

# CONSUMPTION PRACTICES DURING THE COVID-19 CRISIS

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## Abstract

This research draws on protection motivation theory, temporal construal theory and self-determination theory to understand consumption practices during a pandemic crisis by looking at the narratives of British consumers during the COVID-19 crisis. A two-stage design is adopted; the first stage adopts an exploratory strategy to identify consumption-related themes using netnography, while the second stage explores these themes further to gain a deeper insight through 13 semi-structured interviews. Three themes emerge relating to different aspects of consumption practices. These themes are found to link to the self-control research area and include consumers' self-control changing their shopping behaviour, having less self-control over unhealthy snack consumption and having less self-control concerning alcohol. These lead to changes in other consumption practices, including store format and type of shopping. Different initiatives are discussed to help retailers retain their new lockdown customers, to help manufacturers provide healthier options and to help weight management businesses and the National Health Service reduce unhealthy consumption habits.

Keywords: Consumption practices, crisis consumption, Coronavirus, COVID-19, pandemics, self-control, Temporal Construal Theory.

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### 1. Introduction

The U.K. went into full national lockdown on 23 May 2020 and the public were advised to stay at home and minimise their contact with others to reduce the transmission rate of the coronavirus (COVID-19) crisis. People were allowed to leave the house for three main reasons: essential consumption, essential travel and daily exercise. Consumption was only possible for essential items at grocery stores, pharmacies and banks, while essential travel was restricted to that needed for essential consumption and key workers'<sup>1</sup> commutes to and from their places of work. Daily exercise was limited to up to one hour outside of the home and with members of the same household. These restrictions significantly affected consumption because consumers had strict limitations on being outside the home and what they were able to purchase. It was not possible to purchase from non-essential physical shops (e.g. clothes, books) or from the hospitality, leisure, and tourism industries.<sup>2</sup> England had a second lockdown between 5 November and 2 December 2020, which was less strict than the first national lockdown, as some non-essential shops and food outlets could provide collection or take-away services. England entered a third lockdown on 5 January 2021 to help mitigate the second peak of infections. This was similar to the first lockdown, with non-essential retail and food outlets closing and restrictions being placed on essential travel. Non-essential retail opened on 12 April 2021. The U.K. is an interesting country to look at in terms of the COVID-19 pandemic for the following reasons; (1) it was able to observe the impact of the crisis on other European countries that were affected earlier, (2) the nature of the lockdown was also different to ones imposed in these countries, (3) the death

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<sup>1</sup> Key workers included those in segments such as health and social care, education and childcare, key public services, national and local government, food and necessary goods, public safety and national security, public transport, utilities, communication and financial services (GOV.UK, 2020a).

<sup>2</sup> The easing of lockdown involved phase 2, which allowed consumers to go to non-essential shops starting from 15 June 2020. Phase 3 included the opening of pubs, restaurants, hair salons, cinemas, theme parks and holiday and caravan sites starting from 4 July and gyms starting from 25 July. Theatres, night clubs and events (e.g. sporting, music) have remained closed since before the first national lockdown in March 2020. Local lockdowns have occurred since July 2020. Northern Ireland, Scotland and Wales have different lockdown rules.

rate has been the highest in Europe from the first peak until present day (Worldometer, 2020) and, (4) U.K. consumers reported the most change in their shopping habits due to the pandemic crisis in Europe (YouGov, 2021).

This research draws on protection motivation theory (PMT), temporal construal theory (TCT) and self-determination theory (SDT) to address the following question: “How do British individuals describe their consumption practices during a pandemic crisis?” PMT shows how consumers are motivated to protect themselves when they feel threatened by combining threat and coping appraisals (Rogers, 1983). TCT explains how consumers form different representations of the same information depending on the perceived proximity (proximal vs. distal) of an event in time (Liberman and Trope, 1998). SDT considers both intrinsic and extrinsic motivations (Ryan and Deci, 2000) to explain consumer behaviour in different situations (Gilal et al., 2019).<sup>3</sup>

This study makes two main contributions. First, it extends empirical research on crisis consumption to include a pandemic by focusing specifically on COVID-19. Research currently exists for other crises including economic recessions (e.g. Kaytaz and Gul, 2014) and natural disasters (e.g. Weinberger and Wallendorf, 2012). Knowledge gained from the first wave will benefit retailers, manufacturers and the National Health Service (NHS), allowing them to prepare for any potential subsequent waves. Such waves are likely until either a cure has been found, the vaccines have been fully deployed in the U.K. and in the rest of the world or the risks of any current or potential variants have been sufficiently mitigated. Additionally, it will help with planning for future pandemics. This will also benefit the economy.

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<sup>3</sup> SDT consists of an amalgamation of six mini-theories that explain psychological need including: cognitive evaluation theory (CET), organismic integration theory (OIT), causality orientations theory (COT), basic psychological needs theory (BPNT), goal contents theory (GCT) and relationships motivation theory (RMT; Gilal et al., 2019). This research focuses on the CET component as it is the most relevant for this context.

Second, this research extends our current understanding of self-control into a new research area of crisis consumption. Self-control has been extensively considered within consumer research (e.g. Agrawal and Wan, 2009; Fujita et al., 2006; Trope and Fishbach, 2000) and in different domains such as overspending, overeating and drug and alcohol abuse (Baumeister et al., 2007), but to date it has not been widely considered within a crisis scenario. Research on self-control complements research into crises, as the current literature has demonstrated consumers were able to control consumption practices by buying fewer, cheaper and lower quality items, along with shopping at different outlets during different crises (Koos et al., 2017). This research clarifies how British consumers displayed different elements of self-control during a pandemic crisis.

The remainder of this article is organised as follows: a literature review on crisis consumption and self-control is followed by a discussion of the two-stage research design, which consisted of netnography followed by semi-structured interviews. The results then show the three resulting themes, and a discussion will conclude the article.

