

This is the author-created version of the following work:

Panchal, Jenny (2014) *Tourism, wellness and feeling good: reviewing and studying Asian spa experiences*. In: Pearce, Philip, and Filep, Sebastian, (eds.) *Tourist Experience and Fulfilment: insights from positive psychology*. Routledge, Abingdon, Oxon, UK. pp. 72-87.

Access to this file is available from:

<https://researchonline.jcu.edu.au/30603/>

Please refer to the original source for the final version of this work:

<http://www.routledge.com/books/details/9780415809863/>

5 Tourism, wellness and feeling good: Reviewing and studying Asian spa experiences

By Jenny Panchal

The 'positive-tourism' connection

Recent developments in assessing human well-being in general provide some new pathways for understanding the Asian spa experience. Much of this work is implicitly covered by the label positive psychology, which is recognised as a new field of study that focuses on human thriving. Following Seligman and Csikszentmihalyi (2000), Pearce (2007) defines positive psychology as a 'scientific study of positive emotions, character strengths and positive institutions concerned with human happiness and well-being' (p. 3). This definition suggests that positive psychology is not just about the individual, but also about communities, institutions, organisations and industries. It is therefore surprising that the relationship between tourism and human thriving remains under-researched (Smith and Kelly, 2006; Gilbert and Abdullah, 2002, 2003; Hunter-Jones and Blackburn, 2007). The concept of wellness is an indispensable concept in the study of both tourism and positive psychology. Wellness is one of the facets of positive psychology that has received attention recently. Although the wellness-tourism interface has a long heritage (e.g. ancient pilgrimages, travels for health and wellness during the ancient Roman and Greek times), recent studies and the arguable pioneering literature on wellness tourism (for example the wellness issue of *Tourism Recreation Research*, 2006) tend to approach the topic as an exposition of an ostensibly brand new form of tourism. This chapter seeks to review and study spa tourism and interpret the scheme for spa-goers through the lens of positive psychology.

The wellness context and the Asian spa industry

There is a consensus among thinkers in many disciplines and specialisms that a wellness industry exists (Smith and Puczko, 2009; Furrer, 2010; GSS Report, 2008, 2010; Pilzer, 2007). In contemporary society, 'wellness' can be viewed as a trite term that is widely used by the general public. While it is commonly used, wellness is also a slippery term that does not have a universal definition; it is a multifaceted concept and clarifying its meaning is a challenge. The complexities Tourism, wellness and feeling good of the term and the concept of wellness reflect its history. Miller (2005), who has provided a comprehensive review of the evolution and development of wellness admits 'the problem for the scholar that this malleability of the term wellness presents is that it is extremely difficult to define precisely what is meant by it, and therefore to adequately trace its origins' (p. 98). The term wellness has been used in different contexts and because definitions vary from one context to another, a single universal definition is problematic. In the literature, however, the definitions of and discussions about wellness in disciplines such as medicine, psychology and economics (e.g. financial wellness) do have key commonalities. The dominant characteristics of wellness that are evident in the literature are:

1. multidimensional and holistic (Dunn, 1959; Finnicum and Zeiger, 1996; Myers et al., 2000; Murray and Miller, 2000, cited in Fain and Lewis, 2002; Puczko and Bachvaroz, 2006; Smith and Kelly, 2006; Adams, 2003, cited in Smith and Kelly, 2006)
2. involves health, well-being and satisfaction (Finnicum and Zeiger, 1996; Myers et al., 2000; Cowen, 1991, cited in Carruthers and Hood, 2004; Carruthers and Hood, 2004; Adams, 2003, cited in Smith and Kelly, 2006)
3. simultaneously a state of being and a process (Dunn, 1959; Finnicum and Zeiger, 1996; Travis, 1984, cited in Mueller and Kaufmann, 2001; Fain and Lewis, 2002)
4. it is about choice and self-responsibility (Mueller and Kaufmann, 2001; Cowen, 1991, cited in Carruthers and Hood, 2004; Finnicum and Zeiger, 1996)
5. it is relative and subjective (Travis, 1984, cited in Mueller and Kaufmann, 2001; Mueller and Kaufmann, 2001)

The use of the term wellness has become more widespread despite the consumers' vague understanding of the word and the lack of a clearly delineated wellness industry in the fields of economics and business (GSS Report, 2010). Such an industry does, however, exist and is burgeoning (Smith and Puczko, 2009). The Stanford Research International (SRI) which was commissioned by the Global Spa Summit Committee to analyse the global wellness market, conservatively estimates that the current wellness industry represents a global market of nearly US\$2 trillion (GSS Report, 2010). The SRI also reports that the rapid growth of the wellness industry is attributed to three key trends: (1) an increasingly older, segment of unhealthy people; (2) failing medical systems; and (3) globalisation and connection.

Indeed, health and wellness are popular tourism products. The health-wellness-tourism interface represents a long standing relationship that dates back to ancient times. Owing to the Greek and Roman discovery of the healing qualities of water, people started travelling to mineral springs and seaside resorts to recuperate, relax and/or escape from the imperial metropolis (Iovine, 2005). In modern tourism, travelling for health and wellness persists as an activity as noted in the previous section of this chapter.

