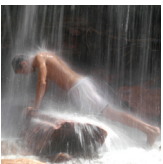


# health and wellness tourism



Melanie Smith and László Puczkó

# ***Health and Wellness Tourism***

# ***Health and Wellness Tourism***

**Melanie Smith  
László Puczko**

 **Routledge**  
Taylor & Francis Group  
LONDON AND NEW YORK

First published 2009 by Butterworth-Heinemann

Published 2013 by Routledge

2 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

711 Third Avenue, New York, NY, 10017, USA

*Routledge is an imprint of the Taylor & Francis Group, an informa business*

Copyright © 2009, Taylor & Francis. All rights reserved.

All rights reserved. No part of this book may be reprinted or reproduced or utilised in any form or by any electronic, mechanical, or other means, now known or hereafter invented, including photocopying and recording, or in any information storage or retrieval system, without permission in writing from the publishers.

#### Notices

Knowledge and best practice in this field are constantly changing. As new research and experience broaden our understanding, changes in research methods, professional practices, or medical treatment may become necessary.

Practitioners and researchers must always rely on their own experience and knowledge in evaluating and using any information, methods, compounds, or experiments described herein. In using such information or methods they should be mindful of their own safety and the safety of others, including parties for whom they have a professional responsibility.

To the fullest extent of the law, neither the Publisher nor the authors, contributors, or editors, assume any liability for any injury and/or damage to persons or property as a matter of products liability, negligence or otherwise, or from any use or operation of any methods, products, instructions, or ideas contained in the material herein.

#### British Library Cataloguing-in-Publication Data

A catalogue record for this book is available from the British Library

#### Library of Congress Cataloging-in-Publication Data

A catalog record for this book is available from the Library of Congress

ISBN: 978-0-7506-8343-2 (pbk)

Typeset by Charon Tec Ltd., A Macmillan Company.

*To our dear little son Levente, who has given a whole  
new meaning to the term wellness...*

# Contents

<i>List of Contributors</i>	ix
<i>Preface</i>	xiii
<b>Part 1: History, definitions, and scope</b>	<b>1</b>
1 Introduction	3
2 Historical overview	21
3 Contemporary definitions	39
4 Leisure, lifestyle, and tourism	61
5 Typologies of health and wellness tourism	83
6 An international and regional analysis	105
<b>Part 2: Managing and marketing health and wellness tourism</b>	<b>131</b>
7 Demand, motivations, and profiles	133
8 Planning and development	155
9 Managing destinations and sites	177
10 Reaching customers	203
11 Product development	229
12 Conclusions: The future of health and wellness tourism	251
<b>Part 3: Operational and management issues</b>	<b>277</b>
<b>Case studies</b>	
1 Heritage of spa and health tourism in Russia <i>Petroune, I. &amp; Yachina, E.</i>	285
2 The Health Spa Resort Rogaška Slatina returning to its past glory <i>Lebe, S.</i>	291

3	Regeneration of an historic spa town: A case study of spa in Belgium <i>Smith, M.</i>	295
4	Vidago and Pedras Salgadas spas, the revival of a tourism attraction or a marketing technique for beverages? <i>Joukes, V.</i>	301
5	The Luigiane thermal baths: A tool for deseasonalization of the tourist demand in Calabria (Italy) <i>Ferrari, S.</i>	307
6	Hotel Herttua – Spa and rehabilitation centre in Eastern Finland <i>Tuohino, A. &amp; Kangas, H.</i>	313
7	<i>São Pedro do Sul</i> thermal centre: Between health and wellness tourism <i>Gustavo, N.</i>	319
8	Case ‘Healing Hills and Wellness in Luxury’ <i>Castermans-Godfried, I.</i>	325
9	Peninsula Hot Springs: A new spa tourism experience ‘Down Under’ <i>Laing, J.</i>	329
10	Using wellness elements for branding an exclusive image of tourism sites in the north of Israel <i>Gelbman, A.</i>	335
11	Ayurvedic health tourism in Kerala, India <i>Hannam, K.</i>	341
12	Hot springs in Japanese domestic and international tourism <i>Rätz, T.</i>	345
13	CHI Spa at The Shangri-La’s, Sabah, Malaysia: Its philosophy and management concept – ‘journey of experiences’ <i>Chan, J.</i>	351
14	Case study: The Big Chill festival, England, United Kingdom <i>Laws, C.</i>	357
15	The growing Yoga community in the Netherlands: How Yoga is becoming a lifestyle product including tourism activities <i>Gerritsma, R.</i>	361
16	Medical tourism in India: A case study of Apollo Hospitals <i>George, B.</i>	367
17	The use of spas by meetings participants: The case of the United States <i>Davidson, R.</i>	373
	<i>Bibliography</i>	377
	<i>Index</i>	393



# List of Contributors

**Ilja Castermans-Godfried**

Centre of Research for Cultural Tourism  
Zuyd University  
Sittard, The Netherlands

**Jennifer Kim Lian Chan**

School of Business and Economics  
Universiti Malaysia Sabah  
Kota Kinabalu, Sabah  
Malaysia

**Rob Davidson**

Department of Property and Construction  
University of Westminster  
London, United Kingdom

**Sonia Ferrari**

Dipartimento di Scienze Aziendali  
Università della Calabria  
Arcavacata di Rende (CS)  
Italy

**Alon Gelbman**

Department of Tourism and Hospitality Studies  
Kinneret College on the Sea of Galilee  
Kfar-Tavor, Israel

**Babu P. George**

School of Management  
Pondicherry University  
Pondicherry, India

**Roos Gerritsma**

Leisure and Tourism Department  
School of Economics  
INHolland University  
Amsterdam/Diemen, The Netherlands

**Nuno Gustavo**

Escola Superior de Hotelaria e Turismo do Estoril  
Estoril, Portugal

**Kevin Hannam**

School of Arts, Design, Media and Culture  
University of Sunderland  
Sunderland, United Kingdom

**Henna Kangas**

Centre for Tourism Studies, University of Joensuu  
Savonlinna  
Finland

**Jennifer Laing**

Tourism Research Unit  
Monash University  
Berwick Campus, Berwick, Melbourne, Australia

**Chantal Laws**

Department of Leisure, Tourism and Hospitality  
University of Gloucestershire  
Park Campus, Cheltenham, United Kingdom

**Veronique Nelly Paul Marie Joukes**

CETRAD, The University of Trás-os-Montes and Alto Douro  
Vila Real, Portugal

**Inna Petroune**

International Relations  
Sochi State University of Tourism and Recreation  
Sochi, Russia

**László Puczkó**

Xellum Ltd  
Budapest, Hungary

**Tamara Rátz**

Department of Tourism  
Kodolányi János College  
Székesfehérvár  
Hungary

**Sonja Sibila Lebe**

Faculty of Economics and Business  
University of Maribor  
Maribor, Slovenia

**Melanie Smith**

Institute for Environmental Sciences  
Faculty of Business  
Corvinus University  
Budapest, Hungary

**Anja Tuohino**

Centre for Tourism Studies, University of Joensuu  
Savonlinna, Finland

**Elena Yachina**

Institute of Rehabilitology under Sochi  
State University for Tourism and Recreation  
Sochi Research  
Institute of Balneology  
Sochi, Russia



# Preface

*Travelling ... is either an escape or a discovery*

(Rosie Thomas, b. 1947)

The decision to write this book came after many years of a growing interest in health and wellness. It started around 10 years ago when I first discovered yoga during a visit to India and subsequently bought several books and taught myself the basics. This was followed by the enrolment in classes, regular practice at home, and culminated in a British Wheel of Yoga Teachers' Training Foundation course. This journey included the discovery of meditation and other spiritual activities, attendance at Yoga and Body-Mind-Spirit fairs and trade shows in London, and yoga and holistic weekend workshops in the United Kingdom. Whilst at the University of Greenwich in London, an interesting collaboration began with Dr Catherine Kelly\*, who had similar research and personal interests. Over a period of 3 years, we became involved in researching holistic tourism. This included creating a database of over 500 holistic retreat centres around the world, surveying retreat centre operators about their motivations and practices, participant observation during different holistic retreats and workshops, and a research trip to Goa, which included face-to-face interviews with holistic practitioners. In 2006 we edited a special edition of the journal *Tourism Recreation Research* on Wellness Tourism, which was very kindly supported by Tej Vir Singh. The research period then culminated for me in a 5 week trip to Thailand, where I learnt the principles of Thai

---

\*Catherine Kelly is still an academic at the University of Greenwich, but she has also set up her own successful holistic holiday company in 2007 called *Core Journeys* (<http://www.corejourneys.com>), which runs retreats in a range of locations. Thank you to Catherine for this very inspiring and interesting period of our lives and research.

Massage at the International Training Massage School (ITM) in Chiang Mai. This was, it has to be said, a wonderful experience!

