

Designing Servicescapes for Transformative Service Conversations: Lessons from Mental Health Services

ABSTRACT

Purpose: Dyadic services research has increasingly focused on helping providers facilitate transformative service conversations with consumers. Extant research has thoroughly documented the conversational skills that providers can use to facilitate consumer microtransformations (i.e., small changes in consumers' thoughts, feelings, and action plans toward their well-being goals). At the same time, extant research has largely neglected the role of servicescape design in transformative service conversations despite some evidence of its potential significance. To redress this oversight, this article examines how servicescape design can be used to better facilitate consumer microtransformations in dyadic service conversations.

Design/methodology/approach: This article is based on an interpretive study of mental health services (i.e., counseling, psychotherapy, and coaching). Both providers and consumers were interviewed about their lived experiences of service encounters. Informants frequently described the spatial and temporal dimensions of their service encounters as crucial to their experiences of service encounters. These data are interpreted through the lens of servicescape design theory, which disentangles servicescape design effects into dimensions, strategies, tactics, experiences, and outcomes.

Findings: The data reveal two servicescape design strategies that help facilitate consumer microtransformations. (1) "Service sequestration" is a suite of spatial design tactics that creates strong consumer protection for emotional risk-taking. (2) "Service serialization" is a suite of temporal design tactics that creates predictable rhythms for emotional risk-taking. The effects of service sequestration and service serialization on consumer microtransformations are mediated by psychological safety and psychological readiness, respectively.

Originality: This article develops a conceptual model of servicescape design strategies for transformative service conversations. This model explains how and why servicescape design can influence consumer microtransformations. The article also begins to transfer servicescape design tactics from mental health services to other dyadic services that seek to facilitate consumer microtransformations. Examples of such services include career counseling, divorce law, financial advising, geriatric social work, nutrition counseling, personal styling, and professional organizing.

Practical implications: The article details concrete servicescape design tactics that providers can use to improve consumer experiences and outcomes in dyadic service contexts. These tactics can help promote consumer microtransformations in the short run and consumer well-being in the long run.

Keywords: dyadic services, mental health, microtransformations, psychological readiness, psychological safety, service encounters, servicescape design

INTRODUCTION

Dyadic services research has increasingly focused on understanding how providers can facilitate transformative service conversations with consumers (Albinsson *et al.*, 2017; Davey and Grönroos, 2019; Gopaldas *et al.*, 2021; Johnston *et al.*, 2007; King and Klawitter, 2007; Klontz *et al.*, 2016; Perera *et al.*, 2017). Inspired by the wider transformative service research movement (Anderson and Ostrom, 2015; Rosenbaum *et al.*, 2011; Russell-Bennett *et al.*, 2019), transformative service conversations are dyadic service conversations that create positive, significant, lasting changes in consumers' self-understandings, outlooks on life, and overall well-being. Providers skilled in the art of transformative service conversation can help consumers achieve such outcomes by facilitating a series of consumer microtransformations—small changes to consumers' thoughts, feelings, and action plans that are individually trivial but cumulatively significant over time (Albinsson *et al.*, 2017; Gopaldas *et al.*, 2021; Johnston *et al.*, 2007). Prior research on transformative service conversations has documented the provider skills required for facilitating microtransformations. Examples include asking consumers open-ended questions, listening without evaluation, and encouraging new explorations (Geroski, 2016; King and Klawitter, 2007; Klontz *et al.*, 2016).

Given its focus on provider skills, prior research on transformative service conversations has largely overlooked the role of servicescape design. This oversight is unfortunate because servicescape design theory suggests that a service's settings can have a profound impact on consumers' experiences of that service (Bitner, 1992; Rosenbaum and Massiah, 2011; Reimer and Kuehn, 2005). To redress this oversight, we examine how servicescape design can enhance transformative service conversations in the context of mental health services. Specifically, we investigate the following research questions: *What servicescape design strategies help facilitate consumer microtransformations in transformative service conversations, and what are the psychological mechanisms underlying these servicescape design effects?*

In response to these questions, we develop a conceptual model of servicescape design strategies for transformative service conversations (see Figure 1 and Table I) that explains how and why servicescape design can influence consumer microtransformations. We also begin to transfer servicescape design tactics from mental health services to other dyadic services that seek to facilitate consumer microtransformations. Examples of such services include career counseling, divorce law, financial advising, geriatric social work, nutrition counseling, personal styling, and professional organizing. We detail concrete servicescape design tactics that providers can use to improve consumer experiences and outcomes in dyadic service contexts (see Table II). These tactics can help promote consumer microtransformations in the short run and consumer well-being in the long run.

BACKGROUND

Transformative Service Conversations: The Overlooked Role of Servicescape Design

Prior research on transformative service conversations has meticulously documented the provider skills necessary to conduct transformative service conversations. Some research advises providers to co-create a service conversation agenda with consumers (Albinsson *et al.*, 2017; Davey and Grönroos, 2019; Perera *et al.*, 2017). Key provider skills in this approach include cultivating a shared understanding of service goals with consumers; jointly revising, updating,

and tracking those goals with consumers over time; and co-learning new service-relevant knowledge alongside the consumer rather than exclusively occupying an instructional role. Other research advises providers to let consumers take the lead in conversations (Gawande, 2015; Gopaldas *et al.*, 2021; Johnston *et al.*, 2007). Key provider skills in this approach include asking consumers concise, open-ended, and non-leading questions; listening to consumers without expectations, judgments, or interruptions; and gently directing consumers toward new possibilities with both verbal cues (e.g., “What else?”) and non-verbal cues (e.g., maintaining silence).

Provider skills for transformative service conversations are also documented in practitioner manuals for specific service industries, such as financial advising (Klontz *et al.*, 2016), mental health services (Geroski, 2016), and nutritional counseling (King and Klawitter, 2007). The common mission across these skills is to facilitate small changes in consumers’ thoughts, feelings, and action plans toward their well-being goals. These microtransformations can accrue over multiple service conversations into more significant life transformations (e.g., a lifestyle change, a major life decision, or a new habit).

Most studies on transformative service conversations pay close attention to what providers do and how this service impacts consumers (e.g., Albinsson *et al.*, 2017; Davey and Grönroos, 2019; Gopaldas *et al.*, 2021). At the same time, these studies overlook where and when the conversation unfolds, even when informants allude to the importance of spatial and temporal settings in the interview data. For example, one of the personal training consumers in Albinsson *et al.*’s (2017) study describes their private gym as “my cocoon,” “a sanctuary,” and “my space, my time” (p. 50). While these metaphors indicate that the informant’s private gym contributes to their comfort with the provider and progress toward their goals, the role of the servicescape is not theorized. In this article, we directly investigate the role of servicescape design in transformative service conversations to home in on the specific design strategies that help facilitate consumers’ microtransformations, as well as the psychological mechanisms that underlie these strategies. While expert provider skills are vital to transformative service conversations, mindfully designed servicescapes can ensure that providers’ efforts are not made in vain.

