



The Restorative Qualities of an Activity-Based, Third Place Café for Seniors: Restoration, Social Support, and Place Attachment at Mather’s—More Than a Café

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ABSTRACT

This article highlights the restorative qualities of an actual café that represents a “hybrid third place.” Similar to third places, the café studied in this work offers its customers food, beverages, and opportunities to participate in social activities. By drawing upon attention restoration theory (ART), the authors show that the café’s built environment, or servicescape, features the three stimuli that are required to facilitate personal restoration and promote relief from symptoms associated with mental fatigue. The authors also explore how social activities and social integration promote customer restoration and investigate how perceived restorativeness is related to commercial social support, place attachment, and customer health.

INTRODUCTION

In his book, *The Great Good Place*, Ray Oldenburg (1999) coined the term “third place” to denote places other than a person’s home (first place) or work (second place) that “host the regular, voluntary, informal and happily anticipated gathering of individuals beyond the realms of home and work” (Oldenburg, 1999, p. 16) and which often assume a profound role in their customers’ daily lives. Indeed, recent research in service marketing reveals that many older-age, third-place customers patronize these establishments to remedy feelings of loneliness and isolation that often ensue after they experience negative life events, such as bereavement and illness (Rosenbaum et al., 2007). Thus, by patronizing establishments, such as diners (Rosenbaum, 2006), coffee shops (Oldenburg, 2001), McDonald’s (Cheang, 2002), retail shops (e.g., See’s Candies; Day, 2000), bars (Cowan, 1982), and health clubs (Rosenbaum, 2008), some customers may improve their health by finding an available supply of support.

Beyond exposing the therapeutic function that smaller-sized, neighborhood establishments can assume in their customers’ lives (Bounds, 2005), one may speculate as to the driving force that propels customers to third places. For instance, why does Oldenburg (1999) suggest that third places are linked to the rise of great civilizations and to societal well-being? Why do third-place patrons believe that God brings them together (Rosenbaum, 2006)? Recent research offers an intriguing answer by linking third places to attention restoration theory (ART) (ART; Berman, Jonides & Kaplan, 2008; Berto, 2005; Kaplan, 1995; Kaplan & Kaplan, 1989) and to the potential of restorative servicescapes (Ouellette, Kaplan & Kaplan, 2005; Rosenbaum, 2009).

ART suggests that a person’s ability to direct attention in thought and perception to environmental stimuli (e.g., caring for a loved one, extended periods of work) is a biological mechanism that becomes fatigued with use. Directed attention fatigue (DAF) transpires when this mechanism becomes impaired;

as a result, a person experiences mental fatigue, lower mental competence, difficulty focusing and planning, impatience, accidents caused by bad judgment (Kaplan, 1995), and slower recovery from a major illness, such as cancer surgery (Cimprich & Ronis, 2003). In fact, most people can relate to the feelings of mental fatigue after they experience “burnout” from an exhausting day at work or at school.

To date, environmental researchers have explored how natural stimuli, such as parks, green spaces, and beaches (Berman, et al, 2008; Van den Berg, Hartig & Staats, 2007), help people undergo restorative experiences that remedy DAF. Promising research also shows, however, that elements in a commercial third place’s built environment, also referred to as a servicescape (Bitner, 1992), can mimic natural stimuli and help younger-age customers remedy pathogenic symptoms associated with DAF (Rosenbaum, 2009).

The goal of this article is to show how a foundationally supported café located in a Midwestern city that offers senior-age customers breakfast, lunch, coffee, snacks, and social activities (e.g., exercise classes, game clubs, computer classes, blood pressure screenings) has crafted an environment where some of its customers sense its restorative stimuli. That is, our central thesis is that Mather’s—More Than a Café (MMC) represents a third place in which some its customers may experience restoration and hence, potential relief from DAF. We also investigate social activity factors that encourage restoration and explore relationships among restoration, commercial social support, and person-place bonds or “place attachment” (Hidalgo & Hernandez, 2001; Rosenbaum, et al., 2008).

The remainder of this article is organized as follows: First, the authors present and discuss a literature review to support the offering of research questions. Then, attention is turned to empirically answering the questions with data collected from Café customers. The article concludes with a discussion of data results, research directions, managerial and societal implications, and limitations.

LITERATURE REVIEW

ART integrates both James's (1892) work on voluntary attention, which refers to a person's need to expend concentrated effort on strenuous tasks, and Olmsted's (1865) work in landscape architecture, which contends that a person's capacity to focus can become fatigued with use, but is restored in the presence of natural settings, such as parks, beaches, and gardens. Kaplan (1995) organizes these contentions by arguing that a person's ability to direct attention to a stress-inducing project, task, or complex activity, such as caring for a loved one who is ill, is an internal mechanism (Hartig & Staats, 2003). This mechanism requires a person's effort and voluntary control (Posner & Rothbart, 2007). Therefore, the mechanism remains susceptible to fatigue because people expend energy to stifle their desire to direct attention to competing stimuli in order to remain engrossed in emotionally taxing activities.

ART puts forth that a person's ability to direct attention to demanding, and often unpleasing, stimuli can be maintained for limited periods before a person encounters DAF. This ensues when neural inhibitory mechanisms that enable a person to focus on stimuli are taxed by competing and appealing stimuli. People are not necessarily cognizant of their internal directed-attention mechanism, but they are familiar with the state of mind that accompanies mental fatigue. In fact, DAF instigates symptoms such as negative emotions, irritability, decreased sensitivity to interpersonal cues, performance decrements on tasks requiring attention, slower recovery after surgery, and reduced planning ability (Cimprich & Ronis, 2003; Hartig, Evans, Jamner & Garling, 2003; Korpela, Hartig, Kaiser & Fuhrer, 2001).

