

Analyzing The Therapy Shopping Trip Behaviour Of Self-Identified Women Retail Therapy Shoppers In India

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INDIA

ABSTRACT

The present study has been undertaken to analyze the shopping behavior exhibited by Indian women when they go for retail therapy i.e. mood-alleviative shopping. Based on a field survey of 413 self-identified women therapy shoppers, different shopping behaviour elements including product preferences, retail format choice, choice for mode of payment, time and money spend and the comparative role of different elements in a shopping process in mood-alleviation, have been analyzed. The findings have been compared with those of the previous studies undertaken in western countries. Some major differences from previous research have been observed, suggesting important implications for retailers and marketers.

Keywords: Retail Therapy, Self-identified, Women, India, Shopping Behaviour.

INTRODUCTION

Retail therapy i.e. shopping for mood-alleviation, is a commonly used strategy for coping with negative mood caused by stress, irritation or depression (Luomala, 2002). Indulging in mood-alleviative/therapeutic shopping has been found to be, at least, a temporary solution to problems like sadness, loneliness, anger, a bad day at work, boredom etc. (Kang, 2009; Huddleston & Minahan, 2011). Therapy shoppers believe that shopping has the power of getting them out of the stressful environment and providing them relief and pleasure (Luomala, 2002). It has been found that, during a retail therapy trip, shoppers usually behave somewhat differently than what they do during any other normal shopping trip. Buying more impulsively, spending more than usual time and money, indulging more in self-gifting, shopping alone to avoid interference, making more use of credit cards for payment, buying more appearance related products etc. are some of the typical examples of the kind of shopping behavior being exhibited during such mood-alleviative shopping (Atalay & Meloy, 2011; Kang, 2009; Lee, 2013; Urkmez & Wagner, 2016).

Till date, a major portion of the research on retail therapy has been carried out in the context of the shoppers in western countries like U.S. and U.K. Since, the retail markets in these

countries are well-established and advanced, it is quite possible that the people in other countries with comparatively less developed retail markets, might exhibit a dissimilar kind of shopping behaviour. Cultural differences may further add to this disparity (Ng & Lee, 2015). India is one of such countries where the retail environment as well as the cultural background are much different when compared to the western countries. Indian retail market is represented by both organized and unorganized retailers. On one hand, building up of the modern retail formats has led to a change in the way people shop. Their motives are now not only limited to buying, rather they also seek entertainment and emotional value (Kiran & Jhamb, 2011). At the same time, major share of the market is still dominated by the traditional players (India Brand Equity Foundation's retail report, 2017).

As far as the prevalence of retail therapy in India is concerned, some recent research do acknowledges the usage of shopping for therapeutic reasons (D'Souza, 2012; Surendran & Vardhan, 2014; Wani, 2017). However, since the research is just at a nascent stage, not much is known about how these shoppers behave when they go for retail therapy. This research study endeavors to fill this gap by analyzing the shopping behaviour of the Indian therapy shoppers on one hand, and comparing it to what has been observed in context of the western shoppers, on the other hand. Further, since most of the existing studies on retail therapy have been in the context of the women therapy shoppers, the scope of this study is also limited to women only. This would make the comparison more sensible.

BACKGROUND

The Concept of Retail Therapy

The term 'retail therapy' can mainly be explained through two approaches- compensatory consumption approach and mood-alleviative approach. Compensatory buying refers to the use of shopping as a compensation for some kind of 'lack' in one's life. Such 'lack' may be anything from a temporary problem to even a major life deficiency (Woodruffe, 2001). On the other hand, as mood-alleviative shopping, the term retail therapy covers the recent and short-term sources of negative mood such as argument with someone, boredom, loneliness, feeling temporary lack of control etc. Shopping is used as a temporary solution to overcome these problems (Luomala, 2002; Kang, 2009). Out of these, the mood-alleviative shopping

concept is more common and widely accepted to define retail therapy (Atalay and Meloy, 2011; Kang and Johnson, 2010, Rick et al., 2014, Luomala, 2002).

