

Wellness Tourism

MELANIE SMITH and CATHERINE KELLY

What we anticipate in our destinations is not holiness or divine visions, but something even more miraculous – the opportunity to feel different from the way we feel at home. It is as if the act of travelling to a certain place in the world entitles us to feel happier and more alive.

(Chaline 2002: 67)

This special issue is dedicated to the concept of wellness and wellness tourism. In many ways, this is one of the most ancient forms of tourism if one considers the scrupulous attention paid to well-being by Romans and Greeks, the quests for spiritual enlightenment of Mediaeval pilgrims, or the medical seaside and spa tourism of the 18th and 19th century European élite. Arguably, however, there has been an unprecedented intensification in the pursuit of wellness in the history of tourism in recent years. The proliferation of wellness centres, holistic retreats, spas, spiritual pilgrimages, complementary and alternative therapies is unprecedented (House of Lords Report 2000). Theories abound as to the reasons for this exponential growth, many of which cite the anomie of western, capitalist societies, the breakdown of traditional religions, and the fragmentation of communities. Concomitant progress in science and medicine has led to better preservation of the body and increasing absence of disease, yet mental, psychological and emotional problems are often left untreated. Depression is commonly cited as being one of the greatest disease burdens of the 21st century and suicide rates are rising, especially amongst young men (e.g., Mullholland 2005). However, help appears to be at hand in the form of new psychotherapies, complementary treatments and now, an ever-increasing wellness leisure and tourism sector. The scarce research available suggests that those who avail themselves of the plethora of experiences available appear to be not only on a touristic journey of physical movement, but also on a journey towards greater self-awareness and contentment.

Opinions on what constitutes 'wellness' diverge greatly, even within this special issue. For some, it represents

a philosophical standpoint whereby one confronts the true nature of existence, including one's inevitable mortality (e.g., Steiner and Reisinger); for others, it is about self-development and the reconciliation of body, mind and spirit (e.g., Kelly and Smith; Lehto, Brown, Chen and Morrison). It may be a spiritual, mystical journey (e.g., Pernecky and Johnston) or it may involve looking beyond the self in a spirit of altruism (e.g., Devereux and Carnegie); it might even entail cosmetic surgery to beautify the body in order to enhance psychological well-being (e.g., Connell). Where there is consensus, however, is in the fact that wellness no longer constitutes the mere physical nature of the body. Even when authors have focused on activities that are predominantly corporeal (e.g., Lea – massage; Puczkó and Bachvarov – spas; Pechlaner and Fischer – Alpine relaxation), they also note the spiritual, psychological or holistic dimensions of the experiences.

Wellness can be defined in various ways. Saracci (1997) questioned the World Health Organization's much cited definition of health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'. He suggested that this state corresponds much more closely to happiness than to health. One could easily be healthy but not necessarily happy. He argues that common existential problems relating to emotions, passions, personal values, and questions on the meaning of life do not make one happier, but they are equally not strictly reducible to health problems. Thus, the concepts of health and happiness are somewhat different, though one could argue that these are encompassed in the term 'wellness'. Myers, Sweeney and Witmer (2005: online) define wellness as being 'a way of life oriented toward optimal health and well-being in which the body, mind, and spirit are integrated by the individual to live more fully within the human and natural community'. This definition appears to encompass many of the ideas explored by the authors in this special issue.

Adams (2003) refers to four main principles of wellness:

- 1) Wellness is multi-dimensional;
- 2) Wellness research and practice should be oriented towards identifying causes of wellness rather than causes of illness;
- 3) Wellness is about balance; and
- 4) Wellness is relative, subjective or perceptual.

The final point is an interesting one, implying that wellness is more of a psychological than a physical state, which concurs with the views of the editors and authors of this issue. The notion of balance is a much cited one too, and numerous 'wheels of wellness' can be found when researching this phenomenon (e.g., Myers, Sweeney and Witmer (2005) cited in Steiner and Reisinger). Puczkó and Bachvarov similarly refer to seven dimensions of wellness (SAC 2005): social, physical, emotional, intellectual, environmental, spiritual and occupational.

