

Retail Therapy: Exploring the Influence of Perceived Stress, Subjective Well-being, Gender, and Age among Indian Consumers

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ABSTRACT

Retail therapy, defined as shopping for mood alleviation is a phenomenon that has garnered significant attention in popular culture. There are a number of psychological factors that could impact individuals' engagement in retail therapy. The present study investigates the relationship between psychological factors such as perceived stress and subjective well-being and retail therapy. It also aims to understand how gender and age could affect retail therapy. The results of surveys conducted on 221 Indian participants demonstrated that individuals with higher perceived stress levels were more likely to engage in retail therapy, and individuals who scored high on subjective well-being had a lesser chance of engaging in retail therapy. In addition, it was seen that women have a higher tendency to engage in retail therapy with reference to their male counterpart. Furthermore, no significant differences were observed in retail therapy behaviours with regards to age. In conclusion, this study provides an understanding of retail therapy behaviour in the context of Indian society.

Keywords: Retail Therapy, Shopping, Perceived Stress, Subjective Well-Being

Retail therapy has permeated popular culture and is commonly referenced on the internet, especially on social media platforms such as Twitter and Instagram, to jokingly describe behaviours of indulging in shopping when one feels bad in order to alleviate stress. The idea behind retail therapy is that purchasing products can create happiness and fulfilment. The viral nature of the tweets and memes show the cultural significance of retail therapy as a relatable and widely understood phenomenon in the digital age. In fact, a study analysed 152 tweets containing shopping related words and results indicated, judging by the sentiments expresses before and after item purchases, that retail therapy was occurring (Ko, Chun, Song, & Mattila, 2015). However, shopping and retail therapy are two different concepts and what differentiates shopping and retail therapy is the purpose behind it. Shopping is defined as the action or activity of buying goods from shops. Retail therapy is a term that refers to the act of shopping as a means to boosting one's mood or alleviating stress. Therefore, shopping is an umbrella term that encompasses retail therapy and can be done for a multitude of reasons such as to purchase groceries, buying bare

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essentials, shopping for clothes etc. Retail therapy on the other hand is done with the primary intent of stress reduction or to boost one's mood positively.

A bulk of the research on retail therapy has been predominantly focused and conducted on Western populations, whose consumer cultures and affluent economic statuses have facilitated their participation in such activities. However, with the changing economic climate in India, a lot of Indians have acquired disposable income that they are free to spend on luxury or nonessential goods which has resulted in the beginning of a new age of consumer behaviour. With rising incomes, there has been an increase in discretionary spending. With the advent of social media and globalisation, there has been a significant influence of Western culture on Indian society. This has played a pivotal role in shaping consumer preferences and behaviour in India. There has been an adoption of the consumerist ideologies and lifestyle among Indian consumers, especially the younger generation which grew up with more exposure to the Western culture. This has created an environment for the proliferation of the concept of retail therapy within the society. There is very little research on the topic of shopping as a mood enhancing activity or retail therapy in India. The present study researches retail therapy along with variables that may have an effect it, which are stress and subjective well-being. It also aims to understand how factors of age and gender can have an effect on retail therapy behaviours. Retail therapy refers to shopping to alleviate negative moods (Kacen, 1998). For this study, the shopping refers to the purchase of nonessential goods such as apparel, jewellery, technology, cosmetics etc.

LITERATURE REVIEW

Atalay and Meloy (2019) aimed to study retail therapy and hypothesised that individuals will treat themselves to unplanned indulgences to improve mood, the purchases of the unplanned treats to repair bad mood is strategic, and the unplanned treats purchased in order to repair bad mood will not cause regret or guilt post-purchase. Three studies were conducted to study each of the hypotheses. It was found that a lot of the therapeutic treats involve unplanned purchases and that there very little, if not none, regret or guilt post-purchase.

Scott, Pereira, and Burson (2014) proposed that sadness is usually associated with a sense of lack of control over the situations that control one's life, and that making choices, which one inherently has to make while shopping can restore the sense of control over one's life and reduce some sadness. They conducted three experiments to test their hypothesis and found support with all of them. Shopping choices helped to alleviate sadness, whether it was real or hypothetical. It was also found that this occurs due to the mechanism of personal control being restored.

