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The essence of wellbeing tourism – Case Peurunka

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The article discusses the versatility of wellbeing in the context of a tourism destination. The main objective of the study is to examine how the customers of a Finnish tourism resort perceive wellbeing and how the findings could be utilized in developing the wellbeing tourism. In addition, the study aims to provide new and profitable information for the wellbeing tourism research since the customers' perceptions of wellbeing have been studied relatively little in the academic context. Based on the data of semi-structured interviews conducted in spring 2013, the article introduces the six wellbeing tourist types established as a result of the study: 1) socially oriented type, 2) physical activity -oriented type, 3) work-oriented type, 4) money and service -oriented tourist type, 5) health-oriented tourist type and 6) recreation-oriented type. The types complement the previous findings and serve as characterizations of the nature of wellbeing tourists. .

Keywords: wellbeing, tourism, rehabilitation, wellness

Introduction

In spite of the accelerating globalization, there are still many differences between cultures and countries in terms of the concept of wellbeing. While Asia has its wellbeing foundation on spiritual traditions, Europeans sit in thermal spa waters. When Finns swear on the name of sauna, the Americans might invest in beauty treatments and cosmetic surgery. (Smith & Puczkó, 2009, pp. 7–8.) For one, wellbeing equals ecological sustainability and peace. For the other, it means cultural and intellectual experiences, whereas the third one achieves wellbeing through a new body composition meter, healthy organic food and a gift certificate to a massage. This same phenomenon can be observed also in the multidisciplinary research field where economics, psychology, sociology, philosophy, socio-psychology and health sciences study

wellbeing from their own perspectives. (Saari, 2011, pp. 33, 77.)

Changes in the contemporary population structures have created many new opportunities for the wellbeing industry. Additionally and as a result of more stressful and hectic lifestyles, individuals are nowadays more willing to invest in their wellbeing. This generates great potential for proactive wellbeing operators to serve a more diverse clientele.

Despite the valuable work established in the field of wellbeing tourism research (e.g. Konu, 2010; Smith & Puzckó, 2009; Tuohino, 2012), there is still a demand for wider research by taking a closer and deeper examination of the wellbeing tourists. How do people perceive wellbeing? What kinds of services do they utilize to promote their wellbeing? How can the tourists' perceptions of wellbeing facilitate the product and service development of a destination? All of these are substantial questions, which this article seeks to answer.

One of the wellbeing tourism destinations going through these changes is the Spa Hotel and Rehabilitation Foundation Peurunka in Laukaa, Central Finland. Peurunka was originally established in 1974 for the rehabilitation of the Finnish war veterans (Sulamaa, 2007, p. 179). However, since the rehabilitation volume of the veterans is diminishing Peurunka has prepared for the changes developing its wellbeing services and operations in recent years, to attract more recreational wellbeing tourists and work-wellbeing customers alongside the rehabilitees. The current accommodation capacity of Peurunka is 700 persons and the utilization rate is 70,8 %, the turnover being 17,2 million euros. (Peurunka, 2014a; 2014b.)

The focus of this paper is primarily on the conception of wellbeing from the perspective of individuals. As a follow-up exploration, the study utilizes the results of the etnosurvey by Vehmas, Piirainen and Matilainen (2013) in which the significance of sport and physical activity, health and wellbeing as well as rehabilitation to the customers of Peurunka was investigated. They established three main customer profiles of Peurunka: rehabilitation customers, recreational and physical activity tourists as well as working-age wellbeing individuals. This paper elaborates the wellbeing perceptions of these three customer profiles and how the perceptions could be implemented in development of the wellbeing services.

Theoretical framework

The two contradictory Greek philosophical traditions, *eudaimonia* and *hedonism*, contribute to a comprehensive, holistic understanding of wellbeing. Although wellbeing has been researched a lot during the recent decades, the question of how wellbeing should be defined – or spelled – still remains unresolved. The differentiating historical approaches of wellbeing alongside today's diversified perspectives create an incongruous yet bountiful base for wellbeing research. (Dodge et al., 2012; Henderson & Knight, 2012.)

