

## Investigation of Retail Therapy (RT) Values -How Body Consciousness Plays a Role in Therapeutic Shopping Motivations-

Sea Eun Lee · Jeong-Ju Yoo<sup>\*†</sup>

Human-Tech Convergence Program Dept. of Clothing and Textiles, Hanyang University

<sup>\*</sup>Apparel Merchandising Program Dept. of Human Science Design Robbins College of  
Health and Human Sciences, Baylor University

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### Abstract

The purpose of this study is to investigate the effect of retail therapy (RT) values and the role of body consciousness on therapeutic shopping motivations and outcomes. In order to accomplish our research aim, we investigated therapeutic shopping values (i.e., positive mood reinforcement and negative mood reduction) and the moderating effects of body surveillance, body shame, and weight preoccupation. A total of 247 female college students in the United States participated in an online Qualtrics survey, and structural equation modeling (SEM) and multigroup analysis were performed to analyze the data. The findings reveal that therapeutic shopping values (positive mood reinforcement and negative mood reduction) significantly influence therapeutic shopping motivation. Therapeutic shopping motivation, in turn, positively influences therapeutic shopping outcomes. Moreover, weight preoccupation moderates the relationship between negative mood reduction and therapeutic shopping motivation, suggesting that RT should especially be utilized for weight-conscious individuals. The results can be utilized for retailers to develop marketing strategies for consumers who are conscious about their appearance. Academic and managerial implications, along with future research, are suggested.

**Key words:** Retail therapy, Body consciousness, Body surveillance, Body shame, Weight preoccupation

### I. Introduction

Consumption as the restoration of health has gained public interest due to the coronavirus pandemic and the subsequent long-term recession (Irwin, 2020). Today's consumers are developing a unique desire for well-being through their therapeutic consumption, which has emerged as an important topic for consumer research. According to *Webster's new collegiate dictionary* (1981), therapy is defined as an indirect treatment method that improves one's mental and physical condition. In recent consumer behavior literature,

shopping to achieve mental well-being may be connected to retail therapy (RT). RT is defined as the act of browsing, purchasing, interacting with others, and any other activities or processes to potentially improve emotional well-being (Rick et al., 2014; Yurchisin et al., 2008). The underlying notion of RT suggests that shopping and making purchases alleviate negative feelings and enhance a positive mood (Kang & Johnson, 2011; Lee, 2013). RT occurs when someone experiences a desire that cannot be adequately satisfied and is frequently motivated by mental distress (Rick et al., 2014; Yurchisin et al., 2008). The literature suggests that RT is associated with individuals who possess low self-esteem (Fox & Farrow, 2009), high levels of

<sup>†</sup>Corresponding author

E-mail: Jay\_Yoo@baylor.edu

self-objectification (Hebl et al., 2004), and depressive symptoms (Gillen & Markey, 2012). In the United States, RT is a widespread consumer behavior as a strategic effort to manage one's mood, mainly to reduce negative feelings by purchasing treats for oneself (Atalay & Meloy, 2011). Nearly one in three Americans engages in therapeutic shopping, which indicates that RT is an important, distinct type of shopping (Lee, 2013).

According to a study conducted by Pop (2016), body dissatisfaction decreased participants' self-esteem and self-confidence, and 79% of the participants wanted to change some aspects of their appearance. It was found that young women were particularly vulnerable to body image concerns; moreover, they tended to suffer from a distorted body image. Another similar study supports a negative correlation between body image dissatisfaction and young women's self-esteem (Smith, 2019). Women often boost their body satisfaction and emotional well-being by adopting various methods (such as exercise and plastic surgery) to the extreme. Consumers can manage weight-related concerns through healthy exercise, as body psychotherapy involving body movement stabilizes emotions and increases overall well-being (Röhrich et al., 2014). RT is also a good body psychotherapeutic method that can boost emotional well-being, especially for women suffering from body image disorders. In addition, shopping requires body movement, which is connected to body psychotherapy as a healing mechanism (Rodrigues et al., 2020).

