

## THE DYNAMICS OF EMBARRASSMENT IN THE PURCHASING PROCESS IN PHARMACIES: PERSPECTIVES ON PHYSICAL POINTS OF SALE

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#### PALLOMA NUNES ANDRADE DOS SANTOS

UNIVERSIDADE FEDERAL DO RIO GRANDE DO NORTE (UFRN)

Agradecimento à orgão de fomento:

This study was supported in part by the: Universidade Federal do Rio Grande do Norte (UFRN) - PPGA/PROFIAP/FELCS/UFRN; Instituto Federal do Piauí (IFPI); Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - Brasil (CAPES) - Código de Financiamento 001/Finance Code 001."

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#### ABSTRACT

This article investigates how emotions are manifested, especially embarrassment, in consumer behavior in the context of pharmaceutical retail. Embarrassment is highlighted as a negative emotion that arises when purchasing products considered socially embarrassing, such as medications for erectile dysfunction and condoms, among others. As an empirical investigation strategy, qualitative research used in-depth interviews totaling 13 interviews with consumers and 13 with pharmacy clerks. Core meaning analysis was used to understand the causes of embarrassment and the strategies adopted by consumers to deal with it. The results reveal that consumer embarrassment is motivated by fear of social judgment and privacy exposure, showing that consumers may abandon the purchase or develop strategies to face embarrassment and purchase products.

Keywords: Emotions. Consumer behavior. Embarrassment. Decision-making.

#### **1. INTRODUCTION**

Consumption is one of the activities inherent to the daily lives of human beings, where the historical, economic, social, political, and cultural context, as well as emotions, intervene in the way of acting and directly influence consumer behavior and decision-making (Oliveira, Antonialli, 2019; Ono *et al.*, 2014). Therefore, knowing what consumers want and how they make their purchasing decisions is essential for organizations to be successful in their market (Oliveira, Antonialli, 2019).

Products commonly associated with purchasing embarrassment include condoms, feminine hygiene products, and personal care items. Factors such as fear of interacting with the store clerk, perceived witnesses, and surrounding anxiety, judgment, or stigmatization can affect purchasing embarrassment levels (Brackett, 2004; Arndt; Ekebas-Turedi, 2017; Blair; Roese, 2013; Nichols; Raska; Flint 2015). The feeling of embarrassment goes beyond a choice decision. Therefore, the focus of this research is to observe what its sources are and how embarrassment can influence the purchasing process and interfere with the consumption decision.

Thus, the object of study is qualitative research, which focuses on consumers and pharmacy attendants in the city of Oeiras in the state of Piauí, Brazil. This sector was chosen because it is an environment in which a substantial proportion of consumers from different social realities are present, allowing a global analysis from a social perspective. Furthermore, when thinking about products that may cause embarrassment, pointed out in the literature, such as condoms, contraceptives, and medications for erectile dysfunction, which are found mainly in pharmacies, the choice of a city in the interior of a state in the northeast of Brazil is due to two points to be highlighted: i) a reapplication of the work by Isabella, Barros, and Mazzon (2015) carried out in the city of São Paulo, a cosmopolitan city with the largest population in Brazil, and ii) observing behaviors in a historic, rural city with around 38 thousand inhabitants (IBGE, 2022) and strong religious influence located in the interior of the state of Piauí based on cultural effects.

The main objective of the study is to understand how embarrassment manifests itself in consumer behavior during the act of purchasing at physical points of sale in the pharmaceutical sector, emphasizing the causes and strategies used by consumers to deal with emotions arising from the consumption relationship, specifically: 1) observe which signs demonstrate embarrassed consumer behavior; 2) verify the behavior and strategies used by consumers to deal with

embarrassment in the purchasing process, and 3) understand the meanings and influences of embarrassment on the purchasing decision.

#### 2. CONSUMER EMOTIONS

Consumer decision-making is influenced by rational aspects that influence the evaluation of tangible benefits or the need to solve a problem and emotional aspects that influence the purchase of affective, hedonic, and experiential products, capable of triggering the perception of the consumer and influence their behavior (Isabella, Barros, and Mazzon, 2015). Thus, emotions, as components of consumer response, affect consumption experiences and the decision-making process.

When following the approach, emotion can be defined as a mental state of readiness that emerges from cognitive evaluations of situations or thoughts. It occurs through some physiological excitement, and it can be understood as an intensely affective experience, for example, joy, shame, and fear; that is, an affective reaction to the perception that people have of situations, and, most of the time, emotions are accompanied by physiological, motor, and glandular reactions such as increased heart rate, crying, and tremors, among others (Sauerbronn *et al.*, 2009; Lovelock *et al.*, 2011; Esteves *et al.*, 2013). In this sense, emotions are characterized as a multidimensional complex with physiological and behavioral components (Davidson, Sherer, and Goldsmith, 2009) that affect the consumer and influence the purchasing decision.

Consumption essentially involves the satisfaction of fantasies influenced by motivations and determined by a set of implicit emotions aroused through need. As an arousal component of emotion, motivation is generated through needs, which can generate negative and positive emotions. Unsatisfied needs generate negative emotions, while positive emotions are the result of satisfied needs (Hawkins *et al.*, 2007). Emotions can be characterized as positive and negative. Among positive emotions, one can find happiness, joy, and passion. Negatives include frustration, revolt, and indignation (Espinoza; Nique, 2003; Müller, 2007). Positive emotions concern wellbeing, while negative emotions lead the person to feel repulsed, causing some bad feelings, for example, shame and embarrassment (Espinoza, 2004).

Emotions emerge from some impactful event or thought, and they come from socially constructed meanings. Most of the time, they come from social groups where the individual is inserted (Sauerbronn, 2009) and how they think they are perceived by others, as recommended by Duval and Wicklund's Theory of Self-Consciousness (1972) (Nascimento; Roazzi, 2013). From this perspective, it is possible to understand how consumers build consumer relationships and how the decision-making process is carried out in which decisions to purchase, consume, and use products and services are influenced by positive or negative emotions, playing their role in consumer behavior, the object of study of marketing professionals and company managers (Sauerbronn, 2009; Isabella, Barros, and Mazzon, 2015; Oliveira; Antonialli, 2019).

