

The emerging concept of travel therapy in health science: Will it be applied to tourists visiting sub-frigid climate zones?

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Have you ever thought that taking a tourism-related trip could contribute to your well-being or even improve your health status? Have you considered that tourism research could play a role in health science by showcasing new ways of thinking? Tourism scholars have recently contemplated tourism's place in public/global health^[1] as a means of enriching the well-being of people living with conditions such as dementia. A seminal study using an interdisciplinary approach^[2] integrated expertise in tourism, psychology, marketing, and medical science and proposed tourism as a dementia intervention based on positive psychology. This study established a conceptual model encompassing four tourism experience components (affective, cognitive, conative, and sensorial) and 12 non-pharmacological dementia interventions (environment, mealtimes, Montessori, validation therapy, cognitive stimulation, music therapy, exercise, psychological intervention, reminiscence therapy, sensory stimulation, simulated presence therapy, and transcutaneous electrical nerve stimulation) as a foundation for further empirical investigation^[2]. To our knowledge, no other work in tourism or medicine has thus far explored the relationship between travel and dementia treatment. The research has attracted widespread media coverage^[3-5] and attention from academia and industry (e.g., audiences in health care and tourism). The article, together with associated reports and opinion pieces^[6-7], amassed 724 media mentions globally between June and August 2022, reaching a potential audience of more than 514 million and an estimated advertising space rate of \$4 755 283 based on Meltwater feed statistics.

Despite growing attention to the potential impact of tourism on well-being, specifically for people with conditions such as depression^[8], dementia^[2], and suboptimal health status (SHS)^[9], the concept of travel therapy remains rarely mentioned in the literature. Media reporters and freelance writers, however, have used the term frequently^[5,10-11]. Travel has been found to fulfill diverse purposes,

such as revitalizing relationships^[12]; previous empirical research indicated that satisfaction with vacations enhances couples' relationship commitment^[13]. In a broader sense, we proposed travel therapy as "a therapeutic approach that enhances people's physical and psychological health and well-being through positive travel engagement and experiences".

In this perspective paper, we introduce travel therapy and its research stream to broader communities including medicine and health science. We specifically discuss how to leverage tourism to enhance well-being—not only for travel-eligible individuals living with health concerns, but also for general tourist segments. Travel can potentially benefit all; therefore, based on the marketing segmentation theory, this concept shows promise for people who have various health conditions and lifestyles.

Dementia offers an example of how travel-eligible, yet health-compromised, people may engage in tourism and benefit from travel therapy^[2]. Dementia is characterized by a level of cognitive deterioration distinct from normal ageing^[14]. More than half (60%–80%) of dementia cases involve Alzheimer's disease^[15]. Alzheimer's disease currently has no cure; medicine can only help to manage symptoms of the disease^[16]. The number of individuals aged 60 and above has been projected to rise from 12% to 22% between 2015 and 2050^[17]. Over 55 million people now have dementia; this figure could reach 78 million in 2030 and 139 million in 2050^[17]. As such, it is worth pondering whether dementia research should solely fall under the purview of medicine or if social and medical scientists could cooperate to explore treatment options^[6]. Empirically investigating the impact of travel on these tourist subpopulations involves special considerations around methodological design and implementation, marketing strategies for vulnerable populations, and the application of positive psychology or other

theories to facilitate satisfactory travel experiences. So far, no tourism destination has thoroughly explored the emerging niche market of vulnerable tourist groups. Destinations may nevertheless wish to position their country or attractions as vulnerability-friendly locations. For instance, Australia offers breathtaking tourism sites along with world-class health care, elder care, and amenities that make the country an appealing spot for vulnerable tourists, including those with psychological disorders. This niche market needs to be further developed based on cross-field collaboration among academics, tourism/hospitality industry experts, medical specialists, and health care practitioners.