Previous studies investigating RT have revealed that the effects of RT are more significant in women (Derbaix & Pham, 1991; Fredrickson & Roberts, 1997). Rick et al. (2014) studied the therapeutic aspects of shopping but ignored the participants' physical characteristics. Lee and Lee (2017) examined emotions, self-esteem, and self-efficacy before and after online shopping among U.S. consumers in their twenties. However, these studies did not address the relationship between the shopping and body image concerns of young women, and thus neglected to understand the relationship between therapeutic shopping values and body consciousness. Appropriate styles used to camouflage per-

ceived body flaws can reduce negative feelings associated with vulnerable individuals who possess a negative body image due to perceiving higher self-objectification. Appearance-conscious women can exercise RT to enhance their self-image and positively impact their emotional well-being. Therefore, the goal of this study is to test the effect of RT values and the role of body consciousness on therapeutic shopping motivation in relation to the outcome; thus, the results of this study can provide marketing strategies for retailers and individuals who are conscious about their appearance.

## II. Theoretical Background

### 1. Body Surveillance and Shame

Fredrickson and Roberts (1997) asserted that the pressure to achieve a culturally defined "ideal" body increases health risks for the public. Body surveillance is identified as an indicator of objectification that mediates the relation between body weight and body dissatisfaction (Fitzsimmons-Craft et al., 2012). Body surveillance findings reveal that individuals, to varying degrees, consider their bodies as an object to be evaluated by others. Higher body surveillance in individuals is significantly associated with eating disorders (Forbes et al., 2006; Moradi et al., 2005). In addition, body surveillance often leads to perceptions of failure to meet cultural body ideals and body shame. Body shame is the negative perception of one's own appearance, such as being unattractive or flawed, especially in social interactions (Gilbert, 2002; Gilbert et al., 2004). Recent research has shown that body shame plays a central role in compensatory behaviors among young women (Duarte et al., 2014, 2017).

Fashion consumption positively influences self-esteem and body satisfaction (Dahal & Fertig, 2013; Dubler & Gurel, 1984; Horn & Gurel, 1981; Shin & Lee, 2000; Thompson, 1962). Changing one's appearance can be an effective strategy for individuals with body dissatisfaction (Dubler & Gurel, 1984; Horn & Gurel, 1981; Shin & Lee, 2000; Thompson, 1962). The thera-

peutic effects of beauty are evident; as a result, consumers make purchases to regulate their mood states concerning their body, and fashion-oriented consumption can alleviate body image distress and build a positive body image by improving one's appearance.

## 2. Retail Therapy (RT): Therapeutic Consumption Value

Kang and Johnson (2011) developed and validated the RT measurement, which includes negative mood reduction, positive mood reinforcement, therapeutic shopping motivation, and therapeutic shopping outcomes. Negative mood reduction refers to shopping in order to alleviate negative moods (Edwards, 1993; Elliott, 1994; Faber & Christenson, 1996). The effects of RT alleviate people's unpleasant feelings. Consumers engage in mood-alleviating apparel shopping as a strategy to repair a negative mood or as a response to a negative mood (i.e., irritation, stress, and dejection) (Luomala, 2002). Positive mood reinforcement refers to the maintenance of a positive mood through shopping. Luomala (2002) explored mood regulation, emphasizing the role of consumption by which individuals who feel happy try to maintain this positive emotional state and expand pleasant feelings. Therapeutic shopping motivation refers to people's positive experiences from shopping and purchasing products. For example, Kacen (1994) examined the reasons for therapeutic purchases and found that shoppers in a negative mood frequently purchased clothing, accessories, electronics, and food, hoping that shopping would enhance their emotions. In addition, shopping enhances one's body satisfaction after buying fashion products among individuals dissatisfied with their weight. Therapeutic shopping outcomes refer to strategic purchases that provide long-term benefits. Atalay and Meloy (2011) characterized therapeutic shopping outcomes as unplanned purchases or shopping additions that provide long-term mood repair. Kacen (1994) examined the underlying motivations and outcomes of therapeutic purchases and found that compensatory con-

sumption plays a significant role in individuals' consumption.