#### **3. THE EMBARRASSMENT**

Embarrassment is a negative emotion (Watson; Tellegen, 1989), which appears later in human development, as it involves complex cognitive processes, such as the evaluation of a person's behavior from the perspective of another (Keltner; Buswell, 1997), and plays a vital role in social life (Parrott, 1996), as it comes from social interactions.

In terms of definition, embarrassment is a construct of social-affective manifestation, defined as an experience or emotional state resulting from the acceptance of social conventions, expressed as a type of social anxiety and which results from the perspective of the evaluation of others in real or imaginary situations, manifesting itself physically through nervousness, blushing, and decreased eye contact, and is related to shyness and shame (Parrott, 1996; Gouveia *et al.*, 2006; Gondim *et al.*, 2014; Sangwan and Maity, 2024).

There are two theories by which it is possible to explain embarrassment: social and dramaturgical evaluations. The Social Evaluation Theory emphasizes the loss of self-esteem resulting from negative social evaluation. The Dramaturgical Evaluation Theory, in turn, emphasizes that there is no embarrassment unless social conduct is transgressed or the person foresees the transgression (Miller, 1996; Gondim *et al.*, 2014). From this perspective, embarrassment is an emotion that is related to damage to public self-image, generally triggered by the fear of failure or other people's judgments (Duval; Wicklund, 1972; Gondim *et al.*, 2014; Krishna, Herd and Aydinoglu, 2019).

Embarrassment belongs to the shame, embarrassment, and guilt triad. They are in the same dimension of feelings and are commonly mixed, mainly due to feelings of shame (Isabella, Barros, and Mazzon, 2015). To differentiate the two constructs, shame is classified as a self-conscious evaluative emotion that manifests itself through the comparison of standards, rules, and goals with the individual's behavior, attitude, or appearance (Lewis, 2003). Embarrassment is an emotional state that can be expressed as a form of social anxiety (Gondim *et al.*, 2014; Gouveia, 2005). While embarrassment is associated with the transgression of conventions that govern public interactions, shame is associated with the failure to meet personal standards (Keltner; Buswell, 1996).

Embarrassment is triggered by social circumstances, which can be grouped into four categories (Gouveia *et al.*, 2006), namely: 1) individual behavior, 2) interactive behavior, 3) provocations from others, and 4) spectator behavior. The first category is caused by normative public disability, embarrassment for harming others, and being the center of attention; the second category is expressed as self-image and feeling of embarrassment, caused by the awkward interaction and embarrassment of the group of belonging; the third category is caused by either real or unreal transgressions; and the fourth category is caused by empathic embarrassment, where the observer shares the other's embarrassment (Miller, 1992; Gouveia *et al.*, 2005; Gouveia *et al.*, 2006).

The factors that trigger embarrassment are not only related to the individual's social experiences. They can also originate from the individual's real or imaginary interactions with other people or with the environment (Gouveia *et al.*, 2006). In this regard, it is possible to see that the embarrassment of others influences the individual; that is, when an individual is in an embarrassing situation, observers can recognize and, in an empathetic way, share that embarrassment, even if the person's actions do not reflect, nor do they threaten the social identity of the observer (Miller, 1987; Parrott, 1996).

According to the conceptual notes on embarrassment presented, it is possible to classify that consumer embarrassment originates from events that threaten or increase the exposure of the individual's image, whether real or imaginary, triggering an aversive and awkward emotional state (Alves, 2016). These events can be a purchase and consumption situation, such as the purchase of a product considered embarrassing, such as a condom, pregnancy test, or medication for erectile dysfunction, as well as the perception of embarrassment by others (Isabella, Barros, and Mazzon, 2015).

#### 4. METHODOLOGICAL PROCEDURES

This research was carried out using the technique of semi-structured interviews with pharmacy attendants (representing an observer's view) and consumers (representing a consumer's view), as they are people in immediate contact with products associated with embarrassing situations. In this sense, the research observed the point of view of customers and pharmacy attendants in the city of Oeiras in the state of Piauí, Brazil. The Snowball method was used to select the participating subjects. According to Albuquerque (2009), the Snowball method is a non-probabilistic sampling technique used in social research where the initial participants in a study indicate new participants who, in turn, indicate new participants until the proposed objective is achieved (the saturation point).

#### 4.1 Data collection

The choice for an interview is justified by the need to obtain an in-depth view of the interviewee, as well as allowing the interviewer to include new questions if necessary. Thus, data collection was carried out through individual interviews, with questions previously prepared based on the research by Isabella, Barros, and Mazzon (2015) and adapted to improve the approach and deepen the topic (Gaskel, 2004).

In the first stage of collection, interviews were carried out with 13 pharmacy attendants in the city of Oeiras, in the state of Piauí, Brazil, located in five neighborhoods of the city, which allows a more global and diversified view of the attendants. In the second stage, interviews were carried out with 13 consumers who had already experienced situations of embarrassment when purchasing products classified in the literature as embarrassing.

The interviews with the attendants were carried out between June and July 2019 and 2022. The interviews with consumers were carried out between June and July in the years 2019, 2022, and 2023, enabling the timelessness of the facts and the increase in perception about the relationship between organizational variables and their transformation dynamics from one stage to another over time (Miller; Friesen, 1982; Tatikonda *et al.*, 2013). All were recorded with a cell phone, transcribed manually, and analyzed using software. The consumers interviewed were men and women from the city of Oeiras, Piauí, aged between 18 and 32 years old, recruited through the Snowball method, in which interviewees nominated people they knew to participate.

