

**BU Well**


*Volume 3 Health, Wellness, and Life Sciences**Articles and Multimedia*

2018

Emotional Outlet Malls: Exploring Retail Therapy

Courtney Irwin
Butler University

Follow this and additional works at: <https://digitalcommons.butler.edu/buwell>

 Part of the [Life Sciences Commons](#), and the [Medicine and Health Sciences Commons](#)

Recommended Citation

Irwin, Courtney (2018) "Emotional Outlet Malls: Exploring Retail Therapy," *BU Well*: Vol. 3 , Article 8.
Retrieved from: <https://digitalcommons.butler.edu/buwell/vol3/iss1/8>

This Articles and Multimedia is brought to you for free and open access by Digital Commons @ Butler University. It has been accepted for inclusion in BU Well by an authorized editor of Digital Commons @ Butler University. For more information, please contact digitalscholarship@butler.edu.



Emotional Outlet Malls: Exploring Retail Therapy

Courtney Irwin

Abstract: People turn to shopping as an emotional outlet. This article focuses on the concept of retail therapy highlighting the personal benefits, possible issues, and research development surrounding the topic. Negative connotations regarding retail therapy exist, and today, scholars are reexamining retail therapy as a distress-motivated act of consumption from a psychological and emotional perspective. A variety of perspectives can be used to analyze shopping therapy as a face-to-face transaction, an online experience, and a simulated experience in order to explain the emotional component related to shopping.

The colloquial phrase “Treat yo’ self” has gained traction in recent years, forming a specific image about shopping for therapeutic purposes. Many people view self-treating as an impulsive, albeit cathartic, activity often used to excuse indulgent behavior. As such, shopping has been critiqued for its supposed lack of validity and success as a form of therapy. Shopping in an effort to improve one’s sense of well-being goes by many names: self-treating, compensatory consumption, and most notably, retail therapy. Each name is accompanied by a slightly different set of connotations, implications, and biases. Retail therapy is shopping that is motivated by any type of distress, and may occur when someone experiences a need or desire that cannot be satisfied or properly resolved.^{1, 2} The inability to quell these desires results in the use of shopping as a “substitutive action to achieve emotional satisfaction.”² Contrary to negative connotations on retail therapy, shopping has been shown to positively impact one’s mental health and well-being. This article analyzes how retail therapy can be used as an effective and strategic approach to ameliorate negative emotions, the benefits of retail therapy, the complications with the practice, and how these insights can help us better understand this cultural phenomenon.

Initially, retail therapy was discussed for its economic effects. As the term gained popularity, its effectiveness and validity came into question. Doubts regarding practically all aspects of retail therapy arose, resulting in a negative stigma. Most recently, the psychological connections between retail therapy and the reduction of negative emotions is undergoing experimentation and analysis. Although retail therapy is viewed mainly as a maladaptive practice, there are proven benefits and many researchers feel that retail therapy has been viewed too harshly.¹ This complicates our initial understanding of the practice.

Personal factors, specifically liminality, self-esteem, and negative emotions, impact one’s likelihood to engage in purchasing behaviors. Liminality is the notion that one feels a discrepancy between who they feel they are and who they feel they should be, and is linked to low levels of self-esteem and negative emotional states.² Simply, liminality is the feeling that one is not living up to their own expectations. Liminality and negative emo-

tional states were shown to have a positive correlation with compensatory consumption.² These correlations are especially significant when an individual is in close proximity to clothing. Establishing a relationship between negative feelings and increased purchasing adds validity to the existence of retail therapy, but does not address the merit of the practice. Instead, it focuses on its possible economic results. Considering most retailers, shops, and brands value their revenue over the sanctity of consumer health, retail therapy was accepted as a pretense to usher customers into shops.³ L’Oreal is an example of a company that used this notion of reducing liminality, and therefore increasing self-esteem, to entice buyers. Its 1971 slogan “Because I’m Worth It” draws upon a superficial understanding of the effects liminality has on purchasing behaviors.⁴ Through the guise of helping women empower themselves and granting them the ability to reduce liminality by providing them with a product that they believe they deserve, the consumer rationalizes their purchase of high-end hair dye.

