

## **Undesirable Effects of Retail Therapy on Consumer Emotions and Consumer-Based Brand Equity (CBBE)**

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*Abstract.* Consumers go shopping for not just fulfilling their physical needs but also emotional needs. This means that consumers sometimes buy products or services to feel better and escape their stress, unhappiness and loneliness. In literature, retail therapy behaviour term states this kind of consumer behaviour. Retail therapy is a shopping behaviour that alleviates negative moods and a humorous expression to explain why consumers buy products to feel better (Kacen, 1998; Kang and Johnson, 2011). Consumers know bad times come and go. The problem is that when bad mood is changed, consumers may think differently about their past purchasing. The aims of this study were threefold: (1) it is to examine and to measure the behaviour of retail therapy, (2) to understand the effects of retail therapy behaviour on consumers' negative emotions and (3) to explore the effects of retail therapy behaviour and consumers' negative emotions on consumer-based brand equity. Data was collected from 310 consumers and the results showed that retail therapy behaviour effects on negative emotions and consumers have negative emotions and blamed themselves; the person causes this situation and the brands. The findings of the study revealed that when the consumers blame the brand, some of CBBE structures are affected negatively.

*Keywords:* Consumer Emotions, Consumer-based Brand Equity, and Retail Therapy.

### **1. Introduction**

Consumers prefer the product at different times and occasions based on different motivations. One of these occasions is having 'bad times'. Some consumers try to find a different way to get out of this situation when they feel bad. For example, try to play a new musical instrument, learn a new foreign language and go to gym etc. In addition to these options, consumers go to shopping to overcome the bad times. In literature, marketing academicians and practitioners explain this situation as "retail therapy". Retail therapy is a shopping behaviour that alleviates negative moods and a humorous expression to explain why consumers buy products to feel better (Kacen, 1998; Kang and Johnson, 2011). Atalay and Meloy (2011) found that retail therapy is very common consumer behaviour and showed that almost half of consumers go shopping for this kind of treatments purposes. Credit Carma Research Center showed that more than half consumers said they shop to deal with feelings of stress, anxiety or depression and 83 % of these consumers said they at least occasionally regret their stress purchases. Yarrow (2009) explain how retail therapy works and ordered the reasons; easing transitions, the pleasure boost of creativity and aesthetics, relaxation and escape and social connection.

Consumers show different emotional responses to shopping such as love, anger, fear, guilt, joy, excitement, pride, anger, sadness, and worry after consumption and post-purchase period (Burnett and Lunsford, 1994; Havlena and Holbrook, 1986). Of course, bad times come and go. The problem is that when bad mood is changed, consumers may think differently about their past purchasing. They can feel guilty, regret or sad about the products and services which they bought. Consumer emotions

influence consumer satisfaction and longer-term behavioural intention (Martin et al., 2018; Oliver, 1997) and emotion is a prevalent aspect of consumption to influence brand perceptions (O'cass and Frost, 2002). These types of emotions effect the consumers' judgements about the brands they prefer. In order to gain competitive advantage on consumers' eyes, firms focus the brand and brand equity. Aaker (1991) explain the consumer-based brand equity (CBBE) as a set of assets and liabilities linked to a brand. Brand satisfaction and brand loyalty are the key dimensions of consumer-based brand equity (Nam et al., 2011). In Aaker's (1991) and Keller's (1993) conceptualization of CBBE includes the brand associations and awareness. These four concepts form the CBBE. Hence, this study contributes to the literature how CBBE is affected by the negative consequences of retail therapy.

The aims of this study are threefold: (1) it is to examine and to measure the behaviour of retail therapy, (2) to understand the effects of retail therapy behaviour on consumers' negative emotions and (3) to explore the effects of retail therapy behaviour and consumers' negative emotions on consumer-based brand equity. In this study, we propose to employ a mixed method research approach. In order to explore retail therapy behaviour and its negative consequences, we conducted a focus group interview with 8 participants. Following the qualitative study, a survey designed to collect data from 450 consumers. The data were analysed to test validity of the measures by Exploratory and Confirmatory Factor Analyse (EFA-CFA). Finally, we discussed theoretical contributions and managerial implications of the study.