DAF may be an instinctive mechanism related to human evolution (Kaplan, 1995, 2001). The ability to focus on a stimulus for prolonged periods of time makes a person vulnerable to surprises. Rather than develop an inborn ability to center on a distinct stimulus and on inhibiting countering external stimuli, primeval humans enhanced their survivability by

being observant of their surroundings and of multiple stimuli. Stimuli that were important to the evolving man (e.g., hunting, building shelter, sensing danger) solicited the need to respond to several stimuli at one time instead of encouraging the development of an internal inhibitory system.

Thus, directed attention is a consumable and fragile resource that is vital to a person's ability to function in life. This resource may become scarce especially in older-age and elderly adults who often confront the realities of focusing attention on tiring stimuli, such as caring for spouses, friends, or grandchildren, or taking care of household responsibilities after bereavement (Kaplan & Kaplan, 2003).

Restorative Environments and Natural Stimuli

Recent environmental psychological research purports that archetypical restorative environments include three properties (Han, 2007). The first property, being away, provides people with a break from day-after-day concerns or a feeling, albeit temporarily, of escaping to a different place. The second property, fascination, refers to a setting's ability to hold a person's attention naturally. The third property, coherence, suggests that a setting must be rich and coherent enough that it constitutes a whole other world from a person's perspective.

As previously discussed, directed attention fatigue can be remedied by people spending time in or having visual access to nature, forests, gardens, and green spaces (Berman et al., 2008; Han, 2007; Hobbs, 2007; Kaplan & Kaplan, 1989; Lethbridge, Yankou & Andrusyszyn, 2005; Norling & Sibthorp, 2006; Tennessen & Cimprich, 1995). Quite simply, natural settings possess restorative stimuli, including being away, fascination, and coherence. Is it possible, however, for commercial establishments also to have restorative stimuli similar to those found in nature?

The Restorative Potential of Third Places. Commercial establishments, such as diners, coffeehouses, arcades, and bars, have a long history of providing contexts that encourage and facilitate camaraderie

and the exchange of social support among patrons (Rosenbaum, 2006, 2008). These places may be deemed as third places, which represent the “core settings of informal life” (Oldenberg, 1999, p. 15) and which often transcend their commercial goal by encouraging customers and employees to enjoy each other’s company. Third places are often critical to the social and psychological lives of their customers because they facilitate the formation of human social support systems that offer aid when personal troubles develop (Cowan, 1982) and prevent negative symptoms associated with loneliness (Cheang, 2002; Day, 2000).

Recent research from service marketing reveals third places, such as video arcades and coffee shops, possess restorative environmental qualities and may help their younger-age patrons remedy symptoms associated with attention deficit hyperactivity disorder (ADHD), which is often related to mental fatigue (Rosenbaum, 2009). After all, both coffee shops and video arcades offer their customers a momentary break from everyday life; the sounds, smells, and games are fascinating, and, for many teenagers, video arcades and “hanging out” at coffee shops, like Starbucks, are compatible with their interests. Do older-age patrons, however, also experience restoration in commercial third places, such as diners and cafés?

MMC represents a “hybrid third place,” one between an archetypical neighborhood café and a senior activity center. Supported by customer contributions and Mather LifeWays, three MMC locations currently operate throughout Chicago. MMC offers its customers breakfast, lunch, and snack options, as well as myriad daily activities, such as weight-lifting, yoga, art classes, blood pressure screenings, computer classes, volunteer opportunities, and so forth. Thus, an MMC is analogous to a traditional third place in that it serves as a natural forum for a customer’s social network; however, it is somewhat different in that the Café proactively provides stimuli that promote human sociability. In other words, MMC customers do not have to

entirely rely on themselves to create fun and banter, but rather, they have encouragement from MMC activities to do so. Furthermore, the combination of third place stimuli with social stimuli in one locale suggests that MMC may have restorative qualities or a so-called restorative servicescape.

Commercial Social Support and Place Attachment. The benefits of perceived restoration are not necessarily one-sided to customer health, as MMC customers who undergo restoration via patronage also may develop a bond to the Café. This bond has been termed as a “place attachment,” (Hidalgo & Hernandez, 2001) and research shows that attached customers are committed to daily or near-daily patronage to a specific locale (Belk, 1992).

Rosenbaum et al. (2007) reveal that a sense of place attachment has four dimensions. The first dimension is place dependency, which denotes the ability of a place to fulfill a person’s needs. The second is place identity, which refers to a congruency between a specific place and a person’s self-identity. The third is organizational commitment, which denotes a sense of perceived oneness between a person and a specific place. Lastly, the fourth is place lifestyle, which is conceptualized as a person’s daily life, routine, or so-called “place ballet” (Seamon, 1979), being enmeshed to consistent patronage to a particular locale.

Research shows that third-place patrons who have an attachment to the establishment do so as a result of receiving life-enhancing social support from customers and employees in the establishment, including emotional support (i.e., being able to discuss personal and private matters with someone), companionship (i.e., feelings of friendship), and to a lesser extent, instrumental support (i.e., having the ability to receive help or assistance from another person) (Rosenbaum et al., 2007; Rosenbaum & Massiah, 2007). The importance of these three types of social support on human well-being cannot be understated, as research concludes that a person’s quality of life is related to his/her ability to have sufficient emotional support, companionship, and

Table 1. Review of Commercial Third Place Literature

Article purpose	Source
Descriptive third place studies	
Definition of third places	Oldenburg 1999, 2001
Definition of “commercial” place attachment	Belk, 1992
Definition of informal social support in commercial establishments	Cowen, 1982
McDonald’s as a third place	Cheang, 2002
Personal introspection of a commercial third place	Bounds, 2005
An overview of commercial third places (e.g., bookstores, See’s Candies, McDonald’s)	Day, 2000
Gilda’s House as a third place (nonprofit)	Glover & Parry, 2009
Empirical studies	
Social support in third places; a theory of the role of third places in customers’ lives	Rosenbaum, 2006
Social support in third places, linking social support to customers who act as “partial employees” on a firm’s behalf	Rosenbaum & Massiah, 2007
Linking social support in third places to place attachment	Rosenbaum et al., 2007
Linking social support in third places to consumers’ subjective sense of well-being and to a firm’s financial success	Rosenbaum, 2008
Perceived restoration among teenagers and young adults in video arcades and third places	Rosenbaum, 2009

instrumental support (Helgeson, 2003; Sorkin, Rook & Lu, 2002).