Despite establishing the existence of retail therapy, there are many experts that fight the notion of shopping to improve one’s emotional state. Plastow writes that “the consumer is destined to remain as unfulfilled as he or she ever was, regardless of what excesses of consumption are attained.”⁵ Atalay and Meloy analyze and disprove some of the common misconceptions regarding retail therapy, like those outlined by Plastow. The claims that retail therapy is impulsive and ineffective in providing lasting improvements in mood have been argued since the term was coined in 1986. According to Atalay and Meloy, self-treats can be either a planned or unplanned aspect of retail therapy. This article indicated that self-treats are effective in repairing mood and can be planned strategically for this purpose. The idea of using an impulsive treat in a strategic manner may seem contradictory, but there are often subconscious intentions behind these actions. There are four main categories of self-regulatory functions: thoughts, emotions, impulses, and performance.⁶ Regulating all of these aspects can become burdensome. Our focus often shifts between the categories based on in-the-moment prioritization and needs. So, a conflict between one’s emotional regulation and impulse regulation may cause an individual to transfer some of their internal control from one category to the other to alleviate conflict and provide oneself with solace.

Individuals will most likely prioritize emotional well-being over impulse control, meaning that a seemingly impulsive purchase could be a strategic move resulting from a subconscious attempt to improve one's mood. Also, neither planned or unplanned treats lead to feelings of guilt or regret when the purpose was mood-boosting. In fact, contrary to ideas perpetuated by Plastow and professionals with similar sentiments, negative feelings continued to decrease post-purchase regarding their "mood repair item."^{5, 6} This indicates that a self-treating purchase acquired to increase mental wellbeing and improve mood will continue to be a source of positivity for that individual and may have long-lasting positive effects on one's emotions.

Specifically, according to a recent psychological experiment,¹ retail therapy has a significant effect on reducing residual sadness. Residual sadness occurs when negative emotions linger after the occurrence of a sadness-inducing event. Similar to the established correlation between liminality and low self-esteem, sadness is greatly influenced by one's feelings of control over one's environment. When an individual feels they have limited or no control over their environment, particularly while handling a negative outcome, they are more likely to experience sadness. Feelings of sadness increase comfort-seeking behaviors and motivate the restoration of control.¹ Shopping provides individuals with an opportunity to regain personal agency over one's environment, which can lead to a reduction in residual sadness. The initial experiment focused on the "browsing" component of shopping by using a hypothetical prompt and simulating the experience of online shopping, meaning no legitimate spending took place.¹ Despite excluding the physical purchasing of material goods, this study maintained that the act of browsing increased one's sense of control.¹ Ironically, the lack of self-control normally attributed to the act of retail therapy actually seems to restore a sense of agency that was perceived by the consumer as lost.

With the rise of online shopping, it is viable to wonder if the effects of shopping via the internet are similar to that of shopping offline. Currently around 8 in 10 Americans engage in online shopping, a number that is projected to rise in upcoming years.⁸ As with shopping in person, an emotional component exists within the context of online shopping.⁹ Many online shoppers "report experiencing positive feelings and satisfaction from the interactivity of shopping online." This introduces a virtual counterpart to retail therapy: "*e-tail therapy*."⁹ The concept of *e-tail therapy* is used primarily in relation to hedonic purchasing, which is when the item is acquired out of self-interest or desire instead of necessity.^{1, 5, 9}

Although we have focused primarily on the success of retail therapy in various circumstances, there are many valid concerns regarding this topic. Retail therapy can become disruptive within one's life. Because retail therapy often entails making unnecessary purchases, a major concern with relying on this process is the possibility of accruing debt.⁵ It is not beneficial to continue shopping past one's financial limits, as this can result in the exasperation of negative feelings instead of the minimization of them. Additionally, one should not rely on purchasing behavior to eliminate the cause of one's problems. Despite its

efficiency in eradicating negative emotions and restoring personal control, retail therapy does not address the underlying issues perpetrating these feelings. Retail therapy is viewed as a "catharsis, a purging of the emotions" and not a direct response or resolution to an emotional catalyst.⁵ Because there is no direct resolution within retail therapy, it is unhealthy to depend on it when dealing with problems that would benefit from a proactive response, like addressing the problem directly and working to solve it. Retail therapy can become a crutch for the user and is considered a maladaptive practice by many scholars and healthcare practitioners. The term for this practice is compulsive buying disorder.⁵ As with most disorders, it can be difficult to realize when an activity transitions from a treat to a compulsion. This is especially true when considering shopping, due to the positive relationship between one's emotional response to purchases and one's repeat purchasing intentions.⁹ Because an individual is more likely to engage in repetitive buying if they receive a strong sense of gratification from their purchase, it is important to establish boundaries while engaging in retail therapy.