Shopping Behaviour during a Retail Therapy Trip

There are a number of research studies that have highlighted the shopping behaviour of people when they go for a retail therapy trip. First of all, it has been found that many of them indulge in impulse or unplanned buying. This is mainly because of the reason that their attention is fully occupied towards mood-alleviation and they are unable to control their impulses (Baumeister, 2002; Atalay & Meloy, 2011). Not only this, when relieving stress is the main motive, many shoppers also indulge in self-gifting i.e. they like to buy something for themselves (Mick & De Moss, 1990; Atalay & Meloy, 2011; Mortimer et al., 2015). According to Mick et al. (1992), self-gifts carry a symbolic meaning for women. When they are stressed out due to some major life transitions or due to disturbed inter-personal relations etc., self-gifting makes them feel happy, proud and special. Moreover, due to the specialness feature, the use of these self-gifts in future reminds them of the shopping experience too.

Many researchers including Woodruffe (2001), Luomala (2002), Kang (2009), Huddleston & Minahan (2011) and D'Souza (2012), observed that therapy shoppers prefer to shop alone when feeling sad or depressed. This gives them a chance to think and decide on their own without anyone's interference. At the same time, when loneliness itself is the main cause of sadness, many of them do seek social interaction (Kim et al., 2005). It has been found that most of the therapy shoppers like to shop at brick and mortar stores, rather than using online shopping or other modes (Kang, 2009). This is because, visiting a shopping place and interacting with other fellow shoppers helps in generating good feelings and increases shopping satisfaction (Gray et al., 2011; Borges et al. 2010).

The types of products purchased during a retail therapy trip also have their own importance in mood-alleviation. The previous research shows that amongst different product categories, women mainly prefer to buy apparels, food and accessories, whereas men mostly purchase food, electronics, movies and games (Surendran & Vardhan, 2014). Kang (2009) found that therapy shoppers mostly like to purchase appearance related products like fashionable clothing, accessories, jewelry etc. and sometimes even certain non-appearance related products such as kitchenware items, household items, electronics, hardware, books, bicycle items etc.

Although, most of the studies say that it is the buying of something which gives more therapy than anything else, the role of other elements in the shopping process cannot be undermined. The researchers like Luomala (2002) and Woodruffe (2001) have observed that the shopping experience and the sensory stimulation may itself be sometimes therapeutic. For some people, even a thought about going for shopping may work. Some shoppers may feel a high from bargaining while others may feel relaxed because of the ambience of the shopping place (Lee, 2013). According to a study by Rick et al. (2014), during the shopping process, the act of choosing a product helps shoppers to gain a sense of control and alleviate sadness.

Retail Therapy in Indian Context

As stated earlier also, the research on retail therapy in India is at a nascent stage. Only a few studies have been undertaken till now, to determine the usage and adoption of this behaviour among the Indian shoppers. In this direction, Dittmar&Kapur (2011) found that, though consumer culture is less developed in India, but the materialistic values are strongly endorsed and people do indulge in emotional shopping. Further, to understand the retail therapy behaviour of Indian shoppers, a study was undertaken by D'Souza (2012). Based on the in-depth interviews with 21 shoppers, it was found that during retail therapy, women enjoy shopping for apparels, shoes, bags and jewelry. Therapy shopping was found to be an effective mood-alleviation tool. It was not, however, clearly explained as to what exactly led to mood-alleviation. In this context, Surendran & Vardhan (2014) found that it was the product range, ambience and store interiors in the retail environment that mostly influenced the mood of therapy shoppers.

METHODOLOGY

Sample

Data for this study has been collected from women living in the major cities of the Punjab State (Northwest India), including- Ludhiana, SAS Nagar (Mohali), Amritsar, Jalandhar and Patiala, and also the capital city Chandigarh (<http://punjab.gov.in/know-punjab>). Using non-random sampling, a field survey had been carried out covering 800 women belonging to diverse demographic backgrounds.

Since, the focus of this study has been on understanding the shopping behaviour during a retail therapy trip only, not all the women could be part of it. Accordingly, a note had been

given, in the beginning of the questionnaire, explaining the meaning of the term retail therapy and asking the women to fill it only if they believed that they actually shop for mood-alleviation.