Servicescape Design Theory: Dimensions, Strategies, Tactics, Experiences, and Outcomes

To draw inspiration for our research, we focus on servicescape design theory, which has long argued that service settings can have a profound impact on consumer well-being (Bitner, 1992; Rosenbaum and Massiah, 2011; Reimer and Kuehn, 2005). Three conceptual axioms of servicescape design theory were relevant to framing our study. First, servicescape design involves multiple environmental dimensions, including physical, social, symbolic, natural, and temporal dimensions (Rosenbaum and Massiah, 2011). Different servicescape dimensions are vital to consumer experiences in different service contexts. For example, the physical dimension is essential to shoppers’ experiences in grocery stores (Rosenbaum *et al.*, 2020), whereas the natural dimension is central to adventurers’ experiences in wilderness servicescapes (Arnould *et al.*, 1998).

Second, servicescape design is best understood in terms of abstract design strategies and concrete design tactics (Bitner, 1992). While strategies tend to be transferable across conceptually similar service contexts, tactics tend to require a degree of customization within each context. For example, the strategy of designing emotionally evocative spaces with potent

religious symbols is relevant to most, if not all, pilgrimage sites; however, each pilgrimage site draws on unique symbols to accomplish this strategy (Higgins and Hamilton, 2019). The benefit of establishing both abstract design strategies and concrete design tactics can also be seen in quick service chains, such as Dunkin' and Starbucks. While a global design strategy helps maintain a family resemblance across stores, a customizable set of design tactics permits adequate flexibility at each store location.

Third, servicescape design tends to impact consumers via a twofold process of immediate experiences and subsequent outcomes (Bitner, 1992; McAlexander and Schouten, 1998; Reimer and Kuehn, 2005). Each servicescape design strategy helps facilitate a particular kind of consumer experience, which in turn helps facilitate a particular consumer outcome. For example, spatially coherent servicescapes (e.g., integrated aesthetic schemes) help foster restorative experiences, which in turn promote repeat visits (Rosenbaum *et al.*, 2020). As another example, ideologically homogeneous servicescapes (e.g., religious holy sites) create belonging experiences, which in turn cultivate inter-consumer relationships (Higgins and Hamilton, 2019).

METHODS

We investigate the impact of servicescape design on transformative service conversations in the context of mental health services. One reason why this industry is appropriate for studying our research questions is that transformative service conversations are one of its core service offerings. Moreover, this industry has long wrestled with designing servicescapes for transformative service conversations in a wide variety of institutional settings, including schools (e.g., student counseling), companies (e.g., employee coaching), health centers (e.g., substance abuse counseling), and private practices (e.g., psychoanalytic psychotherapy). After we introduce the reader to our research context, we describe our data collection methods, including our initial preparations, informant demographics, interview questions, and anonymization procedures. Thereafter, we explain our data interpretation procedures.

Research Context: Mental Health Services

Despite having been given media attention in recent decades, mental health remains a major social problem. In the United States (US), for example, one in five adults suffers from a mental health condition (Substance Abuse and Mental Health Services Administration [SAMHSA], 2020a). Beyond the US, estimates suggest that mental health conditions cost the global economy about \$1 trillion per year (World Health Organization [WHO], 2019). Several signs of hope, however, are beginning to emerge. As mental health services lose their historical cultural stigma, more consumers are turning to them for help. For example, in 2002, 27.2 million adults in the US received mental health services, and in 2019, that number rose to 40.2 million—a 48% increase (SAMHSA, 2020b). Mental health services typically involve a provider and a consumer discussing the latter's well-being concerns (Geroski, 2016). Most mental health services in the US are delivered under the rubrics of counseling, psychotherapy, or coaching, which differ in their duration and focus. Generally speaking, counseling services are relatively short-term and problem-focused (e.g., a 10-week addiction counseling program), whereas psychotherapy services are relatively long-term and person-focused (e.g., weekly psychodynamic therapy over several months or years). Unlike counseling and psychotherapy, which tend to

focus on remedying past and current problems, coaching is primarily focused on setting goals and planning for the future.

Data Collection: In-Depth Interviews with Providers and Consumers

In preparation for their interviews with mental health providers and consumers, the principal investigator (PI) participated in a 30-week practitioner training program as well as several specialized workshops. These workshops helped improve the PI's knowledge of the mental health industry's current best practices and connect with potential informants. Thereafter, the PI interviewed 28 informants, including 12 providers and 16 consumers of counseling, psychotherapy, and/or coaching services. This sample was also demographically diverse in terms of age (20s–70s; median 41.5), gender (57% male and 43% female), and income (10K–180K; median 85K), but less so in racial identity (79% identified as white). The interviews were minimally structured; however, they included several conversation starters (McCracken, 1988). For example, both the providers and the consumers were asked about what makes mental health services more or less effective based on their own lived experiences. Each of the informants quoted in this article is given an alias and designated as either a provider or consumer of counseling, psychotherapy, or coaching. To maintain the informants' anonymity, individual demographic characteristics are not provided.

Theory Development Process: A Hermeneutic Approach

The interview data were interpreted using a hermeneutic approach (Arnold and Fischer, 1994; Hudson and Ozanne, 1988; Thompson, 1997) that included three iterative, inferential activities. The first involved extracting the informants' own understandings of servicescape design tactics, experiences, and outcomes in mental health services. The second involved grouping, interconnecting, and conceptualizing the informants' understandings into a tentative conceptual model. The third involved consulting prior literature for comparable and contrasting concepts to refine or replace our tentative concepts. Conducting these three activities *iteratively* helped us improve the “accuracy, generality, and simplicity” of our emerging conceptual model (Langley, 1999, p. 694). We concluded our interpretation process at theoretical saturation—when new rounds of data interpretation did not substantially change the conceptual model. Our final conceptual model is illustrated in Figure 1, and its key concepts are defined in Table I.

Insert Figure 1 and Table I about here.

FINDINGS

Prior transformative service conversation research has documented the provider skills that facilitate consumer microtransformations; however, it has largely neglected the role of servicescape design in these conversations. In the following subsections, we document two servicescape design strategies that help facilitate consumers' microtransformations (service sequestration and service serialization) and identify their underlying psychological mechanisms (psychological safety and psychological readiness). Before we present these findings, however,

we emphasize that our consumer informants regularly experience microtransformations in mental health services.

