Retail Therapy Behavior of Women in India - A Scale Validation and Assessment

Dr. Jasveen Kaur

Chairperson/Head & Associate Professor,
University Business School (UBS),
Guru Nanak Dev University (GNDU),
Amritsar

Chandandeep Kaur

Research Fellow,
University Business School (UBS),
Guru Nanak Dev University,
Amritsar

Abstract

Retail therapy refers to shopping for mood-alleviation. Prior research on this concept has mainly been concentrated in western countries, especially U.S. The theoretical contribution of the present study lies in extending the retail therapy research to Indian shoppers. The study begins with testing the dimensionality and psychometric properties of retail therapy scale (developed by Kang, 2009) in the Indian context. This is followed by detailed assessment of the responses to each of the scale items.Based on the analysis of the data collected from 703 women, the retail therapy scale has been found to be reliable and valid for use in the Indian context. It has further been found that, in general,Indian women have a positive attitude towards retail therapy.Like women in western countries, they also believe in the therapeutic powers of shopping and use it for mood-alleviative reasons. Also, their actis rarely followed by guilt.

Keywords: Retail Therapy,Women,India, Scale Validation,Behavior, Motivations, Therapeutic Shopping Values, Outcomes.

Introduction

'Retail Therapy'refers to the act of going on a shopping spree followed by a bad mood (Kang, 2009). As a mood-regulation strategy, shopping holds a special place because of the numerable benefits that it offers to the shoppers (Luomala, 2002). Be it through the emotional attachment that one experiences at a store, or the nicely displayed products or the courteous behaviour of employees; a large number of shoppers believe that shopping actually uplifts their mood and makes them cheerful (Huddleston &Minahan, 2011; Woodruffe, 2001). Also, these good feelings are retained for a sufficiently long time (Atalay&Meloy, 2011).

Although, roots of retail therapy lie in the western countries (primarily U.S.), the concept has also gained popularity among Indian shoppers too (D'Souza, 2012; Nair, 2004). This is mainly due to the continuous transformations in the retailing sector, changing consumer needs and preferences and advent of modern retail formats like shopping malls (Nair, 2004). However, theresearch in this field is just at a nascent stage in India and not much of the empirical work has yet been undertaken to understand its perception and usage.This research study endeavors to fill this gap by carrying out an extensive field survey of Indian

shopperswith a view to understand the underlying motivations, therapeutic shopping values and the outcomes of retail therapy, as experienced by them. This has been done by first validating the existing retail therapy scale (by Kang, 2009) in Indian context and then assessing the responses to the scale items in detail.

Background

Conceptual Foundation

Within the existing literature, the concept of retail therapy has mainly been explained through two approaches- the 'Compensatory Consumption Approach' and 'Mood-Alleviative Approach'. As compensatory consumption, retail therapy refers to the use of shopping as compensation for some 'lack' or 'psychological deficiency' in life, that cannot be satisfied with primary fulfillment.Thus, shopping is used as a substitute to that 'lack' (Woodruffe, 2001; Yurchisin et al., 2006; Yurchisin et al. 2008).From the mood-alleviative perspective, on the other hand, retail therapy is the "consumption behavior, including shopping and buying, that individuals engage in to improve their negative mood" (Kang, 2009). Earlier, the terms compensatory consumption and retail therapy had been used interchangeably. However, Kang (2009) highlighted that both are different and in fact, retail therapy(as a mood-alleviative shopping) isa part of compensatory consumption behaviour. Within the existing literature,themore common usage of the term retail therapy has been from mood-alleviative perspective only (Kang & Johnson, 2010; Atalay&Meloy, 2011; Rick et al., 2014; Son & Chang, 2016).Accordingly, the same has been used for the purpose of this study also.

Retail Therapy Motivations

Different researchers have highlighted different types of factors that motivate individuals to go for shopping for mood-alleviative reasons. The researchers who have worked on the compensatory consumption view-point of retail therapy have covered all the temporary as well as ongoing negative issues as motivators. These issues are mainly related to 'self' e.g. doubt about one's own identity, feeling excluded from a reference group (Dommer&Swaminathan, 2013), lack of self-esteem, self-anxiety etc. (Gronmo, 1998; Woodruffe, 2001;Yurchisin et al., 2006; Kim & Gal, 2014) etc. From the mood-alleviative perspective, on the other hand, retail therapy has been found to be affected only by temporary negative factors. It is said that firstly, a negative event occurs which leads to negative mood experience. This mood creates an uneasiness on the part of the individual, who is then motivated to go for shopping to get rid of such negative feeling as soon as possible. Some of such events may include- feeling sad, bored or lonely, a bad day at work, quarrel with someone close, inability to achieve some target etc. (Pine, 2009; Kang & Johnson, 2010; Huddleston &Minahan, 2011; Garg& Lerner, 2013). Since, the present study has covered only the mood-alleviative perspective of retail therapy, thus only the temporary mood motivators have been considered.

Therapeutic Shopping Values

Different types of therapeutic values stemming from shopping,form the basic reason, for why at all people choose it for mood-alleviation.In this regard, Kang, M. (2009) mentioned about two major types of shopping values in her study,including: 'positive mood reinforcement' and 'negative mood alleviation'. The 'positive mood reinforcement value' indicates the power of shopping activity that helps in maintenance of positive mood state or in boosting it through positive distraction, visual stimulation, knowledge about new trends, pleasant environment etc. On the other hand, the 'negative mood alleviation value' includes those aspects of shopping that help one to get rid of negative mood state or stressful situation e.g. offering an escape from loneliness, filling an empty feeling, regaining control etc. (Luomala, 2002; Kang & Johnson, 2010; Huddleston &Minahan, 2011).Lee (2013) examined the effectiveness of retail therapy from three perspectives i.e. motivational, behavioral and emotional. It was observed that there can be seven types of roles that shopping plays in enhancing the mood including-hedonic role, value from planned shopping, fulfilling one's search for deals, giving knowledge about new fashion trends, offering bargaining, social interaction and providing control.