The fundamental foundation of wellbeing is built on the fact that a person can satisfy his or her basic needs without difficulty. Fulfilling these needs, including physiological, safety, social, esteem and self-actualization needs, is essential for human development and holistic wellbeing. (Maslow, 1943.) When the basic needs are

secured by the standard of living, the significance of immaterial factors affecting the subjective wellbeing increases (Vaarama, Moisio & Karvonen, 2010, p. 13). In this paper, wellbeing is best explained as being “an individual issue, but is manifest only in congruence with the wellbeing of the surrounding environment and community.” (Hjalager et al., 2011, p. 10.)

The term subjective wellbeing, refers to the individual’s own evaluation of his or her quality of life, separated from more objective features such as income, health, education or occupation. As research has developed during the past decades, the focus of these explanations has also moved from absence of illness to promotion of wellbeing. However, wellbeing and ill-being are not extremities of the same continuum. Thus, they are not opposites of one another. (Dodge et al., 2012; Korkalainen & Kokko, 2008.)

Social wellbeing, describes how a person reflects his or her relationships with other people. It includes social unity, social fulfillment, social integration, social acceptance and social contribution. (Korkalainen & Kokko, 2008.) According to Diener and Oishi (2005), social relationships are a prerequisite for wellbeing as well as the strongest correlation of positive emotions and act as a causal force of wellbeing. Social interactions can be more significant to subjective wellbeing than material prosperity. Korkalainen and Kokko (2008) determine that close relationships act as protectors against stress, falling ill and even death in difficult situations in life.

The concept of wellbeing is concerned with the dynamic equilibrium of personal characteristics and the fluctuating state between challenges and resources (Dodge et al., 2012). The social norms of Western societies grounded on paid work play a key role in people’s perceived wellbeing (Vaarama, Moisio & Karvonen, 2010, 12). When examining the relation of wellbeing and income on individual level, rewarding and engaging work with adequate income is a vital part of a person’s wellbeing (Diener & Seligman 2004.). Korkalainen and Kokko (2008) report that a good professional status and education have often a positive effect on an individual’s wellbeing, yet when income and the professional status rise higher, the correlation to wellbeing drops.

The changes in consumers’ lifestyles have increased wellbeing, health, fitness and stress management service demand (Jänkälä et al., 2010). Consumerist society has created a commercialized and productized wellbeing that consists of personal indulgence, bodily pleasure and looks. Wilska (2012) discusses that consumption related to health and wellbeing is a growing trend. Bauman (2002, pp. 93–94) argues that consumption is not about satisfying one’s needs. It is about answering to one’s urges. An individual expresses him- or herself through his or her possessions.

Physical activity is associated with subjective psychological and physical wellbeing, regardless of whether it concerns elderly people, younger participants or working-aged population (e.g. Lee & Russell, 2003; Lloyd & Little, 2010; Sasidharan et al., 2006; Sjögren et al., 2006). It has been shown that regular physical activity, exercise participation and walking have a positive effect on an individual’s happiness. Being physically active generally contributes the more to subjective wellbeing the older the individuals are. It has been suggested that physical activity improves mental wellbeing by developing the body’s ability to deal with stress effects. On a related note, exercise is associated with small yet significant positive changes in self-

esteem. (Biddle & Mutrie, 2008, pp. 185, 189; Pawlowski, Downward & Rasciute, 2011; Sasidharan et al., 2006; WHO, 2013.)

Participation in physical activities is connected to a strong social support network including family and friends, with a positive and reinforcing environment and exercise lead to increased participation and satisfaction with leisure. When people enjoy physical activity and leisure and think it somehow contributes to their wellbeing, they are more likely to continue doing it. (Biddle & Mutrie, 2008, pp.137–149; Sasidharan et al., 2006.)

