the blues, to savor a happy moment, to reward themselves, to enhance self-esteem, or to escape from boredom” (p.158). Underhill (1999) emphasized the act of shopping as a source of retail therapy, insisting that shopping has always been a form of therapy to women since women experience enormous amounts of pleasure from the act of looking and shopping could be an “escape” from mundane life.

Retail therapy as a term has also been used in discussions of shopping addiction. Therapy shoppers were described as shopaholics who go shopping and purchase luxury items as a way to mask depression, loneliness, or boredom and who may consequently suffer financial problems (Bridgforth, 2004). Financial editor, Jean Chatzky (2004) also considered retail therapy as a shopping addiction and provided advice regarding how to break the retail-therapy habit. She defined "retail therapy" as a practice where “people buy things they think they want even though they know these aren't things they need” and asserted thousands of people, women in particular, find it hard to break the retail therapy habit.

In addition, the importance of retail therapy was recognized in retail businesses and has been used in marketing efforts. For example, recently, the Seattle based department store, Nordstrom’s Inc. opened a new store north of Pittsburgh, Pennsylvania. The CEO, Mr. Nordstrom, commented during an interview with *The Wall Street Journal* that “some people will choose to take a little retail therapy, and we want to be there to serve them” (Maher, 2008, p. A2). He seems to view retail therapy as a coping strategy during this economic recession. In addition, the term ‘retail therapy’ has also been used in

marketing efforts. Some independent online retailers or multichannel retailers used 'retail therapy' as a store name and one of these retailers specifically mentioned that they selected this name to convey the idea that shopping at their stores would make customers feel better.[1] Other retailers including Ebay.com and Target.com have advertised certain products as "retail therapy" items.[2] Thus, there is ample evidence both in the popular press and in marketing efforts that shopping to improve one's mood exists, may even be widespread, and for some consumers is an ongoing part of their life.

Retail Therapy in Consumer Behavior Research

In consumer behavior research, retail therapy has been primarily studied using two approaches: mood-alleviative consumption (Kacen, 1998; Kacen & Friese, 1999; Luomala, 2002) and compensatory consumption (Woodruffe, 1997; Woodruffe-Burton, 1998; Yurchisin, Yan, Watchravesringkan, & Chen, 2008). Kacen (1998), one of the first researchers to approach retail therapy from the explicit perspective of mood repair, used the term retail therapy to identify consumption designed to improve negative moods. Other terms such as mood-alleviative self-gift behavior (Luomala, 1998), mood-regulating consumer buying behavior (Kacen & Friese, 1999), mood-alleviative consumption, and therapeutic consumption (Luomala, 2002) have also been used to refer to consumption intended to improve a negative mood.

Another group of researchers use the term compensatory consumption (Luomala, 2002; Woodruffe, 1997; Woodruffe-Burton, 1998; Yurchisin et al., 2008). A few of these

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[1] The following retailers are examples: www.retail-therapy.com, www.needretailtherapy.com, www.ineedretailtherapy.com, and www.retailtherapylounge.blogspot.com.

[2] On January 13, 2008 a retail therapy stationary set, books, and a CD were available for purchase at www.target.com. In addition, on the same date a purse, mug, and bracelet were examples of many of the retail therapy items listed on www.ebay.com.

researchers (Yurchisin et al., 2008) take the position that retail therapy is a synonym for compensatory consumption. Their view is that retail therapy involved shopping activities engaged in as a compensatory device. A compensatory consumption episode is outlined as including several components. First, an individual experiences a psychosocial deficiency such as feeling stressed or bored. Next, the individual goes shopping and may make a purchase or purchases to "compensate" for the perceived deficiency. A purchase is not required to compensate for the deficiency as shopping alone might also compensate. Mood-alleviative consumption researchers note their work as linked to compensatory consumption and compensatory consumption researchers also note mood alleviative consumption as a related area (Woodruffe, 1997; Woodruffe-Burton, 1998). Neither group, however, specifically address exactly how these two areas are related.

Even though both groups assert each phenomenon they studied is conceptually distinct it is possible that these researchers simply used different terms to identify the same phenomena—retail therapy and focused on different aspects of the same behavior. By avoiding conceptual clarity, each group of researchers contributed to the existing confusion over what retail therapy is and constrained future development of the concept and understanding of this form of consumption.

There has been little empirical research conducted specifically on retail therapy. Of the existing studies conducted, the majority of researchers utilized qualitative research approaches and collected data using interviews (Kacen, 1998; Luomala, 2002; Woodruffe, 1997; Woodruffe-Burton, 1998). One quantitative study (Kacen & Friese, 1999) measured and compared consumers' pre- and post- purchase mood state in order to document the mood-alleviative nature of shopping. In only one study (Yurchisin et al.,

2008), did researchers attempt to develop a measure of retail therapy behaviors. However, due to its' untested validity, this measure needs further development and substantiation to be widely utilized.

Linkage to Other Consumer Behavior Research

Retail therapy as a construct may have links to other types of consumption behaviors including compulsive buying (Edwards, 1993; Elliott, 1994; Faber & Christenson, 1996; Faber & O'Guinn, 1989; Faber & O'Guinn, 1992; O'Guinn & Faber, 1989; Valence, d'Astous, & Fortier, 1988), impulse buying (Gardner & Rook, 1988; Rook & Gardner, 1993), hedonic shopping (Arnold & Reynolds, 2003), and self-gifting (Mick & DeMoss, 1990). Researchers investigating these behaviors did not include the idea of retail therapy in their conceptual definitions; however, all mentioned shopping's therapeutic nature in explaining each of these consumption behaviors. For example, researchers investigating compulsive consumption (Edwards, 1993; Elliott, 1994; Faber & Christenson, 1996; Faber & O'Guinn, 1989; Faber & O'Guinn, 1992; O'Guinn & Faber, 1989; Valence et al., 1988) suggested that there was a connection between therapy shopping and compulsive buying when they addressed antecedents of compulsive buying. All suggested that shopping to alleviate a negative mood was a motivating factor for compulsive buying. In addition, when these researchers operationalized compulsive buying they included therapy shopping items in their measures. For example, the 13 item compulsive buying scale developed by Valence, d'Astous, and Fortier (1988) contained one item reflective of therapy shopping or buying, "For me, shopping is a way of facing the stress of my daily life and of relaxing." Faber and O'Guinn's (1989) 14 item compulsive buying scale also contained one item reflective of therapy shopping or buying,

"I bought something in order to make myself feel better." Edwards (1993)'s 13 item compulsive buying scale also contained one item, "I go on a buying binge when I'm upset, disappointed, depressed, or angry."

In contrast to compulsive buying researchers, researchers studying impulse buying did not include retail therapy items in their measures. However, they mentioned that impulse buying appears to be an effective tactic for breaking out of an undesirable mood state (Gardner & Rook, 1988; Rook & Gardner, 1993). Hausman (2000) also found that an emotional lift was a major motivation for impulse buying. In addition, in their hedonic shopping research, Arnold and Reynolds (2003) suggested that hedonic shoppers to some extent reflected individuals who felt bored or depressed and chose to buy something nice. These researchers, in particular, developed a hedonic shopping motivation scale consisting of six dimensions. One dimension labeled "gratification shopping", tapped aspects of the phenomenon of retail therapy. The three items contained in this construct included 1) "When I'm in a down mood, I go shopping to make me feel better," 2) "To me, shopping is a way to relieve stress," and 3) "I go shopping when I want to treat myself to something special."

Even though the nature of retail therapy may be linked to other shopping behaviors, none of the aforementioned researchers were focused on understanding consumption as a therapy device or as a coping mechanism. An investigation of how retail therapy is related but distinct from these different concepts is needed to conceptualize and operationalize retail therapy as a single construct.

Purpose and Significance of Study

The principle aim of this study was to enhance understanding of retail therapy, that is, the phenomenon that consumers use shopping as a mechanism to improve their felt negative moods. To achieve this purpose, this study sought to refine conceptualization of retail therapy, qualitatively investigate the phenomenon of retail therapy, and to develop an instrument to measure this unique behavior.

The term retail therapy has been used to refer to different consumer behaviors (e.g., mood-alleviative consumption, compensatory consumption). In addition, elements of therapy shopping are noted in studies of other consumer behaviors even though the idea of retail therapy is not part of the conceptualization of these behaviors. This casual and imprecise use of the term retail therapy appears to be due to a lack of a concise conceptual foundation. Therefore, developing the conceptual basis for retail therapy and delineating this concept as distinct from other forms of consumption is prerequisite to further investigate this consumer behavior. Moreover, a valid and reliable measure of this concept is expected to broaden the understanding of retail therapy and provide a foundation for investigating the interrelationships between retail therapy and other consumer variables.

Therefore, the major objectives of this research were to:

1. Analyze the conceptual foundations of retail therapy
2. Qualitatively investigate the phenomenon of retail therapy
3. Develop and validate a scale measuring retail therapy

Accomplishing the above objectives provides theoretical contributions in consumer behavior research by conceptualizing and operationalizing retail therapy as well as exploring relationships between retail therapy and other shopping behaviors. The

qualitative findings will reveal the nature of retail therapy with special attention paid to participant's experiences during three shopping stages: pre-shopping, shopping, and post-shopping. A valid and reliable retail therapy scale will broaden quantitative inquiry into shopping behaviors driven by mood alleviative motives. For example, developing a scale of retail therapy is the first step to further examining antecedents influencing this behavior as well as consequences.

Research findings also provide recommendations for retailers interested in developing ways to enhance consumers' "therapy" shopping experiences. Systematic management of consumers' negative moods through shaping their shopping experiences can be an important way for retailers to sustain their customer base. In addition, the findings of this study suggest ways for consumers to prevent and/or discourage compulsive buying as well as provide tools that therapists can use to help consumers discontinue their addictive buying behaviors.

CHAPTER II

REVIEW OF RELATED LITERATURE

This chapter reports the results of analyzing the conceptual foundations of retail therapy to achieve the first research objective. The chapter begins by introducing and comparing the mood-alleviative consumption and compensatory consumption research approaches to retail therapy. Second, the concept of retail therapy is examined in detail from each approach. Third, retail therapy is compared with other consumer behaviors to distinguish it from other types of consumption. Lastly, the discussion is concluded by a summary.

Retail Therapy: Mood Alleviative Consumption or Compensatory Consumption?

Retail therapy has been studied from two different but closely related approaches. One group of researchers classified retail therapy as compensatory consumption behavior (Woodruffe, 1997; Woodruffe-Burton, 1998; Yurchisin et al., 2008) while the other group viewed retail therapy as mood-alleviative consumption behavior (Kacen, 1998; Kacen & Friese, 1999; Luomala, 2002). From the compensatory consumption approach, shopping and buying during therapy shopping trips are viewed as one type of compensatory resource. From this perspective people experience psychosocial deficiencies and go shopping to compensate for these perceived deficiencies. The same activity (i.e., shopping) is considered as a type of mood-regulatory device from the mood-alleviative approach. Mood alleviative researchers take the view that people experience negative moods and go shopping to repair or alleviate these negative moods. Although both approaches are used to explain and understand therapy shopping behavior, mood-alleviative consumption seems to be reflective of the behaviors commonly associated

with retail therapy as used in the popular press. Compensatory consumption seems to be an umbrella term, descriptive of more behaviors than just mood-alleviative consumption because one could consume to compensate for felt deficiencies which are unrelated to a specific negative mood.

Retail Therapy from Mood-Alleviative Consumption Approach

Nature of mood. In research concerning the relationship between mood and consumer behavior, two different perspectives on mood have been used: mood as an intervening situational variable and mood as an object of control (Luomala, 1998). When mood was viewed as a situational variable, the term mood is well represented by Alpert and Alpert's (1990, p.110) definition, that is, as "a fleeting, temporary feeling state, usually not intensive, and not tied to a specifiable behavior." When mood was treated as an object of control, LeDoux's (1989, p.269) definition of mood is representative, that is, moods are "affectively charged conscious, stimulus specific, pervasive, and self-informational experiences that have motivational and behavioral implications." The present study adopts LeDoux's (1989) definition of mood with a focus on negative mood experiences. Applying the concept of mood, retail therapy is understood as an individual or set of consumption behaviors, that is, either shopping, buying, or both driven by a consumer's desire to manage his or her negative moods.

Negative mood. There exist different dimensions of negative mood with distinctive emotional roots (Watson & Clark, 1992). Irritation, stress, and dejection have been identified as three dimensions of negative moods (Luomala, 2002; Watson & Clark, 1992). According to mood researchers (Luomala, 2002; Watson & Clark, 1992), the mood of irritation is a milder version of anger. There are several synonyms to describe

this mood including annoyance, hostility, agitation, and frustration. Irritation can be caused by a variety of simple factors including small conflicts in spousal relationships or just a messy room. The mood of stress is a subtle version of fear. Synonymous terms used to describe stress include anxiety, distress, nervousness, uneasiness, worry, and restlessness. The typical sources of stress are uncertainty about the future, work pressures, moving to another place, and problematic human relationships. The mood of dejection also has many synonyms including depression, blues, gloominess, sadness, unhappiness, misery, and woe. The typical sources of dejection include loneliness, broken relationships, disappointment, and criticism.

Self-regulation of moods. Mood-alleviative consumption is one method to manage or self-regulate negative moods. According to Karoly (1993, p.25), self-regulation refers to "those processes, internal and/or transactional, that enable an individual to guide his/her goal-directed activities over time and across changing circumstances (context)." Narrowing down the scope of self-regulation to focus on mood, self-regulation of mood encompasses "the individual's mood-driven behavioral activities that are engaged in to achieve the goals of prolonging or improving the felt positive mood or disrupting or relieving the felt negative mood" (Luomala et al., 2004, p.42). According to this definition, self-regulation of mood can include both positive mood maintenance as well as negative mood alleviation. Applying this definition, mood-alleviation is defined as encompassing an individual's negative mood-driven behavioral activities which are engaged in to achieve the goal of disrupting or relieving the felt negative mood.

Strategies identified for self-regulation of negative moods. Few researchers have dealt directly with self-regulation of moods in general or of negative moods in particular.

Morris and Reilly (1987) and Morris (1989) conducted the most extensive reviews of the topic. Though their review of research regarding self-regulation of mood, they identified four strategies through which individuals self-regulate their negative moods: 1) managing the mood, 2) modifying the meaning or significance of the problem, 3) problem-directed action, and 4) affiliation.

Although the second and third strategies are a part of the same broad category of research, they are not the focus of the current study. The second strategy pertains to mental, not behavioral self-regulation of negative mood, which is my focus. In addition, the third strategy focuses on the situations that induce the negative mood, not the experiences of negative mood itself. In other words, the use of the third strategy implies the need to modify the situations causing negative mood, which is also not my focus at this point.

The first and fourth strategies are relevant to the current study because the behaviors or activities discussed are used to alleviate negative moods. Morris (1989) divided the first strategy of managing the mood into four categories: 1) self-reward, 2) use of alcohol, 3) distraction, and 4) expressive behavior. Self-reward and distraction strategies are relevant because they are applicable to shopping and buying situations. According to Morris and Reilly (1987), self-rewards reflect the strategy of relieving a bad mood through engaging in various self-gratifying or self-indulgent acts as “therapy.” Buying something for oneself can be self-rewarding. The use of alcohol is another strategy that people engage in to reduce negative feelings or tensions. Since consumption of alcohol can be a form of self-indulgence with respect to mood-alleviation, this strategy can also be an example of a self-reward strategy. Application of a distraction strategy

refers to people trying to distract themselves as a way of dealing with their negative moods. As shopping can serve as a distraction, this strategy is relevant. An expressive behavior strategy refers to people managing their facial or postural expressions to self-regulate negative moods. Expressive behaviors were not incorporated into the current study.

The fourth strategy, affiliation, is either avoiding or seeking social gatherings and support as a way to alleviate negative moods. If an individual alleviates a bad mood by shopping with friends, this might be an example of affiliative mood-alleviative strategy as well as a self-indulgent strategy and a distractive strategy. In summary, the major strategies of self-regulation of negative moods reviewed and defined by Morris and Reilly (1987) and Morris (1989) that are relevant to my study are self-indulgence, distraction, and affiliation.

The self-indulgent, distractive, and affiliative strategies intended to self-regulate negative moods are expressed in various ways, including general behavioral activities. For example, concerning self-indulgent strategies, eating and drinking are common examples of self-indulgent strategies (Carver & Scheier, 1994; Folkman & Lazarus, 1985; Folkman & Lazarus, 1988; Kacen, 1994; Parker & Brown, 1982; Thayer, 1989). Other behaviors include smoking (Thayer, 1989), having a bubble bath, getting a massage, and other beauty treatments (Parker & Brown, 1982). In addition, helping has been found to provide rewarding and self-gratifying properties. According to Schaller and Cialdini (1990), individuals who are experiencing a bad mood may help others in order to manage their own mood. Generally, doing something that provides pleasure to oneself appears to be an indicator of self-indulgent strategies.

There is also a range of activities used to alleviate negative moods that may be considered distractive strategies. Listening to music (Cunningham, 1988; Kacen, 1994; Parker & Brown, 1982; Rippere, 1977), watching television generally (Kacen, 1994; Parker & Brown, 1982; Thayer, Newman, & McClain, 1994), and watching certain kinds of entertainment programs particularly (Helregel & Weaver, 1989; Zillman & Bryant, 1985; Zillman, 1988) have been found to be methods of managing negative moods. Other examples include engaging in physical exercise in general (Kacen, 1994; Rippere, 1977; Thayer et al., 1994), performing household chores (Kacen, 1994), and engaging in hobbies (Kacen, 1994).

There are fewer activities that exemplify affiliative strategies. The most common example of an affiliative strategy is socialization with the intent of gaining social support (Carver & Scheier, 1994; Kacen, 1994; Folkman & Lazarus, 1985; Folkman & Lazarus, 1988; Parker & Brown, 1982; Rippere, 1977; Thayer et al., 1994). Examples include talking to friends by phone, meeting friends, and going to parties. Moreover, social support, the intent of the socializing, does not have to be provided by only familiar persons. It is sometimes obtained from strangers or expert helpers (Parker & Brown, 1982).

Self-regulation of negative moods through consumption. People engage in a variety of behaviors including exercising, talking to close friends, listening to music, helping others, and consumption in order to manage their negative moods. When people use consumption as a major mood-alleviative device, this activity, as noted earlier, has been labeled mood-alleviative consumption behavior. Only a few researchers (Kacen, 1998, Kacen & Friese, 1999; Luomala, 2002; Luomala et al, 2004) have investigated this

type of consumption. In general, Luomala and his colleagues focused their attention on general consumption, which encompassed using products as well as purchasing and shopping behaviors. Kacen and Friese focused their research on examining mood-alleviative consumption behaviors in shopping contexts.

In Luomala (2002)'s study of mood-alleviative consumption with Finish people, he asserted mood-alleviative consumer behavior possessed therapeutic power and specifically addressed what constitutes the therapeutic power of consumption. He also emphasized the existence of qualitatively different negative moods, which he categorized as irritation, stress, and dejection, and examined whether and how consumers engaged in different consumption activities to alleviate these different moods. Through interviews with 14 women and 14 men, the researcher identified eight types of therapeutic power stemming from different mood-alleviative consumption activities: 1) distraction, 2) self-indulgence, 3) stimulated elaboration, 4) concrete outcomes of mood-regulatory activities, 5) recharging, 6) discharging, 7) retreat, and 8) activation. Among these eight powers, distraction, self-indulgence, and activation were linked to shopping and purchasing. For example, constructing a consumption vision, that is, imagining the purchase of something nice was categorized as distraction. Going shopping to get something nice for oneself was categorized as self-indulgence. Browsing in shops to search information for future purchases or to learn current trends was identified as activation. Distraction and self-indulgence strategies (i.e., shopping, buying) were used to alleviate all three of the negative mood experiences, while activation was specifically associated with alleviating dejection.

Many of the research participants in Luomala (2002)'s study were well aware that they deliberately engaged in certain activities in an attempt to manage their negative moods. In addition, some participants shared that they needed only to develop a consumption vision to relieve negative moods. Some participants shared their mood-alleviative consumption activities could be highly structured and sophisticated. For example, two participants who identified themselves as expert consumers of music and movies used a specific type of music or movie to alleviate a certain negative mood and used another type of music or movie to repair other negative moods (e.g. listening to rock music when irritated and blues when dejected).

Although Luomala (2002) emphasized investigating "consumption" as mood-alleviative activities, his focus was on examining mood alleviative activities in general, not on consumption as means to manage mood. Even though he defined consumption as using products as well as buying products, this definition did not encompass many of the activities under investigation in his research (e.g., playing with kids, cleaning house). Thus, this research contributed to understanding the variety of activities used to alleviate different negative moods rather than providing a clear understanding of the role of consumption.

In subsequent research, Luomala et al. (2004) explored cultural differences in mood-regulation with an emphasis on the role of consumption. Mood-regulation behaviors included activities designed to maintain positive moods as well as alleviate negative moods. In order to explore different types of mood-regulatory activities depending on different cultures, participants were recruited from countries categorized as individualistic, collectivistic, or both. A survey technique was used to gather data from

university students from Finland, Denmark, India, and China. Finland and Denmark were representative of individualistic cultures while China was a representation of a collectivistic culture. India was both individualistic and collectivistic. In order to explore different types of mood regulatory activities, the authors developed a list composed of 40 items. The respondents were asked to select mood-regulatory activities from the list. The list represented 2x2 mixes of consumption-related and social activities. That is, the list of mood-regulatory activities consisted of four categories: consumption-related and social, consumption-unrelated and social, consumption-related and asocial, and consumption-unrelated and asocial. Among these four categories, consumption-related and asocial mood-regulatory activities were related to retail therapy as this category included buying something nice for yourself (e.g., clothes, cosmetics), going shopping, and browsing in shops/impulse buying.

The researchers found that mood-regulatory activities were more consumption-oriented, had more ego-focused emotional consequences, and were less effective in individualistic cultures as opposed to collectivistic cultures. Moreover, their research findings supported the idea that the threshold for mood-regulatory activities is lower in individualistic cultures than in collectivistic cultures. Individualists tended to engage in mood-regulation more frequently than collectivists. These researchers provided evidence that an individual's level of individualism or collectivism within the same culture might influence their tendency to engage in retail therapy as opposed to other possible mood-alleviative activities. However, given this contribution, their measure of mood-regulatory activities used could be further developed to better identify consumers' therapy shopping behaviors. For example, the measure used did not capture the frequency of engaging in

certain types of mood-regulatory activities. Rather, it simply measured which activities were used to regulate moods.

A few researchers (Kacen, 1998; Kacen & Friese, 1999) have focused on examining mood-alleviative consumption behaviors in shopping contexts. Kacen (1998), in her retail therapy research, investigated consumers' purchase behavior designed to alleviative negative moods by looking at what consumers bought and why they bought those items. Through interviews with 42 adults, she found that shoppers in negative moods purchased three categories of products with more frequency than others. These categories included clothing and accessories, electronic products, and food. Participants reported these three categories of products were chosen as mood-alleviative devices because they enhanced self-image, distracted attention, or provided psychological nurturing.