Retail Therapy Outcomes

Most of the research studies on retail therapy have highlighted the positive outcomes of shopping for therapy. It has been found that shopping leads to relaxation in the short-run and psychological well-being in the long-run. Researchers likeKang (2009), AtalayandMeloy (2011), Deon (2011), D'Souza (2012), SurendranandVardhan (2014), Rick et al. (2014) have observed that retail therapy successfully alleviates negative mood. After a therapy shopping trip, shoppers actually feel more happy and relaxed and this good feeling is also retained for a longer period (Atalay&Meloy, 2011). D'Souza (2012) observed that even when people indulge in impulse buying and self-gifting for mood-alleviation,they do not carry any guilt feeling afterwards. Lee (2013) also emphasized on the positive emotional benefits of retail therapy such as relaxation and rejuvenation.

Other researchers have also agreed on the benefits provided

by retail therapy, but at the same time, they have also highlighted its limitations and drawbacks. Most of them have viewed that retail therapy may offer immediate positive results, but in long-run, it may lead to detrimental consequences e.g. regret, shame, guilt or a moral hangover (Luomala, 2002); falling into the huge debt-traps (Joji&Raveendran, 2007); spending too much money or buying same items multiple times (Urkmez& Wagner, 2016); forming addiction for shopping (Woodruffe, 2001) etc.

Existing Scales to Measure Retail Therapy

Till date, there are not many scales to measure one's retail therapy behavior. The first ever scale for retail therapy was designed by Yurchisin et al. (2008), but from compensatory consumption view-point. The scale did notfind much acceptance and had been criticized for being based only on Woodruffe's work (1997/1998)and also because ofcertain validity issues (Kang, 2009). A more comprehensive scale for retail therapy from mood-alleviative perspective had beenframed by Kang (2009). The scale had been developed and validated on two different samples collected through an extensive field survey in U.S. Different constructs of this scale reflected the motivations behind retail therapy; the shopping values that the therapy shoppers derive from shopping and the outcomes of retail therapy.Certain dimensions of the Kang's scale had been, later, used by Tunjungsari (2011) to measure retail therapyperception of Indonesian consumers and to extend its relation to brand preferences. On the other hand, GitimuandWaithaka (2018) used all the dimensions of Kang'sscalefor analyzing the relationship of retail therapy with life engagement and subjective well-being in U.S. Later, CifciandEkinci (2018) also framed their ownnine- items retail therapy scale covering its motivations and outcomes.Apart from these, no other scales on retail therapy could be found in the existing literature.

OBJECTIVES OF THE STUDY

The main objectives of this study have been:

1.To test and validate the retail therapy scale (developed by Kang, 2009)among women in India.

2.To assess the retail therapy behavior of women in India, by analyzing the motivations, therapeutic shopping values and outcomes of retail therapy.

METHODOLOGY

Scope of the Study

The scope of the present study is limited to women only. Prior research has shown that, as compared to men, women experience more anxiety and depression in their lives and also make more use of emotional coping to deal with it (Matud, 2004; Howerton, 2005). Shopping is one of such emotional coping strategies used by them (Hama, 2001). It is not that men do not engage in retail therapy, but the therapeutic role played by shopping has been found to be more intense and significant in case of women (Luomala, 2002, Arnold & Reynolds, 2003; Noble et al., 2006). Accordingly, this study has been carried out exclusively for women shoppers in India, with a view to understand their retail therapy behavior.

Geographical area-wise, the scope of this study is limited to women residing in Punjab (India). The Punjab State has been one of the most prosperous states in India (http://pcci.co.in/about-punjab.html) and has witnessed tremendous transformations in the retailing sector over the past one and a half decade. Three cities including the capital city Chandigarh, Ludhiana and Amritsar, have seen maximum retail developments and also show huge retail investment potential for future as well (Valsan&Bhola, 2014). In addition, SAS Nagar (Mohali) and Jalandhar have also been the choice of organized retailers (Jhamb&Kiran, 2011; Sharma et al., 2011). Accordingly, women from these cities have been chosen to form the target population for this study.

Measurement Scale Used

In absence of the availability of any other comprehensive scale, Kang's (2009) retail therapy scale has been used for this study, with a slight difference that the responses have been measured on a seven-point Likert scale instead of original five point scale. This has been done so that more variability in the responses could be extracted (Malhotra, 2006).

Sample and Sampling Method

For the present study, data has been collected from 800 women respondents in Punjab (India). Using judgmental sampling (Leedy&Ormrod, 2005; Cohen et al., 2007), an attempt had been made to cover women from diverse demographic backgrounds and also to have a sample that is representative of the given population. For that, the women population data, as per Census (2011), has been looked into. Data had been collected from each city in proportion to the women population in that city.

Apart from this, the selected sample fairly represents both working and non-working women segments. Within the working class, women from different occupations including- teaching, banking and insurance and other occupations (including other government and private office employees) have been selected.Data has been collected from them on convenience basis, during their free

time, after getting a verbal permission from their office/staff head.