A very different understanding of health and wellness emerged for me during the next 3 years when I moved to Budapest in Hungary. The concept of holistic tourism was almost unknown there, except for a few yoga classes and the rare offer of Thai massage or Ayurveda in one or two spas. It was there that I first started offering whole courses on Health and Wellness Tourism to BA Tourism students. These varied considerably from the courses being taught in Hungarian, which focused almost exclusively on historic spa management. Many of the ideas for this book emerged from the writing of materials and case studies for these courses, as well as discussing concepts with students. Some of them went on to write Dissertations in this subject, which allowed for more in-depth study of the different aspects of wellness. In parallel, my co-author (and husband) and I spent a great deal of time travelling around the region visiting spas and wellness facilities in Hungary, Austria, Czech Republic, Slovakia, and Slovenia. This gave us considerable insight into some of the most innovative developments in health and wellness tourism, but also some of the most uninspiring! A great deal can be learnt from those destinations and sites which need improvement, and much of our current and future work is based on trying to enhance the quality and creativeness of the sector.

Finally, in 2006, László Puczkó and I established the Spa and Wellness Tourism Special Interest Group (SIG) within ATLAS, which is the Association for Tourism and Leisure Education (<http://www.atlas-euro.org>). This was inspired by a tribute lecture which I gave to the late Marin Bachvarov, who was Professor in the Dept of Geography and Tourism at the University of Łódź in Poland. Marin sadly died in 2006, but he had carried out some interesting work on the development of health and wellness tourism in Central and Eastern Europe, which formed the foundation for some of the work in this book. We had the first official Expert Meeting of the ATLAS SIG in Budapest in June 2007, and the members were invited to contribute case studies to this book. In Part Three, you can therefore read about the interesting and diverse research of some of the group members. We are discussing educational and curriculum development, definitional frameworks, policy and management issues. In addition, we are carrying out visitor profile and motivation surveys in a range of health and wellness facilities, which is expected to have global coverage in the coming few years.

We have tried to use our experiences and knowledge in this book to make it as interesting, informative and useful as possible. We hope you enjoy this journey into health and wellness as much as we have.

*Melanie Smith  
Corvinus University, Budapest*

*My own journey started long before I left, and was over before I returned.*

(John Steinbeck, b. 1902)

I like bathing in warm waters. I always have. This may be genetic, or it may be locational, since Hungary has some of the best assets of thermal waters in the world. The circumstances were ideal to become a spa-fan. I grew up in a small, historic spa town (Gyula) and during my childhood, I could visit almost all the major baths around Hungary. Ever since, anywhere I travel I tend to visit spas and if possible I try spa hotels and day spas, too. I have been lucky and I could visit various facilities in different continents, but my favourites are in Europe.

I started more than just enjoying spas around 10 years ago, when I got involved in some curriculum development (e.g. for a European Union funded Socrates programme), and then later in consultancy projects. I worked together with Dr Tamara Rátz (one of the case study authors in this book) on the first global analyses of health tourism. In the last 8–10 years I consulted on many developments and was involved in numerous research and strategy formulation projects. I always found it almost painful when I saw that the developers or destination managers could not really take in the complex nature of health and wellness tourism. This was one of the main reasons, apart from being a fan, to start this book.

I believe that among the myriad things and activities one can do, participating in a health and wellness trip is maybe the best choice, especially, if the traveller can pay attention to all three elements, that is body, mind, and spirit. A trip like that *can* actually do a traveller the world of good, and giving something that is physically, biologically, emotionally, or psychologically beneficial to a guest is almost priceless. I also like experiences. By that I mean places and facilities that put a great deal of thought into what they offer.

In my head the ideal plan is to develop and run an eco-fit, hol-life retreat spa ☺!

László Puczkó  
Xellum Ltd, Budapest

P A R T 1  
• • • •

# History, definitions, and scope

# Introduction



*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)

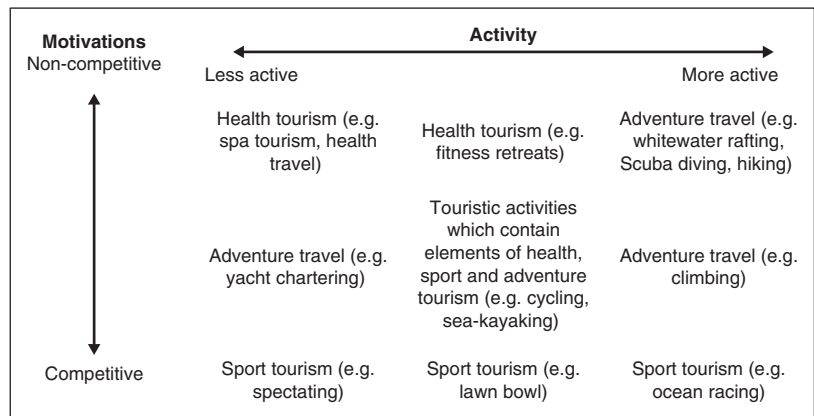
In the Introduction of a new title, authors tend to summarize the rationale and the content of their book. This already presents some challenges, as the definitions and labels used for this form of tourism are almost endless. This leaves us with the difficulty of clearly defining contents and meanings. As you will see later in the book, different countries and different organizations use labels such as health, wellness, medical, and spa almost interchangeably. Back in 1990, Bywater stated that:

*Despite the growing interest in health and fitness, spas and thermal health resorts in the European Community are enjoying mixed fortunes. Opinion is divided on whether this sector represents medicine or tourism, and whether and to what extent the two can meet ...*

(Bywater, 1990:52)

The term 'health tourism' has not been well defined. The IUTO in 1973 stated that health tourism is '... the provision of health facilities utilizing the natural resources of the country, in particular mineral water and climate' (p. 7). Goodrich and Goodrich (1987:217) defined it as:

*... an attempt on the part of a tourist facility (e.g. hotel) or destination (e.g. Baden, Switzerland) to attract tourists by deliberately promoting its health-care services and facilities, in addition to its regular amenities. These health-care services may include medical examinations by qualified doctors and nurses at the resort or hotel, special diets, acupuncture, transvital injections, vitamin-complex intakes, special medical treatments for various diseases such as arthritis, and herbal remedies.*



**Figure 1.1**  
Health Tourism Activity and Motivation Spectrum.  
Source: Smith and Puczkó.

Hall (1992:151) refers to Van Spielen who defined health tourism as ‘... staying away from home, health as the most important motive, and done in a leisure setting’. Van Spielen also formulated five components, each identifying a more specific market segment, that is:

- Sun and fun activities
- Engaging in healthy activities, but health is not the central motive (adventure and sports tourism activities such as hiking, cycling, or golf)
- Principle motive for travel is health (e.g. sea cruise or travel to a different climate)
- Travel for sauna, massage, and other health activities (spa resort)
- Medical treatment.

Hall (1992) provided an analysis of health tourism within the context of adventure and sport tourism. Health tourism was compared to the other two forms of tourism based on its activity levels and motivation spectrum (Figure 1.1).

Hall’s analysis did not consider the body–mind–spirit approach in his comparison, which is important when defining wellness tourism as we will see.

There is a wealth of literature about health and wellness tourism in the German language which is not always referred to in this publication, as we instead aim to fill gaps in the English language market. However, it can be seen that German, Austrian and Swiss academics and practitioners have made some useful distinctions between health and wellness. For example, Müller and Kaufmann (2000) regard wellness tourism as being a subset of health tourism, and distinguish between ‘cure’ (in German ‘kur’) tourists and those who seek more general wellness. According to Dunn (1959) who was one of the first doctors to talk about the philosophy of ‘wellness’, this is a state of health which comprises an overall sense of wellbeing and sees a person as consisting of body, mind, and spirit. Lifestyle and

self-responsibility for health are paramount in the quest for a better quality of life. Müller and Kaufmann (2000) define wellness tourism as:

*The sum of all the relationships and phenomena resulting from a journey and residence by people whose main motive is to preserve or promote their health. They stay in a specialised hotel which provides the appropriate professional know-how and individual care. They require a comprehensive service package comprising physical fitness/beauty care, healthy nutrition/diet, relaxation/meditation and mental activity/education.*

They go on to discuss how wellness is pursued by 'healthy' people with the prime aim of prevention, whereas 'cure' tourists want to be healed, recover or recuperate from illness. The most common resources for this have traditionally been mineral waters and climate, but increasingly, health tourism includes not only physical but also mental and psychological problems. This is when the definitions of health and wellness start to become more complex and convergent.

In Germany, there is considerable emphasis on the term 'medical wellness', which somehow aims to combine the idea of health (cure) and wellness. This is defined by the Deutscher Wellness Verband (2008) as a form of 'behavioural medicine' where clients are guided by qualified practitioners to make specific changes to their lifestyle which can help lead to optimum wellness. This concept aims to democratize health and wellness in the sense that it is not only available to the few privileged, rich individuals who can afford to visit luxury spas, hotels, and clinics.