## **2. Methodology**

### **2.1. Scale Development and Validation-Item Generation Stage**

In order to test our research model and hypotheses, we selected the mixed research model. The mixed model approach has been very important in social science researches to explore the topic at first and then to confirm the results using qualitative and quantitative techniques (Leech and Onwuegbuzie, 2009). In marketing literature, there have not been widely accepted scales for consumer negative emotions after the shopping for retail therapy and retail therapy behaviour so that we focused to measure both structures at first in this study. We aimed to find convenient questions to measure the consumers' retail therapy behaviour and negative emotions structures. In this study, we adapted Churchill's (1979)'s scale development paradigm for the scale development and validation process and followed Napoli et al. (2014) and Baldus et al. (2015)'s scale development steps for the other two structures related to consumer behaviour. Firstly, the detailed literature review related to consumers' retail therapy behaviour and negative emotions was carried out for determining the main items. In order to select the items that represent structures well, the researchers seek the most representative statements for the structures. The selection of the items based on the nature of negative consumer emotions and retail therapy behaviour structures and their definitions and explanations in literature. After the evaluation of this knowledge, researches selected 35 statements for consumers' retail therapy behaviour and 15 statements for consumer negative emotions structures.

### **2.2. Focus Group Interview and Expert View-Item Reduction Stage**

Item reduction step includes the elimination of the main items that determined previous step. The focus group interview and expert view were used to select fewer statements for measuring the structures. We have done focus group interview with eight graduate students (4 male and 4 female). Focus group participants were recruited from Abant İzzet Baysal University, Bolu, Turkey. The focus group questionnaire form was prepared with clear, understandable and open-ended. Moderator and reporter explained the consumers' retail therapy behaviour and negative emotions structures to the participants and gave them the cards that include the 50 determined items. The participants were asked

the most representative statements for the structures and they eliminated the some items that were not representing the structures strongly.

After the focus group interview, some items were extracted and others were added for the structures. As a result of this procedure, we gained totally 24 statements. Then, we consulted the expert view and selected 7 marketing academics who work at Faculty of Economics and Administrative Sciences, Abant Izzet Baysal University, Bolu, Turkey. The marketing academics selected the most representative statements. They market the items as “not at all representative”, ‘somewhat representative’ or ‘clearly representative’ formats. We used the items for measurement procedure marked as a ‘clearly representative’. Thus, nine items for consumers’ retail therapy behaviour and four items for consumers’ negative emotions were determined for the statistical analyses.

The third stage of the research involved purification of scale items and an assessment of the reliability and validity. We used the survey method and data was collected from 450 undergraduate students at Abant Izzet Baysal University, Bolu, Turkey. The items was placed on a seven-point scale anchored by 1 ‘strongly disagree’ and 7 ‘strongly agree’. The survey form also included the items for measuring the CBBE. The CBBE scale had 11 items and was adapted from Nam, Ekinci, and Whyatt (2011). In focus group interview, participations frequently expressed that they blamed themselves, persons who caused the negative situations and brands. We added 3 questions in survey form to find out the most expressed for the reason of this kind of shopping behaviour. Before the conducted questionnaire, a pre-test was carried out to 30 undergraduate students and some unclear statements and layout of the survey form were improved and re-organized. 140 questionnaires could not be used due to incomplete and illogically responses. The final sample consisted of 310 respondents. 179 of the participants were female (57.7 %) and 131 of the participants were male (42.3 %). The average age of participants was 21.4.

### **3. Results**

#### **3.1. Reliability and Validity Analyses of the Scales**

In this study, we followed Fornell and Larcker (1981)’s criteria and the scales’ items were subjected to a principal components analysis. The Kaiser–Meyer Olkin (KMO) value of 0.930 and a significant chi-square value for the Bartlett test for sphericity (Chi-square=2.284E3 p=001) for the retail therapy behaviour. This result showed that an exploratory factor analysis was suitable for the retail therapy behaviour structure. The exploratory factor analysis gives the coefficient values and explained variance values which should be greater than 0.50. As seen in Table 1, RET8 item’s coefficient value was lower than 0.50 and it was not suitable for the next measures. The final set of 8 items for Consumers’ Retail Therapy Behaviour (RTB) structure account for % 73.58 explained variance and the Cronbach’s Alpha value of the RTB were 0,947.