On the other hand, the non-working class includes mainlypost-graduate students and housewives. Students from different colleges and universities have been approached during their free lectures, while snowball sampling has been used to collect data from housewives by firstly taking references from working women and then from other housewives. Data from them had been collected by employing door to door survey or meeting them at some get-togethers like kitty parties.

Demographic Profile of the Respondents

Out of the total 800 questionnaires distributed, 703 (87.9% response rate) have been found to be usable, after removing the incomplete and inconsistent responses. The final retained sample comprises of 372 (53%) working women, out of whom 50 percent are teachers, 23 percent are from banking/insurance line and remaining 27 percent from other occupations. Amongst the non-working category, 70 percent are the students, while 30 percent are housewives. About 60 percent of the respondents are unmarried. Most of the women (42%) have a monthly income (own) of less than Rs. 20,000. The sample comprises of more number of respondents belonging to Gen-Y (53%) and Gen-Z (32%), while remaining 15 percent represented Gen-X and Baby Boomers. This has mainly been because on one hand, the non-working category included students and on the other hand, within the working class also, more number of young women could be found in different offices.

Data Analysis

The data analysis for this study begins with checking of the dimensionality and reliability of the retail therapy scale being used for this study. This is followed by checking for model-fitness and validity in the Indian context and finally analyzing the mean responses of the shoppers towards different scale dimensions. The details have been explained in the following sections.

Testing the Psychometric Properties of Retail Therapy Scale in Indian Context

Exploratory Factor Analysis (EFA)

The purpose of exploratory factor analysis (EFA) is to reduce the data into a meaningful factor structure (Yong & Pearce, 2013). EFA is used when the underlying factor structure is not known to the researcher (Kim & Mueller, 1978). In other cases where it is already known, using confirmatory factor analysis (CFA) is recommended. However, sometimes, if the scale is used for some other population, cultural factors might lead to a change in the original factor structure and this shall not be reflected in the CFA model. In such cases, Orcan (2018) suggested that firstly EFA should be run before going with CFA. Accordingly, the retail therapy scale has also first been exposed to EFA.

For the present study,the Oblique rotation method for factor analysis has been used, assuggested by Kang(2009),because the factors were expected to be correlated to each other. All the items with Eigen values of over 1.00, communalities greater than 0.5 and factor loadings above 0.5 have been retained (Hair et al., 2010). This has resulted into the formation of the same four factors as in the original scale, explaining the total variance of 70.32%. The KMO measure of sampling adequacyhas been found to be 0.95. The communalities for all the items range between 0.633 and 0.778 i.e. greater than the minimum standardized value of 0.5 (Hair et al., 2010). The factor loadings range between 0.533 and 0.925, again above the minimum threshold of 0.5 (Hair et al., 2010). Here none of the items got deleted and the factor naming has remained the same as in the original scale i.e. 'Therapeutic Shopping Motivation', 'Therapeutic Shopping Value: Positive Reinforcement', 'Therapeutic Shopping Value: Negative Mood Reduction', and 'Therapeutic Shopping Outcomes'. The factor loadings, communalities, total variance explained, KMO value and Cronbach's Alpha values for all the items have been shown in Table 1.

Table 1 : The Factor Structure of Retail Therapy Dimensions

ITEMS	STATEMENTS (22 SCALE ITEMS)	Factor Loadings	Communalities
	THERAPEUTIC SHOPPING MOTIVATION (TSM)		
M2	I shop to cheer myself up	.925	.739
M1	I shop to relieve my stress	.910	.760
M3	I shop to make myself feel better	.858	.720
M4	I shop to compensate for a bad day	.674	.645

M5	I shop to feel relaxed	.663	.681
M6	I shop to feel good about myself	.533	.633
THERAPEUTIC SHOPPING VALUE: POSITIVE REINFORCEMENT (TSV-P)			
V4	Shopping provides me with knowledge of new styles	.906	.731
V3	I like the visual stimulation shopping provides	.889	.678
V6	Finding a great deal reinforces positive feelings about myself	.851	.673
V5	I enjoy being in a pleasant environment that shopping provides	.815	.710
V2	Shopping gives me a sense of achievement	.705	.634
V1	Shopping is a positive distraction	.666	.652
THERAPEUTIC SHOPPING VALUE: NEGATIVE MOOD REDUCTION (TSV-N)			
V7	Shopping is an escape from loneliness	.921	.778
V9	Shopping is a way to take my mind off things that are bothering me	.777	.721
V8	Shopping is a way to remove myself from stressful environment	.761	.768
V11	Shopping is a way to control things when other things seem out of control	.668	.675
V10	Shopping for something new fills an empty feeling	.667	.690
THERAPEUTIC SHOPPING OUTCOMES (TSO)			
O4	I use items I bought during my shopping to relieve a bad mood	.863	.733
O2	After a shopping trip to make myself feel better, the good feelings generated last at least for the rest of the day	.851	.719
O3	I feel good immediately after my shopping trip to relieve a bad mood	.839	.717
O5	When I use items I bought during my shopping to relieve my bad mood, I remember the shopping experience	.811	.715
O1	My shopping trip to relieve my bad mood is successful	.745	.700
Overall Reliability (Cronbach Alpha)			**0.93**
KMO			**0.95**
Total Variance Explained			**70.32%**

Confirmatory Factor Analysis (CFA)

After checking the dimensionality through exploratory factor analysis, the four factor confirmatory model has been estimated based on the maximum likelihood procedure using AMOS 19 software. The CFA results show that all the standardized factor loadings range between 0.73 and 0.85 i.e. above the minimum threshold value of 0.5 and also above the ideal value of 0.7, suggested by Hair et al. (2010). Further, the squared multiple correlation values have been found to range between 0.54 and 0.72 i.e. above the minimum threshold value of 0.5 (Hair et al., 2010). The results have been shown in Table 2 and also in Figure 1.