However, the growth of the medical wellness concept in Germany is not fully embraced by all academics and practitioners, who see it as somehow too narrow. The work of Wolfgang Nahrstedt over the past decade or more has analysed changing definitions of health and wellness. He suggests that the term 'wellness' came from a combination of the World Health Organization's (WHO, 1948) notion of 'well-being' and the later (1950s) concept of 'fit-ness'. In recent years, the term 'medical wellness' has been at the centre of German health and wellness developments, but he argues that this does not meet the goal of complete wellbeing, whereas the concept of 'cultural wellness' combined with 'wellness education' takes us to a form of 'high level wellness'. This is a more holistic approach which goes back to Dunn's (1959) idea of balancing body, mind, spirit with the social environment, culture, and spirituality (Nahrstedt, 2008).

There are clearly different historic, cultural, and linguistic understandings of health and wellness. In some languages (e.g. Hebrew) there is no word for 'wellness', and it is merely translated as 'health'. However, it seems to be increasingly common that the term 'wellness' is used internationally, even in those countries where the language is very different from English (e.g. Hungary) or in countries which are protectionist about language (e.g. France). Translating the term for the purposes of marketing or carrying out research can create a few problems. For example, in Finnish, there is not an easy direct translation of the word 'wellness' and the

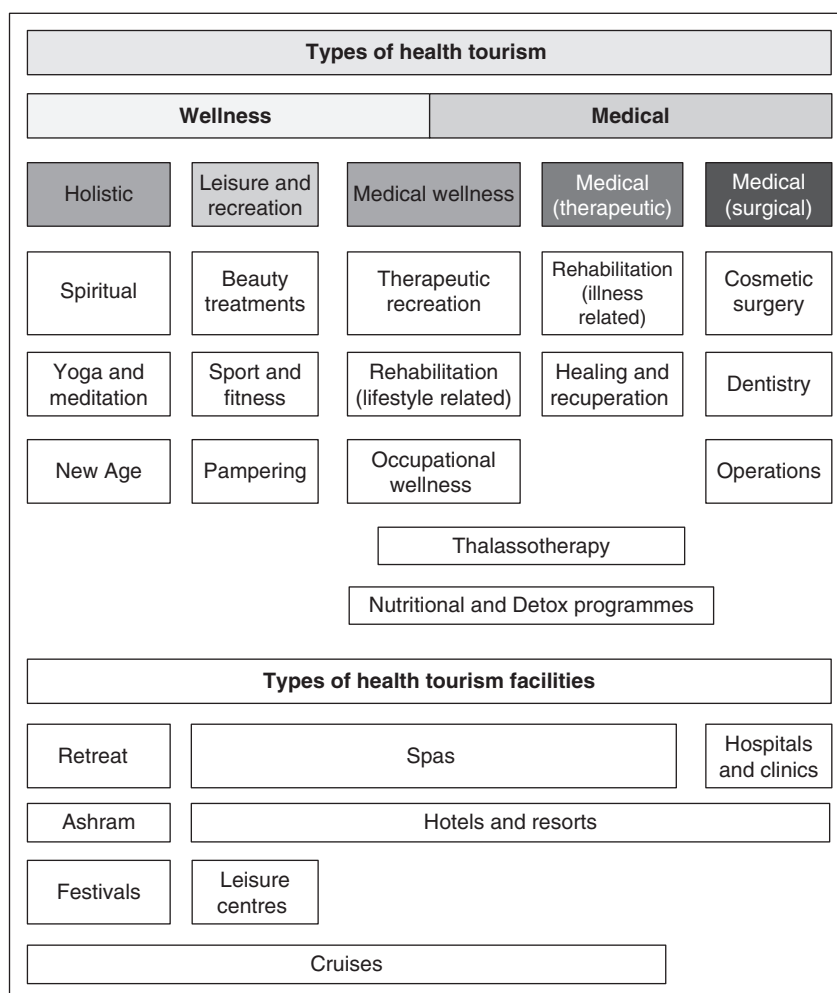
Finnish version corresponds more closely to 'wellbeing'. In Slovenian, the translation is more like 'well-feeling'. In German-speaking countries, not only is the term wellness (in English) fully embraced, but it has even been taken a stage further with the concepts of 'selfness' and 'mindness' being developed. These concepts are discussed in Chapter Eleven. Interestingly, as noted by the BMWA (2002), some anglicisms like the term 'wellness' (and even less, 'selfness' and 'mindness') are not so well understood in the UK, neither is the term 'health tourism', mainly because of the lack of a 'kur' or medical wellness tradition.

Irrespective of terminology, health and wellness as a concept clearly means different things in different countries and cultures. Chan's (2007) research in Malaysia showed that local people associated health and wellness mainly with personal wellbeing and lifestyle, stress release for working people in urban areas and a new form of leisure/tourism activities for foreign tourists. This includes spa and body treatments for personal wellbeing (stress release) and beauty/cosmetic surgery. In Central and Eastern Europe, the term health is closely related to physical and medical healing. The existence of medical waters and spas means that the main association for people in the region is with these forms of activity. Many Western Europeans are familiar with the concept of historic, thermal spa tourism as well as thalassotherapy (cures based on sea elements), especially on the Atlantic coast. In Southern Europe, there is an emphasis on seaside wellness, where sunshine, sea air and thalassotherapies are used to enhance wellbeing. In addition, the pace of life is relaxed and siestas are common, and the Mediterranean diet is considered to be one of the healthiest in the world. Turkish baths are used in Turkey and similar facilities exist in some parts of Spain (e.g. Andalucia) where the legacy of the Moors is dominant. In Scandinavia, there is a large emphasis on outdoor recreation such as Nordic walking, cross-country skiing, and lake swimming, even in winter. In Finland especially, almost all people have a sauna in their house or in the close vicinity as this is seen as an integral part of everyday wellness. In Germany, Austria, and Switzerland, physical fitness is also seen as being extremely important, but this is combined with other principles of optimum wellness, including healthy eating, rest and relaxation, and some forms of spiritual activity such as yoga and meditation. There is an increasing shift towards self-responsibility and a balanced approach to life. 'Selfness' and 'mindness' imply that people are taking responsibility for their own lifestyle and making relevant physical, emotional, psychological, and social changes.

In Asian countries, many spiritual activities such as yoga, meditation, and massage are more integrated into everyday life than they are in most Western countries. The use of energy flows is a more accepted form of healing (e.g. Reiki, Shiatsu) and balance creation for living space (e.g. Feng Shui, Vasati). In Middle Eastern and North African countries where religion is a much more central focus of life, spirituality is not seen as an 'optional extra'. Enhanced physical wellness may come from physical healing (e.g. using spas) or medical intervention (e.g. medical trips to India). In the UK, US, Canada, and Australasia, the use of day spas or

health and beauty farms is fairly widespread. Emphasis is more on cosmetic treatments, relaxation and pampering than it is about medical treatments. However, there are also clear growth trends in occupational wellness (e.g. work-life balance, stress management) as well as the need for enhanced spirituality as organized religion declines.

The concept of wellness clearly means different things in different contexts and countries. The age old tradition of sitting in spa waters in Europe is far removed from the spiritual traditions of Asia, and different again from more modern forms of wellness, such as occupational psychology workshops or cosmetic surgery holidays. What is clear, however, is that there is an increasing globalization and hybridization of wellness products, whereby eastern philosophies and traditions infiltrate western contexts; traditional spas expand to include emotional and spiritual activities as well as physical ones; and pop psychology blends with more esoteric practices to enhance mental wellness. Figure 1.2 demonstrates the wide



**Figure 1.2**  
Spectrum of Health  
Tourism. *Source:* Smith  
and Puczkó.

range of health and wellness products and facilities which have emerged in recent years.

Visitors still find it difficult to anticipate what kind of services they are likely to experience at a health or wellness destination or site, so labelling and marketing are extremely important. We will highlight regional and product-related differences, as well as giving a global overview of the recent situation and the likely trends in the future. To make reading and understanding easier, we will mainly use the term health tourism, with the understanding that wellness tourism is a subset, and that it is a holistic concept. One differentiation would be that medical activities play an important role in health tourism however, most forms of wellness tourism do not include a medical or cure dimension.

Because of its focus on tourism, this book tends to be biased towards those nations which generate international tourists (i.e. developed countries). The destinations visited by tourists may be located in developing countries, however (e.g. India), which often have traditional, spiritual practices which pre-date those of developed countries by thousands of years. This can be an attractive selling point, but it can also result in a mismatch between what destinations are offering and promoting, and what visitors are expecting to experience.