Garg and Lerner (2013) hypothesised that increasing the consumer decision makers' sense of individual control and decreasing their sense of helplessness could reduce feelings of sadness. They conducted the study on 104 participants from an undergraduate population of a large southern United States university and the studies indicated that sadness/negative mood states increased the consumption levels unless the individuals had a sense of high control.

Kim and Chang (2023) conducted a study aiming to investigate whether consumption of luxury items had the ability to improve consumers' well-being in the context of retail therapy. It consisted of 324 participants from South Korea who answered a survey that was

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conducted online, all of whom had purchased luxury items during COVID pandemic. The findings highlighted that when individuals are stressed, or lacking control, they seek to stabilize their psychological state by consuming luxury goods.

Retail therapy has been studied using a few approaches in the field of consumer behaviour. One approach is mood alleviating consumption. It was studied by Kacen & Friese (1999) where they explored the influence of negative emotions on the consumer buying behaviour of the American and German populations. They found that buying anything resulted in the consumers feeling significant amounts of pleasure and control. These changed mood states indicate that the purchase served its purpose. Since the findings were for two countries, it also illustrated that these consumer shopping behaviours as a means to alleviate negative emotions was a global phenomenon for Western consumer societies.

Another approach is compensatory consumption as studied by Woodruffe (1997). This research states that individuals, but especially women, engage in shopping as a compensation. This means that the individual first feels a psychological deficiency such as stress and then engages in shopping to compensate for the deficiency.

Perceived stress is the feelings or thoughts that an individual has about how much stress they are under at a given point in time or over a given time period (Phillips, 2013).

According to Lazarus and Folkman's transactional theory of stress, people are always conducting an appraisal of the stimuli in their surroundings. If stimuli are perceived as harmful or intimidating, the individual uses coping mechanics to deal with the resulting stress. These coping strategies then produce an outcome which results in a reappraisal as favourable or unfavourable. Favourable outcomes result in positive emotions, while unfavourable outcomes result in distress, which prompt use of more coping mechanisms (Lazarus & Folkman, 1984).

Ashhar (2024) conducted a study on 150 university students, an equal number of girls and boys, in the Nandurbar district to study perceived stress levels and the findings showed that gender may play a role in the perception of stressful events as boys and girls experienced different perceptions of stress.

Hama (2001) conducted a study to investigate shopping or diversion buying as a coping behaviour for stress and found that women engaged in it more than men. She conducted three further experiments to understand why it seemed effective to the participants. It was discovered that this diversion buying was practiced rationally and not destructively. It was also found that the stress release only occurred after a certain level of expenditure.

Subjective well-being has many aspects one must consider. It is subjective, as the name suggests, and depends on the individual experience. It also includes people's appraisals and evaluations of all aspects of their own lives (Deiner, 1984).

Research was conducted to study the impact of various coping strategies on various subjective well-being components. It was found that problem-focused coping was positively correlated with positive affect and negatively correlated with negative affect, emotion-focused coping was positively correlated with both positive and negative affect, and

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avoidance coping was negatively correlated with positive affect and positively correlated with negative affect (Ben-Zur, 2009)

A study was conducted on 251 respondents to study retail therapy and subjective well-being. The study indicated that perceived stress seemed to have a significant negative effect on subjective well-being. It was also found that therapeutic shopping outcome had a favourable impact on subjective well-being whereas money spent on shopping had a negative impact on subjective well-being (John, Krishnan, & Gupta, 2022).

METHODS

Hypotheses

- There will be a significant correlation between retail therapy and perceived stress.
- There will be a significant correlation between retail therapy and subjective well-being.
- There will be a difference between men and women with respect to retail therapy behaviour.
- There will be differences in retail therapy behaviours in different ages groups.
- There will be significant differences in the relationship between retail therapy and perceived stress with respect to gender.
- There will be significant differences in the relationship between retail therapy and subjective well-being with respect to gender.
- There will be significant differences in the relationship between retail therapy and perceived stress with respect to age.
- There will be significant differences in the relationship between retail therapy and subjective well-being with respect to age.