Research Questions

This discussion supports the offering of the following research questions, which are answered in the next section. Do MMC customers undergo restorative experiences in the establishment? If so, what are the demographic characteristics of these customers? Is the number of activities that a customer participates in at MMC associated with restoration? Or is restoration related to whether MMC custom-

ers participate in Café activities alone or with other customers? Is restoration associated with a customer’s ability to receive support from other customers? Are customers who experience restoration at MMC likely to exhibit place attachment?

METHODS

Data Collection Procedure and Sample

The sample for this work was drawn from a convenience sample of 90 randomly selected MMC

Table 2. Mean and Standard Deviation Analysis Between High and Low Restoration Clusters.

Item All items measured (1 = strongly disagree, 5 = strongly agree)	Cluster 1 High Restoration Mean (SD)	Cluster 2 Low Restoration Mean (SD)
Short-Version Revised Perceived Restorativeness Scale		
Being away:		
MMC is an escape experience.	4.41 (1.01)	3.52 (.79)
Spending time here gives me a good break from my day-to-day routine.	4.70 (.61)	3.85 (.71)
Fascination:		
MMC has fascinating qualities.	4.78 (.42)	3.88 (.59)
My attention is drawn to many interesting things at MMC.	4.67 (.56)	3.72 (.64)
I would like to get to know MMC better.	4.37 (.79)	3.63 (.66)
There is much to explore and discover at MMC.	4.67 (.68)	3.72 (.85)
I would like to spend more time in MMC.	4.56 (.64)	3.53 (.72)
Compatibility:		
I can do things I like at MMC.	4.89 (.32)	3.67 (.57)
I have a sense that I belong at MMC.	4.89 (.32)	3.45 (.57)
Being at MMC suits my personality.	4.96 (.19)	3.63 (.55)
I could find ways to enjoy myself in a place like this.	4.96 (.19)	3.85 (.52)
<i>Note: MMC represents Mather's—More Than a Café and was spelled out on questionnaires.</i>		

customers who volunteered to participate in the study. Each respondent received a small gift (valued at \$5) for participation in the study. Seventy-two (80%) of the respondents were female and 18 (20%) were male. During the sampling process, male customers were less enthusiastic than females about participating and often watched their wives complete the surveys. In terms of marital status, 45 (50%) were widowed or divorced, 29 (32%) were married or in domestic partnerships, and 16 were single (18%). As for age, 14 (16%) were under 60, 21 (23%) were 60

to 69, and 55 (61%) were 70 to 89.

Measures. Given the extant research in the service marketing literature on commercial third places and their therapeutic effects on consumer well-being, all the measures employed in this study originate from published studies. Readers are encouraged to review both the descriptive and empirical sources shown in **Table 1** for additional background information regarding the scales and concepts employed in this study.

Restoration. A respondent's perceived restoration at

MMC was measured with Hartig's 13-item Short-Version Revised Perceived Restorativeness Scale (SRRS; Han, 2003, 2007; Rosenbaum, 2009). The items are shown in Table 2.

Place Attachment. A respondent's place attachment to MMC was evaluated with a 20-item scale developed by Rosenbaum et al. (2007). This scale consists of four dimensions that underlie attachment, including place dependency (six items); place commitment (eight items); place identity (four items), and place lifestyle (two items). Given the relatively low sample size in this study and the fact that these are published scales, the authors chose to analyze the coefficient alpha of the scales and explore item-by-item analysis to improve coefficients alpha. After removing one item from the place identity scale, each of the four scales had coefficient alphas that exceeded .7, the threshold typically proposed in the literature (Nunnally, 1978). The items are shown in this article's appendix and they are measured on a Likert scale (1 = strongly agree to 5 = strongly agree).

Commercial Social Support. The authors evaluated a respondent's perceived social support from other customers from the Social Support Questionnaire Transactions Scale (SSQT), which was refined for a third place diner by Rosenbaum (2006; Rosenbaum & Massiah, 2007). In that study, the author shows that the SSQT is comprised of two scales, a 14-item social-emotional support and a five-item instrumental support. Given that two items were inappropriate for the MMC, a 13-item social-emotional support and a four-item instrumental support scale were retained. The coefficient alpha for both of these scales exceeded .7; thus, indicating strong reliability (Nunnally, 1978). The items are shown in this article's appendix and they are measured on a Likert scale (1 = strongly agree to 5 = strongly agree).

Activities and Social Integration. The authors assessed the respondents' participation in MMC events by having them indicate whether or not they had ever participated in 18 different activities that are regularly offered to customers (0 = no). If respondents had participated in the activity, then their

social integration in MMC was evaluated by their answering whether "I do this activity alone" (score = 1); "I usually do this with other customers whom I don't really know" (score = 2), or "I usually do this activity with other customers whom I consider as friends" (score = 3).

Demographics. Respondents were asked to indicate their gender, marital status, and age group and how long they had been MMC customers. They also were asked to describe their current health and how often they patronized MMC, and to "imagine for a moment that you could no longer patronize MMC. How do you think your quality of life would change?" (1 = much better, 2 = somewhat better, 3 = no change, 4 = somewhat worse, 5 = much worse).