There also tends to be more of an emphasis on international rather than domestic tourism. Often it is implied and not stated specifically that tourists enjoy the facilities within their own country. In Central and Eastern Europe, state governments traditionally funded health trips to baths or spas in different areas of the country, often depending on what kind of healing properties waters had. In addition, until after 1989, it was very difficult for CEE citizens to procure a Visa for travel outside their own country. Financial constraints also limit an individual's ability to travel abroad, and it is only the élite in transition or developing countries who can currently afford to travel. It is also the case that some countries can offer almost the whole range of health and wellness products domestically, so visitors may prefer to travel shorter distances and avoid long-haul travel or flying, for example. For example, countries like India are vast therefore a visit to another region of the country can afford a very different experience.

The book will focus on the development, management and marketing of health tourism. Not only are many people increasingly concerned about their physical, social, and psychological wellbeing in their everyday lives, but they are also prepared to travel long distances to experience different forms of health and wellness activities. This ranges from the immersion of the body in the healing waters of a spa to the quest for spiritual enlightenment in an ashram, or even cosmetic enhancement through surgical treatments or beauty therapies. This book will examine the range of motivations that drive this diverse sector of tourists, the products that are being developed to meet their needs, and the management implications of these developments. A range of contemporary case studies will be used to illustrate the diversity of health tourism products available internationally. It will also examine new trends in fashion, diet, sport, fitness, leisure and

recreation, and their relationship to tourism. Tourism can contribute to many dimensions of health, though obviously it is debatable as to how far a transitory phenomenon can make a significant difference to long-term health. The links between lifestyle changes and tourism therefore need to be explored.

Tourism has always been seen as a process of self-regeneration as well as relaxation, education or indulgence (Ryan, 1997). Hallab (2006:71) describes how 'In the fields of travel and tourism, health has been approached from the angle of tourism experiences' effects on an individual's well-being'. The concept of wellbeing implies our everyday levels of satisfaction and contentment. These are enhanced by regular breaks from routine, periods of rest and relaxation, fantasy and escapism, even the mere pleasure of planning and anticipating a trip. The psychological as well as the physical benefits of tourism appear to have gained increasing importance. As stated by Seaton and Bennett (1996:69) 'In modern days the emphasis is more likely to be put on mental rather than physical improvement'. There are debates within the book 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.

Wellness tourists (perhaps ironically) need to be in good enough physical health to embark on a journey, as well as being materially affluent. As with all forms of tourism, the flows of tourists are predominantly from more developed to less developed countries. The pursuit of wellness is time consuming and expensive (e.g. Smith & Kelly's, 2006, research shows that the average cost of a week's holistic holiday is 520 pounds sterling (about 800 EUROS) and the average cost of a massage or life-coaching session is prohibitive for the majority of people – anything from 50 to 150 EUROS). Indulgence in wellness activities is therefore largely the premise of the middle classes, except in countries where governments subsidize medical activities (e.g. spas in Central and Eastern Europe during the socialist era) or where yoga and/or meditation are integrated into everyday life (e.g. India, Thailand). The recent trend seems to be 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.

If wellness tourism was merely about relaxation, then one might argue that the traditional beach holiday with its emphasis on sunbathing is the ultimate form of meditation! Similarly, spa tourism sometimes offers little more than a soak in warm thermal or medicinal waters. 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 wellbeing 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. The majority of wellness tourists are already active at home in some form of wellness-enhancing

activity (e.g. fitness, 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.

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. 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 (2006) note the importance of location in the context of Alpine Wellness, a product developed in the Alpine region of Europe.

However, for some wellness tourists, the traditional preoccupation with rest, relaxation and escapism reigns supreme. But arguably all wellness tourists are self-aware, active seekers of enhanced wellbeing, 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.

## **SUMMARY OF PART ONE: HISTORY, DEFINITIONS, AND SCOPE**

### **Chapter Two – Historical overview**

This chapter provides an overview of the international development of health over the past centuries dating back as far as 5000 BC when Ayurveda was being practised in India, the first known use of Chinese medicine in 1000 BC, and numerous indigenous traditions in Australasia, Africa, and the Americas. It covers Ancient Egyptian customs of bathing and the use of cosmetics; Greek and Roman building of thermal and medical baths, fitness regimes, and the consultation of 'oracles' in the hope of curing sickness; the development of Arabian and Ottoman hamams or steam baths; the visiting of Japanese onsens; European traditions of spa and seaside bathing and oxygen therapy, including those resorts built in the colonies. The chapter outlines the main practices of health in the principle regions of the world, and the extent to which travel played a role in the development of resorts and destinations. Although the spread of health tourism was very limited until the 20th century, there is some evidence of travelling for medical purposes in Roman times and even earlier.

### **Chapter Three – Contemporary definitions**

This chapter discusses some of the terminology that is currently used in health tourism, especially the problems of differentiating between terms

which are closely related. The definition of 'health' is becoming broader and much closer to that of 'wellness', thus the terms are sometimes used interchangeably. The same is true of 'wellbeing', 'happiness', and 'quality of life', therefore recent theories from sociology or psychology are used to make some distinctions. More esoteric notions of wellness have traditionally been known as 'New Age', a term that is often used in a derogatory way, therefore 'holism' is becoming more common. Spirituality is viewed as an important dimension of wellness, but this tends to be more and more secular and disconnected from religion. Wellness overall implies a balance of different areas of one's life (e.g. physical, social, spiritual, intellectual, occupational, and emotional). Health has closer links to illness and medical treatments, but it follows the same philosophy of achieving balance of both physical and mental dimensions in life.

## **Chapter Four – Leisure, lifestyle, and tourism**

This chapter explores the relationship between the practices of everyday life and leisure and the way these relate to tourism. The chapter starts with an overview of some of the tools that are used to boost health or enhance wellness, such as medicine (conventional and complementary), therapy, psychology, nutrition, rehabilitation, and cosmetics. Many of these trends are led by the media and peoples' personal faith in new products. The second part of the chapter focuses on the political, environmental, and social factors that encourage people to seek enhanced wellness, such as the breakdown of communities, obsession with the self and celebrities, the desire to downsize, the decline of traditional religion, new media and technology, work-related stress, etc. Although this chapter is somewhat biased in the sense that it focuses mainly on developed, capitalist countries, it is argued that these are the main generating countries for tourism, and secondly, many 'emergent' or 'transition' countries (e.g. CEE, China, India) seem to be heading the same way in terms of economic and social pressures and trends.

## **Chapter Five – Typologies of health and wellness tourism**

This chapter examines the whole spectrum of health tourism, including those facilities which focus mainly on physical and medical treatment, through to those which emphasize rather the spiritual or self-development aspects of the self. The chapter is divided into a number of sub-sectors in order to facilitate the discussion as the products, facilities and services can differ greatly according to which dimensions of health are catered for. Even within the sub-sectors, a further breakdown is required, for example, there is a big difference between a spa which focuses on medical treatments and another which emphasizes beauty. Holistic tourism can be about self-development in retreat centres, but some visitors may just want to enjoy yoga or meditation for relaxation purposes or stress relief. Medical tourism now takes place outside spas as well as within them,

and may not involve any other treatments except an operation and the required recovery period. Occupational wellness can take place in large hotels or in small retreat centres. A number of case studies and examples are used to illustrate the complexity and diversity of the various typologies of health tourism.

## **Chapter Six – An international and regional analysis**

This chapter takes a geographical approach and considers the way in which health and wellness tourism have developed in different regions of the world. Whereas the history chapter (Chapter Two) focuses on past developments in health in a number of regions, this chapter analyses in more detail contemporary developments and their relationship to tourism. The chapter starts by discussing briefly the linguistic and cultural differences which influence the way in which wellness is defined before going on to an analysis of the regions. The regions chosen include Western, Central and Eastern, Southern and Northern Europe; the Middle East and North Africa, which are seen as being geographically and culturally similar; Eastern, Western, and Southern Africa; Asia; Australasia and the South Pacific; the Americas and the Caribbean. There is also some discussion of indigenous traditions in many developing countries, which pre-date those of the colonizing society by thousands of years, and which are now becoming fashionable again in contemporary spas and wellness centres.

## **SUMMARY OF PART TWO: MANAGING AND MARKETING HEALTH AND WELLNESS TOURISM**

### **Chapter Seven – Demand, motivations, and profiles**

This chapter discusses the profiles and motivations of typical health tourists, making a distinction between different typologies of health tourism (e.g. traditional spas, hotel spas, medical spas, holistic and spiritual retreats, medical centres, etc.). There is a discussion of current trends with some explanations of why the health market is still mainly dominated by women and people who are over 40 years of age. Some distinctions are made between nationalities (e.g. the health patterns of the Japanese can differ somewhat from those of North Americans). For each of the typologies of health tourism, examples of research are given to highlight the trends in consumer behaviour. Different methods of segmentation are given as examples of some of the most recent research being undertaken in this field, and there is an analysis of the importance of lifestyle practices and their influence on tourist behaviour.