The second factor is Consumers’ Negative Emotions (NE) and was used exploratory factor analysis. The Kaiser–Meyer Olkin (KMO) value of 0.802 and a significant chi-square value for the Bartlett test for sphericity (Chi-square=558.004 p=001). This result showed that exploratory factor analysis was also suitable for the consumers’ negative emotions. As can be seen from Table 1, the set of 4 items were suitable for the following analyses and account for % 70.78 explained variance and Cronbach’s Alpha value was 0.77. (After Confirmatory Factor Analyses, we eliminated two items and these scores are for the scale including NE1 and NE2).

**Table 1.** Exploratory and Confirmatory Factor Analyses for Consumers' Retail Therapy Behaviour and Negative Emotions Structures

	Means	Std. Dev.	Coeff. (EFA)	B (CFA)	t
<b>CONSUMERS' RETAIL THERAPY BEHAVIOUR (RTB)</b>					
<b>Explained Variance: 73.5 %, Cronbach's alpha: 0.94</b>					
<b>RTB1</b> When I am unhappy, I go shopping to feel better.	3.83	2.13	0.87	0.88	19.45
<b>RTB2</b> When I have problems in school, I go shopping to get myself calmed down.	3.10	1.93	0.82	0.81	17.09
<b>RTB3</b> Going shopping is helping my mood get better.	3.87	2.02	0.91	0.91	20.90
<b>RTB4</b> When I am sad, go shopping is an activity that makes me feel comfortable.	3.72	2.05	0.93	0.94	21.95
<b>RTB5</b> One of the ways to cope with stress in everyday life is to go shopping.	3.44	1.98	0.90	0.87	19.32
<b>RTB6</b> In anxious situations, shopping makes me very comfortable.	3.19	1.90	0.83	0.79	16.52
<b>RTB7</b> It makes me feel good to go shopping.	4.16	2.03	0.88	0.87	19.36
<b>RTB8</b> When I shop, I control everything and it makes me comfortable	5.02	1.82	0.43	...	...
<b>RTB9</b> After a long and exhausting day, it is good for me to visit the my favoured shops	3.50	2.08	0.65	0.59	11.26
<b>CONSUMERS' NEGATIVE EMOTIONS (NE)</b>					
<b>Explained Variance: % 81.4, Cronbach's alpha: 0.77</b>					
<b>NE1</b> When I bought something that I have not planned, I feel regret later on.	3.77	2.00	0.80	0.98	10.64
<b>NE2</b> I feel guilty, when I buy unnecessary product.	4.28	1.94	0.87	0.69	8.96
<b>NE3</b> I am sorry when I buy something that I have not planned.	3.83	1.87	0.88	0.01	0.18
<b>NE4</b> I feel bad when I spend more money than I thought before.	4.64	1.86	0.79	0.10	1.73

After the exploratory factor analyses, the validity of the remaining items for the two structures, we confirmatory factor analyses were used and results showed in Table 1. According to Fornell and Larcker's (1981) criteria, standardized coefficient value for convergence validity is greater than 0.50. As can be seen from Table 1, the standardized coefficient values for consumers' retail therapy behaviour items were greater than 0.50. However, NE3 and NE5 items for the consumers' negative emotions were lower than 0.50 and these items for eliminated for on-going analyses.

Table 2 shows descriptive statistics, composite reliability values, correlations and AVEs values of the structures. The scales' CRs and  $\alpha$  scores are high ( $> 0.70$ ) and each of the AVEs is higher than 0.50 and greater than the squared inter-correlations. The both measures of the structures meet the requirements of reliability, discriminant validity suggested by Fornell and Larcker (1981).