RESULTS

Personal Restoration at MMC

The first question that this work addresses is whether a portion of MMC customers undergoes personal restoration in the Café. Given that we sought to investigate differences in patrons who undergo restoration versus those who do not do so, we exposed the 13 items to two-step cluster analysis in order to investigate mutually exclusive groups of MMC customers. The two-step cluster analysis overcomes many obstacles that characterize traditional cluster analysis procedures, such as k-means. Most notably, the two-step cluster analysis eliminates uncertainties regarding the optimal number of clusters in a continuous or categorical data set by employing the lowest Bayesian information criterion (BIC) value as a criterion statistic (Fraley & Raftery, 1998; Norusis, 2008; Rosenbaum, 2008; SPSS, 2009, for methodological discussion).

By means of the lowest BIC value, the two-step cluster analysis classified the respondents into two groups according to their SRRS responses. Of the respondents, 27 (30%) were placed in the first cluster, 60 (66.7%) were placed in the second cluster, and three (3.3%) were unclassified. Although the first cluster appears low, it is between the minimum

Table 3. Demographic Analysis of Clusters.

	Cluster 1 High Restoration Mean (SD)	Cluster 2 Low Restoration Mean (SD)
Gender*:		
Male	1 (3.7%)	14 (23.3%)
Female	26 (96.3%)	46 (76.7%)
Marital status:		
Married/Partnership	7 (25.9%)	20 (33.3%)
Widow/widower/divorced	16 (59.3%)	28 (46.7%)
Single	4 (14.8%)	12 (20.0%)
Age range (years):		
Under 60	5 (18.5%)	9 (15.0%)
60-69	8 (29.6%)	12 (20.0%)
70-89	14 (51.9%)	39 (65.0%)
Describe Current Health*:		
Excellent	7 (26.9%)	3 (5.0%)
Very good	9 (34.6%)	30 (50.0%)
Good	7 (26.9%)	31 (35.0%)
Fair or poor	3 (11.5%)	6 (10.0%)
Activity Participation (Number and % of "Yes"):		
Ate breakfast	24 (88.9%)	46 (76.7%)
Ate lunch	26 (96.3%)	52 (86.7%)
Had coffee/snack	22 (81.5%)	44 (73.3%)
Took an exercise class	17 (63.0%)	32 (53.3%)
Lifted small weights	14 (51.9%)	23 (38.3%)
Walking club activity	9 (33.3%)	13 (21.7%)
Bowling club activity	1 (3.7%)	4 (6.7%)
Game club activity	7 (25.9%)	13 (21.7%)
Took a health class	14 (51.9%)	30 (50.0%)
Took a piano lesson	4 (14.8%)	3 (5.0%)
Took a consumer interest lecture*	20 (74.1%)	29 (48.3%)
Took a travel, lifestyle, book lecture	11 (40.7%)	20 (33.3%)
Took a computer or photography class	16 (59.3%)	33 (55.0%)
Took an art or needlepoint class	2 (7.4%)	8 (13.3%)
Attended a musical concert	17 (63%)	33 (55.0%)
Had a blood pressure screening	20 (74.1%)	37 (61.7%)
Had a body fat screening*	11 (40.7%)	10 (16.7%)
Volunteered personal time at MMC**	14 (51.9%)	14 (23.3%)
** $p < .001$, * $p < .05$.		

recommended cell size of 10 to 30 in medical- and health-related research (Peat & Barton, 2005).

The mean results, as shown in **Table 2**, reveal that the respondents in cluster 1 have extremely high SRRS scores compared to those in cluster 2. Furthermore, an independent samples t-test revealed that each of the 13 mean scores significantly differed between the two clusters. Cluster 1 views MMC as possessing restorative qualities; therefore, cluster 1 was labeled as “high restoration” and cluster 2 as “low restoration.”

It is worth noting that the SRRS evaluated the restorative potential of a specific locale and it is not a medical diagnosis for remedying mental fatigue. Thus, we have to assume that about one-third of MMC customers who perceive restorative stimuli in the Café also experience some remedy from DAF by being in the restorative environment (Kaplan & Kaplan, 1989).

Demographics. To better understand the high and low restoration clusters, a contingency table analysis to explore gender differences between the clusters was performed. The results reveal significant differences ($n = 87$, $df = 1$, $\chi^2 = 5.03$, $p = .025$, see **Table 3**). More specifically, 26 (96.3%) respondents in cluster 1 are female, and only 1 (3.7%) is male. That is, nearly every customer who views MMC as a restorative environment is female. The two clusters did not significantly differ on marital status ($n = 87$, $df = 2$, $\chi^2 = 1.12$, *n.s.*), age group ($n = 87$, $df = 2$, $\chi^2 = 1.42$, *n.s.*), or length of MMC patronage, $F(1,80) = .003$, *n.s.* Despite cluster 1's low sample size, all the chi-square tests, with the exception of gender, fell under the 20% recommended maximum cell allowance of cells that had expected values of less than five (Norusis, 2008a). Given the single male in the high restorative group, the chi-square test for gender differences had 25% of its cells with expected values of less than five; thus, limiting the statistical interpretation regarding gender and restoration.

In terms of perceived health, the results of a contingency table analysis reveal a significant difference

between the respondents' perceived restoration and their current health status ($n = 86$, $df = 3$, $\chi^2 = 8.85$, $p = .031$), whereas 61% of respondents in cluster 1 consider their health to be excellent or very good and only 55% of those in cluster 2 do so (see **Table 2**). Thus, MMC customers who perceive the Café as having restorative qualities have a higher perception of their health status than those who do not do so, suggesting the positive aspects of MMC's restorative qualities.

Activities, Social Integration, and Restoration. Why do some MMC customers experience restoration and others do not? To answer this question, a series of contingency table analyses was performed to determine whether respondents in high and low clusters differ in their participation in MMC social activities. **Table 3** reveals that the clusters differ in three social activities, which are: took a consumer interest lecture ($n = 87$, $df = 1$, $\chi^2 = 5.02$, $p = .025$), had a body fat screening ($n = 87$, $df = 1$, $\chi^2 = 5.89$, $p = .015$), and volunteered their time at MMC ($n = 87$, $df = 1$, $\chi^2 = 6.94$, $p = .008$). Otherwise, the two clusters did not differ in their participation in 15 other MMC activities. A possible interpretation of this finding may stem from customers demonstrating their appreciation for learning about their personal finances and health at MMC by proactively helping MMC and acting as “partial employees” on MMC's behalf (Bailey, Gremler & McCollough, 2001).