## III. Hypotheses Development

### 1. Therapeutic Shopping Value, Motivation, and Outcome

Kang and Johnson (2011) investigated RT constructs consisting of therapeutic shopping in order to develop RT scales; however, the relationships among these constructs have not been examined. We developed hypotheses based on the four main constructs (negative mood reduction, positive mood reinforcement, therapeutic shopping motivation, and therapeutic shopping outcome) identified by Kang and Johnson (2011). Killeen (1982)'s incentive theory can explain positive mood reinforcement and negative mood reduction as precedents of therapeutic shopping motivation. Choi and Rhee (1994) identified positive mood reinforcement from fashion product shopping, which provides an aesthetic experience for consumers and an opportunity to escape from their routine. The positive mood reinforcement suggested by Kang and Johnson (2011) can indicate the path to therapeutic shopping motivation. Atalay and Meloy (2011) revealed that hedonic consumption reinforces a positive mood. In a similar context, consumption is motivated by hedonic values (Arnold & Reynolds, 2003; Chang et al., 2004). Hirschman (1983) found that hedonic consumption increases arousal, immersion, satisfaction, and escape from reality. In other words, individuals experience stimulation and entertainment, both of which maximize hedonic values. The pleasure experienced during the shopping process strongly influences the consumer's purchasing motivation and behavior (O'Shaughnessy, 1987).

Drive theory can explain the relationship between therapeutic shopping motivation and outcomes. Woodruffe-Burton (1998) studied feelings of deficiency and compensatory fashion-oriented consumption. The excitement and anticipation derived from shopping, sear-

ching for the right item, making purchases (subsequently along with trying on, wearing, and admiring clothes), and one's relationship with retailers were identified as important compensatory aspects of consumption. Kacen (1994) interviewed adults to examine their underlying motivation and outcomes of purchases and found that shoppers who experienced negative moods most often purchased clothing. Following a purchase, participants shared that they felt more emotional control than they had before the purchase. Kacen (1994) examined the influence of shopping on one's changing moods and found that participants felt more pleasure after making a purchase. These researchers affirmed that consumers make purchases to regulate their moods, and that such purchases are useful. Therefore, the following hypotheses are established:

- H1: Positive mood reinforcement will have a positive influence on therapeutic shopping motivation.
- H2: Negative mood reduction will have a positive influence on therapeutic shopping motivation.
- H3: Therapeutic shopping motivation will have a positive influence on therapeutic shopping outcomes.

## **2. Body Surveillance, Body Shame, and Weight Preoccupation: Moderating Effects**

Women who objectify their bodies experience body surveillance and shame (Slater & Tiggemann, 2002; Tiggemann & Lynch, 2001; Tiggemann & Slater, 2001). Poor body image is associated with decreased psychosocial functioning in various domains, including disordered eating habits and depression (Cash & Smolak, 2011). Research indicates that higher body surveillance is associated with greater body dissatisfaction and increased disordered eating habits (Forbes et al., 2006; McKinley & Hyde, 1996; Moradi et al., 2005). Specifically, body surveillance is found to cause various social anxiety and dissatisfaction problems, regardless of ethnic background; moreover, these problems are prevalent among female college students

(Fitzsimmons-Craft et al., 2012; Grabe et al., 2008). In addition, body shame has been shown to cause eating disorders and appearance anxiety (Noll & Fredrickson, 1998).