Sample

The population chosen for the study was any Indian citizen above the age of 18, and of any gender. A total of 221 responses were collected.

Tables 1&2: Frequency table for gender and age groups

Gender	Number	% of total
Female	140	63.3
Male	81	36.7

Age group	Number	% of total
18-24 years	77	34.8
25-34 years	25	11.3
35-50 years	94	42.5
51-65 years	25	11.3

Tools used

The tools used for the study were the Retail therapy scale was developed by (Kang, 2009) is a test that assesses behaviour related to shopping and retail therapy, which consists of 22 items having a 5-point Likert scale for which the coefficient alpha estimates range from 0.81 to 0.94 (Kang & Johnson, 2011), the Perceived stress scale (Cohen, Kamarck, & Mermelstein, 1983) and is a self-report questionnaire having 10 items rated a 5-point Likert scale with a Cronbach's alpha for the scale estimates the range from 0.71 to 0.91, and the BBC Subjective Well-Being Scale (Kinderman, Schwannauer, Pontin, & Tai, 2011) is a

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self-report questionnaire with 24 items having a 5-point Likert scale and the Cronbach's alpha for the test is 0.94 (Pontin, Schwannauer., Tai, & Kinderman, 2013).

Procedure

The sample of the data was selected and the online method of data collection is used for the study. Convenience sampling was used for the data collection. Consent was acquired from all participants before collecting their responses. Ethical guidelines were followed and confidentiality of all the respondents was maintained.

Statistical Analysis

Various statistical techniques such as correlation matrix, independent samples t-test, ANOVA was conducted in order to test the two tailed hypotheses.

RESULTS

Table 3: Descriptives Table

	Retail Therapy	Perceived Stress	Subjective Well-Being
N	221	221	221
Mean	57.1	18.2	89.2
Standard deviation	18.9	7.26	15.1

The total number of participants (*N*) is 221. The mean (*M*) and standard deviation (*SD*) for Retail Therapy are 57.1 and 18.9 respectively. The mean (*M*) and standard deviation (*SD*) for Perceived Stress are 18.2 and 7.26 respectively. The mean (*M*) and standard deviation (*SD*) for Subjective Well-Being are 89.2 and 15.1 respectively.

Table 4: Correlation Matrix between Retail Therapy and Perceived Stress

		Retail Therapy	Perceived Stress
Retail Therapy	Pearson's r	—	
	p-value	—	
Perceived Stress	Pearson's r	0.231***	—
	p-value	<.001	—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

After performing the Pearson's Product-Moment correlation, it was found that a significant correlation exists between Retail therapy and Perceived stress ($r=0.231$, $p<.001$). This suggests the correlation is significant at a significance level of 0.00. It suggests that there exists a positive correlation between Retail therapy and Perceived stress. This indicates that if perceived stress levels are high, engagement in retail therapy is also high.

Here the hypothesis “there will be a significant correlation between retail therapy and perceived stress” is supported.

Table 5: Correlation Matrix between Retail therapy and Subjective Well-being

		Retail Therapy	Subjective Well-Being
Retail Therapy	Pearson's r	—	
	p-value	—	
Subjective Well-Being	Pearson's r	-0.187**	—
	p-value	0.005	—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

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After performing the Pearson's Product-Moment correlation, it was found that a significant correlation exists between Retail therapy and Subjective well-being ($r = -0.187$, $p = 0.005$). This suggests the correlation is significant at the significance level of 0.01. It suggests that there exists a negative correlation between Retail therapy and Subjective well-being. This indicates that if subjective well-being levels are high, the engagement in retail therapy is low.

Here the hypothesis “there will be a significant correlation between retail therapy and subjective well-being” is supported.

Table 6: Correlation Matrix between Perceived Stress and Subjective Well-being

		Perceived Stress	Subjective Well-Being
Perceived Stress	Pearson's r	—	
	p-value	—	
Subjective Well-Being	Pearson's r	-0.617***	—
	p-value	< .001	—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

After performing the Pearson's Product-Moment correlation, it was found that a correlation that's significant exists between Perceived stress and Subjective well-being ($r = -0.617$, $p < .001$). This suggests the correlation is significant at the significance level of 0.001. It suggests a positive correlation between Perceived stress and Subjective well-being.