This research finding implies that the actual product purchased during a therapy shopping trip plays a role in improving mood, which provides a distinction between a shopping therapy experience and a compulsive buying experience. In a compulsive buying experience the actual product is not as important to the purchaser as the process of purchasing a product (Edwards, 1993; Elliott, 1994; Faber & Christenson, 1996; O'Guinn & Faber, 1989; Valence, d'Astous, & Fortier, 1988). There were also limitations to this study as the researcher did not include other possible aspects of a shopping experience that might provide therapeutic value such as browsing, window shopping, or experiencing a retail environment. In Luomala's (2002) mood-alleviative consumption study, he asserted that mere sensory stimulation emanating from the consumption environment (e.g., sights, sounds, smells) as well as product acquisition can function in a

therapeutic way. In addition, Underhill (1999) emphasized the shopping experience as a source of retail therapy insisting that women experience enormous amounts of pleasure from the act of looking and shopping that could be an “escape” from mundane life.

Kacen continued her research on mood-alleviative consumption with a colleague, Friese (1999). They conducted surveys among 195 US students and 155 German students to examine how a purchase occasion influenced a change in consumer’s mood state. In order to see the changes in mood affected by the purchases, they measured the nature of the bad mood experienced by consumers and the change in mood affected by the purchase using Mehrabian and Russell’s (1974) Pleasure-Arousal-Dominance scale. The researchers found that following a purchase participants felt significantly more pleasure, less arousal, and more control than they did before a purchase. Researchers asserted that this change in mood was evidence that consumers do make purchases to regulate their mood states and such behavior is effective in changing negative mood states. However, it was not clear whether the research participants were actually in very bad moods before they went shopping and whether alleviation of a negative mood was the primary purpose of making a purchase or the simple outcome of a purchase.

Retail Therapy from Compensatory Consumption Approach

Grunert’s (1993) concept of compensation provides insight into compensatory behavior. Grunert (1993) explained compensation as the process where a lack of X is cured by a supply of Y, instead of X. When individuals attempt to make up for experienced psychological deficiencies by engaging in behaviors which are irrelevant to the core of their problems, this behavior is known as compensatory behavior (Gronmo, 1988; Grunert, 1993; Woodruffe, 1997; Woodruffe-Burton, 1998). When individuals use

consumption of mass-produced products or services as compensation for psychological deficiencies, this process is referred to as compensatory consumption (Woodruffe, 1997; Woodruffe-Burton, 1998; Yurchisin et al., 2008). That is, compensatory consumption behavior occurs "when an individual feels a need, lack, or desire which they cannot satisfy with a primary fulfillment so they use purchasing behavior as an alternative means of fulfillment" (Woodruffe-Burton, 1998, p.301).

From Gronmo's (1988) point of view, compensatory consumption is defined as behavior designed to offset or avoid an undesired condition of personality or situation resulting from a general lack of self-esteem and self-actualization. For example, Fontes and Fan (2006) used Gronmo's viewpoint to explain why ethnic minorities demonstrated a high level of consumption of status-conveying products. They contended that the consumption of high status products by this group of individuals was compensation for their perceived deficiency in social status. The types of psychosocial deficiencies considered by Gronmo (1988) in a compensatory consumption episode (i.e., lack of self-esteem) might not necessarily cause negative moods all the time. Continuing with the example of ethnic minorities and their consumption of high status items, although an individual perceives a lack of social status due to being an ethnic minority, this perceived deficiency might be so ingrained in his or her life so that it does not evoke negative moods on a daily basis. Thus, the types of compensatory consumption behavior considered by Gronmo (1988) cannot be explained by a mood-alleviative consumption approach.

Woodruffe (1997) expanded Gronmo's (1988) concept of compensatory consumption to explain behaviors of typical consumers as well as groups of consumers

who were repressed or under-privileged. Woodruffe took the view that consumers could engage in compensatory consumption to make up for temporary psychosocial deficiencies as well as long-term deficiencies. These temporary deficiencies included feeling stress, anxiety, bored, lonely, or experiencing reduced self-esteem. For example, a compensatory shopping episode could include purchasing apparel to compensate for feeling bored. Both the shopping for and purchasing of apparel are a device for experiencing compensation (Woodruffe, 1997).

Compensatory consumption can be linked to mood-alleviative consumption. Different from the types of deficiencies emphasized by Gronmo (1988) which might not necessarily cause negative moods all the time, all of psychological deficiencies explained by Woodruffe (1997) fall into different dimensions of negative mood (e.g.., irritation, stress, dejection) or could be the causes of a negative mood. For example, feeling stress, anxiety, bored, or lonely are different kinds of negative moods. Experiencing low self-esteem is also a source of negative mood, specifically, dejection. Consumption to compensate for the felt deficiencies in daily life, which are emphasized by Woodruffe (1997) seems to describe the same phenomenon labeled “mood-alleviative consumption” by researchers who approach the topic from a mood research perspective. Thus, it is reasonable to assert that compensatory consumption has two components, compensation for negative mood (i.e., mood-alleviating consumption) and compensation for other deficiencies that are not directly related to mood.

Researchers interested in compensatory consumption have focused their attention on understanding consumer’s experiences (Woodruffe’s, 1997; Woodruffe-Burton, 1998) as well as relationships between negative mood and life-status changes on compensatory

consumption (Yurchisin et. al, 2008). In Woodruffe's (1997) study, three female self-identified compensatory consumers were interviewed to understand their experiences. The notice used for recruiting research participants indicated the researcher had an interest in understanding consumption behavior to improve negative moods. The main statements used to recruit participants were as follows: "Do you like to treat yourself when you're fed up?," "Is shopping the best therapy?," "Is chocolate the greatest cure for depression? Or, do you prefer a trip to the gym/hairdressers/beauty salon/pub/etc. to lift your spirits?"

All three participants described feeling deficiencies in their lives such as being bored, feeling tired, feeling blue, and being depressed. In order to make up for these deficiencies, they employed several forms of consumption including going on holiday trips, eating, and going shopping. Shopping and buying in particular, were common activities reported by all three women. Interestingly, respondents employed different types of shopping activities as compensatory devices. One informant indicated being in the retail place itself (a large shopping center) was an amusement to her. She also described buying things as an activity that lifted her spirits. Finding bargains was important and good for mood repair. She noted that she was not an extravagant shopper and purchased just some little things to improve her bad mood. Another informant indicated she used to buy from mail order catalogues when she felt down. She also used window shopping to relieve depression and to take her mind off her problems. Interestingly, what made her feel pleased and refreshed during her window shopping trips was her imagining buying nice things she could not afford. She did not try items but just looked and picked up items while thinking the item was nice and that some day she will

buy it. While the other two participants did not purchase things they could not afford, the third informant purchased clothing and other things to treat herself particularly at times when she could not afford them. For her, buying clothes when she believed she could not afford them was a treat. This practice became absolute enjoyment since it allowed herself to do something that was otherwise restricted. She also used shopping to prevent being bored on a Saturday. All three women's compensatory consumption behaviors were considered "normal." Woodruffe (1997) argued that compensatory consumption is just "normal" consumer behavior even though she admitted it could lead to compulsive or addictive buying, which she viewed as an extreme form of compensatory consumption.

In her subsequent research on compensatory consumption, Woodruffe-Burton (1998) explored men's use of clothes shopping as compensatory activity. Three male self-identified compensatory shoppers were interviewed and similar results were found. For example, all three participants described feeling deficiencies in their lives such as being bored, being irritated, feeling unconfident, and feeling dejected, which were caused by a variety of reasons. All three men went shopping and purchased clothes to make up for these deficiencies. The excitement of the shopping experience, the anticipation, seeking out the right item, purchasing the clothes and the subsequent trying on, wearing and admiring the clothes, and the relationship with the retailers were all important components of compensation to the participants.

Whereas Woodruffe (1997; 1998) took a qualitative approach to investigating compensatory consumption, Yurchisin et al. (2008) employed a quantitative approach to examine compensatory consumption behavior which they identified as "retail therapy." These researchers investigated the influence of life status changes and negative emotions

on compensatory consumption of apparel products among college students. In order to test their hypotheses, the researchers developed a scale of compensatory consumption behavior involving apparel products. Forty-six items describing compensatory consumption behavior were initially developed based on the interview data presented by Woodruffe (1997) and Woodruffe-Burton (1998). The scale measured the degree to which participants engaged in compensatory consumption of apparel products. After conducting exploratory factor analysis three factors emerged. Among these three factors, the first factor, consisting of twelve items was selected for use in subsequent analyses as the final compensatory consumption scale. The selected twelve items were most closely related to the definition of compensatory consumption behavior and revealed a strong internal consistency level (alpha value = 0.95). (See Table 1 for scale items).

Table 1. Yurchisin et al. (2008) Compensatory Apparel Consumption Scale

Item numbers	Scale items	Scale
1.	I shop for apparel products when I am not content with my life.	5 point responses: "1" (strongly disagree) – "5" (strongly agree)
2.	I shop for apparel products when I am depressed.	
3.	When I feel bad about myself, I shop for apparel products.	
4.	I shop for apparel products when I am having a stressful day.	
5.	I shop for apparel products after I have a fight with a loved one.	
6.	I shop for apparel products when I am miserable.	
7.	I shop for apparel products when I feel rejected.	
8.	If someone close to me died, I would probably shop for apparel products to make myself feel better.	
9.	If I broke up with my significant other, I would probably shop for apparel products to make myself feel better.	
10.	I enjoy shopping for apparel products when it helps me forget my problems.	
11.	I like to shop for apparel products when I am anxious, worried, or tense.	
12.	I like to shop for apparel products when I am emotionally upset.	

All of the items in Yurchisin et al. (2008)' scale describe consumers' apparel shopping as a strategy to repair negative moods or as a response to negative moods. Moreover, the items tap all three types of negative moods, that is, irritation, stress, and dejection, investigated in the mood-alleviative consumption literature (Lumaloa, 2002). Thus, this instrument provides a useful foundation for developing a retail therapy scale.

In addition to developing the measure of compensatory consumption behavior, life status changes were assessed by the number of significant life events participants had experienced during the past six months. Negative emotional states were measured by how often participants felt a series of listed negative emotions in the past month (e.g., feeling worried, depressed, sad, incompetent, incapable, tired, empty, helpless, lonely). Through multiple regression analysis using compensatory consumption as the dependent variable, researchers found that degree of life status changes and negative emotional states predicted extent of compensatory apparel consumption engaged in.

Yurchisin et al.'s (2008) scale of compensatory apparel consumption has several limitations. First of all, as the researchers noted, the scale was developed based on only two prior compensatory consumption studies, where only three people were interviewed. Thus, the items of the scale are based on six people's lived experiences of compensatory consumption. In addition, the researchers did not conduct any validity test, so it is not certain whether this scale is actually measuring compensatory consumption alone or other related constructs.

Retail Therapy: Linkages to Other Consumption Behavior

Linkages to compulsive buying. Compulsive buying is defined as "an abnormal form of shopping and spending in which the afflicted consumer has an overpowering, uncontrollable, chronic, and repetitive urge to shop and spend" (Edwards, 1993, p.67). Even though retail therapy concept is not a part of conceptual definitions of compulsive buying, researchers investigating compulsive consumption seem to agree that shopping for alleviating negative moods is one of characteristics of compulsive buyers or a motivation in compulsive consumption.

They also have included items that might be indicative of retail therapy behaviors in their operationalizations of compulsive buying (d'Astous's,1990; Edwards, 1993; Elliott, 1994; Faber & Christenson, 1996; Faber & O'Guinn, 1989; Faber & O'Guinn, 1992; Valence et al., 1988). For example, the 13 item compulsive buying scale developed by Valence et al. (1988) contains one item reflective of therapy shopping or buying, "For me, shopping is a way of facing the stress of my daily life and of relaxing." Valence et al.'s (1988) scale or a modified version of it has been used by other researchers interested in compulsive buying including d'Astous's (1990) and Elliott (1994). Faber and O'Guinn's (1989) 14 item compulsive buying scale also contains one item reflective of therapy shopping or buying, "I bought something in order to make my self feel better." Edwards (1993)'s 13 item compulsive buying scale also contains one item, "I go on a buying binge when I'm upset, disappointed, depressed, or angry." Therefore, investigating the relationships between therapy shopping behaviors to compulsive buying is crucial since the examination might suggest ways to prevent and/or discourage addictive consumption as well as provide conceptual clarification about these two constructs.

In addition to including a retail therapy related item into his measure of compulsive buying, Elliot (1994) attempted to directly examine connections between therapy shopping and compulsive buying behaviors. Elliott (1994) investigated the relationship between participants' compulsive buying and mood using Isen (1984)'s mood repair scale. He found a high correlation. The four item scale used measured depression-alleviative consumption behavior since it measured the extent to which shopping succeeded in alleviating non-clinical depression. The scale contained the following items: "Buying cheers me up when I'm feeling down," "when I'm feeling depressed I have to buy something," "shopping has helped me cope with depression in the past," and "shopping helps me cope with depression now."

Even though most compulsive buying researchers suggest that compulsive buyers tend to use buying as one means of alleviating their negative moods, one cannot say that engaging in therapy shopping is a mild form of compulsive buying or that therapy shopping results in compulsive buying or that all therapy shoppers are "early stage" compulsive buyers. As opposed to compulsive buying, which is a form of consumption motivated by a "compulsion to spend" that often leads to severe financial debts and post-purchase guilt, retail therapy includes behaviors that do not necessarily entail making actual purchases or negative consequences. However, whether therapy shopping is a precursor to compulsive buying or is a distinctive concept which may shares some common characteristics with compulsive consumption is unclear. If the former is true, all compulsive buyers would be therapy shoppers (see figure 1 for an illustration of this relationship). If the latter is true, some compulsive shoppers should demonstrate therapy shopping behaviors and others not. (see figure 2 for an illustration of this relationship).

Several findings from compulsive buying researchers seem to support the latter relationship. For example, Elliott, Eccles, and Gournay (1996) in their study of 50 compulsive buyers found that some compulsive buyers were not trying to compensate for their negative feelings when they made purchases but they used the shopping experience as both a form of self-expression and as a means of having some control over a part of their lives. In addition, Faber, O'Guinn, and Krych, (1987) after interviewing 23 compulsive buyers, found that although relief from anxiety frequently appeared to be a reason for respondents' compulsive buying behavior, some compulsive buyers simply felt compelled to spend money. Moreover, most respondents reported shopping when they experienced strong affective mood states either elation or unhappiness.

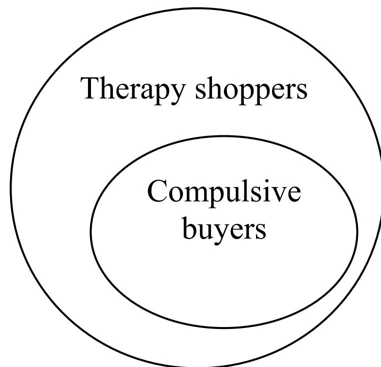

Figure 1. Retail Therapy as Precursor to Compulsive Buying

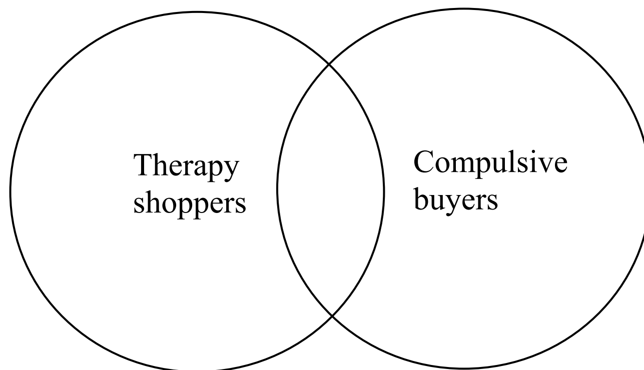

Figure 2. Retail Therapy as Distinct from Compulsive Buying

Linkages to impulse buying. The nature of retail therapy, shopping to alleviate a negative mood, is neither a part of conceptualization nor embeds into operationalizations of impulse buying (Rook, 1987; Rook & Fisher, 1995). However, retail therapy seems to be somewhat related to impulse buying in that therapy shopping trips may meet definitions of impulsive purchases. Impulse buying behavior is generally characterized as unplanned purchases and has been measured by assessing consumers' level of buying impulsiveness. Buying impulsiveness is defined as a consumer's tendency to make spontaneous, unreflective, and immediate purchases (Rook, 1987; Rook & Fisher, 1995). A consumer's buying impulsiveness is an inherent behavioral trait or a lifestyle trait and distinguishes buying impulsive consumers from other consumers (Beatty & Ferrell, 1988; Puri, 1996; Rook & Fisher, 1995).

Researchers studying impulse buying (Cobb & Hoyer, 1986; Gardner & Rook, 1988; Rook & Hoch, 1985; Rook, 1987; Rook & Gardner, 1993) propose that impulse buying is related to emotion. For example, Gardner and Rook (1988, p.128) noted that "When someone is depressed, frustrated, or bored, impulse buying appears to be an effective tactic for breaking out of an undesirable mood state." Consumers engaging in retail therapy might plan to go shopping in order to buy something to make themselves feel better and what they specifically purchase might be unplanned.

Findings from Hausman's (2000) study of consumer motivations underlying frequent impulse buying behavior provide another option that might explain the connection between retail therapy and impulse buying behavior. Hausman found participants' hedonic needs such as a need for novelty, entertainment, and an emotional lift were major motivations for impulse buying. Objects and experiences that provide an

emotional lift is the end result that therapy shoppers appear to look for as they attempt to regulate their negative moods. Thus, retail therapy from this perspective can be viewed as a motivation behind some impulse purchases.

Linkages to self-gifts. Self gifting behaviors possess mood-alleviative qualities (Luomola, 1998) as well. Mick and DeMoss (1990) defined self-gifts as personally symbolic self-communication through special indulgences that tend to be premeditated and highly context bound. Self-gifting behaviors have a myriad of manifestations including shopping and purchasing. The rendering of products, services, and experiences can all qualify as self-gift behaviors (Mick & DeMoss, 1990). Thus, the act of shopping itself as well as purchases of clothes or jewelry for oneself can be considered self-gifting behaviors.

Although the core definition of self-gifting does not contain the notion of mood-alleviation, mood-alleviative self-gifts have been noted. Giving gifts to oneself can on certain occasions be seen as a coping strategy (Mick & DeMoss, 1990). In addition, self-gift activities were prone to happen in certain contexts. Four of these contexts included reward for accomplishment, therapeutics for disappointments, holidays, and extra money contexts (Mick & DeMoss, 1990; Mick, DeMoss, & Faber, 1992).

Linkages to hedonic shopping. Hedonic shopping reflects shopping's entertainment and emotional worth (Arnold & Reynolds, 2003; Bellenger, Steinberg, & Stanton,1976). Arnold and Reynolds (2003) investigated six dimensions of hedonic shopping motivations through in-depth interviews with 98 adult consumers representing diverse backgrounds. They developed a scale measuring hedonic shopping motivations that included six dimensions. The six hedonic shopping motivations were: 1) adventure

shopping, 2) social shopping, 3) gratification shopping, 4) idea shopping, 5) role shopping, and 6) value shopping. One of these shopping motivations, gratification shopping, was defined as "shopping for stress relief, shopping to alleviate a negative mood, and shopping as a special treat to oneself" (p. 80). This definition of gratification shopping taps the nature of retail therapy shopping. Respondents identified as gratification shoppers noted they went shopping to relieve stress, to feel better when they were depressed, or to forget about their problems. Other participants viewed the shopping experience as a way to treat themselves.

Three items were developed to measure the gratification shopping construct. These items included 1) When I'm in a down mood, I go shopping to make me feel better, 2) To me, shopping is a way to relieve stress, and 3) I go shopping when I want to treat myself to something special. The third item does not directly reflect shopping as a therapy to regulate negative mood since people might want to treat themselves when they make certain accomplishments as well as to alleviate a negative mood. The other two items, however, do reflect retail therapy.

Babin, Darden, and Griffin (1994) also recognized the value of shopping as a form of therapy in alleviating negative moods and notes this value as one element of shopping's hedonic values. Through their focus group interviews as well as extensive review of literature, they identified people who engaged in shopping as a "pick-me-up" when they felt depressed as shoppers pursuing an "escapist and therapeutic activity." They developed a personal shopping value scale assessing consumer perceptions of hedonic and utilitarian shopping values. The 11 item hedonic shopping value dimension, which captures the pleasure, enjoyment, and excitement of shopping, included two items

reflective of the nature of retail therapy. These items were “This shopping trip truly felt like an escape” and “While shopping, I was able to forget my problems.”

Summary

In chapter 2, the conceptual foundations of retail therapy was analyzed from mood-alleviative consumption and compensatory consumption approaches. In mood-alleviative consumption literature, retail therapy is a strategy aimed at self-regulating negative moods. In compensatory consumption approach, retail therapy is an activity used to compensate for psychological deficiencies. Since these psychological deficiencies include all kinds of negative moods as well as other deficiencies that are not directly related to negative moods, compensatory consumption appears to be a larger construct where the concept of retail therapy can be located. The empirical research from both approaches indicated that shopping experiences and purchases were used to make shoppers in a negative mood feel better. In addition, consumers tended to be aware of their deliberate use of consumption as therapy. Thus, in this study, the definition of retail therapy was ‘consumption behaviors, including shopping and buying, that individuals engage in to improve their negative moods. In addition to the conceptual analysis of retail therapy from a broader category of research, the exploration of relationships between retail therapy and other consumer behaviors further clarified the concept of retail therapy.

CHAPTER III

METHOD AND RESULTS: QUALITATIVE PHASE

This chapter describes the qualitative study of retail therapy. Included in the chapter is a discussion of interview method and its findings.

Interview Method

The two objectives of this part of the research were to qualitatively explore the nature of retail therapy as well as to generate scale items for a measure of individuals' tendency to use shopping to regulate their negative moods. This method was used to generate scale items because it could provide a deep understanding of the phenomenon from the consumer's perspective (Hudson & Ozanne, 1998).

Through data analysis of interviews, the nature of retail therapy was empirically explored with special attention paid to participant's experiences during three shopping stages: different negative mood experiences that lead to therapy shopping and the reasons given to elect to shop over other activities as therapy devices (pre-shopping stage), the process whereby negative moods were improved (shopping stage), and the post-shopping experience of satisfaction or dissatisfaction (post-shopping stage). The goal of this research is to substantiate or refute ideas derived from the conceptual analysis of retail therapy as well as to deepen understanding of the nature of therapeutic shopping behaviors.

Interview questionnaires were developed to investigate the experience of retail therapy and to gather background information about participants. The research questions developed to investigate experiences of retail therapy were as follows. R1: How often do consumers use shopping as therapy? What kinds of negative moods lead to therapy

shopping? R2: What reasons do these consumers offer for their use of shopping as therapy? R3: What are the key components of their therapeutic shopping experience? R4: What is the profile of a therapy shopper? R5: What are their post retail therapy experiences? R6: What is the role of a product purchased during therapy shopping in alleviating mood? (See appendix A for a complete copy of the interview questionnaire).