Out of the total 800 women approached, 413 had recognized themselves as therapy shoppers and had filled in the questionnaire. The demographic profile of these respondents shows that majority of them i.e. 58 per cent represent Generation Y, 30 per cent are the women from Gen Z and remaining 12 per cent represent Gen X and the Baby boomers. About 60 per cent of the women are married. Education level-wise, 56 per cent are post graduates, while 32 per cent are graduates, with the remaining 12 per cent are under-graduates. About 40 per cent of the respondents have an own monthly income of less than Rs. 20,000, while twenty one per cent have income up to Rs. 40,000 per month. 51 per cent women belong to the working class representing different professions including teaching, banking and insurance, and other professions like own business, government or private office employees etc., while 49 per cent belong to the non-working class, including post-graduate students and housewives. Using non-random sampling, data from the working women and students of different colleges had been collected during their break time, as per their convenience. The housewives, on the other hand, had been approached using snowball sampling by first getting references from working women and then from other housewives.

Survey Instrument:

As explained in the 'sample' section, the questionnaire used for this study firstly covered a note to check the eligibility of the respondent to be a part of the survey. Following that, different types of multiple choice and ranking questions including information such as products preferred, retail formats preferred, preferred mode of payment, frequency of buying impulsively, time and money spend etc. had been asked for. The last section covered the demographic details.

Data Analysis Techniques

To analyze the shopping behaviour of the Indian women during a typical retail therapy trip, descriptive analysis including- frequencies, percentage and ranks, has been carried out.

DATA ANALYSIS

The data analysis results for this research have been explained in the form of answers to the following questions-

➤ **Whom the therapy shoppers like to accompany them during retail therapy?**

The first question relates to the person that the therapy shoppers like to take along when they shop for mood-alleviation. After analyzing the responses to this question, it has been found that approximately 48 percent of the women prefer to go for retail therapy with some family member, followed by 43 per cent who like their friend/s to accompany them. It is only about 9 percent of the respondents who have said that they prefer to shop alone (refer Table 1).

Table 1: Descriptive data for therapy shopping trip behaviour elements

Variables	Therapy shoppers (N=413)	
	Frequency	%age
Company:		
Friends	179	43.3
Family	198	47.9
Alone	36	8.7
For:		
Myself	228	55.2
Family	164	39.7
Friends/others	21	5.1
Mode:		
Cash	338	81.8
Credit/debit card	75	18.2
Impulse buying:		
Never	79	19.1
Rarely	101	24.5
Sometimes	163	39.5
Often	49	11.9

Always	21	5.1
Time:		
Yes	223	54.0
No	190	46.0
Money:		
Yes	162	39.2
No	251	60.8

➤ **For whom they like to buy?**

Although, most of the respondents have been found seeking company for therapy shopping, but interestingly, 55 percent of them have agreed that during such a shopping trip, they mostly like to buy something for themselves. At the same time, about 40 percent of them have also said that they like to buy something for their family. This is an indication that Indian women do not necessarily buy something for themselves, rather gifting to others also carries therapeutic value for them (refer Table 1).

➤ **How they pay?**

It has been found that paying for products through credit cards is less painful because of less transparency and reduced realization of the money outflow (see Lee, 2013). As such, therapy shoppers have been found to use the credit mode more than cash payment mode for a mood-alleviative trip (Woodruffe, 2001). In this study, out of the total 413 self-identified therapy shoppers, about 82 percent have said that they prefer to make cash payment for the products purchased during a retail therapy trip (refer Table 1), while only 18 percent of them like to make use of credit or debit card.

➤ **Do they make impulse purchases?**

As explained in the 'background' section also, when shopping is intentionally done for mood-alleviation, people feel lack of control and start showing impulsive behavior. Accordingly, they make more unplanned purchases during a retail therapy trip. As per the results of this study, about 40 percent of the total respondents have said that they 'sometimes' buy impulsively during retail therapy trip, followed by those (approx. 25%) who 'rarely' do so. Further 19 percent have said that they 'never' buy anything unplanned. There are only about

12 per cent of the respondents who have agreed that they 'often' and just 5 per cent who have said that they 'always' buy impulsively during retail therapy shopping (refer Table 1).

➤ **How much time they spend?**

Kang & Johnson (2010) found that when people are in a down mood, they try to stay away from the negative situation for as long as possible. Thus, they are more likely to spend extra time in shopping during a retail therapy trip. The same has been found in this study also. Overall 54 percent of the respondents have admitted that they spend more time during retail therapy, as compared to the time spend by them during any normal shopping trip (refer Table 1).