## 2. Literature Review

### 2.1. *Crisis Consumption and COVID-19*

A crisis is an unexpected event that creates uncertainty, threatens routines and affects the accomplishment of tasks (Kutak, 1938). It can severely impact people's consumption patterns and routines (Koos et al., 2017). Research has studied consumption in the context of economic crises (e.g. Kaytaz and Gul, 2014; Sarmiento et al., 2019) and natural disasters (e.g. Sneath et al., 2009; Weinberger and Wallendorf, 2012); while the findings of these studies are broad and varied, they are consistent in revealing the negative emotions that individuals suffer as a result of different crises. Individuals use consumption as a strategy to appease these negative emotions (Kemp et al., 2014; Kemp and Kopp, 2011; Mick and Demoss, 1990;

Tice et al., 2001), and consumers learn to purchase differently and more intelligently during crisis scenarios (Sarmiento et al., 2019).

The wider literature on crises is dominated by economic crises in the form of financial or economic recessions within consumer research. This research is consistent in finding that consumers adapt their consumption practices in a variety of ways, which are not only limited to reducing consumption levels, but also include changing the way they shop. Consumers have been found to reduce their consumption expenditures, adapt by buying cheaper goods (Kaytaz and Gul, 2014; Urbonavicius and Pikturniene, 2010) and prioritise buying essential products by forgoing secondary, luxury or not immediately required expenses (e.g. take away coffee, leisure activities, going out in general; Alonso et al., 2017; Boost and Meier, 2016; Castilhos et al., 2016; McKenzie and Schargrodsy, 2011). They have also been found to adopt different cost-reducing strategies such as changing their diet by buying cheaper food items and less meat (Boost and Meier, 2016). Consumers also change the way they shop during an economic crisis by increasing shopping trips to multiple times a week, looking for greater store variety and bargains (McKenzie and Schargrodsy, 2011) so they can compare prices and search for the best deals (Castilhos et al., 2016). Finally, they change where they shop, more readily frequenting discount stores, charity organisations, food banks, clothing banks, flea markets and second-hand stores (Boost and Meier, 2016).

There has been less research covering the impact of other types of crises on consumption. They show that such crises have the opposite effect on consumption than economic crises. Consumers were found to adopt impulse purchases when recovering from war crises, with such purchases associated with emotions like excitement and happiness, as was found by Jebarajakirthy and Lobo (2014) with microcredits among the youth. A similar reaction was found in research looking at natural disasters; for example, Sneath et al. (2009) found that consumers' feelings of loss of control associated with Hurricane Katrina resulted

in the adoption of undesirable buying behaviours such as impulsive and compulsive purchasing after the storm due to their increased levels of stress. This pattern of increased levels of consumption was also found by Kennett-Hensel et al. (2012).

COVID-19 is an unpredictable virus that has led to an unexpected global pandemic crisis in which over 137 million individuals in 221 countries have been infected (Worldometer, 2021). Different articles are emerging that look at how the pandemic has affected different aspects of consumption. Mehroliia et al. (2021) found that consumers who used online food delivery services were linked to lower perceptions of threat, higher purchase patterns, higher product involvement and higher perceived benefits. Prentice et al. (2020) noted how consumers' fear of shortages led them to panic buy, which was influenced by a combination of governmental measures, media communications and their peers and friends. This resulted in consumers feeling a sense of security during uncertain times, as well as feeling guilty for buying less essential items such as toilet paper and hand sanitiser. Milaković (2021) found that the pandemic influenced consumers' personal and behavioural processes, with consumer vulnerability and resilience indirectly influencing repeat purchases through purchase satisfaction. The current research contributes to this growing area by using crisis consumption as the central construct and exploring how the COVID-19 pandemic differed from and overlapped with different crises with reference to the literature on self-control. This article illustrates how consumers describe the changes to their broader consumption practices, which will help in the economic planning for future crises.

The U.K. has had the highest death rate from COVID-19 in Europe, with an excess of 127,100 deaths (Worldometer, 2021). The death rate continues to rise, although half of U.K. adults have received their first vaccine dose. The fear attached to contracting and dying from the virus was high during the first peak and national lockdown, because the U.K. population did not have any similar experiences for comparison. PMT suggests that consumers are

motivated to protect themselves when they feel threatened by combining threat and coping appraisals (Rogers, 1983). Threat appraisal involves an individual evaluating the components of a fear appeal in terms of how threatened they feel, which involves perceived severity, vulnerability and reward components (Milne et al., 2000). This is followed by the coping appraisal, when the individual evaluates their ability to cope with and prevent the threatened danger based on response efficacy, self-efficacy and response cost factors (Floyd et al., 2000).

## 2.2. *Self-Control and Temporal Construal Theory*

Changes in consumption practices that individuals have adopted in times of crises reflect that they felt they could control consumption when living in uncontrollable times. Self-control – described as an individuals’ “ability to control or override one’s thoughts, emotions, urges, and behavior” (Gailliot et al., 2007, p. 325) – has been found to increase levels of consumption (Lynch and Zauberman, 2006). Self-control has been studied in diverse areas within consumer research such as overspending, overeating, drug and alcohol abuse, smoking, lack of persistence and procrastination (Baumeister et al., 2007). For example, a consumer may struggle internally about spending money on purchases versus having a longer-term goal for savings and financial security (Haws et al., 2016). Within the context of eating, individual may control or lack control over what and how much to eat (Flegal et al., 2012), as well as deciding to engage in indulgent consumption (Shiv and Fedorikhin, 1999).

Self-control is a personality trait that remains fairly constant over one’s lifetime (Mischel et al., 1989; Tangney et al., 2004). A consumer with more self-control in general should have greater self-control in different domains such as spending and eating because they are better able to monitor and change their own thoughts and actions (Farmer et al., 2017), which shows an ability to self regulate (Haws et al., 2016) and control their thoughts, emotions, impulsive behaviours and actions (Baumeister, 2002). It can also signal the type of person they are (in

terms of self-control) to others (Prelec and Bodner, 2003). The reverse is also true (Haws et al., 2016), which is supported by individuals who have low self-control in domains such as compulsive buying and binge eating finding it difficult to avoid the temptation of overconsumption (Faber et al., 1995). Consumers with low self-control tend to have a reduced ability to monitor and change their own thoughts and actions (Farmer et al., 2017). Some individuals are better at controlling their thoughts and actions than others, who instead tend to engage in behaviours that benefit them in the immediate term but which may be at the expense of future, longer-term outcomes (Griskevicius et al., 2012).