#### 4.2 Research subjects and data collection instrument

Table 01 presents the characteristics of the attendants, as well as the type of pharmacy approached and the embarrassing products mentioned by the interviewees.

| Identification | Sex       | Type of     | Products observed   |
|----------------|-----------|-------------|---|
|                |           | Pharmacy    |   |
| A01            | Masculine | Independent | Morning-after pill, condom, lubricant<br>and medicine for sexually transmitted<br>diseases. |
| A02            | Feminine  | Independent | Condoms, intimate lubricants, sexual  |
|                |           |             | stimulants, tampons and other   |

| Table 01 - Characterization | n of attendants |
|-----------------------------|-----------------|
|-----------------------------|-----------------|

|     |           |             | medications such as antidepressants.   |
|-----|-----------|-------------|--|
| A03 | Feminine  | Network     | Sexual stimulants, morning-after pill, condoms and antidepressants.  |
| A04 | Masculine | Independent | morning-after pills, condoms, lubricants, sexual stimulants.   |
| A05 | Masculine | Independent | Condoms, sexual stimulants and antidepressants.  |
| A06 | Masculine | Independent | Sexual stimulants and medications for sexually transmitted diseases and condoms.   |
| A07 | Feminine  | Network     | Condoms, pregnancy test, sexual stimulants, vaginal ointment, lubricating gel.   |
| A08 | Feminine  | Network     | Erectile dysfunction medication, intimate lubricant.   |
| A09 | Feminine  | Network     | Morning-after pill, condom, erectile dysfunction medication.   |
| A10 | Masculine | Network     | Antidepressants, erectile dysfunction<br>medication, pregnancy test, condoms,<br>morning-after pill, medications for<br>sexually transmitted diseases. |
| A11 | Feminine  | Network     | Morning after pill, condom, erectile dysfunction medication.   |
| A12 | Masculine | Independent | Morning after pill, condom, erectile dysfunction medication, abortifacient   |
| A13 | Feminine  | Network     | Erectile dysfunction medication, pregnancy test, and intimate lubricant.   |

Source: Research data, 2024.

The interview guide allowed the researcher flexibility to add, change, or reorder questions. Additionally, the semi-structured protocol allowed participants the opportunity to introduce new and relevant concepts during the interview process and narrate their individual experiences. Interviews began with broad questions about the participant to build rapport and increase the level of comfort and disclosure (Berg; Lune, 2012). The second stage was carried out to gain an inside view, a consumer view of their own experiences. Table 02 presents the profile of these consumers and the products purchased.

| Identification | Gender   | Age             | marital<br>status | Product purchased     |
|----------------|----------|-----------------|-------------------|-----------------------|
| C01            | Feminine | 29 years<br>old | Single            | Pill of the next day. |
| C02            | Feminine | 25 years        | Married           | Pregnancy test.       |

Table 02 – Characterization of consumers

| C03 | Masculine | 18 years | Single  | Condom and Lubricating Gel.   |
|-----|-----------|----------|---------|---|
| C04 | Masculine | 22 years | Single  | Condom and pregnancy test.  |
| C05 | Feminine  | 31 years | Single  | Morning-after pill and vaginal ointment.  |
| C06 | masculine | 20 years | Single  | Pill of the next day.   |
| C07 | Masculine | 23 years | Single  | Condom.   |
| C08 | Feminine  | 24 years | Married | Ask someone else to buy it.   |
| C09 | Feminine  | 24 years | Single  | Morning-after pill, medication<br>to prevent miscarriage, tampon<br>and antidepressant. |
| C10 | Feminine  | 23 years | Single  | Ask someone else to buy it.   |
| C11 | Feminine  | 25 years | Single  | Pill of the next day  |
| C12 | Feminine  | 24 years | Married | Contraceptive   |
| C13 | Masculine | 24 years | Single  | Abortives   |

Source: Research data, 2024.

#### 4.3 Analysis process

The work was developed from a qualitative perspective, valuing the natural context of the emergence of phenomena and their understanding based on the meanings that people attribute to them (Flick, 2009), where the interviews ceased after empirical saturation. After transcribing all interviews, the material was processed in stages: reading and choosing the most significant units, coding the meaning cores of each context unit, and thematizing the meaning cores. To this end, the ATLAS.ti qualitative analysis software was used; all statements (attendants and consumers') were analyzed to verify common points, repetitions, building codes, and citations of categories that capture either behaviors or situations of an embarrassed consumer. The categories found indicate what the consumer's purchasing process is like when they are embarrassed, answering the research question of this article and allowing the identification of behaviors and strategies used during the purchasing process of a constrained consumer.

Figure 1 – Research Methodological Design (to be continued)

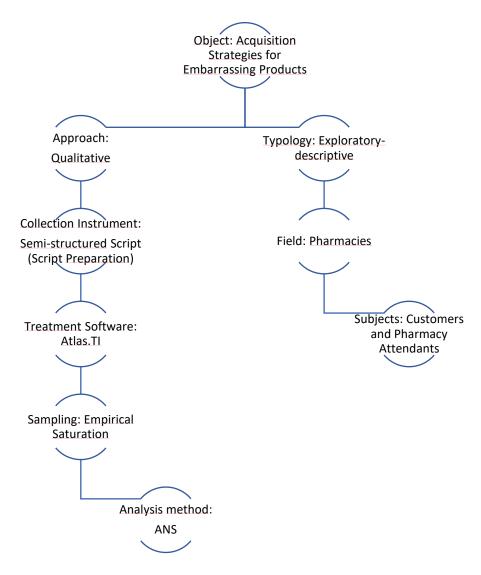


Figure 1 – Research Methodological Design (continuation)

Source: Prepared by the authors, 2024.

The analysis of the data obtained from the interviews was carried out using an adaptation of the meaning nucleus analysis (ANS) technique developed by Mendes (2007). To Mendes (2007, p.72), "[...] ANS consists of the dismemberment of the text into units, into nuclei of meaning formed from the investigation of the outstanding psychological themes of the discourse". The ANS highlights the nuclei based on the themes present in the speech, a kind of categorization with *a priori* categories/themes. However, the movement made in this research was inductive, resulting in the formulation of themes *a posteriori*. The highlighted nuclei are representative of the statements considered relevant for understanding the object, and the organization after the identification of the nuclei was what allowed the definition of the themes.