Thinkers in the specialism of tourism (e.g. Mueller and Kaufmann, 2001; Puczko and Bachvarov, 2006) had already argued, even prior to the GSS 2010 report, that although a wellness holiday may be located in an institution that provides a cure, it is important to draw the line between medical and wellness tourists. More specifically, Mueller and Kaufmann (2001) differentiate the two types of tourists, especially those who go to hotel/resort-based wellness facilities. They say that wellness in these facilities should not be misclassified and should be clearly segmented as either normal cure guests (i.e. those for treatment or curing their illness/es) or health guests (i.e. those for illness prevention or current health maintenance). The demarcation between medical and wellness tourists has been made clear in the wellness industry cluster model where medical tourism (reactive) and wellness tourism (proactive) are located on the opposite sides of the continuum (Pilzer, 2007; Travis and Ryan, 2004; GSS Report, 2010).

The literature on health and wellness tourism provides two established categories: medical and spa tourism. Connell (2006) describes medical tourism as purposefully linked to direct medical intervention, and that its outcomes are expected to be extensive and long-term. Horowitz and Rosenweig (2007) also suggest that medical tourists must undergo medical check-ups and may undergo health surgeries. More obtrusive aesthetic/cosmetic procedures include but are not limited to cosmetic surgery, cosmetic dentistry/extensive dental construction and body contouring. In more extreme cases, treatment of infertility and sex change operations are also performed. Although medical tourism in this context is acknowledged as being within the rubrics of wellness tourism, it is not the concentration of the present set of studies.

The health and relaxation component that spas offer to supplement the traditional holiday makes health and wellness tourism an area of rising popularity (Didascalou et al., 2007). Although this is a more recent observation, historical accounts on the origins of spa assert otherwise. While medical tourism is a more contemporary form of tourism, the earliest forms of spa tourism were also directly aimed at increased health and well-being (Connell, 2006). Although it was not termed spa tourism as such, the practice of visiting spas for healing was common by the seventeenth to the nineteenth centuries in many parts of Europe (Douglas, 2001; Kaspar, 1990; Laing and Weiler, 2008; Iovine, 2005; Henry, 2005). Spa tourism is a subtler subset of health and wellness tourism in terms of treatments and therapies.

The twenty-first-century spas, according to the International Spa Association (ISPA, 2008), are places devoted to the enhancement of one's overall being through professional services that

promote mind, body and spirit renewal. The phenomenon is now diverse as almost any service provider with health-oriented services 'can and does call itself a spa' (Puczko and Bachvarov, 2006). Smith and Kelly (2006) describe spa tourism as:

tourism which focuses on the relaxation or healing of the body using water-based treatments, such as pools, steam rooms and saunas. Emphasis tends to be focused on relaxation and health and beauty treatments rather than the spiritual aspect of certain exercises such as yoga. Surroundings are usually sumptuous with pricing schemes to match.

Similarly, Hall (2003) defines spa tourism as:

a component of health tourism that relates to the provision of specific health facilities and destinations which traditionally include the provision of mineral waters which may also be used to refer to tourist resorts that integrate health facilities with accommodation.

Both definitions suggest that water is a significant element in spa tourism, especially in Europe - the home of spa.

While these definitions may be used in the European context, they cannot be used as a universal definition of spa tourism in Asian spas. The inclusion of the term 'water' in these definitions makes it appear that water is the main element used in spa treatments and therapies. Water and its natural sources such as mineral hot springs, are also recognised to have therapeutic effects in Asia (e.g. Japan and Korea). Nonetheless, many other Asian spa practices are not just reliant on water. The use of nature-derived minerals and essential oils is a widespread Eastern practice (e.g. massages). Indeed, nature is an integral part of the Asian spa. The Asian spa phenomenon is more than just a massage or a scrub. Importantly, the daily rituals and ceremonies are all part of Asians' way of life which are designed to restore the body and soul (Chapman, 2006). Chapman (2006) argues that the prime focus of most Asian spas is to return the body to a balanced state through ancient botanical recipes and time-honoured rituals. Apart from minerals and oils, herbs, spices, certain root crops (e.g. ginger) and parts of plants and trees are believed to have healing and/or soothing benefits, hence used in traditional spa treatments.

Revered as the 'home to the world's richest and most diverse spa culture' (Spa Wellness Council, 2008), the Asia Pacific is the world's third largest spa market in terms of revenues (more than 24 per cent of the global spa revenues) and second largest market in terms of the number of spas. It employs more than 360,000 people. The 2007 Global Spa Economy contains the most complete and most recent data on Asia-Pacific's spa industry profile. Even without the Pacific region (i.e. Australia, New Zealand and the small island states), the Asian spa industry is clearly a large scale phenomenon with an estimated combined revenue of about US\$8,642 million in Japan, China and South Korea alone. Additionally, India and Thailand have a combined contribution estimated to US\$778 million (GSS Report, 2008).