Consumers' self-control is influenced by temporal distance (Fujita et al., 2006), which is a type of psychological distance in construal level theory (CLT) that has been found to influence how consumers make and evaluate decisions (Liberman and Trope, 1998; Trope and Liberman, 2003). It includes attention, product evaluations and aspects of consumer choice (Dhar and Kim, 2007), and consumers form different representations of the same information depending on the perceived proximity of an event in time (Liberman and Trope, 1998). TCT (Trope and Liberman, 2000, 2003) suggests that more distant future events are more likely to be represented by abstract superordinate and core features with high-level construal. Similarly, when individuals make immediate decisions, they are more concerned with subjective experiences (Pronin et al., 2008) and subordinate features with low-level construal (Nussbaum et al., 2003).

The link between temporal distance and consumption addresses whether consumers decide to purchase now or later (Malkoc et al., 2005) and the alternatives to be considered in their purchase decision (Lynch and Zauberan, 2007). It also explains differences in purchase patterns for the near and distant future (Eyal et al., 2004; Trope et al., 2007). This explains why consumers with more self-control purchase more virtue products (e.g. sunscreen, dental floss, condoms) that will benefit them in the future, compared to those with



lower levels of self-control, who tend to purchase products that are immediately beneficial (Ein-Gar et al., 2012). Product advantages and benefits are more salient in decision-making for the distant future, while the negatives are more salient in the near future (Eyal et al., 2004). Consumer evaluations tend to be based on lower level and concrete product features (e.g. taste and pleasure) when they occur in more proximal conditions, but on higher level and abstract product features (e.g. health) when they occur in the distant future (Fujita et al., 2006; Trope and Liberman, 2000, 2003). Temporally distant experiences create high-level construals that increase self-control and temptation resistance (Fujita et al., 2006), which explains why consumers tend to make unhealthy choices when purchasing products for immediate consumption and healthier products to consume in the future (Bucher-Koenen and Schmidt, 2011; Hanks et al., 2013; Milkman et al., 2010; van Epps et al., 2016), because they find it difficult to delay indulgence as a form of gratification (Metcalfe and Mischel, 1999).

Consumers' needs for a particular product can be explained by their different motivations (Carrigan, 1998). According to SDT, intrinsic motivation involves individuals voluntarily performing an activity in the absence of reinforcement or rewards because they find it enjoyable and satisfying (Deci and Ryan, 1985). This is contrary to extrinsic motivation, which involves individuals performing an activity to receive an outcome separate from the actual behaviour such as an external reward or avoiding negative consequences (Ryan and Deci, 2000). Extrinsic motivation is more controlled (Cadwallader et al., 2010), because individuals are externally motivated to conform to external pressure (Grolnick and Ryan, 1987), to avoid negative emotions and to seek positive outcomes (Deci and Ryan, 2000). This external pressure is placed on the individual (Deci and Ryan, 1985, 2002), and it shows the link between SDT and self-control. This is, however, different from the autonomous nature of intrinsic motivation (Cadwallader et al., 2010).

When they are unable to display self-control, individuals may seem short-sighted: they are being tempted by short-term pleasures over longer term benefits that arise from self-restraint and prudent actions (Fujita et al., 2006; Trope and Fishbach, 2000). This myopia can be reduced by encouraging individuals to adopt a higher construal level, which encourages abstract thinking about the bigger picture and prioritising long-term goals over short-term interests (Agrawal and Wan, 2009; Fujita et al., 2006). Conversely, an individual can also have too much self-control to the extent that they are too farsighted and unable to enjoy life's pleasurable indulgences. This is called hyperopia (Keinan and Kivetz, 2008; Rick et al., 2008) and can be reduced by encouraging individuals to adopt a lower construal level so they learn to enjoy life's pleasures by literally living for the present (Keinan and Kivetz, 2008).

### 3. Methods

This research sought to understand consumption practices during a pandemic by looking at the narratives of British consumers during the COVID-19 crisis. This study consisted of two phases: the first stage adopted an exploratory strategy to identify consumption-related themes using netnography (Kozinets, 2002), while the second stage explored these themes further to gain a deeper insight through semi-structured interviews. Online platforms raise issues of trustworthiness in terms of any statements made and the identity of the statement maker: researchers do not know for certain that users are who they represent themselves to be when posting (Kozinets, 2020). Views and activities online may also differ from offline behaviour; Kozinets (2020) therefore recommends using interviews to help overcome these weaknesses and to validate the findings. Interviews have the added benefit of enabling the exploration of different views in greater depth through dialogue, thereby producing richer and thicker data.

Forums are one of the oldest and richest forms of online community (Kozinets, 2010). I became a member of the two Facebook forums considered in this study shortly after they

started, so I was naturally interacting and engaging on them, which gave me an emic appreciation (Kozinets, 2020). These forums also met the *entrée* requirements for online cultures and communities (i.e. relevant, active, interactive, substantial, heterogeneous and data-rich; Kozinets, 2010). The ‘Portsmouth Coronavirus Support Group’ was created on 13 March 2020 as a public and visible group with 9,660 members providing an informal network of volunteers to help support anyone self-isolating or at risk. The ‘SW19 Mums Network’ was created in 2012 for sharing ideas on places to go, giving recommendations, and asking questions; it is a private and visible group with 15,812 members. Both groups evolved organically in the weeks prior to lockdown to include general discussion forums about COVID-19; updates and observations about groceries/supermarkets; and emotional, personal and product replenishment advice.

I observed that online communications relating to consumption organically unfolded when COVID-19 reached the U.K. and that this could be used as data. I took a non-participatory (passive) position (Costello et al., 2017) by not commenting on any threads or posing any questions relating to this topic, so as not to influence the dialogue or to affect the quality of the data collected (Kozinets, 2010). Based on viewing both forums multiple times a day over a seven-week period, I had 294 total viewing occasions; I took screenshots of the relevant threads and their content. I recorded notes and kept in an immersion journal. Thematic analysis was used to unify the ideas. Data were coded manually to identify topics used to create the interview guide. Because I did not have permission from the moderators to use any crisis consumption conversations, these themes were gathered for exploratory purposes and led to the qualitative inquiry in the second stage.