Larger body size is also the best predictor of body dissatisfaction (Barker & Galambos, 2003; Wertheim et al., 2001). Weight preoccupation is a central concept in overall body satisfaction, especially among women (Ben-Tovim & Walker, 1990; Radke-Sharp et al., 1990). Young women frequently perceive themselves as overweight, even if they are within the normal weight range. Kwon and Parham (1994) investigated clothing shopping behaviors concerning body weight. These researchers found that body weight played a significant role in expressing individuality, self-confidence, and fashionability. However, women with higher body-consciousness issues may require a greater need and motivation to engage in RT to reduce their negative feelings. Kwon and Shim (1999) explored the impact of feelings on clothing practices and found that women use apparel to reduce negative moods. Fashion consumption and its association with the body tend to alleviate body-consciousness issues such as body surveillance, body shame, and weight preoccupation. Therefore, the following hypotheses are established (Fig. 1).

- H4a: Body surveillance moderates the relationship between negative mood reduction and therapeutic shopping motivation.
- H4b: Body shame moderates the relationship between negative mood reduction and therapeutic shopping motivation.
- H4c: Weight preoccupation moderates the relationship between negative mood reduction and therapy motivation.

## **IV. Method**

### **1. Data Collection Procedure and Analysis Method**

Based on previous studies, emotional improvement

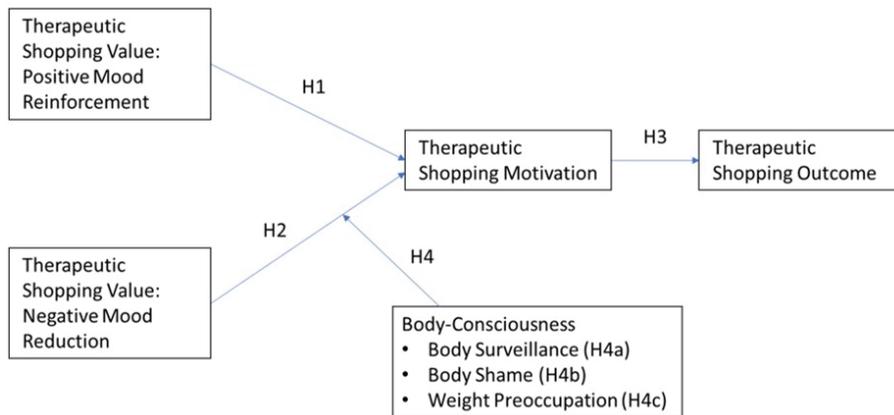


Fig. 1. Proposed theoretical model.

as a result of RT is more relevant to women (Derbaix & Pham, 1991; Woodruffe, 1997); therefore, the study participants were limited to women. After the Institutional Review Board approved the research protocol, a total of 1,747 college students enrolled at a university in central Texas were contacted to distribute an online survey using their course websites. The participants were contacted via an online survey and were asked for their permission to join the study. Participants were able to decide whether they would proceed with the research or not after reviewing the webpage outlining the nature of the survey by clicking on an “agree” or “disagree” button. In addition, EFA and a reliability analysis were performed using SPSS, and CFA and SEM were performed using AMOS. The invariance test was also conducted to confirm the moderator.

## 2. Sample Characteristics

A total of 247 usable responses were entered for the data analysis after eliminating spurious responses and handling missing values according to EM (expectation-maximization). The majority participants were female Caucasian (66.8%;  $n = 165$ ), followed by Hispanic American (11.9%;  $n = 29$ ), African American (9.3%;  $n = 23$ ), Asian (6.5%;  $n = 16$ ), and other (5.7%;  $n = 14$ ). The average age of participants was 20.41

years old.

## 3. Instrument Development

### 1) Retail Therapy (RT) Measurement

Positive mood reinforcement (6 items), negative mood reduction (5 items), therapeutic shopping motivation (6 items), and therapeutic outcome (5 items) developed by Kang and Johnson (2011) were measured on a 5-point rating scale (1 = Strongly Disagree, 5 = Strongly Agree). The internal consistency of positive mood reinforcement was  $\alpha = .738$ , which includes three items such as “Shopping provides me with knowledge of new style,” and “I like the visual stimulation shopping provides.” The internal consistency of negative mood reduction was  $\alpha = .908$ , which includes three items such as “Shopping is an escape from loneliness,” and “Shopping for something new fills an empty feeling.” The internal consistency of therapeutic shopping motivation was  $\alpha = .921$ , which includes three items such as “I shop to feel good about myself,” and “I shop to cheer myself up.” The internal consistency of the therapeutic outcome was  $\alpha = .874$ , which includes three items such as “I feel good immediately after my shopping trip to relieve a bad mood,” and “When I use item I bought during my shopping to relieve my bad mood, I remember the shopping experience.”

riences.”