### **Chapter Eight – Planning and development**

This chapter discusses some of the issues that are important when planning health and wellness tourism destinations, including the likely

impacts of tourism development, location and design of facilities, development concepts and philosophies, and the main challenges for profitability and longevity. Although it is recognized that a certain degree of organic and spontaneous development can be attractive, especially for holistic tourism destinations, this does not guarantee a high quality of experience for visitors, nor does it protect their health and safety. In order to maximize the positive impacts of tourism for destinations and to minimize the negative impacts, a certain amount of planning is necessary. This can take place at a number of levels – national, regional, local, and site level. Priorities differ depending on the level of planning, but the harmonization of development can help to ensure sustainability (e.g. national strategies can inform regional decisions or local regulations).

## **Chapter Nine – Managing destinations and sites**

This chapter describes the way in which health tourism is managed starting with a distinction between the different levels of management, for example, geographical (i.e. national, regional and local levels), and asset or resource-based management. This includes references to the organizational structures involved and the way in which developments are managed. Emphasis is mainly placed on the need to create high quality and memorable experiences in a wellness context, including the design of the facilities, atmosphere creation, staff training and regulation, and service management. The management of visitor expectations is also crucial, including information provision, pre- and after-care, health and safety assurance, and many other issues relating to the provision of treatments. The chapter makes a distinction between different types of wellness facilities and destinations (e.g. resort spas, day spas, medical spas, wellness hotels, and holistic centres) and identifies the key management issues for each.

## **Chapter Ten – Reaching customers**

This chapter focuses on the way in which health and wellness products are marketed and promoted to customers. This includes an analysis of marketing communications and the levels at which this operates (i.e. cognitive, behavioural, and affective). The segmenting and targeting strategies of different countries and organizations are also considered, including their use of slogans and images. Branding is a key focus of the chapter, looking at the way in which global, national, regional, local, and organizational brands are created and communicated. This also includes theming and packaging of products. The use of language is considered to be especially important when creating a unique or distinctive image, yet many destinations or sites seem to revert to standardized or clichéd expressions. This means that customers are not always able to distinguish between companies and products. However, this makes those organizations which do this well really stand out. Several examples of good practice are therefore given. Finally, the chapter looks briefly at tour operations, distribution, and pricing.

## **Chapter Eleven – Product development**

This chapter starts with an overview of the globalization of health tourism analysing the extent to which product development is becoming standardized with the same facilities and services available all over the world. On the one hand, this ensures a diversity of products, but on the other hand, it means that unique experiences are harder to create and find. Health tourism is becoming more and more competitive with some markets already reaching saturation point, therefore innovation is becoming essential. For this reason, many spas and wellness hotels develop signature treatments in the hope of making themselves stand out; some destinations sell their unique natural resources or landscapes; others promote the expertise of their practitioners and use 'big names' to attract visitors (e.g. in holistic and wellness centres). In addition, the chapter examines the trend towards more integrated experiences, that is the search for balance of body–mind–soul or work/life balance. For this, destinations need to offer a diverse range of products and to advise their clients carefully in their choice of workshops or treatments.

## **Chapter Twelve – Conclusions: The future of health and wellness tourism**

This final chapter discusses the likely future of health tourism using industry trends – prediction data. This includes the shift towards wellness as a lifestyle and not just as an exceptional leisure or tourism activity. The growing demands and motivations of consumers are analysed in depth, including the emergence of new markets (e.g. teens) and preferences for more natural and indigenous products and treatments. The delivery of services is changing and making increasing use of online technology (e.g. not just for bookings, but also for pre- and after-care, even online retreats). There is a growing concern about issues relating to sustainability and environmental impacts of health tourism, thus there is a notable 'greening' of the industry. Some operators and businesses are more concerned about the apparent saturation of the wellness market and the need to diversify products or attract new markets. Finally, some recommendations are made for health practitioners as well as for researchers in this field.

## **SUMMARY OF PART THREE: OPERATIONAL AND MANAGEMENT ISSUES IN HEALTH AND WELLNESS TOURISM**

This section provides a number of case studies from around the world which exemplify many of the issues discussed in the first two sections of the book. This includes the historical development of spas and their subsequent decline and regeneration; product development and innovation for existing and new destinations; the diversification of health and wellness tourism markets; organizational and management strategies; and marketing and promotion.

## **1. Heritage of spa and health tourism in Russia (Inna Petroune and Elena Yachina)**

This case study provides an overview of the history of Russian health tourism, and some of the barriers to the development of spa tourism, especially in the transition years following 1989. Many of the problems relate to the previous system of state subsidy and control, and subsequent inadequate political policies and financial investment. As a result, such countries struggle to modernize their facilities, to improve their services and to enhance their image. One of the major challenges is to re-orientate destinations and products from state-subsidized medical tourism to more private funded leisure and recreational tourism. Such problems are not unique to Russia and are common to many other former socialist countries, especially in Central and Eastern Europe. However, future developments are likely to involve far more product innovation, quality enhancement, staff training, and more effective organizational structures and networks.

## **2. The health spa resort Rogaška Slatina returning to its past glory (Sonja Sibila Lebe)**

This case study discusses how the oldest spa resort in Slovenia, like many other spas in Central and Eastern Europe, has suffered from lack of investment during World War II and thereafter to become a somewhat rundown medical facility. However, since 1991, there has been considerable re-investment in health spa resorts and many spas have introduced different kinds of wellness programmes, Rogaška Slatina included. The problems of mixed markets still have to be addressed, to accommodate medical visitors on the one hand, and recreational guests on the other. The subsequent labelling and promotion of the resort to appeal to an international market with different understandings of terms like 'spa' and 'wellness' is another dilemma facing this and many other similar resorts in this region.

## **3. Regeneration of an historic spa town: A case study of spa in Belgium (Melanie Smith)**

Spa in Belgium has a long history going back to Roman times, and the town enjoyed a glamorous heyday in the 18th century. Despite a decline in the early part of the 20th century, Spa went on to benefit from state-supported health tourism in the post World War II years until the 1980s, when support was withdrawn. As a result, there was a shift to leisure rather than health-based tourism. However, this was not enough to save the historic spa facilities from degeneration, and eventually they were no longer used. Instead, a new thermal complex was built on the hill above the town with an emphasis on 'thermoludism' or recreational/fun use of the waters. Despite the popularity of the development, there is some debate about the potential longevity of its success, as well as controversy about the construction of new facilities instead of the renovation of historic ones.

#### **4. Vidago and Pedras Salgadas Spas: The revival of a tourism attraction or a marketing technique for beverages? (Veronique Nelly Paul Marie Joukes)**

This case study discusses the redevelopment and linking of two traditional but under-visited spas in the North of Portugal. Although they are geographically isolated, the potential for tourism is arguably significant because of the area's diverse resources. Significant funds are being used to support the project, therefore the redevelopments will be large scale, creating employment, attracting subsequent investment, and enhancing the image of the region and the country as a whole. Overall, this is an ambitious, potentially risky project, which represents the high hopes that governments and investors are now attaching to 'flagship' wellness developments.

#### **5. The Luigiane thermal baths: A tool for the deseasonalization of the tourist demand in Calabria (Italy) (Sonia Ferrari)**

The Luigiane thermal baths in Calabria, Italy represent an ideal opportunity for extending the tourist season. The baths function almost as a thermal town with five hotels and several leisure facilities. The case study discusses research that has been undertaken in the area with main stakeholders and clients, and shows how there is an increasing interest in the concept of wellness and not just therapeutic or curative tourism. The diversification of the market is also likely to be based on other attractions in the region, such as culture, gastronomy, the sea, and sports. This case study exemplifies the need to redevelop traditional health resorts to incorporate broader concepts of wellness and attract new markets.

#### **6. Hotel Herttua: Spa and rehabilitation centre in Eastern Finland (Anja Tuohino and Henna Kangas)**

This case study discusses the Hotel Herttua in Finland which is located in a beautiful but relatively unknown landscape. It has traditionally attracted rehabilitation customers on social holidays supported by state funding that is those who want to improve their working ability, as well as war veterans (a market which has a finite lifespan). In the summer, however, tourists come whose motivations are different. The e-GOOD cooperation network is currently carrying out research to find new innovative solutions for the changing demand of visitors and to identify new potential segments for wellness tourism. One of the suggestions is to develop a concept of 'Lake Wellness'.

#### **7. São Pedro do Sul Thermal Centre: Between health and wellness tourism (Nuno Gustavo)**

This case study describes a thermal centre in Portugal which dates back to 1884, and its current organizational and management structure. Its

buildings tend to attract two markets: health visitors and wellness visitors. Research has shown that these visitors have different needs and therefore future developments should take into consideration the need for differentiation of spaces, infrastructures, models of management, and communication. This case study highlights some of the difficulties for traditional spas wishing to diversify their wellness products and attract new and different markets.