Additionally, we would like to address SHS, a health and wellbeing concept first identified in China that has since then been introduced in the tourism context. SHS refers to a physical state between health and disease^[18]. The COVID-19 outbreak has compromised global health along with people's mental and physical well-being. Health complaints that cannot be detected through laboratory testing are climbing due to everyday stress^[18]. These concerns, which are often complicated and ambiguous, have been deemed "suboptimal health"^[19-20]. Related problems (e.g., back pain and anxiety) can affect multiple body systems^[18]. In 2009, a 25-item scale was developed and validated to measure SHS (SHSQ-25) (patent no. ZL200120011226.3). The scale covers five dimensions: fatigue, the cardiovascular system, the digestive system, the immune system, and mental status. This instrument has appeared in large-scale, routine health studies of the general population. A recent study presented an avenue for SHS research through the lens of tourism based on a sample of 360 Chinese respondents^[9]. Findings showed that respondents' domestic travel frequency and preferences were significantly associated with three SHS domains: mental status, the immune system, and the cardiovascular system. Domestic travel frequency and tourism expenditure were significantly higher among respondents in optimal health compared with the SHS group. Tourism activities may be an ideal way to help individuals with SHS capitalize on their strengths^[9]. Tourism could thus offer a fresh angle for global health studies^[21]. In terms of special populations living with SHS, many tourism destinations could provide positive experiences that promote physical and psychological health through travel therapy.

Importantly, tourists who are in good health should not be excluded from discussions of travel therapy. The documented link between physiological and psychological health has revised views on disease prevention and health promotion^[22]. Vacationing has been shown to elevate mental and physical well-being^[23], and leisure activities can enhance senior travellers' quality of life^[9]. Well-being involves fulfillment, pleasure, and productivity. Tourists who are in good health could hence benefit from travel therapy to

maintain their health and prevent disease. Destination options for healthy tourists are in fact far more open compared to tourists with health conditions; the former population faces fewer travel-related risks and requirements.

Destination selection is a personal process. Vulnerable travellers will also have different needs, wants, and expectations than typical tourists—and all tourists, regardless of health status, should derive maximum enjoyment from their experiences. More research is needed to assist travel planners, hospitality establishments, tourism attraction managers, and other stakeholders in identifying appropriate accommodations. Tourism destinations should give travel therapy serious deliberation. We hope that industry practitioners will propose products, packages, and special arrangements for tourists living with SHS and for those in good health.

Destinations in sub-frigid climate zones have been largely neglected in the tourism literature apart from one study that examined winter nature-based tours in Shiretoko, Japan^[24]. Sub-frigid climates were found to feature "verdant summers and bitter winters, all at the same location. The winters are cold enough to ensure continuous snow on the ground for a certain period every year"^[24]. This Japanese study outlined three motives for tourism within these sub-frigid climate zones: (1) wildlife observation tours where tourists could view rare eagles; (2) adventure-based drift ice tours; and (3) visitors whose preferences were somewhere between these two extremes. Recreation experiences should not be uniform but instead tailored to tourists' preferences. The medical literature has explored specific topics in sub-frigid climate zones, such as disease prevention and control measures in cold parts of China^[25]; the community management of chronic diseases in cold regions^[26]; and the use of traditional Chinese medicine to treat common health conditions in cold areas^[27]. Such studies provide insight into promoting destinations in sub-frigid climate zones as travel therapy options. These zones host environments distinct from visitors' usual routines and typical tourism experiences. These destinations also afford tourism marketers an opportunity to challenge vulnerable travellers with unique experiences that will evoke cognitive and sensory stimulation, environmental novelty, exercise, and reminiscence therapy. In addition, destinations in sub-frigid climate zones might have less developed infrastructure than popular tourism destinations. Tourists could thus have more intimate experiences and would likely walk and climb to enjoy nature-based tourism in these areas. Tourism in sub-frigid or frigid climate zones may offer unique experiences to boost tourists' physical and psychological well-being. Interdisciplinary research should be carried out to examine the possible advantages of tourism in sub-frigid climate zones for niche segments such as people with dementia and SHS.