To understand the relationship between cluster membership and MMC social activities further, a one-way analysis of variance (ANOVA) was performed. The independent variable was cluster membership, and the dependent variable was the number of activities that a respondent participates in at MMC. The ANOVA was significant: $F(1,85) = 4.72$, $p < .05$. Whereas respondents in the high restoration group participate in approximately nine activities ($M = 9.26$, $SD = 4.19$), those in the low restoration group participate in about seven ($M = 7.46$, $SD = 3.45$).

But is it merely two to three activities that sepa-

Table 4. Mean and Standard Deviation Analysis for Social Support and Place Attachment.

	Cluster 1 High Restoration Mean (SD)	Cluster 2 Low Restoration Mean (SD)
Social Support:		
Socio-emotional support	3.44 (.53)	2.69 (.62)
Instrumental support	2.18 (.96)	1.34 (.57)
Place attachment:		
Place dependency	4.21 (.67)	3.27 (.59)
Place commitment	4.66 (.50)	3.96 (.51)
Place identity	4.31 (.72)	3.48 (.63)
Place lifestyle	3.30 (1.27)	2.58 (.83)

Note: All items measured from 1 = strongly agree to 5 = strongly disagree.

rate the clusters? We conducted a second one-way ANOVA to answer this question. In this test, the independent variable was cluster membership, and the dependent variable was a respondent's social integration score. This score was calculated by adding together a respondent's stated social participation in each activity. If a respondent did not participate in an activity, then it was scored as zero. If a respondent participated in an activity, then the respondent received a score based upon whether the respondent participated in the activity alone (one point), with customers who are unknown (two points), and with customers who are friends (three points). Thus, respondents' social integration scores could range from zero to 54.

The ANOVA was significant: $F(1, 85) = 9.97, p = .002$. Whereas respondents in the low restoration group had an average social integration score of 16 ($M = 16.00, SD = 8.17$), those in the high restoration group had a score of nearly 23 ($M = 22.93, SD = 11.89$). This finding suggests that it is not necessarily the number of social activities, per se, that affects personal restoration, but rather, it is a customer's social integration in MMC that drives restoration.

Commercial Social Support and Restoration. Given that the clusters differ on social integration, the next question worth exploring is whether some MMC customers obtain three integral social supportive resources from other customers. A one-way multivariate analysis of variance (MANOVA) was conducted to determine the effect of cluster membership on a respondent's perception of receiving both social-emotional support (i.e., social refers to companionship) and instrumental support, respectively, from other MMC customers. Significant differences were found between the clusters on social support: Wilks's lambda = .70, $F(2, 78) = 19.22, p < .001$. The multivariate η^2 based on Wilks's lambda was strong at .30. **Table 4** comprises the means and standard deviations of the dependent variables for the two groups.

Analyses of variance (ANOVAs) on each variable were conducted as follow-up tests. By means of the Bonferroni method, each ANOVA was tested at the .025 level. The ANOVAs on social-emotional, $F(1, 79) = 9.64, p < .001, \eta^2 = .26$, and instrumental support, $F(1, 90) = 11.78, p < .001, \eta^2 = .23$, were significant. Cluster 1 ($M = 3.44, SD = .53$) is more

likely than cluster 2 ($M = 2.69$, $SD = .62$) to regularly receive social (companionship) and emotional support from other MMC customers. In addition, cluster 1 receives instrumental support “now and then” from other MMC customers ($M = 2.12$, $SD = .96$), while cluster 2 receives it seldom or never ($M = 1.34$, $SD = .57$).

The impact of this finding cannot be understated, as a consistent supply of companionship, emotional support, and instrumental support is integral to a person's health (Mayo Clinic, 2005; Helgeson, 2003). Customers who undergo restoration at MMC also have a steady supply of social support at the Café. Furthermore, because both support and restoration are cathartic to a person's health, it is quite understandable why some MMC customers would develop a profound bond or a place attachment (Rosenbaum et al., 2007) to the Café. The relationship between restoration and place attachment is probed in the next section.

Place Attachment and Restoration. Does restoration encourage customers to develop an attachment to MMC? To answer this question, a one-way MANOVA was performed. The independent variable was cluster membership, and the dependent variables were the four dimensions of place attachment, which are place dependency, place commitment, place identity, and place lifestyle. Significant differences were found between the clusters on cohesion and place attachment: Wilks's lambda = .60, $F(4, 81) = 13.66$, $p < .001$. The multivariate η^2 based on Wilks's lambda was strong at .40. **Table 4** comprises the means and standard deviations of the dependent variables for the two groups.

ANOVAs on each variable were conducted as follow-up tests. By means of the Bonferroni method, each ANOVA was tested at the .013 level. The ANOVAs on place dependency, $F(1, 84) = 42.73$, $p < .001$, $\eta^2 = .38$; commitment, $F(1, 84) = 34.62$, $p < .001$, $\eta^2 = .29$; identity, $F(1, 84) = 29.68$, $p < .001$, $\eta^2 = .26$; and lifestyle, $F(1, 84) = 9.38$, $p < .01$, $\eta^2 = .11$, were all significant. Thus, customers who perceive MMC as a restorative environment are more likely

than other customers to consider that they can meet their unfulfilled needs at MMC (dependency, to be loyal customers (commitment), to sense a belonging to the Café (identity), and to consider patronage as part of their routine (lifestyle)).