#### **5 DATA PRESENTATION AND ANALYSIS**

To analyze the categories that emerged, the model of Isabella, Barros, and Mazzon (2015) was initially used. It is a conceptual framework of embarrassment in the constrained purchasing process that covers the behaviors and strategies of the constrained consumer. However, here, the vision is more restricted than what is proposed in the study by Krishna, Herd, and Aydinoglu (2019), who also propose a framework expanding the vision to the public and private fields of the feeling of embarrassment.

Through the speeches, it is possible to verify, through the perception of the attendants, what the behavior of the embarrassed consumer is like. Some of the responses are consistent with the literature (Isabella, Barros, and Mazzon, 2015; Heller, 2003), as they point to the recognition of the constrained consumer by the attendant in identifying different behaviors from a non-constrained consumer, such as: "Sometimes he arrives and keeps turning around, waiting for the other customer to leave, or he stays there, keeping an eye on the product, but cannot get close. Sometimes they call the seller like that in a separate place and other times they speak quietly in the corner, so no one knows that they want that product" (A7), and "They are shy when purchasing, other times they say that they buy this product for so-and-so, not for me (*sic*)" (A2). These findings comply with studies that reveal sociocultural influences, structural restrictions in the retail environment, and purchasing processes based on interaction (Sangwan and Maity, 2024), which consumers perceive as having a determining role in constraint.

To check the consumer's perception of the clerk, at the end of the interview, the interviewee was asked if he believed the clerk could identify that he was embarrassed, and the answer was positive for most interviewees: "He certainly can. Why do we try to hide it by looking from one side to the other, lowering our heads, in shame?" (C1). "I believe so, I believe not, I am sure so" (C5). "Yes, by the way you approach him and speak, and by the looks that the person is nervous, the pressure there immediately rises" (C6). In view of this, it is possible to identify that the most common behaviors of embarrassed consumers are speaking quietly, arriving shyly, smiling, keeping their head down, feeling embarrassed and waiting to be alone in the room before approaching the clerk, using their cell phone to disguise or even expect to be served by a person of the same sex. Attendant A7 presents some characteristics of the consumer that are most mentioned in the speeches, where he allows the clerk to identify that he is embarrassed.

According to the perception of the attendants, it can also be identified that male consumers are more embarrassed than female consumers, a finding similar to the study by Arndt and Ekebas-Turedi (2017), who analyzed embarrassment when purchasing condoms, where even the gender of the attendant has an influence on the purchasing decision and works as a tactic to combat embarrassment. Men prefer to be attended to by men and women by women. A4's speech represents the other attendants well when he states: "As incredible as it may seem, men are more ceremonial than women when purchasing a product, whereas women act normally, they arrive and ask bluntly (*sic*), just arrive, ask for the price and pick up the product". The attendants use phrases such as "Men get very confused when ordering, especially when it is with a female salesperson" (A3), "Men have more difficulty communicating" (A2), and "Men keep taking laps" (A5) to describe the behavior of the embarrassed man. Regarding women's behavior, the attendants point out that "Women are more developed, they arrive and order straight away" (A5), "Women have it easier, they act more naturally" (A7), and "Women are also more skilled when it comes to speaking" (A3).

In this sense, the results presented below bring up questions such as the most embarrassing products, causes, and strategies used by consumers, in addition to a discourse analysis based on the purchasing process of an embarrassed consumer, enabling an understanding of this consumer's behavior.

#### 5.1 Embarrassing products and causes of embarrassment for consumers

According to the interviews carried out, it was possible to list some of the products that cause a situation of discomfort for the consumer in the purchasing process, the emotions they feel when faced with the need to buy them and what causes them, as well as which strategies they use to camouflage or mitigate the embarrassment felt when purchasing these products. Table 3 presents the list of products mentioned by each group of interviewees. It is essential to highlight that the table was developed according to what the interviewees think are embarrassing products and not by the product purchased, even though each interviewee mentioned more than one product.

|  | GROUP    |                    |  |
|--|----------|--------------------|--|
| PRODUCTS                                   | Consumer | Pharmacy attendant |  |
| Pill of the next day                       | 12       | 9                  |  |
| Contraceptive                              | 7        | 2                  |  |
| Condom                                     | 14       | 13                 |  |
| Pregnancy test                             | 5        | 3                  |  |
| Intimate lubricant                         | 1        | 7                  |  |
| Remedies related to STD (sexually          | 0        | 3                  |  |
| transmitted disease)                       |          |                    |  |
| Antidepressants                            | 1        | 4                  |  |
| Absorbent                                  | 6        | 1                  |  |
| Erotic products (sex shop)                 | 5        | 0                  |  |
| Sexual stimulants/erectile dysfunction     | 2        | 12                 |  |
| medication                                 |          |                    |  |
| Vaginal ointment                           | 1        | 1                  |  |
| Medicine to prevent miscarriage            | 1        | 0                  |  |
| Proctological medication (e.g. hemorrhoid) | 1        | 0                  |  |

Table 03 – Number of products mentioned by groups of interviewees

Source: Research data, 2024.

According to the table above, it is possible to note that the products that cause the most discomfort or embarrassment for the consumer are erectile dysfunction medications, condoms, the morning-after pill, contraceptives, and antidepressants, as they were the products most cited by the respective groups. It is essential to highlight that one of the products cited by attendants as embarrassing is antidepressant medications. In the studies by Isabella, Barros, and Mazzon (2015) and Alves *et al.* (2016), these products are on the list of those mentioned by consumers but do not gain any prominence, as mental disorders are recurrent in contemporary times and permeated by stigmatizing issues that cause suffering, such as prejudice (Zononato; Costa; Aosani, 2021).

Some people are not embarrassed to ask for these medicines, like black boxes, but there are people who really, society has this defect in saying that GARDENAL is for crazy people; there are people who don't even say the name of the medicine, they prefer to say the name of the generic and don't like what they say, usually when the person says it, and if there are other people, we don't even ask a second time because there are people who are ashamed, for example, Rivotril, then people are like: we take Rivotril! Some people ask us to roll it up on paper, all of that (A5).