Wellbeing tourism

Contrary to health care tourism, wellbeing and wellness tourism have a more proactive and more recreational approach (Figure 1). According to Tuohino (2012, p. 5) wellbeing or wellness tourism does not have an unambiguous definition in Finland. They both promote and maintain a person's holistic wellbeing and often offer experiences of pleasure and luxury. Besides the pampering and relaxing services, physical activity and nature are a vital part of wellbeing tourism (Tuohino, 2012, p. 6). Destinations organizing both medical and wellbeing tourism are mostly the same: spas, special hotels, rehabilitation centers and other wellness facilities. (Konu, Tuohino & Björk, 2011; The Finnish Tourist Board, 2005.)

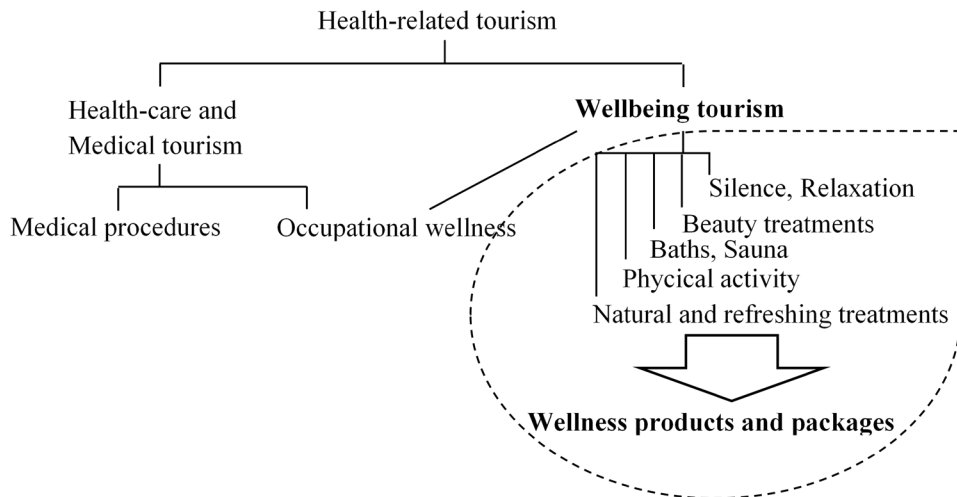


Figure 1. Health-related tourism model adapted from the Finnish Tourist Board (2005, p. 57).

According to Global Wellness Institute (2014, 9) wellbeing tourism is growing rapidly: 12% growth in 2012–2013, while the estimation is 9% annually by 2017. In 2013, expenditure was \$494 billion in wellbeing tourism. Aging populations, lifestyle changes, the wide range of tourism alternatives and the drawbacks in the public

health care systems (García-Altés, 2005) as well as stressful, work-obsessed, time-pressured, materialistic and over-individualistic societies (Smith & Puczkó, 2009, p. 9) can all be comprehended as opportunities from the point of view of wellbeing tourism. Furthermore, tourism companies have found wellbeing tourism as a great business area because it is not dependent on any particular tourism season (Konu & Laukkanen, 2009).

Productizing and customer segmentation play key roles in establishing productive business solutions for wellbeing tourism (Konu, 2010). In order to develop the services, it is vital to understand the customer-driven perspective to the productizing of wellbeing services (The Finnish Tourist Board, 2009). Konu and Laukkanen (2009) highlight the importance of understanding the motivations of the target markets in order to develop and market the products. In addition, Konu (2010) reveals that a potential wellbeing tourist has not been defined in the existing literature.

In Finland, occupational wellness tourism is considered as a large share of wellbeing tourism. It contains features from both health care and wellbeing tourism as well as from so called educational and congress tourism in a special destination, such as a spa or a hotel offering tailor-made wellbeing services. The main objective of the occupational wellness is to proactively maintain and promote an individual's vocational wellbeing by developing work-related factors in a healthy and risk-free working environment. (Jänkälä et al., 2010; Konu, Tuohino & Björk, 2011; The Finnish Tourist Board, 2005.)