Some authors in this issue have argued that spirituality is at the core of wellness (e.g., Steiner and Reisinger; Devereux and Carnegie; Pernecky and Johnston). This represents a shift away from orthodox religion towards a kind of transcendent spirituality, where one aims to develop beyond the self and the ego. Indeed, transcendence as a phenomenon within wellness tourism is of some importance. Steiner and Reisinger deal with this concept in depth, citing Heidegger's notion of the 'Ring of the Fourfold', where the inter-relationships between earth, sky, mortals and divinities help to explain 'existential wellness' – that is, peoples' relationship to the mystery of the Universe.

Tourists frequently seek locations and activities that are transcendent. For example, De Botton (2002) describes how travellers are attracted to 'sublime' landscapes that benefit their soul by making them feel small, yet part of an infinite and universal cycle. It is no coincidence then that many wellness centres are located beside the ocean or on a mountain top. For example, Pechlaner and Fischer note the importance of location in the context of 'Alpine wellness'. Some feelings of transcendence are artificially enhanced through music or dancing (e.g., Lea refers to festival spaces where 'hedonists' may gather).

Tourism can arguably contribute to many of the aforementioned dimensions of wellness, although obviously it is debatable as to how far a transitory phenomenon can make a significant difference to long-term wellness. Equally, tourists need to be in good enough physical health to embark

on a journey, as well as being materially affluent (a state rarely encouraged by many spiritual gurus!). As with all forms of tourism, the flows of people are predominantly from more developed to less developed countries. The recent trend, however, is for western tourists to seek solace in Eastern philosophies and therapies (e.g., Chinese medicine, Buddhist meditation, Indian Ayurveda, Thai massage). Such alternatives already pervade many Western societies, but tourists are often just as keen to visit the origin of the practice.

There are debates within the following papers as to whether wellness tourism concerns escapism *from* the self (and the world) to environments that offer pure relaxation, or, whether it is about *confrontation* of the self and re-negotiation of one's place in the world and relationships to others. In extreme cases, it might be about confrontation of the world's darker side and human tragedy, a reminder of one's mortality and place in a universal cycle (Steiner and Reisinger). This kind of exploration arguably has philosophical and spiritual dimensions, which can make one's minor troubles seem relatively insignificant. This is similar to the search for the sublime in landscape, where we are made to feel small and in awe of the Universe, yet strangely comforted (De Botton 2002).

If wellness tourism is merely about relaxation, then one might argue that the traditional beach holiday with its emphasis on sunbathing is the ultimate form of meditation! Similarly, the age old tradition of spa tourism offered little more than a soak in warm, medicinal waters. Given the definitions discussed above, in order to qualify as a contemporary wellness tourism experience, we would contend that some deliberate contribution has to be made to psychological, spiritual or emotional well-being in addition to physical. This takes wellness tourism from the realm of being merely a passive form of tourism with a focus on escapism to one where tourists are purposefully driven by the desire to actively seek enhanced wellness. Many of the authors in this edition demonstrate in their research that the majority of wellness tourists are already active at home in some form of wellness enhancing activity (e.g., yoga, meditation, massage, healthy eating). Those that are not, often aim to engage further in the wellness activities they have experienced on holiday, thus, demonstrating that even a short trip can have a long-lasting effect on one's everyday life.

A summary of the dimensions of wellness tourism discussed in this issue is offered in what follows:

In terms of demand, wellness tourists are likely to be 'Active Health Seekers' (House of Lords Report 2000), who

Table 1. Dimensions of Wellness Tourism

Tourist Motivation	Typical Locations/Activities	Reference (this issue)
Medical/ Cosmetic	e.g., hospitals, clinics	Connell
Corporeal/ Physical	e.g., spas, massage, yoga	Lea; Lehto, Brown, Chen and Morrison; Puczkó and Bachvarov
Escapism and Relaxation	e.g., the beach, the spa, mountains	Pechlaner and Fischer; Puczkó and Bachvarov
Hedonistic/ Experiential	e.g., festival spaces	Lea; Pernecky and Johnston
Existential and Psychological	e.g., holistic centres focused on self-development and philosophical contemplation	Smith and Kelly; Steiner and Reisinger
Spiritual	e.g., pilgrimage, New Age events, yoga retreats	Devereux and Carnegie; Pernecky and Johnston; Lehto, Brown, Chen and Morrison
Community-oriented	e.g., voluntary work, charity treks, holistic centres	Devereux and Carnegie; Smith and Kelly

are highly motivated and determined to play a role in their own health. They frequently choose alternatives to orthodox medicine and are not afraid to experiment. Many of the authors in this journal have identified the main market for wellness tourism as being 'baby boomers' (aged late 30s to mid-50s) and predominantly female. There may be some need in the future to encourage younger people and men to partake of the flourishing wellness tourism sector, especially given the worrying statistics on young male depression (Mullholland 2005). However, the way in which wellness centres are promoted and the activities contained therein may have to change somewhat for this to be possible (e.g., see Monteson and Singer 2004).

