

ATLAS
Tourism and Leisure
Review

Volume 2016 – 3
ISSN 2468 – 6719

ASSOCIATION FOR TOURISM AND RESEARCH
AND LEISURE EDUCATION

ATLAS Tourism and Leisure Review
Volume 2016 – 3
Health, Wellness and Spa Tourism in the Balkans

The Association for Tourism and Leisure Education and Research (ATLAS) was established in 1991 to develop transnational educational initiatives in tourism and leisure. ATLAS provides a forum to promote staff and student exchange, transnational research and to facilitate curriculum and professional development. ATLAS currently has members in about 60 countries. More information about ATLAS can be found at <http://www.atlas-euro.org/>.

The ATLAS Tourism and Leisure Review gives ATLAS members and participants of the ATLAS conferences and meetings a platform to publish the papers they have presented. The editing will be carried out by an editorial board / field editors.

ISSN 2468 – 6719

The ATLAS Tourism and Leisure Review will be distributed to ATLAS members for free. It will also be for sale in the ATLAS online bookshop at <http://www.atlas-webshop.org/>.



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Preface

On the occasion of the 25th anniversary of ATLAS, we introduce the first volumes of our new periodical, ATLAS Tourism and Leisure Review. In recent years, we have faced increasing demand from our conference delegates for publication opportunities for their papers. While many of these have been published in books or established journals, there are still many worthy contributions that we have not been able to publish. We have therefore decided to create a new publication outlet, which is particularly aimed at the themed tracks in our conferences.

The collection of papers presented in these tracks represents concentrated and concise reviews of particular themes and topics. In order to improve our services to our members and conference participants, we have decided to start issuing the ATLAS Tourism and Leisure Review, which will consist of thematically ordered collections of conference papers. For each volume of 3 to 5 papers, we will invite a guest editor to take care of the review process and proofreading of the papers. All volumes will become digitally available for members and will be on sale to non-members via the ATLAS bookshop.

This third Volume on Health, Wellness and Spa Tourism in the Balkans includes papers from the 2014 Budapest conference and is edited by Melanie Smith. We would like to thank Melanie for taking the lead in this process. Subsequent Volumes will follow shortly.

With the launch of ATLAS Tourism and Leisure Review we expect to have adequately addressed the many inquiries we received in the last few years about publication opportunities.

René van der Duim
ATLAS chair



Introduction

Health, Wellness and Spa Tourism in the Balkans

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The ATLAS Conference in Budapest in 2014 focused on the themes of Wellbeing, Happiness and Quality of Life and their relationship to tourism. At the same time as hosting the ATLAS Conference, four members of staff from Budapest Metropolitan University as well as a project team from several Balkan and non-Balkan countries were involved in a two year project from 2013-2015 which was funded by the Hungarian government and focused on Wellbeing (health and happiness) and Health Tourism in the Balkan region. Research was undertaken in eleven countries, but some of the most dynamic members of the project came from Serbia and Bulgaria, as well as Hungary. The results of some of their studies are presented here, and indeed, many of these authors also attended the ATLAS Conference following a Balkan Wellbeing project meeting which took place at Budapest Metropolitan University the day before the Conference began.

The first paper by Kiss et al. provides an overview of some of the natural and cultural resources and attractions in the Balkan countries which are already used within the domestic or international tourism industry, or which have considerable potential. An analysis is also provided of current demand for Balkan health tourism products. Research shows that although the potential is excellent, there are still issues to address in terms of infrastructure development, quality of service and standards expected by international visitors.

The second paper by Sziva provides an overview of the internal and external image of the Balkan region and countries - that is to say, how the local people view their countries and how tourists view them. The image of the Balkans is complex and somewhat ambivalent due to its turbulent past and unstable present and future. Tourists may be deterred from visiting due to their negative perceptions, and not all local people want to associate themselves strongly with being 'Balkan'. On the other hand, there are many positive attributes which emerge from TripAdvisor analysis which suggest that tourist experiences of Balkan countries can be very positive.

The following authors Isailovic et al. select one of the elements of the Balkan region which arguably has the most potential except for the thermal waters (later discussed by Staneva) which is the beautiful natural landscapes. Although the researchers were Serbian and forest therapy is an increasingly important phenomenon in Serbia too as well as Bulgaria, the authors undertake research in a Greek landscape to illustrate how natural landscapes can indeed have very positive physiological and psychological effects on visitors.

Staneva then goes on to examine the potential for thermal mineral spa and resort development in the cross-border region between Serbia and Bulgaria. It is clear from Kiss et al.'s paper that thermal baths are a major resource in this region, but that they are often under-developed and unknown to international tourists. Using scientific evidence, Staneva explains about the chemical, medical and healing properties of the waters, the resorts and landscapes in which the waters are based, and the potential for future tourism development.

Finally, Ilinčić provide a very detailed case study of Serbia reflecting on the country's history and traditions of healing, its contemporary resources and attractions, and the extent to which these can be incorporated into future health tourism products. This case study gives an idea of how the countries of the Balkan region could harness their numerous resources, including thermal waters, natural landscapes, gastronomic traditions and cultural heritage into creating unique and attractive health tourism destinations and products.

An Introduction to Health Tourism in the Balkans¹

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Introduction

The most famous tourism products of the Balkans are seaside holidays, cultural trips, including city breaks and heritage tourism, active holidays and health tourism. In the last couple of years however new, specialist products like religious tourism, rural and ecotourism, gastronomy tours, sailing or golf tourism have emerged (Metodijeski and Temelkov, 2014). Although the scale and quality varies throughout the region, every country has a developed tourism infrastructure. Domestic tourism is fairly significant, especially in those countries which have a seaside, and in terms of inbound tourism, Turkey is one of the most significant receiving countries in the world. In addition, because to their beaches, Greece, Croatia and Bulgaria also receive a high number of foreign visitors. The goal of the present study was to give an overview of the supply and demand for health tourism in 11 Balkan countries (Albania, Bosnia and Herzegovina, Bulgaria, Greece, Croatia, Macedonia, Montenegro, Romania, Serbia, Slovenia and Turkey). Defining health tourism was one challenge, and it was difficult to access consistent data across all of the countries, especially in English. However, the study provides a useful overview of both regional and national developments which are indicative of the great potential that this region could have in the future.

The health tourism supply of the Balkan countries

The Balkans is sometimes described as a cultural mosaic. Countries which are often referred to as Central and Eastern Europe (e.g. the successor states of Yugoslavia, Romania, Bulgaria) showed a fairly similar picture before the regime change, but after that, they went through different trajectories. Because of these differences, we can identify two types of countries:

- In the first group are those countries which have been able to develop themselves through public or private investments in infrastructure, product offerings or the range of services.
- The other group contains those countries, in which modernization did not fully occur for a number of reasons (e.g. the failure of privatization) (Smith and Puczkó, 2010).

¹ The authors would like to express their appreciation for the support of the project (KTIA_AIK_12-1-2013-0043), from Research and Technology Innovation Fund (Kutatási és Technológiai Innovációs Alap).

Slovenia, for example, is one of the countries which belongs to the first group. Because of the significant investments in the traditional bath (spa) industry they can provide a relatively high level of services, especially in wellness (Lebe, 2013). However, in Bulgaria, Romania, Croatia and Serbia the necessary improvements never happened because of the belated sluggish privatization process. As a result, although these countries' health tourism endowments, especially the healing waters, the climate and traditions are similar to each other's, today they are in different stages on the product life curve: In Slovenia, era-appropriate services in the field of spa and wellness tourism have been developed. On the other hand, in Romania, where nearly 3000 thermal springs and 70 medical tourism destinations can be found, it remains a major challenge to improve the infrastructure, the product portfolio, to refresh the range of services, to move towards wellness tourism, and to re-position and establish independence from the social security system which mainly serves domestic tourists (Dinu, Zbucea and Cioacă, 2010).

Health tourism in the southern European countries is built mainly on natural resources, the sea coast, the Mediterranean climate, healthy traditional cuisines, high-quality agricultural products, the lifestyle and the rich cultural heritage (Smith and Puczkó, 2010). One of the distinctive products of this region is thalassotherapy, which is a type of health tourism service using sea water. Greece is one of the richest countries in the world in terms of natural springs, but health tourism is not yet very developed (Constantinides, 2013). Another Mediterranean country is Turkey, which is one of the most important countries in the world in terms of thermal spring sources, not to mention the hamam ritual.

Smith and Kiss (2014) and Michalkó et al. (2015) analyse the geographical and cultural diversity of the Balkans in terms of its health tourism supply, concluding that the potential is significant. Based on the research of Michalkó et al. (2014), the thermal waters and baths, the unique flora and fauna (especially the healing herbs), the beauty of the landscape and opportunities for active tourism are the most important building blocks for the present and future of health tourism in those countries. The gastronomic offer, seaside and lakeside holidays, and the religious and spiritual sites are also noteworthy elements. In the following sections, the natural and cultural features of these countries will be presented, many of which are currently used and some of which are potential tourism products.

Stancioiu et al. (2013) state that the Balkan Peninsula is 'dominated' by the existence of balneotherapy resources in an overwhelming proportion in comparison with other countries of Europe. Balneotherapy includes the treatment of diseases through the medical use of thermal or mineral water and muds. Balkan traditional medicine may also be included, such as treatments involving medicinal plants. Karagülle (2013) suggests that a 'traditional Balkan spa' offers a combination of elements of balneology, climatology and environment. Stancioiu et al. (2013) give the example of Romanian balneotherapy resorts where specific diseases are treated using therapeutic use of mineral waters, hydrotherapy, application of therapeutic mud and gases, kinetotherapy, occupational and massage therapy, electrotherapy and respiratory therapy. The study by Horwath (2013) analyses the situation of spas in Serbia and Bosnia and Herzegovina where the term health tourism is also associated with the use of curative thermal

and mineral springs, gas and therapeutic muds primarily for rehabilitation and mainly for domestic visitors.

The seaside also plays an important role in the Balkan countries. The Mediterranean, the Adriatic, the Ionian, Aegean and the shores of the Black Sea have been of paramount importance as tourism destinations for decades, even before the regime change in the early 1990s. Since then, for nearly two and half decades the coastline in these countries has been a priority for tourism development. Many of the hotels are starting to offer health tourism services in addition to standard services, for example, massage and yoga. Slovenia and Greece consider health tourism products as ancillary products to the seaside activities. Croatia, however, according to Christou (2012) recognized that coastal mass tourism has a toxic effect on the environment, and that people are spending as little as they can, so Croatia is also placing emphasis on alternative tourism products.

Active tourism also plays a relatively important role in the Balkan countries, and it is perhaps becoming even more significant thanks to the region's natural resources and man-made attractions. Several studies (e.g. Spalević and Igračev, 2011; Vujadinovic et al., 2013; Metodijeski and Temelkov, 2014) point out that sailing, golf tourism and extreme sports opportunities are becoming more popular over time.

Ethnobiological and botanical studies conducted in the Balkans in recent years have reported a rich biocultural diversity and a remarkable vitality of traditional knowledge concerning the local flora in this region. According to Šarić–Kundalić et al. (2010) this region is one of the most important biodiversity centres of Europe. Stancioiu et al. (2013) state that plants are of great importance in health recovery or disease prevention in the Balkan countries, not only in balneotherapy destinations, but also throughout the entire region. Natural treatments are integrated into traditional medicine. Several studies were published about the traditional use of herbs, wild edible plants and mushrooms in specific regions of the Balkans (e.g. Redzic, 2010; Šarić–Kundalić et al., 2010; Mustafa et al., 2012).

Another dimension of health tourism which seems to be growing in importance is the Balkan cuisine. Stancioiu et al. (2013) suggest that an additional element for the future Balkan balneotherapy product could be gastronomy, especially the ingredients which are specific to the region. In some Balkan countries, the cuisine is considered to be quite healthy because it is strongly influenced by the Mediterranean cuisine. Šimundić (1997) suggests that healthy Croatian food could be the main driving force for health tourism and Renko (2010) adds that the domestic food offer in Croatia is based on nature, such as aromatic spices, wild growing plants, vegetables and seafood. Stancioiu (2013) mentions bee products such as Croatian chestnut honey which can be used to regulate blood flow or the disinfecting power of Greek thyme or pine honey. Nedelcheva (2013) writes about wild edible plants in Bulgaria and states that many of the traditional foods have strong healing or strengthening qualities and are used for medicinal purposes and included in a prevention or healing diet.

Stancioiu et al. (2013:13) mention the importance of religion in the everyday life of people in the Balkans, even though they do not all share a common religion.

They state that an important part of health tourism is „aiming at the 'health' of the spirit, by completing bodily health with the feeling of peace and purification of the soul”.

The scenery and the unique Balkan atmosphere (e.g. created through social and cultural activities such as music and dance) can also play an important role in the development of a health tourism concept based on regional attributes.

As a summary of desk-based research on Balkan countries, it could be summarised that:

- Although there are a number of significant challenges to developing health tourism in the Balkan region, there is considerable potential to do so.
- The area is rich in natural resources such as thermal waters, sea coasts, mountains, forests and an abundance of herbs and plants which can be used for both cuisine and healing.
- The natural thermal waters are relatively under-used or under-developed in some Balkan countries although they are plentiful (e.g. Greece, Macedonia, Serbia).
- So far, the development of health tourism, like in many countries in Central and Eastern Europe, has mainly been based on government-supported domestic rehabilitation spa and balneology-based tourism (Slovenia is an exception with the recent focus on wellness).
- Services and facilities need investment and renewal if they are to attract international rather than domestic tourists.

Health tourism demand in the Balkans countries

The analysis of tourism demand in the Balkan countries was limited by the unavailability, heterogeneity as well as the unreliability of the data. All of these shortcomings can be drawn back on the one hand to the above mentioned different resources, on the other hand to the different understanding of the terminology, and the different problems regarding the methodology of data collection. However, some research data does already exist (e.g. Kesar and Rimac, 2011; AHVN, 2012).

In the tourism strategy of Albania, the history, the archeological values, other cultural attractions and the natural resources are highlighted (Marku, 2014), however health tourism is not included as a major focus. This is the main reason why information about health tourism demand seems impossible to find.

According to Horwath (2013) in Bosnia and Herzegovina the term health tourism is mainly associated with the use of curative thermal and mineral springs primarily for rehabilitation. Spas accounted for only 5% of the total overnights in Bosnia and Herzegovina in 2012 of which 14% were domestic visitors. The average length of stay in spas was 4.8 days in 2012. All of these numbers represent an increase compared to the year before. Felic (2013) suggests that most of the users of health tourism services are local, although the number of foreign tourists is growing.

Bulgaria has a long history of balneology and spa tourism, nowadays there are around 65 balneological resorts in the country (Stancioiu et al., 2013) visited by domestic guests mainly with a low average length of stay (Hall, 2013). In the recent past, the supply of medical tourism changed considerably, and only 30 out of 200 sanatoria and hospitals were operating after the year 2000 (Hall et al., 2006). Euromonitor International (2014a) showed that in 2013 health and wellness operators were trying hard to attract more consumers from the middle class and more inbound tourists from the economy segment, rather than being viewed mainly as expensive, luxurious venues and therefore expensive.

In Greece, health-conscious tourists can choose from different types of health services such as thalassotherapy centres and spas. The country's 16 internationally known spa centres attract around ninety thousand guests yearly, who use around 1.3 million services in these facilities. Didaskalou et al.'s (2004) analysis shows that between the late 1970s and the turn of the century the number of customers using baths and hydrotherapy services decreased significantly. Euromonitor International (2014c) showed that health and wellness tourism actually declined in current value terms in 2013. In contrast, the spa sector is set to continue growing reaching 370 outlets including growth in value sales by the end of the forecast period.

According to the study of Kesar and Rimac (2011) four segments of Croatian health tourism can be differentiated:

1. Medical tourists: who arrive for rehabilitation, mainly in one of the five biggest, famous sanatoriums and/or twelve specialized hospitals based on thermal and mineral springs. In this case the costs of the travel and treatment are financed by the Croatian state.
2. Spa-thermal tourists and thalasso tourists: these tourists arrive to the thermal-water based facilities, hospitals financed by themselves.
3. Wellness tourists: relatively new segment, the main target segments of the wellness centres, and resorts, who arrive mainly to have stress-management and relaxing treatments.
4. Clinical tourists: those tourists who arrive for health care services. This type of the tourism is the more underdeveloped in the country according to their report.