### 2) *Body Surveillance*

The three items of body surveillance were measured on a 5-point rating scale (1 = Strongly Disagree, 5 = Strongly Agree) developed by McKinley and Hyde (1996). Two items include the following: “During the day I think about how I look many times,” and “I often worry about whether the clothes I am wearing make me look good.” The internal consistency of body shame was  $\alpha = .723$ .

### 3) *Body Shame*

The three items of body shame were measured on a 5-point rating scale (1 = Strongly Disagree, 5 = Strongly Agree) developed by McKinley and Hyde (1996). Two items include the following: “I feel ashamed of myself when I haven’t made the effort to look my best,” and “I feel like I must be a bad person when I don’t look as good as I could.” The internal consistency of body surveillance was  $\alpha = .736$ .

### 4) *Weight Preoccupation*

The four items of the participants’ weight preoccupation (Cash, 2002) were measured on a 5-point Likert scale, ranging from 1 = Definitely Disagree to 5 = Definitely Agree. The items include the following: “I am on a weight-loss diet,” and “I have tried to lose weight by fasting or going on crash diets.” The internal consistency of weight preoccupation was  $\alpha = .779$ .

## V. Results

### 1. Measurement Validity and Reliability

The measurement model, containing seven latent variables and 25 observed variables, were tested to evaluate the measurement validity and reliability. A confirmatory factor analysis (CFA) was performed with maximum likelihood estimation. Due to the unsatisfactory fit model, six items associated with multiple high MIs were eliminated one by one to improve the model fit (Nunnally & Bernstein, 1994). The final

CFA result yielded an acceptable fit:  $\chi^2 = 222.891$ ,  $df = 114$ ,  $\chi^2/df = 1.955$ , NFI = .931, CFI = .965, GFI = .911, and RMSEA = .062. The CFA showed a significant path coefficient for each item ( $p < .001$ ). The AVE and CR values ranged from .569 to .807 and .724 to .926, respectively, indicating the convergence validity of the measurement model (Table 1). Cronbach’s alpha for all four constructs was over .723, indicating reliability. Discriminant validity exists when the AVE value is greater than the squared multiple correlation coefficient between each variable (Fornell & Larcker, 1981). The AVEs of all latent constructs were greater than the squared correlation estimates, thus validating the discriminant validity of the constructs (Table 2).

### 2. Hypotheses Testing

The hypothesized relationships were examined using Structural Equation Model (SEM). We performed a latent structural equation modeling analysis to test the significance of the parameters in the structural model. The structural equation model also indicated a good fit with the data ( $\chi^2 = 130.830$ ,  $df = 50$ ,  $\chi^2/df = 2.617$ , NFI = .948, CFI = .967, GFI = .923 and RMSEA = .081). The results of the path coefficients in the model are shown in <Table 3>. As expected, positive mood reinforcement and negative mood reduction were found to have positive effects on therapeutic shopping motivation ( $\beta = .492$ ,  $t = 7.372$ ,  $p < .001$ ,  $\beta = .452$ ,  $t = 7.131$ ,  $p < .001$ ); moreover, therapeutic shopping motivation had a positive effect on therapeutic shopping outcomes ( $\beta = .854$ ,  $t = 14.087$ ,  $p < .001$ ). Thus, the results support H1, H2 and H3.