Table 2 : Parameter Estimates, Standard Errors, Critical Ratios, and Squared Multiple Correlations (SMC) for the Measurement Model Items

FACTORS	STATEMENTS	Standardized Factor Loadings	Unstandardized Factor Loadings	Standard Error	Critical Ratios (T-values)	SMC
THERAPEUTIC SHOPPING MOTIVATION (TSM)						
M1	I shop to relieve my stress	.81	1.03	.046	22.36	.66
M2	I shop to cheer myself up	.78	.961	.045	21.39	.61
M3	I shop to make myself feel better	.79	.996	.046	21.79	.63
M4	I shop to compensate for a bad day	.76	1.00	a	a	.57
M5	I shop to feel relaxed	.80	1.00	.046	22.05	.64
M6	I shop to feel good about myself	.74	.910	.045	20.05	.55
THERAPEUTIC SHOPPING VALUE: POSITIVE REINFORCEMENT (TSV-P)						
V1	Shopping is a positive distraction	.78	.993	.043	23.11	.61
V2	Shopping gives me a sense of achievement	.76	1.02	.045	22.37	.57
V3	I like the visual stimulation shopping provides	.76	.930	.042	22.40	.58
V4	Shopping provides me with knowledge of new styles	.80	.906	.038	23.95	.64
V5	I enjoy being in a pleasant environment that shopping provides	.82	1.00	a	a	.67
V6	Finding a great deal reinforces positive feelings about myself	.75	.920	.042	22.15	.57
THERAPEUTIC SHOPPING VALUE: NEGATIVE MOOD REDUCTION (TSV-N)						
V7	Shopping is an escape from loneliness	.75	.997	.047	21.31	.57
V8	Shopping is a way to remove myself from stressful environment	.85	1.10	.045	24.64	.72
V9	Shopping is a way to take my mind off things that are bothering me	.82	1.04	.044	23.79	.68
V10	Shopping for something new fills an empty feeling	.80	1.00	.044	23.04	.64
V11	Shopping is a way to control things when other things seem out of control	.79	1.00	a	a	.61

THERAPEUTIC SHOPPING OUTCOMES (TSO)

O1	My shopping trip to relieve my bad mood is successful	.81	1.01	.041	24.36	.66
O2	After a shopping trip to make myself feel better, the good feelings generated last at least for the rest of the day	.82	1.00	a	a	.67
O3	I feel good immediately after my shopping trip to relieve a bad mood	.82	1.05	.043	24.48	.67
O4	I use items I bought during my shopping to relieve a bad mood	.73	1.00	.047	21.17	.54
O5	When I use items I bought during my shopping to relieve my bad mood, I remember the shopping experience	.75	1.04	.048	21.66	.56

Note: 'a' indicates a parameter fixed at 1.0 in the original solution
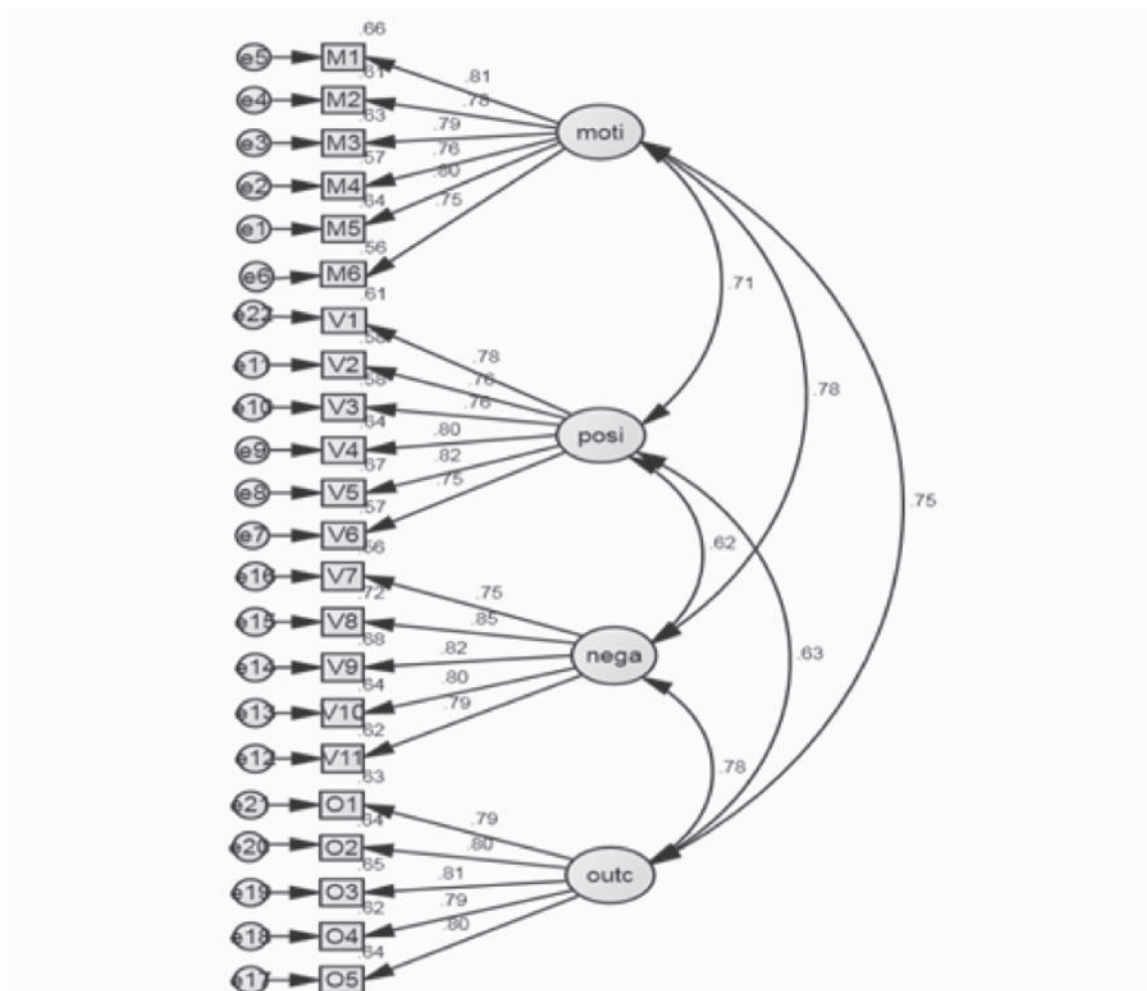