Due to the contemporary and forthcoming changes in the rehabilitation customers' profile, rehabilitation itself is merging into being a part of health and wellbeing services rather than being a separate branch of its own. As a consequence, there will be a need for development to attract different type of customers to wellness and wellbeing facilities both nationally and internationally. (Ihalainen & Rissanen, 2009.) Additionally, it is vital to draw attention to the baby boomers who are retiring in the coming years. Their increased leisure, economic resources and will to take care of themselves alongside the concept of a so-called third age – the free stage of life, a fresh start – create great opportunities for the wellbeing tourism. (Julkunen, 2005, 273. p. 291.) The existing question is how to re-orientate the destinations to serve more privately funded leisure and recreational tourism together with the traditional state-supported medical rehabilitation. Many of these locations have been studied in order to find new structures and markets to entice novel, domestic customers and to be profiled as holistic wellbeing centers (e.g. Petroune & Yachina, 2009; Smith, 2009; Tuohino & Kangas, 2009).

Methodology and research questions

The objective of the study was to examine how individuals perceive wellbeing. The supplementary research questions were as follows: A) What kind of wellbeing types can be formed based on the perceptions of wellbeing? B) How could the perceptions be utilized in the development of wellbeing tourism?

A qualitative and inductive paradigm was adopted to guide this case study (e.g. Kamberelis & Dimitriadis 2008) Semi-structured themed interview was chosen as

the method of data collection since it was considered as allowing for better access to the multidimensional topic through a person's own voice. It was proven to function in both individual and group interview settings. Also, it could be applied well into a qualitative case study consisting of a relatively low number of participants (e.g. Bolas, Wersch & Flynn, 2007; Lloyd & Little, 2010). A positive approach, focusing on health and wellbeing promotion rather than factors preventing illness, guided the interviews. The aim was to interview individuals from all of the three customer profiles: the rehabilitees, recreational tourists and work-wellbeing customers.

Data collection

Overall 18 people were interviewed in 14 interviews: 39 % (N=7) male and 61 % (N=11) female. The participants were selected randomly in the facilities of Peurunka during February and May 2013. Rehabilitation customers compiled five of the interviews, one of the interviews being a pair interview (N=6: female 2 and male 4). Recreational visitors were gathered in four interviews: two individuals, one pair and one group interview with three people (N=7: female 6 and male 1). All six of the work-wellbeing customers were interviewed individually (N=6: female 3 and male 3). The participants of the pair and the group interviews were traveling as a pair and a group. Every interviewee was given a number-letter combination indicating his or her customer profile group and the ordinal of the interview. In case of a group interview, letters differentiated the participants (Table 1.)

Table 1. The participants of the research.

| Code | Customer profile | Age | Gender |
|-------------|-------------------------|------------|---------------|
| HK1 | Rehabilitation | 73 | Male |
| HK2A | Rehabilitation | 62 | Female |
| HK2B | Rehabilitation | 29 | Female |
| HK3 | Rehabilitation | 46 | Male |
| HK4 | Rehabilitation | 58 | Male |
| HM1A | Recreational | 52 | Female |
| HM1B | Recreational | 25 | Female |
| HM1C | Recreational | 22 | Female |
| HM2 | Recreational | 15 | Female |
| HM3 | Recreational | 39 | Female |
| HM4A | Recreational | 37 | Female |
| HM4B | Recreational | 39 | Male |
| HT1 | Work | 61 | Male |
| HT2 | Work | 29 | Male |
| HT3 | Work | 51 | Female |
| HT4 | Work | 53 | Female |
| HT5 | Work | 50 | Female |
| HT6 | Work | 39 | Male |

Data analysis

Phenomenological interpretation method was utilized throughout the writing process. Typology was applied in the data analyzing process. (Eskola & Suoranta 1998) It leans towards the interpretative conception of Weber's ideal type (Weber 1922/1978,

20). In this case, the typology was based on how the participants described and expressed their perceptions of wellbeing and what kinds of words they used to justify and argue for them. In addition, the illustrations of the themes and the reactions and orientations to the topics were taken into account. The objective of the formation of the ideal types was to understand the multidimensional conception of wellbeing. The wellbeing typology was created to exemplify the insights into such a diverse phenomenon. Further, the established wellbeing types assisted in portraying the wellbeing perceptions of the three customer profiles of Peurunka in order to compare them and to utilize them in development suggestions. The continuous hermeneutic content analysis led to the formation of the wellbeing tourist types. The connecting element of each type was the somewhat distinguishable discourse in terms of wellbeing.