When should I get medication for my mother? I've also been through a lot of embarrassment regarding that. Because mom has depression. Since I've known her. Then... People generally tend to... They dismiss psychosocial care centers (CAPS) as a crazy place—this kind of thing. I've also had to accompany my mother to CAPS. I already had to get her medication. Already... There was a lot of teasing me... When I was going to get medicine. The boys said it was for me. Because I was crazy. That I don't know anything. And this and that. Then, sometimes, I would get medication for my mother, but I would also be embarrassed about it (SIC - C9).

Therefore, it is noted that in the case of antidepressants, embarrassment is determined by the fear of judgment, where antidepressants are easily associated with mental illnesses and the stigma of prejudice that mental illnesses such as depression have in society. All respondents, whether attendants or consumers, confirmed that they believe there are products in which the purchasing situation is embarrassing and reported the reasons that made it embarrassing. The consumers' speeches indicate the fear of being judged by others and the privacy exposure as the main reasons: "Because especially for me as a woman, there are some medications or products that make us feel that judgmental look from people", "Because they are products that go against our intimacy, my intimacy, and there are products that I, personally, I wouldn't buy it", and "Because if there are fewer people; basically only the person and the pharmacist will know about the purchase of that product, and if there are more people and you speak a little louder, people will look and say like this: And, oh, so-and-so is buying that product", C1, C8, and C4, respectively.

The attendant's perception regarding the cause of the consumer's embarrassment is in line with the consumers' speeches, as they perceive that the embarrassment occurs mainly when there are other people in the environment or out of shame or fear of what the attendant will think, as the following comment shows:

A customer arrived, and I took his medication and put it on the counter, then he stayed, put his hand on it, and asked me (*sic*) not to let people see it, so, for me, it was very natural, and the people on his side didn't even know why he was taking that medication, and he gave himself up right away, he was embarrassed (A3).

It is noted that the cause of embarrassment is triggered by the fear of other people's judgment, as well as by the number of people in the environment. It is the fear of being judged or evaluated by people who observe them for buying a product that contradicts the image that the consumer wants to convey to others that generates embarrassment, called evaluative embarrassment (Lewis; Ramsay, 2002; Dahl *et al.*, 2001; Keltner; Buswell, 1997; Laugesk; Drolet,

2008). For example, the consumer is afraid of what the salesperson will think because he is buying a morning-after pill, a pregnancy test, or a sexual stimulant, highlighting that even the involuntary behavior of the clerk can influence the awakening of this embarrassment.

# 5.2 Analysis of the discourse associated with the purchasing process model when the consumer is embarrassed

According to the speeches analyzed, categories of behavior can be traced based on the framework developed by Isabella, Barros, and Mazzon (2015), which allows the analysis of the purchasing process when the consumer is embarrassed.

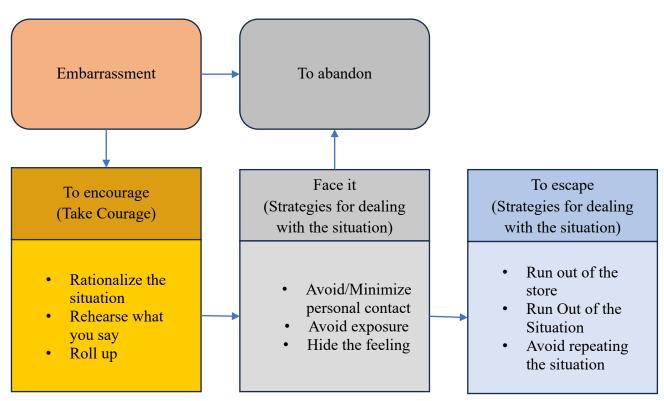


Figure 2 – Model of the purchasing process when the consumer is embarrassed

Source: Isabella, Barros, and Mazzon (2015, p. 637).

Embarrassment is a negative emotion that emerges in a purchasing situation and influences consumer behavior as well as the purchasing process. Consumers perceive the emotions or reactions emerging from the embarrassing situation during the purchasing process, including before, during, and after, as shown in the following excerpts (Table 04).

| Table 04 – Temporal | exposure of constrained speeches |
|---------------------|----------------------------------|
|                     | BEFORE                           |

"I get a little nervous, and a little like, thinking, wow! So I keep trying, sometimes I pass by the pharmacy and see if there are a lot of people, then I go, but then I get a little nervous before making the purchase" (C4) "I don't know, for me people are, yeah, they're like. As if he were going to judge me, just like the day I went to buy the pill. I went because I really needed it, but I thought about that too, about the judgment that people could be judging me" (C5).

"You start to think that people are going to talk nonsense, but like, yeah, oh, I imagine nonsense, I don't know how to explain this kind of thing properly, I don't know, you imagine what someone will judge me for buying that there, but it passes" (C3).

#### DURING

"I was nervous, my hands were sweating, I almost didn't say what I needed to say and I had butterflies in my stomach, a bit cold, my blood pressure was almost dropping" (C6).

"At the time of purchase, I also felt very embarrassed, ashamed and my hands were a little cold, there were butterflies in my stomach, I was shaking a little too. Very nervous" (C2).

| A | F | E] |  |
|---|---|----|--|
|   |   |    |  |

"I felt quite embarrassed, thinking that the person who sold it could spread something like that, say that I was pregnant, make some assumption like that, I was quite embarrassed" (C2).

"I got more nervous, I felt a little calmer, but it was just embarrassing for what I was doing, buying. Thinking about what they were talking about, I went to buy it" (C6).

Source: Research data (2024).

From the moment the consumer is faced with the situation of needing to purchase an embarrassing product, there is the emotion that will drive decision-making and influence their behavior, accompanying them during and post-purchase. In other words, when they need to decide on an embarrassing purchase, reactions, and feelings such as shame, fear, and physical sensations emerge that will lead to attitudes that will lead them to confront, abandon, or use strategies to reduce the sensation of embarrassment and get through the purchase situation as quickly and efficiently as possible (Alves, 2016). Although some consumers say they are embarrassed, even after leaving the point of sale, there are still those who say they feel relieved, either because the embarrassing situation is over or because they were able to buy the product they needed. "I felt relieved that I was able to buy it. For both reasons, both for getting out of that embarrassment of the pharmacy, and for meeting my needs" (C1). "After I bought it, I felt lighter, that tension was gone, and it was better" (C4).