## **8. Healing hills and wellness in luxury (the Netherlands) (Ilja Castermans-Godfried)**

This case study focuses on the South-Limburg region of the Netherlands which is aiming to attract more 'silver tourists' that is those over 50 years or more, who will represent up to 40% of the Dutch population in 20 years. An example of one project called 'Healing Hills' in Heuvelland is given, in which the tourism industry and medical sector are cooperating to provide a recovery centre for those who have undergone operations. 'Wellness in Luxury' is another project which will aim to make Valkenburg a city of wellness with a spa and health resort and a wellness boulevard. The focus of both case studies is innovation and the cooperation of many stakeholders.

## **9. Peninsula Hot Springs: A new spa tourism experience 'down under' (Jennifer Laing)**

This case study describes a relatively new spa development in Australia called Peninsula Hot Springs which was opened to visitors in June 2005. It is one of the 'flagship' projects in the State government's desire to position Victoria as the main health destination in Australia. Although the spa facilities for tourists are new, the natural resources (e.g. geothermal and fresh water aquifers) and indigenous Aboriginal products are thousands of years old. The development is expanding all the time with plans to extend the target markets to include international tourists in addition to the existing urban visitors from nearby Melbourne. This case study shows clearly the challenges of combining ancient traditions with new facilities and services, as well as the need to cater for a diversifying health market.

## **10. Using wellness elements for branding an exclusive image of tourism sites in the North of Israel (Alon Gelbman)**

This case study analyses the branding of wellness facilities in the North of Israel. Although wellness is often only a small part of the actual tourism offer, many businesses consider the image or brand it creates to be highly attractive, symbolizing exclusivity and luxury. Unfortunately, the reality behind the image does not always turn out to be as attractive as the promise, as many small businesses cannot afford to run proper wellness facilities nor employ qualified staff. A content analysis of 39 tourist

destinations shows the variations between the image promoted and the levels of actual wellness development. Often the label 'spa' seems to be overused and is often misleading, as it does not refer to a spa in the traditional sense. Although beautiful natural landscapes and healthy, organic food are also promoted, this is perhaps not enough to constitute a wellness tourism destination in terms of what tourists might expect.

### **11. Ayurvedic health tourism in Kerala, India (Kevin Hannam)**

This case study focuses on the way that Ayurveda is being used to market the Indian state of Kerala. Tourism is of crucial importance to Kerala and visitor numbers are increasing each year. One of the main products being promoted is traditional, holistic 'health' tourism in the form of Ayurveda. However, the concept of Ayurveda is becoming oversold, resulting in many unlicensed and ill-equipped health centres being developed and promoted to tourists. Although there is a voluntary certification code of conduct, it is not widely accepted. Many tourists see Ayurveda as an attractive 'extra' rather than a primary motivating factor for visiting the region, but there are still concerns that Kerala's image is being damaged by unplanned and unregulated developments.

### **12. Hot springs in Japanese domestic and international tourism (Tamara Rätz)**

This case study analyses the traditional and contemporary development of Japanese onsens. Historically, the hot springs have been used for health, spiritual, educational, and cultural purposes, and more recently, leisure, recreation, and tourism. The modern onsen experience includes nutrition, sightseeing, exercise, and relaxation in natural surroundings. The medical or health dimension has become less significant as support from insurance declines, however with the ageing population, a resurgence of interest is likely. Whilst many Japanese visitors enjoy the onsen for relaxation purposes, international visitors expect and would like a cultural heritage experience. The modernization of onsens is therefore not always a welcome development, especially as it is hard for visitors to access more remote, traditional, and 'authentic' locations.

### **13. CHI spa at the Shangri-la, Sabah, Malaysia: Its philosophy and management concept and 'a journey of experiences' (Jennifer Kim Lian Chan)**

This case study discusses the development and management of spas in the hotel industry in Malaysia, focusing in particular on the CHI Spa Center in the Shangri-la hotel in Sabah. This is part of a hotel chain in Asia with similar hotels in Penang and Bangkok. The philosophy of design and development are based on Chinese concepts of CHI energy flows, Yin and

Yang, and the five elements. The signature therapies are based on these principles, as well as some healing traditions from the Himalayas. This case study exemplifies the increasing use of ancient and indigenous traditions in regional and global chain hotels, and the desire to give a local or regional flavour to international tourism facilities.

#### **14. The Big Chill Festival, England, UK (Chantal Laws)**

This case study discusses the Big Chill Festival in the UK, a 3-day festival which includes not only music and the usual festival facilities, but also a Body and Soul area where holistic health practices are offered. The main market for the festival is older than average with an audience of predominantly thirty-somethings. The festival is similar to counter-culture celebrations in the 1960s and 1970s, which had strong links to New Age ideologies. The emphasis is on creating an alternative space in which an atmosphere of spirituality, transcendence, and community are created. This case study shows how some festivals are moving towards a more integrated form of experience and embracing the holistic notion of body–mind–spirit.

#### **15. The growing yoga community in the Netherlands: How yoga is becoming a lifestyle product including tourism activities (Roos Gerritsma)**

This case study shows how yoga is growing in the Netherlands as a lifestyle-enhancing activity, still mostly used by women, but increasingly also by men, stressed-out workers, even children. Many forms of yoga are offered as well as being blended with other activities (e.g. ‘body balance’), and although people may turn to yoga for physical health reasons, they sometimes then discover the meditative or spiritual benefits. This can lead to an intensification of practice, such as all-day or weekend workshops, events, as well as holidays. Many new magazines, TV programmes and internet sites are facilitating the practice of yoga and the promotion of products and services. Online yoga ‘communities’ can even share ideas and reviews of experiences, such as workshops or trips. As yoga tourism has been relatively under-researched, the case study ends with some recommendations for future research.

#### **16. Medical tourism in India: A case study of Apollo Hospitals (Babu P. George)**

This case study focuses on the exponential growth of medical tourism in India and the business of the Apollo Hospitals Group, the largest health-care group in Asia. After the deregulation of the Indian economy in the 1990s, the Apollo chain could expand there with fewer bureaucratic barriers and the easier importing of the latest technology. The benefits of an

international cluster mean a guarantee of quality, training, resource management, and technology. Their networks and contacts are extensive and their marketing is well established. Although there are criticisms that Apollo shows little concern for the indigenous populations' health, in terms of medical tourism for international tourists, this represents a major opportunity for India.

## **17. The use of spas by meetings participants: The case of the US (Rob Davidson)**

Business and politics was frequently discussed in spas in ancient times (e.g. Greek and Roman baths). This case study describes how there has been something of a renaissance in the combination of water-based activities and business tourism. Many companies are choosing spa hotels as a location for their meetings and conferences, as it is believed that spas help to motivate and relax people and provide incentives for better performance. Spas can provide the ideal social environment for team building and can be conducive to networking. Participants are usually offered leisure based rather than medical packages and treatments, but increasingly workshops aiming at easing stress and dealing with other psychological or lifestyle issues are becoming more common. Massages and relaxation treatments might also be offered to participants during a meeting or conference. There is a considerable growth rate in this form of wellness tourism in the US, but the trend is likely to increase everywhere.

## CHAPTER 2

# Historical overview

*Your town is only a perfect town when there is a bath in it.*

(Abu Sir in Lee, 2004)

This chapter provides an overview of the history and development of health and wellness, emphasizing the different ways in which health is understood in various regions and countries of the world. This helps to pave the way for later chapters which focus on contemporary understandings of health and some of the definitions that have emerged in recent years. As health becomes more globalized as a result of international travel and increased mobility through immigration and guest working, there is a chance that products and services will become more homogenized and ubiquitous (i.e. the same or similar products will be available all over the world). However, in historical terms, health and wellness practices have been very much embedded in regional and local traditions and cultures, with available natural resources also determining the forms of wellness that were developed. Clearly, the concept of travelling for health reasons is a relatively late addition to the history of health; therefore the emphasis on tourism is fairly minimal in this chapter. However, later chapters (e.g. Chapter Six) show just how these regions have developed their tourism facilities and resources over the past few decades using their unique traditions as described here.