“Most of the time, when I did go to counseling, it was more about my mind driving in circles and being anxious about all the different things I'm trying to control... What counseling has been able to provide is some helpful paradigm shifts of sorts and [to] really help me change [my] perspective on things.” (Tatiana, a counseling and coaching consumer)

“[My] therapist has helped me... to the point where I am at least trying to change something that, I think, has been part of me... as far as I can remember... it's what I think is a very deep-seated part of me, and this person has helped me realize that... through various fits and starts, I'm trying different things to combat that.” (Khan, a counseling consumer)

“[My therapist] just sat there, calm, for thirty minutes, listening to me rant about how much I hated my partner... First question he asked me was, I'll quote exactly, I'll never forget it, he said, “So tell me about your mother...” I remember exactly what I said to him, “This has everything to do about my mother...” That became one-and-a-half years of therapy.” (Oliver, a psychotherapy consumer)

As these interview excerpts indicate, the consumer informants discuss their microtransformations in a variety of ways. Tatiana describes her microtransformations as “some helpful paradigm shifts of sorts,” whereas Khan describes his as “various fits and starts.” Oliver provided a concrete example from the beginning of his service journey. He entered psychotherapy angry at one person in his life but quickly recognized that his feelings stemmed from unresolved anger at someone else. This recognition led to an extended service journey of coming to terms with a difficult childhood and understanding the impact of his past on his current relationships. Many of our other informants also describe their microtransformations as small changes in their thoughts, feelings, or action plans that accrued into bigger changes over time.

“What Happens in Session Stays in Session”: Service Sequestration Helps Facilitate Consumer Microtransformations by Cultivating Psychological Safety

One of the most common metaphors in the mental health industry is that of creating a “safe space” for a consumer to reflect on their life. Safe spaces are contexts in which consumers can freely share concerns that may be considered unsuitable elsewhere. Oliver, a psychotherapy consumer, describes a safe space as a place “where you can come, and step out of your life, and be your true self.” Likewise, Walter, a psychotherapist, emphasized that “you can say anything you want, you can feel a whole bunch of stuff, this is a place where that feeling is legit, it's the whole purpose of this space.” Our data reveal that safe spaces allow our informants to process difficult life experiences, including job performance anxiety, eating disorders, and relationship conflicts. Across the mental health services we studied, safe spaces are constructed using similar office layouts, audiovisual barriers, occupational norms, and legal documents, which we collectively conceptualized as “service sequestration” (see Figure 2).

Insert Figure 2 about here.

Our data indicate that service sequestration helps facilitate consumer microtransformations by cultivating consumer experiences of psychological safety. Originally conceptualized by Carl Rogers (1954), the founding father of humanistic psychology, psychological safety is “a climate in which external evaluation is absent” (p. 257). In contemporary research, psychological safety is typically defined as a comforting sense in which one can freely express oneself in a social context without fear of criticism, rejection, shaming, or other humiliation triggers (Newman *et al.*, 2017). Service sequestration cultivates consumer experiences of psychological safety by protecting (1) the privacy of the consumer and (2) the confidentiality of the conversation both during and after the session.

Consumers of mental health services are especially concerned with keeping their service usage private because the use of these services continues to be stigmatized in many societies (Machin *et al.*, 2019). To keep consumers safe from external judgment, mental health services transpire in closed office spaces with solid or opaque walls to ensure complete audiovisual privacy. Open office spaces, such as glass-walled rooms or semi-private cubicles that risk prying eyes and ears, are extremely rare in mental health service centers. In institutional settings, such as hospitals and schools, counseling and coaching services also tend to be clustered on a separate floor or located some distance away from other workspaces.

Providers who work in densely organized urban settings in which privacy is more difficult to achieve take additional precautions. They tend to keep windows closed and curtains drawn for visual privacy. They also use white noise machines to establish acoustical privacy. These machines are typically placed outside the provider’s office, where an intentional or unintentional eavesdropper might walk by. These office design choices and audiovisual barriers enable consumers to come and go in private, and they keep consumers from being observed or overheard during their sessions. As Josh, a psychotherapy consumer, notes, “For me, it's great just to talk to somebody, in a closed room with just you, the other person, and four walls, with little to no distractions, and just hash out everything going on in your life... It's just knowing what's said in this room, stays in here.”

In addition to privacy concerns, consumers worry about the confidentiality of their service conversations, even long after those conversations have ended. One expression of this concern is that consumers frequently complain about gossip in their social networks. For example, Alvin, a multi-service consumer, initially describes a small circle of his workplace friends as his most trusted confidants. However, as the interview progresses, he complains about the lack of confidentiality in these relationships:

“The issue I have with talking and unburdening myself with untrained people is that it tends to be a bit gossipy. What they do is a give-and-take. They say, “Did I tell you? Did I tell you? Did I tell you?” It actually doesn't alleviate the core issue. In fact, it becomes somewhat more inflammatory, because they feel they've got some privileged information they want to share. It is their social credibility. They feel it's a give-and-take. It's not a give-and-take! I have to say, especially having gone through counseling and coaching... [The] more and more I talk about this, the more [I realize how] grossly incompetent [my workplace friends] are in trying to help me.”

The give-and-take logic of everyday conversation heightens the risk of gossip. Imagine that Persons A and B are having a conversation, and a give-and-take moment arises. Mutual self-disclosure ensues. A mix of benign and risky personal information is shared. Some time passes. Eventually, the risky information is blended in memory with other benign information. Tacit expectations of confidentiality are long forgotten. New give-and-take moments arise. Without much forethought, Person B inadvertently shares Person A's information with Person C. Here, confidential matters are leaked not out of calculated malice but out of mindless chit-chat over time.

In contrast to gossipy social networks, mental health services ensure the long-lasting protection of service conversations via deeply embedded occupational norms and practices. For instance, the value of confidentiality was introduced and emphasized during the very first class of the PI's practitioner-training program. Thereafter, an entire week was devoted to confidentiality procedures, including discreet billing and password-protected note-taking. In accordance with local laws, exceptions to confidentiality are appropriate only when crimes are committed or imminent. Following their basic training, mental health service providers are reminded of confidentiality norms every time they seek to establish, advance, or renew their credentials and licenses. As an example, one of the five sections of the International Coach Federation's (2018) code of ethics is devoted to the issue of confidentiality:

“As a coach, I: maintain the strictest levels of confidentiality with all client and sponsor information unless release is required by law; [and] have a clear agreement about how coaching information will be exchanged among coach, client and sponsor.”

While most consumers have limited knowledge of how their providers are trained and licensed, they have a generalized expectation of confidentiality from popular representations of psychotherapists (e.g., *Analyze This*, *In Treatment*, and *The Sopranos*). Confidentiality protocols fulfill consumers' expectations and help them feel “comfortable,” “free,” “honest,” “open,” and “safe.” Some informants also describe psychological safety as feeling in control. For example, George, a coaching informant, says:

“People talk... Professional people, they don't do this. They keep everything real private between you and them. Everything is in control. What I like about coaching is control. Everything is controlled. Everything is between you and the coach.”