Figure 1: Standardized Factor Loadings for Measurement Model (Therapeutic Shopping Motivation, Positive Reinforcement, Negative Mood Reduction, Therapeutic Shopping Outcomes)

Model Fit

Fitness of the CFA model has been checked based on Chi-square value and various goodness and badness of fit indices. The summarized results for the model fitness have been shown in Table 3. As per the results, the Chi square value ($\chi2$) has been found to be 1016.23 with 203 degrees of freedom. The Normed chi square ($\chi2/df$) is 5.00, which is not indicative of a best fit, but at least it shows an acceptable fit (Hair et al., 2010). The Tucker-Lewis Index (TLI) of 0.914, and the comparative fit index (CFI) of 0.924, indicate that both are above the minimum threshold value of 0.90 (Hair et al., 2010). The root mean square error of approximation (RMSEA) has been found to be 0.07, which is below the maximum threshold value of 0.08 (Hair et al., 2010). Further, the value of standardized root mean residual (SRMR) has been found to be 0.048, which is again within the maximum limit of 0.08 (Hair et al., 2010).

Table 3: The Measurement Model Evaluation

Indices	Criteria (Hair et al., 2010)	Final Model Fit
	Significant p-values expected for large samples	1016.23***
Normed $\chi2$ or $\chi2/df$	<2= very good; Up to 5= acceptable	5.00
TLI	> 0.90	0.914
CFI	> 0.90	0.924
RMSEA	< 0.08	0.070
SRMR	< 0.08	0.048

*** p-value significant at 1% level of significance
Note: $\chi2/df$ – Chi-square divided by degrees of freedom; TLI - Tucker Lewis Index; CFI - Comparative Fit Index; RMSEA- Root Mean Squared Error of Approximation; SRMR - Standardized Root Mean Residual.

Construct Validity of the Measurement Model

Construct validity is the extent to which the measured items of a model actually reflect the theoretical latent constructs that they are designed to measure (Hair et al., 2010). For checking the construct validity, two tests i.e.convergent validity and discriminant validity, have been used. The convergent validity has been checked based on- factor loadings, average variance extracted (AVE) and Composite reliability (CR) (Hair et al., 2010). As explained earlier also, all the factor loadings related to the scale items have been found to be exceeding the threshold value of 0.7. Further, the average variance extracted (AVE) for all constructs have been found to range between 0.606 and 0.644 i.e. greater than the threshold value of 0.5 (refer Table 4). The composite reliability scores have also been found to range between 0.897 and 0.904 i.e. greater than the threshold value of 0.7 (Hair et al., 2010)(refer Table 4).

Table 4: The Psychometric Properties of Retail Therapy Scale

CONSTRUCTS	CR	AVE	MSV	ASV
TSM	0.904	0.612	0.601	0.554
TSV-P	0.902	0.606	0.510	0.424
TSV-N	0.901	0.644	0.618	0.533
TSO	0.897	0.636	0.608	0.516

Note:TSM- Therapeutic Shopping Motivation; TSV -P- Therapeutic Shopping Values - Positive Mood Reinforcement; TSV-N- Therapeutic Shopping Values - Negative Mood Reduction; TSO - Therapeutic Shopping Outcomes; CR- Composite Reliability, AVE - Average Variance Extracted, MSV - Maximum Shared Variance, ASV- Average Shared Variance.

Discriminant validity has been established by comparing the values of Average Variance Extracted (AVE) with that of the Maximum Shared Variance (MSV) and Average Shared Variance (ASV) (Fornell&Larcker, 1981).As per Table 4, values of AVE exceedvalues of MSVand ASV, thereby proving discriminant validity.

Descriptive Analysis of Retail Therapy Scale Items

After checking the psychometric properties of the retail therapy scale, the mean responses for each and every item have been analyzed. The purpose has been to understand the overall attitude and perception of women towards retail therapy. In addition, the number of respondents agreeing or disagreeing to a particular item has also been analyzed, while leaving apart those with neutral response. The details have been shown in Table 5.