According to the State Statistical Office of the Republic of Macedonia (2014) Macedonia has around 28,405 spa tourists (an increase of 4% in 2013 compared to 2012). 86% of these are domestic tourists and 14% are foreign. However, Taleska et al. (2015) suggest that the total percentage of international tourists who visited the spa resorts in Macedonia in 2014 was less than 1%. The number of overnight stays by domestic tourists is around eight times bigger compared to the number of international tourists. Foreign tourists mainly originate from the neighbouring countries, Albania, Greece and Kosovo and tend to be aged 50+.

Riggins (2014) suggests that health tourism in Montenegro has increased by 20% in the past five years, mainly because of the medical tourism industry (e.g. dentistry, rheumatics, cardiac rehabilitation programmes).

In Romania, the interest in spa resorts decreased dramatically after 1990 as it was no longer supported by local or central administration. Domestic tourists

could not afford it, and a research study in 2009 showed that only 3.5% of tourists to Romanian spa resorts were foreigners (Dinu et al., 2010). These days in Romania balneotherapy treatments are used to heal, to rehabilitate and to prevent illnesses from occurring as well (Erdeli et al., 2011 Stancioiu et al., 2013). According to a survey undertaken by Eden Spa in Bucharest carried out with a sample of 5000 people, the guests of the spa are rather young (56% are 26-35 years old, 23% are 36-50 years old and 12% are 18-25 years old), well-educated, have a middle or senior manager position, are health conscious and aware of the importance of physical activity. For these guests the motivation for travelling is to escape from everyday life (Dinu et al., 2010). Another significant segment of visitors according to Dinu et al. (2010) are retirees, who represent a third of the customers. Their primary interests are for the healing services of the baths. Another segment of Romanian health tourism are clinics which are providing different types of services like dental services, plastic surgeries, ophthalmology and treating old age diseases. This part is less significant at the moment, but it shows rapid growth in the numbers of customers in the recent past. The data of the volume of the demand side is contradictory: the Romanian Association of Travel Agents suggested that 2-3% of visiting tourists are using medical services and based on the information of the Statistical Office the number of tourists using Romanian medical services are around 20,000. However, other sources estimate the number of tourists who are visiting the country because of its medical clinics are around 60,000. The tourist whose choice of destination is influenced by the difference in prices in these kind of services, are mainly Italian, British, French or German. The prices of Romania can be up to 40% lower compared to the Western European prices.

In 2012 the Serbian baths and spas generated a tourism flow of 347,000 visitors, and 2 million guest nights, with an average length of stay of 5.9 days (Horwath, 2013). Wellness programmes have become more and more popular in Serbian spas in recent years (National Tourism Organisation of Serbia, 2015). According to the Secretary General of the Serbian Spas Association 10 per cent of total international travellers to Serbia come for spa tourism and spa tourism represents over 30 percent of all domestic tourism (Travel News, 2010).

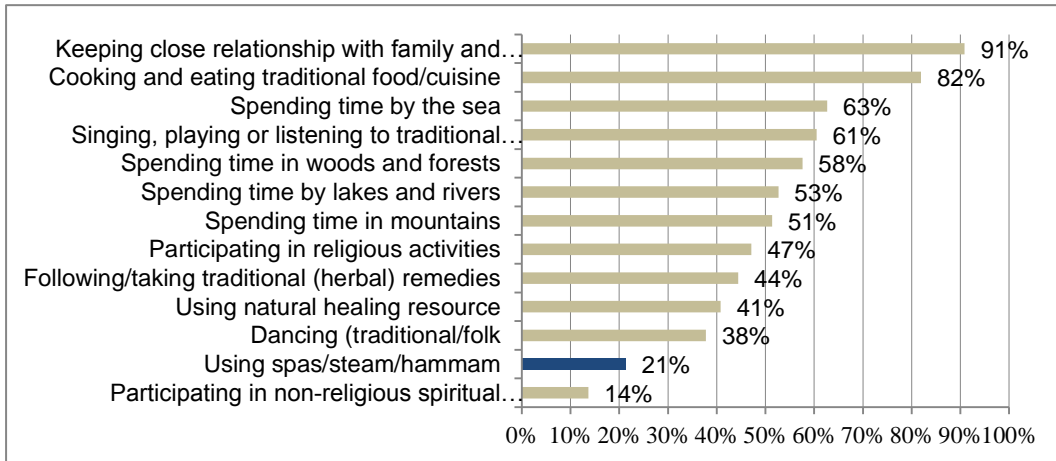
Lebe (2014) describes how 80% of Slovenian spa guests were referred by insurance companies until 1990, but after that the spas had to find most of their business on the free market. Between 1995 and 2010 all Slovenian spas renewed their swimming pools, upgraded and sometimes enlarged their accommodation facilities, and added wellness programmes to their offer. However, there was recognition that the health/medical service and wellness markets were not necessarily compatible. Pak and Altbauer (2014) estimate that 32% of overnights in Slovenia in 2013 were taken in spa resorts, 22% of total international overnights and 47% of total domestic overnights. The top five markets for spas come from Austria, Italy, Russia, Germany and Croatia. The average length of stay is about 3.98 days. Euromonitor International (2014b) suggested that health and wellness tourism declined by 4% in 2013 in terms of current value sales, mainly because fewer foreign visitors went to health and wellness centres. On the other hand, the number of local visitors marginally grew. Unfortunately, medical tourism also dropped by 5%. This could perhaps be attributed to the lower number of Russian tourists travelling to Europe at present.

Under the Ministry of Health in Turkey a Department of Health Tourism was established in 2011 and health tourism was one of the priority areas identified in the 2023 Draft Report of Tourism Strategy of Turkey. The Ministry of Health considers three main segments of health tourism (Barca et al., 2012): medical (medicine) tourism, thermal tourism and elderly and disabled tourism. Turkey has a relatively strong reputation in the field of medical tourism including a large number of internationally accredited hospitals. According to Korkmaz et al. (2014) IVF and ophthalmology are the most popular areas of clinical tourism: more than 100 thousand international tourists use these health care services yearly, stay for 4-5 days, and spend 5 times more than the holiday tourists. The foreigners, who represented 70% of the health tourism demand in 2013, are mostly from Germany, Bulgaria, Romania and Iraq. The price difference of the medical services, which can be as much as 70%, plays a very important role in choosing the destination of the holiday. Although the number of domestic guests is not increasing, on the other hand every year more and more foreign people are becoming interested in Romanian health tourism, which means that the foreign share of the total guest numbers seems to be increasing steadily. In the coming years, it is expected to grow continually which will result in five times as many guests in 2023 as there are today.

The research carried out within the framework of "KTIA_AIK_12-1-2013-0043 "Applicability of the regional well-being and wellness concepts and support ICT development opportunities realized in the Balkans" project supported by the National Research, Development and Innovation Fund financing" generated comparative data considering different elements of health tourism demand. A quantitative survey was undertaken using telephone-interviews in the summer of 2014, through simple quota sampling, with the objective of assuring representativeness in the area of age and gender, as well as education and settlement. The survey took a sample of 1000 answers from each country in the official language of each country, creating a sample of 11,000 answers.

According to the results, a central element of health tourism - spas - are used on average by 2 out of 10 respondents at least once a year (21.4% of the respondents) in the countries of the Balkan region.

Figure 1. Which of the following activities do you practice at least once a year? – multiple answers, rate of the respondents, based on KTIA (2014) research



Usage of the spa/baths/hammams at least once a year is typical in the following countries: Slovenia (46% of the respondents), Turkey (42%), Bulgaria (34%), Romania (31%), Croatia (29%).

The rate of using herbal remedies, therapies and natural healing resources are almost the same: the former is used by 44% of the respondents while the latter is used by 41% at least once a year. The rate of the usage is almost the same in the following countries: Bosnia-Herzegovina, Bulgaria, Greece, Macedonia, Serbia and Turkey. The use of herbal remedies is higher in Albania, Croatia, Montenegro and the use of natural healing resources is higher in Romania.

Religious practice varies considerably in the Balkan countries: e.g. the percentage of active religious people is 24% in Albania, 66% in Romania, Turkey and Bosnia-Herzegovina.

Conclusion

It could be summarized from this research that health tourism demand in the Balkans is still mainly dominated by domestic tourism. The region is developing at different rates according to each country, and although wellness and medical tourism can become competitive in the future, in some cases, there is still a long way to go. Despite the diversity and attractiveness of resources, especially natural resources, there are serious limitations in terms of infrastructure and service quality and the investment needed to develop it. Many international tourists are not familiar with the rich traditions of balneology and even some Western doctors are not convinced by the medical effects of the waters. Complications can also arise in terms of transparency of social healthcare and insurance systems, which may be especially important for medical tourism. In some countries, wellness facilities are already starting to meet Western standards (e.g. Slovenia, Croatia, Greece, Turkey), however, competition from the rest of the world is already extensive. Attractive and unique health tourism

products can be developed, but these may need to combine the natural, thermal, gastronomic and cultural resources to be truly competitive.

Among the countries in this region there are some, which already play an important role in the international tourism market, however the rest of the countries can be categorized as a developing market especially in terms of international tourism. The development of health tourism could however, become an important tool for economic development in the countries of the region as well as encouraging stewardship of natural and cultural resources. This study highlighted that the countries in the Balkan region can potentially develop differentiated, unique products even in the competitive market of international health tourism.

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A complex image-analysis of the Balkan region, with a special focus on wellness tourism

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Abstract

The Balkan region is well-known for its wild beauty, the beautiful scenery of the mountainous as well as the coastal areas, the natural endowed resources, as well as the colourful culture. Joy of life is usually an image, which is connected to Balkan people, and referred to in pieces of art, like the book of Zorba the Greek (with a well-known message „This is true happiness: to have no ambition and to work like a horse as if you had every ambition. To live far from men, not to need them and yet to love them. To have the stars above, the land to your left and the sea to your right...”) or the film of Borivoje Šurdilović titled „The hot wind”. On the other hand, the term Balkan can usually suggest another meaning: A contradictory region with the phenomenon of 'balkanization' containing ethnic conflicts and war, fragmentation and dividedness, and business under the table. In this article, the Balkan region will be treated as a destination, a so-called umbrella-destination, and its image will be analyzed through different pieces of research. First of all, the concept of destination management, and destination image will be introduced, as well as the theoretical approaches to health tourism and wellness tourism. Later, the results of quantitative research will be introduced regarding the internal image of the Balkan people, and later a content-analysis made in the framework of the same research project about the external image of the Balkans. Lastly, the results of a content analysis will be presented which focused on the question: What is the image of wellness tourism as seen on TripAdvisor of each of the countries in the Balkan region?²

Introduction

The definition of the Balkans is usually connected to the Balkan mountains or Stara-Planina (Old Mountains) in a Slavic area (Todorova, 1997). Geographically, the Balkan Peninsula should be highlighted as well, it is in South-Eastern Europe and bordered by seas (e.g. Black Sea, Marmara Sea, Aegean Sea, Mediterranean Sea, Ionian Sea, and Adriatic Sea). The northern border of the area is difficult to define, as this can vary. The viewpoint of Cvijic (2008) should be highlighted who states that Krajina and so called Partium (Gorozia, Gradiska, Istria) are the northernmost areas of the territory. It is rather difficult to define the region from a geopolitical point of view: It is a divided and dynamically changing

² The preparation of this study, the number of KTIA_AIK_12-1-2013-0043 "Applicability of the regional well-being and wellness concepts and support IKT development opportunities realized in the Balkans" project supported by the National Research, Development and Innovation Fund financing.

region in terms of the political power situations, and cannot be considered as a homogenous entity from the geopolitical side. After the war of Southern Slavonic countries, the following countries are generally seen to be those belonging to the Balkan region: Albania, Bosnia and Herzegovina, Bulgaria, Greece, Macedonia, Montenegro, Serbia, Croatia, Romania, Slovenia, and Turkey.

These countries will in the focus of the multiple-side research-project introduced in this article, and presented as part of the Balkan region, however it is accepted that only a part of Turkey is located in the Peninsula. The main question of this article is: How is the Balkan region seen by locals and tourists, and in particular, wellness tourists? The following sub-questions directed the multiple-side research (including the research methods):

- How do Balkan people see the Balkans themselves? (quantitative study in the research project)
- How is the external image of the Balkan region regarding tourism? (qualitative content analysis from TripAdvisor reviews in the research project)
- How do Balkan tourists see wellness tourism in the countries of the Balkan region (up-to-date qualitative content analysis from TripAdvisor reviews).

Defining destination and destination management

A destination can be defined as an area offering tourist services and activities, and which has special attractions. From a geographic point of view the destination could be a continent, a country, a region or any kind of a place, and its border is determined by the distance from the home country of the tourists. It is important to highlight that in an optimal case, the borders of the destination should be defined by natural borders (e.g. Alps, or Lake Balaton), instead of political borders, or the frequently changing borders of economic development (Bieger, 2006). The definition of Flagestad (2002: 4) is the closest to this interpretation, as he handles destinations as an entire entity: "A geographical, economic and social unit consisting of all those firms, organizations, areas and installations which when combined are intended to serve the specific needs of the visitors." Based on the experience-oriented view of tourism, destinations can be defined as the crystallizing point of tourist demand, as well as the place for tourists' stay, and experiences. Crouch and Ritchie (2000) place even more emphasis on the importance of the experiences: the main product of touristic competition is the experience gained in the destination in their approach (Sziva, 2009).

In an optimal case the destination operates as a management entity in spite of its numerous and heterogeneous players (Pechlaner, 2003). This kind of approach can be seen in the basic definition of WTO (1993): the destination is a place, which possess appropriate attractions, infrastructure, and touristic services, so as to be the place for the touristic stay, and appear as an entire market player for the tourist. The destination should be seen as a concrete touristic service supplier, a "multi-product company" (Krippendorf, 1971).

In terms of management issues, historically the coordination of the destination was limited to marketing-communication. The overall coordination came alive because of two factors: 1. assuring the sustainable development of the destinations to eliminate the negative effects of tourism; 2. to develop and

harmonize the supply elements of the destinations so as to meet the needs of the new tourists. The two main pillars of the overall coordination – sustainable development and assuring market success – are included in the concept of destination management (Sziva, 2009).

Destination branding and image

According to one of the most important definitions: “A brand is defined as a name, term, symbol or a combination of these that identifies the product or service and distinguishes them from the competition” (Kotler, 1998:491). In the so-called experience economy the brand must contain more than a slogan and logo; the successful brand possesses a so-called emotional surplus, which creates a real unique position for it in the beliefs of the consumer. This kind of approach can be seen in the following definition: “The brand is a person's visceral feeling about a product, service, or company” (Neumeier, 2005 cited in Papp-Váry 2009:5).

The same baselines can be introduced regarding tourism destination branding as well. The destination brand is actually synonymous with the "spirit of place", the local atmosphere and the core of the tourism experience that differentiates the destination from its competitors. So the destination brand (based on experience or beliefs) affects the traveller's attitude towards the destination, mainly on an emotional level (Anholt, 2009).

“Destination branding is the set of marketing activities (1) that supports the creation of a name, symbol, logo, word mark or other graphic that readily identifies and differentiates a destination; (2) that consistently conveys the expectation of a memorable travel experience; (3) that serves to consolidate and reinforce the emotional connection between the visitor and the destination; and that (4) reduces consumer search costs and perceived risk. Collectively, these activities serve to create a destination image that positively influences consumer destination choice.” (Hulbert and Pitt, 1999 cited in Pike, 2014:25)

The image of the destination can be seen according to one of the basic definitions as „an attitudinal concept consisting of the sum of beliefs, ideas and impressions that a tourist holds of a destination (Crompton, 1979 cited in Uysal et al; 2006: 638). Papp-Váry (2009) differentiates between internal and external image regarding country-image so the same distinctions should be highlighted in the case of destinations. The internal destination image is a complex belief of the local people living in a certain area, which includes all the perceptions they have about themselves, about the geographic area, and all those issues which can be connected to the tourism offer of the given destination (usually including political aspects as well.) The external image is the picture that tourists create of the destination, which is also complex, and shows elements of the effects of advertisement campaigns of the destination (induced image), as well as an organic part from the different experiences in the destination, or media, or word-of-mouth (Gunn, 1998.)