It can be observed that much of Asia's age-old traditions which have been a way of life for many generations are now being shared with the rest of the world through their practice not only in Asian spas but also in Western societies' spas (Spa Wellness Council, 2008). The Thai massage and the Japanese shiatsu massage, for example, are traditional healing methods that have gained popularity not only in Asia. Similarly, relaxation practices of Eastern origins such as yoga and meditation have also become well-liked worldwide (Mind, Body and Soul, 2009). Each country in Asia has its own spa heritage to offer (Spa Wellness Council, 2008; Chapman, 2006). Even if this was not the case, it can

be said that Asian countries share their wealth of traditions and ancient practices with each other, if not the world. Cupping (suction through the skin), for example, is not just a Chinese tradition but it is also practiced in Arab countries (Mind, Body and Soul, 2009). Apart from treatments, the use of indigenous ingredients and materials is now being used in modern-day spas. In the Indian sub-continent, Ayurveda is the oldest and still widely practised health and wellness system. India remains the leading destination for this type of healing (Kerala Ayurveda Tourism, 2009; Spitzer, 2009). Ayurvedic tourism is also marketed as part of the global growth in health tourism fuelled by widespread trends including ageing populations, high rates of stress and increased interest in health - most specifically amongst affluent individuals (Messerli and Oyama, 2004). The literature on Ayurvedic tourism describes the practice as a gentle system of holistic healing that is rooted in old traditions while evincing a modern and professionalised stance supported by scientific research (Spitzer, 2009). Sahoo (2006, cited in Spitzer, 2009) suggests that this type of tourism in India 'attracts Westerners exploring the ancient art and science of the exotic other as well as citizens of Southeast Asia, West Asia, and members of the global South Asian diaspora of 20 million persons who reside in 70 countries' (p. 139). Apart from international tourists, domestic tourists visit popular Ayurvedic destinations such as the state of Kerala in South India. The treatments in Ayurveda are akin to those of spas (e.g. massage, facials), which promote relaxation and harmony of mind, body and spirit (Kerala Ayurveda Tourism, 2009). According to ISP A (2008), the Ayurvedic resorts can be classified as destination spas, while day-use Ayurveda centres are categorised as 'other spas'.

In other parts of Asia, traditional/indigenous healing methods are also used in spas. In the Philippines, for instance, 'hilot' is an ancient massage technique that is now in spa menus in the country. A lave (2008) notes that its benefits are comparable to the Chinese acupuncture, aromatherapy and even Western medicine. Apart from 'hilot', some spas in the Philippines also include 'dagdagay' (an indigenous tribal foot massage using bamboo sticks) and the use of the sevenherb concoction (known as 'pito-pito') in bath treatments (Sanctuario Spa, 2009). Also in many parts of Asia, traditional Chinese treatments are common; acupuncture and body smoking are being offered in spas (The Spa Village, 2008) and are also used in Western societies (Mind, Body and Soul, 2009). The products used in Asian spa treatments and therapies may also be indigenous. In spas in the Cordillera region in the Philippines, for instance, local produce such as rice, coffee and strawberries are used as scrubs (North Haven Spa, 2007). In traditional Malay treatments, turmeric, piper betel and pandanus leaves are widely used (The Spa Village, 2008).

The experiences that are being offered in Asian spas are a fusion of indigenous or traditional practices based on ancient Eastern philosophies and sold in modern-day settings. Although unique in this context, Asian spa experiences are less studied, especially those of tourists. In this chapter, flow and the perceived benefits of spa experiences are measured in tourists' spa experiences.

Positive-tourism linkage 1: flow and the tourist experience

Flow, as an optimal psychological state, denotes special times when things seem to come together for the individual in a particular setting; it is often associated with high levels of performance and a very positive experience (Jackson and Eklund, 2004). The concept of flow was introduced by Csikszentmihalyi (1975) who defines it as 'an optimal experience that stems from people's perceptions of challenges and skills in given situations' (Ellis et al., 1994, p. 337). Flow occurs when the individual is completely engrossed in a challenging activity that does not necessarily provoke too much stress. The experience per se is highly rewarding, hence flow is a satisfying state (Filep, 2008). The flow construct is applicable to tourist experiences (Filep, 2008). Beardsley's (1982) concept of aesthetic experience states that a person's object focus, felt freedom (time transformation) and detached affect (the loss of selfconsciousness) are used to characterise flow, enabling tourist experience to be appraised the way flow is measured. Likewise, active discovery (challenge-skills

balance and sense of control) and wholeness (the clear goals and unambiguous feedback) typify flow (Filep, 2008). The phenomenology of tourists' experience posits that tourist experience range from the search for mere pleasures to the quest for a spiritual self (Cohen, 1996). The five modes of tourist experience, although described individually, are suggested to be in a virtual continuum from a recreational (hedonic) to an existential mode (eudaimonic). The studies of wellness tourism implicitly or explicitly discuss these modes of tourist experience; many of them focus on the existential mode (Pernecky and Johnston, 2006; Smith and Kelly, 2006; Steiner and Reisinger, 2006; Devereux and Carnegie, 2006; Lehto et al., 2006).

Cohen (1996) suggests that the recreational mode is characterised by enjoyment because the activity provides tourists with a general sense of well-being as well as a sense of idle pleasure. This mode is also depicted by tourists that thrive on pseudo-events but are distantly related to and derived from the religious voyage. In the diversionary mode, tourists also thrive on pseudo-events, but the experience is not seen as meaningful. The experiential and experimental modes, however, involve the search for authenticity and for an alternative spiritual centre, respectively. In the latter mode, the tourist is unsure of their real desires and needs, thus the quest may potentially become a way of life. Finally, the existential mode is where the tourist could be: (a) realistic idealist (one who accepts the social and cultural shortcomings even in the most ideal place); (b) starry-eyed idealist (one who sees perfection in anything but denies the realities of life); or (c) critical idealist (one who is attached to the ideal, but rejects the reality found at it).