Results

Grounded on the empirically-based data, six ideal wellbeing tourist types were established: 1) Socially oriented type, 2) Physical activity oriented type, 3) Work-oriented type, 4) Money and service oriented type, 5) Health-oriented type and 6) Recreation-oriented type. The overview of the results is presented in table 2. The order of the presentation of the types is random.

Table 2. The overview of the wellbeing types.

| Wellbeing tourist type | The main sources of wellbeing |
|-------------------------------|--|
| Socially oriented | Relationships, family, children, friends, colleagues |
| Physical activity -oriented | All physical activity related matters |
| Work-oriented | Work related factors and people |
| Money and service -oriented | Income, consuming products and services |
| Health-oriented | Health, nutrition, sleep, holistic wellbeing |
| Recreation -oriented | Internet, media, entertainment |

Socially oriented type

The socially oriented type values close and meaningful relationships and family ties, which construct the essence of wellbeing. The wellbeing of the loved ones as well as the environment and its social interactions play a vital role in the wellbeing of this type, whether they is related to home, work, studying or leisure. This type seeks social contacts in many occasions in his or her life to enjoy, be entertained, to relax and in need of support. With regards to traveling and vacations, this type chooses an activity trip where there is a chance to get acquainted with congenial individuals. He or she likes to be surrounded by meaningful people as well as meet new people.

“The peer support and fellow rehabilitees are very important. In our group we try to motivate those people who tend to be by themselves and stay in their beds to come and join us. I think it increases mental wellbeing when we can tease each other and kid around to get everyone up. You can’t forget the humor.”
(HK1)

Supporting the findings of Diener and Oishi (2005) and Vehmas (2010, p. 156), for the socially oriented type, meaningful social connections are the prerequisite for wellbeing. He or she comprehends social relationships as a capital and a resource. Consistent with the Korkalainen and Kokko (2008), social unity, integration and acceptance are significant contributors to wellbeing in the life of the socially oriented type. Harmful events to the loved ones, loneliness as well as social exclusion and segregation are phenomena the type considers as the opposite to wellbeing.

“Social exclusion would prevent me being well. I mean that social contacts and friendships would decrease to a minimum and I wouldn’t have any meaningful relationships with any people except my co-workers.” (HT6)

Physical activity -oriented type

The bodily movement plays a central role in everyday life for the physical activity -oriented type. Consistent with previous studies (e.g. Biddle & Mutrie, 2008; Lloyd & Little, 2010; Sasidharan et al., 2006), wellbeing of this type is associated with many kinds of physical movements, such as active leisure, exercising and playing sports. Although the work itself might not necessarily be functional, the physical activity -oriented type understands the meaning of a physically active lifestyle and thus, is active throughout the day. The activities may be spontaneous and unscheduled or more programmed. While traveling, the type enjoys active types of sport tourism as well as active leisure.

Respectively to the previous researches (e.g. Sjögren et al., 2006), the results of the study support that physical activity is associated with subjective wellbeing. Additionally, the findings follow the conclusions of Lee and Russell (2003): for the physical activity -oriented type, bodily movement is often experienced as a method of relaxation and stress management. Furthermore, consistent with Biddle & Mutrie (2008, pp. 137–149) social connections related to physical activities, sports and exercise are often important for the physical activity oriented type.

“Exercising and playing sports affect strongly my mental wellbeing. Already because of my physical condition but also as a counterweight for studying. Also, the team is really important for me. I mean I do exercise by myself, too, but the team sport, doing something with a group of people, is my preference.” (HM1C)

Physical inactivity, aching parts of the body, feeling of fatigue and tiredness as well as deficient physical ability represent the opposite of wellbeing or factors that might inhibit wellbeing for this type. In terms of motivation, the physical movement itself could be the source of wellbeing; physical functioning and actions produce the subjective feeling of wellbeing. The aspect of physical appearance and shaping the body are also often relevant for this type. Furthermore, injuries or illnesses of loved ones might be the initiative or a driving force for practicing physical activities and exercising.