To probe the attachment further, a one-way ANOVA was performed. In this test, the dependent variable was the question, “Imagine for a moment that you could no longer patronize MMC. How do you think your quality of life would change?” The independent variable was cluster membership. The ANOVA was significant: $F(1, 78) = 4.80$, $p < .05$. Whereas the respondents in cluster 1 believed their quality of life would be somewhat worse ($M = 4.00$, $SD = .72$), those in cluster 2 did not see any change to their lives ($M = 3.64$, $SD = .65$). Thus, customers who remedy or partially assuage their mental fatigue in MMC have an affective bond with MMC, the main characteristic of which is the tendency of the customer to maintain closeness to the Café.

DISCUSSION

The negative symptoms associated with DAF, including mental fatigue, inability to plan, increased accidents, and so forth, can harm people of all ages. Clearly, a consequence of everyday life is that people must regularly direct their attention to unpleasant stimuli, such as work or caring for a loved one, which requires them to resist distraction from the interesting (Kaplan, 1995). The human ability to resist distraction and to focus on particular stimuli for long time periods is not effortless; this ability requires a person to consume a fragile internal resource that must be replenished. To date, most researchers have explored how people could remedy DAF and restore their ability to direct attention by spending time in nature (Berman et al., 2008). This study shows, however, that seniors do not have to spend money on vacations or transportation to beaches to remedy DAF; rather, they simply have to patronize a place like MMC.

The study shows that nearly one-third of MMC customers perceive the restorative potential of the

Café and hence, may experience personal restoration during their time in the Café. It is worth noting that the SRRS scale widely used in environmental and natural psychology to evaluate the restorative potential of an environment is not a medical diagnosis for personal restoration (Han, 2007); thus, social scientists must assume that people who see restorative stimuli in a locale also experience personal restoration in the locale. Given that MMC customers who perceive restorative stimuli in the Café also report being in better health than customers who do not, the health potential of being in restorative environments is evident.

Our study buttresses the third-place research in marketing (Rosenbaum, 2006), environmental psychology (Day, 2000), and gerontology (Cheang, 2002) and also extends it by showing a relationship between restoration and commercial social support. Customers who see MMC as restorative are more likely than other customers to draw upon other MMC customers for three types of life-enhancing social supportive resources: companionship, emotional support, and instrumental support. Perhaps it is the ever-changing social banter that helps keep MMC fascinating to members (Oldenburg, 1999), which represents a key attribute of a restorative environment.

Researchers are encouraged to extend these groundbreaking findings by also drawing upon public health research (Frumkin, 2001, 2003) to explore whether seniors may experience restoration in other settings, including nursing homes, convalescent homes, and rehabilitation centers. Researchers also may seek to uncover personal covariates that may facilitate or hinder restoration in a third place, such as social anxiety/embarrassment issues, outward signs of illnesses, ability to engage in humor with others, and so forth. Health professionals who are skilled at diagnosing mental and chronic fatigue syndrome are encouraged to engage in a longitudinal study to show how seniors diagnosed with DAF may remedy their symptoms by patronizing an establishment like

MMC (Aaronson et al., 1999).

Additionally, this study is pioneering in the sense that it links restoration with place attachment (Hidalgo & Hernandez, 2001). Restoration not only offers MMC customers health benefits, but also the loyalty bonds associated with customers who have an emotional attachment to the Café, helping guarantee MMC future revenues as well as benefits associated with having a clientele who care about the Café's success. Researchers are encouraged to draw upon the concept of customer voluntary performance (Rosenbaum & Massiah, 2007) to explore whether restoration influences customers to willingly display behaviors that resemble those of employees. That is, restoration most likely encourages customers to become "partial employees."

Managerial Implications

This study offers some helpful guidance for cafés or senior activity centers that want to replicate the MMC business model. First, senior centers should consider that the hallmarks of a true third place are free or inexpensive. They offer food, they are in highly accessible locations and have a welcoming and comfortable environment for both new friends and old (Oldenburg, 1999, 2001). Indeed, a third place can be built inside a senior center by creating an in-house café.

Second, we discovered that customers who consider MMC as being restorative participate in approximately nine social activities compared to about seven for other customers. Hence, organizations need to offer customers a consistent array of different social activities in order to prevent boredom and to encourage fascination in course participation.

The findings show that restorative customers are more socially integrated in the Café than other customers are, and hence, they tend to participate in activities with friends. Thus, the challenge for MMC, and for any organization that desires to replicate the MMC formula, is not necessarily to focus on offering members an extensive number of social

activities, but rather, to encourage social integration among members. This challenge is especially acute among widowers who find it more difficult than widows to participate in an engaging social network following conjugal bereavement (Berkman, 1984). Perhaps organizations can create customer ambassadors who encourage new customers to participate in social activities. Or organizations may want to create programs that appeal specifically to widowers and work with local geriatric medical doctors to promote the therapeutic benefits of social engagement (Smith & Christakis, 2008).

Societal Implications

From a societal perspective, nonprofit foundations and commercial organizations should analyze MMC's business model. Research concerning the benefits of third places for human health is unfolding in several disciplines, and this work shows how MMC extends the traditional third place model by offering its customers an array of at least 18 different social activities. Undoubtedly, the costs associated with operating a café like MMC are far less than the costs associated with having a large segment of the population unable to easily remedy symptoms associated with DAF.

Limitations. The substantive findings of our study must be viewed in the light of two limitations. First, given the reluctance of senior-age men to participate in the survey, even with assurance of anonymity, it is difficult to suggest conclusively that women are more likely than men to undergo restoration in commercial environments. We simply do not have enough evidence from this study to determine whether the lack of male presence in the restorative group was due to the low sample size or to an unknown cause. Future researchers are encouraged to continue to explore whether gender influences restoration in commercial versus natural settings.

Second, the SRRS scale was designed to evaluate recovery from mental fatigue given a particular locale's stimuli (Han, 2003; 2007); however, it is not a medical diagnosis for attention restoration. Clearly,

researchers from health, environmental psychology, and natural psychology are encouraged to develop a means to diagnose a person's capacity to restore their ability to direct attention. In the meantime, social scientists will have to speculate that the health benefits associated with being in restorative environments, or restorative servicescapes (Rosenbaum, 2009), stems from personal restoration.