It is possible to link Cohen's modes of experiences with the flow concept and the present interest in spa and wellness tourism. It can be suggested that flow may be optimised when tourists are predominantly in the recreational and diversionary modes, that is, when pleasure characteristics of the experiences predominate. These concepts of flow and experience modes help inform the present study linking spa-going and positive psychology.

Measuring flow in tourist experiences

Literature on positive psychology uniformly suggests that the flow concept is an optimal physical state which is connected with high achievement and positive experiences. For this study, the Event Experience Scale (also known as the Flow State Scale or FSS-2) was used. The FSS-2 was designed to assess flow in physical activity settings. Jackson and Eklund (2004) emphasise that the term physical activity is used as an inclusive term. That is, the model is appropriate to use in a variety of physical activity settings. Such setting, they argue, was kept in mind when devising the items and instructions for answering the questionnaire. A qualitative database of athletes' descriptions of being in flow was used when developing the original items for the scales (Jackson and Eklund, 2004). Research has been conducted with the FSS-2 in sports and exercise. Its developers, however, noted a considerable interest in understanding flow across various settings (e.g. business, gifted education, music and yoga) and in relation to a range of psychological constructs (e.g. personality type, intrinsic motivation, self-esteem and anxiety). Parallels can be drawn from such interest with Csikszentmihalyi's (1975) works on flow, which included data from different settings such as music, dance, sports and surgery. This suggests that the use of flow scales for assessing experience across various settings needs further empirical studies.

The rationale behind the employment of the FSS-2 in this study lies in the ways in which it can be used in assessing flow. One of the uses of the scale is as an immediate post-event assessment flow. The other is to measure a person's particular peak experience. The questionnaire is a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The participants were asked to indicate their extent of agreement with each flow item in relation to other completed spa experiences. One of the requirements in administering this questionnaire was to conduct it as close

as possible to the completion of the activity being assessed to promote clear recall. More specifically, its developers recommended that responses be collected within one hour of completion of the activity. By doing so, there is an increased likelihood of obtaining a more accurate assessment of the state of flow while minimising intrusion on the participants.

The FSS-2 was used in this study in its original form for two main reasons. The first reason lies in the evident linkages between spa experiences and flow experiences. The use of this scale is therefore aimed at measuring and understanding the applicability of the flow model in spa experiences, and to identify the extent of flow that tourists experience in relation to their spa experiences. The second reason the FSS-2 was used lies in fulfilling one of the many directions of the interdisciplinary means of understanding optimal experiences, as implicitly predicted by the developers of the flow scales. Because the scales were originally designed for activities in a physical setting, measuring flow in passive activity setting wherein the experience receiver (i.e. the tourist) rather than the provider (i.e. the spa therapist) of the spa treatment is examined was deemed to provide a different perspective. This also gives the opportunity to compare FSS-2-related data (from an active physical setting) with the current study conducted in a passive (non-active) physical setting.

The respondent profile

The use of the concept of flow in tourist-related experience such as spa-going activity bridges some gaps in the literature in terms of the meshing of tourism and positive psychology as interrelated fields of study. The findings presented in this chapter were extracted from an onsite survey of tourist spa goers between December 2008 and May 2009 in India, Thailand and the Philippines. The survey was designed to collect information on the tourists' travel and spa-going motivations as well as previous travel and spa experience. Demographic information was also collected to profile spa-going tourists in Southeast Asia, most specifically in the three countries mentioned. At the outset of the survey, however, the respondents were asked about their thoughts and feelings regarding the spa treatment that they just received; this section of the survey essentially measures flow in tourists' spa experiences.

A total of 336 questionnaires were collected, with 319 (92.6 per cent) classified as usable. The sample consisted of a slightly greater number of females (59.4 per cent) than males (40.6 per cent). Respondents in their twenties and thirties constituted about 66 per cent of the sample, with those in the age range of 21-30 making up nearly 43 per cent. In terms of occupation, about a quarter of the sample consisted of individuals who were in professional or technical employment. More than half of the sample comprised international tourists (54.9 per cent) to India, Thailand or the Philippines.

Flow dimensions from spa experiences

The FSS-2 was based on Csikszentmihalyi's (1990) nine elements of enjoyment, which Jackson (1996) refers to as the dimensions of flow. These elements and the mean scores \bar{x} on a 5-point scale (1=strongly disagree to 5 = strongly agree) for the spa-going sample in this study are as follows:

1. *Challenge-skill balance* (there is a match between perceived skills and challenges, $\bar{x} = 3.38$)
2. *Action-awareness merging* (deep involvement leads to automaticity and spontaneity; there is no awareness of self as separate from the actions one is performing, $\bar{x} = 3.42$)
3. *Clear goals* (there is a strong sense of what one is going to do, $\bar{x} = 3.64$)
4. *Unambiguous feedback* (clear and immediate feedback that the person is doing his/her activity well and is succeeding in his/her goal, $\bar{x} = 3.34$)
5. *Concentration on task* (total concentration on the task at hand, $\bar{x} = 3.30$)
6. *Sense of control* (sense of exercising control without actively trying to be in control, $\bar{x} = 3.36$)
7. *Loss of self-consciousness* (concern for the self disappears and the person becomes one with the activity, $\bar{x} = 3.53$)

8. *Time transformation* (time disorientation or a loss of time awareness, $\bar{x}=3.51$)
9. *Autotelic experience* (an intrinsically rewarding experience involving a sense of deep enjoyment, $\bar{x}=4.08$)

The mean score for the overall flow state was 3.45. A slight variation across the scores for each of the nine flow dimensions was observed, which reveals the relative importance of the various dimensions to the spa experience. Overall, the moderate mean scores obtained in each dimension suggests some degree of endorsement for the spa activity as flow experience. Some ambiguity regarding the relevance of some of the items to the person's spa experience do exist, but it is maintained that the scores yielded in this study indicate that tourist spa-goers are somewhat linked to the experience of flow.