#### 5.2.1 Abandonment

According to Isabella, Barros, and Mazzon (2015), the process of abandoning consists of giving up on the purchase, usually inside the pharmacy or before facing the situation, asking someone else to buy to avoid this emotion.

In the discourse analyzed, the process of abandoning the purchase situation can lead to two attitudes. The first is to ask someone else to make the purchase, usually asking close friends, family, or companions to buy, as mentioned in the statements of consumers C8 and C5. "I avoid buying. Contraceptives are fine, and I buy them; the pads are fine, just lubricant. I wouldn't buy condoms; my husband is the one who usually makes these purchases for me; I'm not going to buy them, he's the one who will " (C8), and "Out of shame, I'm just embarrassed to go buy it. That for me asking someone else is easier since I'm not going, I don't want to go" (C5).

My mother always buys sanitary pads for me; when we go to the supermarket, I always ask her to buy them in large quantities and leave them at home, but when

there was a day when I needed it and didn't have it and we were on the street, I asked her to go buy at the supermarket while I was outside waiting to go with her to buy, she was paying and I was there next to her, I went, I found the situation a little embarrassing, I didn't want to go through it" (C10).

The second attitude is giving up on purchasing at the location, which can occur due to the number of people in the environment or the existence of people you know in the environment, whether the clerk or another consumer, and even because someone of the same sex does not serve you.

Some prefer to be attended to by a man, and luckily, they don't get a man to help; they get a woman, and then he stops, pretends to forget the name of the medication, that he goes there and comes back, then takes another opportunity to come back to the pharmacy to be seen by someone else (A3).

However, data analysis indicates that the decision to purchase a product considered embarrassing most of the time is made from necessity; that is, the customer needs to buy it, and then he encourages himself to go through the situation. In line with the literature when it says, "the more urgent the purchase, the greater the chance of the consumer dealing with the embarrassment, even if this embarrassment is strong" (Isabella, Barros, and Mazzon, 2015, p. 636). Throughout the text, the term "need" was approached at three different moments. Thus, propositions were formulated about need versus constraint that future studies can prove.

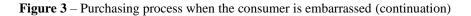
**Proposition 1**: It is not the need for the product that causes embarrassment, but rather the fear of other people's judgment or privacy exposure, and/or even fear of spreading it as gossip in the city. **Proposition 2**: Embarrassment is an emotion that emerges when the need to purchase an embarrassing product is perceived and accompanies the consumer throughout the purchase process, being decisive for their behavior when purchasing.

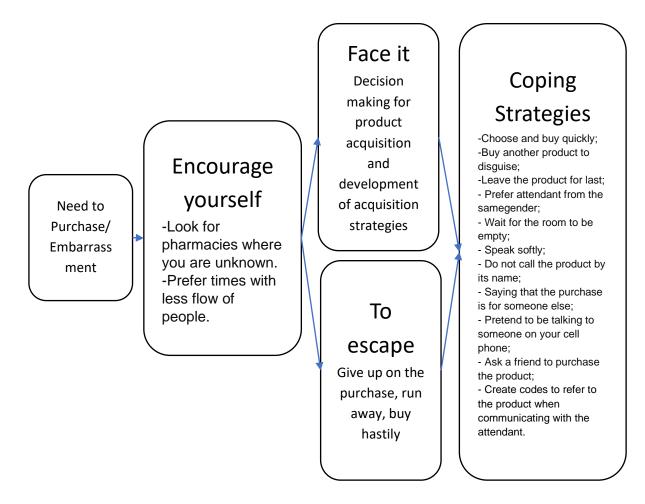
**Proposition 3**: Necessity is a decisive factor in deciding to purchase a product considered embarrassing.

#### **5.3** The purchasing process: facing the situation

According to the interviewees' statements, it is possible to describe the process of buying from a consumer when they are embarrassed in four steps based on the need for a product that naturally generates embarrassment: 1) encourage yourself: strategies to reduce the embarrassment to be experienced or take courage; 2) face it: decision-making and strategies to deal with the situation; 3) escape: strategies to end the situation as quickly as possible or simply give up on the acquisition; and 4) coping strategies: execution of strategies to acquire the products. Below, figure 3 shows the steps and their respective items. It is essential to highlight that it begins with embarrassment, as it is an embarrassing purchase situation.

Figure 3 – Purchasing process when the consumer is embarrassed (to be continued).





Source: made by the authors (2024)

#### 5.3.1 Encourage yourself

This category consists of presenting strategies used by consumers to take courage and face the purchasing situation. It is divided into two guidelines: choosing pharmacies where they are unknown and looking for times with less flow of people. Concerning choosing pharmacies where they are unknown, the objective is to avoid exposure to the known public, as they believe that if they buy in a known place, they may be judged by the attendant, which is in line with the motivations for embarrassment mentioned previously, the fear of someone else's judgment. "Unknown people. Because I think that person will comment to others" (C2). "Unknown. Because she doesn't know me, she doesn't know what I've been doing, so she doesn't have that judgmental look. Oh! I don't know, so it's okay" (C1).

Regarding looking for times with less flow of people, the consumer often waits for a time with less movement at the chosen pharmacy, as mentioned by A5: "There are people who pass by, they look to see if there are many people, if there are they go up, then come back, and then we realize that they want something, sometimes we go out, go outside, and the person says, hey come

here, I want this, so I go there and get it", and also C10, who states: "I chose a time, 10:30 in the morning, a very vague time, there was a little square in front of the pharmacy, so I sat there on a bench waiting for the movement, the flow there at the pharmacy is too low for me (*sic*) to be able to approach the attendant there".

It is essential to highlight that the objective in choosing a time with less flow of people is to avoid public exposure. However, in this item, the consumer is not concerned about whether the public is known but rather about the number of customers in the environment who may be observing them. It is believed that the fewer people there are in the environment, whether attendants or customers, the less embarrassment is felt, as we can see in these excerpts: "Sometimes I go in the morning, which has fewer people, or also midday" (C5); "The first time I bought it during the day, I was a little embarrassed because there were many people, so I decided to buy it at night because fewer people were walking around; it's less embarrassment (Lewis; Ramsay, 2002) is when the consumer feels uncomfortable about being observed. Consumers are encouraged to use the strategies presented to reduce embarrassment when making a purchase.

