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Therapeutic benefits of dining out, traveling, and drinking: Coping strategies for lonely consumers to improve their mood

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ABSTRACT

The people in modern societies have found to be more lonely due to longer life span, rising single-person household, and disconnected interpersonal networks. Recently has research begun to shed light on how this phenomenon influences consumers' compensatory consumption to cope with negative moods caused by loneliness. The hospitality and tourism industries need a better understanding of the ways in which their products and services (e.g. dining-out, traveling, and drinking alcohol) provide opportunities for consumers to cope with such loneliness. Thus, this study explored the benefits of hospitality and tourism experiences for individuals who dine out, travel, and drink as a means of coping with feelings of loneliness. Hence, the goals of the current study are threefold: (1) to examine if loneliness influences consumers to engage in consumption in order to cope with their feelings, (2) to compare age-related differences in coping strategies related to loneliness, and (3) to investigate the therapeutic benefits of dining out, traveling, and drinking across loneliness levels. The results of this study suggest that traveling and dining-out can provide significant 'therapeutic benefits' by repairing feelings of loneliness.

1. Introduction

Social interaction is one of the most fundamental and innate motivations driving human needs (Baumeister and Leary, 1995). In modern societies, however, many people have reported that they are increasingly socially isolated and lonely (Wang et al., 2012). Loneliness is a painful, subjective feeling of social isolation that is growing more prevalent (Wenger and Burholt, 2004). Under these circumstances, consumer researchers have begun to recognize the growing population of consumers who are lonely and their particular consumption needs (Wang et al., 2012; Mead et al., 2010). Since loneliness threatens an individual's psychological well-being and quality of life, consumers attempt to cope with their negative moods via compensatory consumption (Yurchisin et al., 2006; DeWall and Baumeister, 2006; Holbrook and Gardner, 2000). Compensatory consumption, or retail therapy, describes "when an individual feels a need, lack, or desire which they cannot satisfy with a primary fulfillment so they use purchasing behavior as an alternative means of fulfillment" (Woodruffe-Burton, 1998, p. 301). When individuals are experiencing feelings of loneliness, consumers strategically engage in consumption in order to repair or alleviate psychological deficiencies such as loneliness. (Baumeister et al., 2005; Yurchisin et al., 2006; Atalay and Meloy,

2011). Previous studies have suggested that experience based consumption (e.g. meals at restaurants or vacations) can lead to greater subjective well-being and happiness than material purchases (e.g. clothes, jewelry, and gadgets) (Carter and Gilovich, 2010; Van Boven and Gilovich, 2003). Even though research on compensatory consumption has gained attention in the retailing literature, little research has addressed the benefits of dining out, traveling, and drinking alcohol for an individual's mood (Chen and Petrick, 2013). Accordingly, the therapeutic benefits of hospitality and tourism services deserve attention.

Thus, this study examined how loneliness triggers people to engage with hospitality and tourism services as a way to alleviate bad moods. More specifically, we focused on the underlying psychological benefits associated with hospitality and tourism services. Given that escaping stressful environments is one of the most important motivations for engaging in tourism experiences (Mannell and Iso-Ahola, 1987), the benefits of taking a vacation, such as helping recover from negative feelings of loneliness, have been identified. Consumers' negative affective states influence travel motivations and intentions (Jang et al., 2009). For example, travel experiences can provide various benefits, including relieving stress (Chen et al., 2016) and enhancing perceived health (Strauss-Blasche et al., 2002), family and other relationships

(Durko and Petrick, 2015), and life satisfaction (Neal et al., 1999; Sirgy et al., 2011). Similarly, restaurant consumers frequently express that they dine out to alter their mood (Luomala and Laaksonen, 1999).

But do all lonely people engage in such consumption in the same way with the goal to repair their mood? We proposed that age is one important characteristic that could affect how consumers engage with hospitality and tourism services to cope with loneliness. While older adults represent a growing segment of socially isolated individuals, loneliness is also on the rise among young adults as well (Hawkley and Cacioppo, 2007). The surge in virtual interaction on social networking sites (e.g., Facebook, Twitter, etc.) prevents young people from having "real conversations" and can paradoxically lead to feelings of loneliness (Turkle, 2012). Accordingly, the current study focused on whether younger and older adults differ in the ways in which they experience and cope with loneliness through the consumptions of hospitality and tourism services.

Therefore, our research question was whether loneliness causes people to engage in hospitality and tourism consumption (e.g., dining out, traveling, and drinking alcohol) for the sake of alleviating psychological distress. In other words, do lonely people engage in hospitality and tourism activities because they perceive them as a therapeutic way of reducing loneliness? The purposes of this research were threefold. Our first objective was to provide examples of hospitality and tourism consumption that act as coping mechanisms. Although there is evidence that many aspects of consumer behavior may be understood in the context of consumer efforts to alleviate negative moods (Baumeister et al., 2005; Atalay and Meloy, 2011), it is not clear whether lonely consumers are driven to engage in compensatory consumption in hospitality and tourism service contexts. Hence, we investigated how lonely consumers use different forms of consumption (dining out, traveling, and drinking alcohol) as mood-alleviating devices (Luomala and Laaksonen, 1999; Luomala, 2002).