The results of this study were compared with the results from previous research by Jackson and Eklund (2004) where participants were involved in an active physical setting such as individual sporting activity, dance, yoga, exercise (focus on health/fitness) and team sport. It was discovered that the spa activity was the lowest on the overall flow score (see Table 5. 1). Among the host of activities, yoga practitioners have the greatest propensity to experience flow. Yoga can be seen as reinforcing one's ability to concentrate, to control memory and to limit awareness to specific goals (Csikszentmihalyi and Csikszentmihalyi, 1988). The evidently low mean scores in terms of action-awareness merging can be linked to the nature of the activity per se. The passive feature of the spa experience, such as receiving a massage, for example, does not require much action or voluntary active movement compared to other activities. This lack of action causes an imbalance in the dimension. This result was therefore anticipated even at the outset of the study.

Similarly, the low mean score in the loss of self-consciousness dimension can also be related to the common practices in spas as well as to the respondents' culture. In most spa treatments, especially those that involve most parts of the body such as massages, wraps and scrubs, the customer is required to remove most, if not all pieces of clothing, and must only be covered by a towel or a similar sheet for proper treatment. While some tourists are already accustomed to such situations, there are many who find this practice uncomfortable and often embarrassing. In this case, one's culture may have contributed to this result. It should be noted that most of the respondents live in Southeast Asian societies, which are understood to be more culturally conservative than their Western counterparts.

Table 5.1 The flow experience – spa activity vs other physical activities

<i>Dimension</i>	<i>Activity</i>						
	<i>Spa experience</i>	<i>Individual activity*</i>	<i>Dance</i>	<i>Yoga</i>	<i>Exercise activity**</i>	<i>Sport activity#</i>	<i>Team sport activity</i>
	<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>
<i>Flow</i>	3.45	3.78	3.58	3.81	3.78	3.78	3.72
Challenge-skill balance	3.38	3.67	3.53	3.58	3.64	3.71	3.75
Action-awareness merging	3.42	3.57	3.12	3.28	3.35	3.66	3.67
Clear goals	3.64	4.08	3.88	3.97	3.94	4.09	3.98
Unambiguous feedback	3.34	3.87	3.79	3.85	3.90	3.88	3.91
Concentration	3.30	3.70	3.84	3.54	3.62	3.73	3.75
Control	3.36	3.74	3.55	3.72	3.81	3.72	3.66
Loss of self-consciousness	3.53	4.02	3.15	4.17	4.08	3.92	3.59
Time transformation	3.51	3.38	3.52	3.88	3.56	3.36	3.46
Autotelic experience	4.08	4.02	3.85	4.27	4.11	3.95	3.73

Notes

* Some individual activities are sporting in nature, but many individual activities also include exercise, and creative and performing arts (including dance and music) activities.

** Activities labelled as exercise; non-competitive physical activities.

Involved in a diverse number of activities typically regarded as sport activities.

M Mean scores.

Positive-tourism linkage 2: perceived benefits of spa experiences

Additional results presented in this chapter are from a larger survey that collected tourists' travel and spa-going motivations in their most recent travel to Southeast Asia and post-spa experiences. The online survey was conducted between September 2010 and February 2011. The sample profile was again dominated by females (69.4 per cent) and by individuals in their twenties and thirties (78 per cent). About 54 per cent of the respondents had actually made plans to visit spas prior to travel.

Liminality, thresholds and the benefits of spa experiences

Liminality and thresholds are conceptual schemes in tourist behaviour to which spa experiences can be linked. The liminality construct has been frequently adopted to understand the role and behaviour of a tourist (Pearce, 2005; Grabum, 1989; Ryan, 1997). It is understood that liminality, which is entrenched in earlier works on thresholds and transition zones, helps define the nature of tourist encounters which are challenging and novel (Pearce, 2005). According to scholars, the three zones or phases in relation to liminality are: (1) the normal state, which refers to one's regular life and experiences at home; (2) the liminoid state (a threshold phase), which refers to the state of transition and often abnormal; and (3) the post-liminoid state, which signifies the reversion back to normal life.

Clawson and Knetsch's (1966) idea of the different phases of travel behaviour is also linked to this notion of liminality. They suggested that a pre-purchase/ planning phase, travel to the destination, onsite experiences, travel back to origin and reflection make up the cycle of tourist behaviour. The constant transition of states between these phases helps define the varieties of the travellers' experiences. In this study, the degree to which tourists benefit from spa experiences were explored and were found to be closely linked to the changing phases of tourist behaviour. Spa-going, like many other destination-based tourist activities, is a voluntary pursuit. It is therefore a valid assumption to say that tourists deemed a spa experience to be beneficial to an extent but the point at which this assessment can be made is important. The data provided an opportunity to link benefits to the tourists' experiences during any particular trip.

