

## Identifying the Relationships between Retail Therapy (RT), Exercise, and Physical Fitness

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**Introduction.** This study aims to identify the effect of retail therapy (RT) based on college students' reasons for exercising and perceived physical fitness. Individuals consider shopping, exercise, diet, and apparel selection to be appearance-related behaviors (Rudd & Lennon, 2000). When shopping can fulfill the discrepancies that individuals experience in these areas, it is known as RT (Rick, Pereira, & Burson, 2014; Yurchisin, Watchravesringkan, & Chen, 2008). Given the association between shopping and women's concerns with their appearance and self-image, it is crucial to examine the specific therapeutic effects of shopping in regards to reasons why college students exercise and physical fitness.

**Theoretical Perspective.** Cash, Novy, and Grant (1994) developed a structure of reasons for exercise. The four reasons include: 1) Fitness/Health management, 2) Appearance/Weight management, 3) Stress/Mood management, and 4) Socializing. Clothing consumption in regard to body weight has been particularly salient (Kwon & Parham, 1994). Weight control and appearance are stronger behavioral motivators among college women than other reasons for exercise. In particular, exercising to lose weight, improve body tone, and improve one's attractiveness have emerged as mechanisms for women to become more dissatisfied with their physical selves, regardless of the associated health and fitness benefits (Strelan, Mehaffey, & Tiggemann, 2003). In addition, perceived body fit beyond body weight actually plays a significant role in determining body image (Jacob & Yoo, 2010). Therefore, it is hypothesized that the effect of RT is different based on one's reasons for exercise: Fitness/Health Management (H1), Appearance/Weight Management (H2), Stress/Mood Management (H3), Socializing (H4) and perceived physical fitness (H5).

**Method.** A total of 204 usable responses were collected from female college students via their Canvas course websites, after eliminating incomplete responses. These participants were asked for their permission to join the study upon Internal Review Board approval. The participants were all female, and they were Caucasian (68.1%;  $n = 139$ ), followed by Hispanic Americans (12.7 %;  $n = 26$ ), African Americans (8.8%;  $n = 18$ ), Asians (6.4%;  $n = 13$ ), and multiracial participants (3.9%;  $n = 8$ ), with an average age of 20.69 years old. The RT scale measured six items of therapeutic shopping motivation ( $\alpha = 0.96$ ), six items of positive mood reinforcement ( $\alpha = 0.88$ ), five items of negative mood reduction ( $\alpha = .93$ ), and five items of therapeutic shopping motivation ( $\alpha = .93$ ) (Kang & Johnson, 2011). Reasons for exercise measured eight items of Fitness/Health management ( $\alpha = 0.91$ ), eight items of Appearance/Weight management ( $\alpha = 0.88$ ), four items of Stress/Mood management ( $\alpha = 0.79$ ), and three items of Socializing ( $\alpha = 0.80$ ) (Cash et al., 1994). Participants were asked to use the 5-point Likert scale to indicate how much they perceive themselves as being physically fit. They were also asked to provide demographic information on their age, sex, and ethnicity. Participants were divided into two groups based on the degree of their reasons for exercise (fitness and health, appearance/weight management, stress/mood management, socializing) and physical

fitness using a median split. The data analysis employed descriptive statistics and one-way analysis of variance (ANOVA).

**Results** When the effect of RT is compared based on the degree of the participants' reasons for exercise, the effect of therapy is not significantly different for all RT constructs among individuals based on fitness/health, stress/mood management, and socializing. However, the effects of therapeutic shopping motivation ( $p = 0.04$ ), positive mood reinforcement ( $p = 0.02$ ), and negative mood reduction ( $p = 0.01$ ) were higher among individuals who engage in exercise for appearance/weight management (H2). This finding suggests that the effect of RT is stronger for those individuals who engage in exercise for appearance purposes. In terms of physical fitness, individuals who perceived themselves as being fit showed significantly lower effects of therapeutic shopping motivation ( $p = 0.02$ ) and negative mood reduction ( $p = 0.04$ ) (H5). Individuals who perceive their bodies as fit experienced a much smaller effect of RT than individuals who perceive their bodies as not being fit.

**Discussion.** The results revealed a significant relationship between RT, appearance/weight-related exercise and perceived fitness. These results imply that healthy body perception may prevent irrational shopping habits such as impulse buying and compensatory fashion-oriented consumption. Retailers need to incorporate shopping strategies for body-conscious women to reduce their negative mood and provide merchandise that will make them feel better about their bodies. For example, one strategy may involve portraying images of women who engage in exercise. Another strategy might include the use of merchandise displays that show 'clothing for camouflage purposes,' such as avoiding tight-fitting garments on a mannequin to alleviate weight-related stress and increase body-fit perceptions. Exercise and shopping are practiced by all age groups; therefore, this study should be replicated with an older demographic and with diverse ethnic backgrounds in order to generalize the findings.

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