In the mental health industry, confidentiality is governed by legally binding confidentiality agreements. Typically co-signed at the outset of service relationships, such agreements include explicit language, such as “all information provided to the coach will be kept strictly confidential” (Coaches Training Institute, 2018). Even if consumers barely skim these documents upon signing, the mere awareness that the documents exist provides them with an additional degree of psychological safety.

Collectively, these architectural, legal, normative, and technological design elements protect the privacy of consumers, as well as the confidentiality of their conversations both during and after service encounters. Zena, a coach, perfectly captures the lived experience of psychological safety in her comments on why people seek coaching:

“You can go and be free to open up and not have to be worried about any of the information getting back to the people in your network, anyone misconstruing what you say, or having any misconceptions, or judging you here forward because of it... What happens in session stays in session.”

The slogan “What happens here, stays here” was originally formulated in 2003 to advertise Las Vegas as a vacation destination for not only gambling, but all sorts of exciting adult entertainment (e.g., exotic dining, pool parties, and strip clubs; Shankman, 2013). Subsequently reformulated into “What happens in Vegas, stays in Vegas,” this iconic marketing slogan has inspired many non-Vegas permutations, including the one our informant improvises about mental health services. Just as adults feel freer to experiment with risky pleasures on vacation, consumers feel freer to consider new thoughts, feelings, and action plans in session. What enables both groups is the promise of containment—or, at the very least, a lessened risk of external judgment.

“And Then It’s Thursday at 3:00 p.m.”: Service Serialization Helps Facilitate Consumer Microtransformations by Cultivating Psychological Readiness

Mental health service providers typically schedule recurring weekly appointments for their consumers. At first glance, this practice hardly seems noteworthy. From lawyers to physicians, all modern-day service professionals offer services by appointment in standardized increments of time—sometimes over multiple weeks. Yet, a follow-up visit is not a forgone conclusion in every service. Most follow-up visits in other services are scheduled only as needed, often on a different day, and maybe even for a shorter or longer duration, depending on their purpose. By contrast, in mental health services, providers maintain a standing appointment on the same day of the week, at the same time of day, and for the same duration over several months—sometimes even years. We conceptualize this rigorous approach to the temporal design of mental health services as “service serialization” (see Figure 3) to highlight its ritualizing function.

Insert Figure 3 about here.

Our data suggest that service serialization helps facilitate consumer microtransformations by cultivating consumer experiences of psychological readiness. Grounded in Allport’s (1935) theories of attitude, psychological readiness is the willingness to engage with the challenging aspects of one’s current realities (Kruglanski *et al.*, 2014). A prototypical experience of psychological readiness is a feeling of confidence, eagerness, and preparedness to interact with “a given state of affairs” (Kruglanski *et al.*, 2014, p. 368). Service serialization cultivates consumer experiences of psychological readiness by (1) securing time for conversation in a time-scarce world and (2) nurturing rituals, including before, during, and after each appointment.

The primary function of service serialization is to secure time for thoughtful conversations between providers and consumers. In late modern societies characterized by continual time pressure on individuals, securing time is no trivial matter (Hochschild, 1997). As multiple informants lament, finding time to talk in depth with one of their friends can be rather

challenging. People become less available to talk with one another as their responsibilities grow in adulthood. Bertha, a psychotherapy consumer, explains:

“When I think about the amount of time I used to spend talking with friends 20 years ago, it's just different now, for everybody I think. That kind of regularly taking time to really stick at a particular issue and thrash it out, nobody really has time for that... [so] I do value having a regular period of time where I know the therapist is exclusively focused on what I want to say and helping me move [forward] from where I'm at.”

This middle-aged informant has many close friends. Even so, she finds that the regularity of the conversations they once had is lost in adulthood. Likewise, Sunny, an in-house coach in a multinational firm who is also a psychotherapy consumer himself, makes similar observations: His friends exchange life concerns when they meet, but they do not meet with regularity.

“I think sometimes if a friend is involved with you in something, they may only be dipping in at certain points when you choose to share... If you're getting together for coffee, you only have a half an hour and you only get 15 minutes of time to talk about yourself... Whereas your therapist, even though you may only see them for an hour a week or every two weeks, there is this constancy to it, that's an artificial structure that actually can give it more framework.”

As these quotes indicate, a standing appointment can alleviate the problem of finding time to connect with somebody else by ritualizing a particular meeting date, time, and duration. Beyond a guarantee of time, a recurring appointment is a guarantee of care. Providers reissue this dual assurance of both time and care whenever they repeat, “This is your time.” As Mellie, a coach, says, “[My clients] can count on [meeting] at a certain day and time each week... I'm not going to give them the excuse, 'Oh, can we reschedule? I have a lunch today.' They're truly valued and they can count on me.” Via recurring appointments, providers guarantee their consumers a block of time to discuss personal matters without the consumers having to feel guilty about imposing themselves on others. As Miriam, a counseling consumer, jokes, “I like that I can go somewhere and just be with someone whose job it is to listen to me complain. Although I do feel kind of guilty, at times, to be complaining... [but] it's their job, that's what they signed up for.” Only new consumers express such guilt. Once consumers become more familiar with the norms of mental health services through interactions with their chosen provider, they quickly overcome the guilt of taking up airtime for their concerns.

Beyond securing time for thoughtful conversations, service serialization helps consumers overcome the challenge of transitioning into and out of those conversations. In the following quote, Eve, a psychotherapy consumer with a knack for dramatic storytelling, animates the discomfort of such transitions:

“What I would say I dislike the most is I found it hard to transition from, OK, I'm going on in my daily life, all is well, and then it's Thursday at 3:00 PM. I need to get my butt over to [my therapist's office]. Then I have to get into this different mode, to have this kind of constructive conversation with her. I had a hard time switching and shifting gears like that... [And then] you leave and oftentimes feel really raw. You don't want to be

productive or whatever, so then also shifting back into life mode or productivity mode after that session. I found that to be really challenging.”

As this quote illustrates, even with regular scheduling, achieving microtransformations is not easy for consumers. However, the consistency of appointments in terms of day, time, duration, location, and purpose can make these anxiety-inducing conversations feel a bit more predictable. As the weekly rhythm becomes familiar, consumers become more able to explore new thoughts, feelings, and action plans, and their anticipatory fears are eventually outweighed by the perceived value of making those explorations. As Eve says later in the interview, “You don't necessarily look forward to it every week [but] in the end, it's one of those, 'I will thank myself later' type of things... I would say I enjoy it after the fact.”

Service serialization enables consumers to develop pre- and post-session rituals to boost their psychological readiness for sessions. For example, our informants describe grabbing a coffee alone, listening to calming music, and taking a solitary walk. These pre- and post-session rituals help consumers work up courage before sessions and soothe feelings of vulnerability after sessions. A few seasoned consumers also journal between sessions, noting what they want to discuss at the next appointment. As Hunter, a psychotherapy consumer, notes, “When I come into the session, I've got something I've been mulling over... I'm much more deliberate actually, because it's time-limited... I come prepared and with more intention around what I want to accomplish in the conversation.”