A 7-point Likert scale was used to measure the positive impacts of the spa activity on the respondents' trip. The set of 12 statements indicating potential positive contributions of the spa activity was based on Pearce and Lee's (2005) travel career pattern (TCP) model, which involves 14 motive factors such as novelty, escape/relax, relationships, autonomy, nature, personal development, self-actualisation, isolation, stimulation, recognition, nostalgia and romance. In addition, the statements were based on the different dimensions of wellness (physical, emotional, intellectual, social, spiritual and occupational). The respondents reported that the three most beneficial factors of spa-going while travelling involved:

- Escape/relaxation
 - a relaxing way to unwind and get away from the usual stress and demands of travelling ($x = 6.16$); and
- Novelty
 - the chance to be pampered, which they did not often get at home ($X = 6.11$); and,
 - an opportunity to try a new and different experience while travelling ($X = 5.94$).

Similarly, the respondents were asked to indicate their agreement about post-spa benefits which involved a set of 12 items which were positive statements of potential benefits of a spa experience. Following the previous approach, the statements were based on the TCP model and the multidimensionality of wellness. Overall, the respondents reported a high degree of relaxed feeling ($X = 6.16$) and the ability to sleep better ($x = 5.86$). They also reported a sense of youthfulness and energy ($x = 5.69$), and of peacefulness and calmness ($X = 5.63$).

These findings suggest that the benefits that tourists obtain from spa experiences are closely linked to the physical and psychological (emotional, intellectual) dimensions. Although travel can be relaxing for many, it also involves a degree of physical and mental stress for an individual. The liminoid zone, which usually encompasses the travel to and from the destination and the on-site experiences of a tourist, can be truly challenging. The physical dimensions of tourist behaviour and experience can be demanding. Driving, flying, waiting at airports, hyper and hypothermia, jet lag and changing climates are just some examples of the physical challenges to a traveller. Often connected to these physical constraints are mental barriers that a traveller may face, such as lack of information, getting lost and other constraints.

It can therefore be argued that while the changing phases of tourist behaviour can be truly stimulating, exciting, puzzling and perplexing at the same time, spa experiences can be very beneficial to a traveller. The benefits, although short-lived, contribute to the physical and psychological well-being of a traveller. The quick relief from physical and psychological stress is becoming more of a need. This is underpinned by Goldstein and Coyle Hospitality Group (2010) in their report of why consumers visit spas; they found that relaxation/stress management (89 per cent) was the key motivating factor for individuals who visit spas. The current study supported this finding.

On a more long-term basis, however, there were reports of an improved social dimension for individuals. These reported benefits are characterised by a strengthened relationship between the tourist and their partner/family/friends, which lasted up to a month after the spa experience. Although it is difficult to identify the other factors that may have contributed to an improved relationship as reported by the participants, it is maintained that the question was asked in a very specific fashion and was stated as 'if you think your spa experience during the trip contributed to your well-being, approximately how long did the benefits last?' Apart from a temporal scale that ranged from days to a year, the choices included 'no benefit' and 'can't remember' options. A total of 58 respondents (42.3 per cent of the total sample) completed this section of the questionnaire and provided responses within the specific temporal scale (i.e. did not have 'no benefit' and 'can't remember' responses).

The data showed that most of the respondents felt the benefits for each of the dimensions for about one month after the spa experience, with the total accounting for 32.6 per cent for the well-being dimensions. The longest-lasting effects of the spa experience were felt by most respondents on the social dimension (6-12 months = 31.7 per cent). The results of Pearson's chi-square showed a significant relationship between the dimensions of well-being and the duration by which the benefits of the spa experience were felt by the spa-going tourists ($\chi^2(20)=61.90, p<.05$). This result indicates that spa experiences can indeed contribute to one's overall well-being for a certain period. For this data, the Cramer's statistic is .113, which represents a small association between the dimensions and the duration of benefits as perceived by the respondents. This value, however, is significant ($p<.05$), which also indicates that the strength of the association is significant, confirming the chi-square results.

This finding is seen as an embodiment of the reflection phase of the tourist behaviour. In the context of responding to the questionnaire, the participants were compelled to recall their experience with their companions during that trip. Indeed, the memory that they had from the spa experience, whether it was because of the treatment or the company that they had, was arguably a positive experience to them, which was worth remembering.

Conclusions and implications

This chapter suggests that spa-going is an experiential journey because spa-goers are enticed by new textures, aromas and sounds that are inherent in many spa treatments and products, particularly while travelling in Asia. Spa-goers also often expect that elements of their spa experience can extend to their everyday lives. In this study of tourist spa-goers' flow experiences and the benefits that they have gained from such experiences, implications can be drawn in terms of the meshing of tourism and positive psychology.

The notion of the positive-tourism relationship provides an opportunity to further develop theoretical linkages between the specialisms. The integration of the flow concept, and specifically testing the FSS-2 in a passive tourist activity, underpins the notion that tourism businesses, which make up one of the most global and people-oriented industries, are implicitly striving to be profitable by offering positive experiences.