Sample. After approval to conduct research was granted by the Human Subjects Committee of the Institutional Review Board (Study number: 0802E27661), several methods were used to recruit potential participants who routinely went shopping to regulate their negative moods. Included in these efforts were the following: making announcements during class time[3] and posting fliers in coffee shops and public libraries in downtown and uptown areas as well as on university bulletin boards. Fliers generated many non-student participants. (See appendix B for a copy of flier used). Potential participants who contacted the author to volunteer for the research were asked to provide their name, several demographic characteristics, and contact information. They were also asked to refer this interview opportunity to a friend or family member who they believed were also therapy shoppers and who may be willing to participate in an interview. Some participants volunteered to post the recruitment fliers on the information boards within their company offices or residence halls.

These recruitment processes resulted in a convenience sample of 93 possible participants. This sample was further reduced to ensure a diverse as possible group of with respect to age, gender, occupation, income, and education level. This process resulted in a final potential number of participants was 50. Each of these individuals was

[3] To make class announcements, instructors were contacted first for permission to approach students enrolled in their courses and ask them to volunteer to participate in the research.

contacted to set up a one-time interview. A total of 47 individuals were interviewed. Three individuals who initially agreed to participate did not appear for the interview.

Data collection. Interviews varied from 30 to 150 minutes in length. The majority lasted between 40 and 60 minutes. Interviews took place in a variety of places such as coffee shops, library lobbies, participants' offices, or student centers. Each interview began with a brief description of the nature and purpose of the research. Each informant was asked to read the consent form which outlined the nature of the study and indicated that the interview was to be tape recorded. Participants were asked to indicate their consent by signing the form and were given a copy of the consent form to keep. (See appendix C for a copy of the interview consent form). Participants were also asked to try to ignore the recorder.

Coffee or other drinks were provided during interviews to create a comfortable atmosphere for informants. Participants were asked to respond to each interview question and encouraged to add anything they wanted to their responses. Informant responses often addressed several interview questions at the same time. At the end of each interview, a small monetary compensation ($10) was provided as appreciation for participant's time and effort.

Interviews were transcribed for data analysis. Four interviews were not included in the data analysis because the level of background noise was so high that the content of responses was undeterminable.

Data analysis. To analyze the transcribed data, several cycles of analysis were conducted that involved a movement from the particular to the general. Analysis began with identification of the concrete details of each response by using the line by line

approach (Van Manen, 1990). From the concrete level, statements were grouped together to identify themes of content. Through this process, the researcher is able to assess the reliability of the qualitative data (McCracken, 1988). This process of interpretation was repeated for each of the six research questions.

Interview Findings

Findings are organized by a summary of participant characteristics followed by a presentation of findings from their interviews. Interview findings were organized by research question.

Participant characteristics. Overall, participants represented demographic diversity except for gender. The majority of participants were women. About half of the participants were young adults between 20 and 39 years of age. Slightly less than half of the participants were middle-aged people between 40 and 59 years of age. There were also a few participants who were over 60 years old. About half of the participants were European Americans, while the other half represented Asian and African Americans. The majority of participants were employed full-time in a variety of industries such as finance/accounting, computer/electronics, retail, education, and law. There were several participants who were employed part-time or unemployed. A few participants were retired. Participants represented a highly educated group of individuals as many held a college degree or graduate degree. The majority of participants had annual incomes between $25,000 and $99,999. Detailed information regarding participant demographics is found in Table 2. Participants were frequent shoppers. About half went shopping more than once a week. The majority of participants spent over $50 per week for shopping. The frequency of and amount spent for shopping excluded grocery shopping and dining

out at restaurants. Detailed information regarding participants' general shopping behaviors is located in Table 2.

Table 2. Participant Characteristics

Characteristics		N of Participants
Gender	Female	34
	Male	9
Age	20 - 29	12
	30 – 39	10
	40 - 49	10
	50 – 59	7
	over 60	4
Ethnicity	European American	23
	Asian	11
	African American	9
Employment	Full time	30
	Part time	6
	Unemployed	4
	Retired	3
Education	High school	5
	Some college	7
	4 year college degree	21
	Graduate degree	8
Annual income	Less than $25,000	6
	$25,001 - $49,999	17
	$50,000 - $99,999	15
	$100,000 and over	5
Shopping frequency	Every two week	5
	At least once a week	18
	More than once a week	20
Money spent for shopping per week	$0 - $49	18
	$50 - $149	17
	$150 - $249	6
	$250 or more	2

Negative mood experiences and retail therapy uses. In a typical month, the majority of participants reported experiencing a negative mood "sometimes." Only a few participants indicated they rarely experienced a negative mood. When experiencing negative moods, the majority of participants indicated they went shopping to alleviate them more than half of the time (See Table 3). There was not a clear pattern linking the frequency of experiencing a negative mood and the frequency of going shopping to alleviate it. For example, participants reported rarely experiencing negative moods but always going shopping whenever they experienced them. Likewise, participants reported experiencing negative moods on a regular basis but not always going shopping to alleviate them.

Most participants experienced all three dimensions of negative moods: irritation, stress, and dejection. Stress was the most often experienced negative mood followed by dejection and irritation. Shopping was used to alleviate all three types of negative moods (see Table 3). Several participants, however, differentiated between moods that they alleviated with shopping from other types of negative moods that they did not use shopping to relieve. A few participants identified the intensity of the negative moods that they dealt with through shopping. The relationships between shopping and type and intensity of mood and are reflected in the following comments.

> Loneliness is the major factor to make me go shopping. Stress makes me eat. Anger makes me clean. If I get mad, I clean a lot. If I'm over eating, it's the sign that I'm stressed out. If I'm shopping, it's more of the loneliness. If there is a social event planned, I'm less likely to go shopping. If I don't have anything going, I go shopping.

> If it's a negative mood, like a big issue, I don't think shopping is the first thing I do. But if it's stress, usually from work, I definitely go shopping. So, I think I experience a wide variety of negative moods. I think the ones that are negative

and manageable are when I go and do shopping to kind of escape reality so to speak.

Table 3. Negative Mood Experiences and Retail Therapy Uses

Characteristics	N of Participants
Frequency of experiencing negative moods	
Rarely	4
Sometimes	25
Between sometimes and frequently	7
Frequently	6
Always	1
Frequency of using retail therapy when experiencing negative mood (%)	
30% – 49 %	7
50 % – 69 %	19
70 % – 89 %	10
90 % – 100%	7

Characteristics	N of Responses
Types of negative moods experienced	
Irritation	15
Stress	40
Dejection	27
Types of negative moods relieved through shopping	
Irritation	11
Stress	36
Dejection	25

Note: Irritation is a milder version of anger and has several synonyms including annoyance, hostility, agitation, and frustration. The mood of **stress** is a subtle version of fear. Synonymous terms for stress include anxiety, distress, nervousness, uneasiness, worry, and restlessness. **Dejection** also has many synonyms including depression, blues, gloominess, sadness, unhappiness, misery, and woe. The typical sources of dejection include loneliness, broken relationships, disappointment, and criticism (Luomala, 2002)

Reasons underlying the use of shopping as therapy. Participants provided various reasons regarding why they used shopping as therapy. Seven categories of reasons emerged from the data: 1) positive distraction, 2) escape, 3) indulgence, 4) elevation of self-esteem, 5) activation, 6) sense of control, and 7) social connection. Each theme represented different justifications underlying participants shopping to relieve their negative mood or emotional needs to be satisfied through therapy shopping. The majority of participants mentioned several themes.

The first category, positive distraction centered on forgetting negative moods by seeking diversion through shopping. Through shopping, participants were able to transfer their thoughts from the negative issues associated with their mood to something positive. Various elements that shopping provided (e.g., active searching, purchasing) helped participants divert attention away from their negative mood-related matters. Shopping appeared to be chosen as therapy because it required high levels of concentration that assisted in helping participants easily forget their negativity, which eventually helped them feel better. The positive distraction category is represented by the following quotes.

> Shopping makes me focus on something different than what is creating the negative mood. I mean you are kind of forced in the moment to look at things, not thinking about whatever causes the negative mood. And you are looking at new things. It just gets me to think about different things.

> For one thing, it's a distraction. It's a positive distraction. You know.. You are in a bad mood, something is bothering you. It's harder for me to find a way to distract myself at home. But if I physically do something, take an action you know…like driving to the mall and stores. When I am in the stores, I am looking at all of different things. I am concentrating more on products or clothing rather than thinking about whatever it is stressing me out.

While distraction as a motivator was focused on mental change, (i.e., diverting one’s thoughts or feelings) escape as a motivation reflected physically moving from the

environment associated with the contributed to negative moods. Escape appeared to be somewhat related to distraction in that experiencing a physical change of environment assisted the process of mental distraction.

> It’s kind of stepping out of negative environment and putting me in a positive environment.

> The biggest reason for me to choose shopping is to get out of the house, get away from the office, that kinds of things, just get away from all of the things that are bugging me. Whatever puts me in a bad mood is probably something in my house, either roommates, just I need getting away from everyone. If I don’t have somewhere to go, I go to the mall. It’s just like place to go to get out of that situation. And since you are already there, you might also buy stuff.

The third category, indulgence contained responses focused on maximizing pleasure to reduce negativity. Participants actively sought to pamper themselves through exposure to pleasant shopping experiences, purchasing something, or going to nice places to be spoiled by sales associates. Shopping appeared to provide immediate and extensive pleasure.

> Shopping is the most pleasurable spending time for me. It's just so pleasurable.

> There is something about selecting something, purchasing something and bringing it home to have. It's like giving myself something. Umm… kind of rewarding myself. You feel like you are doing something for yourself. It’s kind like you are doing spa for the day. I love that.

> It’s not so much about what I buy, it’s more about how I am treated. That’s why I like to go to nice places because they treat you good. I don’t go to Kmart. I go to somewhere nice like Neiman Marcus. They treat you very nicely.

The fourth category of responses was labeled elevation of self-esteem. This category contained responses that suggested shopping helped participants feel better about themselves in various ways. These ways included feeling good about one’s

appearance, feeling to acquire an desired identity, feeling proud, confident, successful, accomplished, , and needed. The following quotes are illustrative.

> I like beautiful things that make me look good and feel good about myself. That's what it is. Watching TV, I don't feel better about myself. But if I buy beautiful clothing, I look better and feel better about myself.
>
> The advertising idea that you are going to be different if you have this thing. I think when I go therapy shopping, I get in to that idea. I will be better if I own this.
>
> It's like a little victory when you walk in and find a very very good buy, like 80% off. That makes you feel good because you have done something that is extraordinary that makes you big saving and something that you will be able to use and you made a great deal… That makes you feel good. I feel quite elated, quite happy at my conquering the price war. I am very, very proud of myself that I have not paid full price for something that I can use and something that is good for me.
>
> I wanted to feel better about who I was and what I was doing, so I said, "Well, buying a new shirt that I look good in, or a pair of jeans that I feel confident will make me feel better." So, I think in those situations, that's what helps me feel better about my self versus reading a book or something, which I don't think helpful dealing with my confidence.
>
> Shopping is like you pay and you get something. The moment you pay and make purchases, you have a sense of success. I don't know how to describe it but that makes me feel really good.
>
> I feel like buying something new gives me a feeling of accomplishment. It's really hard to explain why. It fills a void, an empty feeling.
>
> I shop to be needed. I call my kids or my husbands to ask what do you need? What would you like me to pick up? So that I shop to feel being needed. It's like the feeling that I am important to somebody. I generally don't like shopping.

The fifth theme, activation, contained comments indicating shopping helped participants feel active in multiple ways. These ways included stimulation of various senses, learning new things and feeling informed, and a stimulation of ones abilities both mental and physical. This category is illustrated by the following quotes.

> …..Another thing is stimulation of shopping. I think it's more of my senses are simulated. TV is just watching, listening. Shopping.. you can go and be able to touch and try it on..
>
> … by doing something, I feel like I am occupied. I maybe learn something, like new trends.. I value learning new things. Being able to see what's new, what's fashionable… I think being more aware of my surroundings and savvy enough to know what's new out there help me feel better.
>
> shopping kind of makes me feel active somehow. Feeling like getting out and doing something besides what you are supposed to be doing. And I feel semi-productive.
>
> I hate being in a house. I hate being stationary. I like being active, I like being out. I like moving around. I go work out a lot if I am stressed out, too. Being active and moving around really helps me get over things. So, getting out there in different environment and moving around, physically doing things really does help. The fact that I am an active person and like to be moving around, that explains why I use shopping experiences as a way to alleviate my mood.

Sense of control was the sixth theme and remarks suggested the justification underlying shopping as therapy was to gain control. Shopping in this case appeared to be a compensation for losing control over other parts of their lives.

> I think it's a way to control things when other things seem out of control. You can really control the way the house looks or you look or how your kids dress.
>
> It's easy. You pay and get it. It is not like other things that are out of your control, like you worked really hard and you couldn't achieve your goal. It's not like that. It is completely under your control as long as you can afford it. You find something you like it, then you pay for it and you get it. It's very easy.

The final theme was sense of social connection, which held statements indicating feeling connected or interacting with other people. It seemed that participants were seeking an ideal social relationship that they did not have in their ordinary lives through relating to people they met while shopping. A few participants passively sought social bonds by just being around unknown shoppers while some participants actively sought

interaction with sales associates or other shoppers. This social connection category was represented in the following quotes.

> It's time to be alone but be around with people at the same time.

> Shopping is a great therapy. Getting in a big group of people and talking to some people makes an illusion of not being lonely. You know… some illusion of life to talk to people. They are not my friends, but the illusion of having friends around me and people to smile at me.

> It works because I get to interact with a person that is in a positive, happy mood. It's not really about what I buy. I want to interact with individuals that are in a happy mood. When you go to the sales department, they are smiling and they are nice. That alleviates my mood. When I meet someone that smiles if I am angry, that takes away my anxiety and anger. That's why…

Key components of the therapeutic experiences. When participants went shopping responses indicating what it was that alleviated their negative moods were grouped into the following five themes: 1) consumption imagination, 2) retail environments, 3) sales associate treatment, 4) shopping process, and 5) making a purchase. The majority of participants mentioned several combinations of these themes.

Several participants shared that just imagining a consumption act made them feel better. They commented that they did not always have to make purchases to feel better. Just imagining having certain items seemed to be sufficient to relieve their negative moods.

> I think imagination is a big part. When I shop for clothes, or skin care products, I kind of imagine I try those on in my mind. That makes me feel good.

> A lot of time, I go out and just my imagination of having a cool item is a stress reliever.

Also important was the role of retail environments in relieving negative moods. Appreciating all of the aesthetic components that retail environments provided seemed to

be the first component that initially helped participants start to feel better when they went shopping. Retail environments seemed to generally meet participants' escape and activation needs. A few participants stressed being in pleasant retail environments was sufficient to alter their moods.

> The environment helps. Once I get in the store, I always feel better cause I see all the different colors, clothes, and patterns.. I also enjoy the nice air and window displays. I don't always have to buy something to feel better.
>
> I begin to feel better when I just walk in the stores whether I find something or not. I think just being in the nice environment and knowing that I am going to treat myself starts making me feel more positive.

Interaction with sales associates and perceiving that their assistance was sincere was also a factor in altering moods. Among different aspects of sales associates (e.g., physical appearance, clothing, attitudes), their kind and generous attitude was the factor that helped participants feel better. Sales associate treatment appeared to particularly satisfy participants' indulgence and social connection needs that drove them to go shopping for therapy.

> The really friendly people, like employees... They are really friendly. They make me feel like I could be anyone I want to be. They don't know anything else about me. They don't know that I am in a bad mood and I got stressed out about an exam.
>
> Window displays don't turn me on that much but sales associates are important. If they look me in the eyes and if they want to help me genuinely, that turns me on. They are going and get things for me, come in to check the dressing room if I want something different or ask if they can help. That is very helpful. It disposes me well toward the purchase. I have much better feeling when the sales associate has been really helpful and personal.

The shopping process itself, including browsing, trying on merchandise, and finding the right merchandise, was instrumental to alleviating moods. Responses grouped

into this theme reflect participants' active involvement in the shopping process, which met their distraction needs.

The shopping process itself including browsing behaviors, trying on merchandise, and finding the right merchandise was instrumental to alleviating moods. Responses grouped into this theme reflect participants' active involvement in the shopping process.

> Browsing and trying on items really alleviate my mood. Maybe it's not the items I purchased. It's just maybe the experience of going to the mall, looking for new things, and trying them on.. The whole experience is very positive.

> What really pumps up my mood is finding something that I really like. It's something like men addicted to sex or going to a club, trying to find one girl. I'm looking for one item that makes me say "Oh, my gosh. I love that."

It is worth noting that although other aspects of shopping were effective, the majority of participants shared making purchases was the most effective means to lighten their moods. They commented that even though their mood can be alleviated without buying, purchasing something they like is the best moment during a therapeutic shopping trip. Purchasing seemed to satisfy the majority of therapy needs (e.g., positive distraction, indulgence, elevation of self esteem, sense of control).

> If they have really attractive windows, that is something that cheers me up. But actual searching and purchase is more effective for me. When I completely made the purchase, that's the moment, I feel best.

> I love the browsing aspect. But I think it's always more satisfying to buy something. What I buy would be such a fraction of what I want to buy. Both are kind of strong but it's always best to come home with the purchases.

> First and foremost, actual physical purchasing of new product that you want, that's gonna be the first and foremost thing. At the end of the day, you come home with the new things that you continue to distract yourself. It definitely distracts you from your stress. That is the first thing that comes to my mind.

Therapy shoppers' profile. In general, participants tended to shop alone, made an unplanned purchase for themselves, spent more time and money than typical, and were store loyal when shopping for therapy. In addition, they tended to purchase appearance related products, from brick-and-mortal specialty or department stores.

Almost all of the participants shared that they go shopping alone when trying to relieve their negative mood and provided clear reasons for their behavior. These reasons were grouped into four themes: 1) focusing on oneself, 2) wanting to be unsocial, 3) having independence, and 4) convenience. Some participants mentioned these reasons in combination with each other.

Individuals who indicated they wanted to focus on themselves used shopping as a chance for self-indulgence and introspection. For those who indicated wanting to be unsocial, being with other people under negative moods was associated with being forced to be social. They did not want to get this kind of pressure. Participants who emphasized having independence noted that they did not want others to influence their shopping behavior because those influence adds negativity and they wanted to have complete control over their behavior. Some participants who noted that shopping alone is simply more convenient than shopping with others commented that they did not want to call others and wait to know if any of them are available to shop together.

> Always alone. When I shop by myself, it's all~~~ about me. What do I want, where I want to go, I focus on my problems and it allows me to collect my thoughts.

> Alone. If I'm in a bad mood, I don't really want to be by other people. The times that I call my friend is usually when I am in a good mood and I want to see them, I want to hang out with them. So, if I'm shopping for therapy and when I'm in a bad mood, I just kind of want to do it on my own, not have to deal with social pressure from some other people and kind of hang out with myself.

> Alone. I never go therapy shopping with others. I don't want anybody to say yes or no if I buy something. I just buy it….. I have complete control of myself. When you shop with somebody else, they are buying stuff. It kind of makes me impatient when I am in a bad mood.
>
> Usually alone. Usually because I am not planning far in advance. So I don't have time to really say "hey, can you go?"

A few participants sometimes or always accompanied others when shopping for therapy. Others were included (e.g., friends or siblings) because they were also therapy shoppers and supported participant's use of shopping as therapy.

> With girl friends. They also shop for therapy. They kind of encourage me to shop as therapy.
>
> Usually alone, sometimes with my sister since she also shops for therapy. She supports my therapeutic shopping. That's why I call her because I know she won't criticize it. She will go along with it.

The majority of participants mentioned that they typically buy something during their therapeutic shopping trips. Several participants indicated that the worse they felt, the more likely it was that they would purchase something and the more expensive the product they tended to buy. Several participants, on the other hand, shared that they did not always make purchases while therapy shopping because they did not have to buy things to feel better. For these participants, being in a pleasant retail environment and getting evolved in shopping activity seemed to be sufficient to meet their needs.

> I definitely want to leave with something. One time I haven't bought anything and left. I went back and kept looking until I found something to take home.
>
> It varies depending on the level of stress. If I am not as stressed, maybe just trying on stuff will alleviate it, but if it's a different level of stress like, I found my self going shopping before exams, it wasn't until I purchased things that really kind of alleviated it, the full stress.

> If I feel really, really bad or depressed, I buy expensive things, because those things, I don't buy normally. If it's not that extremely bad, I just buy several less expensive things.

> Not always. Not buying something is not a factor that makes me dissatisfied. Even though I don't buy anything, I can feel better.

Participants most often purchased appearance-related products, such as clothing, jewelry, shoes, and cosmetics during their therapy shopping (See Table 4). Some participants shared why they tended to buy these items. Their reasons were clearly connected to elevating their self esteem. Through buying appearance-related products, participants felt better about their appearance, felt successful, or felt good about showing off their new purchases to others. All of these different experiences appeared to ultimately help them feel better about themselves. One participant, however, shared a unique perspective regarding the meaning of buying a pair of new shoes. To her purchasing a new pair of shoes meant a new start, her determination to get over bad experiences and move forward. This was not related to her evaluation of her self-esteem.

Non-appearance related categories were also represented as therapeutic purchases in several participants' narratives. Examples of these items included kitchenware items, household items, electronics, hardware, books, and bicycle items. A few participants mentioned that they did not have a particular category of products to buy for therapy purposes. They purchased anything that was appealing to them (see Table 4).

> Clothes are my first priority. If I fail in one exam, I get the other things. For example, if I buy clothes, that make me look good, that can make me feel successful. That's why I buy clothes or skin products which make me look good. It's like if you fail, you have to get compensation in other fields.

> … Clothes. I think it's because visually out there, people can see me, people can see what I bought, people can compliment on it versus maybe hair products,

> nobody really sees my hair products. I think it's visually out there that everyone else sees it. That's why.

> ……I bought a pair of shoes every time I felt bad. It was very Carrie Bradshow shopping. Shoes are like a new beginning. If you have a breakup with somebody, new shoes is like a fresh start.

> Most of the time. It could be anything, whatever that comes across my mind. It could be a shirt, shoe, jewelry, DVD.. I don't have anything specific in mind. Whatever I see and something that looks appealing to me, I get that.

Purchases made during therapy shopping trips tended to be unplanned. All of the participants shared that they did not plan ahead of time to go shopping for therapy nor did they plan what they were going to buy. They allowed themselves to decide to go therapy shopping on impulse and to purchase things they would encounter during shopping. They were not impulsively buying something they had planned to buy at an earlier point in time. Many participants noted unplanned purchases as primary differences between therapy shopping as opposed to routine shopping experiences.

> I like to buy impulsively when I am not in a negative mood, too. But I think I am more inclined to say "no" to it. I talk myself out of it. "Come on, you don't need this. Let's be serious. You are not gonna wear this. You don't use this. There is no reason for you to buy this. But if I am in a bad mood and I came across things I like, I just want to get fancy. I'm like.. "Woo.. Whatever, I will just get it." I think I am more inclined to spontaneously purchase things than when I am in a just regular daily mood.

> It's definitely more spontaneous in the sense that I don't plan therapy shopping a week ahead. I would go in the same day probably. I don't have certain items in mind when I go therapy shopping.

Spending longer time shopping and more money than usual were also identified as major characteristics during therapy shopping. Many participants identified these behaviors as primary differences between therapy shopping in contrast to a routine shopping experience.