“The heart attack my dad got really scared me. I felt like I had to start doing something physical. The overweight I had affected a lot. I was forced to do something for myself in order to maintain at least some kind of a physical condition.” (HM1A)

Remarkably, one third of the partakers (n=6: HT1, HT6, HM1A, HM3, HM4A & HM4B) reported a negative connotation in terms of physical activity related to wellbeing. The concept of negative connotation relates to the people who consider physical activity as part of wellbeing, deliberate it as one of the primary factors of wellbeing, and yet are not physically active in their daily lives. They perceive physical activities as significant factors in promoting their wellbeing – on a theoretical level. While interpreting the narratives of this study, it appeared evident that social pressure has turned the positive effects of wellbeing into a negative weight of guilt. The predominant norm of the society glorifying the physically active people seems to decrease the level of the physically inactive individuals’ wellbeing.

Work-oriented type

The study found two varieties of the work-oriented type: a modern and a traditional. There were many mutual factors in these two variations. Work and working, achieved goals, scheduling, organizing, promotions, recognition as well as success and appreciation at work offer a sense of wellbeing. Work plays a central and often the main role in life. Traveling and leisure are seen as the counterbalance for work. Furthermore, studying can be related to this traditional work-oriented type. Having a place to study, academic achievements toward a degree, performance-orientation and the wellbeing achieved through completed courses and good grades could be equated to the work-oriented type.

The modern work oriented type does not count the hours, whereas the traditional type works from 8am to 4pm. The modern work-oriented type truly enjoys his or her work, whereas the traditional one has a more Weberian approach to work via Protestant work ethos. The traditional type follows the dominant norm of the society: the job, the work moral and work ethic of an individual defines his or her position in the society. Consistent with Vesterinen (2006, pp. 33–45) and Diener and Seligman (2004), the modern work-oriented type has a rewarding and engaging job and experiences control in his or her work.

“My job is physically demanding and the days are long but I just like it a lot. In order to feel well you need to do what you like doing.” (HM3)

The conflicting factors for wellbeing of both variations of the work-oriented type are normally related to work: a job that does not provide satisfaction and self-realization, losing a job, unemployment, work-related stress, discouraging working environment and non-motivating co-workers and supervisors. Both alterations of the work-

oriented wellbeing type feel relaxed when they have a chance to be alone, enjoying their own company.

“It is just like that when you come home from work, and I work a lot, you just sit there, watch TV and do nothing, and your brain just sort of empties itself when you don’t have to think about anything else.” (HT3)

Money and service -oriented type

The money and service -oriented wellbeing type pursues economic capital in order to be and feel well. Wealth and consumption are one of the main things producing wellbeing for this type. As an exchange for money, the type obtains wellbeing: wellbeing is purchased via different products and services. The money and service -oriented type perceives wellbeing as an exogenous accessory complementing his or her basic needs. The degree of wellbeing correlates to the price of the product of service. On the other hand, wellbeing can be achieved through a lucky bargain of a high quality product.

“Wellbeing signifies you have money to do something special you want to do. Money and financial things are closely related to wellbeing. You don’t need to be rich but you do need to be able to do things without having to count your money.” (HT5)

Entertainment, culture and sensual experiences are important creators of wellbeing for the money and service -oriented type. As Vehmas (2010, p. 128) argues that a certain emotion-based hedonism guides post-industrial consumption, the money and service -oriented wellbeing type values services that produce holistic wellbeing through nurturing of the body and/or treasuring the mind. Wellbeing is not centered on the satisfaction of the basic needs as much as it is based on nourishing desire and pleasure as well as imaginary experiences.

Consistent with Suontausta and Tyni (2005, pp. 84–85), the communal aspects of consuming high quality products also produce wellbeing for this type. Acquiring, wearing and using expensive and luxury-related products and services sends a message to other people stating that the level of income and social status, and thus the quality of life, are high. Showing off these objects for example through pictures or sending postcards, is an essential part of the wellbeing sensation.