Furthermore, service serialization cultivates psychological readiness by creating a predictable rhythm for consumer microtransformations during each session. Most sessions have a U-shaped risk-taking ritual, wherein the conversation begins at the surface level of everyday concerns, gradually seeps into riskier territory as the session proceeds, and ultimately returns nearer to the surface level of everyday concerns as the session wraps up (see Figure 3). Rupert, a mental health counselor, details this intra-session risk-taking pattern:

“There is sort of a predictable pattern in how the mood plays out. In the beginning of the session, there is a little bit more tentativeness. There is sort of a getting warmed up, getting comfortable with talking about something difficult. There is a little bit of anxiety about that. Then sometimes there is a certain differing, deepening of mood and a sense of more intense fear of emotion, whether it's sadness, or feelings of hurt, or experiencing a sense of abandonment. Going deeper into an area of pain. As the session is more on its last legs, coming back out of that, and getting in a place of being recomposed. A little bit more at peace, a little bit more sense of confidence, again, to be able to leave the office door, and to go back onto the street. Clinically, I feel like your defenses kind of get lowered as the session progresses and then they go back in place as you are about to leave. So that you are not walking around so vulnerable on the streets.”

To facilitate consumer awareness of the time during sessions, most offices have at least two clocks: one in the view of the provider, and one in the view of the consumer. If the session is in person, the provider might signal the end of the session with non-verbal cues, such as capping their pen, changing their posture, or closing their notebook. If the session is conducted by phone, as is often the case with coaching, the provider may vocally bring the session to a close (e.g., “Shall we close there for today?”).

The effect of service serialization on consumers is not immediate, but gradual. Some new consumers are initially put off by the strict, temporal discipline. However, once the service rhythms become familiar, most consumers indicate that the fixed day, time, and duration cultivate much-needed psychological readiness for microtransformations. When distressing concerns occupy one's mind on Monday at 2ish, one can mentally shelve them for the next session on Thursday at 3:00 p.m. When 3:00 on Thursday arrives, one can slowly unpack one's concerns in the safe space of the provider's office. And when Thursday at 4:00 p.m. nears, one can resettle the mind and return to work.

THEORETICAL CONTRIBUTIONS

Dyadic services research has increasingly focused on helping providers facilitate transformative service conversations—conversations that generate consumer microtransformations toward new self-understandings, outlooks on life, and other well-being goals (e.g., Albinsson *et al.*, 2017; Davey and Grönroos, 2019; Gopaldas *et al.*, 2021; Johnston *et al.*, 2007; King and Klawitter, 2007; Klontz *et al.*, 2016; Perera *et al.*, 2017). This article contributes to the literature on transformative service conversations by developing a conceptual model of servicescape design strategies for such conversations. Prior research on transformative service conversations has amply documented the necessary provider skills but overlooked the role of servicescape design. In this article, we redress this oversight by examining the impact of servicescape design on transformative service conversations in the context of mental health services. Specifically, we identify two servicescape design strategies that have a profound impact on both consumer microtransformations and the psychological mechanisms underlying these strategies (see Figure 1).

The first servicescape design strategy is service sequestration, a suite of spatial design tactics that creates strong consumer protection for emotional risk-taking. This strategy involves building a variety of architectural, legal, normative, and technological protections around the service encounter (see Figure 2). These multi-layered protections help to maintain the privacy of the consumers and the confidentiality of the conversations, both during and after service encounters. Service sequestration helps facilitate consumer microtransformations by cultivating psychological safety—the comforting sense that one can freely express themselves in a social context without fear of humiliation (Newman *et al.*, 2017; Rogers, 1954).

The second servicescape design strategy is service serialization, a suite of temporal design tactics that create predictable rhythms for emotional risk-taking. This strategy involves rigorously maintaining a standing appointment for weeks, months, and even years, and always starting and stopping on time (see Figure 3). Such rigorous temporal discipline helps to secure time for in-depth conversation in time-scarce societies and cultivate rituals for risk-taking before, during, and after the service encounter. Service serialization helps to facilitate consumer microtransformations by cultivating psychological readiness—willingness and confidence to engage with the challenging aspects of one's current realities (Allport, 1935; Kruglanski *et al.*, 2014).

Overall, this article explains how and why servicescape design can have a profound impact on consumer microtransformations in the short term and consumer well-being in the long term. In doing so, the article begins to transfer servicescape design tactics from mental health services to other dyadic services that seek to facilitate consumer microtransformations (see Table

II). Lastly, this article expands the focus of research on transformative service conversations from provider skills to servicescape design, opening up new avenues for future research.

Insert Table II about here.

PRACTICAL IMPLICATIONS

This article has practical implications for any dyadic service that seeks to facilitate consumer microtransformations. A few examples of such services include career counseling, divorce law, financial advising, geriatric social work, nutrition counseling, personal styling, and professional organizing. Each of these services seeks to move consumers further toward their occupational, relational, financial, physical, material, and other well-being goals. Table II provides these services with a customizable set of servicescape design strategies and tactics to help consumers feel safe and ready to dive into the psychologically challenging work of reconsidering their existing thoughts, feelings, and action plans.

Consider, for example, how career counseling services are currently designed in most academic institutions. Students anxious about their career decisions, job opportunities, and corresponding academic choices (e.g., majors, minors, or certifications) make an appointment to see their institution's career counselor on an ad hoc basis: appointment by appointment. These appointments are often conducted in the counselor's open cubicle, a semi-private office space, or any available meeting room where multiple other students and staff can eavesdrop on their conversations. Our research indicates that under these circumstances, students feel neither emotionally safe nor emotionally ready to discuss their deeper psychological challenges (e.g., pressure from parents to select a particular career, concerns about racism and sexism in certain professions, or a lack of awareness of their own strengths and weaknesses).

Our research proposes that sequestering and serializing dyadic services emboldens consumers to consider new possibilities for themselves. Table II recommends many ways in which career counselors can change the design of their services. For instance, they could schedule predictably recurring appointments with students (e.g., every first Friday of the month at 4 p.m.). As another example, they could explicitly address the confidentiality norms of their occupation and institution (e.g., whether aspects of the conversation will or will not be shared with other staff members). Collectively, the tactics in Table II can ensure that students feel safe and ready to be open with their career counselors, consider the pros and cons of different career paths, and make potentially life-altering decisions about their futures. At the same time, we issue the caveat that these tactics are not universal rules for all dyadic service contexts. Rather, they are a customizable set of tactics for achieving sequestration and serialization. Each provider must select the tactics that are most critical and feasible in their unique service contexts.