As far as retail therapy motivation is concerned, an agreement with the statements means that the respondents actually shop for therapeutic reasons (Kang, 2009). Within this construct, the highest agreement lies with the reason of 'feeling good about myself' (M6), with mean of 4.43 and with 397 women i.e. 56.5 percent agreeing to it. This has been followed by 'cheering oneself up' (M2) (mean=4.36) with 374 women (53%) lying on the agreement side, 'feeling better' (M3) (mean=4.28), again with the same number of women agreeing to it. Further, there have been 332 respondents who have agreed that they use shopping 'to feel relaxed' (M5) (mean= 4.09). The remaining two reasons (that otherwise appear to be more intensely related to negative mood experience) i.e. 'relieving stress' (M1) and 'compensating for a bad day' (M4), have comparatively lower mean values i.e. 3.91 and 3.59 respectively. Whereas, 250 women have agreed that they shop to compensate for a bad day, at the same time, there are 328 women (i.e. 46.6%) who have disagreed to this (refer table

5).

The second and third sets of statements are related to the perception about therapeutic values derived from shopping. According to Kang (2009), these items can be expected to be very useful in predicting one's likelihood of engaging in retail therapy. Almost all the statements in the positive reinforcement values have been found to have comparatively higher mean values indicating that, women, in general, believe that they get positive therapeutic values from shopping. Amongst these, 'getting knowledge about new fashion trends' (V4) has the highest mean value (mean= 5.58) with 600 women (i.e. 85%) agreeing to it. This hasbeen followed by 'enjoying the pleasant environment' (V5) with mean value of 5.08 and 67 percent women showing an agreement towards it, 'finding a deal' (V6) (mean= 4.91), 'positive distraction' (V1) (mean= 4.80), 'positive stimulation' (V2) (mean=4.79) and 'sense of achievement' (V3) (mean= 4.48) (refer Table 5).

As far as the negative mood reduction values are concerned, respondents' agreement means that they really believe that shopping has the power of getting them out of stress. The results indicate that 'taking mind off the things that are bothering' (V9) has the maximum mean score of 4.28 and to which 51 percent of the respondents have agreed, 17 percent are neutral and 32 percent have disagreed. This has been followed by 'removing from stressful situation' (V8) (mean= 4.26), 'filling an empty feeling' (V10) (mean= 4.22), 'escaping from loneliness' (V7) (mean= 4.17) and 'gaining control when other things seem out of control' (V11) (mean= 3.89). Nearly 39 percent of the women have agreed that shopping helps them in gaining control, while 50 percent have agreed to the fact that shopping can remove them from stressful environment (refer Table 5).

Table 5 : Descriptive Data Analysis of Retail Therapy Constructs (frequencies, mean values and standard deviations)

CONSTRUCTS	FREQUENCY							MEAN	SD
	SD	D	SWD	N	SWA	A	SA		
THERAPEUTIC SHOPPING MOTIVATION								4.11	1.52
I shop to relieve my stress.	92	114	75	106	157	121	38	3.91	1.82
I shop to cheer myself up.	68	62	73	126	152	161	61	4.36	1.76
I shop to make myself feel better.	75	76	65	113	165	152	57	4.28	1.80
I shop to compensate for a bad day.	138	112	78	125	116	91	43	3.59	1.89

	SD	D	SWD	N	SWA	A	SA	Mean	SD
I shop to feel relaxed.	76	101	67	127	153	129	50	4.09	1.79
I shop to feel good about myself	58	80	54	114	168	162	67	4.43	1.76
THERAPEUTIC SHOPPING VALUE: POSITIVE REINFORCEMENT								4.94	1.29
Shopping is a positive distraction.	24	71	46	120	157	187	98	4.80	1.63
Shopping gives me a sense of achievement.	32	88	85	124	138	154	82	4.48	1.72
I like the visual stimulation shopping provides.	27	52	51	134	169	187	83	4.79	1.56
Shopping provides me with knowledge of new styles.	21	28	16	38	148	261	191	5.58	1.45
I enjoy being in a pleasant environment that shopping provides.	23	46	41	91	159	225	118	5.08	1.56
Finding a great deal reinforces positive feelings about myself.	24	49	51	108	184	187	100	4.91	1.56
THERAPEUTIC SHOPPING VALUE: NEGATIVE MOOD REDUCTION								4.16	1.46
Shopping is an escape from loneliness.	66	85	96	127	137	128	64	4.17	1.78
Shopping is a way to remove myself from stressful environment.	50	104	77	120	146	145	61	4.26	1.75
Shopping is a way to take my mind off things that are bothering me.	53	79	93	119	166	141	52	4.28	1.70
Shopping for something new fills an empty feeling.	52	90	82	138	150	147	44	4.22	1.69
Shopping is a way to control things when other things seem out of control.	70	109	107	144	130	103	40	3.89	1.71
THERAPEUTIC SHOPPING OUTCOMES								4.41	1.38
My shopping trip to relieve my bad mood is successful.	37	68	93	142	183	140	40	4.35	1.56
After a shopping trip to make myself feel better, the good feelings generated last at least for the rest of the day.	28	51	85	134	178	164	63	4.60	1.55
I feel good immediately after my shopping trip to relieve a bad mood.	35	69	79	141	162	157	60	4.48	1.62
I use items I bought during my shopping to relieve a bad mood.	46	98	86	116	138	166	53	4.30	1.73
When I use items I bought during my shopping to relieve my bad mood, I remember the shopping experience.	49	102	80	114	134	162	62	4.30	1.72

Note: SD= strongly disagree; D= disagree; SWD= somewhat disagree; N= neutral, SWA= somewhat agree; A= agree; and SA= strongly agree.