Health tourism and wellness tourism

The complex area of health tourism can be defined as “a broad concept of medical and wellness tourism.....when tourists travel with the main motivation of the improvement of their health status and / or preservation, and use services for healing and / or prevention, and stay minimum one night in the area”(Ministry of Local Government, 2007: 10).

The new trends of holism reaching Western European and American regions brought some new trends to wellness tourism. All of these innovations can be seen in Smith and Puczkó's (2013) definition of wellness tourism which emphasises the balance between different domains of a person's life (e.g. physical, mental, social) as well as including preventative approaches to health and creating healthier lifestyles. According to this viewpoint wellness services should focus on exercise and healthy eating, relaxation and different lifestyle programs. Participation in wellness tourism requires a conscious decision, resulting in health awareness.

Communication of wellness tourism in the Balkan countries

The green, wild beauty and natural remedies are an important part of the Balkan region, as well as “joy of life” or the positive attitude of the Balkan people. There are also special treatments used locally, which could be promoted as unique selling points of each country. Hammam is a typical Turkish bath (without a pool in it), while forest hammam is a Serbian therapy, using the positive energy system of forests. Natural remedies can be seen as important in almost all countries: traditional phytotherapy is used for healing and beauty treatments nowadays as well as thermal and medical baths which have long traditions.

However, there are also considerable endowed resources, complex products and segmented offers, and the communication of wellness tourism should be further developed. According to a structured content analysis researching the websites of NTOs (national tourist offices) in the Balkan region made by Balazs et al. (2015), wellness tourism offers are rarely highlighted. It seems that only Slovenia focuses on wellness tourism and that is the country where the most modern facilities (spas, baths, wellness hotels) exist. There is a dedicated sub-page on the website of Bosnia & Herzegovina; Bulgaria, Romania, Serbia.

Regarding the content (text, multimedia) concerning improving wellbeing, it is highlighted on the main page of Slovenia, Romania and Croatia, and wellness tourism appears in the rest of the photos in these countries as well. It is important to create concrete messages and segmented package offers in order to market a product. Regarding wellness tourism, there were concrete messages in the following countries: Serbia - place for relaxation and recharging batteries; Montenegro – for regeneration; Greece – for special life feeling, wellbeing.

Research methods

The main aim of the article is to give an answer to the following question: What is the image of the Balkan region with a special focus on wellness tourism? The following sub-questions should be identified:

1. How do the Balkan people see the Balkan region? (internal image)
2. How do tourists see the Balkan region? (external image)
3. How do tourists see wellness tourism in the Balkan region? (external image of wellness tourism)

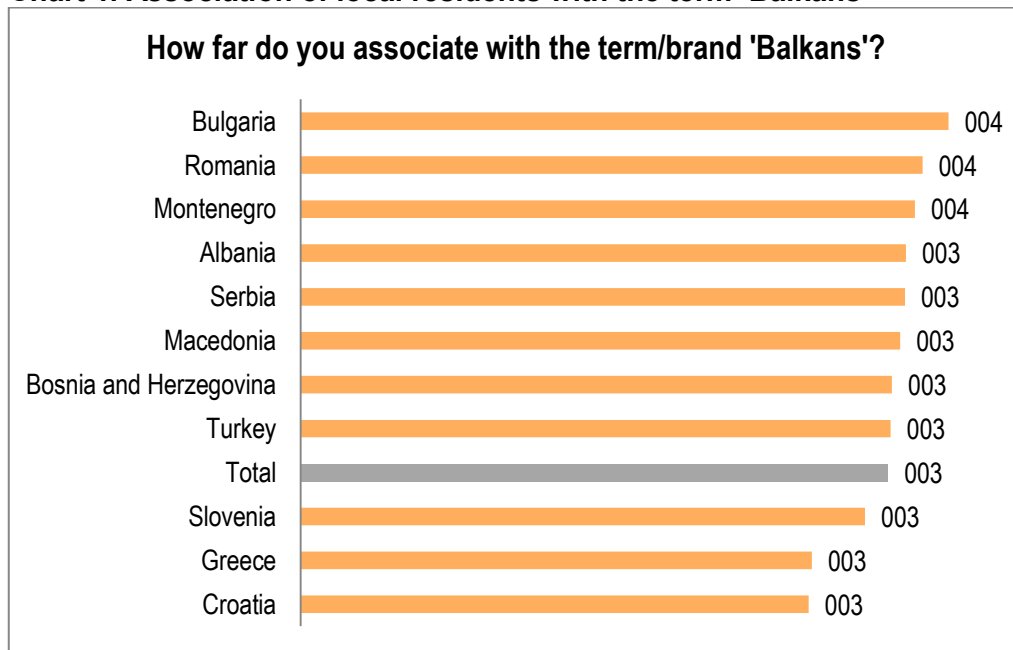
The following research methods were used to identify the answers to the questions, on the one hand in the overall research project highlighted above, on the other hand in the framework of a recent content-analysis.

1. The internal image was identified in the quantitative part of the highlighted research project (KTIA_AIK_12-1-2013-0043 "Applicability of the regional well-being and wellness concepts and support IKT development opportunities realized in the Balkans"). The sample contained 1000 answers from each (11) countries, and was representative for age and gender.
2. The external image of the Balkan region was analyzed in a qualitative content analysis with focus on the tourism-related aspects of "Balkanness" on TripAdvisor. The sample contained 3860 reviews, and were analyzed through structured content analysis. (Michalkó, et al. 2015)
3. The external image of wellness tourism in the Balkan region was analyzed in the framework of TripAdvisor research searching for reviews in the area of wellness tourism in the given countries, and analysed the reviews through closed-coded content analysis, focusing on the context of the term 'wellness' and 'Balkan wellness'.

Research results

The internal image

The questionnaire referred to above contained two main questions regarding how the Balkan people see the Balkan region. The objective of the first question (How positive is your association with the term/brand „Balkans“? (Likert 1-5)) was to gain a picture about the overall attitude of the residents regarding the Balkan region and the term 'Balkan'. The following chart shows the average of the answers.

Chart 1. Association of local residents with the term 'Balkans'

Fairly positive attitudes seem to be typical with an average 3,39 (1-5 Likert scale) although Bulgarian and Romanian answers are above average, while Slovenian, Croatian and Greek answers are more negative. The negative attitudes could be connected to the objectives of these nations to associate themselves more closely with EU norms. The objective of the second question was to find out what kind of attributes residents find typical in the Balkan region (with the question: Please respond on a scale of 1 to 4 to what extent your country applies to one of these attributes? (1-4 scale)). According to the results the Balkan people see their countries as: mountainous and green, a little bit polluted, noisy. Regarding the climate hot and dry attributes were the most usual. The political situation can be seen in the results as well, as the Balkan countries are seen as unstable and poor and expensive. The residents feel that their culture is mainly traditional and local, and a little bit old. The people are seen to be friendly, but unfortunately in this complex aspect rather unhealthy and a bit unhappy.

The overall external image

According to Michalkó et al. (2015) according to the TripAdvisor reviews that they analysed, the Balkan region as a geographical unit is mentioned by 15.2% of the reviews. The following words are connected to this aspect: area, city, coast, countries, mountain, peninsula, region. Balkan is mentioned as a mental geographical unit.

As TripAdvisor is a travel-based community site, the travel connected aspects of the Balkans is highlighted in 53% of the reviews. The most usually mentioned words connected to a typical Balkan trip are adventure, holiday, hotel, journey, restaurant, trip, travel, tour (e.g. "This is a perfect location for a lovely Balkan

holiday.” Swedish tourist in Montenegro). As a summary, it can be said that Balkan travel is challenging, but it is a lovely adventure.

Another important dimension is the Balkan culture (15.5% of the reviews) in terms of architecture, art, folk culture, heritage, history, language, music, people, tradition, war. The latter is an important filter of the experience. (“We felt making the effort to visit Mostar was well worth it, after watching its demise in the Balkan War.”) It can be said that the Balkan culture is perceived as a cross-regional culture with deep faith in traditions and charming complexity.

Gastronomy (11.5%) is again an interesting element of the Balkan experience mainly mentioning the coffee, cuisine, dinner, dish, drink, food, grill, flavour, kitchen, meal, pastry specialty, taste, wine. According to the tourists Balkan gastronomy is spicy, tasty, special, delicious and occasionally heavy.

Finally, the so-called Balkan atmosphere (4.8%) can be identified with the most usually mentioned words in this context being: feeling, experience, habit, hospitality, idyll, level, mentality, style, standard. On the one hand, the Balkan feeling is highlighted in the area of joy of life, music, parties. (“Budva is definitely a nice party city, Balkan feeling is in the air.”) On the other hand, Balkan feeling refers to the poor quality and business under the table as well. Overall, the Balkan atmosphere is contradictory: there is the charm of the complexity, joy of life, heartwarming hospitality, but the negative aspects of cheating, low level of quality and pollution.

The external image of wellness tourism

In the framework of TripAdvisor research ‘wellness’ and ‘Balkan+wellness’ terms were searched. In the case of Balkan wellness the hits containing both words (Balkan+wellness) – sometimes in different sentences - came up, and ‘Balkan wellness’ as a phrase did not appear. Comments (summarized in Table 1.) were analyzed through closed-coded content analysis in each country with the following results:

- In Slovenia facilities were highly rated and mainly the opinion of domestic tourists appeared on the site, appreciating the wellness facilities of Slovenia very highly, mainly enjoying the water-based facilities, and the equipment. (“Very modern hotel with a well-equipped wellness area, a big swimming accommodation and a reasonably equipped fitness room.” Anonymous traveller.)
 - In Croatia (particularly in the Opatija region) a lot of comments are generated by international travellers (British, Serbian, Hungarian travellers) and the facilities were evaluated according to international standards. The luxurious hotels reached the international expectations (“We had an English menu and morning news letter informing us of trips and treatments at the wellness centre” British tourist), but in some premium, medium hotels the service quality should be improved.
 - In Serbia, domestic guests were dominant among the commentators, though there are international guests in large numbers from Croatia, Bulgaria, and
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even long-haul travellers from Australia and USA. Meeting international standards is usually challenging (“The massage we chose was listed on the website at being 70 minutes long, but I was assured AFTER the massage had ended, that this was a mistake and should have been listed as 60 minutes-long only.” British tourist). It must be highlighted that the medical treatments are usually successful.

- In Montenegro, there are a few facilities evaluated, but mainly comments of international visitors. The evaluations varied considerably. The ski-spa packages are highly appreciated in the mountain areas. (“The suites are very nice, loved the combination of wood and stone throughout the hotel. The indoor swimming pool, jacuzzi & spa are a nice treat after a long day at the slopes.” Saudi Arabian tourist.)
 - The number and the quality of wellness hotels in Bosnia & Herzegovina have been developing, and surprisingly there are a large number of international comments (which can be explained by the high prices of the wellness facilities). The opinions varied a lot: service quality needs further development. (“The common thing for all luxury hotels in Bosnia and Herzegovina is perfect deluxe design, and mediocre service and accompanying offers” Anonymous traveller.)
 - Greece is a popular wellness destination according to the comments, particularly in the circle of international tourists, with highly evaluated outstanding resorts. The high quality of services in these places are highlighted by the commentators.
 - Macedonia has a developing wellness tourism market: 8 facilities are presented on TripAdvisor, with great differences between the opinions. Mainly the international standards are questioned by the travellers from developed markets (e.g. Italy).
 - Albania is also a developing market with 8 facilities appearing on TripAdvisor. All of the facilities are located in Tirana. The circle of reviewers is dominated by international tourists, with outstandingly good opinions of the facilities. (“The restaurant has a great breakfast buffet and the wellness centre is top quality and well worth a visit.” Irish tourist.)
 - In Bulgaria 83 facilities are registered on TripAdvisor. Regarding the comments, there is a huge difference between the domestic and the international opinions, mainly in the area of the equipment of the facilities, although there is an understanding regarding the low prices.
 - Romania has 86 facilities listed on TripAdvisor. Hereby we can find differences between opinions of international and domestic tourists as well: the international tourists highlight the lack of value for money, poor food and spa, while all of these problems are rarely noted by domestic tourists. The green and intact nature is highly appreciated. (“Location is fantastic overlooking the famous bear lake surrounded by woods and nature.” Israeli tourist.)
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- Turkey is the most popular destination based on the ca. 370 wellness facilities marked on TripAdvisor. Domestic and Near-Eastern commentators make up most of the comments. The so-called Turkish bath is generally highly appreciated (“I and my friends had an amazing Turkish bath and massage. It was very reasonably priced and a fab experience for us all. Extremely clean with very friendly, professional staff who looked after us like princesses.” British traveller.)

Table 1: Sample of the external image of wellness tourism

Dimension / Countries	wellness				Balkan wellness			
	restaurants	lodgings	attractions	vacation rental	restaurants	lodgings	attractions	vacation rental
Slovenia	2	147	18	7	2	20	9	4
Croatia	5	232	13	13	2	39	8	8
Serbia	3	63	8	1	9	31	6	1
Montenegro	1	22	5	0	3	15	4	0
Bosnia and Herzegovina	1	28	4	0	2	16	1	0
Greece	5	143	31	3	2	9	19	0
Macedonia	0	8	0	0	0	6	0	1
Albania	1	5	3	0	0	4	2	0
Bulgaria	1	78	5	2	6	37	9	4
Romania	5	73	13	0	2	12	9	0
Turkey	5	320	49	3	19	21	40	0

The Balkan context appeared as a geographical unit without any special meaning (“Breakfast is one of the best in the Balkans”, Anonymous traveller) Sometimes a negative aspect was noted: the Balkan family and culture which could be too noisy in a spa (“Kids run in all directions and cause mess; parents are not better either. One mom squished a bagel to see how soft it is then left it - typical for Balkan families, and that's something that you should take into consideration when considering this hotel. Nothing with the hotel, just the culture of the guests.” British guest), or in a wellness hotel, as well as the Balkan food, which is too heavy, but quite tasty.

The positive elements of wellness tourism in the Balkan region can be seen in the following areas: great water facilities, nice design, some good spas, the green, intact environment, enough parking spaces for cars, and great traditional treatments (e.g. Turkish bath, or medical therapies). On the other hand the low service quality, crowds, the lack of appropriate numbers of staff, bracelet system, the low level of choice and taste of the food are those elements, which should be developed according to the reviewers.

Conclusion

Balkan people have a positive attitude towards the Balkan region: this positive internal image is a good baseline for building regional pride and brand. Intact nature, natural healing resources and local traditions are highly appreciated by the tourists, and the residents as well, and all of these elements serve as great resources for uniqueness. Segmented offers (for demographics or lifestyle) are rare, and there is a lack of differentiation on the part of service suppliers. Branding has been started in some countries, but more emphasis should be placed on segmentation, targeting, positioning strategies and conscious communication.

The external image of the Balkan region is fairly positive, and contains charming, complex, adventurous, special, challenging experiences, which all meet the values of „new” tourism. By extending the branding process the negative (sometimes detrimental) experiences for example, quality and bad habits, can be avoided, with a focus on the following elements: joy of life, pure nature, charm and complexity, heartwarming hospitality and local resources. All of these values can work as a baseline for the wellness market as well as for branding strategies. This means that as further product development begins, there should be a focus on local uniqueness and improvement of service quality.

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“Connecting to nature” healing programs and spirituality landscapes as part of an (evidence based) medical SPA concept: Landscape therapy and QoL – Meteora, Greece – Case study

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Background

Nature has been shown to be beneficial for our overall health and wellbeing. We are all connected to nature and it is important to maintain this vital connection for our health and wellbeing, which is described in the work “The Biophilia Hypothesis” by Edward. O. Wilson (1984). Some researchers have suggested that a significant portion of modern children and adults may be experiencing sub-optimal levels of exposure to green space and time spent in natural settings (nature deficit disorder). In an increasingly urbanized world more and more people are turning to forests and woodland for recreation and tourism. Planning and providing for this growing demand poses challenges that need to be addressed by managers and designers alike (Tyrväinen, Nousiainen, Silvenoinen & Tahvanainen, 2001).