**Table 2.** Descriptive Statistics, Reliability, Correlations and AVEs.

	RTB	NE	AWASS	QUAL	LOY	SAT
<b>Retail Therapy Behaviour (RTB)</b>	1	0.122	0.14*	0.05	0.22**	0.17**
<b>Negative Emotions (NE)</b>	0.014	1	-0.02	0.03	-0.02	-0.04
<b>Brand Awareness/ Associations (AWASS)</b>	0.021	0.0004	1	0.43**	0.28**	0.28**
<b>Service Quality (QUAL)</b>	0.003	0.0009	0.189	1	0.47**	0.53**
<b>Brand Loyalty (LOY)</b>	0.050	0.0005	0.083	0.22	1	0.63**
<b>Customer Satisfaction (SAT)</b>	0.032	0.002	0.082	0.28	0.39	1
<b>Means</b>	3.60	4.02	5.03	5.05	4.59	4.33
<b>Standard Deviations</b>	1.73	1.78	1.47	1.19	1.51	1.39
<b>Composite Reliability (CR)</b>	<b>0.94</b>	<b>0.85</b>	<b>0.76</b>	<b>0.78</b>	<b>0.73</b>	<b>0.81</b>
<b>Average Variance Extracted (AVE)</b>	<b>0.70</b>	<b>0.75</b>	<b>0.61</b>	<b>0.56</b>	<b>0.58</b>	<b>0.68</b>

The scores in the left upper part of the table are squared correlations. \*\*  $p < 0,01$ , \*  $p < 0,05$

After the evaluation of retail therapy behaviour and negative emotions' validity and reliability status, the consumer-based brand equations items were examined for measurements. Table 3 shows the confirmatory factor analyse results. According to Fornell and Larcker (1981)'s criteria PQUAL1 and PQUAL2 items' standardized coefficient values were less than 0.50 and they were removed for assessing the convergence validity. The other items were met the both convergence and discriminate validity.

**Table 3.** Confirmatory Factor Analyse for CBBE Structures

	$\beta$	t	Cronbach's Alpha	Variance
<b>BRAND AWARENESS/ASSOCIATIONS (AWAS)</b>				
<b>AWAS1</b> I am aware of what to expect from this shopping mall.	0.77	11.90	0.76	0.80
<b>AWAS2</b> Some characteristics of this shopping mall come to my mind quickly.	0.80	12.25		
<b>PERCEIVED SERVICE QUALITY (QUAL)</b>				
<b>STAFF1</b> Employees of this shopping mall listen to me.	0.80	15.63	0.77	0.69
<b>STAFF2</b> Employees of this shopping mall are helpful.	0.85	16.85		
<b>PQUAL1</b> This shopping mall has a visually appealing atmosphere.	0.40	6.75		
<b>PQUAL2</b> This shopping mall has visually appealing presentations.	0.35	5.82		
<b>PQUAL3</b> The layout of this shopping mall is tidy.	0.51	8.98		
<b>CUSTOMER SATISFACTION (SAT)</b>				
<b>SAT1</b> This shopping mall meets my expectations.	0.79	15.58	0.78	0.82
<b>SAT2</b> I am satisfied with this shopping mall.	0.86	17.23		
<b>BRAND LOYALTY (LOY)</b>				
<b>LOY1</b> Next time I will go shopping to this shopping mall.	0.64	11.49	0.70	0.77
<b>LOY2</b> I will recommend this shopping mall to someone who seeks my advice.	0.88	16.37		

The confirmatory factor analyse was carried out for all remaining items and structures and the goodness-of-fit statistics were chi-square = 378.39, df = 137, chi-square/df= 2.76, RMSEA= 0.076, Goodness of Fit Index (GFI) = 0.89, Adjusted Goodness of Fit Index (AGFI) = 0.84 and Standardized RMR = 0.043. This result shows that the measurement model was fit for further analyse.

### 3.2. The Effects of Retail Therapy Behaviour and Negative Emotions on CBBE

In order to evaluate the effects of consumers' retail therapy behaviour and negative emotions on consumer-based brand equity, we used regression analyses and calculated 8 regression models. As shown in Table 4, the model 1 showed that retail therapy behaviour effects on negative emotions ( $\beta = 0.125$ ,  $p < 0.05$  and the adjusted  $R^2$  of this model was 0.011). This result explained that after retail therapy consumers tend to feel regret or guilty. In the model 2, 3 and 4, negative emotions positively effects on consumers' blame of person ( $\beta = 0.28$ ,  $p < 0.05$ ), consumers' blame of himself/herself ( $\beta = 0.44$ ,  $p < 0.05$ ), consumers' blame of brand ( $\beta = 0.19$ ,  $p < 0.05$ ). Generally, if consumers feel regret or guilty after consumption to feel better, blame firstly themselves, secondly the person who causes this situation and the finally is the brand. These findings showed that brands are affected lasted.