### *3.1. Data Collection and Analysis*

Ethical approval was granted for this research by the ethics committee (reference number “BAL/2020/23/GORDON-WILSON”). The netnography stage throughout March

and April 2020 revealed themes related to consumption during a pandemic crisis including expenditure, food and diet, consumption habits and consumption items. Observation occurred in the lead-up towards lockdown and during the four weeks of the coronavirus peak. These themes formed the semi-structured interview guide used in the second stage of data collection (see Appendix 1). This guide consisted of open-ended questions to allow participants the time and flexibility to explore their thoughts and views (Thompson, 1997) and provide rich descriptions. Participants were recruited through a recruitment advertisement on my different social media channels (Facebook and Twitter). The inclusive criteria were consumers who were aged over 18 and had bought their groceries at least once during the lockdown period. All respondents were from my virtual social network, and I ensured that they were not virtually acquainted by checking their lists of friends and profiles.

Thirteen interviews were conducted in the period 3–7 May 2020, just days after the U.K. peak ended on 30 April 2020 (Cuthbertson, 2020). The sample size of the participants was determined by their availability. Interviews occurred online via Google Meet, with the participants and researcher remaining in their own homes due to the lockdown requirements. All of the online interviews experienced delays due to participants needing to download software and interruptions from other household members; I paused the audio-recorder during these interruptions. I kept notes to remind the participants of what they were saying when they were interrupted, especially if they were in the middle of a thought in conversation.

The interviews were audio-recorded and transcribed verbatim and ranged in length from 22 minutes to 1 hour 34 minutes (47 minutes on average), with the length broadly determined by the participant's degree of fear of catching the virus and the degree of change they encountered during the pandemic crisis. Respondents were, on average, 44 years of age, and the sample consisted of six men and seven women from various generational cohorts,

locations in the U.K., professions and ethnicities (see Table 1). The participants in this research can be described as middle-class based on their socioeconomic profiles. This is important, because working-class families have not been found to suffer dramatic changes in their consumption from crises because they have already become accustomed to budget juggling and day-to-day management (Alonso et al., 2015). Pseudonyms have been given to the participants to preserve their anonymity.

Table 1. Participant Profiles

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The researcher was immersed in the data and drew on the participants' understanding by referring back to the interview transcripts to ensure that interpretation occurred in context. A continual hermeneutic and iterative process was used to analyse the data (Spiggle, 1994). Coding was manual to ensure the researcher remained immersed in the data; this involved relating each single part to the text as a whole context – that is, each sentence to the paragraph, each paragraph to the page, each page to each transcript and each individual transcript to all 13 transcripts. The theoretical review then involved moving continuously between existing theories and the data, which revealed that research on self-control fitted well with the data. Emerging patterns and categories were identified by moving between the data and the academic literature (Fischer and Otnes, 2006) to provide deeper insight into the participant motivation. These were amended at each round of the analysis and developed into themes by drawing on the established literature on self-control. Finally, the researcher

contacted the 13 participants again to confirm that the interpretations matched their proposed experiences, thoughts and emotions of the COVID-19 pandemic crisis (Smith et al., 2009).

There are four elements to understanding the validity and reliability of qualitative research (Guba, 1981): transferability, dependability, credibility and confirmability. Transferability was ensured by engaging in dialogue with the participants so they were able to provide both rich and thick descriptions (Merriam, 1998). Dependability was demonstrated by keeping a clear and detailed audit trail (Guba and Lincoln, 1989), which consisted of the author's notes from both the interviews and transcripts, along with a reflexive journal (Halpren, 1983). Credibility was operationalised through member checking (Loh, 2013) by taking the findings and interpretations back to the 13 participants for verification (Cresswell, 2009). Finally, confirmability consisted of using markers throughout the entire research process such as the reasons for theoretical, methodological and analytical choices.

#### 4. Results

The findings represent the narratives of the participants when they talked about their consumption practices just after the first peak of the COVID-19 pandemic crisis. Based on the described methods, three themes emerged relating to different aspects of consumption. These were found to link strongly to the self-control research area and included the participants' level of self-control changing their shopping behaviour. In particular, this was shown in having less self-control over the consumption of unhealthy snacks and alcohol. In the following sections, examples and relevant quotations are presented under each theme.

##### *4.1. Using Self-Control to Change Shopping Behaviour*

Evie and Claudette changed where they shopped during the crisis. This was subjective and very personal to them and can be linked to PMT (Rogers, 1983) because the changes in their shopping behaviour was driven by their need to minimise their risk of contracting COVID-19. They feared catching the virus because of the high death count both in the U.K.

and the rest of the world, as well as the limited availability of care in hospitals during the first peak of the virus. They wanted to protect themselves by reducing any potential exposure to COVID-19 (i.e. perceived severity; Rogers, 1983).

Evie changed from shopping at larger supermarkets to a smaller, local convenience store that stocked essential items in smaller quantities. Research has shown that supermarket formats have been affected in times of a crisis (Kaswengi and Diallo, 2015), and Evie shared that she had changed solely because she wanted to avoid the long queues at larger stores. She wanted to control the people she came into contact with and worried that the queues added too much variety (i.e. perceived vulnerability; Rogers, 1983). Evie felt safer avoiding long queues, although before the pandemic she never thought her family could manage without doing their main shopping in a supermarket. Her previous store criteria were based on range and price (i.e. reward; Rogers, 1983), but she no longer minded that items were more expensive or that she needed to go several times a week to replenish essential items (i.e. perceived costs; Rogers, 1983). Evie thus demonstrated self-control in her ability to monitor and change her own thoughts and actions (Farmer et al., 2017); she expressed that an advantage of the smaller store format was that it encouraged her to buy items she would never have considered before the crisis because of the smaller range offered (i.e. self-efficacy; Rogers, 1983). Changes in Evie's purchasing behaviour and her increase in shopping frequency is consistent with the findings of McKenzie and Schargrodsky (2011), who reported similar findings for an economic crisis. Evie's changed consumption behaviour was very specific to the pandemic crisis and helped her feel a sense of control. Although the aisles were much narrower, making social distancing impossible, she said she still felt safer and more in control because there were rarely other customers inside the store (i.e. response-efficacy; Rogers, 1983). The shop was also more conveniently located, and Evie considered shopping there to be safer and more worthwhile, because it helped support local businesses:

Evie: "... I think it's easy for me to go to my local store and actually I kind of want to support the local...I feel like I'm supporting them rather than the supermarket."