Spending time outside in nature or urban parks has been shown to positively affect a person’s emotions and improve their sense of well-being. Access to nature balances circadian rhythms, lowers blood pressure, reduces stress and increases absorption of Vitamin D (Nisbet, Zelenski and Murphy, 2011). Natural scenes dominated by green vegetation, including cultivated fields, improved well-being and reduced anxiety in subjects, increased positive feelings and reduced the arousal of fear (Karjalainen & Tyrväinen, 2002). Studies on the benefits of trees and woodland areas in general have shown that people enjoy the calming sensation brought on by listening to the sound of water in a woodland setting and the almost symbolic sense of stability and continuity given to life in the presence of trees. For other respondents, it was experiencing the diversity of a woodland environment in a multi-sensory way that made it therapeutic (Karjalainen, Sarjala and Raitio, 2011).

Increasingly, evidence demonstrates that contact with the living world around us is an important part of healing and recovery. The natural world's role in human well-being is an essential, yet often forgotten, aspect of healthcare. Of particular importance are the benefits one can derive through interaction with natural environments. Reincorporating the natural world is practiced to move healthcare toward being more "green" (Sijtsma, de Vries, van Hinsberg and Diederiks,

2012). Interaction with nature positively affects multiple dimensions of human health. Physiological effects of stress on the autonomic nervous system are lessened. Psychologically, deficits in attention can be restored or minimized, and people report feeling greater satisfaction with a variety of aspects of life (Chang, Lin and Chou, 2008). The presence of the natural world promotes social health by encouraging positive social interaction and lessening the frequency of aggressive behavior. Spiritual well-being is enhanced through the experience of greater interconnections, which occurs when interacting with the natural world.

One study examined the physiological and psychological responses to real forest landscapes as well as the therapeutic uses of forests relative to urban environments (Logan and Selhub, 2012). Results indicated that both “prior to viewing” as well as “during viewing” measures of salivary cortisol levels showed significant reductions in the forest environment, thereby supporting the possibility that not only viewing but merely being in a forest has stress-reducing potential (Li, Kobayashi and Kawada, 2008). Both the diastolic blood pressure levels and pulse rate, which are associated with the activation of the parasympathetic nervous system, showed significantly lower values in the forest environments. Typically nature or natural settings are broadly defined in this context as inclusive of outdoor areas rich in vegetation and non-human animal life, including forests, urban parks, waterside areas and relatively untouched wilderness regions.

Over 30 years have passed since scientist Roger S. Ulrich first began to examine some of the psycho-physiological changes induced by vegetation-rich scenes of nature (relative to urban scenes). His initial studies found that immediately subsequent to a required one-hour course examination, undergraduate students who viewed photographic scenes of nature (vs. urban built scenes) had a rapid improvement in positive mental outlook and a decline in reported fear and arousal. These subjective reports were subsequently corroborated in separate work involving objective markers of stress physiology including electromyography (EMG), skin conductance (SC) and pulse transit time (PTT). Ulrich was the first to use electroencephalograph (EEG) apparatus to evaluate brain wave activity while otherwise healthy adults viewed photographic scenes of nature vs. urban built scenes. The results confirmed higher alpha wave activity when viewing scenes of vegetation-rich (and aesthetically unspectacular) nature, indicative of a state of relaxed wakefulness and lowered anxiety. The original work of Ulrich has been validated to some extent by various international investigators. Nature scenes - steams, valleys, river terraces, orchids, forests, farms and bodies of water - have been shown to positively influence the same objective markers of EEG (higher alpha wave activity), EMG (decreased muscle tension) and skin conductance (decreased autonomic arousal).

Lower levels of the stress hormone cortisol have been reported in adults subsequent to performing the same mental activities in a garden setting vs. an indoor classroom (Li, Kobayashi and Kawada, 2008). In a Japanese investigation, researchers examined physiological stress markers in 119 adults who transplanted non-flowering plants from one pot to another. Compared to adults who simply filled pots with soil, the individuals working hands-on with the plants had higher EEG alpha wave activity, decreased muscular tension as measured by EMG, as well as subjective reductions in fatigue (4.,5). Evaluation with near-infrared time-resolved spectroscopy (NITRS), a device which measures

oxygen use in the brain via the reflection of near infrared light from red blood cells, reveals that 20 minutes of contemplation in a forest setting (vs. urban control) altered cerebral blood flow in a manner indicative of a state of relaxation (Logan and Selhub, 2012).

In a series of studies, the researchers evaluated brain activity while participants viewed a set of either rural (mountains, forests) or urban built scenes for 2 minutes each, followed by a 30 second rest. To minimize the influence of intrusive thoughts and a wandering mind, every 1.5 seconds a new photo was shown. The urban scenes showed pronounced activity in the amygdala, a region that typically shows enhanced activity in response to aversive stimuli. Hyperactivity of this area has been linked to impulsivity and anxiety, while shifts from negative affect to positive mental outlook are associated with a decrease in amygdala activity. Moreover, chronic stress and the stress hormone cortisol itself may promote amygdala activity, and a consistently overactive amygdala may enhance memorization for negative vs. neutral stimuli, short-circuiting the areas that would otherwise dampen amygdala activity (Howell, Dopko, Passmore and Buro, 2011). This is an interesting finding when considering that the mere visualization of being in a natural setting (vs. urban centre) is associated with experimental altruism in young adults (Karjalainen, Sarjala and Raitio, 2010). Objective measurements using an Eye Position Detector System (EPDS) have shown that eye fixations, indicative of the amount of attention engaged when viewing a scene, are significantly lower while viewing highly fascinating nature scenes vs. built urban settings.

This suggests that natural settings are less likely to place a burden on the inhibitory pathways in the brain - i.e. in nature there is less energy expended in efforts to filter out non-pertinent stimuli. For example, after researchers induced mental fatigue in subjects via a cognitively demanding task, half of the group then viewed images that had been independently reported to be high in cognitive restoration potential (forests, water views, mountains, ocean side etc). The other half of the mentally fatigued group viewed low restoration pictures such as city streets with multiple cars, industrial zones, housing developments, factories etc. After viewing some 25 photographs of either high or low restorative potential for about 6 minutes, the subjects repeated the same cognitively demanding task for another 5 minutes. Upon repeat testing, the group who viewed the restorative nature scenes had enhanced accuracy in target detection, faster reaction time, and a higher number of correct responses to challenge vs. those viewing urban scenes (Nisbet, Zelenski and Murphy, 2011).

Recently, Korean researchers set up an experiment to evaluate the cognitive effects of a walk through a pine forest vs. downtown streets. In a cross-over design, the subjects completed cognitive and mood tests before and after a 50 minute urban or forest walk. The results showed the expected elevations in mood among the forest vs. built urban walkers; however, they also showed that only after the forest walks did participants show significant improvements in post-walk cognition (Shin, Shin, Yeoun and Kim, 2011).

A separate study involving over 11,000 adults from Denmark showed that living more than 1 km away from green space (forests, parks, beaches, lakes) were 42

percent more likely to report high stress and had the worst scores on evaluations of general health, vitality, mental health and bodily pain.

In addition, after examining the medical records of 195 family physicians, Dutch researchers reported that the annual prevalence rate of 15 of the top 24 disease states were lowest among those with the highest green space within a 1 km radius from home. A mere 10% increase in green space vs. group average was associated with resiliency against chronic disease. Those with only 10% green space within 1 km had a 25% greater risk of depression and a 30% greater risk of anxiety disorders vs. those with the highest area of green space near the home (Stigsdotter, Ekholm, Schipperijn, Toftager, Kamper-Jørgensen and Randrup, 2010).

Some intriguing research suggests that there may be a two-way interaction between the potential mental health benefits of nature and the maintenance of biodiversity. A number of studies have shown that experience in nature, higher connectedness to nature, fosters pro-environmental attitudes and behaviors (Karjalainen, Sarjala and Raitio, 2010).

Canadian researchers have recently reported that contact with nature can foster positive mood state, which in turn facilitates a sense of nature relatedness. The researchers evaluated the psychological effects of walking different routes taken by young adult volunteers - one through buildings and tunnels and the other outdoors through mixed green space - to specific locations in and around the campus. Walking for just 15 minutes through green space, as expected, was associated with more positive post-walk mental outlook (Williams, 2007). The landscape itself offers retreat from daily routine. The concept of 'therapeutic landscapes' was developed by Gesler. It became a well-established concept for geographers and social science researchers (Rose, 2012; Williams, 1998; Williams, 2007). Williams' (2007) work identifies the elusive quality of the spiritual dimension of therapeutic landscapes. Therapeutic landscapes of spiritual significance allow for cultural and personal quests for alleviation, connection and renewal. There has been growing evidence that landscapes for renewal have measurable characteristics. Physical, social, and spiritual characteristics of the landscape interrelate to determine the appropriateness of a landscape for a particular health outcome (Miller and Crabtree, 2005).

“Landscape therapy and QoL - Meteora, Greece-Case study”

The aim of our research “Landscape therapy and QoL - Meteora, Greece Case study” was to measure the effects of the Meteora Landscape on the wellbeing of Summer 2014 Campus Qi gong attendants. Research was organized in cooperation with “Koru Qi gong centre”, and the Medical SPA Association of Serbia. There were nine participants taking part into research.

Material and methodology

Prior to the Landscape therapy all attendants undertook a “Mood food” questionnaire designed by Julia Ross (2003) along with the “Manchester color wheel” (MCW) test (Carruthers, Magee, Osborne, Hall and Whorwell, 2012). It has long been suspected that the relative abundance of specific nutrients can

affect cognitive processes and emotions. Newly described influences of dietary factors on neuronal function and synaptic plasticity have revealed some of the vital mechanisms that are responsible for the action of diet on brain health and mental function. Several gut hormones that can enter the brain, or that are produced in the brain itself, influence cognitive ability. In addition, well-established regulators of synaptic plasticity, such as brain-derived neurotrophic factor, can function as metabolic modulators, responding to peripheral signals such as food intake. Understanding the molecular basis of the effects of food on cognition will help us to determine how best to manipulate diet in order to increase the resistance of neurons to insults and promote mental fitness. Diet, exercise and other aspects of our daily interaction with the environment have the potential to alter our brain health and mental function. We now know that particular nutrients influence cognition by acting on molecular systems or cellular processes that are vital for maintaining cognitive function. This raises the exciting possibility that dietary manipulations are a viable strategy for enhancing cognitive abilities and protecting the brain from damage, promoting repair and counteracting the effects of aging. Emerging research indicates that the effects of diet on the brain are integrated with the actions of other lifestyle modalities, such as exercise and sleep.

Several dietary components have been found to have positive effects on cognition; however, caution is required, as a balanced diet is still the stepping-stone for any dietary supplementation. By the same token, popular dietary prescriptions that might help to reduce weight do not necessarily benefit the physiology of the body or the mind. Brain networks that are associated with the control of feeding are intimately associated with those that are involved in processing emotions, reward and cognition. A better understanding of how these networks interact will probably produce fundamental information for the development of strategies to reduce food addiction and obesity. Food can lift mood by affecting mood-regulating neurocircuits via a serotonergic mechanism. There is new research about effects of nutrients (micronutrients and macronutrients in food) on the structure and function of the nervous system: update on dietary requirements for brain (Bourre, 2006a, 2006b). Julia Ross in her book *Mood Cure* proposed the mood type questionnaire to select people with different mood type according to their neuronutritional needs (2003).

Manchester Color Wheel (MCW)

The Manchester Color Wheel is one of the non-verbal methods for detecting mood state in participants. The approach of MCW is to ask participants in the study to choose a color in response to a particular question about their psychological status. The Manchester Color Wheel (MCW) instrument consists of positive, neutral and negative colors and its validation in normal adults and those with anxiety or depression showed that it is responsive to change and reproducible. It also has the capacity to identify a positive frame of mind. The MCW might act as a rapid screening tool for detecting the possibility of a low mood state, which could then be further investigated by the use of more detailed questionnaires.

'Manchester Color Wheel' (MCW) is developed as a simple way of presenting 38 different shades of color to an individual, so that their color choice could be

related to their health or psychological status (Figure 1). Validation in healthy individuals as well as those with affective disorders facilitated the categorisation of colors into positive, neutral and negative shades (Figure 2) where it was found that the shade of a particular color, for instance light or dark, was just as important as the actual color itself in determining how an individual reacted to it. For the purposes of analysis and showing results each color on the MCW is given a number but this is removed when the MCW is shown to participants in order to prevent any possible confusion. In our validation study, we have advised that if the MCW is for any reason shown to the same individual on multiple occasions that it might be worth considering rotating it in case the position of colors becomes memorised. However, in this study the MCW was only shown twice to participants, with an interval of six hours between questionnaires, and it was therefore felt that rotation was unnecessary. Furthermore, participants were given no indication of which color is considered positive, neutral or negative.

All of our nine participants were asked to complete a Color Questionnaire using the MCW.

The following questions were asked:

1. Do you associate a color with your mood?
2. Irrespective of your answer to Question 1, please put a cross by the color that best matches your current mood.
3. Is there a reason why you have chosen this color?
4. Do you suffer from any medical condition requiring ongoing treatment?

Research plan for Landscape therapy Case study Meteora Greece

The Landscape therapy programme started with breakfast at 9.00 am. The tests were performed before entering the mini bus. After two hours of driving from Litchrono to Meteora and a soft drink in a local bar for half an hour, we enjoyed three hours of Landscape healing, landscape photography, a qi gong exercise called “ three centres” and music therapy using a sacral song called “Tebe pojem” by Mokranjac. Apart from the connection with the gorgeous nature, we were connected to tradition, heritage and spirituality within Meteora Monasteries. At the end, we gathered for a lunch around 3 p.m. Before lunch all the participants were re-tested with the Manchester color wheel test.

Results of the investigation

Among the nine participants according to the Mood food test there were:

1. Under the dark cloud, one participant, MCW color 34 before LT, MCW color 7 after LT
2. Suffering from Lethargy, one participant, MCW color 28 before LT, MCW color 8 after LT
3. Overwhelmed by stress, four participants, MCW colors 30, 24, 5, 4, before LT,
4. MCW colors 32, 20, 13, 29, after LT
5. Too sensitive to life's pain, one participant, MCW color 27 before LT, MCW color 31 after LT
6. Mood swinger, one participant, MCW color 35 before LT, MCW color 34 after LT, After lunch color 6

7. Balanced Mood food type, one participant, MCW color 15 before LT, MCW color 32 after LT

All of the attendants except one of them had a positive change in the Manchester color wheel test (MCW) after the LT. The one that had chosen the negative color again, changed the color to a neutral one after lunch. According to the "Mood food" questionnaire she was "Mood swinger" who had an unstable sugar blood level. She was hungry, retested six hours after breakfast, and the low sugar level in her blood prevented her brain from enjoying the landscape healing effect.

Conclusion

Our investigation, according to presented findings, has confirmed that Landscape therapy (case study Meteora Greece) had a positive effect on the mood state of all, except one, of nine participants. For an individual approach for a medical SPA client, the "Mood food" test should be performed prior to the attending of the programme, and if there is a "Mood swinger" type client, we should prepare a "snack" or "lunch packet" for that client to prevent the lowering of the sugar effect on his or her mood. (21.,22.,23.)

Appendix 1 - THE MOOD TYPE QUESTIONNAIRE by Julia Ross (2003)

Type 1. Under a Dark Cloud: Low in SEROTONIN

1. Do you have a tendency to be negative, to see the glass as half-empty rather than half-full? Do you have dark, pessimistic thoughts? (3)
2. Do you really dislike the dark weather or have a clear-cut fall/winter depression (SAD)? (3)
3. Are you often worried and anxious? (3)
4. Do you have feelings of low self-esteem and lack confidence? Do you easily get to feeling self-critical and guilty?(3)
5. Does your behavior often get a bit, or a lot, obsessive? Is it hard for you to make transitions, to be flexible? Are you a perfectionist, a neatnik, or a control freak? A computer, TV, or work addict? (3)
6. Are you apt to be irritable, impatient, edgy, or angry? (3)
7. Do you tend to be shy or fearful? Do you get nervous or panicky about heights, flying, enclosed spaces, public performance, spiders, snakes, bridges, crowds, leaving the house, or anything else? (2)
8. Are you hyperactive, restless, can't slow down or turn your brain off?(3)
9. Have you had anxiety attacks or panic attacks (your heart races, it's hard to breathe) (2)
10. Do you get PMS or menopausal moodiness (tears, anger, depression)?(2)
11. Do you hate hot weather? (3)
12. Are you a night owl, or do you often find it hard to get to sleep, even though you want to?(2)
13. Do you wake up in the night, have restless or light sleep, or wake up too early in the morning? (2)
14. Do you routinely like to have sweet or starchy snacks, wine, or marijuana in the afternoons, evenings, or in the middle of the night (but not earlier in the day)? (3)
15. Do you find relief from any of the above symptoms through exercise? (2)

-
16. Have you had fibromyalgia (unexplained muscle pain) or TMJ (pain, tension, and grinding associated with your jaw)(3)
 17. Did you have benefits from serotonergic antidepressants? (4)

If your answer is yes there are points in the brackets.