The tactics in Table II also necessitate some discussion in light of the trend toward virtual service delivery (e.g., via FaceTime, Skype, and Zoom). On the one hand, delivering services virtually eliminates the provider's office space and commuting costs. On the other, virtual servicescapes shift some of the responsibility for service sequestration onto the consumer. This responsibility is much easier for wealthier and suburban consumers, who are more likely to live in larger homes with a room of their own where they can experience acoustical and visual privacy for dyadic service appointments. However, this responsibility is more challenging for

lower-income and urban consumers, who may experience acoustical and visual privacy only in office spaces. As such, providers would be wise to make their service delivery choices with consideration for their consumers' household circumstances.

AVENUES FOR FUTURE RESEARCH

This article provokes at least four avenues for future research on transformative service conversations. (1) Interpretive studies are good for building conceptual models, but lab experiments, field studies, and surveys are necessary for testing the emergent conceptual model (see Figure 1). (2) Our research highlights two servicescape design strategies that help facilitate consumer microtransformations: service sequestration and service serialization. Accordingly, future research may wish to explore other servicescape design strategies that help facilitate consumer microtransformations by examining diverse service contexts, such as financial advising, geriatric social work, and personal styling. (3) Our research spotlights two positive consumer experiences that help facilitate consumer microtransformations: psychological safety and psychological readiness. Future research could examine the role of negative consumer experiences in transformative service conversations—specifically, which negative consumer experiences are common and how these experiences can be mitigated. (4) Given the ongoing market demand for in-person and virtual service delivery, future research may also wish to examine how providers can manage transitions between in-person and virtual channels to continue facilitating transformative consumer experiences across channels. In closing, we hope that this article will inspire more research on transformative service conversations.

TABLE I**Key Concepts**

Concept	Definition	Key Sources
<i>Service sequestration</i>	a suite of spatial design tactics that creates strong consumer protections for emotional risk-taking	This study
<i>Service serialization</i>	a suite of temporal design tactics that creates predictable rhythms for emotional risk-taking	This study
<i>Psychological safety</i>	the comforting sense that one can freely express themselves in a social context without fear of humiliation	Rogers, 1954; Newman <i>et al.</i> , 2017
<i>Psychological readiness</i>	the willingness and confidence to engage with challenging aspects of one's current realities	Allport, 1935; Kruglanski <i>et al.</i> , 2014
<i>Consumer microtransformations</i>	small changes in consumers' thoughts, feelings, and action plans that are individually trivial but cumulatively significant over time	Dooley, 2008; Gopaldas <i>et al.</i> , 2021

TABLE II

Designing Servicescapes for Transformative Service Conversations

Design Strategy	Design Tactics
<p><i>Service sequestration:</i> a suite of spatial design tactics that creates strong consumer protections for emotional risk-taking</p>	<p>Select private versus open or semi-private office spaces to provide consumers with both acoustical and visual privacy*</p> <p>Seal audiovisual leaks with white noise machines and window shades if eavesdropping and exposure are possibilities*</p> <p>Discuss whether and how aspects of the service conversation might be relayed to other parties in the service system</p> <p>Prepare a legally binding confidentiality agreement if appropriate, and explain it to the consumer in lay terms</p> <p>Utilize appropriate security measures, such as multi-factor authentication, to safeguard records of sensitive information</p>
<p><i>Service serialization:</i> a suite of temporal design tactics that creates predictable rhythms for emotional risk-taking</p>	<p>Schedule appointments for service conversation in advance, giving consumers time to prepare for those conversations</p> <p>Routinize appointment times whenever possible by keeping the day, time, and duration consistent</p> <p>Stick to the schedule: Start and end on time, and preserve time slots for consumers against competing interests</p> <p>Place clocks in the provider and consumer’s line of sight to cover the consumer’s most pressing needs within the time frame*</p> <p>Signal when meetings are nearing their ends to allow the consumer time to find tentative psychological closure before they leave</p>

*When dyadic services are delivered online, consumers become responsible for executing these tactics on their end.