The last set of statements is related to the outcomes of retail therapy. A positive response to these items would indicate that people actually feel relieved after shopping and these positive feeling remain with them. Amongst these statements, the maximum mean value has been secured by 'good feelings last at least for the rest of the day' (O2) (mean= 4.60), followed by 'immediate good feelings' (O3) (mean= 4.48), 'therapy trip being successful' (O1) (mean= 4.35). The remaining two items i.e. 'using the products purchased during therapy shopping' (O4) and 'remembering the shopping experience while using them' (O5) have the same mean scores i.e. 4.30. It has been found that for all the items, at least more than 50 percent of the respondents have shown an agreement (refer Table 5).

Discussion

Retail therapy is a commonly studied topic in western countries.However, in India, researchon this subject is just at a nascent stage. The present study has contributed to the existing literature by extending the retail therapy research toIndian women. The first contribution of the study lies in testing the psychometric properties of the existing retail therapy scale (Kang, 2009). Second main contribution has been regarding analyzing of the responses of the Indian women towards each item in the retail therapy scale. This has led to a detailed and better understanding of theirtherapeutic shopping behavior. Most of the responses have been on the agreement side, with the highest level of agreement for the positive reinforcement items.Amongst retail therapy motivations; shopping for relaxation, cheering up and feeling better have been observed to be more important motivators as compared to motives related to relieving of stress and compensating for a bad day. Further, a considerable number of women (more than half)have agreed that shopping uplifts their mood and the feelings are retained for at least that day.

Managerial Implications

The findings of the present study have important implications for the retailers. Firstly, the agreement towards most of the retail therapy items is an indication that, like in western countries, resorting to retail therapy is also common among Indian women. Retailers can take advantage of this and attract these shoppers by specifically focusing on the hedonic and emotional aspects of shopping. As an example, they can offer more variety and choice to the shoppers so that they feel more control while shopping. Bargaining facility can also be given to make them feel more rejuvenated and activated. Similarly, social connection can be generated through courteous and positive behavior of the employees and so on. Retailers may even work on specifically identifying the therapy

shoppers segment using the retail therapy scale. Following this, unique and personalized services can be offered to them to create an emotional connectedness and instill loyalty.

Future Research Directions

The present study has primarily worked on validating the retail therapy scale and understanding the therapeutic shopping behavior of women in India. Where, on one hand, the study contributes to the existing literature, it also lays foundation for future research. Firstly, the variation in the number of women agreeing or disagreeing to the retail therapy scale items is an indication of the probable presence of different segments of shoppers.These segments might include e.g. those who do not like going for shopping at all; those whoperceive therapy shopping positively, but may still not choose it for therapeutic purposes; those who might be going for therapy shopping, but less frequently; and finally those who mightbe truly the therapy shoppers. Thus, a future research can work on using the retail therapy scale to identify these probable segments and understanding their characteristics. Secondly, since the present study is limited to women shoppers only,a future study can also be directed towards male shoppers or cover both the segments. Apart from this, the geographical area for the study can also be expanded to have more diversity in the sample.

References

Arnold, M. J., & Reynolds, K. E. (2003). Hedonic shopping motivations, Journal of retailing, 79(2), 77-95.

Atalay, A. S. &Meloy, M. G. (2011). Retail therapy: A strategic effort to improve mood, Psychology and Marketing, 28(6), 638-659.

Cifci, S. &Ekinci, Y. (2018). Undesirable effects of retail therapy on consumer emotions and consumer-based brand equity (CBBE), Paper Presented at the Management International Conference, Bled, Slovenia, 30 May-2 June, 2018, 169-176.

Cohen, L., Manion, L. & Morrison, K. (2007). Research methods in education. New York: Routledge.

D'Souza, D. (2012).Retail therapy: A study in the Indian context to understand compensatory consumption and its implications on consumer's psyche, Dissertation in partial fulfillment of the requirements for the post graduate programme for communications management diploma.

Deon, T. (2011). The prevalence of impulsive, compulsive

and innovative shopping behaviour in the economic retail hub of South Africa: A marketing segmentation approach, African Journal of Business Management, 5(14), 5424-5434.

Dommer, S. L., &Swaminathan, V. (2013). Explaining the endowment effect through ownership: The role of identity, gender, and self-threat. Journal of Consumer Research, 39(5), 1034–1050.

Fornell, C., &Larcker, D. F. (1981). Structural equation models with unobservable variables and measurement error: Algebra and statistics.

Garg, N. & Lerner, J. S. (2013). Sadness and consumption, Journal of Consumer Psychology, 23(1), 106-113.

Gitimu, P. N. &Waithaka, A. G. (2018). Retail therapy: Influence of life engagement and subjective happiness, Journal of Behavioural Studies in Business, 10.

Gronmo, S., (1988).Compensatory consumer behaviour: Elements of a critical sociology of consumption, In The Sociology of Consumption, ed. Per Otnes, Atlantic Highlands, NJ: Humanities Press International, 65–85.

Hair, Jr. J. F., Black, W. C., Babin, B. J. & Anderson, R. E. (2010).Multivariate Data Analysis. Pearson Education Inc., New Delhi, India.

Hama, Y. (2001). Shopping as a coping behavior for stress, Japanese Psychological Research, 43(4), 218-224.

Howerton, A. (2005). Gender differences in coping: Implications for depression and crime. Doctoral Dissertation, submitted to University of New Hampshire, Durham, https://scholars.unh.edu/dissertation/267.