The score more than 12 needs mood food consultation.

Type 2. Feeling the Blahs: Low in NOREPINEPHRIN or Thyroid

1. Do you often feel depressed - the flat, bored, apathetic kind? (3)
2. Are you low on physical or mental energy? Do you feel tired a lot, have to push yourself to exercise? (2)
3. Is your drive, enthusiasm, and motivation quota on the low side? (2)
4. Do you have difficulty focusing or concentrating? (3)
5. Do you need a lot of sleep? Are you slow to wake up in the morning?(3)
6. Are you easily chilled? Do you have cold hands or feet?(3)
7. Do you tend to put on weight too easily? (2)
8. Do you feel the need to get more alert and motivated by consuming a lot of coffee or other "uppers" like sugar, diet soda, ephedra, or cocaine? (3)

If your answer is yes there are points in the brackets.

The score more than 6 in Part 2, needs mood food consultation.

Type 3. Over Stressed: Low in GABA or Cortisol

1. Do you often feel overworked, pressured, or deadlined? (3)
2. Do you have trouble relaxing or loosening up?(1)
3. Does your body tend to be stiff, uptight, tense?(1)
4. Are you easily upset, frustrated, or snappy under stress?(2)
5. Do you often feel overwhelmed or as though you just can't get it all done?(3)
6. Do you feel weak or shaky at times?(2)
7. Are you sensitive to bright light, noise, or chemical fumes? Do you need to wear dark glasses a lot? (3)
8. Do you feel significantly worse if you skip meals or go too long without eating?(3)
9. Do you use tobacco, alcohol, food, or drugs to relax and calm down?(2)

If your answer is yes there are points in the brackets.

The score is more than 8 in Part 3, needs mood food consultation.

Type 4. Too Sensitive for Life's Pain: Low in ENDORPHIN

1. Do you consider yourself or do others consider you to be very sensitive? Does emotional pain, or perhaps physical pain, really get to you? (3)
 2. Do you tear up or cry easily - for instance, even during TV commercials?(2)
 3. Do you tend to avoid dealing with painful issues?(2)
 4. Do you find it hard to get over losses or get through grieving?(3)
 5. Have you been through a great deal of physical or emotional pain?(2)
-

6. Do you crave pleasure, comfort, reward, enjoyment, or numbing from treats like chocolate, bread, wine, romance novels, marijuana, tobacco, or lattes?(3)

If your answer is yes there are points in the brackets.

The score more than 6 needs mood food consultation.

Type 5. Mood Swinger: Unstable BLOOD SUGAR

1. Do you crave a lift from sweets or alcohol, but later experience a drop in mood and energy after ingesting them?(4)
2. Do you get dizzy, weak, or headachy if meals are delayed?(3)
3. Do you have a family history of hypoglycemia, diabetes, or alcoholism?(4)
4. Are you nervous, jittery, irritable, inattentive on and off throughout the day; but calmer after meals? (3)
5. Do you have crying spells?(2)
6. Do you have intermittent mental confusion, forgetfulness, difficulty concentrating? (2)
7. Do you have heart palpitations, rapid pulse? (3)
8. Do you have frequent thirst?(4)
9. Do you get night sweats (not menopausal)?(4)
10. Do you get sores on legs that take a long time to heal?(4)

If your answer is yes there are points in the brackets.

The score more than 12 in TYPE 5, needs mood food consultation (The Mood Cure).

Appendix 2. 'Manchester Color Wheel' (MCW)

Figure 1

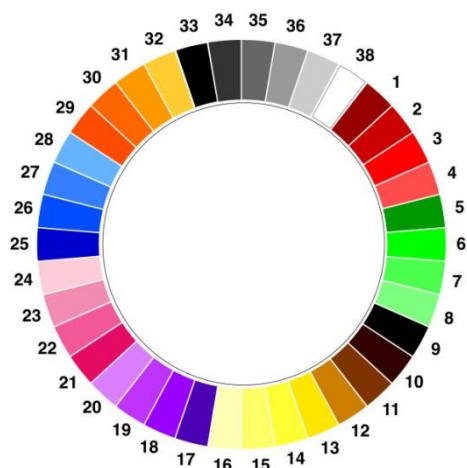
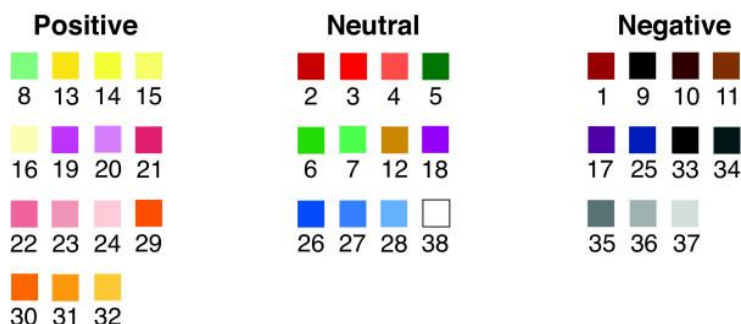


Figure 2



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An evaluation of the potential of the cross-border region Bulgaria-Serbia for the development of wellness, medical spa and spa tourism – possibilities and perspectives

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Abstract

Treatment and prophylaxis using mineral water have a long history dating back to the Roman Empire in the cross-border regions (CBR). The objective of the study is to evaluate the potential of CBR Bulgaria-Serbia for the development of medical spa and wellness tourism using hydrogeological, medico-biological and medico-social assessments of tourism resources. More than 30 mineral springs and 21 touristic objects have been studied. There are good hydrogeological conditions for the development of intensive medical spa, wellness and spa tourism in the area of investigation. The combination of free-flowing springs and specific climate conditions is a great advantage for the development of highly specialized tourism such as medical spas.

The main wellness principles for creating holistic effects of treatment are described, and on the basis of an assessment of the medical spa and spa network and the market for these services in the CBR, a new management concept is presented. The core of the model is finding a good balance between the unique environment, highly qualified personnel, quality of services and innovative products such as Geomedical tourism, which will contribute to wellness and spa tourism and become a successful business. The necessity for certifying medical spa and spa services and introducing a quality management system (QMS) and a health risk assessment system (HSE) is outlined with the view to promoting a specialized tourism product on the international market.

Introduction

The analysis of the international tourism market proves convincingly that for the last three years medical and recreation tourism have exhibited high rates of development and the marketability of the offered specialized packages, including balneological destinations, shows that they are desired by more and more EU citizens. This may be explained by the possibilities afforded by the EU member-states to their citizens – free choice of medical and health services in all countries which are members of the European Union. The dynamics of this process is reflected both in the quality of the offered tourism services in the individual states and in the creativity of managers in tourism. The quality of the proposed health and balneo therapeutic services in the different countries is also positively affected.

Design of the investigation

The aim of research and tasks

The objective of the study was to evaluate the potential of the cross border region (CBR) Bulgaria-Serbia for the development of medical spa and spa and wellness tourism.

The main tasks of investigation were:

- Evaluation of hydrogeological conditions in the research area
- Evaluation of medico-biological and medico-social prerequisites for developing medical spa and spa tourism in the CBR Bulgaria – Serbia
- To describe a model for the sustainable development of wellness tourism in the CBR.

Methods of investigation

A specifically developed methodology was applied for implementing the set tasks and achieving the project objective, which had the following sequence:

- Collection of archive hydrogeological information about the region to assist the expert hydrogeological assessment of the area from the moment of exploration
- Analysis of the actual situation
- Qualitative and quantitative assessment of the thermal mineral water resources in CBR based on the chemical analyses of mineral water from 30 sources
- Evaluation of the hydrogeological potential for the development of medical spa and spa tourism
- Analysis and assessment of the medico-biological effect of the studied mineral water on the basis of chemical composition and physical properties
- Evaluation of the medical-social aspects and existing conditions for development of the medical spa, spa and wellness sector in CBR using assessment of the current status of the deposits and their impact on the socio-economic outlook of the region
- Assessment of the prospective areas for investment purposes
- Evaluation of the potential of the areas for development of wellness, medical spa and spa tourism in CBR.

The investigation area

The investigation plan includes the following districts from Bulgaria: Montana, Sofia, Pernik and Kjustendil districts and Nish and Pirot from Serbia.



Map of investigation area

Limiting factors in conducting the survey

All experts' and prediction assessments are based solely on the chemical analyses submitted during the investigation work. The available archive materials are used to evaluate the sustainability of the hydro-chemical characteristics of mineral waters, using for treatment.

Obtained results of investigation

The main research findings are presented in Table 1.

Obtained results	Cross-border region objects
Hydrogeological data and estimate of springs potential (free flow rate)	More than 30 mineral springs
Estimate of hydrotechnical conditions of wells	More than 30 mineral springs
Hygienic conditions of wells	More than 30 mineral springs
Chemical composition of mineral water	More than 30 mineral springs
Medico-biological assessment of mineral waters	More than 30 mineral springs
Medico-social assessment of tourism development in CBR	More than 30 mineral springs
Touristic infrastructure audit	21 spa and medical spa centres
Environmental assessment	6 plots
Assessment of spa centres	21 spa and medical spa centres
Assessment of Certification status of spa centres	21 spa and medical spa centres
Model for sustainable development of tourism in CBR	Applicable for all areas

Table 1. Research Findings

According to our investigation plan, we chose some of the findings and discuss them here. The main preconditions for sustainable development of wellness and medical spa tourism are the presence of mineral waters, good technical equipment of the wells, free flow rate of springs and experience in medical rehabilitation.

Hydrogeological characterization and evaluation of the hydrogeological potential for development of medical spa and spas in the region

More than 30 mineral springs were studied in the cross-border region, which are in several hydrogeological basins, belonging to the following administrative districts (Table 2). All of them have their own chemical and physical properties, but the common origin of some of them provided the possibility to combine the springs in some hydrogeological groups/basins.

Republic of Bulgaria	Republic of Serbia
Vidin district	Bor district
Montana district	Zaychar district
Sofia district	Nish district
Pernik district	Pirot district
Kyustendil district	Yablanitsa district
Sofia City district	Pchinya district

Table 2: Examined area in CBR

List of examined mineral springs:

Republic of Bulgaria:

- Montana district: Varshets basin: Varshets, Spanchevtsi, Barzia, Slatina, Opletnya, Gabrovnitsa-Elov Dol
- Sofia district: Pancharevo, Ovcha Kupel, Bankya, Gorna Banya, Knyazhevo, Sofia Bani, Batalova Vodenitsa, Svoboda quarter, Nadezhda quarter, Lozenets (1).
- Dolna Banya basin: Pchelin, Momin Prohod, Dolna Banya, Kostenets
- Belchin basin: Belchin Bani, Shtarkelovo Gnezdo, Zheleznitsa
- Pernik district: Rudartsi, Dolni Rahovets, Breznik
- Kyustendil district: Kyustendil, Nevestino – Barishteto, Nevestino – Topilata, Sapareva Banya

Republic of Serbia:

- Vranska Banya- 11 working wells with high geothermal potential (19,92 MW);
- Topilo- 18 wells
- Nishka Banya- Glavni izvor, Suva banja and Školska česma
- Zushanitsa-1
- Gvozdena- 1
- Soko Banya – Soko area and Joshinska area

There are good hydrogeological conditions for the development of intensive medical spa, wellness and spa tourism in the area of investigation. The existing abundance of mineral waters, affiliated to different genetic classes, provides the possibility of using them for domestic and drinking purposes (including hygiene needs), irrigation, bottling, heating and cure. Most of the wells are in good hydrotechnical condition. The main hygiene requirements are satisfied. Especially valuable are the mineral water wells with a free flow rate. The latter is a big advantage for the development of highly specialized tourism such as in medical spas (Станева, 2014).

Medico-biological and medico-social assessment of mineral resource

To estimate the medico-biological importance of mineral water it is necessary to understand the conditions for water formation, the way water recharges, which is directly related to the flow rate of water sources and the longevity of their use, and the hydrotechnical state of the water sources with the aim of ensuring the necessary sanitary-hygiene and environmental standards for their exploitation. In this context, the collected information about the locations of the hydrothermal deposits in CBR with data about the resources, temperature and content of biologically important macro components in the water, as well as a description of the individual water sources was the basis of the medico-biological assessment of mineral resources for tourism (Iling, 2008).

The ecological state of the deposits and the utilization of the hydrothermal resources are evaluated as of the current moment on the basis of data from the respective basin directorates. Some recommendations are given for their more rational management, control and protection.

The description and evaluation of mineral springs were done according to hydrogeological classification of mineral water deposits in Bulgaria, using hydrogeological terms such as “basin” and “field”.

Montana district

Varshetz basin- there are 7 different mineral springs with similar chemical composition and physical characteristics because of their hydrogeological genesis. All of them were examined. The high content of Fluor 1.8 mg/dm³ is a specific characteristic of the mineral water. The main medico-biological treatment is connecting to treatment of different disorders of the nervous system.

The city of Varshetz has had a high profile since the Roman period and it is well-known in Bulgaria as a balneological and spa centre since 1850 (<http://wellspring->

bgrs.info/bg/). The spa centre is situated in an attractive landscape with a panoramic view at the foothill of the West Stara Planina Mountain. Some touristic destinations are available here. There are good environmental characteristics and landscape possibilities (moderate relief) also for geomedical and forest tourism. Tourism infrastructure is suitable for several kinds of services.

The BAGG evaluation scale: High potential in the area of complex touristic services such as medical spa, spa, wellness and ecotourism, GeoWellness, Geomedical and forestry tourism (Станева, Маринов and Тодоров, 2013).

Sofia Municipality: 10 mineral springs with 18 thermal wells

All of the mineral springs relate to ancient settlements from the Roman Empire and have a good reputation as healing places. The mineral waters from the Sofia district can be described as hydro-carbonate, nitrogen and sodium type with low mineralization. High radioactive waters in Pancharevo and Ovcha Kupel springs. They are suitable for balneological treatment of cardiovascular diseases, disorders of the nervous system, disturbances in the metabolism, musculoskeletal disease etc.

The famous medical spa centres are Bankja, Ovcha Kupel, Knjajevo, Gorna Banja and Pancharevo. They are balneological resorts of national and local significance (<http://wellspring-bgrs.info/bg/>). All thermal springs are located in the foothills of Vitosha mountain and National Nature Park Vitosha. Several eco destinations are available and very popular with tourists.

The BAGG evaluation scale: Sofia Mineral Bath and Knjajevo Mineral Bath have a high potential for medical spa and spa tourism development. The potential of complex touristic services as eco-tourism, medical SPA, City SPA, geowellness, geomedical and forestry tourism is great in the Sofia district.

Dolna Banja Basin

The basin includes several thermal springs: Pchelin, Momin prohod, Dolna Banja, Kostenez.

The common origin of mineral springs impacted on their chemical characteristics. The waters are radioactive, sulphate, sodium, fluorine, with low mineralization. There is a high content of Fluor and increased concentration of micro components such as W, Li, Ge and In.

Medical Spa treatment

The mineral waters are used for treatment of diseases of the musculoskeletal system, injuries to muscles and tendons, rheumatism of the bones, neuralgia, diabetes and allergies. According to experts, the water of the apiary is similar in quality to that of Brambilla in Germany, Masutomiya in Japan and Buxton in England. Kostenez and Momin Prohod have been famous balneological centres for more than 80 years. There are some well-equipped hospitals which belong to the National Association for Rehabilitation. The tourism infrastructure is adequate. The history of the resort Dolna Banja is related to Roman times and

the recent mineral Bath is called “Roman Bath” in the town centre. The first rural tourism society in Bulgaria was established in the same place in 1902. The resort is included in the List of Council of Ministers of R Bulgaria. The tourism infrastructure is quite good. Some projects are in progress in the Dolna Banja and Kostenetz municipalities. The resorts are in the List of Council of Ministers of Bulgaria (<http://wellspring-bgrs.info/bg/>).