Claudette also stopped shopping at her usual supermarket during the pandemic. Although she thought they had the correct safety measures in place, she was not able to control how careful other customers were. Claudette showed how her self-control in her thoughts, emotions and behaviour (Baumeister et al., 1994). She found shopping during the first peak of the pandemic to be unpleasant because the other customers seemed inconsiderate. Although most wore gloves and masks<sup>4</sup> to protect themselves, Claudette said she felt frustrated, concerned and anxious because they were not socially distancing, including not reciprocating or even noticing her efforts to do so. They also did not wait for her to put items in her trolley, often reaching around her to get things or brushing past her. This brought the reality of the crisis home to her (i.e. perceived vulnerability; Rogers, 1983). Claudette confessed she felt exposed and vulnerable, as well as out of place when surrounded by people wearing masks and gloves. Claudette lost trust in the store's environment due to its inability to control its customers' behaviour. This negatively affected her loyalty towards that supermarket, although the store tried to provide a safer shopping environment (e.g. by implementing social-distancing markers leading into the store), because its customers were not acknowledging these efforts in their behaviours. Claudette shifted her shopping online. She felt greater control in the safety of her own home (i.e. response-efficacy; Rogers, 1983); it also provided better control of the amount she spent on her shopping and saved time (i.e. perceived costs; Rogers, 1983). This is consistent with Mehroli et al. (2021), who found that consumers perceived lower levels of threat and higher benefits with online grocery shopping during the pandemic crisis. Claudette used her self-control to change her shopping behaviour:

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<sup>4</sup> The U.K. government recommended that consumers in England wear face coverings in enclosed public spaces such as shops after the peak on 11 May 2020 (GOV.UK, 2020c).



while she missed shopping at her usual supermarket because she liked their product range and quality (i.e. reward; Rogers, 1983), feeling safe and secure was her number one priority during the pandemic crisis (i.e. self-efficacy; Rogers, 1983):

Claudette: "...It had changed...It was a really different experience...It was just weird and it was a bit frustrating when people aren't able to social distance... If you waited to pass somebody safely, four other people have gone in front of you. It didn't matter what you did ...You can't control the other people....It just made that a very visible thing, whereas normally, you wouldn't know, would you?...I think the ones that I noticed were the ones who were all decked up and then not really doing that bit of it and it seems counter-productive."

#### 4.2. *Less Self-Control over Unhealthy Snack Consumption*

During the pandemic crisis, elements of their diet changed based on participants' self-control, specifically in terms of what they chose to eat as snacks. The crisis seemed to give some participants an excuse to become less controlled and consume more snacks. Debbie, Javine and Mark revealed that they had been purchasing increased quantities of snacks (e.g. biscuits, crisps, chocolates, ice-cream) to provide their children variety and to treat them, now that they were only eating at home due to school closures. This is contrary to the self-control literature showing that consumers tend to make unhealthy choices when purchasing products for immediate consumption over healthier products to consume in the future (e.g. Milkman et al., 2010; van Epps et al., 2016). The reverse existed for these three participants, who purchased healthier snack products to be consumed in the future by their children, under the influence of the pandemic crisis. They admitted they considered these purchases to be a form of positivity and pleasure that gave them a sense of control – unlike the pandemic. As more of these snacks were in the home and the participants were seeing them because they were also at home more during lockdown, they naturally became more tempted to eat them.

Javine explained that she would usually snack on fruit before the pandemic, but there was now less opportunity to do so because she minimised her shopping trips to reduce her exposure to the virus. She therefore chose to go without fruit to ensure that her children were getting sufficient amounts, which resulted in eating more unhealthy snacks herself. She also became tempted to eat healthier snacks when she provided these for her children, which showed her willpower was dwindling:

Javine: “I’m not sure. I’m probably eating a few more snacky things than I normally would because when I give them a snack, I’ll maybe just get a bit of something myself... I’ve probably not been eating as healthy personally as what I’d normally do because I’ve been more concerned about getting them sorted really.”

Interestingly, Mark’s unhealthy snacking behaviour was rarely carried out in front of his child, which shows his ability to be more selective and exercise self-control when others were present. His behaviour is consistent with the Strength Model, which recognises temporary fluctuations in self-control (Baumeister and Heatherton, 1996; Baumeister et al., 2000). Mark’s behaviour also suggests his efforts to try and lead by example as a responsible parent. His secret snacking on healthier foods implies that he wanted to teach his child to develop self-control and a healthier lifestyle through his own example. However, Mark’s threshold for what is acceptable in unhealthy snacking was lowered during the pandemic crisis and as a result of the lockdown. This formed a stark contrast for Mark, who had been accustomed to snacking on healthy foods such as fruit and unsalted nuts when at work. This demonstrates how exerting self-control had previously led him to curb his desires and change how he thought, felt or acted (Muraven and Baumeister, 2000), and sacrifice pleasure (Rottenstreich et al., 2007). His snacking behaviour at work reflected the healthy image that he was extrinsically motivated to represent (Kasser and Ryan, 1993, 1996) in that environment. He appeared to feel less pressured or even judged by others in his home environment, so his

snacking behaviour was uninhibited and more responsive to his needs and desires, which shows he was intrinsically motivated to be satisfied (Deci and Ryan, 2000). Although self-control is fairly constant over one's lifetime (e.g. Mischel et al., 1989; Tangney et al., 2004), Mark's situation shows how self-control regarding snack consumption was not fixed but rather influenced by changing situations. This self-control was lowered when he was either alone or in a work-from-home environment, most likely because he was less likely to be judged by others. This finding is consistent with Wansick (2006), who also found that situational influences affected self-control for eating behaviour. Mark admitted that he eventually became less disciplined and less self-controlled, surrendering to the desire to eat healthier snacks whilst working at home during the pandemic crisis:

Mark: "Probably a little bit more chocolate. I love my chocolate...Pretty much every time I come upstairs it's like I have a couple of mini eggs. In fact, I have about 10 during the course of the day... I think it's probably the hibernation. I think there's an element of 'sod it'. They happen to be there... Being at work is a bit more puritanical about just having the nuts and fruit and stuff like that."