Concerns aside, retail therapy can be, and frequently is, used to reduce anxiety, stress, sadness, and other negative emotions in low-stakes situations. A third of the United States population, including both men and women, shops as a way to alleviate stress.¹⁰ One's subjective emotion does not have an impact on their likelihood to engage in retail therapy as a mood-repair behavior.¹⁰ This means that people who are consistently experiencing a happy, sad, or some more neutral state of being are likely to engage in retail therapy at some point. Those who do report engaging in retail therapy, report that doing so "provided a positive distraction, an escape, an indulgence, an elevation in self-esteem, activation, a sense of control, and a social connection."¹¹

As a college student, it is important to consider how retail therapy could play a role in one's life. Being that various samples of college students have supplied a great deal of the data that backs some of these experimental findings, one can assume that retail therapy is integrated nicely into the life of the average college student. Despite limitations that college students may experience, there are ways retail therapy can benefit this population while dealing with extensive stress and possible sadness in their daily life. For example, it could be beneficial for college students to take ten minutes between classes or while studying to browse an online shopping site. Like mentioned, the act of merely browsing these sites can help individuals establish a heightened sense of self-control and reduce residual sadness without investing a significant amount of time or money. A visit to the dollar store or flea market can have the same effect, where they could make a purchase that would provide a source of positive feelings.

After analyzing a variety of perspectives on retail therapy, there is data suggesting value to the phenomenon. Shopping inherently provides people with a hedonic high, stimulating a flood of dopamine and serotonin to be released within the brain.¹² Furthermore, a variety of economic and psychological studies provide support past that of a mere chemical reaction. Consumer research has established the existence of a correlation

between customer feelings and purchasing behaviors.^{2,3,4} Social and psychological studies press further to test the relationships and analyze the effects of this process. Through these studies, it is established that retail therapy provides individuals with an outlet for negative emotions. Some of the common critiques of self-treating were disproved by establishing that there is often a strategic aspect to these purchases and rarely significant guilt or regret post-purchase when the motive is mood-regulation.⁶ However, there are legitimate concerns involving the use of retail therapy on a regular basis, most notably the development of a compulsion.^{5,12} Retail therapy can be used intermittently to regain a sense of personal control or provide an escape from a negative environment or headspace, in spite of the complications mentioned and the overarching negative attitude regarding the practice.^{1,2,6,11} Retail therapy does not replace legitimate therapy and should not be considered a cure-all for negative feelings. However, it is an effective and valid form of self-care that requires little time or money to reap the benefits.

References

1. Rick SI, Pereira B, Burson KA. The benefits of retail therapy: making purchase decisions reduces residual sadness. *J Consum Psychol*. 2014;24(3):373-380. doi:10.1016/j.jcps.2013.12.004.
2. Yurchisin J, Yan RN, Watchravesringkan K, Chen C. Why retail therapy? A preliminary investigation of the role of self-concept discrepancy, self-esteem, negative emotions, and proximity of clothing to self in the compensatory consumption of apparel products. *Asia-Pac Advances Consumer Res*. 2006;7:30-31
3. Kang M, Johnson KKP. Retail therapy: Scale development. *Cloth Textiles Res J*. 2011;29(1):3-19.
4. Verner A. L'Oréal's 'Because I'm worth it' slogan marks a milestone. The Globe and Mail website. <https://beta.theglobeandmail.com/life/fashion-and-beauty/beauty/loreal-because-im-worth-it-slogan-marks-a-milestone/article554604/?ref=http%3A%2F%2Fwww.theglobeandmail.com&>. December 2011. Accessed October 25, 2017.
5. Plastow, M. Retail therapy: The enjoyment of the consumer. *Br J Psychother*. 2012;28(2):204-220. doi:10.1111/j.1752-0118.2012.01283.x
6. Atalay AS, Meloy MG. Retail therapy: A strategic effort to improve mood. *Psychol Mark*. 2011;28(6):638-660. doi:10.1002/mar.20404.
7. Garg N, Lerner JS. Sadness and consumption. *J Consum Psychol*. 2013;23(1):106-113. doi:10.1016/j.jcps.2012.05.009.
8. Smith A, Anderson M. Online Shopping and E-Commerce. Pew Research Center website. <http://www.pewinternet.org/2016/12/19/online-shopping-and-e-commerce/>. December 19, 2016. Accessed February 8, 2018.
9. Bui M, Kemp E. E-tail emotion regulation: examining online hedonic product purchases. *Int J Retail Distrib Manag*. 2013;41(2):155-70. doi:10.1108/09590551311304338.
10. Lee L. The emotional shopper: assessing the effectiveness of retail therapy. *Foundations and Trends® in Marketing*. 2015;8(2):69-145. doi:10.1561/17000000035.
11. Kang M, Johnson KK. Let's shop! Exploring the experiences of therapy shoppers. *J Global Market*. 2010;1(2):71-79. doi:10.1080/20932685.2010.10593059.
12. Tan C. The neuroscience of retailing. *Wall St J*. May 15, 2008. <https://www.wsj.com/articles/SB121081365150393885>. Accessed January 29, 2018.