BAGG evaluation scale: high potential

Reasons: The potential of the region is very high and depends on the Golf Park, private airport, beautiful Rila mountain landscape and safety. The famous ski centre Borovetz is nearby (Станева and Георгиев, 2013). The region is suitable for development for different additional touristic services as Golf tourism, Skiing, and Wellness (Illing, 2006).

District Kjustendil

There are 4 thermal springs with similar characteristics: Kjustendil, Nevestino-Barisheto, Nevestino-Topilata, Sapareva Banja.

Some of the waters are slightly mineralized with alkaline reaction. Characterized as fluorine, hydrogen sulfide, silica, sodium carbonate sulphate-containing lithium. The technical equipment of some of the wells needs reconstruction.

Medical Spa treatment

The medical spa treatment goes back to ancient Roman times. The mineral waters' healing power is used to cure diseases of the musculoskeletal system, peripheral nervous system, spinal, gynecological diseases, infertility, psoriasis, skin diseases and heavy metal poisoning. The resort Kjustendil is a very attractive balneological centre from Roman Empire times. It was known as the city of Pautalia. It is on the balneological resort List of the Council of Ministers of Bulgaria (<http://wellspring-bgrs.info/bg/>).

The resort of Sapareva Banja was known as Germanea in the same period. The balneological resort is a very popular tourist destination with ecotourism and a geyser that is unique in the Balkans (103° C) as well. It is a balneological resort which is on the List of Council of Ministers of Bulgaria (<http://wellspring-bgrs.info/bg/>).

Evaluation BAGG Scale: High potential

Reasons: tourism infrastructure, modern and high star hotels, developed spa centres and excellent medical spa traditions.

Serbian mineral springs

The main archive information about Serbian mineral springs were presented by our Serbian partner. We supplemented the information with our obtained terrain results. Using all collected information, we refined some specific mineral springs and resorts with a long spa history for the purpose of the investigation.

Vranjska Banja – 10 exploitation wells

The mineral spring is part of the so-called “Surdulichka geothermal system”. It is a high temperature spring. The waters are related to magmatic rocks. The chemical composition is enriched with As, Ca, Zn, Pb, Cu, Hg, Ni, Ci, Ba, Be, Se and U.

Gvozdena – The mineral water is slightly mineralized (490 mg / dm³), hydrocarbonate and sulphate type with content of metasilicic acid and various micronutrients. Hypothermic.

Nishka banja field – three different wells: Glavni izvor, Suva banja i Školska česma. The water contains hydrocarbonate, sulphate, radon with radium content of 0.78 Bq / dm³. The temperature of the water is moderate from 12⁰C to 37⁰C.

Soko Banja field – Soko Banja 1 and Soko banja 2. The mineral water is a oligomineral sulphide hyper thermal type. There are two different wells Joshanska zona and Sokobanjska zona with low mineralization (<http://dv.parliament.bg/>).

Topilo Banja – Low temperature spring with low hydro-carbonate content.

Medical Spa treatment of Serbian mineral springs (overall).

The main medical spa application of Serbian mineral waters is related to treatment of gastrointestinal and liver diseases, functional disorders of the nervous system, traumatic injuries, inflammatory and degenerative joint diseases, pulmonary and cardiovascular disorders, gynecological disorders, disorders of the metabolism and some cardiovascular diseases.

BAGG estimate: High potential for medical spa tourism development

Reasons: Famous resorts, unique nature along the river Nishava, rich experience, heritage objects.

Results from the survey about Public Thermal Baths in Sofia**Knjajevo Mineral Bath**

A special survey for medico-social evaluation was undertaken in Sofia in the Knjajevo district (July, 2015). 30 participants with different socio-demographic profiles took part in the study.

The age and education profiles are presented below.

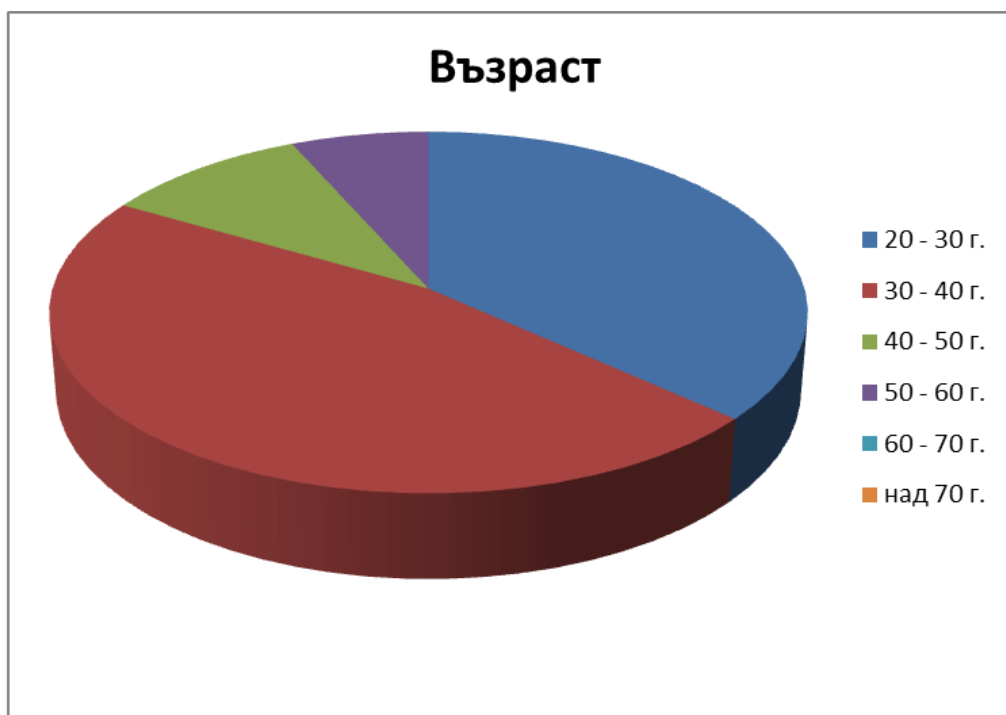


Figure 1. Age profile of participants:
20-30; 2. 30-40; 3. 40-50; 4. 50- 60; 5. 60-70; 6. 70+



Figure 2. Education profile of participants
1. Primary
2. Secondary
3. BA/BSc
4. MA/MSc
5. PhD

Some results about the level of wellness and spa culture of participants is presented in Figures 3 and 4.



Figure 3. Results from Question 1: “Have you used a thermal mineral bath?”

1. Yes, I have visited
2. No, I have never been

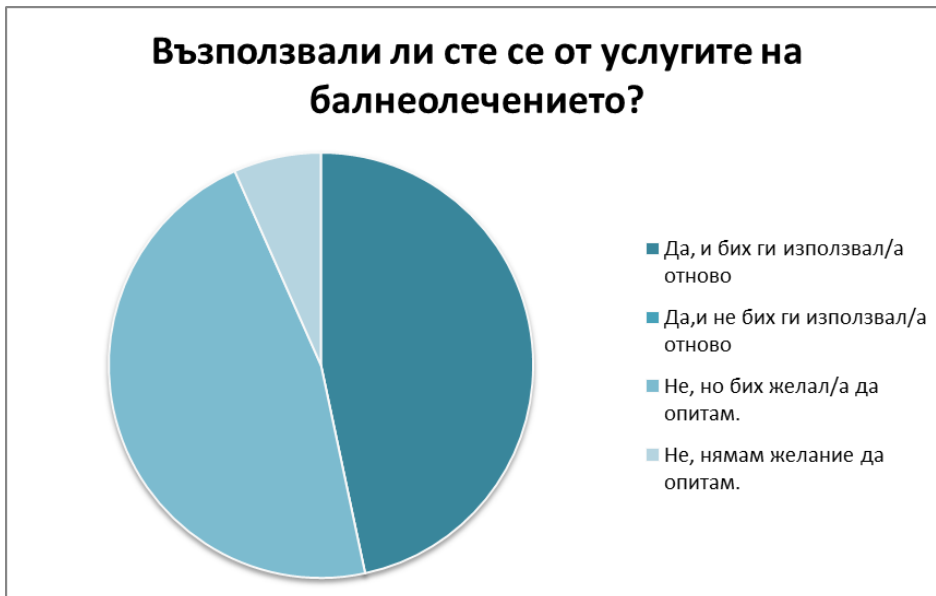


Figure 4. Results from question 2: “Have you used a medical spa treatment?”

- 1- Yes, regularly
- 2- Yes, I'd like to repeat
- 3- No, but I'd like to try
- 4- No, I would not like to

The core of our survey is associated with the participants' opinion about the need for day spas and thermal mineral baths in the city (Figure 5).

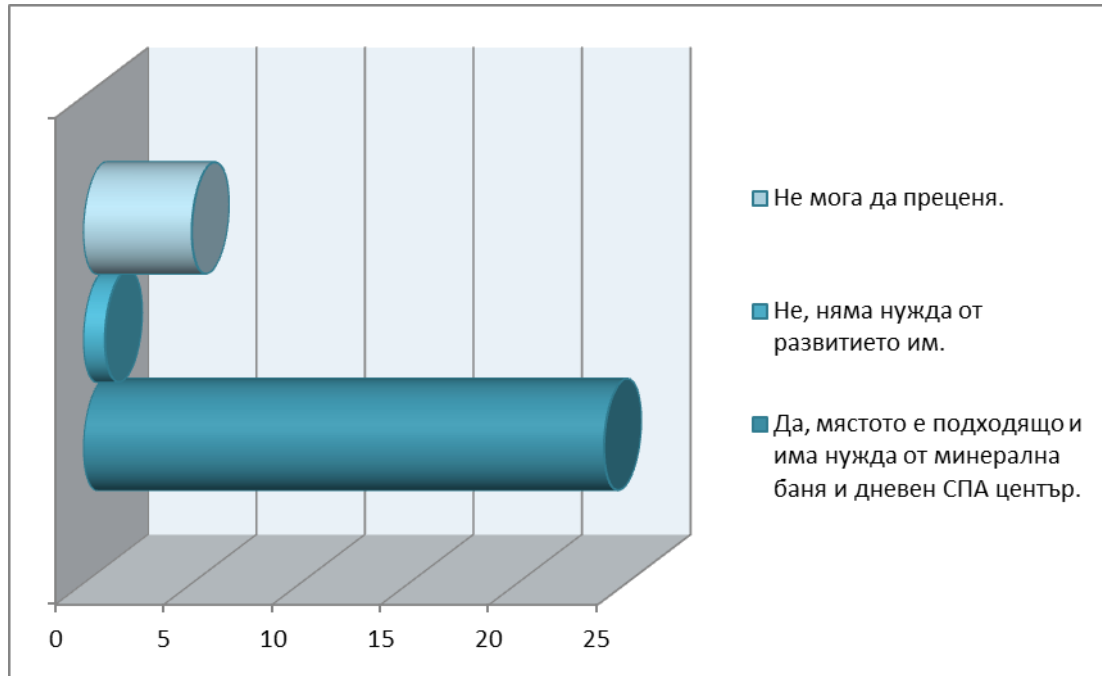


Figure 5. Results from question 4: “What is your opinion about development / reconstruction of Daily SPA Centre/Mineral Bath in the city of Sofia?”

1. I have no opinion
2. No, I think is not necessary
3. It is very important and healthy

The participants realized the possibilities of thermal mineral waters as a factor of wellbeing. The benefits of spa and wellness can improve their health and quality of life.

The perspectives and model of wellness and medical spa tourism organization in cross-border regions. Discussion

The use of mineral waters for therapeutic and prophylactic purposes is most effective in each resort. The use of fresh, wholesome mineral water at the spring source is an advantage because of all the natural ingredients. When we discuss the conditions for tourism development in the cross-border region, we have to focus our attention on a complex number of factors such as climate, infrastructure, tourism traditions and experience, professional expertise of employees and tourism policy. The main reasons for successful spa development are unspoiled nature, management of wellness tourism in the context of quality of life and an holistic approach to tourism development.

We can describe three basic wellness principles for ensuring the holistic effects of treatment (Figure 6):

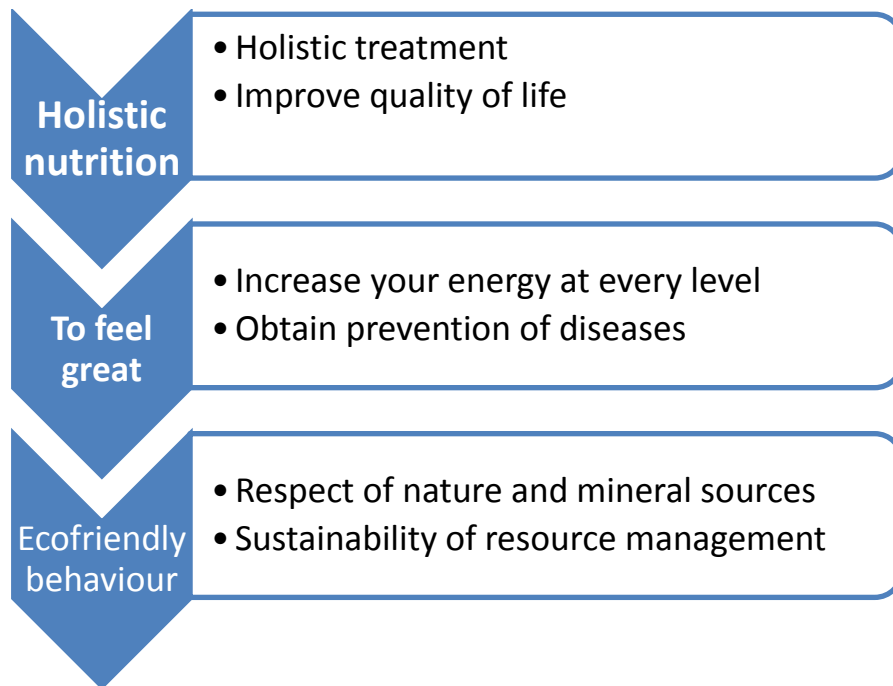


Figure 6. Wellness Principles for an holistic effect

The comprehensive study has proved that the medical spa and spa network in Bulgaria is well developed in attractive natural areas. The leading spa tourism destinations are associated with regions with inherited traditions from balneological resorts as Kostenets, Momin Prohod, Bankya, Sapareva Banya, etc. The good geographical location, the available facilities and good quality of spa equipment in the centres are however not sufficient conditions for the successful development of the sector.

Obviously, a new management concept is necessary, which contains information about the quality of the environmental components –air, water, soils, food, etc., and it should be at the centre of individual management plans for a given site. There also needs to be specialized training of management staff and activities of professional organizations in this field (Станева, К., Е. Маринов, 2014).

On the basis of the assessment of the medical spa and spa network and the market of these services in the cross-border region, it is possible to determine the main objectives of professional spa organizations in Bulgaria. It would be appropriate that the members of professional associations should initiate the implementation of the necessary education and training providing relevant professional competence of the personnel involved at different levels of management. They have to work intensively on the certification of spa services, the introduction of a Quality Management System (QMS) and the system for health risk assessment (Health, Safety and Environment – HSE) to ensure good recognition of Bulgarian spa tourism services on the international market, to seek innovative approaches to the development of advertising and marketing products for achieving good competitiveness of the sector.

The focus of wellness and spa managers has to relate to certification systems at every level which guarantees the achievement of positive results in two main areas- financial and marketing in the long term.

The lack of a working model for control of health risks, environmental and safe working conditions in spas is a disadvantage of tourism development. We need an HSE model and implementation of Standards. Bulgaria is orientated towards a modern system of quality control and screening of standards. Some regulations are being prepared. What kinds of standards do managers need? They have to ensure a good level of quality of life of clients, personnel and local people:

1. Health risk control which will impact on the health of people
2. Safety work a place which will contribute to a safe life
3. Environmental quality which will impact on the health of the environment.