It is worth noting that we are not suggesting that restorative experiences in commercial places should replace traditional sources of social support, such as support provided by family, friends, and co-workers. Certainly, health research is replete with findings that show the benefits of having a wide social supportive network (Mayo Clinic, 2008).

Despite these limitations, a goal was achieved in this work: showing how a hybrid third place café that combines social activities with a traditional café can offer its senior customers food, beverage, fun, relief from mental fatigue, and improved health. Given the personal and societal benefits associated with restoration, other firms are encouraged to replicate MMC's business strategy. MMC is more than a café—it's a place where customers can temporarily escape and regain their ability to function in the face of strenuous stimuli that prevail in everyday life.

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REFERENCES

- Aaronson, L.S., Teel, C.S., Cassmeyer, V., Neuberger, G.B., Pallikkathayil, L., Pierce, J., et al. (1999). Defining and measuring fatigue. *Journal of Nursing Scholarship*, 31(1), 45-50.
- Bailey, J.J., Gremler, D.D. & McCollough, M.A. (2001). Service encounter emotional value: The dyadic influence of customer and employee emotions. *Services Marketing Quarterly*, 23, 1-24.
- Belk, R.W. (1992). Attachment to possessions. In I. Altman & S. M. Low (Eds.), *Place attachment* (pp. 37-55). New York: Plenum.
- Berkman, L.F. (1984). Assessing the physical health effects of social networks and social support. *Annual Review of Psychology*, 5, 413-432.
- Berman, M.G., Jonides, J. & Kaplan, S. (2008). The cognitive benefits of interacting with nature. *Psychological Science*, 19, 1207-1211.
- Berto, R. (2005). Exposure to restorative environments helps restore attentional capacity. *Journal of Environmental Psychology*, 25, 249-259.
- Bounds, G. (2005). *Little chapel on the river: A pub, a town and the search for what matters most*. New York, NY: HarperCollins.
- Cheang, M. (2002). Older adults' frequent visits to a fast-food restaurant: Nonobligatory social interaction and the significance of play in a third place. *Journal of Aging Studies*, 16, 303-321.
- Cimprich, B. & Ronis, D. (2003). An environmental intervention to restore attention in women with newly diagnosed breast cancer. *Cancer Nursing*, 26, 284-292.
- Cowen, E.L. (1982). Help is where you find it: Four informal helping groups. *American Psychologist*, 37, 385-395.
- Day, K. (2000). The ethic of care and women's experiences of public space. *Journal of Environmental Psychology*, 20, 103-124.
- Fraley, C. & Raftery, A.E. (1998). How many clusters? Which clustering method? Answers via model-based cluster analysis. *The Computer Journal*, 41, 578-588.
- Frumkin, H. (2001). Beyond toxicity: Human health and the natural environment. *American Journal of Preventative Medicine*, 20, 234-240.
- Frumkin, H. (2003). Healthy place: Exploring the evidence. *American Journal of Public Health*, 93, 1451-1456.
- Glover, T.D. & Parry, D.C. (2009). A third place in the everyday lives of people living with cancer: Functions of Gilda's Club of Greater Toronto. *Health & Place*, 15, 97-106
- Han, K.T. (2003). A reliable and valid self-rating measure of the restorative quality of natural environments. *Landscape and Urban Planning*, 64, 209-232.
- Han, K.T. (2007). Responses to six major terrestrial biomes in terms of scenic beauty, preference, and restorativeness. *Environment and Behavior*, 39, 529-556.
- Hartig, T. & Staats, H. (2003). Guest editors' introduction: Restorative environments. *Journal of Environmental Psychology*, 23(2), 103-107.
- Hartig, T., Evans, G.W., Jamner, L.D., Davis, D.S. & Garling, T. (2003). Tracking restoration in natural and urban field settings. *Journal of Environmental Psychology*, 23, 109-123.
- Helgeson, V. S. (2003). Social support and quality of life. *Quality of Life Research*, 12 (11), 25-31.
- Hidalgo, M.C. & Hernandez, B. (2001). Place attachment: Conceptual and empirical questions. *Journal of Environmental Psychology*, 21, 273-281.
- Hobbs, R.J. (2007). Setting effective and realistic restoration goals: Key directions for research. *Restoration Ecology*, 15, 354-357.
- James, W. (1892). *Psychology: The briefer course*. New York NY: Holt.
- Kaplan, R. & Kaplan, S. (1989). *The experience of nature: A psychological perspective*. New York, NY: Cambridge Press.
- Kaplan, S. (1995). The restorative benefits of nature: Toward an integrative framework. *Journal of Environmental Psychology*, 15, 169-182.
- Kaplan, S. (2001). Mediation, restoration, and the management of mental fatigue. *Environment and Behavior*, 33, 480-506.
- Kaplan, S. & Kaplan, R. (2003). Health, supportive environments, and the reasonable person model. *American Journal of Public Health*, 93, 1484-1489.
- Korpela, K., Hartig, T., Kaiser, F.G. & Fuhrer, U. (2001). Restorative experience and self-regulation in favorite places. *Environment and Behavior*, 33, 572-589.

Lethbridge, K., Yankou, D. & Andrusyszyn, M.A. (2005). The effects of a restorative intervention on undergraduate nursing students' capacity to direct attention. *Journal of Holistic Nursing*, 23, 329-347.

Mayo Clinic (July 23, 2008). Social support: Tap this tool to reduce stress. Retrieved May 18, 2009, from: <http://www.mayoclinic.com/health/social-support/SR00033>.

Norling, J.C. & Sibthorp, J. (2006). Mental restoration and recreation taking time to visit a park may leave you more relaxed. *Parks and Recreation*, 41(3), 30-35.