➤ **How much money they spend?**

In the study by Kang and Johnson (2010), it had been found that majority of the therapy shoppers tend to spend more money and buy expensive items during retail therapy trip. In addition, they also tend to buy more number of items than they usually buy during any other normal shopping trip. In this study, about 40 percent of the therapy shoppers have agreed that they spend more than usual money during therapy shopping, whereas, majority i.e. 60 per cent have disagreed to this (refer Table 1).

➤ **Which products they buy?**

The respondents had been given a list of five categories of products, identified on the basis of previous literature, including: clothing, accessories, shoes, home furnishing and cosmetics. Out of these, they had to select those products whose purchase makes them feel more relaxed and happy during therapy shopping and to rank them in order of their importance in up-lifting of mood. Rank 'I' for a product meant that it was the top most choice, followed by other ranks respectively.

In order to know the comparative preference for the products, weights have been assigned to the ranks in reverse order and their sum has been calculated. A weight of 5 has been given to the first rank and similarly 4 to the second and so on. During the survey, the respondents had been given freedom to choose any number of products out of the given five and no forced choice or ranking had been required. Thus, while analyzing the results, the number of respondents who did not chose a particular product in their list (i.e. non-responses) have also been taken into account. A weight of zero has been given for such non-responses

(<https://help.surveygizmo.com/help/limit-ranked-items>). The relative importance of products has been judged based on the weighted mean ranks calculated as shown below:

$$\text{Weighted Mean Rank} = \frac{\text{Total of Weighted Ranks}}{\text{Total Number of Respondents (Including non-responses)}}$$

Based on weighted mean ranks, it has been found that the most preferred product category is clothing (4.04), followed by accessories (2.09), shoes (1.94), cosmetics (1.58) and then home furnishing (1.25). Table 2 shows the number of respondents choosing a particular product in their list, the frequency of different ranks assigned to them along with the weighted ranks, weighted mean rank, and finally showing the number of respondents who did not choose that particular product in their list.

Table 2: Frequency, ranks and weighted ranks for products purchased during therapy shopping

Product/ Rank	Frequency of rank and weighted rank	I	II	III	IV	V	Total (in list)	Weight ed mean rank	Not in list
Clothing	Frequency	282	48	17	6	2	355		
	Weighted rank	141	192	51	12	2	1667	4.04	58
		0							
Accessories	Frequency	38	91	68	46	14	257		
	Weighted rank	190	364	204	92	14	864	2.09	156
Shoes	Frequency	36	77	67	45	24	249		
	Weighted rank	180	308	201	90	24	803	1.94	164
Home Furnishing	Frequency	28	28	26	40	105	227		
	Weighted rank	140	112	78	80	105	515	1.25	186
Cosmetics	Frequency	30	37	59	68	43	237		
	Weighted rank	150	148	177	136	43	654	1.58	176

➤ **Which retail formats they prefer?**

Five options for retail formats had been given to respondents, out of which they had to select and rank those formats that they usually chose for therapy shopping. For the purpose of analyzing this data, all the calculations for weighted ranks and weighted mean ranks have been made in the similar manner as that done for analyzing the product preferences. It has been found that the therapy shoppers prefer malls the most (weighted mean rank= 2.79), followed by multi-brand stores (1.92), traditional shops (1.84) and hypermarkets (1.72) along with single-brand store (1.04) at the last position (refer Table 3).

Table 3: Frequency, ranks and weighted ranks for retail formats visited during therapy shopping

Retail format/ Rank		I	II	III	IV	V	Total (in list)	Wei ghte d rank	Not in list
Mall	Frequency	173	41	22	22	15	273		
	Weighted rank	865	164	66	44	15	1154	2.79	140
Hypermarket	Frequency	60	52	40	33	17	202		
	Weighted rank	300	208	120	66	17	711	1.72	211
Multi-brand stores	Frequency	67	58	57	25	5	212		
	Weighted rank	335	232	171	50	5	793	1.92	201
Single-brand stores	Frequency	20	32	30	33	46	161		
	Weighted rank	100	128	90	66	46	430	1.04	252
Traditional shops	Frequency	91	36	18	27	52	224		
	Weighted rank	455	144	54	54	52	759	1.84	189