Huddleston &Minahan (2011). Consumer Behaviour: Women and Shopping, Business Expert Press.

Jhamb, D. &Kiran, R. (2011). Organized retail in India-Drivers facilitator and SWOT analysis, Asian Journal of Management Research, 2(1), 264-273.

Joji, Alex N., &Raveendran, P.T. (2007). Compulsive buying behaviour in Indian consumers and its impact on credit default- An emerging paradigm, Paper Presented in the International Marketing Conference on Marketing and Society.

Kang, M. (2009).Retail therapy: A qualitative investigation and scale development. Doctoral dissertation, University of Minnesota.

Kang, M. & Johnson, K. K. P. (2010). Let's shop! Exploring

the experiences of therapy shoppers, Journal of Global Fashion Marketing, 1(2), 71-79.

Kim, J., & Mueller, C.W. (1978) Introduction to factor analysis: What it is and how to do it. Beverly Hills, CA: Sage Publications.

Kim, S., & Gal, D. (2014). From compensatory consumption to adaptive consumption: The role of self-acceptance In resolving self-deficits, Journal of Consumer Research, 41, 526–542.

Lee, L. (2013). The emotional shopper: assessing the effectiveness of retail therapy, Foundations and Trends in Marketing, 8(2), 69-145.

Leedy, P. D., &Ormrod, J. E. (2005). Practical research: planning and design. Upper Saddle River, N.J.: Prentice Hall.

Luomala, H. T. (2002). An empirical analysis of the practices and therapeutic power of mood-alleviative consumption in Finland, Psychology and Marketing, 19(10), 813-836.

Malhotra, N. (2006). Chapter 5- Questionnaire design and scale development, In The Handbook of Marketing Research: Uses, Misuses, and Future Advances, 176-202, retrieved from https://www.researchgate.net /publication /266864633 Questionnaire design and scale development.

Matud., M. P. (2004). Gender differences in stress and coping styles, Personality and Individual Differences, 37(7), 1401-1415.

Nair, K. (2004).Compensatory consumption among modern Indian women: A phenomenological exploration, Submitted in partial fulfillment of post-graduate diploma in communications, Mudra Institute of Communications, Ahmedabad.

Noble, S. M., Griffith, D. A. &Adjei, M.T. (2006). Drivers of local merchant loyalty: understanding the influence of gender and shopping motives, Journal of Retailing, 82 (3), 177–188.

Orcan, F. (2013). Exploratory and confirmatory factor analysis: Which one to use first? Journal of Measurement and Evaluation in Education and Psychology, 9(4), 414-421.

Pine, K. J. (2009). Report on a survey into female economic behaviour and the emotion regulatory role of spending.Sheconomics Survey Report, 4.

Rick, S. I., Pereira, B.&Burson, K. A. (2014). The benefits

of retail therapy: Making purchase decisions reduces residual sadness, Journal of Consumer Psychology, 24(3), 373-380.

Sharma, G., Mahendru, M. & Singh, S. (2011). Impact of organized retail on the economy of Punjab, Global Journal of Management and Business Research, 11(2), 94-102.

Son, J. & Chang, H. J. J. (2016). Retail therapy: what makes you feel relieved and happy? In the Blending Cultures, International Textile and Apparel Association (ITAA) Annual Conference Proceedings, 2016.

Surendran, J. &Vardhan, R. (2014). Retail therapy: understanding the phenomenon to improve customer experience', retrieved from http://tejas.iimb.ac.in/articles/Tejas_December%20Edition_Article%204.pdf.

Tunjungsari, H. K. (2011). Retail therapy: Do foreign brands give more satisfaction than local brands? Proceedings of 15th Society for Global Business and Economic Development Conference, 1461-1469.

Urkmez, T. & Wagner, R. (2016). Retail therapy: A European perspective on buying luxury items, Paper Presented in the Marketing Trends Conference, Venice, January 2012-13.

Valsan, S. &Bhola, S. (2014). Retail reality in India: Evolution and potential. A comparison and contrast with the emerging cities of Asia. Retailers association of India. Published by Jones Lang LaSalle.

Woodruffe-Burton, H. (1997). Compensatory consumption: why women go shopping when they're fed up and other stories, Marketing Intelligence and Planning, 15(7), 325-334.

Woodruffe-Burton, H. (1998). Private desires, public display: consumption, postmodernism and fashion's "New Man", InternationalJournal of Retail and Distribution Management, 26(8), 301-310.

Woodruffe-Burton, H. (2001).Retail therapy: An investigation of compensatory consumption and shopping behaviour,Thesis submitted to Lancaster University for the Degree of Doctor of Philosophy (Phd).

Yong, A. G. & Pearce, S. (2013). A beginner's guide to factor analysis: focusing on exploratory factor analysis, Tutorials in Quantitative Methods for Psychology, 9(2), 79-94.

Yurchisin, J., Yan, R. N., Watchravesringkan, K., & Chen, C. (2006). Why retail therapy? A preliminary investigation of the role of liminality, self-esteem, negative emotions, and proximity of clothing to self in the compensatory consumption of apparel products, Psychology, 60(6), 895-910.

Yurchisin, J., Yan, R., Watchravesringkan, K., & Chen, C. (2008). Investigating the role of life status changes and negative emotions in compensatory consumption among college students, College Student Journal, 42(3), 860-868.

https://www.census2011.co.in/

http://pcci.co.in/about-punjab.html