The tourism policy in this field needs ecologically friendly concepts and products, including eco-spas with typical ethno-traditional techniques for a given geographical region, natural products, mineral cosmetics, bio/organic foods, etc. Ecotourism and all forms of alternative tourism, including geomedical tourism, could be used as a complementary instrument for the development and enrichment of the services offered in the spa sector. Ethno-spa tourism in a number of European countries (Croatia, Serbia) is well known. Picturesque sites with well-preserved nature can be introduced as a key element of the proposed spa tourism destinations, a good ecological environment in combination with the acknowledged good practices provide the possibility for developing sustainable and harmonious spa tourism in the Bulgarian-Serbian Cross-border region.

Figure 7. The Pyramid of Sustainability: Medical Spa and Wellness development



Conclusion

1. The cross-border region is characterized by different types of mineral waters, applicable for medical treatment and cure. The combination of mineral water and specific climate conditions is a favorable prerequisite for the development of medical spa therapy and tourism.
2. There is no distinct boundary between medical spa and spa tourism in CBR. This creates preconditions for incomplete utilization of the available natural resources, as well as for unprofessionally developed advertising of products.
3. Finding a good balance between the unique environment, highly qualified personnel, quality of services and innovative products such as Geomedical tourism will contribute to the business success of wellness and spa tourism.
4. The key role for progress in this field lies in reconsideration of the possibilities afforded by the existing natural environment and the material facilities. Changes are also needed in the overall organization of the sector to introduce innovative tourism products and to use good practices for development of the cross-border region.
5. The tourism policy needs eco-friendly concepts and products, including eco-spas with traditional ethno-methods of spa therapies, pure natural and mineral cosmetics and bio/organic food.
6. Tourism services need to be holistic in order to contribute to wellbeing, wellness days and a healthy life.
7. The unique, authentically preserved natural places, heritage sites, healthy food and tourism infrastructures are suitable for the development of Wellness tourism as an innovative tourism service in the cross-border region.

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Acknowledgment

Bulgarian Association of Geomedicine and Geotherapy BAGG completed the final report of Medico-biological and medical-social prerequisites for developing balneotherapy in the cross-border region. The public procurement itself was conducted under project No 2007CB16IPO006-2011-2-184 "Mineral Water – a source of Health and Wellness – Wellspring", financially supported by the Bulgaria – Serbia IPA Cross-Border Programme.

Health and Tourism in Serbia

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Introduction

This extended case study of Serbia consists of detailed research on the history of healing traditions in Serbia, such as herbal remedies, religious healing practices, food and nutrition and water-based treatments. It also includes a commentary on contemporary health practices, such as massage, beauty treatments, sports and fitness. The latter part of the case study focuses on spas and wellness programmes in Serbia as well as on health and wellness tourism including medical tourism, but also nature-based locations such as ethno-villages and *salaš*. This case study supports and complements the short case study of Serbia presented earlier which emphasized the growing importance of traditional food and cuisine and religious activities, as well as visiting mountains and using natural healing resources. The use of herbal remedies has remained important until nowadays. Medical tourism is in its infancy, local residents seem to be using spas less than their parents and grandparents, and very few foreign tourists visit Serbian spas at present, therefore it is important also to consider other forms of healing and health tourism in Serbia, such as authentic Serbian wellness programme and forest bathing therapy.

Healing

The establishment of Serbian medieval state healing practices started to develop under the influence of different cultures living and trading on the Balkan Peninsula. On the one hand, Serbs brought from their homeland knowledge of rudimental Slavic medicine with quite a high understanding of anatomy, while, on the other hand, they were influenced by medical knowledge from Byzantine, Italy and other Western European countries (Katić, 1981). Early healing practices in Serbia mostly relied on the use of herbs and on their great curative properties. Herbal healing was so predominant in medieval Serbia that it even became a synonym for medicine in general (Bojanin, 2013). Some of the first and most important Serbian medical texts come from the medieval period and partly represent translations of important ancient works from Greece and Byzantine and western works from Salerno and Montpellier medical schools. These are *Chilandar Medical Codex*, from 13th- 15th century, *Hodoš Code* dating back to the end of 14th century and other medical essays called '*lekaruše*' (Katić, 1981). *Chilandar Medical Codex*, besides records about illnesses, their indications and treatments, contains two important treaties on simple and compound remedies.

Most of the remedies in Serbia were made from domestic plants and herbs, but some of the exotic ingredients were imported from India, Persia and coasts of Levant through overseas trading routes (Bojanin, 2013).

One of the best known medical essays or '*lekaruša*' is the one presented in the *Hodoš Code*. Medical texts in this book are divided into chapters on therapy, gynaecology, physiology of men and astrological medicine. The therapy part was most widely copied and was used in Serbian healing practices until the end of the 18th century. Copies changed over time as many new prescriptions were added, mainly under the influence of Turkish medicine (Katić, 1990). Religious healing practices were also widespread in medieval Serbia and both canonical and apocryphal religious medicine existed. According to apocryphal medicine it was believed illnesses are caused by evil spirits and supernatural forces and thus they had to be healed by mystical rites and incantations (Popović, Timotijević, & Ristović, 2011). This type of healing was greatly criticized by the Christian church and judged as quackery. Canonical religious medicine advised only the use of prayers officially recognized by the church for healing purposes (Bojanin, 2013). In general, where medicine was not able to provide a cure or a relief people turned to the miraculous powers of holy relics or to quackery. However, it was noted that theology and medicine often overlapped in the medieval period and even complemented each other (Popović, Timotijević, & Ristović, 2011). Many medical essays showed the diversity of healing practices as besides prescriptions for making medicines and balms they often contained verbal remedies in the form of prayers, incantations and amulets (Bojanin, 2013).

The first hospitals in Serbia were founded by the rulers of the Nemanjić dynasty in the monasteries Chilandar and Studenica in the 12th century (Ceperković, 2005). Hospitals normally had their own gardens for growing herbs and medical plants. Herbal healing was accompanied with prayers and medieval monasteries were known not only for their gardens but for their miraculous holy relics as well (Bojanin, 2013). Hospitals also developed in the coastal towns of Dubrovnik and Kotor that were once a part of the Serbian Kingdom. Pharmacies were usually situated next to them with mostly foreigners, predominantly from the Apennines, working in them (Popović, Timotijević, & Ristović, 2011). Serbian healing flourished and followed contemporary European trends with monasteries as cultural centres of healing practices until Ottoman occupation when stagnation in this field was noted (Katić, 1981; Popović et al., 2011). Written evidence in this period are limited as knowledge was mostly passed on orally by folk healers and herbalists. One of the exceptions is *The Big Serbian Herbalium* by Zaharije Orfelin, Serbian herbalist, poet, artist and historian, with a detailed study of curative effects of 500 herbal species.

Vaso Pelagić, Serbian professor and physician, followed in his footsteps and published an extensive work called '*Narodni učitelj*' (National Teacher) in 1879. As the number of doctors and hospitals was scarce, Pelagić wanted to share with people practical advice on how to heal illnesses with the use of homemade medications, such as herbs, vegetables, oils and so on. He placed great importance on prevention of illnesses as well. Thus, in his book he included advice on hygiene, nutrition and physical exercise. Pelagić's book was reprinted numerous times and even nowadays most of the households in Serbia possess a copy of it for their personal use.

Contemporary Serbian healing besides conventional western medical practices also relies on alternative healing methods. Alternative methods that are practiced and officially recognized by the Serbian Ministry of Health in 2005 are: Ayurveda, acupuncture, quantum medicine, traditional Chinese medicine, macrobiotics, applied Kinesiology, reflexology, sectional therapy, Su Jok, tuina, phytotherapy, homeopathy, shiatsu and traditional domestic medicine (Republika Srbija, Ministarstvo zdravlja, 2009). Looking at the Serbian traditional medicine its greatest application can be found in nutrition and prevention of illnesses with healing through domestic ingredients, such as food, herbs and mineral waters. It also includes non-invasive healing techniques, such as massages, healing with hands as well as prayers and visitation of holy places (Republika Srbija, Ministarstvo zdravlja, 2009).

Food and Nutrition

Food has a great social and cultural importance in Serbian traditional culture. Early data on Serbian nutrition dates back to the period of the 12th century which is the period in which Serbian culture flourished under the rule of the Nemanjić dynasty. The cuisine of that time was greatly influenced by Greeks from the East and Romans from the West (Marjanović & Popović, 2004). Data show that medieval Serbs consumed the following types of food (Popović, Timotijević, & Ristović, 2011):

- Cereals (barley, rye, oats, millet)
- Vegetables, which were referred to as 'zelje' or 'greens' (cabbage, onion and garlic, radish, horseradish, beetroot, pumpkin, carrot, kohlrabi, cucumber, lentils, peas, broad bean)
- Fruits of nature (patience dock, nettle, sorrel, wild garlic, mushrooms, berries)
- Fruits (apple, pear, plum, cherry, sour cherry, peach, apricot, quince, grapes, rowan fruit, rose hip, fig, walnut, almond, hazelnut)
- Meat (pork, lamb, beef, horse and buffalo meat and poultry) and fish
- Game (boar, chamois, deer and roe deer, hare, quail, partridge, pigeon, mallard, heron, crane)
- Pig fat, eggs and dairy products (cheese, milk and sour milk)
- Honey, herbs and aromatic plants (thyme, milfoil, basil, parsley).

Some food also came from the seaside territories, such as olive oil, salt, sugar, octopus, saffron, clove, pepper, cinnamon, dill and balsamic vinegar (Popović, Timotijević, & Ristović, 2011). The most common drink was water from springs and water wells. Looking at alcoholic drinks, red wine was predominantly consumed, but consumption of white wine, honey brandy and beer is also noted (Trojanović, 1896). During the medieval period there are no records on production of *rakija*, a strong and traditional Serbian brandy made of various fruits. Serbia became known for its *rakija* production in the forthcoming period of Turkish rule (Popović, Timotijević, & Ristović, 2011). Certainly the most famous is *Šljivovica* or plum brandy. *Rakija* is also known for its curative properties. Alone or in combination with different herbs it was and still is used as anesthetic and antiseptic (Vujović, 2008).

In discovering techniques of food processing, frescos depicting utensils, pottery and meals of that time were of great help. The most used were ceramic and wooden pots, bowls, chalices, pitchers, glasses and jugs and bronze cauldron. *Crepulja* or *vršnik*, shallow clay container were used for bread making, while *burag* – animal rumen and *lubara* – cylindrically shaped tree bark were used for baking meat and vegetables (Popović, Timotijević, & Ristović, 2011). In the medieval palace food was served in silver, gold or gold plated dishes and golden and silver goblets were used for drinking (Vizantološki institut, 1986). At that time lunch was the main meal, while dinner was not regularly consumed (Popović, Timotijević, & Ristović, 2011). Under the influence of Mediterranean fashion, breakfast was introduced in the second half of the 19th century. Nowadays most Serbians will eat all three meals daily.

Contemporary Serbian cuisine is very heterogeneous with characteristics of the Balkans, the Mediterranean, Turkish and Austro-Hungarian cuisine. Though most of the dishes are pan-Balkan they are adopted to local ways of cooking and flavoured with local spices (Dulović, 2013). Bread can be regarded as one of the most important parts of Serbian meals. Traditionally guests in Serbia are welcomed with only bread and salt (Popović, Timotijević, & Ristović, 2011). Even though rice, pasta, potato and other side dishes entered Serbian cuisine a long time ago, many Serbs would still eat bread with such dishes. Other types of pastries are also often eaten, mainly for breakfast, such as *burek*, various types of salty pies called *pita*, especially *gibanica* (with eggs and cheese) and *zeljanica* (with bitter dock), etc. The main course would usually include meat, among which grilled meat – *roštilj* – is predominant, such as *pljeskavica* (mixed pork and veal spread with spices), *ćevapčići* (ground meat sticks), *vešalica* (grilled strips of pork loin), various sausages, etc. Traditionally Serbian grill comes from the southern part of the country and the city called Leskovac, which is why it is often referred to as *Leskovački roštilj*. From here it spread in the 20's to the rest of Yugoslavia (Dulović, 2013). Spit-roasts (*pečenje*) made from suckling pig or lamb, are also popular especially at large celebrations. Fish is not greatly represented in the Serbian cuisine, with the exception of the periods of religious feasts prescribed by the Orthodox Church (Dulović, 2013).

As Serbian cuisine has mostly been based on cabbage, corn, potatoes and peppers the majority of the traditional dishes represent a mix of these ingredients (Marjanović & Popović, 2004). Some of the most known are: *sarma* (stuffed cabbage rolls), *mučkalica* (diced pork with a pepper and tomato hot sauce), *paprikaš* (pork and pepper stew), *punjene paprike / tikvice* (peppers or zucchini stuffed with ground meat, onion, and rice), etc. Main meals are usually accompanied by fresh vegetable salads and are often preceded by appetizers and/or soups. Sweets are typically eaten after the main meal accompanied by *Serbian coffee*, Turkish coffee prepared the Serbian way. These are cakes, cookies and pastries of diverse origins, such as *baklava*, *krofne*, *štrudla*, *gomboce*, *vanilice* and so on. Fresh fruits grown locally are also an important part of nutrition. Serbia is most known for its raspberries and plums, but apples, apricots, pears and other fruits are largely grown and consumed as well. A number of foods in Serbia are often home made. These include *rakija* (fruit brandy), jams and jellies, various pickled foods, sauerkraut, ajvar relish, prosciutto and sausages. Reasons for this are of both economic and cultural

nature. Food preparation certainly occupies an important part of the Serbian family tradition (Popović, Timotijević, & Ristović, 2011).

With a growing trend of healthier eating, Serbian nutrition has been greatly criticized for its reliance on large quantities of oil and fat and excessive consumption of meat and meat products (Dulović, 2013). Thus cuisine has very slowly started to adapt to these trends and some are looking for healthier variations of the traditional meals.

Herbs and Remedies

In order to understand the importance of herbs and remedies for healing purposes, it is relevant to go back to the middle ages. Back then, the usage of herbs represented one of the most crucial elements in medicine practices. Herbal cures in medieval Serbia consisted of two dimensions. The first one refers to the fact that each community was well acquainted with the types of herbs in their close surroundings. They developed special knowledge in terms of the impacts of herbs on various illnesses. Another one is concerned with medical practices and according to today's science; it was closely related to the healing skills from Latin West and Byzantine East (Bojanin, 2012). Aforementioned *Chilandar Medical Codex* dating from the 15th century is the most fundamental written document that has been used for research in the area of Serbian pharmacology. The code was mainly based on writings from Salerno and Montpellier schools. The tractate from the Salerno school (12th century) divides herbs and remedies into two main groups: simple and complex. The simple drugs tractate includes descriptions of three main drug sources: vegetable, mineral and animal.

Table 1: Types of drugs described in the simple drugs tractate

Vegetable based drugs	Animal based drugs	Mineral based drugs
Violet, rose, aloes, anise, cumin, plum, pear, poppy, garlic, squash, pennyroyal (<i>mentha pulegium</i>), lemon balm (<i>melissa officinalis</i>), venus hair fern (<i>adiantum capillus veneris</i>), hellebore (<i>helleborus</i>), mint (<i>mentha</i>), ginger (<i>zingiber officinale</i>), mandrake, etc.	Musk ox, beaver testicles, ambergris, ossicles in the heart of suede	Gold, lead, magnet, saltpeter, petroleum, mummy, mercury bituminous, glass, etc.

Source: Bojanin, 2012

Each monograph consists of basic properties of a drug in accordance with the humoral theory. However, the version written by Katić has been criticized for omissions in translation as well as for reduced identification of some drug types (Stupar & Panov, 1994). The evidence about complex drugs (*composita*) is represented in the Serbian text of *Antidotarium Nicolai*, compiling recipes for creating ointment, emplasto and syrups.

Table 2: Types of complex drugs

Ointments	Emplasto	Syrups
roses, wormwood, laurel, mustard, mastic, etc.	Aloes, mastic, myrrh, gourd, etc.	Made from: water, sugar or honey and various herbs

Source: Bojanin, 2012

Beside *Chilandar Medical Codex* there are also a large number of shorter medical essays that can be found in manuscripts. As previously mentioned, the most relevant document is *Hodoš Code* that is mainly about pharmacotherapy, including instructions on how to use particular drugs. For instance, the peach root prepared in wine was used against toothache, while broad bean flour was intended for those who wanted to become rejuvenated.