FIGURE 1

The Impact of Servicescape Design on Transformative Service Conversations

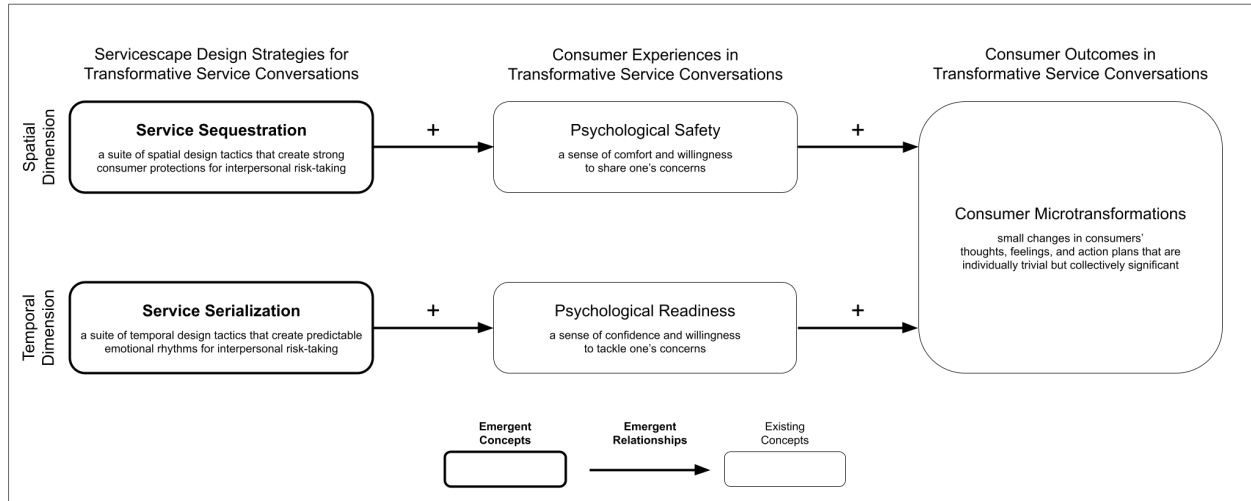


FIGURE 2

Service Sequestration

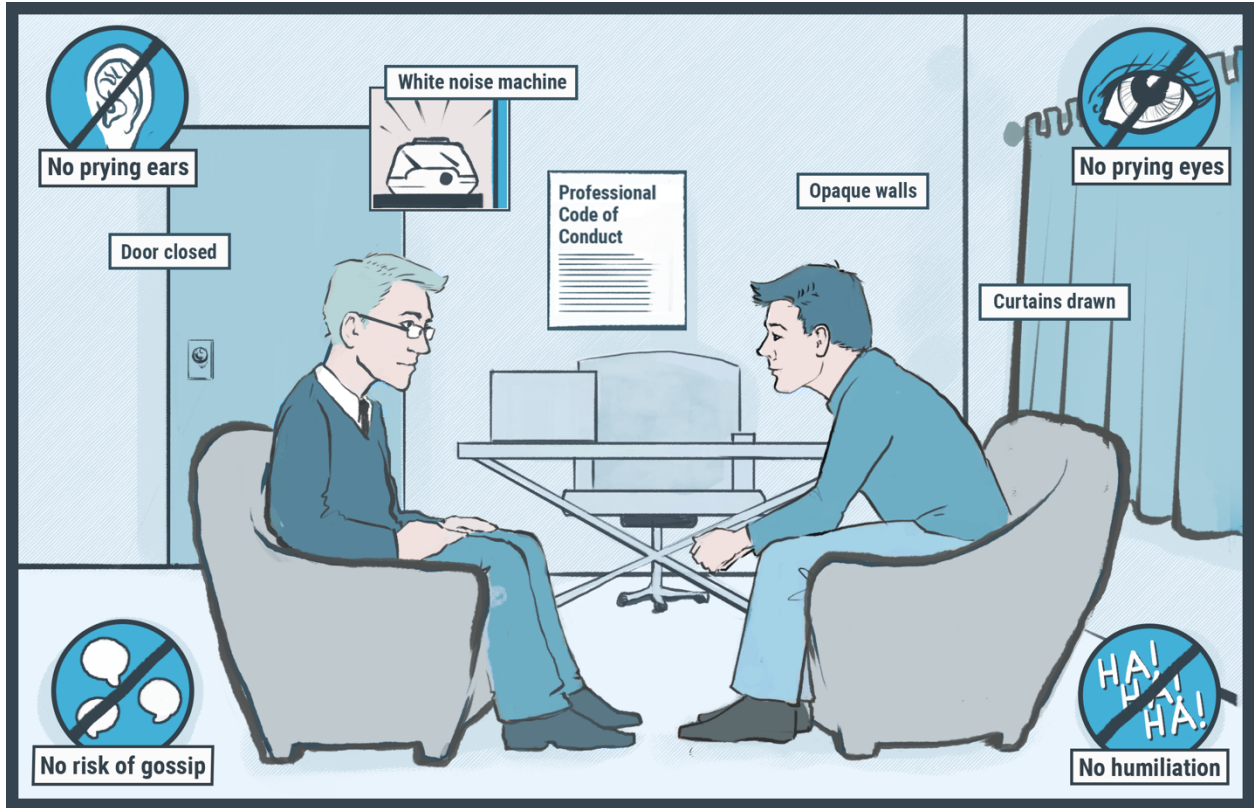
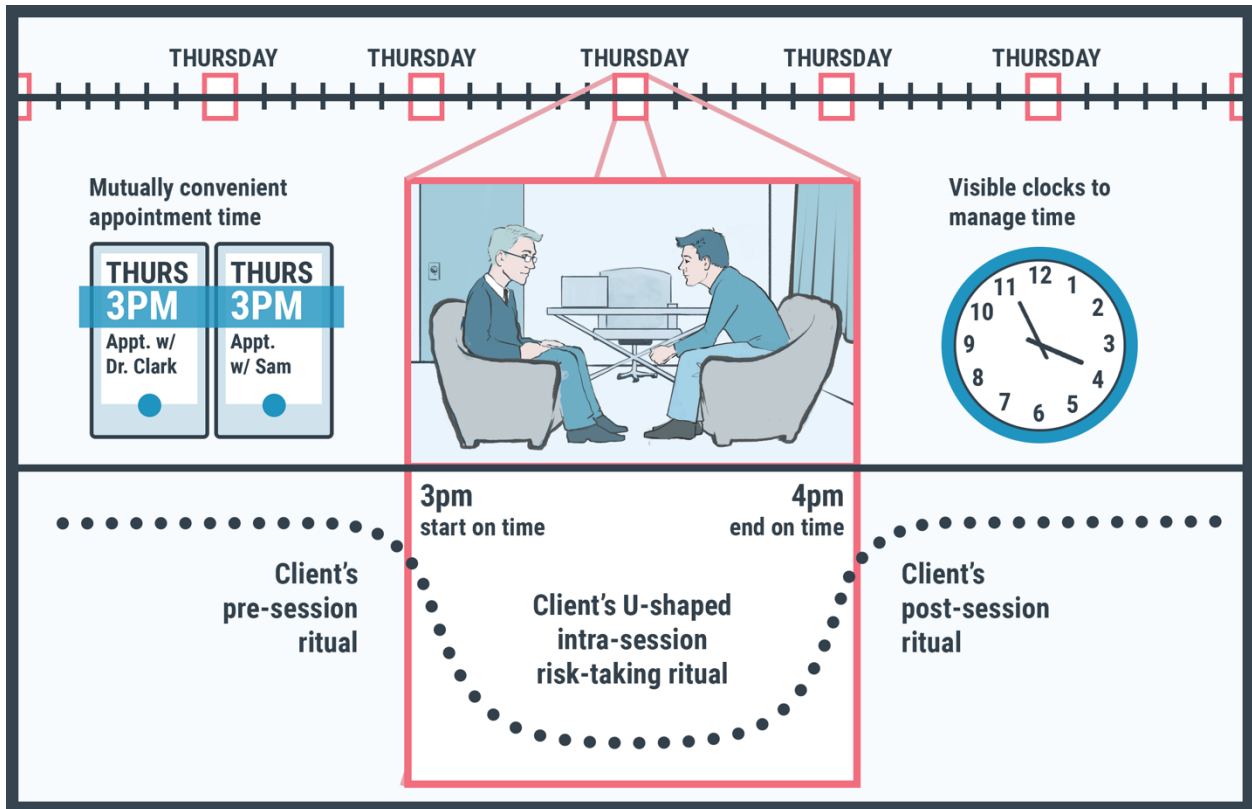