Norusis, M. J. (2008). *SPSS 16.0 Guide to data analysis*. Upper Saddle River, NJ: Prentice-Hall.

Norusis, M. J. (2008). *SPSS 16.0 statistical procedures companion*. Upper Saddle River, NJ: Prentice-Hall.

Nunnally, J.C. (1978). *Psychometric theory*, 2nd ed. New York, NY: McGraw-Hill.

Peat, J. & Barton, B. (2005). *Medical statistics: A guide to data analysis*. Oxford: Blackwell.

Oldenburg, R. (1999). *The great good place: Cafés, coffee shops, bookstores, bars, hair salons, and other hangouts at the heart of a community*. New York, NY: Marlowe.

Oldenburg, R. (2001). *Celebrating the third place*, New York, NY: Marlowe.

Olmsted, F.L. (1865). The value and care of parks. In R. Nash (Ed.), *The American environment: Readings in the history of conservation* (pp. 18-24). Reading MA: Addison-Wesley (Reprinted version appears in the 1968 text).

Ouellette, P., Kaplan, R. & Kaplan, S. (2005). The monastery as a restorative environment. *Journal of Environmental Psychology*, 25, 175-188.

Posner, M.I. & Rothbart, M.K. (2007). Research on attention networks as a model for the integration of psychological science. *Annual Review of Psychology*, 58, 1-23.

Rosenbaum, M.S. (2006). Exploring the social supportive role of third places in consumers' lives. *Journal of Service Research*, 9, 59-72.

Rosenbaum, M.S. (2008). Return on community for consumers and service establishments. *Journal of Service Research*, 11, 179-196.

Rosenbaum, M.S. (2009). Restorative servicescapes: Restoring directed attention in third places. *Journal of Service Management*, 20, 173-191.

Rosenbaum, M.S. & Massiah, C. (2007). When customers receive support from other customers: Exploring the influence of intercustomer social support on customer voluntary performance. *Journal of Service Research*, 9, 257-270.

Rosenbaum, M.S., Ward, J., Walker, B.A. & Ostrom, A.L. (2007). A cup of coffee and a dash of love: An investigation of commercial social support and third-place attachment. *Journal of Service Research*, 10, 257-267.

Seamon, D. (1979). *A geography of the lifeworld*. New York, NY: St. Martin's.

Smith, K.P. & Christakis, N.A. (2008). Social networks and health. *Annual Review of Sociology*, 34, 405-429.

Sorkin, D., Rook, K.S. & Lu, J. (2002). Loneliness, lack of emotional support, lack of companionship, and the likelihood of having a heart condition in an elderly sample, *Annals of Behavioral Medicine*, 24, 290-298.

SPSS. (2009). Discover depth and clarity with two-step cluster analysis. Retrieved May 21, 2009, from SPSS Web site: <http://www.spss.com/pdfs/s115ad8-1202a.pdf>.

Tennessen, C.M. & Cimprich, B. (1995). Views to nature: Effects on attention. *Journal of Environmental Psychology*, 15, 77-88.

Van den Berg, A.E., Hartig, T. & Staats, H. (2007). Preference for nature in urbanized societies: Stress, restoration, and the pursuit of sustainability. *Journal of Social Issues*, 63(1), 79-96.

APPENDIX

Place Attachment (Rosenbaum et al., 2007; all items measured 1 = strongly agree to 5 = strongly agree)

Place Dependency:

I enjoy being at MMC^a more than I do at any other restaurant.

I get more satisfaction out of going to MMC than I do from going to any other place like this.

I wouldn't substitute any other place for the things I get at MMC.

Eating out at MMC is more important to me than eating out at any other place.

For me, this is the best of all possible restaurants to patronize.

Mean = 21.30; standard deviation = 4.59; Cronbach's alpha = .90

Place Commitment:

I really care about the future of MMC.

I talk up MMC to my friends as a great place to come.

I would go out of my way in order to keep coming to MMC.

I am glad that I chose to come to MMC rather than other cafés like this.

I find my values are very similar to those of other customers at MMC.

MMC means a lot to me.

I am proud to tell others that I am a MMC customer.

Mean = 33.21; standard deviation = 4.85; Cronbach's alpha = .92

Place Identity:

I am very interested in what other people think about MMC.

When someone criticizes MMC, it feels like a personal insult.

The success of MMC is my success.

Mean = 11.18; standard deviation = 2.28; Cronbach's alpha = .82

Place Lifestyle:

One of the major reasons I now live where I do is because MMC is nearby.

I find that a lot of my life is organized around MMC.

Mean = 5.60; standard deviation = 2.07; Cronbach's alpha = .73

Social Support Questionnaire for Transactions (source Rosenbaum & Massiah, 2007; all items measured from 1 = seldom or never; 2 = now and then; 3 = regularly, and 4 = often)

Social-Emotional Support Scale:

How often do customers reassure you about things?

How often are customers friendly to you?

How often do customers show their understanding to you?

How often are customers warm and affectionate to you?

How often do customers make you feel at ease?

How often do customers perk you up and cheer you up?

How often do customers give you advice in the right direction?

How often do customers tell you not to lose courage?

How often can you rely on other MMC customers?

How often do customers lend you a friendly ear?

How often do customers help you if you ask them to do so?

How often do you go to MMC because you enjoy the customers you meet there or the employees who work there?

Mean = 37.81; standard deviation = 8.87; Cronbach's alpha = .88

Instrumental Support Scale:

How often do customers drop in your home for a pleasant visit?

How often do customers call you up to just chat with you?

How often do customers lend you valuable things?

How often do customers help you when you are sick, when you have transportation problems, or when you need them to accompany you somewhere?

Mean = 6.27; standard deviation = 3.15; Cronbach's alpha = .88

Note: One item, "When someone criticizes MMC, it feels like a personal insult," was removed from the place identity scale due to an improved Cronbach's alpha.

^a MMC represents Mather's—More Than a Café and was spelled out on questionnaires.