### 3. The Moderating Effect of Body Consciousness

Before analyzing the moderating effect caused by body surveillance ( $M = 3.292$ , high vs. low), body shame ( $M = 2.421$ , high vs. low) and weight preoccupation ( $M = 1.975$ , high vs. low), an invariance test was conducted for six data sets. The measurement equivalence test was conducted through multigroup con-

**Table 1. Results of the final measurement model**

Construct	Items	Factor loading	Cronbach's $\alpha$	CR	AVE
Positive Mood Reinforcement	• I like the visual stimulation shopping provides.	.834	.853	.853	.659
	• Shopping provides me with knowledge of new style.	.770			
	• I enjoy being in a pleasant environment that shopping provides.	.830			
Negative Mood Reduction	• Shopping is an escape from loneliness.	.856	.910	.910	.772
	• Shopping for something new fills an empty feeling.	.890			
	• Shopping is a way to control things when other things seem out of control.	.890			
Therapeutic Shopping Motivation	• I shop to cheer myself up.	.934	.921	.926	.807
	• I shop to make myself feel better.	.949			
	• I shop to feel good about myself.	.805			
Therapeutic Shopping Outcome	• I feel good immediately after my shopping trip to relieve a bad mood.	.910	.874	.921	.798
	• I use items I bought during my shopping to relieve a bad mood.	.971			
	• When I use item I bought during my shopping to relieve my bad mood, I remember the shopping experiences.	.789			
Body Surveillance	• During the day I think about how I look many times.	.778	.723	.724	.568
	• I often worry about whether the clothes I am wearing make me look good.	.728			
Body Shame	• I feel ashamed of myself when I haven't made the effort to look my best.	.851	.739	.748	.599
	• I feel like I must be a bad person when I don't look as good as I could.	.689			
Weight Preoccupation	• I am on a weight-loss diet.	.718	.779	.789	.654
	• I have tried to lose weight by fasting or going on crash diets.	.890			
$\chi^2 = 222.891$ , $df = 114$ , $\chi^2/df = 1.955$ , NFI = .931, CFI = .965, GFI = .911, RMSEA = .062					

**Table 2. Discriminant validity**

Construct	$r^2$							
	R	PMR	NMR	TSM	TSO	BSH	BSV	WP
Positive Mood Reinforcement		(.659)	<u>.388</u>	<u>.472</u>	<u>.450</u>	<u>.066</u>	<u>.055</u>	<u>.002</u>
Negative Mood Reduction		.623	(.772)	<u>.546</u>	<u>.510</u>	<u>.158</u>	<u>.072</u>	<u>.018</u>
Therapeutic Shopping Motivation		.687	.739	(.807)	<u>.564</u>	<u>.104</u>	<u>.075</u>	<u>.000</u>
Therapeutic Shopping Outcome		.671	.714	.751	(.798)	<u>.088</u>	<u>.020</u>	<u>.001</u>
Body Shame		.258	.398	.323	.296	(.599)	<u>.195</u>	<u>.132</u>
Body Surveillance		.234	.269	.273	.142	.442	(.568)	<u>.077</u>
Weight Preoccupation		.044	.134	.021	.038	.363	.278	(.654)

( ) is each AVE value, the underbar is the square of the correlation ( $r^2$ ).

PMR = positive mood reinforcement, NMR = negative mood reduction, TSM = therapeutic shopping motivation, TSO = therapeutic shopping outcome, BSH = Body shame, BSV = Body surveillance, WP = Weight preoccupation

firmatory factor analysis (Steenkamp & Baumgartner, 1998). To test for metric invariance, the factor pattern coefficients were constrained to be equal. These

constraints increased the  $\chi^2$  value from 189.827 to 198.224, gaining eight degrees of freedom for body surveillance. These constraints increased the  $\chi^2$  value

**Table 3. Hypothesis testing**

Hypotheses	Path	Standardized coefficient	S.E.	t-value
H1	Positive Mood Reinforcement → Therapeutic Shopping Motivation	.492	.066	7.372***
H2	Negative Mood Reduction → Therapeutic Shopping Motivation	.452	.061	7.131***
H3	Therapeutic Shopping Motivation → Therapeutic Shopping Outcome	.854	.064	14.087***