FIGURE 3

Service Serialization



REFERENCES

- Albinsson, P.A., Perera, B.Y., and Shows, G.D. (2017), "Pursuing fitness: how dialectic goal striving and intersubjectivity influence consumer outcomes", *Consumption Markets & Culture*, Vol. 20 No. 1, pp.35-58.
- Allport, G. W. (1935), "Attitudes", Murchison, C. (Ed.), *Handbook of Social Psychology*, Clark University Press, Worcester, MA, pp.798-844.
- Anderson, L. and Ostrom, A.L. (2015), "Transformative service research: advancing our knowledge about service and well-being", *Journal of Service Research*, Vol. 18 No. 3, pp.243-249.
- Arnold, S.J. and Fischer, E. (1994), "Hermeneutics and consumer research", *Journal of Consumer Research*, Vol. 21 No. 1, pp.55-70.
- Arnould, E.J., Price, L.L., and Tierney, P. (1998), "Communicative staging of the wilderness servicescape", *Service Industries Journal*, Vol. 18 No. 3, pp.90-115.
- Bitner, M.J. (1992), "Servicescapes: The impact of physical surroundings on customers and employees", *Journal of Marketing*, Vol. 56 No. 2, pp.57-71.
- Coaches Training Institute (2018), "Coaching agreement", available at: <http://www.coactive.com/docs/resources/toolkit/pdfs/02-Coaching-Agreement.pdf> (accessed 1 June 2019).
- Davey, J. and Grönroos, C. (2019), "Health service literacy: complementary actor roles for transformative value co- creation", *Journal of Services Marketing*, Vol. 33 No. 6, pp. 687-701.
- Dooley, C.M. (2008), "Multicultural literacy teacher education: seeking micro-transformations", *Literacy Research and Instruction*, Vol. 47 No. 2, pp.55-75.
- Gawande, A. (2015), *Being Mortal: Medicine and What Matters in the End*, Metropolitan Books, New York, NY.
- Geroski, A.M. (2016), *Skills for Helping Professionals*, Sage, Los Angeles, CA.
- Gopaldas, A., Carnevale, M., Kedzior, R. and Siebert, A. (2021), "Service conversation: advisory, relational and transformative approaches", *Journal of Services Marketing*, Vol. ahead-of-print No. ahead-of-print. <https://doi.org/10.1108/JSM-09-2019-0365>.
- Higgins, L. and Hamilton, K. (2019), "Therapeutic servicescapes and market-mediated performances of emotional suffering", *Journal of Consumer Research*, Vol. 45 No. 6, pp.1230-1253.

- Hochschild, A.R. (1997), *The Time Bind: When Home Becomes Work and Work Becomes Home*, Henry Holt and Company, New York, NY.
- Hudson, L.A. and Ozanne, J.L. (1988), "Alternative ways of seeking knowledge in consumer research", *Journal of Consumer Research*, Vol. 14 No. 4, pp.508-521.
- International Coach Federation (2018), *Code of ethics*, available at: <https://coachfederation.org/code-of-ethics> (accessed 1 June 2019).
- Johnston, O., Kumar, S., Kendall, K., Peveler, R., Gabbay, J., and Kendrick, T. (2007), "Qualitative study of depression management in primary care: GP and patient goals, and the value of listening", *British Journal of General Practice*, Vol. 57 No. 544, pp.e1-e14.
- King, K. and Klawitter, B. (2007), *Nutrition Therapy: Advanced Counseling Skills*, 3rd ed., Lippincott Williams & Wilkins, Baltimore, MD.
- Klontz, B., Kahler, R., and Klontz, T. (2016), *Facilitating Financial Health: Tools for Financial Planners, Coaches, and Therapists*, 2nd ed., National Underwriter Company, Cincinnati, OH.
- Kruglanski, A.W., Chernikova, M., Rosenzweig, E., and Kopetz, C. (2014), "On motivational readiness", *Psychological Review*, Vol. 121 No. 3, pp.367-388.
- Langley, A. (1999), "Strategies for theorizing from process data", *Academy of Management Review*, Vol. 24 No. 4, pp.691-710.
- Machin, J.E., Adkins, N.R., Crosby, E., Farrell, J.R., and Mirabito, A.M. (2019), "The marketplace, mental well-being, and me: exploring self-efficacy, self-esteem, and self-compassion in consumer coping", *Journal of Business Research*, Vol. 100, pp.410-420.
- McAlexander, J.H. and Schouten, J.W. (1998), "Brandfests: service-scapes for the cultivation of brand equity", Sherry, J.F. Jr. (Ed.), *Servicescapes: The Concept of Place in Contemporary Markets*, American Marketing Association, Chicago, IL, pp.377-402.
- McCracken, G. (1988), *The Long Interview*, Sage Publications, Newbury Park, CA.
- Newman, A., Donohue, R., and Eva, N. (2017), "Psychological safety: a systematic review of the literature", *Human Resource Management Review*, Vol. 27 No. 3, pp.521-535.
- Perera, B.Y., Albinsson, P.A., and Shows, G.D. (2017), "Value co-creation in consumer-intensive service encounters: a dyadic perspective", *Journal of Creating Value*, Vol. 3 No. 1, pp.19-32.
- Reimer, A. and Kuehn, R. (2005), "The impact of servicescape on quality perception", *European Journal of Marketing*, Vol. 39 Nos. 7/8, pp.785-808.

- Rogers, C.R. (1954), "Toward a theory of creativity", *ETC: A Review of General Semantics*, Vol. 11 No. 4, pp.249-260.
- Rosenbaum, M., Corus, C., Ostrom, A., Anderson, L., Fisk, R., Gallan, A., Giraldo, M., Mende, M., Mulder, M., Rayburn, S., Shirahada, K., and Williams, J. (2011), "Conceptualisation and aspirations of transformative service research", *Journal of Research for Consumers*, Vol. 19, pp.1-6.
- Rosenbaum, M.S., Friman, M., Ramirez, G.C., and Otterbring, T. (2020), "Therapeutic servicescapes: restorative and relational resources in service settings", *Journal of Retailing and Consumer Services*, Vol. 55, pp.1-9.
- Rosenbaum, M.S. and Massiah, C. (2011), "An expanded servicescape perspective", *Journal of Service Management*, Vol. 22 No. 4, pp.471-490.
- Russell-Bennett, R., Fisk, R.P., Rosenbaum, M.S., and Zainuddin, N. (2019), "Commentary: transformative service research and social marketing – converging pathways to social change", *Journal of Services Marketing*, Vol. 33 No. 6, pp.633-642.
- Shankman, S. (2013), "A brief history of 'What happens in Vegas stays in Vegas.'", *The Week*, available at <http://theweek.com/articles/459434/brief-history-what-happens-vegas-stays-vegas> (accessed 1 June 2019).
- Substance Abuse and Mental Health Services Administration (2020a), "Key substance use and mental health indicators in the United States: results from the 2019 National Survey on Drug Use and Health", No. PEP20-07-01-001, available at: <https://store.samhsa.gov> (accessed 20 June 2021).
- Substance Abuse and Mental Health Services Administration (2020b), "2019 NSDUH Detailed Tables", National Survey on Drug Use and Health, available at: <https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables> (accessed 20 June 2021).
- Thompson, C.J. (1997), "Interpreting consumers: a hermeneutical framework for deriving marketing insights from the texts of consumers' consumption stories", *Journal of Marketing Research*, Vol. 34 No. 4, pp.438-455.
- World Health Organization (2019), "The WHO special initiative for mental health (2019-2023): universal health coverage for mental health", available at: <https://apps.who.int/iris/handle/10665/310981> (accessed 25 June 2021).
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