The increasing need for 'community' is noted by more than one author (e.g., Devereux and Carnegie; Kelly and Smith). Bauman's (2001, 2003) seminal works on the fragmentation of traditional societies and communities conclude that 'human community' looks today 'as remote from current planetary reality as it was at the beginning of the modern adventure' (Bauman 2003:149). As a result, many wellness tourists are seeking a sense of community, perhaps within a holistic centre, a yoga retreat, at a New Age festival, or on a pilgrimage. Although, their primary focus may be on self-development, they wish to enter into a kind of psychological, emotional or spiritual communion with

others. This may explain why more women than men currently engage in wellness tourism, as men may be less inclined to share their personal feelings in a public forum, according to popular psychological research (e.g., Gray 2002).

Many wellness tourists already dabble in holistic lifestyles to greater or lesser degrees (see Smith and Kelly, Pernecky and Johnston, and Lehto, Brown, Chen and Morrison). The enthusiast-as-tourist tends to be the most demanding in terms of what (s)he expect from the range and quality of services offered by wellness operators. However, it is worth noting the relative infancy of the holistic market in Western countries. For example, it is only recently that there has been widespread acceptance of the spiritual dimensions of yoga (previously viewed mainly as an exercise regime or sport). Similarly, the benefits of meditation and other spiritual practices are only just starting to become accepted in Western psychology. It is, therefore, not surprising that it is the 'New Age' and 'alternative' tourists who seem to have been leading the way in some of the more *experimental* psychological and spiritual dimensions of wellness tourism.

The wellness sector is, therefore, often viewed with some suspicion, seen as being unorthodox, esoteric, or just plain weird! This is also partly because it is largely unregulated and can be viewed as potentially dangerous to the consumer. For example, the House of Lords Report (2000) cites certain therapies as offering 'no credible evidence base' according to orthodox medicine – and these include some of the more ancient traditions, such as Chinese and Ayurvedic medicine. However, this is not to say that they do not have positive benefits, even if they have a placebo effect. If wellness is predominantly psychological, and the consumer feels well without any negative physical side-effects, the therapy has surely achieved its objective. However, where there is also physical manipulation of the body (e.g., massage, yoga, reflexology), practitioners should certainly be fully qualified as they need to be to practise osteopathy or chiropractic techniques. It is worth noting that the British Wheel of Yoga is currently urging formal training and accreditation for all yoga teachers in the UK.

In spiritual terms, Pernecky and Johnston note the growing dissatisfaction amongst New Age tourists with 'fake gurus'. Puczkó and Bachvarov also question the labels that are being placed on wellness facilities such as spas, as they are often confusing or misleading for the consumer. Clearly, further research is needed to identify which areas of wellness and wellness tourism are still unregulated and which would benefit from increased intervention. However, this is a difficult area (as noted by Smith and Kelly in their paper),

because the holistic sector is often 'ad hoc' in structure and practice, especially in Asian countries. Ironically, this is often the major reason for its great appeal in comparison to more orthodox forms of medicine and therapy.

Conclusion

Wellness is a journey, not a destination! (Wright State University 2003). One of the key themes that emerge from the research on wellness tourism in this issue is that the journey towards wellness is far more important than the destination (e.g., Devereux and Carnegie note that arrival at the final destination often leaves pilgrims or charity trekkers with a sense of anti-climax). The destination in wellness tourism is

often an alternative space in which one can engage in self-analysis without the stresses and distractions of home. The addition of a supportive, like-minded 'community' can sometimes help to further encourage the individual on a journey of self-discovery. However, for other wellness tourists, the age old preoccupation with rest, relaxation and escapism reigns supreme. But arguably all wellness tourists are self-aware, active seekers of enhanced well-being, health and happiness. Of course, wellness is not a static concept and is subjective and relative, thus always in flux. The needs of wellness tourists will clearly vary enormously at different times and stages of their lives. The current diversification of this sector is, therefore, a welcome development and one which is worthy of close observation and dedicated research.

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