➤ **What is the role of shopping process elements?**

Respondents had been given a list of ten different elements present in a typical shopping trip and they were required to choose and rank them according to their importance in mood-alleviation. For the purpose of analyzing this data, all the calculations for weighted ranks and weighted mean ranks have been made in the similar manner as that done for analyzing the product preferences. Based on the results, as shown in Table 4, ‘Getting knowledge of new trends’ (weighted mean rank= 2.33) has been found to be the most important element in mood-alleviation, followed by retail attributes like ‘visual display’ (2.09) and ‘shopping place ambience’ (2.01). ‘Actual purchase’ (1.75) of a product has been placed at the fourth position. Many shoppers have even agreed that a simple ‘thought of going for shopping’ (1.54) also leads to happiness. The other elements include-‘trying on items’ (1.21), ‘using the product purchased’ (1.20), ‘bargaining’ (1.15), ‘personnel behaviour’ (1.13), and ‘watching other shoppers’ (0.68) at shopping place (being at the last position).

Table 4: Frequency, ranks and weighted ranks for role of shopping process elements during therapy shopping

Shopping process elements/ Rank		I	II	III	IV	V	Total (in list)	Weighted rank	Not in list
Thought of shopping	Frequency	65	33	28	25	20	171		
	Weighted rank	325	132	84	50	20	638	1.54	242
Ambience	Frequency	78	55	33	43	36	245		
	Weighted rank	390	220	99	86	36	831	2.01	168
Visual display	Frequency	55	73	59	35	49	271		
	Weighted rank	275	292	177	70	49	863	2.09	142
Personnel behaviour	Frequency	11	41	46	39	33	170		
	Weighted rank	55	164	138	78	33	468	1.13	243
Watching other	Frequency	6	12	33	37	31	119		

shoppers	Weighted rank	30	48	99	74	31	282	0.68	294
Knowledge of trends	Frequency	73	55	67	67	44	306		
	Weighted rank	365	220	201	134	44	964	2.33	107
Trying on items	Frequency	8	42	46	59	35	190		
	Weighted rank	40	168	138	118	35	499	1.21	223
Bargaining	Frequency	33	33	25	35	33	159		
	Weighted rank	165	132	75	70	33	475	1.15	254
Actual purchase	Frequency	55	41	42	45	69	252		
	Weighted rank	275	164	126	90	69	724	1.75	161
Use of the item purchased	Frequency	27	34	34	27	69	191		
	Weighted rank	135	136	102	54	69	496	1.20	222

DISCUSSION

Therapeutic shopping behaviour is comparatively a new concept in India and research on this topic is also at a nascent stage. However, the present study shows that, like in other developed countries, Indian women also commonly use shopping for therapeutic reasons. This had been quite clear at the time of data collection itself, because, more than 50 per cent of the women approached, had recognized themselves as therapy shoppers. Their retail therapy behaviour, however, at the same time, has been found to be quite different as compared to what previous research had found in the context of women in western countries. Some of the major observations have been presented in a summarized form in Table 5.

Table 5: Summarized comparison of results of present study with previous studies

Shopping Behaviour Elements	Previous Studies	Present Study
Company	Prefer to shop alone (Woodruffe, 2001; Luomala, 2002; Kang, 2009; Huddleston & Minahan, 2011; D'Souza, 2012)	Seek company

Self-gifting	Indulge more in self-gifting(Mick and De Moss, 1990; Luomala, 2002; Atalay and Meloy, 2011; Mortimer et al., 2015)	Indulge in self-gifting, but also like to buy for family
Mode of payment	Mostly prefer card payment(Woodruffe, 2001)	Prefer cash payment
Impulse buying	Indulge more in impulse buying(Baumeister, 2002; Atalay and Meloy, 2011)	Comparatively less percentage agreed
Time	Spend more than usual time(Kim et al., 2005; Kang, 2009)	Similar findings as that of previous studies
Money	Spend more than usual money(Kim et al., 2005; Kang, 2009)	About 40 per cent agreed
Products	Buy more appearance related products like clothing and accessories etc.(Kang, 2009;D'souza, 2012; Surendran and Vardhan, 2014)	Similar findings as that of previous studies
Retail format	Mostly prefer malls and other brick and mortar stores (Kim et al., 2005; Gray et al., 2011; Borges et al., 2010)	Prefer malls, but also prefer traditional stores
Shopping process elements	Retail ambience, personnel behaviour, purchase, updated knowledge, bargaining, thought of shopping, using the products etc. (Woodruffe, 2001; Luomala, 2002; Kang, 2009; Lee, 2013; Surendran and Vardhan, 2014)	Similar findings as that of previous studies