\*\*\* $p < .001$ 

from 200.816 to 216.244, gaining eight degrees of freedom for body shame. For weight preoccupation, these constraints increased the  $\chi^2$  value from 224.639 to 232.459, gaining eight degrees of freedom. Because the metric invariance model was nested within the baseline model, a  $\chi^2$  difference test was performed. Concerning body surveillance, the  $\chi^2$  difference of 6.397 with eight degrees of freedom was not statistically significant at  $\alpha = .050$ , thereby confirming the complete measurement's invariance. For body shame, The  $\chi^2$  difference of 12.429 with eight degrees of freedom was not statistically significant at  $\alpha = .050$ , thereby confirming the complete measurement's invariance. For weight preoccupation, the  $\chi^2$  difference of 7.819 with eight degrees of freedom was not statistically significant at  $\alpha = .050$ , thereby confirming the complete measurement's invariance (Teo & Noyes, 2010).

To test H4a, H4b, and H4c, a multigroup analysis of SEM was conducted. To compare the differences be-

tween the two models' path coefficients (body surveillance high vs. low, body shame high vs. low, and weight preoccupation high vs. low),  $\chi^2$  difference tests of the unconstrained model (free model) and the constrained model of the path coefficient were conducted one at a time. The analysis revealed that one path differed significantly between the high and low weight preoccupation groups (Table 4). As hypothesized, H4c, which tested the effect of negative mood reduction on therapeutic shopping motivation, was found to be stronger among the high weight preoccupation group ( $\beta = .424, t = 4.432, p < .001$ ) than among the low weight preoccupation group ( $\beta = .015, t = .098, p = .992$ ). The moderators of any other aspect of body surveillance and body shame were not statistically significant. The modification indices indicated that releasing the constraints did not improve the model's fit to a significant extent. Hence, the same hypothesized model fit, the body surveillance group (H4a), and the body shame

**Table 4. Result of the moderating effect of body-consciousness**

Constrained model		Estimate	Free $\chi^2/df$	Constraint $\chi^2/df$	$\Delta\chi^2$	Moderation effect
Negative mood reduction → Therapeutic shopping motivation						
Body Surveillance	Low	-.050	212.697/100***	215.644/101***	2.948 < $\chi^2_{.05}(1)$ = 3.84	×
	High	.356**				
Body Shame	Low	.274*	227.453/100***	228.852/101***	1.399 < $\chi^2_{.05}(1)$ = 3.84	×
	High	.127				
Weight Preoccupation	Low	.015	261.189/100***	266.274/101***	5.085 > $\chi^2_{.05}(1)$ = 3.84	○
	High	.424***				

\* $p < .5$ , \*\* $p < .01$ , \*\*\* $p < .001$

group (H4b) did not moderate the path effect.

## VI. Discussion

The findings suggest that therapeutic values (positive mood reinforcement and negative mood reduction) significantly influence therapeutic shopping motivation. Therapeutic shopping motivation, in turn, positively influences therapeutic shopping outcomes. Significantly, therapeutic shopping motivations are influenced by both positive mood reinforcement as well as negative mood reduction. Relatedly, previous research has shown that shopping motivation is rooted in consumers' mood (Kacen, 1994). In particular, the results of this study can be applied to today's Covid-19 pandemic era, as shopping may generate positive emotions to comfort consumers. For example, shopping, which may involve window shopping or online shopping, would likely reduce a negative mood while reinforcing a positive mood. The shopping experience may simply include trying on garments or make-up services in-store or online. Therefore, both online and offline retailers should encourage consumers to visit their stores to try on their clothes or use their services to entertain consumers.

Although RT has been investigated with regard to consumers' mood, the role of body consciousness in understanding RT has not been previously examined. Interestingly, weight preoccupation significantly moderates the relationship between negative mood reduction and RT motivation, even though body surveillance and body shame have not been identified as significant. Weight-conscious women are more likely to mitigate weight-related distress through clothing shopping, although Tiggemann and Lacey (2009) suggested that pleasurable shopping experiences have been linked to individuals with lower body weight. These results are significant because RT compensates for and alleviates individuals' perceived weight-related concerns in particular.