Quite the reverse, wealth can also contribute to wellbeing by offering safety in times of sickness and pain. Economic capital can be referred to as a safety net and security that ensures the fundamentals of wellbeing. The initial rather stereotypical assumption of the money and service -oriented type being materialistic is not always accurate. Furthermore, the often-ignored aspect is that money can be a prerequisite for promoting wellbeing. The state’s rehabilitation system or an insurance company subsidizes most of the rehabilitation customers. In these cases, the money is not for

consuming but for enabling better wellbeing for a person with a permanent or temporary disability or infirmity.

“When you are a victim of a work-based accident, the insurance company is responsible for most payments. But it only covers for these institutional rehabilitation weeks twice a year since my city doesn’t have enough money anymore to provide weekly rehabilitation. I guess they think that I get healthier as I grow older.” (HK1)

Health-oriented type

Consistent with Lemola, Ledermann and Friedman (2013) as well as McNaughton et al. (2012), the results agree that the health-oriented type values sleep and healthy nutrition as one of the main resources of wellbeing. In addition, a life without sickness, a stress-free and balanced mind, a sufficient physical condition and a painless state of mind and body create wellbeing. If having an illness or a disability, the type appreciates wellbeing produced by coping with the disease and functional ability in spite of the infirmity.

The health-oriented type has a number of similarities with the physical activity-oriented type. Nevertheless, physical activity and exercising are the primary source of wellbeing for the physical activity-oriented type, whereas overall health forms the initial foundation of wellbeing for the health-oriented type. In terms of traveling, the type prefers comprehensive wellbeing, in forms of retreats, yoga, tranquility and relaxation, as well as educating vacations.

“For me, wellbeing is a pain-free condition. My life would be so much better without all these pains and aches. The pain is always present. I can’t sleep because of it and then I’m angry because I haven’t slept enough... I have learned to accept myself for who I am. And if there is a day without the pain or even less pain than normally, I’m in heaven. That’s my wellbeing.” (HK1)

Although this paper considers the health-oriented type as one theoretical totality, it needs to be stated that the perception of wellbeing differs within the type in terms of having or not having an ailment or a disability. Consistent with the definition of health by the WHO (1948) and the findings of Korkalainen and Kokko (2008), the health-oriented type who has infirmity or illness experiences wellbeing despite the condition. On the contrary, falling ill or getting injured with a lifetime trauma illustrates the opposite of wellbeing for the health-oriented type who does not have a current disability.

Recreation-oriented type

The recreation-oriented type experiences wellbeing through optional and voluntary leisure activities. The actions are characterized often as physically passive and

involve some kind of technology or equipment and entertainment. Technology is an essential part of the life of the type. Computers, smart phones, tablets, game consoles and TVs are frequently strongly related to the popular recreational activities producing wellbeing for the recreation-oriented type. Virtual reality represents a world of social relationship and interactions producing wellbeing. In addition, reading books and magazines, music, watching horse racing, growing plants and solving crossword puzzles as well as drinking alcohol could be sources of wellbeing. They provide an additional environment in which to escape the present reality to relax and unwind from the present.

With regards to traveling and vacation, the type prefers for example concerts, food travel, wine tasting and watching sport events. There are many resemblances with the money and service -oriented type; however, the economic wealth or material possessions are not the producers of wellbeing for the recreation-oriented type. Instead, different stimuli activate this type, offering wellbeing for him or her. Most of the activities producing wellbeing for the recreation-oriented type are practiced at home. Interestingly, in the discourse these activities are often referred as “doing nothing”, meaning for example that they were not appreciated or taken into account as resources of wellbeing.

“After work I just come home and do nothing: hang out on Facebook, watch TV, play something on the computer... I have a couple of TV series I watch regularly.” (HT3)

Discussion

Figure 2 aggregates all the wellbeing types as different characteristics of a wellbeing tourist. It illustrates some of the fundamental values of each type. The three types on the right side of the triangle prefer more tangible qualities, whereas the three types on the left side receive their wellbeing from more intangible sources. The wellbeing types on the top of the figure appreciate communal values in terms of their wellbeing, such as social relations and communal bonds. The types at the bottom of the triangle receive their wellbeing from more individualistic features, such as sleep, nutrition and entertainment. Physical activity -oriented and money and service -oriented types that locate somewhat in the middle of the figure receive their wellbeing both from communal and individualistic values.