> I am there longer because I want to be away. When I am in a decent mood, I am going to the stores to check out something. But I won't be there, extensively looking. But when I am in a bad mood, I want to get away. I definitely spend more time there because I want to be away from negative stuff.

> One difference I can definitely tell is when I need therapy shopping, it's more expensive than going regular shopping. I spend more for value and quality. Another difference is probably the amount of items that I purchase. It's probably more for the therapy side versus getting one or two T-shirts for leisurely shopping. I think I try to find as much satisfaction as possible from products when I am in a bad mood.

Regarding who participants bought for while therapy shopping, three themes of responses emerged: 1) buying only for oneself, 2) buying for oneself and others, 3) buying only for others. Slightly over half of participants shared that they bought something only for themselves during therapeutic shopping. These participants emphasized that therapy shopping is the time to focus on oneself. Slightly less than half of the participants mentioned that they bought for their significant others as well as for themselves. These participants stressed that giving gifts to their significant others and making them happy was as therapeutic as buying something for themselves. One participant shared that she only bought for others because feeling needed by others was the major therapeutic power to alleviate her negative moods. These three types of response were represented in the following quotes.

> For my self, definitely myself. When I am doing therapy shopping, I become very selfish. I'm focusing on myself and don't really see stuff for other people.

> I buy for myself about 80%. But I also buy for my little niece and nephew, my brother. Just getting smile out of my little niece and nephew makes me feel better. I think that's therapeutic in a good sense.

> I purchase only for others, four kids, husband, and granddaughter. I don't buy for me during therapy shopping.

Participants tended to be loyal customers to retailers where they shopped for therapy. Visiting stores where they were regular or loyal customers appeared to help participants feel comfortable and relaxed. There were only a few participants who randomly chose stores they would visit for therapy shopping.

> If I am down and I know there is a shirt I had looked at before at one of those stores, and say "if I buy the shirt, I would feel better." I am comfortable with the merchandise in the stores and I am familiar with how it's laid out. I don't like to go to the new stores, not knowing their environment, not being familiar with how things fit. If you tried on something that is your size and it doesn't fit, then you will start feeling worse.

> I am loyal to those stores. I don't have to research. I can go to the same place and know that everything I like is going to be there. So, I can be just relaxed there……..They have the fashion that I like. There are mixed people there. I don't ever feel singled out. I can just go in and feel normal and I can do my thing. I think some stores don't give the same gratification, it wouldn't be as fun. In other stores, for example, I went to Bloomingdales the other day. Their clothes are really nice, clothes that I like. But you go in there and you feel people are judging you. So, the whole atmosphere isn't welcoming.

> I am not loyal to certain stores for retail therapy. I just go to the mall. It's not that specified mall all the time. Whenever I walk in, the first two things I see, I browse through them and kind of decide where I want to go to shop. So, nothing in particular. It's not like I am going to Macy's or I am going to American Eagle. Sometimes I shop at the kiosks in the mall.

Participants predominantly preferred shopping at brick-and-mortal stores to other types of retail channels for therapeutic shopping. The majority of participants shopped only at brick-and- mortal stores because of unique benefits that physical stores offer such as instant gratification, easy processes, and personal interaction. Some participants usually chose to go to brick-and-mortal stores but used the Internet as an alternative channel when visiting stores was not an option. All of these participants commented that online shopping was less satisfying and effective as therapy than store shopping. There were several participants who equally used both physical stores and the Internet for their

therapeutic shopping. These participants stressed that online shopping was as effective as store shopping. These individuals tended to value the convenience of online shopping or have a very positive attitude toward the time needed for delivery of the products they purchased (see Table 4).

> Definitely stores. I like trying things on. Internet shopping does not give me immediate satisfaction. I have tried to shop online, but I didn't like it cause I can't feel, I can't touch. It's boring to me. I also have to wait for the delivery.
>
> I do shop online but not when I am stressed out. Internet shopping itself is too complicated and too stressful.
> Only at physical stores. It has to be person to person. I like personal interaction. I don't like Internet or catalog.
>
> Mostly stores, but if I don't have the opportunities to go out, I use Internet. It's a backup choice. But it is less gratifying and therapeutic than going to the stores because I have to wait to get stuff.
>
> Both physical stores and online. Internet shopping is as effective as store shopping….. If I'm at home and I had a bad day, and I don't want to go to store, I go to straight online. There are different sites I go on and buy products. When I purchase an item online, I feel like… Even though I won't get this the next day, I know I purchased this. It's gonna be coming in the mail soon. It gives me excitement and anticipation. When I receive it, it's like "Wow…I got a gift." That's an exiting feeling.

Participants shopped at various types of retailers when trying to make themselves feel better (see Table 4). Specialty stores were the most often visited retailers, followed by department stores, and discount stores. Other types of retailers that several participants typically visited included designer boutiques, off-price retailers, second-hand retailers, antique stores, factory outlets, and local independent retailers. Several participants did not specify the types of retailers they visited because they typically went to the mall and randomly visited stores or kiosks in the mall.

Table 4. Therapy Purchases, Retail Channels and Retailer Types used for Retail Therapy

Category	N of responses
Types of purchases during retail therapy	
Clothing	34
Accessories (e.g., shoes, bags, jewelry)	33
Cosmetics, perfume, body washes	7
Electronics	4
Household items	4
Book	3
Kitchenware	1
Hardware	1
Guitar and related items	1
Bicycle products	1
Anything that is appealing	4
Types of retail channels used for retail therapy	
Only brick-and-mortal store	26
Usually brick-and-mortal store, Internet as alternative	10
Both brick-and-mortal store and Internet	7
Types of retailers visited for retail therapy	
Specialty store	30
Department store	15
Discount store	9
Mall (unspecified)	4
Off-price retailer	4
Designer boutique	4
Second hand retailer	3
Antique store	3
Factory outlet	2
Local independent retailer	2

Post-retail therapy experiences. Informants' post-retail therapy experiences included feeling better right after a therapy shopping trip, not regretting their therapy shopping, and rationalizing when experiencing regret. Overall, participants indicated

their use of shopping as therapy was effective and successful and had little or no negative consequences.

Almost all of participants shared that they felt better after their therapy shopping trip. These individuals commented that shopping was a very effective method for them to relieve their negative moods and to feel better. A few informants, however, experienced conflicting feelings between feeling happy or bad.

> I obviously feel a lot better if I found something I really wanted. If I found something, in other words, if I won the prize, if I won my little lottery, I feel really good. If I didn't find anything, I am usually in a better mood just because I got the chance to get out and look and kind of indulge myself. It isn't as exciting and quite as much of lift if I don't find anything, but it still helps.

> Clear minded, happy, relieved.. it gives me a new way of thinking for some reason. Whatever bothering me was gone by the time I come back. It's very effective to me.

> I think I feel either one extreme or the other extreme. I either feel really good or feel bad cause I've seen a lot of things that I wanted to buy but I couldn't. So I think if I found something or even if I just saw stuff I can think about, then, that's fine. But if I found nothing or if I found a lot of things that I can't afford... Those are two occasions I feel bad.

When asked if they had ever experienced any regret after therapy shopping, the majority of participants responded that they had never felt regret about shopping to relieve their negative moods. These participants appeared to think that they used shopping in a wise and strategic manner to manage their moods and were not addicted to spending money.

On the contrary, a few participants shared that they eventually felt regret after therapy shopping even though they felt better immediately after shopping. The frequency and intensity of regretful feelings varied. The primary reason for regretful feelings was

remorse about spending money. Two informants, however, came to experience regret due to different reasons: spending time and having too many things.

> I never feel guilty because I know it will be useful and I feel happy about it.
>
> If I feel I spent too much money, then definitely I feel regret. That's the biggest reasons I feel regret. I try to be very careful about it. So most part, it doesn't happen. It rarely happens. But it happens once in a while.
>
> I know when I've gone overboard and there are times when I know I need to return stuffs. It can actually keep me up at night. Gosh, why did I spend that much money? Why did I buy that? I have 20 similar shirts. I will go return them. It bothers me. So, I can get feelings of guilt, about half of the times.
>
> Yes, because I usually end up buying something I don't need and I spend more money than I should spend. I would say about 80% of the time, I feel regret. I reframe from that behavior about a week or so and then I am back. It's like an addiction.
>
> If I go and don't get some task finished that I should have done, then I feel regret. So, I feel regret only about taking the time away from something that I should work on. It' not about the money cause I know I am careful. I don't regretful about therapy shopping, only about time that I shouldn't take away.

In instances when participants experienced remorse after therapy shopping, they tended to resolve this feeling by rationalizing their purchases. Rationalization was generally about confirming the good and therapeutic value of the purchases, justifying the money spent, and ignoring the regretful feeling. Several participants who felt strong regret shared they returned their purchases. One informant gave old clothes to a thrift store as a way to resolve guilt associated with having too many products.

> I just convince myself it's o.k. That helped my mood and made me happy. I can afford this and I will use it.
>
> … but I come to realization that this is making me feel good and I need to treat myself with something good once in a while.

> I always justify it some way in my mind. For example, I haven't gone out to eat this week, so I can spend. It's always like monetary justification. So the reason that I was ok to spend is because I didn't spend in a different place.
>
> Sometimes I return things when I really regret. Maybe 10% of purchases… Other times, it's like whatever… it's money to spend anyway. I try to rationalize it, "oh, I needed some clothes." But ultimately, I try to ignore that feeing, "Don't feel guilty. Don't feel regret. It's ok. It's normal." Stuff like that. Just rationalize it. "I haven't bought many things for myself in a while." "You need to treat your self." Stuff like that.
>
> About 50% of the time, I regret and usually return products. And I say I will not go shopping again under a bad mood. But next time I am in a bad mood and depressed, I forget it and do it again.

Value of products purchased during therapy shopping. For almost all of informants, products purchased during therapy shopping played an important role in making themselves feel better initially. Many participants emphasized that they used items purchased for therapy and remembered the good experiences associated with the items when they used them. However, they noted that the therapeutic value of the products decreased over time. Those items did not hold any special meaning over the long term and tended to become a part of other products that they already had before. Thus, when experiencing negative moods, most of participants chose to go shopping again to make themselves feel better instead of just using the items that they purchased during prior therapy shopping trips.

There were only two participants who did express the special value of therapeutic products over time. Despite the perceived long-term therapy value of items, however, one of these participants went shopping again when experiencing negative moods because wearing products were less effective than going shopping as therapy. The other informant,

on the other hand, tended to use the items as a therapeutic device instead of going shopping and buying new ones.

> The effectiveness decreases over time. I think it puts me in a good mood initially. I really like the purchasing part. If I really like the product, I feel really good between a week or month, but after some threshold I don't really know where it is. They are just a part of my wardrobe.
>
> It lasts as long as the gadget or apparel is new, considered to be new. First few times I wear, that good feeling comes back, "Oh, I bought this that day." I kind of remember things I did. So the good feeling lasts a little bit. But once that novelty wears out, it's just like another gadget, or clothing. Then, it goes away. But it lasts a few times I use it. Bigger purchases, more expensive purchases, like suits or ties, it lasts a little bit longer. But small purchases, like T-shirt, after a week or two weeks, the novelty is gone.
>
> Usually, I won't say it's a total pick me up. But I feel good about it and I am happy about it. So it usually has some residual uplift feeling. Particularly, if it's something really special and somebody compliments me on it, then that's real pick up. It shows that I am a good shopper and pretty savvy. They can't do the same as shopping trip, though. They still have effect but do not solve the problem when facing needing to go shopping.
>
> I kind of look back on my experience and say "even though I had a bad day, I bought this and felt happy." Sometimes, if it's a beauty product and if I'm running out of it, I go back and buy it again to feel better. But if it's a shoes or bag, I don't go shopping again to buy more. They are enough to make me smile. It's still effective therapy to put them on.

CHAPTER IV

METHOD AND RESULTS: SCALE DEVELOPMENT PHASE

This chapter details the retail therapy scale development procedures used to meet the third research objective. The scale development procedures employed followed the procedures provided by Churchill (1979), augmented by others (e.g., Bentler & Bonnet, 1980; DeVellis, 2003; Gerbing & Anderson, 1988), and utilized by many researchers (Arnold & Reynolds, 2003; Babin, Darden, & Griffin, 1994; Guiry, Magi, & Lutz, 2006). The scale development procedures consisted of three stages: initial scale item generation, scale purification, and scale validation.

Initial Scale Item Generation

Prior to generate initial scale items to measure the phenomenon of retail therapy, the construct to be measured, conceptual foundation, and the level of specificity were clarified. The construct to be measured was shopping to alleviate negative moods. The mood regulatory consumption concept reviewed in chapter 2 served as the conceptual guide to the development of the retail therapy scale.

After clarifying the construct to measure and choosing the conceptual approach to guide scale development, the level of specificity at which the construct would be measured was decided. In this retail therapy scale, shopping activities excluded shopping for food (e.g., grocery shopping, dining out) and services (e.g., hair salon, nail shop, movies). It included both browsing without purchase as shopping behavior and buying behavior. It included shopping for nonperishable consumer products (e.g., clothing, electronics, home furnishing, books) through any type of retail channel (e.g., brick-and-mortar store, Internet, catalog).

Initial pool of scale items were then generated based on findings from the interviews and prior research. Items were drafted so that the content of each item clearly reflected the construct of retail therapy. This process resulted in 52 initial items that were intended to measure three components of retail therapy: therapy as shopping motivation, reasons behind use of shopping as therapy, and post-retail therapy experience (See appendix D for the list of initial items). The measurement format consisted of five-point response options that indicate varying degrees of agreement with each item or statement. Future respondents would be asked to indicate how much they agree or disagree with each statement (1: strongly disagree, 5: strongly agree).

To test the content validity of the initial items, the pool of items were independently evaluated by four experts in Clothing and Textiles. The evaluators were given the conceptual definition of retail therapy along with the initial scale items generated, and instructed to retain and/or modify items based on their representation of the conceptual definition and clarity of wording. All of evaluators provided comments for modifying some items. Their major comments included the following: 1) use the term, shopping, consistently in all items instead of using both shopping and buying, and 2) do not use the term therapeutic shopping in the items. Use other words to clarify therapeutic shopping. They also suggested deleting some items that did not accurately represent the conceptual definition of retail therapy. Based on their comments and suggestions, 43 items were retained. Some of these items were revised to generate appropriate statements capturing shopping behaviors to repair negative mood states. These 43 items were as follows.

Table 5. Therapeutic Shopping Motivation (13 positive items, 7 negative items)

Item Numbers	Scale Items
1.	I shop to relieve my stress.
2.	I shop to cheer myself up.
3.	I shop to make myself feel better.
4.	I shop to compensate for a bad day.
5.	I shop to boost my confidence.
6.	I shop to feel relaxed.
7.	I shop to feel good about myself.
8.	I shop to cope with feeling depressed.
9.	I shop when I am upset.
10.	I shop to alleviate boredom.
11.	I shop to relieve a bad mood.
12.	I shop when I am lonely.
13.	I shop when I am frustrated.
14.	I do not use shopping as a way to relieve stress. (r)
15.	I do not shop when I am in a down mood. (r)
16.	I do not shop to make myself feel better. (r)
17.	I do not shop to cope with feeling depressed. (r)
18.	It is bad to use shopping to feel better. (r)
19.	I do not shop when I am bored. (r)
20.	I do not use shopping to improve my mood. (r)

Note: r indicates negatively worded items that should be reverse coded.

Table 6. Therapeutic Shopping Value (15 items)

Item Numbers	Scale Items
21.	Shopping is an escape from loneliness.
22.	Shopping is a positive distraction.
23.	Shopping is a way to remove myself from stressful environments.
24.	Shopping gives me a sense of achievement.
25.	I like the visual stimulation shopping provides.
26.	Shopping is a way to take my mind off things that are bothering me.
27.	Shopping for something new fills an empty feeling.
28.	Shopping is a way to control things when other things seem out of control.
29.	Shopping provides me with knowledge of new styles.
30.	I like the treatment I receive from sales associates when shopping.
31.	While shopping, I easily forget what is bothering me.
32.	Trying on things is a stress reliever.
33.	I enjoy being in a pleasant environment that shopping provides.
34.	Finding a great deal reinforces positive feelings about myself.
35.	Shopping connects me with other people.

Table 7. Therapeutic Shopping Outcomes (8 items)

Item Numbers	Scale Items
36.	My shopping trip to relieve my bad mood is successful.
37.	Items I bought during shopping to make myself feel better continue to make me happy for several days.
38.	After a shopping trip to make myself feel better, the good feelings generated last at least for the rest of the day.
39.	I feel good immediately after my shopping trip to relieve a bad mood.
40.	I use items I bought during my shopping to relieve a bad mood.
41.	When I use items I bought during my shopping to relieve my bad mood, I remember the shopping experience.
42.	I do not feel regret about my shopping to relive my bad mood.
43.	I rationalize about spending money during my shopping to make myself feel better.

First set of items represented motivations for engaging in shopping therapy. These items captured informant experiences during pre-retail therapy stage. Individuals scoring high on items in this set would be interpreted as motivated to shop due to therapeutic reasons rather than utilitarian or other reasons. Since shopping was used to alleviate a variety of negative moods, a range of negative moods were included. Some participants indicated that shopping alone had an effect on their moods, while the majority of participants indicated that shopping itself was indeed therapeutic, it was buying that altered their mood. Therefore, both buying and shopping terms were included.

The second set of statements represented therapeutic shopping value. These items were intended to measure why this approach (i.e., shopping) was used. Higher scores on these items would be interpreted as indicating shopping is perceived as effective therapy.

The items in this group were expected to be especially useful for predicting likelihood of engaging in retail therapy.

The third group of items represented post-retail therapy experiences. The items in this set were intended to measure how effective this approach (i.e., shopping) was after using it. Almost all of the interview participants and prior researchers (Luomala, 2002; Kacen, 1998; Kacen & Friese, 1999; Woodruffe, 1997; Woodruffe-Burton, 1998) indicated that attempt to alleviate negative moods through shopping or buying was effective. Thus, high scores on items in this factor indicate that individuals' use of shopping for therapy is effective and successful while having little or no negative consequences.

These 43 items were then pre-tested with ten individuals. These pretest participants were non-experts in Clothing and Textiles and represented demographic diversity. Six participants were female and Caucasians while the rest of them were Asian and male. All of participants except one were non-students. Participants' ages ranged from 22 to 60 years. The participants were asked to make notes concerning confusion about items they answered. They noted that all of the items were clear and easy to answer. Therefore, no additional modification or deletion was made on the items and all of the 43 items were included in the survey questionnaire.

Scale Purification

Data collection procedure. The questionnaire used for this part of the research contained the 43 retail therapy items, several other measures for testing scale validity, general shopping questions, and demographic questions. The 43 retail therapy items were

accompanied by five-point scales ranging from “1”(strongly disagree) to “5”(strongly agree). A copy of the complete survey questionnaire is found in appendix E.

As used successfully in prior research (Arnold & Reynolds, 2003; Gwinner, Gremler, & Bitner, 1998; Guiry, Magi, & Lutz, 2006), undergraduate students were asked to be data collectors for the sample. In return for class activity points, each student was asked to secure up to 10 respondents. Guidelines on respondent eligibility were that respondents should be non-students, represent demographic diversity, and provide their contact information for follow-up verification of their responses. Survey questionnaires were distributed to potential respondents during a holiday break to increase diversity of individuals that data collectors could contact face-to-face to volunteer to participate.

A total of 552 questionnaires were returned, and 22 questionnaires were judged unusable due to missing responses, leaving a final sample size of $n = 530$. The researcher verified the identity of approximately 15 percent of the respondents through follow-up telephone calls. No issues or abnormalities were noted. The sample was split randomly, with approximately one half being used for scale purification ($n = 258$) and the other half for validation ($n = 272$).

Participant characteristics. An inspection of the characteristics of the sample revealed representation in all demographic categories. Females (58.1%) were slightly more represented than males (41.9%). The mean and median age of participants was 39 and 40, respectively, with a range of 20 to 80 years. Both young adults between 20 and 39 years of age and middle-aged people between 40 and 59 years of age were fairly evenly represented. People living in rural/suburban area and medium-sized/large city were fairly equally separated. With respect to ethnicity, the majority of the participants

were European American (77.5%). Slightly over half of the participants (57.8%) were married and the majority of participants (70.5%) were employed full-time in a variety of industries. Participants represented a highly educated group of individuals as about half of the participants had an undergraduate degree or graduate degree. All categories of annual incomes were fairly equally represented. With regard to shopping behavior characteristics, various levels of shopping frequency and monthly spending for shopping were represented. The majority of participants (70.9%) spent one hour to three hours when they went shopping. Shopping excluded grocery shopping and dining out at restaurants. Detailed information regarding participant demographics and general shopping behaviors is found in Table 8 & 9.

Table 8. Demographic Characteristics of Developmental Sample

Characteristics		% of Total Sample
Gender	Female	58.1
	Male	41.9
Age	20 - 39	49.6
	40 - 59	42.3
	60 and 60+	8.1
Type of area	Rural/Suburban area	58.5
	Medium-sized/Large city	41.5
Ethnicity	European American	77.5
	Asian	11.6
	African American	5.0
	Other	2.3
Marital status	Never married	34.5
	Married/Living with partner	57.8
	Divorced/Separated	6.6
	Widowed	1.2
Employment	Full time	70.5
	Part time	16.7
	Retired/Unemployed	12.8
Education	High school	16.7
	Vocational/Technical School	15.1
	Some college	15.0
	4 year college	38.1
	Graduate degree	15.1
Annual income	Less than $20,000	15.9
	$20,000 - $39,999	18.6
	$40,000 - $59,999	16.7
	$60,000 - $79,999	14.3
	$80,000 - $99,999	11.2
	$100,000 or up	23.6

Note: Total number of sample is 258.

Table 9. Shopping Behavior Characteristics of Developmental Sample

Characteristics		% of Total Sample
Shopping frequency	Once or twice a year	0.8
	Once every few months	17.4
	Once a month	23.6
	Every two weeks	24.4
	At least once a week	20.5
	More than once a week	13.2
Time spent for shopping	Less than 1hour	9.3
	1hour, less than 2 hour	37.6
	2hour, less than 3 hour	33.3
	3hour, less than 4 hour	15.5
	4hour and over	4.3
Money spent for shopping per month	$0 - $100	23.6
	$100 - $199	30.6
	$200 - $299	19.4
	$300 - $399	13.2
	$400 - $499	5.0
	$500 and over	8.2

Note: total number of sample = 258

Initial item analysis. First, normality of each item was assessed using standard deviation, skewness, and kurtosis. There was no item that exhibited abnormally high standard deviation, skewness, and kurtosis, indicating normal distribution of each item.

Corrected item-total correlations were then examined for each set of items representing a hypothesized retail therapy dimension. Items not having a corrected item-total correlation above .50 were candidates for deletion (Tian, Bearden, & Hunter, 2001). Among the total 43 candidate items, only items exhibiting item-to-total correlations above .50 were retained. After careful inspection of item content for domain representation, 5 items having corrected item-total correlations of .50 and below were subsequently deleted. These 5 items consisted of 3 items representing therapy as

shopping motivation (see Table 10), 1 item representing reasons behind use of shopping as therapy (see Table 11), and 1 item representing post retail therapy experience (see Table 12).