#### 5.3.2 Face it

This category consists of presenting the strategies that consumers use to get through a purchase situation when they are embarrassed, either minimizing the embarrassment or hiding their discomfort from the attendants and even being able to find the courage to face the situation.

| Categories                | Quotes  |
|---------------------------|---|
|                           | <ul> <li>"There are people who want, for example, a man to buy, for example, medicine for impotence, there are still those who want to be attended to only by a man, there are women who also have other products, they are products for women, some problem and so on. , that they prefer to be attended to by women and always look on the side" (A3).</li> <li>"I feel more comfortable being attended to by a woman" (C8).</li> <li>"Women generally, when they want to deal with intimate</li> </ul>   |
| Prefer same-sex attendant | products, like vaginal cream, intimate soap, I'm feeling something<br>in that area and everything, they go to a female attendant more<br>than a male one, I think because there is more like that they're<br>easier, you know, it's easier to deal with someone of the same sex,<br>because for you to approach a man and ask: Hey, I want a vaginal<br>cream. It's mainly when they want us to recommend, when they<br>don't have the recipe, they want us to recommend a cream that will<br>help with those symptoms, then it's easier to target people of the<br>same sex, both men and women, the A man also, if he needs a<br>product related to this, will also go to another man who has at the<br>counter, not a woman" (A7). |

Table 05 – Excerpts from interviews about situations concerning facing the purchase

| Wait for the room to be empty    | "Sometimes, as soon as the customer enters, he looks like this,<br>kind of watched from afar, we say, tell me sir, when there are more<br>people at the counter, the customer arrives and he stays, I'm going,<br>I'm going now, waiting for the other people to leave. being able to<br>pull over" (A6)  |
|----------------------------------|---|
|                                  | "If there are a lot of people, I wait to go out and hide by selling other products" (C1)  |
|                                  | "I arrive and speak quietly, sometimes he doesn't even listen, but<br>I speak quietly, so the conversation can stay between me and him"<br>(C6)   |
| Speak quietly                    | "I got there and asked for the pregnancy test, but I didn't speak<br>loudly, I arrived and spoke very softly and the attendant already<br>understood, when I started speaking softly he already understood<br>that I didn't want to expose it, so he went there and took me and<br>gave" (C4).  |
|                                  | "I tried to speak softly, I tried to speak a little softer and calm<br>down a little more, I took a deep breath and said: it's normal,<br>M, it's normal" (C4)  |
|                                  | "Little Blue. They have a kind of code, which they call the little<br>blue, which is actually sildenafil, the correct name. Pramil too,<br>which is even the most popular name, which is the name that<br>comes from a brand called pramil, or they give a code like that,<br>pointing the finger, and we already have an idea of what it is. Or<br>man's medicine. From old to new. These are the things" (A3) |
| Do not speak the product by name | "Sometimes we already know the client, they just show us or make<br>gestures saying what it is, they just raise their finger and we<br>already know what it is. They say, give me a little vitamin like that<br>or they say: I want a man's vitamin, give me a booster" (A6)  |
|                                  | "Sildenafil, the popular azulinho, as some people prefer to call it,<br>we already know the language, there are people who use another<br>word so we can understand what it is. The powerful. They say: I<br>want a powerful one" (A5)  |
|                                  | "They never say it's for them, especially the sexual stimulant, they always say it's for a relative, it's never for them" (A4).   |
|                                  | "I talk, for example, about the pregnancy test, I said it was for a friend of mine so I wouldn't feel as embarrassed as I already was" (C2).  |

| Saying the purchase is for someone else       | "Others say: it's not for me, it's for a cousin of mine, I came to<br>buy it for him, that I don't drink that there, I came to buy it for him<br>here" (A6).  |
|---|---|
| Pretend you are talking on<br>your cell phone | "They pick up the phone and say: look, I'm here at the pharmacy,<br>what's the name of the medicine again?" (A6).<br>"When making purchases, I keep looking at my cell phone,<br>disguised so that others don't see that it's for me, or just to hide<br>my shame" (C1)   |
| speak to the seller<br>privately              | "Sometimes they call the seller that in the separate location" (A7).<br>"There are those who come and say, I want to talk to you privately,<br>we can already imagine what it is, something he wants to talk<br>about, some medicine he wants, which is not displayed on the<br>table, on the counter" (A3).<br>"The day I went, the pharmacy was full of people. I went and<br>called the saleswoman that way, because there are a lot of<br>salespeople there. So I went, that day it was full of people too. I<br>called the furthest saleswoman. The one that was furthest away<br>from everyone, so I went and bought it, normal" (A5) |

Source: Research data, 2024.

Embarrassed consumers develop some strategies to mitigate the embarrassment felt at the time of purchase. In the table above, two points stand out. The first is a divergence between attendants and consumers regarding the attendant's preference according to gender. In the perception of attendants, embarrassed consumers prefer to be served by attendants of the same sex. Consumers have different perceptions. Some of them do not have a gender preference; it is enough that they are strangers, and another part prefers to be served by male attendants because they believe that men are more discreet, they believe that women are more "gossip" and may end up commenting on their intimacy with a friend, and there are also those men who prefer to be served by women, as they believe that male attendants can "make jokes" that would make them more embarrassed—diverging from previous findings (Isabella, Barros, and Mazzon, 2015; Alves *et al.*, 2016), which states that embarrassed consumers prefer to be served by a professional of the same sex.

The second point, as we can see in the item concerning "not calling the product by name", is the existence of communication codes for purchasing sexual stimulants. These codes can be gestures, such as raising a finger; giving nicknames, such as powerful, blue, Viagra, Pramil; using expressions, such as medicine for older people to become new, medicine for older people to date, medicine for men, give me a boost, I want a vitamin for men, and even asking for a change.