Table 7: Independent Samples T-Test

	Group	N	Mean	SD	T
Retail Therapy	Female	140	60.9	17.92	4.15***
	Male	81	50.4	18.79	

An independent samples t-test was done with the goal of assessing the gender differences between females ($N = 140$) and males ($N = 81$).

As per table 7, the results of the test revealed that females ($M = 60.9$) scored significantly ($t = 4.15$) as compared to males ($M = 50.4$) for Retail therapy. It indicates that females have a higher tendency to engage in retail therapy with respect to males.

Here the hypothesis “there will be a difference between men and women with respect to retail therapy behaviour” is supported.

Table 8: One way ANOVA (Welch's)

	Group	N	Mean	SD	F
Retail Therapy	18-24	77	59.2	17.23	1.17 (Not significant)
	25-34	25	57.2	21.76	
	35-50	94	56.9	19.23	
	51-65	25	51.0	19.41	

One way ANOVA (Welch's) was conducted to assess whether there were any age differences between the age groups of 18-24 year olds ($N = 77$), 25-34 year olds ($N = 25$), 35-50 year olds ($N = 94$), and 51-65 year olds ($N = 25$).

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As per table 8, the results of ANOVA indicate there are no significant differences ($F= 1.17$) within 18-24 year olds ($M=59.2$), 25-34 year olds ($M=57.2$), 35-50 year olds ($M=56.9$), and 51-65 year olds ($M=51.0$) for Retail therapy.

This indicates that there are no significant differences in the way people belonging to different age groups engage in retail therapy. This suggests that individuals of different ages seem to indulge in retail therapy behaviours to similar extents.

Here the hypothesis “there will be differences in retail therapy behaviours in different ages groups” is not supported.

Table 9: Correlation Matrix for Women

		Retail Therapy	Perceived Stress	Subjective Well-Being
Retail Therapy	Pearson's r	—		
	p-value	—		
Perceived Stress	Pearson's r	0.179 *	—	
	p-value	0.034	—	
Subjective Well-Being	Pearson's r	-0.096	-0.630 ***	—
	p-value	0.261	<.001	—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

As per table 9, it was found after performing the Pearson's Product-Moment that a significant correlation exists between Retail therapy and Perceived stress ($r= 0.179$, $p=0.034$) for the female participants ($N=140$). This suggests the correlation is significant at a significance level of 0.05. It suggests a positive correlation exists between Retail therapy and Perceived stress. There exists no significant correlation among Retail therapy and Subjective well-being ($r= -0.096$, $p= 0.261$) for the female participants($N=140$). A significant correlation seems to exist between Perceived stress and Subjective well-being ($r=-0.630$, $p<.001$) for the female participants ($N=140$). This suggests the correlation is significant at the significance level of 0.001. It suggests a negative correlation between Perceived stress and Subjective well-being.

Table 10: Correlation Matrix for Men

		Retail Therapy	Perceived Stress	Subjective Well-Being
Retail Therapy	Pearson's r	—		
	p-value	—		
Perceived Stress	Pearson's r	0.232*	—	
	p-value	0.037	—	
Subjective Well-Being	Pearson's r	-0.259*	-0.577***	—
	p-value	0.020	<.001	—

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

As per table 10, it was found after performing the Pearson's Product-Moment that a significant correlation exists between Perceived stress and Subjective well-being ($r= -0.577$, $p<.001$) for the male participants ($N=81$). This suggests the correlation is significant at the significance level of 0.001. It suggests a negative correlation exists between Perceived stress

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and Subjective well-being. A significant correlation between Retail therapy and Perceived stress ($r= 0.232$, $p= 0.037$) exists for the male participants ($N=81$). This suggests the correlation is significant at the significance level of 0.05. It suggests a positive correlation between Retail therapy and Perceived stress. There exists significant correlation between Retail therapy and Subjective well-being ($r= -0.259$, $p= 0.020$) for the male participants ($N=81$). This suggests the correlation is significant at the significance level of 0.05. It suggests a negative correlation exists between Retail therapy and Subjective well-being.