### **A brief international overview of health and wellness**

Many visitors to modern day health and wellness centres are often unaware of the cultural origins of the treatments they enjoy. They may not realize that Indian Ayurvedic practices go back as far as 5000 BC, or that Egyptian women in 3000 BC used similar



cosmetics to the ones that are sometimes used today. The earliest known writings about Chinese medicine go back to 1000 BC, yet Chinese medicine in Western societies is viewed as something 'new' and exotic. The earliest reference to magical healing waters according to the Spas Research Fellowship (2008) is about 1700 BC. Hippocrates, the classic philosopher and physician of the Hellenistic age, and a prophet of natural healing methods, said: '... water is still, after all, the best'. The most ancient evidence of bathing culture was found in the valleys beside the river Indus where an ancient culture with water ducts, bathrooms and bath pools existed. Crebbin-Bailey et al. (2005) provide a comprehensive timeline showing how ancient Greek civilizations from 700 BC introduced cold water bathing for warriors, Persians (600–300 BC) already used steam and mud baths, Hebrews introduced ritual purification by water through immersion in the Dead Sea in 200 BC, and Thais (then Siamese) practised massage as far back as 100 BC. The Roman Empire left an incredible legacy of baths, one of the principle ones being in Bath in Britain in 76 AD, as well as the discovery of thermal springs in still-popular destinations like Spa in Belgium before 100 AD and Baden-Baden in Germany in 211 AD. The term 'therme' was used for elegant leisure facilities whereas the term 'balnea' was used for simple and mainly healing oriented bathing establishments.

The Baths of Caracalla near Rome were in use for three centuries before they lost their aqueduct water supply in the siege of Rome 537 AD. The baths could accommodate between 6,000 and 8,000 bathers a day (Spas Research Fellowship, 2008). Lomine (2005) describes how Augustan Society in Rome during the Roman Empire (44 BC to 69 AD) travelled fairly extensively for health reasons to relaxing landscapes, seaside resorts, and hot springs. Medicine was not very developed and the average lifespan was about 40 years, so wealthy citizens would travel in the hope of finding treatment or recovering in a healthier climate. Typical trips would include sea voyages from Italy to Alexandria in Egypt or visits to mineral springs in what are now Vichy, Aix-en-Provence, Bath, and Wiesbaden. Augustans would also travel to consult oracles or 'fortune tellers' for example, in Delphi (Greece), Delos (Aegean Sea) or Claros (Asia Minor). Health and religion were combined in the case of visits to Asclepius' (the Greek god of medicine) sanctuaries, where visitors entered the sanctuary, took a bath to get purified, entered the god's temple, prayed, and laid down to sleep where the god would visit them and magically cure them or give advice about what treatment to take.

The Ottoman Empire built Turkish baths in 800 AD and knights from Britain experienced them during crusades in 1200 AD. Saunas began appearing along the Baltic in Finland as early as 1000 AD. The 14th century saw the development of the first shower in the baths of Bormie in Italy, as well as the discovery of warm springs in Central Europe (e.g. Buda – now Budapest in Hungary and Carlsbad in Germany – now Karlovy Vary in the Czech Republic). Unfortunately, in some parts of Europe (e.g. Britain) by the 15th century there were concerns about public bathing in warm waters because of the spread of diseases like syphilis, leprosy, and plague. Naked, mixed bathing was also deemed immoral by the Bishop of Bath

and Wells (which may explain the tendency in Britain today to still bathe in spas partly clothed!).

The Renaissance in Europe (16th century) witnessed a boost to balneotherapy (water therapy treatments) as a medical practice, especially in Italy where there were famous sulphurous springs in Abano, mud baths in Padua, Lucca, and Caldiero. In 1553, the first European Spa Directory was printed in Venice listing more than 200 spas. Elizabeth I popularized public bathing in 1571 in Britain to discourage the British from travelling to Spa in Belgium. The chemical and mineral properties of spa water were discovered in the mid-17th century (for drinking and douching as well as bathing) and their effects were gradually listed and understood, and the effects of different temperatures were also researched. Many European Kings and Queens supported the visiting of spas. The late 18th century saw the recognition of the benefits of seawater, the beginning of thalassotherapy, which was particularly popular in France. Modern massage techniques began to be developed in the early 19th century, particularly in Sweden. In the US, the spiritual value of indigenous (Native American Indian) landscapes started to be appreciated, and spas were built around springs there. In Germany, the first modern hydrotherapy spa was developed in the early 19th century offering health packages of treatments, such as fresh air, cold water, and diet. This started a trend in both Europe and America. In 1880, Father Sebastian Kneipp started practising hydrotherapy for the poor, and his ideas still continue today. By the turn of the 19th century, travel guides were promoting the health treatments of air and sun cures all over the world, including the resorts of the Caribbean and spas in North Africa as well as Europe or Russia. There was an increased enthusiasm for health and exercise amongst the upper classes, and active tourism became popular (MacKenzie, 2005). By the early 20th century, the benefits of spas for the war wounded were well recognized all over Europe, and visits to the seaside were recommended for industrial workers.

We clearly see a growing awareness of the health-giving properties of water, whether sea, thermal or mineral water. Greeks and Romans focused on both cleanliness and fitness and understood the health benefits of various types of water treatments. However, it should also be remembered that the ancient civilizations of Asia and the Middle East and indigenous peoples all over the world have been aware of the benefits of massage, yoga, meditation, herbal medicines, and other forms of healing and spiritual practice for many more centuries than in Europe. The Japanese also had their own spas known as 'onsens', which are based on natural thermal springs. In 737 AD, Japan's first onsen (hot spring) opened near Izumo, and centuries later the first 'ryoken' (inns) were built, offering fine food, accommodations, Zen gardens, outdoor baths and indoor soaking tubs called cypress ofuro (SpaFinder, 2008). Although the standard of living and quality of life of many people throughout the world is still deemed low by western standards (e.g. in India, Africa, or amongst indigenous tribal groups), those people have found their own ways of preserving health and maintaining wellbeing. Although illness may triumph more quickly over wellness in conditions of deprivation, some of the indigenous

traditions and techniques are becoming more and more valued in modern day spas, as we shall see later in the book. Tourists are also becoming keen to visit the 'homes' of certain practices and traditions like Ayurveda and Thai massage.

The following sections provide a more comprehensive overview of the way in which health and wellness tourism has developed in different regions of the world. The kinds of destinations and products which are promoted to tourists in these different regions are discussed in more detail in Chapter Six. This chapter rather provides an historical overview so that it is clear where practices originated when discussed later in the book. Although it is impossible to be fully representative of the whole world, these sections give a good understanding of the available resources, cultures and traditions of several regions of the world, in which the individual countries tend to have much in common with each other. Of course, the geography of the world has changed considerably over the past centuries, with numerous empires being created and dismantled; European colonial powers in Africa, India, and the Americas ruling for several decades but the regions later regaining independence; and towns which were once in one country are now in another or have been completely re-named. Therefore, geography can be as complex as history when explaining the distribution of health and wellness traditions. For the purposes of simplicity, some reference is made to this multi-layering of history (e.g. indigenous traditions versus those of colonial rulers), but much of the analysis is more resource based according to what was available in regions, with some reference made to the influence of cultures. Health and wellness practices in Egypt and North African countries like Tunisia and Morocco tend to have more in common with Middle Eastern traditions than East, West, or South African ones, so the decision has been made here and in Chapter Six to discuss these countries along with the Middle Eastern region rather than Africa.

## Europe

The history of health tourism in Europe has tended to be based around spas and seawater treatments, mainly because of the large numbers of thermal and mineral springs and sea coasts. The word Spa is thought maybe to have originated from Latin and phrases such as '*sanitas per aqua*', or from the Walloon word '*espa*' for fountain. The town of Spa in Belgium was one of the first, so it is sometimes thought that the term comes from this name. Hydrotherapy or water-based treatments are the cornerstone of what European spas have traditionally had to offer with a focus on health and physical wellbeing. It is only in recent years that cosmetic or beauty treatments have become more popular, as well as more spiritual or psychological activities. As the need for the treatment of illness declined in Europe with better healthcare regimes and preventative wellness techniques, spas have increasingly shifted from physical and medical to more relaxing and pampering activities. However, historically they were viewed

as places to rehabilitate and 'take the waters' or 'take the cure'. Mineral water, thermal water, seawater, muds, climate therapy, oxygen therapy, and sometimes special diets were the main focus.

The Romans built very sophisticated baths all over Europe which were integral to their way of life, and would consist of a series of cool to hot baths and a final cold plunge pool. Roman (Latin) terms like frigidarium (cool), tepidarium (lukewarm), caldarium (warm), laconium (hot), etc. are still used in spas today. Baths or spas as they were later called were places where people met to discuss issues, like politics and philosophy, and they were the centres of social life for soldiers and administrators (Crebbin-Bailey et al., 2005).

### The Roman Bath Experience

- Ideally undertake sports or a workout.
- Enter a tepidarium (lukewarm room of 35°C) and treatment begins.
- Receive an oil massage to soften the skin and then relax for a while.
- Enter the laconium (a hot, dry room of 80°C like a sauna) to initiate the detoxifying process.
- Receive a body scrub to remove dead skin in preparation for a vigorous massage.
- Enter the caldarium (a warm, damp room like a steam bath) and relax.
- Plunge into a cold pool to close the pores of the skin and invigorate the body.
- Rest and read in a library or quiet room.