Tourist well-being is core to the tourism-positive psychology relationship. The practical applications that this chapter offers lie in the cultivation of various ways of enhancing tourist well-being. As participants reported a high degree of positive response about their spa experiences while travelling, it can be inferred that a spa experience per se can be a rewarding activity. This perceived benefit of spa experiences suggests that even though moderate to limited flow experiences have been reported in the study, the spa-going activity can be a source of experiences that are beneficial to tourists' wellness. As the findings suggest, spa experiences are beneficial to different well-being dimensions. Overall, the results can be utilised not only to understand how tourists perceive spa experiences, but also to support tourist well-being through spa experiences.

References

- Alave, K.L. (2008) 'Taking "hilot" or touch therapy into the 21st century', *Philippine Daily Inquirer*.
- Beardsley, M.C. (1982) 'Some persistent issues in aesthetics', in Wreen, M.J. and Callen, D.M. (eds), *The Aesthetic Point of View*. Ithaca, NY: Cornell University Press, pp. 285-287.
- Carruthers, C.P. and Hood, C.D. (2004) 'The power of the positive: leisure and wellbeing', *Therapeutic Recreation Journal*, 38: 225-245.
- Chapman, J. (2006) *Ultimate Spa: Asia's Best Spas and Spa Treatments*. Singapore: Periplus Editions.
- Clawson, M. and Knetsch, J.L. (1966) *Economics of Outdoor Recreation*. Baltimore: John Hopkins Press.
- Cohen, E. (1996) 'A phenomenology of tourist experiences', in Apostolopoulos, Y., Leivadi, S. and Yiannakis, A. (eds), *The Sociology of Tourism*. Oxford: Routledge, pp. 51-74.
- Connell, J. (2006) 'Medical tourism: sea, sun, sand and ... surgery', *Tourism Management*, 27: 1093-1100.
- Csikszentmihalyi, M. (1975) *Beyond Boredom and Anxiety*. San Francisco: Jossey Bass.
- Csikszentmihalyi, M. (1990) *Flow: The Psychology of Optimal Experience*. New York: Harper and Row.
- Csikszentmihalyi, M. and Csikszentmihalyi, I. (1988) *Optimal Experience: Psychological Studies of Flow in Consciousness*. Cambridge: Cambridge University Press.
- Devereux, C. and Carnegie, E. (2006) 'Pilgrimage: journeying beyond self', *Tourism Recreation Research*, 31: 47-56.
- Didascalou, E.A., Nastos, P.T. and Matzarakis, A. (2007) 'Spa destination development using a decision support system: the role of climate and bioclimate information', *Developments in Tourism Climatology*, 2007: 158-165.
- Douglas, N. (2001) 'Travelling for health: spa and health resorts', in Douglas, N., Douglas, N. and Derrett, R. (eds), *Special Interest Tourism*. Milton, Queensland: John Wiley and Sons, Australia, pp. 260-282.

- Dunn, H.L. (1959) 'High-level wellness for man and society', *American Journal of Public Health*, 49: 786-792.
- Ellis, G.D., Voelkl, J.E. and Morris, C. (1994) 'Measurement and analysis issues with explanation of variance in daily experience using the flow model', *Journal of Leisure Research*, 26: 336-356.
- Fain, N.C. and Lewis, N.M. (2002) 'Wellness: the holistic approach', *Journal of Family and Consumer Sciences*, 94: 6-8.
- Filep, S. (2008) 'Applying the dimensions of flow to explore visitor engagement and satisfaction', *Visitor Studies*, 11: 90-108.
- Finnicum, P. and Zeiger, J.B. (1996) 'Tourism and wellness: a natural alliance in a natural state', *Parks and Recreation*, 31 (9): 84.
- Furrer, W. (2010) 'Top 20 spa trends in 20 years', *Pulse Magazine*. Lexington, KY: International Spa Association.
- Gilbert, D. and Abdullah, J. (2002) 'A study of the impact of the expectation of a holiday on an individual's sense of well-being', *Journal of Vacation Marketing*, 8:352-361.
- Gilbert, D. and Abdullah, J. (2003) 'Holidaytaking and the sense of well-being', *Annals of Tourism Research*, 31: 103-121.
- Global Spa Summit (GSS) (2008) *The Global Spa Economy 2007*. Stanford Research Institute (SRI) International.
- Global Spa Summit (GSS) (2010) *Spas and the Global Wellness Market: Synergies and Opportunities*. Istanbul, Turkey: Stanford Research International.
- Goldstein, S.P. and Coyle Hospitality Group (2010) *New Priorities of Today's Spa Consumers*. Coyle Hospitality Group.
- Graburn, N.H. (1989) 'Tourism: the sacred journey', in Smith, V. (ed.), *Hosts and Guests: The Anthropology of Tourism* (2nd edition). Philadelphia: University of Pennsylvania Press, pp. 21-36.
- Hall, M. (2003) 'Health and Spa Tourism', in Hudson, S. (ed.), *Sport and Adventure Tourism*. New York: Haworth Hospitality Press, pp. 273-292.
- Henry, R.D. (2005) 'Spa state of mind', in Henry, R.D. and Taylor, J.D. (eds), *Spa: The Sensuous Experience*. Mulgrave, Victoria: Images Publishing Group, pp. 6-8.
- Horowitz, M.D. and Rosensweig, J.A. (2007) 'Medical tourism: health care in the global economy', *The Physician Executive*, <http://proquest.umi.com/pqdweb?index=2&did=1453290851&srchmode=2&sid=2&fmt=6&vinst=prod&vtype=pqd&rqt=309&vname=pqd&ts=1219126087&clientid=20960> [Accessed 20 April 2008].
- Hunter-Jones, P. and Blackburn, A. (2007) 'Understanding the relationship between holiday taking and self-assessed health: an exploratory study of senior tourism', *International Journal of Consumer Studies*, 31 : 509-516.
- International Spa Association (ISPA) (2008) *Types of Spas*, www.experienceispa.com/ispa/visit/spa+101/types+of+spas.htm [Accessed 3 July 2008].
- Iovine, J.V. (2005) 'The history of spa', in Henry, R.D. and Taylor, J.D. (eds), *Spa: The Sensuous Experience*. Mulgrave, Victoria: Images Publishing Group, pp. 8-12.
- Jackson, S.A. (1996) 'Toward a conceptual understanding of the flow experience in elite athletes', *Research Quarterly for Exercise and Sport*, 67 (1): 76-90.
- Jackson, S.A. and Eklund, R.C. (2004) *The Flow Scales Manual*. Morgantown: Fitness Information Technology.
- Kaspar, C. (1990) 'A new lease on life for spa and health tourism', *Annals of Tourism Research*, 17: 298-299.
- Kerala Ayurveda Tourism (2009) *Kerala ayurveda*, www.keralaayurvedatourism.com/ [Accessed 15 January 2010].
- Laing, J. and Weiler, B. (2008) 'Mind, body and spirit: health and wellness tourism in Asia', in Cochrane, J. (ed.), *Asian Tourism: Growth and Change*. Oxford: Elsevier Ltd, pp. 379-389.