Here hypothesis, “there will be significant differences in the relationship between retail therapy and perceived stress with respect to gender” is not supported and the hypothesis “there will be significant differences in the relationship between retail therapy and subjective well-being with respect to gender” is supported.

Table 11: Correlation Matrix for the age range of 18-24 years

		Retail Therapy	Perceived Stress	Subjective Well-Being
Retail Therapy	Pearson Correlation	1	.177	-.096
	Sig.		.123	.405
Perceived Stress	Pearson Correlation	.177	1	-.530**
	Sig.	.123		.000
Subjective Well-Being	Pearson Correlation	-.096	-.530**	1
	Sig.	.405	.000	

***. Correlation is significant at the 0.01 level (2-tailed).*

Per table 11, it was found after performing the Pearson's Product-Moment that a significant correlation exists among Perceived stress and Subjective well-being ($r= -0.530$, $p=.001$) for participants aged 18-24 years old ($N=77$). This suggests the correlation is significant at the significance level of 0.01. It suggests a negative correlation exists between Perceived stress and Subjective well-being. No significant correlation was found among Retail therapy and Perceived stress ($r= 0.177$, $p= 0.123$) for the participants aged 18-24 years old ($N=77$). No significant correlation was found among Retail therapy and Subjective well-being ($r= -0.096$, $p= 0.405$) for the participants aged 18-24 years old ($N=77$).

Table 12: Correlation Matrix for the age range of 25–34 years

		Retail Therapy	Perceived Stress	Subjective Well-Being
Retail Therapy	Pearson Correlation	1	.380	-.201
	Sig.		.061	.334
Perceived Stress	Pearson Correlation	.380	1	-.608**
	Sig.	.061		.001
Subjective Well-Being	Pearson Correlation	-.201	-.608**	1
	Sig.	.334	.001	

***. Correlation is significant at the 0.01 level (2-tailed).*

Per table 12, it was found after performing the Pearson's Product-Moment that a significant correlation exists among Perceived stress and Subjective well-being ($r= -0.608$, $p=0.001$) for participants aged 25-34 years old ($N=25$). This suggests the correlation is significant at the significance level of 0.01. It suggests a negative correlation exists among Perceived stress

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and Subjective well-being. No significant correlation was found among Retail therapy and Perceived stress ($r = 0.380$, $p = 0.061$) for the participants aged 25-34 years old ($N=25$). No significant correlation was found among Retail therapy and Subjective well-being ($r = -0.201$, $p = 0.334$) for the participants aged 25-34 years old ($N=25$).

Table 13: Correlation Matrix for the age range of 35-50 years

		Retail Therapy	Perceived Stress	Subjective Well-Being
Retail Therapy	Pearson Correlation	1	.175	-.161
	Sig.		.092	.121
Perceived Stress	Pearson Correlation	.175	1	-.549**
	Sig.	.092		.000
Subjective Well-Being	Pearson Correlation	-.161	-.549**	1
	Sig.	.121	.000	

***. Correlation is significant at the 0.01 level (2-tailed).*

Per table 13, it was found after performing the Pearson's Product-Moment that a significant correlation exists among Perceived stress and Subjective well-being ($r = -0.549$, $p = .001$) for participants aged 35-50 years old ($N=94$). This suggests the correlation is significant at the significance level of 0.01. It suggests a negative correlation exists among Perceived stress and Subjective well-being. No significant correlation was found among Retail therapy and Perceived stress ($r = 0.175$, $p = 0.092$) for the participants aged 35-50 years old ($N=94$). No significant correlation was found among Retail therapy and Subjective well-being ($r = -0.161$, $p = 0.121$) for the participants aged 35-50 years old ($N=94$).