Second, we explored how differences in age affect compensatory consumption strategies to cope with loneliness. Due to physical health impairments, senior citizens are less likely to actively engage in dining out or traveling, compared to younger adults (Mathur et al., 1999). Thus, this study compared compensatory consumption between age groups (e.g., older group vs. younger group) to identify whether loneliness motivates different forms of compensatory consumption across age groups.

Third, this study sheds light on the therapeutic benefits of restaurant or tourism products. Researchers in hospitality and tourism have long focused on both the utilitarian and hedonic aspects of consumer behavior (e.g., Ryu et al., 2010). However, these explanations may not fully reflect the benefits of restaurant or tourism products for lonely consumers in modern society. Based on this notion, we highlighted the therapeutic benefits of restaurant and travel services in terms of negative mood reduction and positive mood enhancement. Because coping strategies vary across types of loneliness (situational loneliness vs. chronic loneliness), we compared the therapeutic benefits of hospitality and tourism services across levels (severity) of loneliness.

In summary, we addressed several issues that are important for understanding the relationship between loneliness and compensatory consumption as a coping strategy across age groups. To understand these mechanisms, this study had three main objectives: 1) to compare the strategic motivations for dining out, traveling, and, drinking alcohol between lonely and non-lonely individuals to identify whether hospitality and tourism services and products provides therapeutic benefits; 2) to investigate whether coping strategies to deal with loneliness (dining out, traveling, and drinking alcohol) differ between younger adults (18–54 years old) and older adults (55 and older); and 3) to further explore whether moderately lonely consumers perceive greater therapeutic benefits in terms of positive mood reinforcement compared to severely lonely consumers.

2. Literature review

2.1. Loneliness and compensatory consumption

Loneliness refers to the subjective unpleasant feeling that occurs when an individual's social relationships are deficient in either quality or quantity (Peplau and Perman, 1982; Wang et al., 2013). With the dramatic changes that have occurred in the structure of household arrangements, people in modern societies often suffer from loneliness. This unpleasant feeling can affect one's quality of life, cause depression, or even lead to physical illnesses (Hawkley and Cacioppo, 2007; Sorkin et al., 2002). When the basic need for social interaction is not met, people reinforce their efforts to seek substitutes or a way to compensate (Ryan and Deci, 2000). To alter such feelings of loneliness, people may embrace coping behaviors (Perlman and Peplau, 1982; Pieters, 2013). Coping refers to any action or behavior that enables an individual to handle difficult situations, solve problems, or reduce negative moods (Lazarus and Folkman, 1984). Gronmo (1988) observed that when people are faced with adverse states (e.g., loneliness) they are motivated to cope by engaging in compensatory behaviors (e.g., shopping and eating). Hence, negative moods can trigger people to actively employ a variety of coping strategies (Billings and Moos, 1981). Different coping strategies can be used to reduce or repair adverse moods (Lazarus and Folkman, 1984). Lazarus and Folkman (1984) among others, categorized 'dining out,' 'traveling,' and 'drinking alcohol' as known emotion-focused strategies. Emotion-focused strategies are actions or behaviors directed at regulating one's emotions, such as avoiding a situation or engaging in activities to get one's mind off a problem. That is, bad moods (loneliness) are compensated for by engaging in potentially uplifting activities or distracting oneself from negative events. Hospitality and tourism services such as dining out or traveling are representative mood-regulatory devices. Based on this notion, this study proposed that lonely consumers (compared to non-lonely consumers) are more actively engaged in compensatory consumption, such as dining out, traveling, or drinking alcohol.

2.2. Age-related differences in compensatory consumption

Loneliness is a subjective experience and is not always correlated with the quantity of social relationships a person has. People can feel lonely in a crowd and be alone without feeling lonely. Further, feelings of loneliness can emerge across adult life. Although older adults represent a growing segment of socially isolated individuals, loneliness is also rising in young adults (Hawkley and Cacioppo, 2007). Hawkley and Cacioppo (2007) provided evidence of age-related differences in associations between loneliness and coping behaviors.

As people age, they face more constraints on their daily activities, defined as "the perceived or experienced reasons which prohibit an individual from leisure activity engagement" (Hawkins et al., 1999). For instance, declining health, reduced income, or loss of a partner can cause people to stop participating in a variety of leisure activities including walking, dining out, traveling, and visiting family and friends (Iso-Ahola et al., 1994). Evidence supports that aging-related constraints have an impact on consumer behaviors, such as traveling (Kazeminia et al., 2013) and the likelihood of eating out (Jang et al., 2007). Further, researchers have used socioemotional selectivity theory to better understand and explain leisure activities and aging (Carstensen, 1992). According to this theory, as people age they tend to reduce their social activities and focus on a few select activities to compensate for their reduced resources (Genoe and Singleton, 2006). Ultimately, these constraints decrease seniors' activity levels compared with their younger counterparts.

Even though seniors' engagement in activities often declines, continuity theory supports a relationship between aging and leisure activity in difficulty times. Since activities can provide opportunities for generating positive feelings, particularly during stressful or difficult