Table 10. Item-Total Correlations: Therapeutic Shopping Motivation

Item Labels	Scale Items	Corrected Item-Total Correlations	Cronbach's Alpha if Item Deleted
TherapyM1	I shop to relieve my stress.	.79	.94
TherapyM2	I shop to cheer myself up.	.81	.94
TherapyM3	I shop to make myself feel better.	.83	.94
TherapyM4	I shop to compensate for a bad day.	.85	.94
TherapyM5	I shop to boost my confidence	.73	.94
TherapyM6	I shop to feel relaxed	.78	.94
TherapyM7	I shop to feel good about myself.	.79	.94
TherapyM8	I shop to cope with feeling depressed.	.76	.94
TherapyM9	I shop when I am upset.	.69	.95
TherapyM10	I shop to alleviate boredom.	.63	.95
TherapyM11	I shop to relieve a bad mood.	.73	.94
TherapyM12	I shop when I am lonely.	.63	.95
TherapyM13	I shop when I am frustrated	.73	.94
TherapyMr1	I do not use shopping as a way to relieve stress.	.48*	.95
TherapyMr2	I do not shop when I am in a down mood.	.46*	.95
TherapyMr3	I do not shop to make myself feel better.	.68	.95
TherapyMr4	I do not shop to cope with feeling depressed.	.66	.95
TherapyMr5	It is bad to use shopping to feel better.	.32*	.95
TherapyMr6	I do not shop when I am bored.	.54	.95
TherapyMr7	I do not use shopping to improve my mood.	.59	.95
Cronbach's alpha	.95		

Note: r indicates negatively worded items that were reverse coded.
Note: * indicates a below acceptable value.

Table 11. Item-Total Correlations: Therapeutic Shopping Value

Item Labels	Scale Items	Corrected Item-Total Correlations	Cronbach's Alpha if Item Deleted
TherapyR1	Shopping is an escape from loneliness.	.58	.92
TherapyR2	Shopping is a positive distraction.	.68	.92
TherapyR3	Shopping is a way to remove myself from stressful environments.	.66	.92
TherapyR4	Shopping gives me a sense of achievement.	.65	.92
TherapyR5	I like the visual stimulation shopping provides.	.68	.92
TherapyR6	Shopping is a way to take my mind off the tings that are bothering me.	.78	.93
TherapyR7	Shopping for something new fills an empty feeling.	.68	.92
TherapyR8	Shopping is a way to control things when other things seem out of control.	.71	.92
TherapyR9	Shopping provides me with knowledge of new styles.	.56	.92
TherapyR10	I like the treatment I receive from sales associates when shopping.	.34*	.93
TherapyR11	While shopping, I easily forget what is bothering me.	.77	.92
TherapyR12	Trying on things is a stress reliever.	.66	.92
TherapyR13	I enjoy being in a pleasant environment that shopping provides.	.69	.92
TherapyR14	Finding a great deal reinforces positive feelings about myself.	.68	.92
TherapyR15	Shopping connects me with other people.	.59	.92
Cronbach's Alpha	.93		

Note: * indicates a below acceptable value.

Table 12. Item-Total Correlations: Therapeutic Shopping Outcomes

Item Labels	Scale Items	Corrected Item-Total Correlations	Cronbach's Alpha if Item Deleted
PTherapy1	My shopping trip to relieve my bad mood is successful.	.74	.87
PTherapy2	Items I bought during shopping to make myself feel better continue to make me happy for several days.	.69	.87
PTherapy3	After a shopping trip to make myself feel better, the good feelings generated last as least for the rest of the day.	.78	.86
PTherapy4	I feel good immediately after my shopping trip to relieve a bad mood.	.79	.86
PTherapy5	I use items I bought during my shopping to relieve a bad mood.	.74	.87
PTherapy6	When I use items I bought during my shopping to relieve my bad mood, I remember the shopping experience.	.71	.87
PTherapy7	I do not feel regret about my shopping to relieve my bad mood.	.32*	.91
PTherapy8	I rationalize about spending money during my shopping to make myself feel better.	.56	.88
Cronbach's Alpha	.889		

Note: * indicates a below acceptable value.

Exploratory factor analysis. The remaining 38 items were subjected to Exploratory factor analysis (EFA) in order to examine latent factor structures and their relationships with observed variables (i.e., each of retail therapy items) (Bartholomew, Steele, Moustaki, & Galbraith, 2002; Field, 2005). Principal component analysis was chosen as a factor extraction method and Oblique rotation was selected as a rotation method. Oblique rotation was chosen because factors were expected to be correlated each other (Bartholomew et al., 2002; Field, 2005). EFA was first conducted separately for each set of items representing three hypothesized dimensions of retail therapy and then conducted for all of items that were retained through the separate EFA processes.

Eigenvalues were used to decide the number of factors to retain because eigenvalues indicate the substantive importance of factor. (Bartholomew et al., 2002; Field, 2005). Since an eigenvalue of 1.00 is generally considered a cutting point that indicates the substantive importance of factor (Field, 2005), only factors with eigenvalues of 1 or higher were retained. Since items with factor loadings of .40 or above are assumed to have practical significance (Hair, Anderson, Tatham, & Black, 1998), items exhibiting low factor loadings to the retained factors (< .40) were candidates for deletion. Moreover, high cross-loadings (> .40), or low communalities (< .30) were also candidates for elimination (Hair et al., 1998). After this item purification procedure, the reliability of each construct consisting of the final retained items was assessed using Cronbach's alpha coefficient for a minimum acceptable reliability coefficient of .70 (Hair et al., 1998). Item-total correlations were again examined for the final retained items.

EFA for the first set of items that were hypothesized to represent "therapeutic shopping motivation" revealed two factors exhibiting eigenvalues over 1.00 and

accounted for 66.38% of the total variance. However, all of the items that loaded highly on the second factors were negatively worded items, which made a meaningful interpretation of the second factor questionable. Contents of these 4 items ("I do not shop to make myself feel better." "I do not shop to cope with feeling depressed." " I do not shop when I am bored." "I do not use shopping to improve my mood.") did not clearly represent a different latent factor than the first factor. The scree plot also displayed a distinct elbow after the first factor. Therefore, decision was made to retain only the items comprising the first factor and delete the items contained in the second factor. All of the items in the first factor had factor loading greater than .40, communalities greater than .30 and did not exhibit high cross loadings. When deleting items of the second factor, one item was deleted at a time and EFA was rerun because deleting one item can effect the change of factor structure.

Among items comprising the second factor, item TherpyMr4: "I do not shop to cope with feeling depressed." was deleted first because this item loaded most strongly to the second factor and therefore judged worst. EFA after deleting this item identified one factor solution and accounted for 60.29% of the total variance. All of the items exhibited factor loadings higher than 0.40. One item, however, TherapyMr6: "I do not shop when I am bored" had low communalities (<.30) and was deleted.

EFA was rerun for the remaining 15 items. The results indentified one factor solution accounting for 62.39 % of the total variance and exhibited a KMO measure of sampling adequacy of .942. All factors loadings ranged from .590 to .892 and all communalities ranged from .348 to .795 (See table 13). The resulting factor was labeled as "therapy as shopping motivation" The reliability of the remaining 15 items was

assessed using Cronbach's alpha coefficient and the item-total correlations were computed. The reliability of the 15 items was .953 and all of the items exhibited item-to-total correlations above .50. All of these measures fell into acceptable ranges. Therefore, no additional items were deleted at this stage.

Table 13. EFA Results with 15 items after deleting Mr4, Mr6

Item Labels	Scale Items	Factor Loadings	Communalities
TherapyM4	I shop to compensate for a bad day.	.89	.80
TherapyM3	I shop to make myself feel better.	.89	.79
TherapyM2	I shop to cheer myself up.	.87	.75
TherapyM11	I shop to relieve a bad mood.	.86	.75
TherapyM7	I shop to feel good about myself.	.85	.72
TherapyM1	I shop to relieve my stress.	.84	.71
TherapyM6	I shop to feel relaxed.	.83	.69
TherapyM8	I shop to cope with feeling depressed.	.82	.67
TherapyM5	I shop to boost my confidence.	.78	.61
TherapyM13	I shop when I am frustrated.	.78	.60
TherapyM9	I shop when I am upset.	.74	.55
TherapyM12	I shop when I am lonely.	.70	.49
TherapyM10	I shop to alleviate boredom.	.69	.48
TherapyMr3	I do not shop to make myself feel better.	.65	.42
TherapyMr7	I do not use shopping to improve my mood.	.59	.35
Cronbach's Alpha	.95		
Total Variance	62.39%		
KOM measure of sampling adequacy	.94		

EFA for the second set of 14 items that were hypothesized to represent "therapeutic shopping value" revealed two factors exhibiting eigenvalues over 1.00 and accounted for 60.16% of the total variance. Content analysis of items made it clear that the sets of items were tapping somewhat different latent factors. Items loaded highly on the first factor represented reinforcing positivity while the items loaded strongly on the second factor reflected reducing negativity. These two factors appeared to represent the

two different therapeutic shopping values. Thus, the first factor was labeled as "therapeutic shopping value: positive reinforcement" and the second factor was labeled as "therapeutic shopping value: negative mood reduction." All of items exhibited factor loadings higher than .40, communalities greater than .30. Two items, TherapyR11, "While shopping, I easily forget what is bothering me." and TherapyR12, "Trying on things is a stress reliever." had high cross loadings on both factors. Thus, these two items were deleted one at a time and EFA was rerun. This item deletion resulted in a slightly higher variance explained (61. 08%) and a clear simple structure of two factors that tapped two different values of therapeutic shopping. The final EFA results are presented in Table 14. The reliability of the remaining 12 items was assessed using Cronbach's alpha coefficient and the item-total correlations were computed. The reliability of the 7 items of the first factor was .865 and reliability of the 5 items of the second factor was .875. All of the 12 items exhibited item-to-total correlations above .50. All of these measures fell into acceptable ranges. Therefore, no additional items were deleted at this stage.

Table 14. EFA results with 12 items after deleting TherapyR11, TherapyR12

Item Labels	Scale Items	Factor 1 Loadings	Factor 2 Loadings	Communalities
TherapyR9	Shopping provides me with knowledge of new styles.	.89	-.23	.57
TherapyR13	I enjoy being in a pleasant environment that shopping provides.	.78	.02	.62
TherapyR5	I like the visual stimulation shopping provides.	.77	.04	.64
TherapyR15	Shopping connects me with other people.	.72	-.03	.48
TherapyR14	Finding a great deal reinforces positive feelings about myself.	.63	.16	.57
TherapyR2	Shopping is a positive distraction.	.57	.23	.56
TherapyR4	Shopping gives me a sense of achievement.	.54	.24	.51
TherapyR1	Shopping is an escape from loneliness.	-.23	.98	.71
TherapyR7	Shopping for something new fills an empty feeling.	-.06	.90	.74
TherapyR8	Shopping is a way to control things when other things seem out of control.	.13	.71	.63
TherapyR3	Shopping is a way to remove myself from stressful environments.	.25	.66	.58
TherapyR6	Shopping is a way to take my mind off things that are bothering me.	.14	.66	.72
Cronbach's Alpha		.87	.88	
Total Variance	61.08%			
KOM measure of sampling adequacy	.94			

EFA for the third set of 7 items that were hypothesized to represent "therapeutic shopping outcomes" revealed one factor exhibiting eigenvalue over 1.00 and accounting for 64.601% of the total variance. All of the items had factor loadings higher than .40 and communalities greater than .30 (See Table 15). Therefore, no items were deleted. The reliability of the 7 items was .905 and all of items exhibited item-to-total correlations above .50.

Table 15. EFA Result with 7 items

Item Labels	Scale Items	Factor Loading	Communalities
PTherapy4	I feel good immediately after my shopping trip to relieve a bad mood.	.87	.75
PTherapy3	After a shopping trip to make myself feel better, the good feelings generated last at least for the rest of the day.	.85	.72
PTherapy5	I use items I bought during my shopping to relieve a bad mood.	.83	.69
PTherapy1	My shopping trip to relieve my bad mood is successful.	.83	.68
PTherapy6	When I use items I bought during my shopping to relieve my bad mood, I remember the shopping experience.	.80	.63
PTherapy2	Items I bought during shopping to make myself feel better continue to make me happy for several days.	.78	.62
PTherapy8	I rationalize about spending money during my shopping to make myself feel better.	.65	.42
Cronbach's Alpha	.91		
Total Variance	64.60%		
KOM measure of sampling adequacy	.91		

Exploratory factor analysis (EFA) was again conducted with all of 34 items that were retained through the item purification process described above. EFA revealed four factors exhibiting eigenvalues over 1.00, which accounted for 65.212% of the total variance. All of items had communalities over .30. Most of items loaded highly onto the expected factors, which provided meaningful interpretation of the relationships between the items and their underlying factors. Several items loaded highly onto factors that did not provide meaningful interpretation of their relationships were into question. After careful inspection and analysis of each item content, the item, TherapyM12: “I shop when I am lonely.” that loaded highly onto the third factor which represented “therapeutic shopping value: negative mood reduction” was deleted and EFA was rerun. TherpyM13: “I shop when I am frustrated” and TherpyM9: “I shop when I am upset” were subsequently deleted one at time for the same reason. The EFA with the remaining

31items provided the most meaningful interpretation of the latent factor structure and their relationships with each of retail therapy items. The four factor model accounted for 65.748% of the total variance and all of the items had communalities ranging from .458 to .836 (see Table 16). Even though a few items exhibited factor loadings slightly lower than .40 or cross loadings into two different factors, any additional deletion of items provided no meaningful interpretation of resulting factor structure and item separation. Also, the retained items would be subjected to confirmatory factor analysis (CFA) for further item refinement. Thus, no additional items were deleted at this point and all of the retained 31 items were submitted to CFA.

Table 16. Final EFA Results with 31 items

Item Labels	Scale Items	Therapeutic Shopping Motivation	Therapeutic Shopping Outcomes	Positive Reinforcement	Negative Mood Reduction
TherapyM3	I shop to make myself feel better.	.92	.15	-.11	-.08
TherapyMr3	I do not shop to make myself feel better.	.88	-.42	.22	-.03
TherapyMr7	I do not use shopping to improve my mood.	.86	-.28	.01	-.03
TherapyM4	I shop to compensate for a bad day.	.86	.12	-.09	.01
TherapyM2	I shop to cheer myself up.	.84	.21	-.07	-.10
TherapyM1	I shop to relieve my stress.	.83	.17	-.13	-.03
TherapyM11	I shop to relieve a bad mood.	.68	.04	-.12	.30
TherapyM7	I shop to feel good about myself.	.60	.16	.14	.05
TherapyM5	I shop to boost my confidence.	.56	.11	.11	.09
TherapyM6	I shop to feel relaxed.	.55	.08	.11	.20
TherapyM8	I shop to cope with feeling depressed.	.51	.10	-.15	.43
TherapyM10	I shop to alleviate boredom.	.35	-.02	.22	.31
PTherapy8	I rationalize about spending money during my shopping to make myself feel better.	-.29	.85	-.11	.19
PTherapy3	After a shopping trip to make myself feel better, the good feelings generated last at least for the rest of the day.	.05	.76	.14	-.08
PTherapy6	When I use items I bought during my shopping to relieve my bad mood, I remember the shopping experience.	-.16	.75	.04	.20
PTherapy2	Items I bought during shopping to make myself feel better continue to make me happy for several days.	.09	.67	.21	-.16
PTherapy4	I feel good immediately after my shopping trip to relieve a bad mood.	.22	.64	.04	.01
PTherapy5	I use items I bought during my shopping to relieve a bad mood.	.32	.54	.08	-.03
PTherapy1	My shopping trip to relieve my bad mood is successful.	.27	.47	-.04	.25

Table 16. Final EFA Results with 31 items (Continued)

Item Labels	Scale Items	Therapeutic Shopping Motivation	Therapeutic Shopping Outcomes	Positive Reinforce ment	Negative Mood Reduction
TherapyR5	I like the visual stimulation shopping provides.	.01	-.15	.84	.14
TherapyR4	Shopping gives me a sense of achievement.	-.00	-.18	.72	.29
TherapyR9	Shopping provides me with knowledge of new styles.	.00	.29	.65	-.25
TherapyR13	I enjoy being in a pleasant environment that shopping provides.	.07	.26	.62	-.13
TherapyR15	Shopping connects me with other people.	-.27	.29	.58	.130
TherapyR2	Shopping is a positive distraction.	.41	-.03	.48	-.01
TherapyR14	Finding a great deal reinforces positive feelings about myself.	.02	.40	.44	-.09
TherapyR1	Shopping is an escape from loneliness.	.08	-.08	-.02	.86
TherapyR7	Shopping for something new fills an empty feeling.	-.12	.29	.01	.73
TherapyR8	Shopping is a way to control things when other things seem out of control.	-.02	.31	.10	.50
TherapyR3	Shopping is a way to remove myself from stressful environments.	.31	-.03	.16	.42
TherapyR6	Shopping is a way to take my mind off the things that are bothering me.	.27	.24	.12	.35
Cronbach's alpha		.95	.91	.87	.88
Total Variance	65.75 %				
KMO's measure of sampling adequacy	.96				

Confirmatory factor analysis. Scale purification procedures continued through confirmatory factor analysis (CFA) to test the proposed model. A four-factor confirmatory factor model with the 31-items that were retained from EFA was estimated

using AMOS 16.0. A series of CFA were conducted until the model fits the data well and satisfied the following criteria.

Criteria used to determine which scale items to retain in the 4-factor model included item normality, model fit, path weights (i.e., significance of factor loadings), factor loadings, item squared multiple correlations (SMCs), modification indices (M.I.), reliability, item-to-total correlation, average variance extracted (AVE), and discriminancy among constructs. Results from each of the analyses were assessed collectively in considering elimination. Items flagged for deletion through these statistical techniques were then inspected for domain representativeness in reaching a final decision to delete or retain the item. Detailed explanations of each criterion are discussed below.

Criterion. Descriptive statistics of each item were examined to assess normal distribution of item. Multivariate normality is a basic assumption necessary for structural equation modeling (SEM) analysis (Hair et al., 1998). Mean, standard deviation, skewness, and kurtosis were calculated. Pronounced kurtosis is defined as +/- 1.96 (Byrne, 2001).

Model fit was assessed through goodness of fit index (GFI), adjusted goodness of fit index (AGFI), normative fit index (NFI), non-normed fit index (NNFI), comparative fit index (CFI), and root mean square error of approximation (RMSEA). In general, satisfactory model fits are indicated by GFI and AGFI values close to 1.00 (Byrne, 2001); NFI, NNFI, and CFI values equal to or greater than .90; and RMSEA values equal to or less than .08 (Hair et al., 1998).

Path weights of the scale items were examined for statistical significance (p-value < .05). Factor loadings of .40 or above are considered to have practical significance (Hair

et al., 1998). Thus, items exhibiting factor loadings below .40 were subject to deletion. Item squared multiple correlations (SMCs) represent communalities of each item and indicates variability in each item explained by the designated factor. 0.30 is minimal acceptable cut off point (Hair et al., 1998). Thus, items exhibiting SMCs below .30 were candidates for deletion. Modification indices (M.I.) indicate how much the model fit would increase if the suggested causal path is added. M.I. of 10 or above are considered significantly large values. Thus, item pairs with M.I of 10 or greater were candidates for deletion (Hair et al., 1995).

Reliability of each latent factor was examined by assessing both composite reliability (C. R.) and Cronbach's alpha for a minimum acceptable reliability coefficient of .70 (Hair et al., 1995). Item-total correlations were also examined for each set of retail therapy items. Average variance extracted (AVE) indicates the amount of variance explained by the construct and .50 is the recommended threshold value (Fornell & Larcker, 1981; Hair et al., 1998).

Although retail therapy constructs are conceptually related and therefore are expected to have strong positive correlations among them, these constructs should exhibit some degree of distinctiveness to be used as separate constructs (Arnold & Reynolds, 2003; Hair et al., 1998; Westbrook & Black, 1985). Chi-square difference test was conducted to evaluate whether each factor of the final measurement model is a distinct construct. Chi-square difference was calculated between an unconstrained model (i.e., the final four-factor retail therapy model) and six constrained models with the correlation between a pair of constructs set to 1.0, which indicates that pairs of constructs are identical and the model has three factors. A significant chi-square difference

demonstrates that each factor within the measurement model is significantly different from each other by showing that the correlation between the pair of constructs is significantly less than 1.0 (Anderson & Gerbing, 1988; Bearden, Netemeyer, & Teel, 1989).

An initial four-factor confirmatory factor model with 31-items (see Figure 3) revealed fit indices that were generally below acceptable thresholds (See Table 17). Thus, items were assessed for deletion using the criteria discussed previously. First, path weights of the scale items, factor loadings, and squared multiple correlations (SMCs) were examined. All items in the model were significant ($p < .05$) and all of factor loadings were greater than .40. Item squared multiple correlations (SMCs) were all greater than .30.

Inspection of modification indices (MIs) revealed 11 pairs of items with modification indices greater than 10.00 and these items were candidates for deletion. Item pairs with the highest modification indices were considered first. In order to decide which item to eliminate among the pair of items, factor loadings and domain representativeness of both items were reviewed. For example, the first set of candidate items for removal were TherapyM5 ("I shop to boost my confidence") and TherpyM7("I shop to feel good about myself."). Since the modification indices of this pair was largest (22.275). Factor loadings and content of each item were reviewed. TherapyM5 ("I shop to boost my confidence") was removed because this item had a lower factor loading (.777) than TherapyM7 (.836) and the "feeling good about oneself" facet of the item was judged to be inclusive of "feeling confident." After deleting this item, CFA was rerun and modification indices were re-examined to assess the next item for possible deletion.

This process was repeated until acceptable fit was obtained. A total of 9 items were deleted through this process. These items were TherapyM5(“I shop to boost my confidence”), TherapyM8(“I shop to cope with feeling depressed”), ThearpyM10(“I shop to alleviate boredom”), TherapyM11(“I shop to relieve a bad mood”), TherapyMr3(“I do not shop to make myself feel better”), TherapyMr7(“I do not use shopping to improve my mood”), TherapyR15(“Shopping connects me with other people”), PTherapy2(“Items I bought during shopping to make myself feel better continue to make me happy for several days”), PThearpy8(“I rationalize about spending money during my shopping to make myself feel better.”).

The final confirmatory model was estimated on the remaining 22 items (see figure 4). The model fit was substantially improved (see Table 17). All modification indices were predominantly low. Factor loadings ranged from 0.617 to 0.933 and all item loadings were significant at ($p < .05$). Item squared multiple correlations (SMCs) ranged from 0.381 to .871 (see Table 18). Since the final 22 items parsimoniously represent the four dimensions of retail therapy, no further items were eliminated.