The Romans travelled to different spas for healing purposes, with Spa in Belgium being one of the best known at that time, as well as destinations like Bath in the UK, Baden-Baden in Germany, Budapest in Hungary, and Gerona in Spain. The Roman baths in Gerona were later used by the Arab occupiers in the 12th century. Many of Europe's historic spa towns were built around healing springs between the 14th and 16th centuries, such as Vichy in France. Originally, travel to such destinations was common for royalty or nobility, but this later declined as domestic bathing conditions improved. From the 16th to the 20th centuries, religion flourished and the church became more of a centre for social activities than spas. However, in the late 20th and early 21st centuries, as traditional religion once again declined, spas became one of the most desirable public spaces in which to congregate.

### Case Study: Vichy

Since Roman times, for almost 2,000 years now, Vichy waters have been famous for their beneficial virtues: already since the 17th century, for example to stimulate natural defence mechanisms. Under Louis XIV, or Napoleon III the town and thermal spa were renovated and Vichy was not only a resort to take the waters, but also a place of pleasure and

elegance (it was called ‘the second Paris’) and Vichy became ‘the queen of Spa towns’ (the King was Baden-Baden in Germany). Today, Vichy waters can be taken for different therapeutic reasons, for example rheumatology, gastroenterology, and of course for dermatological or dermocosmetic problems. The town and the thermal waters gave the name to the world-wide known Vichy pharmaceutical company, specialized in skin care (to make the brand even more different from other brands, Vichy products are sold in pharmacies only). The Thermal establishment ‘Dômes de Vichy’, birthplace of the brand, is where the Laboratoires Vichy have located their Dermocosmetic Centre. During the 1990s, Vichy developed spa therapy using Thermal Spa Waters: going back to health and beauty treatments for the balance of body and mind, like the holistic health-beauty concept of the Vichy Spa Les Célestins (7.500m<sup>2</sup> of care facilities connected to a four-star hotel). Les Célestins provides more than just skin care, for example:

- Vichy Nutritional Centre and Vichy Slimming (besides on site treatments, offering 6-month post-treatment follow up, as well. Former guests can log on and receive on-line treatment to help their weight loss programme)
- ‘Hands of the World’ (different massages each day during the stay)
- Rituals, for example the Bourbon Ritual
- Escapes and wellbeing (packages for 2 days)
- The *Célestins* Complexion (making skin softer).

There are 15 multiple-use thermal spa sources in Vichy town, which are incorporated in external treatments or taken internally as cures. One of them is bottled and sold commercially: Vichy Célestins.

(Vichy Thermes, 2008)

By the end of the 18th century, spa treatments and sea bathing seemed to develop concomitantly. Hydrotherapy was studied as a scientific way as another form of medicine, and confidence in the curative properties of water, both as bathing and drinking spread throughout Europe in the first half of the 19th century. Numerous mountain climatic resorts were built in the Alps, the Carpathians or around the Mediterranean. By 1889, there were 188 spas in Spain, for example (Larrinaga, 2005). However, gradually the motivation for coming to spas changed from being predominantly about health and cures to a desire for leisure, thus many spas started to develop casinos and dance halls, as well as other entertainment facilities. The first International Balneological Congress was organized in Budapest (the world’s only spa capital city) in 1937.

After World War II, spa resorts in Western Europe went into stagnation. For example, Bacon (1998) describes how spas in the UK (unlike in continental Europe) tended to be eclipsed by seaside resorts in the 19th century. However, in communist Central and Eastern Europe and in the Soviet Union the spas or thermal baths entered a new phase of development, with treatment mainly sponsored by the state or the trade unions in

their specialized facilities. The democratization of access to the spas was coupled with a narrow specialization in medical treatment. A profound change occurred in the appearance of the spas. A dominating feature of their physical planning became the trade union rest houses, hotels, and sanatoria. Spas became 'healing combinats' for the people, based on mineral waters, climate, and other local natural resources. The accommodation facilities were typically large buildings with mineral water basins and healing devices, with a residential part, dining facilities and meeting halls. Other services were almost absent.

In Finland, one of the compensations offered to wounded Finnish soldiers after the World War II was veteran spa rehabilitation. A system of regular periods (usually 1–3 weeks) of physical rehabilitation was created and the state paid the costs. The Finnish 'golden spa age' had been in the 1800s, and the density of spas was the highest in Europe from the early 1890s, even though there were only a few natural spas (i.e. thermal/mineral waters) in Finland. From the 1960s onwards, war veterans were given good quality professional medical care in these spas, as well as some leisure/wellness activities and facilities. In the future when the war veterans are no longer alive, a new use for such spas will need to be created, which may be based on wellness rather than medical tourism (Aho, 2007).

Lee (2004) suggests that the European health and wellness model has been based around the four elements: water, fire, earth, and air (Indian Ayurveda and Chinese philosophy do this too, but in a slightly different way as discussed later in the chapter). The balance or harmonization of these elements was considered essential to wellness by Greek philosophers. Water therapies help to heal and soothe the body; heat treatments induce sweating and accelerate circulation of the blood; earth offers numerous natural herbs, flowers, plants, muds, and fruit; and fresh air and oxygen are the essence of life. Greeks and other ancient civilizations believed that thermal and mineral springs were a gift from the Gods and built temples for various deities near to them. There is often a connection between spas and spirituality, for example, Lourdes in France is both a healing spring and a pilgrimage destination. Diet, exercise, massage along with water were seen by the Greeks and Romans as being essential for combating disease and preserving good health. Bathing in the sea or rivers was always considered to be health giving, a process akin to baptism or rebirth in which individuals were symbolically purified and cleansed. Cleanliness and hygiene were considered essential, a philosophy which was later forgotten in mediaeval and Renaissance Europe, when public diseases in spas became rife. Thalassotherapy or the use of seawater in health and wellness was practised by ancient Egyptians, but the Greeks added more treatments, such as the use of mud to this tradition (pelotherapy). Later, this expanded to include salt scrubs, seaweed wraps, and salt inhalation, amongst others. Roscoff in France and Varberg in Sweden became popular destinations for seawater cures.

The principle of fire was first developed in the context of health and wellness in Roman baths (where thousands could congregate at once in heated rooms), Turkish hamams or steam baths, Russian 'white' or 'black'

bainias (a steam room and sauna, respectively), and Finnish saunas. Some farmers in Germany in the 18th century also used dry heated rooms where flax or hemp was stored, and Austrian farmers used hay-storing barns with a stove. Sweat bathing was thought to ease aching muscles after a long day in the fields as it could draw toxins out of the body, such as lactic acid. Finns and Russians used the sauna as an integral part of everyday life and one in which to celebrate special occasions (e.g. birth, weddings, death). Russian bainias were traditionally more vigorous than Finnish saunas, and whipping with twigs was not uncommon. The air was generally wetter and special oils were used such as eucalyptus or mint (a common practice in spas today). Although it is recommended that alcohol should not be drunk before, during, or immediately after a sauna, it was not unusual in Russia or Finland to consume vodka or other alcoholic beverages like beer as part of the social experience!

Air is another integral part of health and wellness everywhere, but in Europe this usually meant (and still does) going to the seaside or to mountain regions to escape heavily polluted cities. Pure air therapy is sometimes known as climatotherapy, which harnesses facets of the environment such as air, climate, atmosphere, temperature, humidity, and light. The movement from one climate to another is well known in European wellness tourism, for example, Northern Europeans going to Southern Europe for warmer, drier climates, and more sunshine, or city dwellers going to the mountains or the sea to recharge and relax. Those with tuberculosis or blood problems traditionally convalesced in the mountains, and those with bronchitis or rheumatism went to the seaside. Regular exercise and fitness programmes were also known to assist better respiration. Beckerson and Walton (2005) describe how from the mid-18th century onwards, resort visiting in Britain (and later in Belgium) was based mainly on the healthy qualities of the seaside air, and by the late 19th century, it was even more important than sea bathing. It was much later in the 20th century when sunshine started to become even more popular. Publicists promoted 'ozone' as being fresh, revitalizing, and invigorating. Mountain and countryside air was also thought to have numerous health benefits, especially for workers from industrial cities. Increasingly in European spas, breathing work is being done as part of yoga or meditation, but this is usually derived from Asian traditions. Oxygen therapy is also sometimes used to improve skin damage. Ozone treatment in medical spas was traditionally used with oxygen and injected into the body to inactivate bacteria, oxidize certain poisons, increase blood circulation and strengthen the immune system, but its usage is a bit more controversial these days.

Finally, earth elements in Europe mainly consisted of muds, which were derived from a number of sources (e.g. moors, bogs, volcanoes, seabeds), herbs or plant extracts used in medicines, flower essences use in remedies (e.g. Bach Flower Remedies), essential oils most commonly used in aromatherapy or caves used in climatotherapy. The use of medical mud originated in France as a way of treating war wounds in World War II, and was then used in massage by the mid-1950s. Farmers in Europe sometimes fell