As shown in Table 5, the aspects on which Indian women shoppers show similar kind of shopping behaviour as that of the western shoppers include- buying self-gifts, spending more than usual time, buying more appearance related products, preferring to buy from malls etc. They also find the role of retail attributes as important in mood-alleviation. Buying of a product is also important for them. Even a thought of going for shopping can bring a smile on their face.

At the same time, a number of differences have also been observed in their shopping behaviour as compared to what previous research had found in context of western shoppers. Whereas, the previous studies had shown that retail therapy shoppers tend to shop alone (Woodruffe, 2001; Luomala, 2002; Kang, 2009; Huddleston & Minahan, 2011; D'Souza, 2012), the same has not been found to be true for the Indian shoppers. Majority of them seek company of others when they want to shop for mood-alleviative reasons. Secondly, Indian women not only like to buy for themselves, rather, buying for others also gives them a therapeutic feeling. In addition to this, majority of them also do not tend to spend more than usual money during therapy shopping. Further, the propensity of Indian women to indulge in impulse buying during retail therapy has also been found to be comparatively low as compared to that found in previous studies (Baumeister, 2002; Atalay and Meloy, 2011). Last, but not the least, although Indian women find malls and hypermarkets to be better places for therapy shopping, many of them also feel happy while shopping at traditional stores.

MANAGERIAL IMPLICATIONS

The present study has a number of important implications for the retailers. Firstly, since the Indian women tend to take along someone from their family or friends during retail therapy, persuading them for buying more can be quite challenging, because of the interference of the person accompanying. Dealing with this issue may require adding up of some special discount offers and deals that might be equally attractive even to those who do not come for mood-alleviative reasons. Further, since many of them also do not tend to make much impulse purchases, such offers may even prompt them to do so.

Although, half of the respondents had agreed that they like to buy something for themselves, self-gifting can be further promoted by advertising slogans such as 'From me! To me' or 'Shopping is cheaper than therapy' etc. Similarly, gifting to others can also be promoted by advertising such as 'Feel good! Buy for your loved ones' etc.

Apart from this, the role of retail attributes has also been found to be important in mood-alleviation. Thus, retailers can work on improving them further e.g. some special attractive

corners can be designed to catch the attention of these shoppers. Display can be changed and updated on daily basis, so as to maintain and enhance enthusiasm amongst the shoppers.

Although, most of the respondents had said that they like to shop at modern formats for mood-alleviative reasons, many of them had also agreed that they choose to go to traditional stores. Local bazaars can take advantage of this and offer specialized and personalized services to meet those expectations of the shoppers, which the modern formats might fail to fulfill.

LIMITATIONS AND FUTURE RESEARCH DIRECTIONS

The present study has focused only on women shoppers. Although, this was done mainly to make the results comparable with that of the previous studies, however, it does not mean that men do not indulge in retail therapy. A future research may be undertaken for understanding the shopping behaviour of male therapy shoppers also and to understand how they differ in their approach from the women shoppers. Secondly, data for the study has been collected from self-identified therapy shoppers. Previous research indicates that sometimes, people unknowingly engage in shopping when they are feeling down. Thus, it is quite possible that some people might be therapy shoppers otherwise, but they might not be aware of or willing to accept it, and thus may not have filled in the questionnaire.

In this study, comparison of the shopping behaviour of Indian women has been made with that of the western shoppers. But those elements are only based on previous studies and not the current data. Since, the methodology followed by these studies might be quite different, a future research can be done simultaneously covering data from different types of countries for better generalization. Further, data for the study has been collected based on recall of a therapy shopping trip. Since, moods are just temporary feelings; responses at the time of data collection might not be exactly the same as what the shoppers would have actually experienced during shopping. This might have affected their response to the questionnaire items. A solution to this can be to carry out an intercept survey covering both the pre and post shopping mood experiences and then analyzing their actual shopping behavior in the real-time.

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