Reliability, average variance extracted (AVE), and distinctiveness among constructs were then tested. As shown in Table 19, reliabilities of the subscales were all in acceptable ranges. All of corrected item-to-total corrections were above the acceptable value of .50. All variance extracted estimates are above the recommended value of .50 (see Table 19). Whether each construct of the retail therapy scale was distinctive from each other was examined by using chi-square difference tests. The tests were performed between the final four-factor measurement model and six different three-factor models that fixed each pair of constructs to be one construct which indicates the correlation

between the two constructs is 1.00. For example, the relationships between the two constructs, “therapy as shopping motivation” and “positive reinforcement” were fixed to one construct. All of the chi-square differences were significant indicating that the fit for all of six alternative three- factor models were significantly worse than the fit of the theoretically specified four-factor model (see Table 20). Therefore, this test provided support for the interpretation that the four dimensions of the retail therapy scale discriminate from each other even though they are conceptually related constructs.

In appendix F, descriptive statistics of the final measurement items are provided for evidence of the assumption of multivariate normality necessary for structural equation modeling (SEM) analysis (Hair et al., 1998).

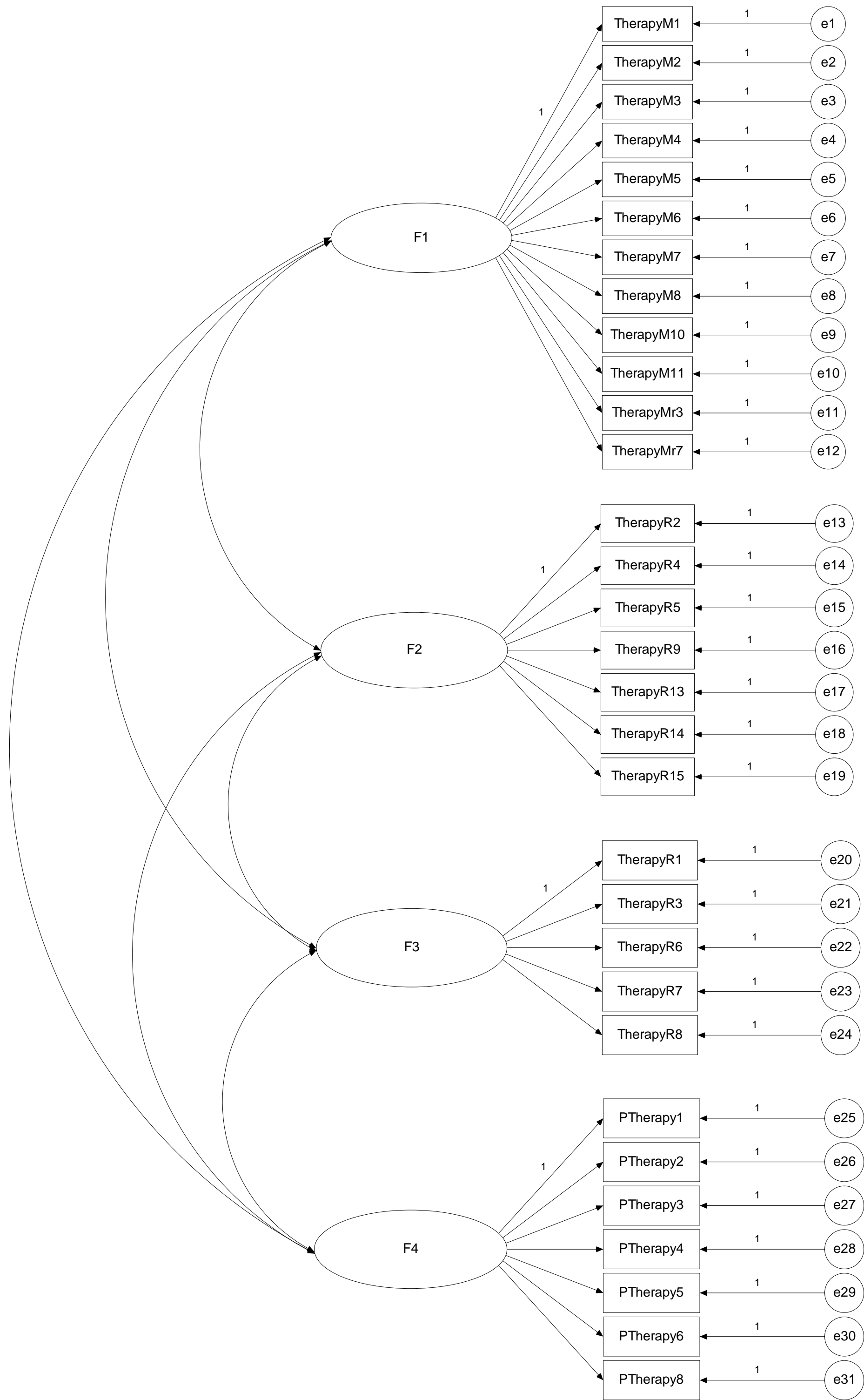

Figure 3. Original Measurement Model (Developmental Sample)

Note: F1: Therapeutic Shopping Motivation, F2: Therapeutic Shopping Value: Positive Reinforcement, F3: Therapeutic Shopping Value: Negative Mood Reduction. F4: Therapeutic Shopping Outcomes

Table 17. Measurement Model Evaluation: Goodness-of-Fit Statistics (Developmental Sample)

Fit Statistics	Original Model Fit	Final Model Fit	Desired Value
GFI	0.79	0.86	Close to 1.00
AGFI	0.75	0.83	Close to 1.00
NFI	0.84	0.91	.90 or higher
NNFI	0.89	0.94	.90 or higher
CFI	0.90	0.95	.90 or higher
RMSEA	0.076	0.068	.08 or lower

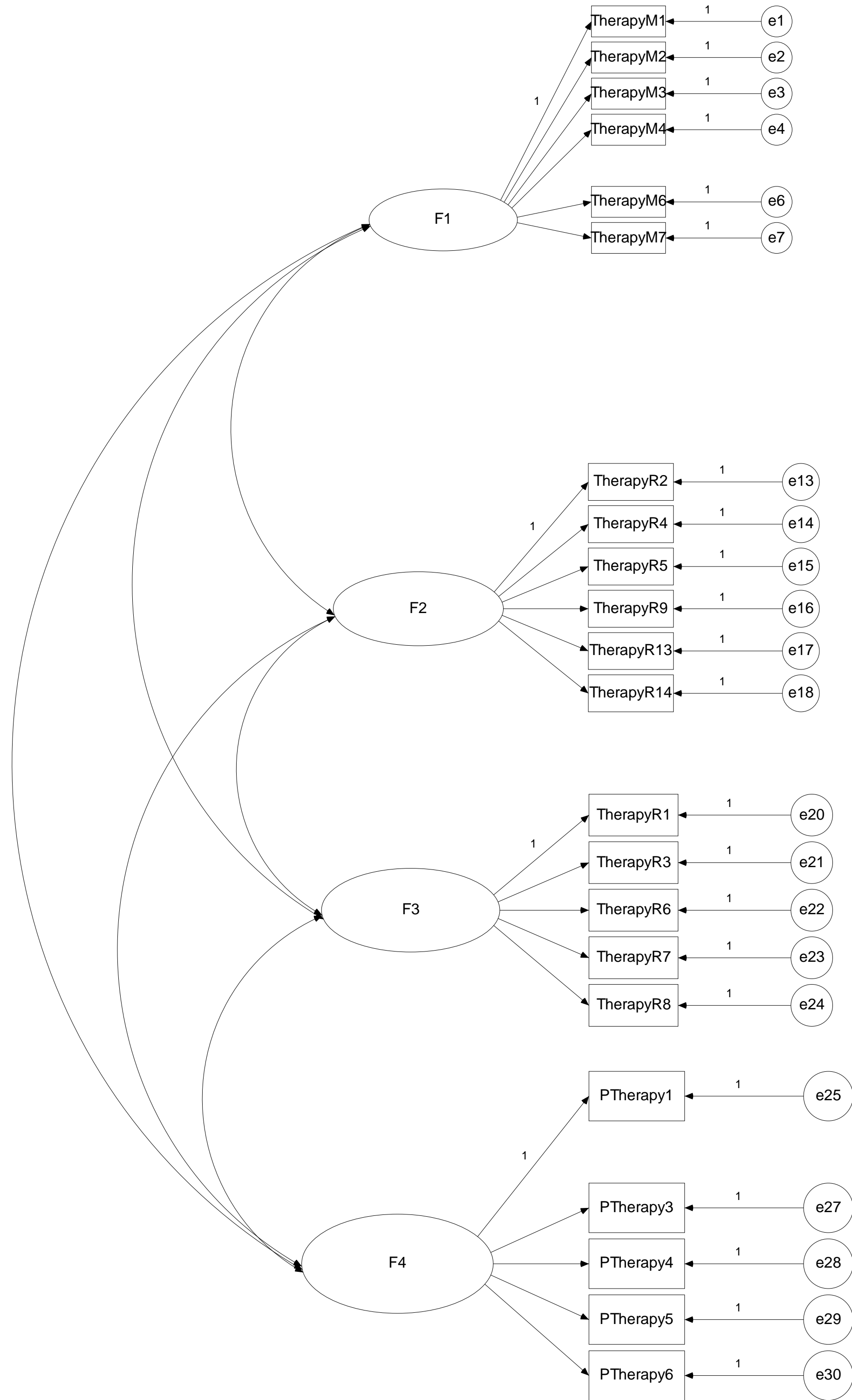

Figure 4. Final Measurement Model (Developmental Sample)

Note: F1: Therapeutic Shopping Motivation, F2: Therapeutic Shopping Value: Positive Reinforcement, F3: Therapeutic Shopping Value: Negative Mood Reduction. F4: Therapeutic Shopping Outcomes

Table 18. Final CFA Result with the Retained 22 Items (Developmental sample)

Constructs	Item Labels	Scale Items	Item Loadings	SMCs
Therapeutic Shopping Motivation (6items)	TherapyM1	I shop to relieve my stress.	.86	.74
	TherapyM2	I shop to cheer myself up.	.92	.84
	TherapyM3	I shop to make myself feel better.	.93	.87
	TherapyM4	I shop to compensate for a bad day.	.89	.79
	TherapyM6	I shop to feel relaxed.	.80	.64
	TherapyM7	I shop to feel good about myself.	.81	.65
Therapeutic Shopping Value: Positive Reinforcement (6items)	TherapyR2	Shopping is a positive distraction.	.75	.56
	TherapyR4	Shopping gives me a sense of achievement.	.68	.47
	TherapyR5	I like the visual stimulation shopping provides.	.72	.52
	TherapyR9	Shopping provides me with knowledge of new styles.	.62	.38
	TherapyR13	I enjoy being in a pleasant environment that shopping provides.	.73	.54
	TherapyR14	Finding a great deal reinforces positive feelings about myself.	.73	.54
Therapeutic Shopping Value: Negative Mood Reduction (5items)	TherapyR1	Shopping is an escape from loneliness.	.68	.47
	TherapyR3	Shopping is a way to remove myself from stressful environments.	.73	.53
	TherapyR6	Shopping is a way to take my mind off things that are bothering me.	.86	.74
	TherapyR7	Shopping for something new fills an empty feeling.	.78	.61
	TherapyR8	Shopping is a way to control things when other things seem out of control.	.75	.57
Therapeutic Shopping Outcomes (5items)	PTherapy1	My shopping trip to relieve my bad mood is successful.	.83	.69
	PTherapy3	After a shopping trip to make myself feel better, the good feelings generated last at least for the rest of the day.	.78	.60
	PTherapy4	I feel good immediately after my shopping trip to relieve a bad mood.	.85	.71
	PTherapy5	I use items I bought during my shopping to relieve a bad mood.	.83	.68
	PTherapy6	When I use items I bought during my shopping to relieve my bad mood, I remember the shopping experience.	.74	.55

Note: Response format: 1 = strongly disagree; 5 = strongly agree

Table 19. Final CFA Results (Developmental sample)

Construct	Composite Reliability	Coefficient alpha	Variance extracted
Therapeutic Shopping Motivation (6items)	.95	.95	.77
Therapeutic Shopping Value: Positive Reinforcement (6items)	.86	.86	.51
Therapeutic Shopping Value: Negative Mood Reduction (5items)	.87	.88	.58
Therapeutic Shopping Outcomes (5items)	.90	.90	.65

Table 20. Chi-Square Difference Test: Sub-Constructs of Retail Therapy (Developmental sample)

Construct Pair	$\Delta\chi 2$ (Δdf)
Therapeutic Shopping Motivation ↔ Therapeutic Shopping Value: Positive Reinforcement	228.48*** (3)
Therapeutic Shopping Motivation ↔ Therapeutic Shopping Value: Negative Mood Reduction	170.27*** (3)
Therapeutic Shopping Motivation ↔ Therapeutic Shopping Outcomes	200.65*** (3)
Therapeutic Shopping Value: Positive Reinforcement ↔ Therapeutic Shopping Value: Negative Mood Reduction	75.80*** (3)
Therapeutic Shopping Value: Positive Reinforcement ↔ Therapeutic Shopping Outcomes	71.83*** (3)
Therapeutic Shopping Value: Negative Mood Reduction ↔ Therapeutic Shopping Outcomes	41.48*** (3)

Note: ***$p < .001$

Scale Validation

There are three purposes of scale validation activities. First, chance errors are reduced by reconfirming the factor structure using an independent sample (MacCallum, Roznowski, & Necowitz, 1992). The measurement model should be stable across independent samples. Second, the retail therapy constructs are then correlated with existing scales to demonstrate construct validity. Third, predictive validity of the retail therapy constructs is tested to demonstrate practical usefulness of the scale. Detailed discussion of construct and predictive validity follow.

Construct validity. Construct validity of the retail therapy scale can be shown by demonstrating the scale accurately measures the construct that it is intended to measure and does not measure something else (Devellis, 2003; Peter, 1981). Evidence of construct validity was evaluated through tests of convergent and discriminant validity.

Convergent validity is the degree to which a construct is related to other constructs that should be theoretically similar to it (Devellis, 2003; Peter, 1981). Strong positive correlations between two constructs are evidence of convergent validity (Devellis, 2003). In this study, Arnold and Reynolds(2003)'s 3-item gratification shopping subscale of hedonic shopping motivations, Isen (1984)'s 4-item mood repair scale, Hausman (2000)' 7-item hedonic consumption scale, Edwards(1993)'s 5-item tendency to spend subscale of compulsive buying, and Edwards'(1993)'s 2-item feelings about shopping and spending subscale of compulsive buying were chosen for testing convergent validity of the retail therapy subscales since they each tap constructs of retail therapy scale. Four constructs of the retail therapy scale should exhibit strong, positive correlations with each of the existing measures to indicate convergent validity.

Discriminant validity is the degree to which a construct is not related to other constructs that it theoretically should not be related to (Devellis, 2003; Peter, 1981). To show discriminant validity, the construct under evaluation should exhibit negative correlations or should not exhibit strong positive correlations with other constructs that are not theoretically related to it (Devellis, 2003). In this study, Babin et al.(1994)'s utilitarian shopping value subscale of personal shopping value, Edwards (1993)'s three subscales of compulsive buying, Compulsion/Drive to spend subscale, Dysfunctional spending subscale, post-purchase guilt, as well as Faber & O'Guinn (1992)'s Compulsive buying scale were used to test the discriminant validity of the retail therapy scale because these scales should not theoretically relate to the retail therapy concept. Thus, the retail therapy scale should not be highly correlated with each of these scales to demonstrate that the therapy scale measures something different from utilitarian shopping and compulsive buying behaviors.

Third, to demonstrate the practical usefulness of the scale, some degree of predictive validity of the retail therapy scale must be shown (DeVellis, 2003). The retail therapy scale was correlated with frequency of shopping, time spent for shopping, and money spent for shopping because individuals who enjoy retail therapy are expected to shop frequently and spend a considerable amount of time and money for shopping. Positive correlations between constructs are evidence of predictive validity (Devellis, 2003) Thus, retail therapy should predict these latter behaviors.

Participant characteristics. The validation sample was composed of 272 people (164 females, 108 males) and represented fairly similar demographic characteristics to those of developmental sample. The mean and median age of participants was 41 and 40, respectively, with a range of 19 to 86 years. 50% of the participants were young adults between 20 and 39 years of age and the rest of them were older generation. People living in rural/suburban area (60.7%) were slightly more represented than residents in medium-sized/large city (39.3%). With respect to ethnicity, the majority of the participants were European American (82%). The majority of participants (61%) was married and employed full-time (62.5%) in a variety of industries. Participants represented a highly educated group of individuals as about half of the participants had an undergraduate degree or graduate degree. All categories of annual incomes were fairly evenly represented. With regard to shopping behavior characteristics, various levels of shopping frequency and monthly spending for shopping were represented. The majority of participants (69.4%) spent one hour to three hours during shopping. Shopping excluded grocery shopping and dining out at restaurants. Detailed information regarding participant demographics and general shopping behaviors is found in Table 21 & 22.

Table 21. Demographic Characteristics of Validation Sample

Characteristics		% of Total Sample
Gender	Female	60.3
	Male	39.7
Age	20 - 39	50.0
	40 - 59	39.3
	60 and 60+	10.7
Type of area	Rural/Suburban area	60.7
	Medium-sized/Large city	39.3
Ethnicity	European American	82.0
	Asian	13.6
	African American	3.3
	Other	1.1
Marital status	Never married	28.7
	Married/Living with partner	61.0
	Divorced/Separated	8.8
	Widowed	1.5
Employment	Full time	62.5
	Part time	18.8
	Retired/Unemployed	18.8
Education	High school	17.4
	Vocational/Technical School	15.0
	Some college	13.9
	4 year college	39.0
	Graduate degree	14.7
Annual income	Less than $20,000	12.5
	$20,000 - $39,999	15.4
	$40,000 - $59,999	22.1
	$60,000 - $79,999	14.3
	$80,000 - $99,999	10.7
	$100,000 or up	25.0

Note: Total number of sample = 272.

Table 22. Shopping Behavior Characteristics of Validation Sample

Characteristics		% of Total Sample
Shopping frequency	Once or twice a year	1.5
	Once every few months	16.2
	Once a month	25.0
	Every two weeks	27.9
	At least once a week	20.6
	More than once a week	8.8
Time spent for shopping	Less than 1hour	10.7
	1hour, less than 2 hour	39.3
	2hour, less than 3 hour	30.1
	3hour, less than 4 hour	15.4
	4hour and over	4.4
Money spent for shopping per month	$0 - $100	24.6
	$100 - $199	25.7
	$200 - $299	27.6
	$300 - $399	15.4
	$400 - $499	1.5
	$500 and over	5.1

Note: Total number of sample = 272.

Confirmatory factor analysis. A four factor confirmatory model was estimated using the 22 items retained after scale purification process. The results indicated an acceptable fit (see Table 23). Three modification indices were significant but predominantly low (ranging from 10.12 to 13.27). As shown in Table 24, all of the factor loadings were significant and greater than .40 (ranging from .49 to .91). An inspection of item squared multiple correlations (SMCs) revealed that one item, TherapyR9 (Shopping provides me with knowledge of new styles) had SMC slightly below the cutoff point of .30 (SMC = .24). Since the measurement model satisfied all of the other criteria and

fitted the data well using the validation sample, it was concluded that the final 22 item CFA model replicated across the developmental and validation samples.

As shown in Table 25, all of the average variance extracted of the four sub constructs were close to or greater than .50. Reliabilities of the subscales were acceptable since composite reliability estimates ranged from .80 to .93 and coefficient alpha estimates ranged from .81 to .94. All of corrected item-to-total corrections were above the acceptable value of .50. Whether each construct of the retail therapy scale is distinctive from each other was again examined by using chi-square difference tests. The chi-square difference tests were performed between the final four-factor measurement model and six different three-factor models that fixed each pair of constructs to be one construct (e.g., "therapy as shopping motivation" and "positive reinforcement" fixed to one construct). All of chi-square differences were significant indicating that the fit for all of six alternative models were significantly worse when compared to the fit of the theoretically specified four-factor model (see Table 26). Therefore, these tests provide support for the conclusion that the four dimensions of the retail therapy scale discriminate from each other even though they are conceptually related constructs.

In appendix G, descriptive statistics of the final measurement items are provided for evidence of the assumption of multivariate normality necessary for structural equation modeling (SEM) analysis (Hair et al., 1998).

Table 23. Measurement Model Evaluation: Goodness-of-Fit Statistics (Validation sample)

Fit Statistics	**Final CFA Model (22items)**	**Desired Value**
GFI	0.84	Close to 1.00
AGFI	0.80	Close to 1.00
NFI	0.88	.90 or higher
NNFI	0.91	.90 or higher
CFI	0.92	.90 or higher
RMSEA	0.07	.08 or lower

Table 24. Final CFA Result with the Retained 22 Items (Validation Sample)

Constructs	Item Labels	Scale Items	Factor Loadings	SMCs
Therapeutic Shopping Motivation (6items)	TherapyM1	I shop to relieve my stress.	.86	.73
	TherapyM2	I shop to cheer myself up.	.90	.81
	TherapyM3	I shop to make myself feel better.	.91	.83
	TherapyM4	I shop to compensate for a bad day.	.87	.76
	TherapyM6	I shop to feel relaxed.	.77	.60
	TherapyM7	I shop to feel good about myself.	.80	.65
Therapeutic Shopping Value: Positive Reinforcement (6 items)	TherapyR2	Shopping is a positive distraction.	.70	.47
	TherapyR4	Shopping gives me a sense of achievement.	.70	.49
	TherapyR5	I like the visual stimulation shopping provides.	.63	.40
	TherapyR9	Shopping provides me with knowledge of new styles	.49	.24
	TherapyR13	I enjoy being in a pleasant environment that shopping provides.	.67	.45
	TherapyR14	Finding a great deal reinforces positive feelings about myself.	.65	.42
Therapeutic Shopping Value:: Negative Mood Reduction (5items)	TherapyR1	Shopping is an escape from loneliness.	.63	.39
	TherapyR3	Shopping is a way to remove myself from stressful environments.	.73	.53
	TherapyR6	Shopping is a way to take my mind off things that are bothering me.	.81	.65
	TherapyR7	Shopping for something new fills an empty feeling.	.72	.52
	TherapyR8	Shopping is a way to control things when other things seem out of control.	.72	.51
Therapeutic Shopping Outcomes (5items)	PTherapy1	My shopping trip to relieve my bad mood is successful.	.80	.63
	PTherapy3	After a shopping trip to make myself feel better, the good feelings generated last at least for the rest of the day.	.76	.58
	PTherapy4	I feel good immediately after my shopping trip to relieve a bad mood.	.83	.69
	PTherapy5	I use items I bought during my shopping to relieve a bad mood.	.73	.53
	PTherapy6	When I use items I bought during my shopping to relieve my bad mood, I remember the shopping experience.	.70	.47

Note: Response format: 1 = strongly disagree; 5 = strongly agree

Table 25. CFA Results (Validation sample)

Construct	Composite Reliability	Coefficient alpha	Variance extracted
Therapeutic Shopping Motivation (6items)	.93	.94	.73
Therapeutic Shopping Value: Positive Reinforcement (6items)	.80	.81	.46
Therapeutic Shopping Value: Negative Mood Reduction (5items)	.84	.84	.53
Therapeutic Shopping Outcomes (5items)	.86	.87	.60

Table 26. Chi-Square Difference: Sub-Constructs of Retail Therapy (Validation sample)

Construct Pair	$\Delta\chi2$ (Δdf)
Therapeutic Shopping Motivation ↔ Therapeutic Shopping Value: Positive Reinforcement	197.812*** (3)
Therapeutic Shopping Motivation ↔ Therapeutic Shopping Value: Negative Mood Reduction	141.85*** (3)
Therapeutic Shopping Motivation ↔ Therapeutic Shopping Outcomes	222.28*** (3)
Therapeutic Shopping Value: Positive Reinforcement ↔ Therapeutic Shopping Value: Negative Mood Reduction	56.14*** (3)
Therapeutic Shopping Value: Positive Reinforcement ↔ Therapeutic Shopping Outcomes	41.95*** (3)
Therapeutic Shopping Value: Negative Mood Reduction ↔ Therapeutic Shopping Outcomes	24.72*** (3)

Note: ***$p < .001$

Preliminary analysis of existing scales. Reliabilities of existing scales were assessed before examining their correlations with the retail therapy subscales. All of scales except one scale exhibited reliabilities greater than the recommended threshold value of .70 or close to .70 (see Table 27). Faber & O'Guinn's (1992) Compulsive buying scale includes one item tapping the retail therapy concept even though retail therapy was not a part of their conceptualization of compulsive buying. Therefore, the following item, "I bought myself something in order to make myself feel better" was excluded from the scale in assessing reliability of this scale and further testing discriminant validity of the retail therapy subscales. Edwards' (1993) Compulsion/drive to spend subscale of compulsive buying had a below acceptable reliability of .58. Moreover, an inspection of item-to-total correlation of this scale revealed that both scale items exhibited .42 which is also below the cutoff value of .50. Thus, this scale was excluded from testing construct validity of the retail therapy scales. Edwards' other subscales of compulsive buying, feelings about shopping and spending, Dysfunctional Spending, and Post-Purchase Guilt consisted of only two items, which are below the recommended minimum number of items. A measurement scale should have at least three items (Hair et al., 1995). Thus, interpretation of correlations of these three scales should be cautious. Three shopping behavioral measures were developed for this study to test predictive validity of the retail therapy. These scales are listed in Table 28.

