Understanding the Effect of Retail Therapy: Interrelationship between Body Shame, Body Mass Index (BMI), and Weight Preoccupation

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**Introduction.** Retail therapy is an essential aspect of consumer behaviors, given that one in three Americans engage in shopping to relieve stress (Lee, 2013). The specific components of retail therapy (i.e., therapeutic shopping motivation, positive mood reinforcement, negative mood reduction, and therapeutic shopping outcomes) were identified by Kang and Johnson (2011). Previous research has revealed that shopping results in significant mood elevation (Atalay & Meloy, 2011; Rick, Pereira, & Burson, 2014). However, past studies have neglected to understand the relationships between the effect of retail therapy and individuals’ body weight. Therefore, the goal of this study is to better understand the effect of retail therapy based on individuals’ body shame, weight preoccupation, and body mass index (BMI). In particular, this study seeks to understand how retail therapy can be incorporated into the retail environment, as well as clinical settings.

**Theoretical Perspective.** Body shame is conceptualized as negative self-evaluations and feelings of unattractiveness relative to individuals’ body characteristics (i.e., body shape, size, or weight) (Duarte, Pinto-Gouveia, Ferreira, & Batista, 2015; Gilbert, 2002). Body shame involves negative perceptions about one’s body image, moreover, it can generate negative evaluation concerning oneself and behaviors such as avoiding mirrors and social situations where one’s body may be more exposed to the public eye (Duarte et al., 2015). Being overweight is identified as the best predictor of poor body satisfaction, and poor body weight perceptions lead to body shame (Wertheim, Koerner, & Paxton, 2001; Barker & Galambos, 2003). Specifically, female college students are often preoccupied with their weight and have negative feelings toward their appearance (Gingras, Fitzpatrick, & McCargar, 2004). The effect of retail therapy would be significant for those individuals with a higher degree of body shame. Therefore, it is hypothesized that the effects of each retail therapy construct are stronger among individuals with higher levels of body shame (H1), BMI (H2), and weight preoccupation (H3).

**Method.** A total of 285 usable responses were collected for the data analysis. The majority of participants were Caucasian (79.7%; n = 227), followed by African American (8.8%; n = 25), Asian (6.0%; n = 17), multiracial (3.4%; n = 10), and Hispanic American (2.1%; n = 6). Of those participants, 89.1% were female, and 10.6% were male, with an average age of 20.55 years old. The questionnaire was developed from existing measures of body shame (McKinley & Hyde, 1996), weight preoccupation (Cash, 2000), and four retail therapy constructs (i.e., therapeutic shopping motivation, positive mood reinforcement, negative mood reduction, and therapeutic shopping outcomes) (Kang & Johnson, 2011). Lastly, demographic information such as age, ethnicity, and gender, in addition to body weight and height, were collected. The data were analyzed using descriptive statistics, and an ANOVA was performed to compare whether the effect of therapy is different based on the degree of body shame, BMI, and weight preoccupation.
Results. In individuals with higher body shame (H1), the effect of therapy had a significantly stronger effect for all subcategories (therapeutic shopping (p < 0.05) (H1a), positive mood reinforcement (p < 0.05) (H1b), negative mood reduction (p < 0.01) (H1c), and therapeutic shopping outcomes (p < 0.01) (H1d). Based on the individuals’ BMI (H2), the effect of therapy did not show statistical differences for any of the subcategories (therapeutic shopping (p = 0.82) (H2a), positive mood reinforcement (p = 0.35) (H2b), negative mood reduction (p = 0.52) (H2c), and therapeutic shopping outcomes (p = 0.90) (H2d)). When individuals with higher weight preoccupation were compared to individuals with lower weight preoccupation (H3), only the effect of negative mood reduction was significantly stronger for individuals who were highly preoccupied with their weight (p< 0.00) (H3c). However, the effect of retail therapy was not significant for other constructs.

Discussion and Conclusion. Based on individuals’ levels of body shame, BMI, and weight preoccupation, retail therapy was found to be significant for individuals who experienced body shame. Individuals may shop in order to compensate for personal features, and by doing so, they may rectify their negative perceptions of their appearance. The effect of retail therapy was not significantly different, based on the degree of individuals’ weight preoccupation, except for negative mood reduction. Shopping was more effective in reducing a negative mood for individuals with weight preoccupation. These individuals may use clothing to camouflage their perceived flaws, such as wearing loose fitting clothes. While it is plausible that the effect of retail therapy significantly varies based on BMI, there were no significant differences, regardless of individuals’ BMI. This finding supports previous findings that many aspects of clothes shopping are not enjoyable, especially for women who are heavier and who already have negative feelings about their weight (Tiggeman & Lacey, 2009). Therefore, retailers should focus on creating a shopping environment for plus size consumers. For example, retailers can change fitting rooms for consumers to feel more comfortable or make one-size-fits-all items readily available for them. In addition, given the number of patients with body-related disorders, mental health professionals should investigate retail therapy as a modality to treat symptoms of body image issues.

References