This result suggests that RT should be utilized, especially for weight-conscious individuals. The moderating effect of weight preoccupation indicates that

individuals will benefit from negative mood reduction when they have weight concerns. Even though we know that shopping significantly enhances people's moods (Yurchisin et al., 2008), contrary to our expectations, body surveillance and body shame are not significant in moderating the relationship between negative mood reduction and therapeutic shopping motivation. RT is probably not enough to compensate for individuals who feel they cannot meet cultural standards of appearance, which indicates that it will be more beneficial for retailers to consider realistic images of body form and shape.

## VII. Academic and Managerial Implications

For researchers, this study lays the foundation for RT's application in understanding the healing mechanism for individuals experiencing body image concerns. For example, there is a gap in the research on apparel shopping and body image distress of vulnerable populations. For example, Tiggemann and Lacey (2009) established that cancer patients, regardless of gender, need fashion and accessories to manage and improve their feelings about themselves. Future research should test the role of RT on body image to assess the degree to which positive RT can impact a particular group of people at risk so that health professionals can use RT as a modality to treat patients who suffer from body image concerns.

For marketers, RT is useful in promoting their merchandise and communicating with consumers. Fashion retailers could make extra efforts to enhance their therapy shoppers' pre- and post-shopping experiences, helping them make the right choices for their body form and shape. This follow-up communication may help shoppers extend their therapeutic shopping experience and remember the merits of the items (i.e. color or silhouette) they purchased during their shopping trips. These experiences may encourage shoppers to return to the retailer (i.e., store loyalty) when they know that these retailers will help them feel good about themselves, especially among consumers who place high

importance on their body weight.

## VIII. Conclusions

Retailers need to incorporate shopping strategies for body-conscious individuals in order to enhance their mood. According to the findings, RT is an ideal way to reduce consumers' negative emotion; therefore, RT should be widely applied in the retail environment. Online and offline retailers should create a shopping environment where consumers feel positive about their weight by carrying a broader range of sizes to fit any body form and shape. Obese and overweight women feel negative about their body and clothes shopping can be an uncomfortable experience if they cannot find the right clothes. Thus, retailers should focus on creating a shopping environment for consumers to feel more comfortable, finding the variety of silhouettes readily available to them. In addition, consumers who are highly aware of their appearance have a strong tendency to think more prominently about how they look. It is possible to reduce these negative emotions and boost psychological well-being through RT for consumers. Ultimately, if body image is enhanced through RT at the individual level, it will likely increase overall well-being in our society and reduce financial costs for psychological disorders.

## IX. Limitations

Future research suggests that it would be ideal to increase the study's reliability and validity by diversifying the participants. Different results might have been established if a broad range of participants had been targeted or if a different data collection methodology had been adopted. For example, female adolescents are more likely to suffer from appearance and clothing concerns than female college students. The moderating effects of body surveillance and body shame were not verified due to the chi-square difference (according to the path constraint) in examining the regulatory effect. The moderating effect of these two variables would have been significant if we had employed

different sample groups. Therefore, this study requires further examination of body surveillance and body shame using different approaches in the future. The participants selected for this study were female college students exclusively from the United States who recalled their memories using a quantitative survey. The mall intercept method would be more suitable for collecting data on consumers' shopping experiences. Because the United States is known as an individualistic culture, the study results would most likely be different had the study been conducted in a collectivistic culture.

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**Sea Eun Lee**

Doctoral Research Associate, Human-Tech Convergence Program  
Dept. of Clothing and Textiles,  
Hanyang University

**Jeong-Ju Yoo**

Associate Professor, Apparel Merchandising Program  
Dept. of Human Science Design Robbins College of  
Health and Human Sciences, Baylor University

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