Drawing on the above discussion, Fig. 1 illustrates potential

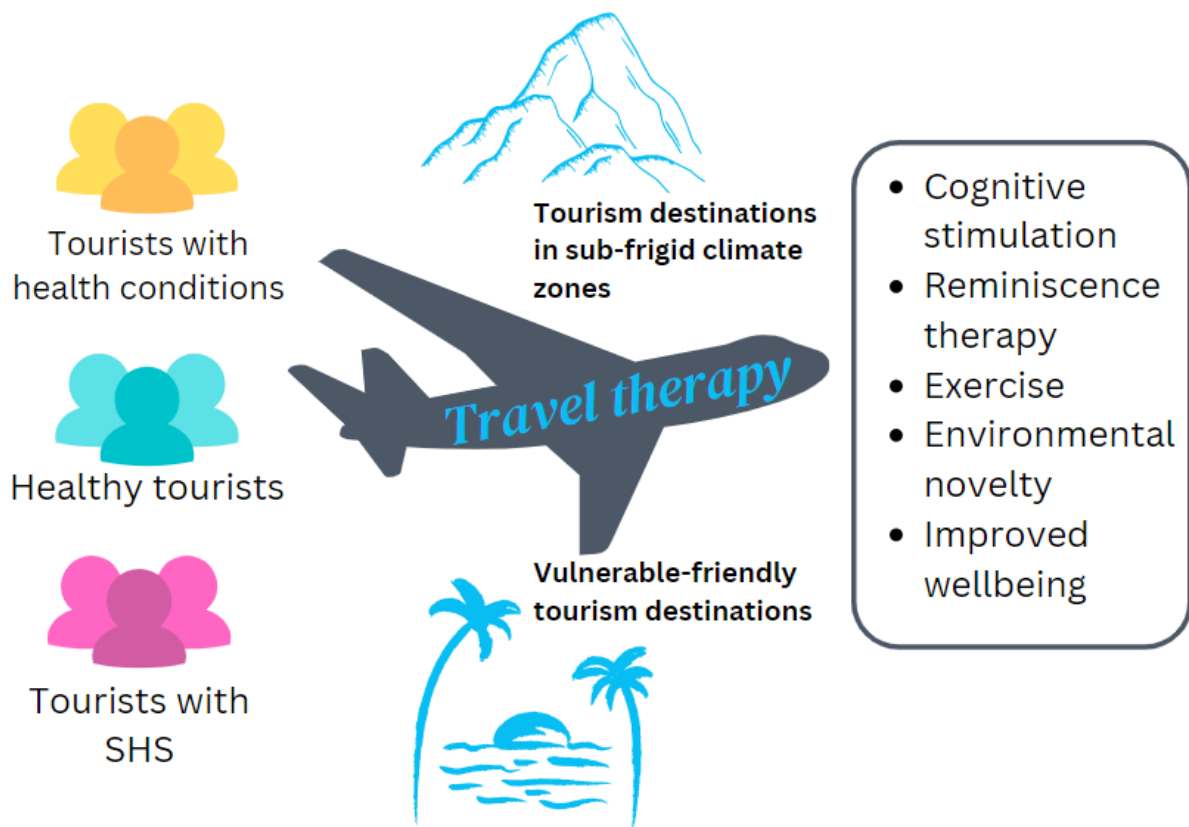


Fig. 1 Travel therapy, even at sub-frigid climate zones, benefits many tourist segments SHS, suboptimal health status.

benefits for destination development in sub-frigid climate zones for suitable tourist segments. Interdisciplinary collaborations among tourism, marketing, health science, frigid medicine, and other fields could produce meaningful results for academics, front-line health care workers, tourism practitioners, and scientists by revealing how to enhance the quality of life through travel therapy. We hope this perspective article encourages stakeholders to ponder ways to improve vulnerable populations' health by deliberately creating and marketing tourism experiences in sub-frigid climate zones.

Conflicts of interests

All authors declare no competing interests.

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