Emotions have a strong influence on consumer behavior, and they arouse feelings that can inhibit the consumer's actions, as they cause a mix of sensations that can lead to escape or the development of strategies to deal with the situation.

According to Isabella, Barros, and Mazzon (2015), embarrassment within the "Running away" category can trigger three types of behavior: running out of the store, wanting to get rid of the situation, and creating strategies to avoid experiencing embarrassing situations in the future. In the analyzed discourse, it was possible to identify behaviors that corroborate this perspective. C3, for example, quotes: "Like I took a pack of condoms there, I had bought it for the first time, then the woman was helping other people, so I just put it there on the counter without saying anything, then she looked at me like that, then she just passed it quickly and got serious". This statement is in line with the strategy described in the item "Choose and buy quickly" – consumers want to get rid of the situation more quickly.

The second strategy is to buy another product to disguise it. In this case, the consumer may place other items in the basket to disguise it or may even buy another product, giving up on purchasing the item initially desired.

I won't give an example, but it happened to my employee here. A customer came to buy a condom, but as she was the one helping, he bought another medicine instead of the condom. She felt that he was embarrassed because, in fact, he was my friend, so he told me that he came to buy a condom, and the girl was there, and he was embarrassed to buy it (A1).

In addition to buying other products to disguise their purchase, some consumers buy other products and prefer to order embarrassing items in the end.

#### 5.4 Sensations and feelings in the pharmacy

Embarrassment as an emotion can manifest itself through some physiological arousal, leading to a more intense affective experience, for example, joy, shame, and fear, which, most of the time emotions are accompanied by physiological, motor, and glandular reactions such as increased heartbeat, crying, and tremors, among others (Lovelock *et al.*, 2011; Esteves *et al.*, 2013; Sauerbronn *et al.*, 2009). Reinforcing this idea, some emotions and reactions were noticed among our interviewees, namely: "Like a sensation, like this part of the chest felt a little hot, like the heart racing? Yes! Heart racing", "With great shame. Afraid of what people would think", "Shame and my hands felt a little cold, butterflies in my stomach. I was shaking a little too. Very Nervous", and "Buddy, it happens way before. It happens there. Then when it comes later it's just relief. But in the meantime. I'm shaking. I get sweaty. I suffer in advance", C3, C1, C2, and C9, respectively.

Consumers experience shame as a perceived emotion in the purchasing process. However, the word shame has a sense of embarrassment, as it manifests itself as a form of social anxiety due to exposure and social interactions (Gondim, 2014; Gouveia, 2005; Gouveia *et al.*, 2006), still accompanied by fear and physical sensations.

#### **6 FINAL REMARKS**

The present study analyzed how embarrassment determines consumer behavior during the act of purchasing at points of sale in the pharmaceutical sector, emphasizing the causes and strategies used by consumers to deal with emotions arising from the consumption relationship. Core meaning analysis was used to analyze the data collected, showing positive results that converge with the existing literature.

Consumer behavior in the decision process in the Purchase Decision Model (PDM) can be seen as a logical and structured process that begins from the recognition of the need (Oliveira; Antonialli, 2019; Ono *et al.*, 2014; Churchill; Peter, 2005; Mowen; Minor, 2006; Solomon, 2002). On this assumption, the results indicate that the need is directly related to the behavior of the embarrassed consumer and is related at three different moments: 1) the need is a decisive factor in deciding to purchase a product considered embarrassing; 2) embarrassment is an emotion that emerges when the need to purchase an embarrassing product is perceived and accompanies the consumer throughout the purchase process, being decisive for their behavior when purchasing; and 3) it is not the need for the product that causes embarrassment, but rather the fear of other people's judgment or the privacy exposure, and/or even fear of spreading it as gossip in the city.

Among the most common behaviors of embarrassed consumers identified in the study are speaking quietly, arriving shyly, smiling, keeping their head down, feeling embarrassed and waiting to be alone in the room before approaching the clerk, using their cell phone to disguise themselves or even expecting to be served by a person of the same sex. Furthermore, men and women present different behaviors, and according to the attendants' perception, men are more embarrassed and have more difficulty communicating, while women act more efficiently; this result differs from what the literature presents (Arndt; Ekebas-Turedi 2017; Brackett 2004; Yannessa *et al.* 2017).

As for the cause of embarrassment, the study points out that it is related to the fear of other people's judgment and privacy exposure, which the number of people in the environment can strongly influence. In other words, it is the fear of being judged or evaluated by people who observe you for buying a product that contradicts the image that the consumer wants to convey to others that generate embarrassment (Lewis; Ramsay, 2002; Dahl *et al.*, 2001; Keltner; Buswell, 1997; Laugesk; Drolet, 2008.) Therefore, the embarrassment can be explained by the fear of exposure, not wanting to reveal an intimate moment, since the speeches always point to the idea of "what they will think".

It is also noteworthy that the embarrassed consumer develops behavior to deal with the situation in the embarrassing purchase process, which results in two decisions: abandon or encourage. Once the decision to abandon has been made, the consumer can take two actions: the first is to ask someone else to buy. The second is the cancellation of the purchase while outside or already on site. Having decided to encourage themselves, the consumer will develop strategies to "face" or "escape" the situation, such as looking for establishments where they are not known, times with less flow of people, asking people they know to buy, purchasing other unnecessary products, and creating codes of communication with attendants, from gestures to words with attenuated meaning.

Regarding the sample studied, it is worth highlighting that the results cannot be generalized, given that the sample population represents a minimal fraction of the universe studied. Therefore, to obtain even more satisfactory results, it is essential to increase the sample number, making it more representative. Furthermore, it is suggested that new studies be carried out with consumers of erotic product stores (sex shops), vending machines selling embarrassing products, and provision of services considered embarrassing, such as medical services (urology, gynecology,

proctology, mastology, psychology, and psychiatry, among others), aesthetic clinics, services and exams related to sexually transmitted infections (STIs). Given the effect of embarrassment, studies may also be suggested to investigate their impacts on public policies. As these are environments that have a range of products and services considered embarrassing, it will allow for a greater understanding of the strategies adopted by consumers, as well as planning and implementing practices that mitigate the effects of embarrassment.

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