Table 14: Correlation Matrix for the age range of 51-65 years

		Retail Therapy	Perceived Stress	Subjective Well-Being
Retail Therapy	Pearson Correlation	1	.262	-.324
	Sig.		.205	.114
Perceived Stress	Pearson Correlation	.262	1	-.665**
	Sig.	.205		.000
Subjective Well-Being	Pearson Correlation	-.324	-.665**	1
	Sig.	.114	.000	

***. Correlation is significant at the 0.01 level (2-tailed).*

Per table 14, it was found after performing the Pearson's Product-Moment that a significant correlation exists among Perceived stress and Subjective well-being ($r = -0.665$, $p = .000$) for participants aged 51-65 years old ($N=25$). This suggests the correlation is significant at the significance level of 0.01. It suggests a negative correlation exists among Perceived stress and Subjective well-being. No significant correlation was found among Retail therapy and Perceived stress ($r = 0.262$, $p = 0.205$) for the participants aged 51-65 years old ($N=25$). No significant correlation was found among Retail therapy and Subjective well-being ($r = -0.324$, $p = 0.114$) for the participants aged 51-65 years old ($N=25$).

This suggests that there are no significant differences between the relationship between retail therapy and perceived stress, and retail therapy and subjective well-being for people belonging to different age groups.

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Here the hypotheses “there will be significant differences in the relationship between retail therapy and perceived stress with respect to age” and “there will be significant differences in the relationship between retail therapy and subjective well-being with respect to age” are not supported.

DISCUSSION

The descriptive statistics showed that the mean of the retail therapy scores was 57.1. This indicates a very moderate score. It indicates that people on average are engaging in retail therapy, but not at very high levels.

The results showed that a significant and positive correlation exists between retail therapy and perceived stress. This suggests that people with higher perceived stress levels are more likely to engage in retail therapy than people with lower perceived stress levels. It also found that there was a significant and negative correlation between retail therapy and subjective well-being. A study that partially supports this finding suggests that therapeutic shopping outcome had a favourable impact on subjective well-being (John, Krishnan, & Gupta, 2022). It was found that a significant and negative correlation exists between perceived stress and subjective well-being which was in line with the findings that perceived stress is negatively associated with subjective well-being (Gillet & Crisp, 2017).

An independent samples t-test also showed that women are more likely to engage in retail therapy as compared to men. A study that supports this finding also suggests that while men do shop, they do so at a lower frequency compared to women (Buttle, 1992). The study also aimed to explore the age differences in the retail therapy behaviour, if any exist, and it was found that there were no significant differences between the different age groups engaging in retail therapy. However, there are different number of respondents for different age groups and as such, further research with a more equal number of respondents could display different results.

The study wanted to investigate whether there existed any differences in the relationships between retail therapy and perceived stress, and retail therapy and subjective well-being with respect to different genders. It was found that a positive correlation between retail therapy and perceived stress was significant for both men and women. However, there is a significant, negative correlation between retail therapy and subjective well-being for men, but was not found to be significant for women. This suggests that men with higher subjective well-being are less likely to engage in retail therapy. But this was not significant for women.

However, discussing the shopping and by extension, retail therapy behaviours in India are a very complex topic in the Indian context. While the changing economic conditions has afforded many Indians to participate in consumerism and as an extension retail therapy, economic and wealth disparities are present in the population and thus the research cannot be generalised for the entirety of the Indian population.

CONCLUSION

This investigation concluded that a significant, positive correlation exists among retail therapy and perceived stress; and a significant, negative correlation exists among retail therapy and subjective well-being. It was also discovered that females have a higher

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tendency to engage in retail therapy as compared to males. The study found that there are no significant differences in retail therapy behaviours with respect to different age groups.

Suggestions

The present study enquired neither about the socioeconomic status nor whether the participants were employed. This information could also aid in better understanding the context behind the retail therapy behaviours. Collecting data from smaller cities and towns could also provide a more comprehensive understanding of retail therapy behaviours since most of the participants resided in major cities for the present study.

Limitations

The present study consisted of a sample of 221 participants, which is not enough to data to establish a normal distribution. It also did not have equal number of women and men and between the various age groups, so replicating the research on a more equal sample could yield differing results.

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Conflict of Interest

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