Table 27. Scales used for Testing Convergent and Discriminant Validity

Constructs	α	Scale Items	Source
Gratification Shopping	.80	When I'm in a down mood, I go shopping to make me feel better.	Arnold & Reynolds (2003)
		To me, shopping is a way to relieve stress.	
		I go shopping when I want to treat myself to something special.	
Mood Repair	.83	Buying cheers me up when I'm feeling down.	Isen (1984)
		When I'm feeling depressed I have to buy something	
		Shopping has helped me cope with depression in the past.	
		Shopping helps me cope with depression now.	
Hedonic Consumption	.86	I like to shop for the novelty of it.	
		Shopping satisfies my sense of curiosity.	
		I feel like I'm exploring new worlds when I shop.	
		Shopping offers new experience.	
		I go shopping to watch other people.	
		I go shopping to be entertained.	
		I get a real "high" from shopping.	
Tendency to Shop	.84	I go on a buying binges.	Edwards (1993)
		I feel "high" when I go on a buying spree.	
		I buy things even when I don't need anything.	
		I go on a buying binge when I'm upset, disappointed, depressed, or angry.	
		I buy things I don't need or won't use.	
Feelings about Shopping and Spending	.83	I get little or no pleasure from shopping.	Edwards (1993)
		I hate to go shopping.	
Utilitarian Shopping Value	.66	During my shopping, I buy only what I have on my shopping list.	Babin et al. (1994)
		To me, shopping is arduous work rather than a fun activity.	
		I become disappointed when I have to go to another store to complete my shopping.	
		While shopping, I find just the item I am looking for.	
Compulsive Buying	.82	If I have any money left at the end of the pay period, I just have to spend it.	Faber & O'Guinn's (1992)
		I felt others would be horrified if they knew of my spending habits.	
		I bought things even though I couldn't afford them.	
		I wrote a check when I know I didn't have enough money in the bank to cover it.	
		I felt anxious or nervous on days I didn't go shopping.	
		I made only the minimum payments on my credit cards.	
Compulsion/ Drive to Spend	.58*	I feel driven to shop and spend, even when I don't have the time or the money.	Edwards (1993)
		I sometimes feel compelled to go shopping.	
Dysfunctional Spending	.77	I worry about my spending habits but still go out and shop and spend money.	Edwards (1993)
		I buy things even though I cannot afford them.	
Post-Purchase Guilt	.80	I feel anxious after I go on a buying binge.	Edwards (1993)
		I feel guilty or ashamed after I go on a buying binge.	

* Indicates a below acceptable reliability.

Table 28. Scales used for Testing Predictive Validity

Constructs	α	Scale Items	Source
Shopping Frequency	-	On average, how often do you shop?	Developed for this study
Time Spent Shopping	-	On average, how long do you shop when you go shopping?	
Money Spent Shopping	-	On average, how much money do you send monthly for shopping?	

Turning first to convergent validity (a kind of construct validity), as expected, the four retail therapy constructs exhibited strong positive correlations with most of chosen existing scales that they were theoretically related to (see Table 28). Thus, evidence of convergent validity of the retail therapy scale was established. Each of the tested scales and its correlation with the retail therapy subscales are discussed below.

The four retail therapy subscales correlated strongly with Arnold and Reynolds (2003)' gratification shopping subscale, Isen (1984)'s mood repair scale, Hausman (2000)' hedonic consumption scale, and Edwards (1993)'s tendency to shop subscale (see Table 29). Gratification shopping is defined as "shopping for stress relief, shopping to alleviate a negative mood, and shopping as a special treat to oneself" (p. 80). This definition clearly captures components of retail therapy. Isen (1984)'s 4-item mood repair scale measures the extent to which shopping succeeds in alleviating non-clinical depression. This scale captures depression-alleviative aspects of retail therapy. Retail therapy is under the broad concept of hedonic shopping. 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 utilitarian consumption. Thus, the retail therapy subscales were expected to be strongly

correlated with each of these scales and the results supported the proposition that the retail therapy scale measures something similar to these constructs.

The retail therapy constructs were significantly but moderately correlated with Edwards' feelings about shopping and spending subscale. However, it should be noted that this scale has below minimum number of items, which may have attenuated the observed relationship.

Turning to discriminant validity, the retail therapy subscales exhibited negative correlations with utilitarian shopping value scale and showed moderate levels of correlations with compulsive buying (see Table 29). Thus, evidence of discriminant validity of the retail therapy scale was established, which demonstrate that retail therapy subscales measure something different from utilitarian shopping and compulsive shopping. Each of the tested scales and its correlation with the retail therapy subscales are discussed below.

The utilitarian shopping value reflects shopping as an "arduous work" as opposed to a "fun activity" which is reflected in hedonic shopping value. Consumers seeking utilitarian shopping value are not likely to use shopping to relieve their negative moods since shopping itself is quite stressful to these people. Thus, this scale was not expected to have strong positive correlation with retail therapy constructs.

Predictive validity. The retail therapy subscales exhibited moderate to strong levels of correlations with all three measures of shopping behavior: shopping frequency, time spent shopping, money spent shopping (see Table 29). Thus, evidence of predictive validity of the retail therapy constructs was established. Going shopping frequently, spending much time and money on shopping may be logical consequences of therapeutic

shopping involvement or are likely to be characteristics of therapy shoppers. That is, the data support the proposition that a consumer who uses shopping as therapy is likely to shop frequently, spend considerable amount of time and money on a typical shopping trip.

Table 29. Convergent, Discriminant, and Predictive Validity Test Results

	Therapeutic Shopping Motivation	Positive Reinforcement	Negative Mood Reduction	Therapeutic Shopping Outcomes	Retail Therapy	Type of Validity Tested
Gratification	.74	.56	.72	.72	.78	Convergent Validity
Mood Repair	.67	.52	.71	.71	.74	
Hedonic Consumption	.58	.63	.61	.66	.69	
Tendency to Shop	.60	.54	.64	.65	.68	
Feelings about Shopping and Spending	.46	.40	.34	.39	.49	
Utilitarian Shopping Value	-.41	-.23	-.33	-.25	-.35	Discriminant Validity
Compulsive Buying	.45	.31	.42	.44	.46	
Dysfunctional Spending	.44	.40	.48	.49	.49	
Post-Purchase Guilt	.31	.33	.37	.44	.45	
Shopping Frequency	.38	.42	.37	.37	.43	Predictive Validity
Time Spent Shopping	.50	.40	.50	.45	.52	
Money Spent Shopping	.45	.42	.45	.44	.49	

Note: $\alpha = .10$ small effect, $\alpha = .30$ medium effect, and $\alpha = .50$ strong effect are considered (Field, 2005)
Desired correlation level for convergent validity: $\alpha = .50$ or $\alpha > .50$
Desired correlation level for discriminant validity: α : negative value or $\alpha < .50$
Desired correlation level for predictive validity: $\alpha = .30$ or $\alpha > .30$

CHAPTER V

DISCUSSION AND IMPLICATIONS

The principle goal of this research was to enhance understanding of retail therapy. In order to achieve this goal, the researcher analyzed and refined the conceptualization of retail therapy, qualitatively investigated the phenomenon of retail therapy, and developed and validated a scale measuring retail therapy. This chapter details discussions and implications of research findings in three areas: consumer behavior research, retailers and marketers, and consumers.

Implications for Consumer Behavior Research

The primary contribution of this research is to provide conceptual clarity for the retail therapy construct and consequently provide a foundation for future research. Through a detailed conceptual analysis of the two existing approaches to the study of retail therapy (i.e., mood-alleviative consumption, compensatory consumption), the researcher articulated how these approaches are related and concluded compensatory consumption is the broader construct under which mood-alleviative consumption is one type. Therefore, the mood-alleviative consumption approach was used to refine conceptualization of retail therapy.

In addition to the conceptual analysis of retail therapy, the exploration of relationships between retail therapy and other consumer behaviors further clarified the concept of retail therapy. Moreover, the research findings (i.e., the interview findings, discriminant validity of retail therapy scale against compulsive buying scales) render supports to the position that retail therapy is not a precursor to compulsive buying, but a

distinctive concept that shares some common characteristics with compulsive buying.[4] Figure 2 is illustrative of the relationship between retail therapy and compulsive buying. Therefore, it would be reasonable to argue that retail therapy items included in many of compulsive buying scales should be excluded from these scales for measurement clarity of compulsive buying.

The interview findings study support and greatly extend the existing literature in retail therapy. Similar to Luomala (2002) findings, I found all three dimensions of negative moods (i.e., irritation, stress, dejection) and led to therapy shopping. Stress was the most relevant mood to be managed through shopping, followed by depression, and anger. In addition to the types of negative moods, my finding that there was no clear pattern between frequency of negative mood and use of retail therapy contradicts those of Yurchisin et al. (2008)'s findings. This contradiction may be due to different participants. Participants in Yurchisin et al.'s study were all college students. These participants were full-time employed, non-students. As individuals get older they may gain higher self-control in shopping or develop a broader variety of strategies to manage their moods, or simply not be able to leave work to go shopping.

The three reasons for using shopping as therapy identified by Luomala (2002) (i.e., distraction, self-indulgence, activation) were also noted in the current study. The current study extends his findings by demonstrating therapy shopping was found to have more therapeutic roles or satisfy more emotional needs than previously found.

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[4] Compulsive buying is defined as excessive, uncontrollable, and repetitive purchasing behavior that often results in serious negative consequences (Edwards, 1993; Faber & O'Guinn, 1989; O'Guinn & Faber, 1989)

The few researchers (Kacen, 1998; Kacen & Friese, 1999) that have studied retail therapy have confined their research to the purchasing aspects of the shopping experience. Other researchers (Woodruff-Burton, 1998; Yurchisin et al., 2008) primarily focused on apparel shopping in a brick-and mortar context in their research. My findings that participants primarily purchased appearance related items, experienced mood change after purchases, and used multiple aspects of the shopping experience (e.g., consumption imagination, browsing, interacting with sales associates, purchasing) as therapy supports those of earlier researchers. However, by examining this phenomenon from a broader perspective than previous researchers (i.e., any non-perishable consumer product, through any retail channel) I broadened the understanding of this behavior as well as expanded the application of the term, retail therapy.

Lastly, the major contribution of the development of valid and reliable scale of retail therapy is to broaden opportunities for quantitative inquiry into shopping behaviors driven by mood alleviative motives. The retail therapy scale will serve as the first step to further investigate interrelationships between retail therapy and other shopping behaviors in the future. Moreover, the newly developed scale significantly enhanced and complemented Yurchisin et al. (2008)'s first retail therapy scale in several ways. First of all, interview data from 43 interviews formed the basis to develop the scale items, which consequently provided a broader and richer range of contexts to generate initial scale items. Second, the new scale was validated through multiple validity tests in a separate sample, which ascertained that the scale is actually measuring retail therapy alone, not other related constructs. No test of validity is likely to constrain a broader application of the existing retail therapy scale. Third, the new scale taps four sub-constructs

representing pre-, during, and post-therapy shopping experiences and is applicable for any nonperishable consumer product. The existing scale was constrained to tap only pre-therapy shopping experiences (i.e., therapy as shopping motivation) and applicable to only apparel shopping.

Implications for Retailers and Marketers

Identifying various therapeutic needs and different aspects of shopping to meet these needs can greatly assist retail marketers in developing ways to make consumers' shopping experiences as effective therapy. For example, retailers' recognition of the critical role retail environments play in meeting these shoppers' needs can shape the selling environment. For example, fantasy window displays could attract shoppers who seek escape from reality. Filling the interior of a store or a website with stimulating components (e.g., music, scent, promotional puzzles) can assist shoppers in meeting their need for distraction. In order to help consumers feel activated, retailers can provide various educational experiences. For example, an apparel retailer can feature a flower show to both entertain and educate customers. Moreover, the finding that sales associates' generous attitude helped to satisfy participants' indulgence and social connection needs suggests that retailers can train their sales associates to approach their customers with genuine friendliness and sincere help rather than projecting the image of just there to make a sale.

The profile of a therapy shopper suggests how valuable this group is as a target market and provides important marketing implications. First of all, the finding that participants typically made purchases while therapy shopping and purchasing was the most satisfying moments indicates consumers' therapeutic needs ultimately are met

through buying. This characteristic makes this group profitable to retailers and valuable to attract. What makes therapy shoppers valuable to target is that these consumers tend to make impulse purchases and do not return them, spend more time and money than their usual shopping, and exhibit loyalty to the retailers that they shop with.

The finding that the majority of interview participants preferred therapy shopping at brick-and-mortar stores to other channels of retailers would be useful for brick and mortar retailers to use therapeutic shopping experience as a key differentiator from other channels of retailers (e.g., online retailers, catalogers, TV home shopping). On the other hand, the finding that some participants found both brick and mortar stores and online stores equally effective for therapy shopping suggests broadening opportunities for online retailers to attract therapy shoppers. Participants who equally used online and offline for therapy shopping had distinctive attitudes toward online shopping. They highly valued the convenience factor of online shopping and had extremely positive attitudes toward product delivery time. Unlike participants who avoided online shopping as therapy due to lack of instant gratification, participants who liked to use online for therapy expressed a great deal of excitement about waiting for product delivery. For these people, product delivery played a role in extending the excitement or gratification they gained from therapeutic purchases because knowing a gift is being delivered to them made them excited and happy. This is an interesting finding since delivery time is typically considered as one of major weaknesses of online shopping. Many online retailers emphasize convenience and this feature seems to be well perceived by many online shoppers including therapy shoppers. In addition to highlighting the convenience aspect of online shopping, changing consumers' perception towards product delivery (e.g., from

lack of instant gratification to extension of excitement about having a gift delivered) could be a crucial marketing tactic and a competitive edge for online retailers to attract therapy shoppers as well as other consumers. Delivering items using gift-like packaging rather than using plain industrial packaging might assist in this process.

Specialty stores and department stores represented the type of retailer where participants most frequently shopped for therapy. This finding may be because these two types of retailers tend to provide resources to satisfy all seven categories of emotional needs behind the use of shopping as a means of therapy (e.g., positive distraction, escape, indulgence, sense of control). In addition, compared to other types of retailers, both specialty retailers and department stores tend to provide pleasant environments, high quality merchandise, excellent customer service, and well-trained sales associates that all appeared to help attract therapy shoppers. Thus, specialty retailers and department stores should continue to take advantage of their positions to cater to therapy shoppers emphasizing special resources that they provide and that are not available in other types of retailers (e.g., discount store).

Although retailers that sell discounted or used merchandise were less frequented for therapy shopping, my findings suggest ways to attract therapy shoppers to these retailers. For the participants who typically used discount or thrift stores for therapy shopping, “elevation of self esteem” seemed to be the primary need to be satisfied through therapy shopping. These participants appeared to gain enormous amount of positive feelings about themselves when they found great deals shopping at these retailers. Thus, retailers could stress reinforcing positive feelings about oneself as a marketing tactic to attract therapy shoppers. Making discount and thrift store customers feel better

about themselves would add hedonic value to the mere utilitarian value of saving money. The addition of self-esteem related hedonic value may be the key that differentiates these retailers from competitors that only highlight low prices. Participants who therapy shop with discounters commented that they feel as if they "win a lottery," "win a prize" or are "hunting with eyes." Use of these or similar phrases could be a foundation for developing creative marketing strategies. Using a store-wide slogan such as "shop smart, feel great!" could be a catch phrase for a marketing promotion. Stressing only low prices is unlikely to attract therapy shoppers.

Lastly, the development of a measure of retail therapy has implication for retailers and marketers. Although the four subscales of retail therapy showed somewhat distinctive values, the retail therapy scale as a whole (i.e., the final 22 items) could be useful for retailers interested in segmenting their therapy shoppers from their total customer base and tailoring marketing communications to those consumers.

Implications for Consumers

A few participants showed signs of compulsive buyers. Compulsive buying is defined as "an abnormal form of shopping and spending in which the afflicted consumer has an overpowering, uncontrollable, chronic, and repetitive urge to shop and spend" (Edwards, 1993, p.67). Shopping to alleviate a negative mood is a motivating factor for engaging in compulsive buying (Edwards, 1993; Elliott, 1994; Faber & Christenson, 1996; Faber & O'Guinn, 1989; O'Guinn & Faber, 1989). Thus, participation in shopping as therapy is a common characteristic that retail therapy shoppers share with compulsive buyers.

My findings suggest that a major difference between a compulsive buyer and a therapy buyer is the post-purchase experience. Those participants who demonstrated signs of compulsive buying shared they felt strong regret or guilt immediately after a therapy shopping trip and often returned their purchases. For them, the products purchased during therapy shopping did not alleviate their mood. In fact, they often did not use the products they purchased. These findings indicate that if therapy shoppers recognize that their shopping experience did not have the desired effect (i.e., did not alleviate their negative mood) and they experience strong feelings of regret concerning purchases, these factors may be early signals that they could be having a problem related to their shopping. They may possibly be entering into a pattern of compulsive buying rather than therapy shopping and may need to seek professional help.

CHAPTER VI

LIMITATIONS AND FUTURE RESEARCH DIRECTIONS

Every research study has limitations. There are limitations associated with the scale validation procedure. First, a randomly split sample was used. Although this data collection method is adequate when the sample size is large (DeVellis, 2003), using this method might be a limitation because the members of the validation sample answered all of the initial 43 retail therapy items, not just the purified 22 items. Answering the additional 21 items might have influenced their responses on the final 22 scale items, which might have consequently affected the validation results. Therefore, next steps are to validate the retail therapy scale with a different sample of individuals by including only the 22 purified items.

Second, testing for discriminant validity against an impulse buying scale would provide additional confidence that the retail therapy scale measures a construct that is different from impulse buying. Since researchers studying impulse buying noted shopping's therapeutic quality in explaining impulse purchasing (Gardner & Rook, 1988; Rook & Gardner, 1993), confirming these two scales measure different constructs is important. Even though self-designated therapy shoppers who participated in the interview phase of the research shared that they made unplanned purchases during a therapeutic shopping trip, retail therapy as a behavior is conceptually different from impulse buying. Therefore, a retail therapy scale should measure a distinctive construct even though it may share some common characteristics with impulse buying behavior.

Uncovering consumer characteristics (e.g., sensation seeking, fashion innovativeness) or demographics that are predictive of engaging in retail therapy is a

valuable future research area because this information could be used to further profile therapy shoppers. Since interview findings revealed that therapy shoppers were store loyal, finding additional characteristics of retail therapy shoppers could be important to shaping the store experience which ultimately could assist in increasing the number of loyal customers. Using the scale as a whole is recommended to fully capture retail therapy behaviors.

Moreover, investigating the causal relationships between retail therapy and important shopping attitudes and outcomes (e.g., cross buying, willingness to pay, share of wallet, customer loyalty) provides valuable marketing implications for retailers. In the current study, the individual subscales of retail therapy did not perform better than the whole scale in predicting three shopping behaviors. When individual subscales do not perform any better than using the whole scale, it is best to use the whole scale. However, when there are reasonable hypotheses to assume certain behaviors are particularly related to individual subscales, investigating the relationship between the subscale and the chosen behavior may provide meaningful information. For example, it would be interesting to test whether high scores on the therapeutic shopping outcomes scale items are predictive of customer loyalty. If this is the case, then extra efforts could be made by retailers to enhance their therapy shoppers' post-shopping experiences. One of these efforts might include retailers sending postcards to their therapy shoppers with messages communicating a sense of caring immediately after a therapy shopper made a purchase. This postcard may assist therapy shoppers in extending their therapeutic shopping experience and in remembering the therapeutic values of the products they purchased during their therapy shopping trip. These experiences may ultimately contribute to these

shoppers returning to the retailer whenever they wanted to alleviate their negative moods (i.e., store loyalty).

Finally, a few of my interview participants showed some indication that they could be compulsive buyers. In addition, the retail therapy scale was less discriminant against the compulsive buying scale. Therefore, future researchers may be interested in investigating additional key differentiators between therapy shoppers and compulsive buyers. This information could assist both therapists and shoppers in their attempts to recognize the onset of a "shopping" problem. In addition, improved understanding of any relationships between retail therapy behaviors and compulsive buying behaviors may provide insights into possible causal relationships which could suggest tools that therapists may use to help their clients prevent or deter compulsive buying behaviors.

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APPENDIX A
Interview Questions

<Pre-shopping and general questions>
The first set of questions is about some general shopping questions and the reasons behind your use of shopping as therapy.

1) On average, how many times per week do you go shopping, excluding shopping for food?

2) On average, how much money do you spend per week for shopping, excluding shopping for food?

3) Think about a typical month. On average, how often do you experience a negative mood?
   Never Rarely Sometimes Frequently Always

4) When you experience a negative mood, what percentage of time do you go shopping to alleviate it?

5) Do you generally shop alone or with others to relieve your negative mood? If you shop with others, who do you shop with?

6) What different types of negative moods do you usually experience? And what causes those negative moods?

7) Do you shop to alleviate all types of negative moods or just certain types? Which ones?

8) The next question is about your personal characteristics.
   There are many activities that people could use to relieve their negative moods such as watching TV, sleeping, listening to music, or talking to friends. What is it about **you** do you think that influences you to choose **shopping** to alleviate your negative moods?