#### 4.3. *Reduced Self-Control and Alcohol Consumption*

The pandemic crisis seemed to give some of the participants an excuse to loosen their self-control with alcohol and resulted in increased alcohol consumption in terms of purchase frequency, quantity, variety and average spend (e.g. Darren: "Yes, I suppose I'm treating myself actually...the outgoings in general, they're a little bit less because there's less to do"). Drink consumption has been described as a ritualised behaviour that enhances social bonding (Kniazeva and Venkatesh, 2007; Ratcliffe et al., 2019; Vohs et al., 2013), a view followed by this study. The findings showed that the participants increased their alcohol consumption for socialising, ritual evolving, escapism and external reasons during the pandemic crisis.

For Nigel, control constituted whether to drink alcohol in his home. He was a single guy with an active social life, who went out several times a week before the pandemic crisis, so he had been an outside-of-the-home social drinker, who did not feel the need to drink inside his home. This changed during the pandemic crisis, when he joined online social drinking nights with his friends over video chat platforms such as Zoom and House Party. He revealed how important this was to him, as he lived alone so it provided him with both company and a form of entertainment. Socialising is a form of intrinsic motivation based on the need for affiliation and the enjoyment of being connected to others (Jeon et al., 2011). Nigel became accustomed to buying drinks for his home as a result of the pandemic, so his alcohol intake increased due to this new availability, although he did not view drinking at home favourably. This shows his internal struggle with the opposing forces of fulfilling his immediate term needs at the expense of his longer-term needs (Griskevicius et al., 2012). Nigel noted he was having less control over refraining from drinking at home; drinking alcohol at home seemed to reflect his undesired self (Banister and Hogg, 2006; Markus and Nurius, 1986) and the type of person that he did not want to become:

Nigel: "...I am not a big drinker. I'm not a drinker who will come back home and unwind over a glass of wine. I feel like half the middle class of British people are alcoholics; that's not me....I found I was drinking much more wine than I ever have and doing these House Party calls".

However, the crisis seemed to have a different effect for a few participants, who were already drinkers within their home. Control for them was about how frequently they drank alcohol. This resulted in them increasing their drinking days and decreasing their non-drinking days, in line with Grossman et al. (2020), who found that individuals consumed more drinks and increased their number of drinking days during the pandemic crisis to relieve stress and boredom: the pandemic crisis gave them an excuse to drink more. This is a common response

to a crisis, as Kemp et al. (2014) also found individuals reported turning to alcohol to cope with the aftermath of a hurricane. Andrew would always have one drink each night over the weekend as a type of celebration to mark not working and to symbolise a period of rest and relaxation. However, now that he was home every day and not working (he was on furlough during this time on a job support scheme), he explained there was no longer any difference between his weekdays and weekends, so he no longer felt the need to control the days that he did not drink. His alcohol ritual evolved as a result of him being at home and not working: he was drinking more often. Although, ritual practices are more salient during more unsettled times to help with the social damage caused by crisis (Weinberger and Wallendorf, 2012), this was not the true for Andrew. He was now having one drink every night:

Andrew: "...If I wasn't at home, I wouldn't be drinking. It's something about being at home in your home environment and having a drink, and because I've been at home, I've just transitioned from a Saturday and a Sunday to every day being a Saturday and a Sunday."

Audrey and Javine would usually drink on Friday and Saturday nights with their husbands before the pandemic to celebrate having more free time over the weekend. Consumers are intrinsically motivated to approach activities that are enjoyable and satisfying (Deci and Ryan, 1985). Both confessed that their number of non-drinking days was smaller, along with their justifications for not drinking. Audrey started to drink over an additional couple of days during the week during the pandemic; she observed that this had never happened before. It seemed that her threshold for acceptable levels of drinking was lower as a result of the lockdown. She shared that drinking was something relaxing and fun to do to help pass the time, as she was bored with having little variation in her daily activities. It also acted as a distraction and helped her to forget – and therefore temporarily escape – the negative aspects associated with the pandemic. Alcohol seemed to provide a form of pleasure that she

was able to control. Audrey's reduced control over her alcohol consumption was manifested in her drinking alcohol more frequently: her present decisions were influenced by her subjective desires (Pronin et al., 2008) because alcohol provided her with immediate rewards such as escapism, pleasure, relaxation and a distraction from the pandemic crisis. This seemed more important to her than any future outcomes associated with not drinking. Audrey was thus intrinsically motivated to experience more positive feelings of pleasure and joy, whilst having fewer negative feelings of fear or anxiety (Deci and Ryan, 1985, 2000).

Alcohol was her coping mechanism:

Audrey: "...This situation is quite, of course, it's unprecedented. It's completely abnormal... You still can't go out. I feel like I'm drinking to – I don't know – just relax, I suppose. The stress of looking after children 24 hours a day, seven days a week, without a break, ever."

Javine also decreased her number of non-drinking days as a result of boredom, being home and the negativity associated with the crisis. This is in line with Pakdaman and Clapp (2021), who found that consumers drank alcohol during the lockdown to relieve boredom and stress. Individuals with lower levels of self-control tend to choose products that focus on present benefits (Ein-Gar et al., 2012), and Javine admitted that she had become less disciplined and controlled about mid-week drinking and would have a drink for any reason that she deemed suitable. This was particularly heightened when the weather was warm and sunny, because Javine thought a cold beer would be a nice and refreshing accompaniment, which inevitably led to another drink:

Javine: "I would never normally have a drink on a Wednesday. I'd had quite a stressful couple of days. The weather was nice so I went outside and had a beer. Then, I shared a bottle of wine with [her husband]. That's quite unusual for me on a Wednesday."

## 5. Discussion

This research has shown how these British individuals describe their consumption practices during a pandemic crisis by drawing on PMT, TCT and SDT. These types of crises are rare, especially on the global scale of COVID-19, so empirical research in this area is limited. Three main findings emerged from the narratives, which were strongly linked to self-control and relevant to the pandemic crisis. They included participants' self-control changing their shopping behaviour, having less self-control over unhealthy snack consumption and having less self-control over alcohol consumption. The last two changes indicated that consumers' threshold for acceptable consumption became lower during the pandemic.

The narratives revealed that participants made changes to their consumption practices to regain their self-control. One participant changed the format of the store where they shopped by moving away from a large supermarket to a smaller and local convenience store. Another participant changed the way that they shopped by moving away from physically shopping in a supermarket (where they were previously a loyal customer) to shopping online with a different supermarket. Grashuis et al. (2020) found that consumers were less willing to shop inside grocery stores during COVID-19. The move by consumers to smaller and local shops, along with using online retailers, has also been acknowledged by Borsellino et al. (2020). This research found that both changes were driven by consumers wanting to minimise their contact with others to lower their risk of catching the virus. These were newly adopted changes that were very specific to the pandemic.