Eventually, following four regression models revealed the effects of these factors on CBBE. According these results, retail therapy behaviour positively effect on brand awareness/associations ( $\beta = 0.14$ ,  $p < 0.05$ ), customer satisfaction ( $\beta = 0.16$ ,  $p < 0.05$ ), and brand loyalty ( $\beta = 0.20$ ,  $p < 0.05$ ). This means that firstly when consumers think that the brand satisfy their retail therapy behaviour needs, brand awareness/associations, satisfaction and loyalty are positively affected. However, if the

consumers blame the brand for these negative emotions, brand awareness/associations ( $\beta = -0.23$ ,  $p < 0.05$ ), and perceived quality ( $\beta = -0.18$ ,  $p < 0.05$ ) are damaged.

**Table 4.** Regression Analyses

Variables	Dependent Variables							
	NE	BP	BH	BB	AWASS	QUAL	SAT	LOY
<i>Independent Variables</i>								
Retail Therapy Behaviour	0.12*				0.14*	0.07	0.16*	0.20*
Negative Emotions (NE)		0.28*	0.44*	0.19*	0.02	0.05	-0.06	-0.04
Blamed the Person (BP)					0.06	-0.01	0.02	0.07
Blamed the Himself/ Herself (BH)					-0.02	-0.02	0.07	0.02
Blamed the Brand (BB)					-0.23*	-0.18*	-0.09	-0.09
Adjusted R <sup>2</sup>	0.011	0.073	0.172	0.035	0.067	0.076	0.036	0.049
F-value	4.268	24.712	63.691	11.958	4.992	5.459	3.053	3.844
p-value	0.040*	0.000*	0.000*	0.001*	0.000*	0.000*	0.011*	0.002*

#### 4. Conclusion and Managerial Implications

With the rapidly growing consumption culture, consumers seek not just to meet basic needs but also to satisfy emotional expectations. Today, consumption has been seen a part of life-style and people want the products that give happiness more than the products that just satisfy their physical needs. Technological progress, increasing self-concept and individuality have made people unhappy and lonely. At this point, people try to find some solutions to overcome this kind of problems and consumption has been seen a way of that. In literature, this consumption behaviour is called as retail therapy. However, after the consumers' feelings of loneliness or unhappiness come and go, consumers may regret these purchases. In this case, our results showed that consumers have negative emotions and blamed themselves; the person causes this situation and the brands. The findings of the study revealed that when the consumers blame the brand, some of CBBE structures are affected negatively.

In marketing literature, there has been not reliable scale for consumers' retail therapy behaviour and this study offered the valid and reliable scale for further studies. Also, the consumers' emotions are important after the shopping. Consumer may regret or feel guilty for purchasing something. If they feel guilty or etc., they tend to be unhappy again. This study revealed the link between consumers' retail therapy behaviour and negative emotions. The findings showed that after the eliminated bad feelings or situations that consumers go shopping for retail therapy, there will be negative emotions for consumers. In this point, there is another concern: who is responsible? consumers? people? or firms?. Results revealed that consumers blame themselves, the persons who causes this bad situation and also brands because of their attractive advertising, store design etc. Basically, in the eye of consumers, brands are the last reason for this shopping behaviour.

Firms want to attract consumers to fulfil their all needs including shopping behaviour for retail therapy. However, the main problem is that firm manager should know the dark side of retail therapy behaviour and this may damage the firm's CBBE. Namely, brand associations, consumer satisfaction and brand loyalty are positively affected that firms fulfil the consumer expectations about retail therapy. For example, store design and layout, staff behaviour, prices etc. All of these components give the reasons for consumers to feel better. However, our results also showed that if the consumers feel regret or guilty for our purchasing, their perceived quality of the brand and associations are negatively affected. Therefore, firms should be very careful to develop marketing and advertising strategies. This study has some limitations. The data was collected from young consumers live in one culture. Future study should test the retail therapy behaviour scale and evaluate the external validity of the items. Also, they should examine the models in different cultures and age groups.



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