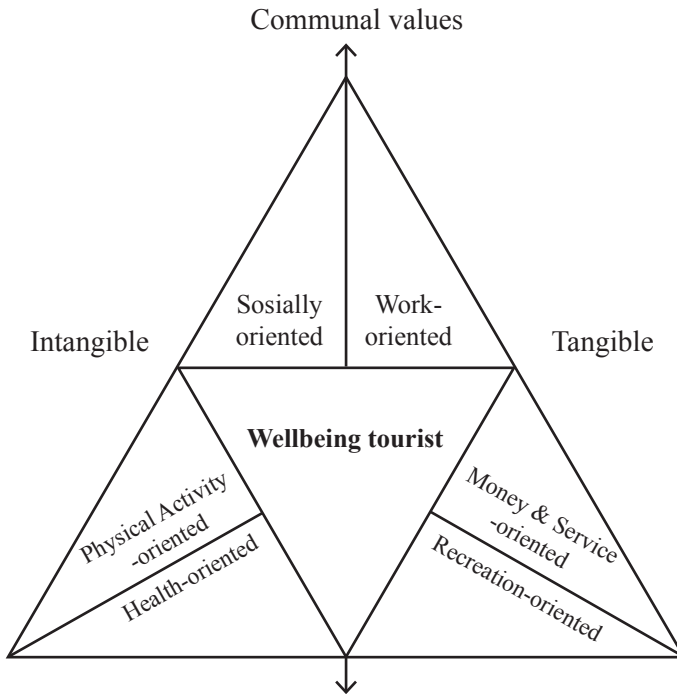


Figure 2. Model of the wellbeing types.

The preferences of each customer segment can be emphasized in marketing of wellbeing services. The social activities and support could be highlighted in marketing for both the rehabilitation customers and the work-wellbeing visitors. The physical tests, informative wellbeing lectures, success at work through personal life management and the catalysts for lifestyle changes could be stressed when reaching toward the potential work-wellbeing customers. Extravaganza indulgence weekends and getaways could be promoted as everyday luxury to the recreational tourists, whereas families and couples would enjoy similar services tailored especially for them.

The annual cycle of the customers is important to take into consideration in order for everyone to enjoy their stay to the fullest. Differently themed months or weekends would be likely to spice up the low seasons. Furthermore, finding the right marketing channels is vital to reach the targeted customer groups. Presence in the social media will most likely have an effect on younger adults and families while TV commercials and newspaper ads focus better on older individuals. Logical and unique productizing in turn helps customers to find the products they need and want more easily which might affect the whole selection process of a tourism destination.

The discovery of the negative connotation related to physical activity should be paid attention to in order to fully understand and market the essence of wellbeing. The guilt and demanding associations related to physical activity were discussed especially within the working-age visitors. It would be vital to endorse the idea of

the holistic, individual and stress-free wellbeing: to motivate, educate and encourage people neutrally yet inspiringly. However, as the theoretical framework convinces, physical activity and subjective wellbeing are strongly correlated. How could the idea of being physically active be transformed into more positive connotations through the wellbeing services? What could be the inspiring factor that would keep the spark of the physical activeness alive also at a home environment? Technology was mentioned one way or the other in almost every interview. With a wider data collection sample, could technology-oriented be interpreted as its own wellbeing type? Could digitalization be the answer to connect physical activity related wellbeing into more positive association?

Finally, the state- or insurance company-subsidized rehabilitation holidays as well as the occupational wellness tourism are rather solid and permanent customer sectors at the moment. However, the current question seems to be how to attract and help commit especially the recreational wellbeing tourists to travel to the destinations. Therefore, therein lies the most potential market for growth. The wellbeing types provide an extensive yet unambiguous framework to understand and explore wellbeing tourists' perceptions of wellbeing. The types can be utilized to develop the best practices as well as to improve marketing of the wellbeing products and services.

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