Some of the participants also described how their self-control was diminishing, which resulted in them increasing their purchasing and intake of unhealthy snacks. This was also a newly adopted behaviour for them during the pandemic and was influenced by the increased exposure to snacks that they bought for their children as a treat, along with situational factors such as working from home and not being in the presence of others.

Finally, some participants illustrated the decline in their self-control for alcohol, which resulted in them drinking more during the pandemic. This included one participant starting to drink alcohol at home to engage in a new form of online social activity. Other participants who already tended to drink at home over the weekend before the pandemic increased their drinking days (decreasing their non-drinking days), which was linked to ritual adaptation, escapism and situational (e.g. weather-related) reasons. An increase in both unhealthy snacking and alcohol during lockdown has also been found in other studies (e.g. Blaszczyk-Bebenek et al., 2020; Gerritsen et al., 2020, Jackson et al., 2020). Individuals' increased alcohol consumption during the crisis is thought to be a coping mechanism, because it tended to occur more in individuals who were notably stressed (Callinan et al., 2021; Chodkiewicz et al., 2020; McPhee et al., 2020), depressed and anxious (Lechner et al., 2020)

### *5.1. Theoretical Contributions*

This research shows similarities to previous findings on crisis consumption and self-control for consumers, as well as new results. Four key findings were found regarding crisis consumption. First, research covering different types of crises has shown that individuals can suffer from negative emotions and can use consumption as a strategy to appease these emotions (Kemp et al., 2014; Kemp and Kopp, 2011; Kennett-Hensel et al., 2012; Mick and Demoss, 1990; Sneath et al., 2009; Tice et al., 2001). The negative emotions found in this research were fear of catching the virus, isolation, boredom and stress from being homebound due to the nature of lockdown. Consumers increased their consumption of unhealthy snacks and alcohol to help alleviate these feelings.

Second, consumers adapt their consumption practices in times of financial crisis by changing where they shopped (Boost and Meier, 2016), shopping many times a week (McKenzie and Schargrotsky, 2011) and changing their preferred store format (Kaswengi and Diallo, 2015). The present study had similar findings, along with the additional finding of



adapting their shopping mode, which sometimes shifted online. These changes were driven by safety concerns, because consumers wanted to reduce their exposure to the virus. Third, consumers adopt new strategies and habits during crises (Sarmiento et al., 2019); this research found that, for participants during the pandemic crisis, this included changing to online grocery shopping, starting to drink at home and being less disciplined with unhealthy consumption. Their increased consumption of both alcohol and snacks is inline with the increased levels of consumption following a natural disaster, such as hurricane (Kennett-Hensel et al., 2012).

Fourth, the nature of the lockdown during the pandemic crisis resulted in individuals changing what they consumed because they were more limited: they were only able to buy essential grocery-related items. In this study, consumers started to buy – or bought increased amounts of – alcohol and unhealthy snacks. A change in consumption items was also found in the research of Alonso et al. (2017) but in a different way; the consumers in their study chose to stop making secondary purchases, such as coffee outside the home and leisure activities, due to living through a financial crises. Coincidentally, these items were not available to consumers during lockdown, this was not a consumer decision but rather the government's.

This study has three key findings within the remit of self-control. The current literature on self-control largely consists of quantitative studies using different types of scales. A benefit of this research being exploratory is that it revealed that consumers have various degrees of self-control. Previous studies would categorise this into two groups with individuals either having high self-control or low-control in different domains (e.g. Ein-Gar et al., 2012; Farmer et al., 2017; Tangney et al., 2004), with the level of self-control remaining fairly constant over one's lifetime (Mischel et al., 1989; Tangney et al., 2004). Although this research found that individuals with high self-control changed their shopping practices during the pandemic,

lower self-control was found in relation to unhealthy snacks and alcohol consumption. This was not fixed, as individuals were found to adapt to different situations and environments such as their office, the presence of others and even the weather. Consumers cannot be described as having low self-control within these domains, as they were still aware of their behaviours, which were not carried to excess, or to myopic or even abusive levels.

Second, the existing literature on self-control tends to be more internally directed by looking at an individual's internal process and self-regulation (e.g. Agrawal and Wan, 2009; Baumeister et al., 2002, Fujita et al., 2006; Keinan and Kivetz, 2008; Rick et al., 2008). This research also found that external influences (i.e. the presence of others) have an effect on consumers' feelings of self-control and caused them to modify their consumption practices. This included changing the type of store where they did their grocery shopping, how they did their grocery shopping (moving this online), increasing their intake of unhealthy snacks and starting to drink alcohol at home. The influences were broad and included other shoppers who were strangers, work colleagues, friends and even their children. These influences were very specific to the participants and also specifically relevant within a pandemic crisis.

Third, the literature has shown how situational influences can affect self-control for eating behaviour (Wansink, 2006). The results supported this and revealed that different situational factors can influence consumers' self-control during a pandemic. In terms of increasing unhealthy snacking inside the home, these factors included increased visibility and prominence through preparing such snacks for others. The office environment was found to reduce a consumer's temptation to eat unhealthy snacks. In terms of drinking alcohol at home, feeling lonely could lead to this behaviour, whilst feeling bored and stressed led consumers to increase their alcohol intake through more frequent drinking. The structure and routine provided by a working week had acted as a deterrent to weekday drinking.

Finally, TCT suggests that consumers will tend to make unhealthy choices when purchasing products for immediate consumption rather than healthier products to consume in the future (Bucher-Koenen and Schmidt, 2011; Hanks et al., 2013; Milkman et al., 2010; van Epps et al., 2016). However this study found that this was not the case during the pandemic lockdown, when consumption and travel restrictions resulted in consumers purchasing unhealthier products, such as snacks and alcohol, to consume in the future when needed. This concurs with the finding of Kivetz and Simonson (2002) that consumers can make indulgent choices for the future when temporal distance increases to avoid excessive self-control and more balance (Keinan and Kivetz, 2008; Kivetz and Simonson, 2002). This study, however, showed that this became habitual behaviour for some participants during lockdown. Unhealthy goods were purchased in advance to fulfil future cravings when they needed to escape from, feel less negative about or to relieve any boredom associated with the pandemic.