9) Why does shopping work to alleviate your negative mood?

10) Could you describe your earliest experience where shopping was used as therapy?

11) How did you learn to use shopping as therapy?

<During Shopping>
The second set of questions is about the therapeutic values and process of your shopping.

12) What aspect of therapy shopping alleviates your negative mood?

13) At what point do you begin to feel better during your therapy shopping trips?

14) Do you typically purchase a product during therapy shopping?
What types of products do you usually purchase? Why?

15) How much money do you usually spend during therapy shopping?

16) Do you classify your therapy purchase as an impulse purchase (i.e., totally unplanned purchase)?

17) Do you generally purchase for yourself or for others during therapy shopping trips? If you generally purchase for others, who are those people?

18) On average, how much time do you usually spend therapy shopping per shopping trip?

19) At which types of retailers do you typically shop to alleviate your negative mood? (e.g., discount store, specialty store, department sore)

20) Do you usually shop at the same retailer when you go shopping for therapy?

21) Which retail channels do you typically use when you shop to alleviate a negative mood? (e.g. brick and mortar store, internet, catalog, TV home shopping, mobile shopping)

22) How is your therapeutic shopping behavior different from your regular shopping behavior when you are not in a negative mood?

< Post-Shopping>

The third set of questions is about your post-therapy shopping experiences.

23) In general, how do you feel after a therapy shopping trip?

24) How long does that feeling last?

25) What do you do with the items you bought as a result of therapy shopping? * This question was asked depending on responses on Q 14.

26) For how long are the items you purchased effective in alleviating your negative moods? * This question was asked depending on responses on Q 14 & 25.

27) Have you ever felt regret (positive) after therapy shopping? How often do you feel regret (positive) after therapy shopping? Why? * This question was asked differently (i.e., regret vs. positive) based on answer for Q23.

28) If you regret your therapy shopping, what do you do to resolve the feeling?

29) Do you anticipate feeling regretful after therapy shopping before you go shopping? * This question was asked depending on responses on Q.23.

30) If there is anything else that you would like to talk about your experiences of shopping as therapy, please share with me.

APPENDIX B
Interview Flier

Invitation to Share Your Experiences using Shopping as Therapy

"When the going gets tough, the tough go shopping."

Does this sound like YOU????!!!!

- **PURPOSE:** I would like to interview you if you typically go shopping or buy something to make yourself feel better when you are in a bad mood, feeling frustrated, bored, or stressed out (excluding food).
- **COMPENSATION:** You will be offered a **$10** for your time.
- **INTERVIEW:** I would like to schedule a one-time, approx **1 hour** interview at a time and place that is convenient for you to discuss your experiences using shopping as therapy.
- **FRIENDS & FAMILY:** Please share this notice with anyone (e.g., a family member, a friend) you think uses shopping as therapy and may be willing to be interviewed.

Interview data will be used in a research project conducted by Minjeong Kang, a doctoral candidate, under the direction of Dr. Kim Johnson, a professor in the College of Design at the University of Minnesota. In reports that may be published or publicly presented, I will not include any information that will make it possible to identify you as a participant.

Contact info: Minjeong Kang, mjkang@umn.edu or 612-695-1422

APPENDIX C
Interview Consent Form

Background Information:
You are invited to participate in a hour-long interview about shopping to alleviate negative moods. The purpose of this research is to gain insight and perspective about people's use of shopping as a strategy to make themselves feel better when experiencing a negative mood. You were invited to participate because you identified yourself as someone who shops or purchases products in response to feeling sad, frustrated, stressed out, or bored. I asked that you read this form and ask any questions you may have before agreeing to be in a study.

This study is being conducted as a part of the requirement for the completion of a doctoral degree. This study is being conducted by Minjeong Kang, a doctoral candidate in the Design, Housing and Apparel program at the University of Minnesota, Twin Cities. This study is under the direction of Dr. Kim Johnson from the same program.

Procedures and Confidentiality:
In this interview, you will be asked questions about your experiences of shopping as "therapy." Questions will address your pre-shopping behaviors, shopping behaviors, and post-shopping experiences. Any information you provide will not be directly tied to you as an individual. In reports that may be published or publicly presented, I will not include any information that will make it possible to identify you as a participant. The records of this study will be kept private. Research records will be kept in password protected computer files. Only researchers (myself and Dr. Johnson) will have access.

Risks and Benefits:
This study has no risks. You will be paid $10 for your participation at the conclusion of the interview. You will receive no personal benefit through participation in this study.

Voluntary Nature of the Study:
Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota or the Department of Design, Housing, and Apparel. If you decide to participate you are free to withdraw at any time without affecting those relationships. You can also decline to answer any question during the interview.

Contacts and Questions:
You may ask any questions you have now concerning the study. If you have questions later, you may contact the researchers at mjkang@umn.edu (612-626-5906) or kjohnson@umn.edu (612-624-3687). If you have any questions or concerns regarding the study and would like to talk to someone other than the researchers, contact Research Subject Advocate line, 612-625-1650.

Statement of Consent:
I have read the above information. I have asked questions and received answers. I consent to participate in this study.

Signature______________________________________ Date____________________________

Signature of Investigator ________________________ Date____________________________

APPENDIX D
Initial Scale Items

Therapeutic Shopping Motivation, 22 items (15 positive items, 7 negative items)

Item Numbers	Scale Items
1.	I shop to relieve my stress.
2.	I shop to cheer myself up.
3.	I shop to make myself feel better.
4.	I buy things for myself to compensate for a bad day.
5.	I buy tings to boost my confidence.
6.	I go shopping to see people and be around them.
7.	I shop to feel relaxed.
8.	I buying things to feel good about myself.
9.	I shop to cope with feeling depressed.
10.	I shop when I am upset.
11.	I shop to alleviate boredom.
12.	I shop to relieve a bad mood.
13.	I shop when I am lonely.
14.	I shop when I am frustrated.
15.	I buy things for others to relive my negative moods.
16.	I do not use shopping as a way to relieve stress. (r)
17.	I do not shop when I am in a down mood. (r)
18.	I do not shop to make myself feel better. (r)
19.	I do not shop to cope with feeling depressed. (r)
20.	It is bad to use shopping to feel better. (r)
21.	I do not shop when I am bored. (r)
22.	I do not use shopping to improve my mood. (r)

Note: r indicates negatively worded items that should be reverse coded.

Therapeutic Shopping Value (20 items)

Item Numbers	Scale Items
23.	Shopping is an escape from loneliness.
24.	Shopping is a positive distraction.
25.	Shopping is a way to remove myself from stressful environments.
26.	I am unfocused and unplanned when I shop to relieve my negative moods.
27.	Buying something gives me a sense of achievement.
28.	Buying something for others makes me feel needed.
29.	I like the visual stimulation shopping provides.
30.	Shopping is a way to take my mind off things that are bothering me.
31.	Buying something new fills an empty feeling.
32.	Buying something is a way to control things when other things seem out of control.
33.	Shopping provides me with knowledge of new styles.
34.	I like the treatment I receive from sales associates when shopping.
35.	While shopping, I easily forget what is bothering me.
36.	Trying on things is a stress reliever.
37.	Buying something relieves my bad mood.
38.	Just browing withouth buying anything can be a stress reliever.
39.	I enjoy being in a pleasant environment that shopping provides.
40.	Finding a great deal reinforces positive feelings about myself.
41.	Shopping connects me with other people.
42.	Thins I buy to relieve my bad mood are something I do not need but I want.

Therapeutic Shopping Outcomes (10 items)

Item Numbers	Scale Items
43.	My shopping trip to relieve my bad mood is successful.
44.	Items I bought during therapeutic shopping continue to make me happy for several days.
45	After therapeutic shopping, the good feelings generated last at least for the rest of the day.
46.	I feel good immediately after I engage in therapeutic shopping.
47.	I use items I bought during my therapeutic shopping.
48.	When I use items I bought during my therapeutic shopping, I remember the therapeutic shopping experience.
49.	I do not feel regret about my therapeutic shopping.
50.	Guilt may come later after I complete a therapeutic shopping.
51.	I rationalize about spending money during therapeutic shopping.
52.	My therapeutic shopping trip is always unsuccessful.(r)

Note: r indicates negatively worded items that should be reverse coded.

APPENDIX E
Survey Questionnaire

SHOPPING BEHAVIOR RESEARCH

Greetings! You are invited to participate in a research study investigating your shopping behavior. This research is being conducted by Minjeong Kang, a doctoral candidate and Dr. Kim Johnson in the department of Design, Housing and Apparel at the University of Minnesota. Any information you provide will be kept completely confidential and you will not be identified as a participant in this research project. Thank you in advance for your sharing your opinions and participating in this research.

Data Collector Name:_____________________________________
(Please print clearly)

Consent Form

You are invited to participate in a research study investigating your shopping behavior. This research is being conducted by Minjeong Kang, a doctoral candidate and Dr. Kim Johnson in the department of Design, Housing and Apparel at the University of Minnesota. By participating in the survey and completing and returning the questionnaire, you are providing your consent for your data to be included in this research.

Background Information:
The purpose of this research is to gain insight and perspective about people's shopping behaviors, especially people's use of shopping as a strategy to make themselves feel better when experiencing negative moods.

Procedures:
If you agree to participate, we would like you to complete the accompanying questionnaire. Please answer the questions as openly and honestly as you can. It takes about 15 minutes to complete the questionnaire.

Confidentiality:
Any information you provide will not be directly tied to you as an individual. In reports that may be published or publicly presented, we will not include any information that will make it possible to identify you as a participant. The records of this research will be kept in password protected computer files. Only researchers (myself and Dr. Johnson) will have access.

Risks and Benefits:
There are no risks and direct benefits to you if you participate in this research.

Voluntary Nature of the Study:
Your participation in this survey is completely voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota or the Department of Design, Housing, and Apparel. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

Contacts and Questions:
If you have questions, you may contact the researchers at mjkang@umn.edu (612-626-5906) or kjohnson@umn.edu (612-624-3687). If you have any questions or concerns regarding the study and would like to talk to someone other than the researchers, contact Research Subject Advocate line, 612-625-1650.

Part 1: Questions about Your Shopping Experiences

**** What is excluded and included in the term shopping in this study?***

Shopping **excludes** shopping for food (e.g., grocery shopping, dining out) and services (e.g., nail shop, hair salon, movies).

Shopping **includes** shopping for any types of consumer products.
(e.g., clothing, shoes, cosmetics, jewelry, electronics, home furnishings, books)

Shopping **includes** shopping through any types of retail channels.
(e.g., stores, Internet, catalog, TV, mobile)

Shopping **includes** both browsing without purchase and buying behavior.

The following statements describe different motivations to shop as well as experiences people could have during and after shopping. Think about how much each statement describes your shopping experiences. Please circle the number that most accurately indicates how much you agree or disagree with each statement in describing you and your shopping experiences. **Keep in mind that there is no right or wrong answer. Please respond as honestly as possible.**

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

		Strongly Disagree				Strongly Agree
1.	I shop to relieve my stress.	1	2	3	4	5
2.	I shop to cheer myself up.	1	2	3	4	5
3.	I shop to make myself feel better.	1	2	3	4	5
4.	I shop to compensate for a bad day.	1	2	3	4	5
5.	I shop to boost my confidence.	1	2	3	4	5
6.	I do not use shopping as a way to relieve stress.	1	2	3	4	5
7.	I shop to feel relaxed.	1	2	3	4	5
8.	I shop to feel good about myself.	1	2	3	4	5
9.	I shop to cope with feeling depressed.	1	2	3	4	5

		Strongly Disagree				Strongly Agree
10.	I do not shop when I am in a down mood.	1	2	3	4	5
11.	I shop when I am upset.	1	2	3	4	5
12.	I shop to alleviate boredom.	1	2	3	4	5
13.	Shopping is an escape from loneliness.	1	2	3	4	5
14.	I shop to relieve a bad mood.	1	2	3	4	5
15.	Shopping is a positive distraction.	1	2	3	4	5
16.	I do not shop to make myself feel better.	1	2	3	4	5
17.	I do not shop to cope with feeling depressed.	1	2	3	4	5
18.	Shopping is a way to remove myself from stressful environments.	1	2	3	4	5
19.	It is bad to use shopping to feel better.	1	2	3	4	5
20.	I shop when I am lonely.	1	2	3	4	5
21.	I shop when I am frustrated.	1	2	3	4	5
22.	Shopping gives me a sense of achievement.	1	2	3	4	5
23.	I like the visual stimulation shopping provides.	1	2	3	4	5
24.	Shopping is a way to take my mind off things that are bothering me.	1	2	3	4	5
25.	Shopping for something new fills an empty feeling.	1	2	3	4	5
26.	My shopping trip to relieve my bad mood is successful.	1	2	3	4	5
27.	Shopping is a way to control things when other things seem out of control.	1	2	3	4	5
28.	Shopping provides me with knowledge of new styles.	1	2	3	4	5
29.	Items I bought during shopping to make myself feel better continue to make me happy for several days.	1	2	3	4	5
30.	I like the treatment I receive from sales associates when shopping.	1	2	3	4	5
31.	After a shopping trip to make myself feel better, the good feelings generated last at least for the rest of the day.	1	2	3	4	5

		Strongly Disagree				Strongly Agree
32.	While shopping, I easily forget what is bothering me.	1	2	3	4	5
33.	Trying on things is a stress reliever.	1	2	3	4	5
34.	I feel good immediately after my shopping trip to relieve a bad mood.	1	2	3	4	5
35.	I enjoy being in a pleasant environment that shopping provides.	1	2	3	4	5
36.	I use items I bought during my shopping to relieve a bad mood.	1	2	3	4	5
37.	Finding a great deal reinforces positive feelings about myself.	1	2	3	4	5
38.	When I use items I bought during my shopping to relieve my bad mood, I remember the shopping experience.	1	2	3	4	5
39.	I do not shop when I am bored.	1	2	3	4	5
40.	I do not feel regret about my shopping to relive my bad mood.	1	2	3	4	5
41.	I rationalize about spending money during my shopping to make myself feel better.	1	2	3	4	5
42.	Shopping connects me with other people.	1	2	3	4	5
43.	I do not use shopping to improve my mood.	1	2	3	4	5

Part 2: Questions about Your Other Shopping Behaviors

The following statements describe a variety of experiences people can have that are related to their shopping. Think about how much each statement describes your shopping experiences. Please circle the number that most accurately indicates how much you agree or disagree with each statement in describing you and your shopping experiences. **Keep in mind that there is no right or wrong answer. Please respond as honestly as possible.**

1	2	3	4	5
Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

		Strongly Disagree				Strongly Agree
1.	When I'm in a down mood, I go shopping to make me feel better.	1	2	3	4	5
2.	To me, shopping is a way to relieve stress.	1	2	3	4	5
3.	I go shopping when I want to treat myself to something special.	1	2	3	4	5
4.	Buying cheers me up when I'm feeling down.	1	2	3	4	5
5.	During my shopping trip, I buy only what I have on my shopping list.	1	2	3	4	5
6.	Shopping has helped me cope with depression in the past.	1	2	3	4	5
7.	I feel "high" when I go on a buying spree.	1	2	3	4	5
8.	To me, shopping is arduous work rather than a fun activity.	1	2	3	4	5
9.	I feel driven to shop and spend, even when I don't have the time or the money.	1	2	3	4	5
10.	I become disappointed when I have to go to another store to complete my shopping.	1	2	3	4	5
11.	I hate to go shopping.	1	2	3	4	5
12.	When I'm feeling depressed I have to buy something	1	2	3	4	5
13.	I get little or no pleasure from shopping.	1	2	3	4	5
14.	I buy things even when I don't need anything.	1	2	3	4	5
15.	I go on buying binges.	1	2	3	4	5
16.	Shopping helps me cope with depression now.	1	2	3	4	5
17.	While shopping, I find just the item I am looking for.	1	2	3	4	5

		Strongly Disagree				Strongly Agree
18.	I go on a buying binge when I'm upset, disappointed, depressed, or angry.	1	2	3	4	5
19.	I worry about my spending habits but still go out and shop and spend money.	1	2	3	4	5
20.	I feel anxious after I go on a buying binge.	1	2	3	4	5
21.	I buy things even though I cannot afford them.	1	2	3	4	5
22.	I feel guilty or ashamed after I go on a buying binge.	1	2	3	4	5
23.	I buy things I don't need or won't use.	1	2	3	4	5
24.	I like to shop for the novelty of it.	1	2	3	4	5
25.	If I have any money left at the end of the pay period, I just have to spend it.	1	2	3	4	5
26.	Shopping satisfies my sense of curiosity.	1	2	3	4	5
27.	I feel like I'm exploring new worlds when I shop.	1	2	3	4	5
28.	I sometimes feel compelled to go shopping.	1	2	3	4	5
29.	Shopping offers new experiences.	1	2	3	4	5
30.	I go shopping to watch other people.	1	2	3	4	5
31.	I go shopping to be entertained.	1	2	3	4	5
32.	I get a real "high" from shopping.	1	2	3	4	5

Please indicate how often you have done each of the following things by circling the appropriate number.

1	2	3	4	5
Never	Rarely	Sometimes	Often	Always

		Never				Always
33.	I felt others would be horrified if they knew of my spending habits.	1	2	3	4	5
34.	I bought things even though I couldn't afford them.	1	2	3	4	5
35.	I wrote a check when I know I didn't have enough money in the bank to cover it.	1	2	3	4	5
36.	I bought myself something in order to make myself feel better.	1	2	3	4	5

		Never				Always
37.	I felt anxious or nervous on days I didn't go shopping.	1	2	3	4	5
38.	I made only the minimum payments on my credit cards.	1	2	3	4	5

Part 3: Questions about Your Shopping Habits

**** What is excluded and included in the term shopping in this study?***

Shopping **excludes** shopping for food (e.g., grocery shopping, dining out) and services. (e.g., nail shop, hair salon, movies).

Shopping **includes** shopping for any types of consumer products.
(e.g., clothing, shoes, cosmetics, jewelry, electronics, home furnishings, books)

Shopping **includes** shopping through any kinds of retail channels.
(e.g., stores, Internet, catalog, TV, mobile)

Shopping **includes** both browsing without purchase and buying behavior.

1. On average, how often do you shop?
______ Once or twice a year
______ Once every few months
______ Once a month
______ Every two weeks
______ At least once a week
______ More than once a week

2. On average, how long do you shop when you go shopping?

___________________________________ (e.g., 1 hour, 1. 5 hours)

3. On average, how much money do you spend monthly for shopping?

$__________________________________

Part 4: Demographic Questions

The next set of questions deals with background information about you. Please indicate your:

1. Gender: _____ Female _____ Male

2. Age: _____________ years old.

3.Type of area where you currently live:
_____ Rural area
_____ Suburban area
_____ Medium-sized city
_____ Large city

4. Ethnicity: (check all that apply)
_____ White/Caucasian
_____ Hispanic/Latino(a)
_____ Other
_____ African-American
_____ Asian or Pacific Islander

5. Annual household income before taxes:
_____ Under $20,000
_____ $20,000 - $39,999
_____ $40,000 - $59,999
_____ $60,000 - $79,999
_____ $80,000 - $99,999
_____ $100,000 or up

6. Highest level of education completed:
_____ High school or Less
_____ Vocational/Technical School
_____ Some college
_____ Bachelor of Arts/Science (B.A./B.S.)
_____ Master's Degree (M.S)
____ Doctoral Degree (Ph.D)
_____ Professional Degree (MD,etc)
_____ Other

7. Marital status:
_____ Never married
_____ Married / Living with partner
_____ Divorced / Separated
_____ Widowed

8. Work status:
_____ Full-time
_____ Part-time
_____ Retired
_____ Unemployed

9. What is your occupation? Please write it. ______________________________

In order to verify that this information is from you, I will be calling or e-mailing 20% of the people that responded to ensure that you completed the questionnaire. **This information will remain confidential and will NOT be included in the database. After verification of a sample of participants, this information will be destroyed.**

Your Name: ____

Your Phone: ____

Your Email: ____

Thank you very much for your participation! ☺

APPENDIX F
Assessment of Normality of Final Scale Items (1): Developmental Sample

Construct	Item Label	Mean	Std. Deviation	Skewness	Kurtosis
Therapeutic Shopping Motivation (6items)	TherapyM1	2.38	1.34	.49	-1.01
	TherapyM2	2.69	1.28	.18	-1.29
	TherapyM3	2.62	1.37	.27	-1.27
	TherapyM4	2.35	1.32	.58	-.90
	TherapyM6	2.38	1.19	.29	-1.12
	TherapyM7	2.33	1.26	.46	-1.07
Therapeutic Shopping Value: Positive Reinforcement (6items)	TherapyR2	2.86	1.23	-.13	-.98
	TherapyR4	2.59	1.28	.19	-1.12
	TherapyR5	3.06	1.26	-.18	-.95
	TherapyR9	3.55	1.18	-.74	-.27
	TherapyR13	2.95	1.20	-.10	-.94
	TherapyR14	2.89	1.38	-.08	-1.31
Therapeutic Shopping Value: Negative Mood Reduction (5items)	TherapyR1	1.95	1.12	1.03	.17
	TherapyR3	2.38	1.24	.48	-.86
	TherapyR6	2.52	1.29	.32	-1.17
	TherapyR7	2.22	1.17	.62	-.70
	TherapyR8	2.02	1.15	1.05	.29
Therapeutic Shopping Outcomes (5items)	PTherapy1	2.23	1.12	.53	-.56
	PTherapy3	2.56	1.20	.08	-1.07
	PTherapy4	2.17	1.11	.54	-.61
	PTherapy5	2.35	1.21	.41	-.92
	PTherapy6	2.12	1.12	.69	-.38

APPENDIX G
Assessment of Normality of Final Scale Items (2): Validation Sample

Construct	Item Label	Mean	Std. Deviation	Skewness	Kurtosis
Therapeutic Shopping Motivation (6items)	TherapyM1	2.23	1.20	.58	-.81
	TherapyM2	2.60	1.30	.23	-1.16
	TherapyM3	2.46	1.21	.33	-.93
	TherapyM4	2.19	1.24	.77	-.50
	TherapyM6	2.22	1.08	.43	-.84
	TherapyM7	2.19	1.09	.51	-.73
Therapeutic Shopping Value: Positive Reinforcement (6items)	TherapyR2	2.85	1.12	-.20	-.85
	TherapyR4	2.50	1.22	.24	-1.10
	TherapyR5	3.04	1.23	-.26	-.96
	TherapyR13	3.08	1.15	-.33	-.78
	TherapyR14	3.00	1.23	-.16	-.94
Therapeutic Shopping Value: Negative Mood Reduction (5items)	TherapyR1	1.97	1.10	.98	-.04
	TherapyR3	2.24	1.13	.56	-.65
	TherapyR6	2.52	1.23	.36	-.95
	TherapyR7	2.26	1.16	.63	-.58
	TherapyR8	2.04	1.06	.84	.02
Therapeutic Shopping Outcomes (5items)	PTherapy1	2.28	1.07	.45	-.47
	PTherapy3	2.71	1.18	-.30	-1.0
	PTherapy4	2.25	1.14	.51	-.64
	PTherapy5	2.38	1.14	.36	-.79
	PTherapy6	2.19	1.08	.52	-.54