- Lehto, X.Y., Brown, S., Chen, Y. and Morrison, A.M. (2006) 'Yoga tourism as a niche within the wellness tourism market', *Tourism Recreation Research*, 31: 25-35.
- Messerli, H. and Oyama, Y. (2004) *Health and Wellness Tourism*, Travel and Tourist Analyst. London: Mintel International Group.
- Miller, J.W. (2005) 'Wellness: the history and development of a concept', *Spektrum freizeit*, 2005: 84-102.
- Mind, Body and Soul (2009) Cupping, www.mindbodysoul.tv/health/cupping.html [Accessed 23 June 2010].
- Mueller, H. and Kaufmann, E.L. (2001) 'Wellness tourism: market analysis of a special health tourism segment and implications for the hotel industry', *Journal of Vacation Marketing*, 7: 5-17.
- Myers, J., Sweeney, T. and Witmer, J. (2000) 'The wheel of wellness counselling for wellness: a holistic model for treatment planning', *Journal of Counselling and Development*, 78: 251-266.
- North Haven Spa (2007) Spa Services, <http://northhaven.multiply.com/> [Accessed 23 June 2010].
- Pearce, P.L. (2005) *Tourist Behaviour: Themes and Conceptual Schemes*. Clevedon: Channel View Publications.
- Pearce, P.L. (2007) 'The relationship between positive psychology and tourist behaviour studies', *International Academy for the Study of Tourism Conference*. Mugla, Turkey.
- Pearce, P.L. and Lee, U.-I. (2005) 'Developing the travel career approach to tourist motivation', *Journal of Travel Research*, 43: 226-237.
- Pemecky, T. and Johnston, C. (2006) 'Voyage through numinous space: applying the specialisation concept to new age tourism', *Tourism Recreation Research*, 31: 37-46.
- Pilzer, P.Z. (2007) *The New Wellness Revolution*. Hoboken: John Wiley and Sons.
- Puczko, L. and Bachvarov, M. (2006) 'Spa, bath, thermae: what's behind the labels?' *Tourism Recreation Research*, 31: 83-91.
- Ryan, C. (1997) *The Tourist Experience: A New Introduction*. New York: Cassell.
- Sanctuario Spa (2009) Sanctuario Spa: Filipino Traditional Healing, <http://sanctuariospa.com/services-and-packages/id/filipino-traditional-healing> [Accessed 23 June 2010].
- Seligman, M.E.P. and Csikszentmihalyi, M. (2000) 'Positive psychology: an introduction', *American Psychologist*, 55: 5-14.
- Smith, M. and Kelly, C. (2006) 'Wellness tourism', *Tourism Recreation Research*, 31: 1-4.
- Smith, M. and Puczko, L. (2009) *Health and Wellness Tourism*. Oxford: ButterworthHeinemann.
- Spa Wellness Council (2008) About APSWC, www.spawellnesscouncil.com/ [Accessed 30 July 2008].
- Spitzer, D. (2009) 'Ayurvedic tourism in Kerala: local identities and global markets', in Winter, T., Teo, P. and Chang, T.C. (eds), *Asia on Tour: Exploring the Rise of Asian Tourism*. London: Routledge, pp. 138-150.
- Steiner, C.J. and Reisinger, Y. (2006) 'Ring the fourfold: a philosophical framework for thinking about wellness tourism', *Tourism Recreation Research*, 31: 5-14.
- The Spa Village (2008) Traditional Spa Experience, www.spavillage.com/pangkorlaut/spa-packages/traditional.htm [Accessed 23 June 2010].
- Travis, J.W. and Ryan, R.S. (2004) *The Wellness Workbook* (3rd edition). Berkeley: Celestial Arts.