## *5.2. Managerial Implications*

This section responds to the results and is aimed at three different stakeholders: retailers, snack and alcohol manufacturers and weight management businesses. During the pandemic, people can change where and how they shop. The businesses that acquired new customers during the pandemic should try to retain them during and after any subsequent lockdowns. Online retailers can help to build trust among their new lockdown customers by sending them footage of orders being gathered and packed by staff wearing protective clothing (e.g. masks and gloves), and packing their shopping in sterilised containers. They can also help to build loyalty by providing different delivery premiums, such as free delivery outside core hours and same day or next day delivery appointments. Small and local convenience stores can offer pre-bookable shopping appointments outside their busier times to help minimise the number of customers and contact in the store at any one time. This will also help to overcome the restrictions of narrow aisles in the smaller formats; this could also be effective for larger

supermarkets to help eliminate queues both inside and outside. They could also offer a local delivery service at minimal cost to help protect local customers who are afraid or unable to leave their homes. These initiatives would help to build trust and confidence among their local customers. They can build loyalty after lockdown by offering incentives such as price discounts for a minimum spend or even loyalty programmes based on shopping frequency to retain their new customers.

Snack and alcohol manufacturers can launch healthier alternatives (e.g. reduced fat, fat-free, reduced calorie, or unprocessed snacks) and alcohol alternatives (e.g. alcohol-free, reduced-calorie, or reduced-alcohol drinks) during subsequent lockdowns to encourage consumers to develop healthier consumption habits. They can also work with different types of businesses (e.g. small convenience shops, supermarkets and online grocery retailers) to help promote them to increase awareness among consumers. Individuals need to be educated about not consuming too many unhealthy snacks and drinking too much alcohol during lockdowns to prevent the development of consumer myopia. This would lower their control even further and presents the potential risk of over-consumption or even addiction. The NHS and weight management businesses (e.g. Weightwatchers, Slimming World, MyFitnessPal) could encourage the development of healthy consumption practices through social media and online support during subsequent lockdowns to support individuals with eating a healthier diet. This would help to reduce the potential long-term impact on the NHS that arises from unhealthy consumption habits such as obesity, diabetes and heart problems.

### *5.3. Limitations and Future Research*

This research is subject to limitations. A small sample size was used to explore this research area and the findings reflect the social realities of the participants. Caution must be taken when generalising, which was not the study objective. Future research exploring self-control (including both loss and retention) in a pandemic crisis through changes in

consumption practices could follow the recommendations by Alonso et al. (2017). It could also be extended to conceptualise the link with different political affiliations (e.g. Conservative, Labour and Liberals), social imaginaries (e.g. driven by populism, austerity, resisting lockdown and denying the existence of virus), social backgrounds in terms of income (e.g. those on payment retention schemes or who have loss of earnings as a result of the pandemic) and educational (e.g. those with different educational levels) and cultural capital (e.g. those from different countries facing different lockdown restrictions or different ethnicities and religious groups in the U.K.). Additionally, a link with different generational cohorts such as Generation Z, millennials and baby boomers could also be considered. This would help to show “the evolution of the discourses of the social groups (based on generation, social class, etc.) through time” (Alonso et al., 2017, p. 390).

## 6. Conclusion

This study sought to understand consumption practices during a pandemic crisis by looking at the narratives of British consumers during the COVID-19 crisis. The U.K. is an interesting field due the nature of its lockdown and having the highest death rate in Europe. Three themes related to different consumption practices emerged from the narratives. Consumption practices were strongly linked to self-control and included consumers’ self-control changing their shopping behaviour and having less self-control over consumption of unhealthy snacks and alcohol. This also led to other changes in consumption practices including preferred store format, type of shopping and snack and alcohol consumption. This study shows similarities with existing findings on crisis consumption, as well as novel refinements to those findings. This includes individuals using consumption to alleviate negative emotions caused by the crisis, adapting their consumption practices, adopting new strategies and habits and changing what they consume. Within the remit of self-control, this includes individuals adapting their self-control to suit different situations and environments, along with the presence of others

and situational factors both influencing levels of self-control.

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## APPENDIX 1: INTERVIEW QUESTIONS RELATING TO THIS RESEARCH

1. To what extent has your life has been affected by the coronavirus pandemic in terms of:

- Work (location, time and pay)?
- Financial circumstances (income and expenditures)?
- Food and diet?
- Use of technology?

2. How have your shopping habits changed during coronavirus pandemic in terms of:

- Visiting supermarkets?
- Online grocery delivery?
- Overall spending on grocery shopping?

3. How much did you typically spend per week on groceries:

- Before lock down?
- After lockdown?

4. How has your consumption changed since the coronavirus lockdown took effect in terms of:

- Healthy eating?
- Alcohol intake?

5. Were you aware of social-distancing before lock down?

6. What personal measures have you taken to mitigate the risk of catching COVID-19?

TABLE 1 - Participant Profiles

Name	Age	Gender	Family Status	Profession	Location in the U.K.	Ethnicity
Mark	49	male	Cohabiting with child	IT Manager	London	Black, lives in multi-racial household
Charles	43	male	Married with a child	Economic Researcher	The South	White
Bob	66	male	Married with 2 children and 4 grandchildren	Retired (former Project Manager)	The Midlands	Black
Evie	42	female	Married with a child	Senior Governance Officer	The South	White
Nigel	44	male	Single, no children	Financial Sales Manager	London	White
Andrew*	32	male	Married with 2 children	Construction Project Manager	The Midlands	White, lives in multi-racial household
Claudette	42	female	Married with 2 children	Finance and Premises Assistant	London	White, lives in multi-racial household
Debbie	46	female	Married with a child	IT Consultant	London	White, lives in multi-racial household
Lauren	45	female	Married with 2 children	Stay at home mum	The South	White
Javine	42	female	Married with 2 children	Senior Probation Officer	The North	White
Anita	37	female	Cohabiting with 2 children	Freelance Graphic Designer	London	White, lives in multi-racial household
Audrey	41	female	Married with 2 children	Stay at home mum	London	White
Darren	43	male	Cohabiting, child from previous relationship	Sales Director	The Midlands	Black

\* Andrew received 90% of his salary through a payment retention scheme for six week and shared how this did not change his spending.