The hospitals in the medieval period were mostly organized in monasteries. However, even nowadays, some of the monasteries have their own herbal pharmacy, for instance, Ostrog monastery with its own pharmacy that includes approximately 60 herbal types of tea (Hadžić, 2013). Serbian wellness offers two types of tea that are the result of a rich tradition and the needs of modern people.

Gorska vila (Mountain fairy) – an antioxidant intended for ladies, created of rosehip, lemon balm, raspberry and basil.

- Lemon balm – well known from an early period for its characteristics to heal depression, strengthen the heart, fight against stress and have a positive impact on internal organs.
- Rosehip – used back in the Stone Age when it was consumed in a form of jam. It is a medicine that fights fatigue, anemia, etc., and very rich in vitamin C.
- Raspberry – has healing effects on the elimination of jaundice, sand from the kidney, and a great power to make a stronger immune system.
- Basil – important role in cult, magic, religious and medical practices and poetry of Serbians. It was used for curing colds and insect bites. It was also called *God's flower* as it contains essential oil, tannin, cineol, linalool and bitter substances.

Gorski car (Mountain emperor) – prepared from hawthorn, yarrow, rosemary, mint and hops.

- Yarrow or „Haiduk grass“– named after haidukes who used it during battles to cure the wounds. Very respected herb in folk medicine. It is recommended for various abdominal diseases, as a pain killer and as a balm.
- Rosemary – also known as a wedding flower worn by wedding guests. Children were bathed in rosemary as it was believed that it could eliminate evil demons. In folk medicine, it is popular as a drug for the respiratory system, and against dizziness. It also has a positive impact on rejuvenation and the immune system.
- Mint – the whole plant is medical and it is used against colds, digestive problems, hoarseness, coughs and high body temperature. The main active ingredient is an essential oil and contains carotene, zinc, selenium, etc.
- Hops – it represents a natural sedative that have a positive effect on the nervous system. Pillows filled with hops provide a good sleep. Therefore,

some hospitals have specialized pillows and quilts stuffed with hops. In medieval Serbia, hops were used for making a special kind of beer that was consumed in significant quantities until the mid 14th century, and later.

Besides these two types of tea and the herbs presented above, the following herbs are placed on the list as herbs with at least one healing characteristic: acacia, almond, white vine, white lily, white mallow, garlic, pepper, virgin grass, poeny, pine, blueberry, basil, melons, birch, cherry, peach, elm, madder, ivy, beech, pumpkin, henbane, turf, cade, snowdrop, cherry, comfrey, hawthorn, holm oak, day and night, clover, wild vine, wild rose, horse-chestnut, fiddle, mulberry, ginger, lily of the valley, weeping willow, sage, laburnum, geranium, periwinkle, asphodel, lady's bedstraw, mistletoe, apple, maple, strawberry, apsen, pine, barley, lilac, marigold, kaloper, orchid, coffee, hemp, nettle, cucumber, potato, spelled, pear, corn, hellebore, blackberries, cabbage, tulips, lemon, gentian, lime, bay leaves, violets, buttercups, thyme, marjoram, poppy seed, dandelion, olive, moss, mint, fennel, milkweed, medlar, oragne, calendula, oats, valerian, spruce, nuts, nutmeg, palm, cotton, pepper, paprika, parsley, rice, tussilago, millet, wheat, rye, speedwell, osier, betony, horseradish, rosemary, sweet fern, immortelle, figs, spinach, sloe, cane, yarrow, oak, beets, cinnamon, red eggplant, onion, thistles, reeds, pomegranate, etc. At the end it is relevant to mention that the herbs are successfully used in aromatherapy in the form of not only aromatic oils but also of aromatic soaps, bath foams, aromatic bath salts, shampoos, candles, etc. The oils are usually derived from the following plants: jasmine, grapefruit, bergamot, rose wood, black pepper, mint, rosemary, lavender, cardamom, etc. They are placed in five main aromatic groups: euphoric, regulators, mental stimulus, sedatives and those that wakens the senses.

Massage and other Physical Treatments

According to Isailović and Matić (2010), the physical aspect belongs to one of the seven key dimensions of wellness. Massage and other similar treatments represent a very significant part of that aspect, and a lot of emphasis has been placed on their development. In most Serbian spa and wellness centres a range of massages is performed. Only a number of special types will be briefly presented here:

Reflexology is a traditional half an hour treatment that stimulates points on hands and/or feet whose effect is then transferred to particular body parts and organs. A treated person experiences deep connection and harmony.

Reiki - In Serbia there are Reiki therapists from first to fourth degree. Their goal is to pass the energy to another person by laying their hands on a body. The results are deep relaxation, stress release, prevention of chronic diseases, treatment of addiction, body detoxification, support of immune system, etc. The approximate length is about 30 minutes.

The whole body massage with aromatic oils is equally beneficial for both body and mind. There are three types of massage: anti stress, balancing and mood lifting. The natural essential oils establish energy balance and improve microcirculation which results in soft and smooth skin.

Raspberry massage is one of the basic services offered in the original Serbian wellness concept. Only skilled and certified therapists can conduct such massage. The raspberries are organic and preserved during fall and winter in order to enable therapies all year around (Hadžić, 2013).

Spirituality

Spirituality as way of healing in Serbia dates back to the medieval period when the Philosopher Constantine criticized curing with herbs. He was determined to explain that praying to God is the only approach that should be used in healing, and that prayer is actually a drug. At that time, it was believed that Saints had healing powers during and after their lives which left medical science powerless according to hagiographic literature (Bojanin, 2012). Therefore, sacred places such as churches, monasteries and graveyards with relics of saints, and consecrated objects such as crosses and holy water together with the praying for an ill person were accepted as the way of healing. This belief was typical in Serbian countries and in South-Eastern Europe.

Nowadays, workshops and courses on spirituality have been on the rise. Even spa hotels and resorts have been organizing “special weeks” over the past few years. Those weeks are organized by professionals and devoted to particular themes such as yoga, dealing with stress, nicotine withdrawal, etc. These events are also known as “spa retreats” (Isailović and Matić, 2010). A great example of the spiritual dimension of Serbian wellness is a meditation while lying on a hay which gently massages the body.

Beauty

Many articles when analysing beauty through history explain it through art and theories of beauty from ancient times. Therefore, beauty has been influenced by proportions and ideals of beauty from ancient Egypt to ancient sculptures and renaissance, baroque and romantic paintings. Until the 20th century the most beautiful women were quite chubby, which represented that they came from a wealthy family. Blogger Ana (2012) explains that in the 19th century women started “suffering” for beauty and wearing corsets which had some health consequences and even influenced their pregnancy. Then, in the 20th century the ideal of beauty was changing with fashion shows every decade from short chubby to tall skinny models. Referring to the History of Beauty by Umberto Eco (2004) author Tomin (2007) explains that the modern ideal of beauty, starting from the first half of the 20th century could be explained as a battle between beauty of avant-garde and beauty of mass media. Female standards of beauty saw drastic changes throughout the 20th century under the influence of movie stars (Šojić, 2013). Some of the well-known names which influenced the ideal of beauty in the 20th century were: Coco Chanel, Marilyn Monroe, Elizabeth Taylor, Greta Garbo, Sophia Loren, Grace Kelly etc.

In modern culture in Serbia with emphasis on an aesthetic and attractive look (forever young and slim) cosmetic surgery (e.g. liposuction) is a quick way to correct consequences of the wrong way of living. Furthermore, using cosmetic surgery individuals are trying to hide the natural process of aging and unhealthy lifestyle. Although wellness and fitness movements are not supportive to instant

corrections, some wellness centres have ordinations of plastic surgery so they could adapt to all demand needs (Isailović, & Matić, 2006, 12). There are many beauty salons in Serbia and it is common for women to regularly go to different treatments in beauty salons. The monthly women's glossy magazine *Lepota & Zdravlje* (Beauty and Health) is one of the most popular women's magazines in Serbia with over 400 000 readers monthly (Color Press Group, 2014). The majority of readers of this magazine are between 20 and 29 years of age (53%) and its first edition was published in February 2001. In 2014 the magazine organized a conference on the topic 'being slim and healthy' (Lepota & Zdravlje, 2014) where they tried to cover all actual topics on health and beauty lifestyle today with emphasis on the importance of healthy food, exercising and being happy with ourselves as key elements for beauty. Furthermore, some traditional herbs are still used in home beauty treatments and *Lekovito bilje* (Medicinal Plants) is a monthly magazine with about 100 000 readers monthly which covers the topic of the use of herbs for health and beauty treatments. For example, *nettle* and *garlic* were traditionally used for hair treatments (Allin, 2014) in the 1950s and 1960s and many cosmetic products in Serbia came from the usage of traditional herbs in combination with science and technology (Biomelem, 2014).

Water-based traditions

Water-based traditions in Serbia are based on the thermo-mineral springs, traditional healing and rehabilitation programs which are the base for today's potential development of "Medical Spa" and "Mineral Springs Spa" tourism products which are defined in the tourism strategy of the Republic of Serbia (2005). There are over 50 health institutions and spas in Serbia, and the quality of the thermal water was known throughout history and was used for treating many diseases (Serbian Spa Association, 2014).

Movement (fitness, sports, dance)

Fitness in general is the state of good physical health and abilities, as a result of regular physical activities, good nutrition and resting. It can represent also a competitive discipline for women and men related to body-building. Represented graphically in many textbooks fitness is a triangle that should balance physical, mental and emotional health. There is a distinction in the literature of physical fitness that is in connection with health and the one in connection with general motor skills (Isailović, & Matić, 2006, 7). Fitness in connection to health is the one related to some aspects of health, and physical characteristics of this type of fitness include muscle strength and endurance, body flexibility, condition, cardiorespiratory endurance, body definition, speed and coordination, balance. On the other hand, fitness in connection to general motor skills (running, squats, push-ups etc) is mostly related to muscle strength and endurance and is more dependent on genetic predispositions than the former. Fitness in general is interpreted as sports for all. Different fitness programs can be found in Serbia in fitness centres and many hotels, most of which came from other parts of the world.

Practising sports was always part of the Serbian tradition which is connected with national events, contests, games and activities of the community. Đorđević (1984) divided games according to their purpose into: chivalrous (running,

jumping, wrestling etc.), fun (kiteflying, snowball fight), spiritual (riddles, fables or cheaters), games for profit (came under Turkish influence) and oro (“*kolo*”) (Đorđević, 2007). The oldest form of the game oro is the round oros, which were developed across Europe but under different names. They persist in the nation despite the prohibitions mostly by churches, as integral parts of religious ceremonies (lithium, kermes) or as a part of the remains of ancient religious rituals (*dodole, lazarice, kraljice*). Rounds are played in the squares or streets when celebrating a holiday or *slava* (traditional Serbian family celebration). While other nations were practising other dances and games, Serbs remained almost exclusively on a single game *kolo* (round). It was originally played by giving the rhythm by clapping hands which was later replaced by drums and instrumental music, and later came songs with the music. Many have the names of the places from where they originated (*Moravac, Čačanka, Gružanka* etc.), or nations that play them (*Srbijanka, Vlahinja, Srpsko oro, Bugarsko oro* etc.) or rhythm and way of dancing (the Trojan women, *Pljeskavac, Eight* etc.). *Klis* is a game that was popular until the mid-20th century in the territory of Serbia, Bosnia and Herzegovina, Croatia and Montenegro. This game resembles American baseball and both girls and boys can play it. Games are of great significance for the development of the culture of a nation.

SPAS IN SERBIA	Cardio-vascular system	Gastro-intestinal tract	Gynaecological diseases	Locomotor apparatus	Metabolism	Neurological diseases	Respiratory diseases	Rheumatism	Non-infectious skin disease	Urinary tract
Bogutovačka	✓		✓	✓		✓		✓		
Brestovačka				✓		✓		✓		
Bukovička	✓				✓	✓				
Bujanovačka		✓	✓			✓		✓	✓	
Gamzigradska	✓			✓		✓		✓		
Ivanjica				✓		✓	✓	✓		
Gornja Trepča				✓		✓		✓		
Jošanička				✓				✓		
Junaković			✓	✓		✓		✓		
Kanjiža				✓		✓		✓		
Koviljača				✓		✓		✓		
Kuršumlijska								✓	✓	
Lukovska								✓	✓	
Mataruška			✓	✓				✓		
Niška	✓						✓	✓		
Novopazarska	✓			✓		✓		✓	✓	
Ovčar	✓			✓		✓		✓	✓	
Prolom		✓				✓			✓	✓
Ribarska				✓		✓		✓		
Rusanda				✓		✓		✓	✓	
Selters	✓			✓				✓		
Sijarinska				✓		✓		✓		
Sokobanja						✓	✓			
Stari Slankamen	✓			✓		✓		✓		
Vranjska				✓				✓		
Vrnjačka	✓	✓	✓		✓	✓				✓
Vrdnik	✓			✓			✓	✓		
Zlatar	✓					✓				
Zlatibor					✓	✓				

Spas and wellness in Serbia

As already stated there are over 50 thermal and climatic health resorts in Serbia with a variety of mineral water springs, natural mineral gases, medicinal mud and so on. Unfortunately, only around 5% of these capacities are used. Traditionally, spas are considered as places where older people and those with health conditions would go to treat their illnesses and find relief. However, modern ways of life and contemporary trends seek modernisation of these traditional spa centres and treatments and are putting more emphasis on prevention, healthy lifestyles and wellness programmes. Only a few Serbian spas have managed to follow these trends and bring innovation to their offer, while others are still facing many difficulties in achieving this and fulfilling their potential. The main reasons for this are relatively little or no investment in maintenance of spa resorts and construction of complementary infrastructure for guests and lack of product innovation (Berber, Gajić and Đorđević, 2010; Isailović, 2010). Nevertheless, the wellness concept has developed in Serbia over the last decade first in mountain and spa resorts, but also in cities with numerous day city spa and wellness centres. Nowadays, wellness programs are offered in many hotels and beauty centres. Moreover, since 2003 the High Medical College of Professional Studies in Belgrade has included education of future wellness and spa professionals in their study program. Students of this College with the support of the Medical SPA association of Serbia (MSPAAS) experts have developed a unique concept called Authentic Serbian Wellness. This concept is based on Serbian natural and cultural resources and traditions and includes the following elements (Isailović, 2010):

1. Reception zone – traditional welcome with bread and salt, *rakija*, fruit preserves and water
2. Massage zone – Raspberry massage and raspberry reflexology
3. Hydro zone – walking through cold stream and bathing in ‘Serbian Jacuzzi’ – large barrels used for *rakija* preparation
4. Meditation zone - meditation while lying on hay which gently massages the body
5. Thermo zone – next to a bread baking stove or authentic wooden stove called *smederevac*
6. Ethno-fitness zone – traditional Serbian games and dances, such as oro or rounds
7. SPA cuisine – healthy traditional meals made out of local and organic products
8. Vital bar – with herbal teas made out of herbs collected from nature, fruit frappes and homemade *rakija*
9. Zone of animation programs – learning traditional crafts such as weaving, knitting, making bread, cheese, *rakija*, picking herbs, mushrooms or forest fruits from nature, ethno body art, hiking, bird watching and so on
10. Serbian wellness corner shop – with traditional products and crafts from locals

The Serbian Wellness concept has been greatly promoted through promo video broadcasted on National Television and through various publications and conference/meeting proceedings presenting its benefits both for guests and suppliers. The concept has been included in the tourist offer of some of the

Serbian ethno and rural households, but importance of standardization has been outlined with the MSPAAS scientific team as a leading consulting subject.

Since 2012 the R&D team of MSPAAS has been also developing programs of Serbian outdoor wellness and medical SPA programs through the Forest *hammam* project inspired by Prof Dr Mufit Zeki Karagule. The term forest bathing emerged in Japan in the '80s and represents quiet walking and discovering with all the senses open to forest sounds, smells, colours and its vibrant biodiversity (Spafinder, 2015). In comparison to Japan where forests are thick and dark, Balkan forests are much lighter with sunbeams passing through treetops just like sun lightens *hararet* in traditional *hammams* through its roof openings. That is why Prof Karagule was inspired to name Forest baths in Balkan "Forest hammams". The region of Serbia represents an important European biodiversity centre and a global centre of plant diversity. Forests occupy 29% of Serbian territory and the number of endemic species found in them is quite high (Ministry of Environment and Spatial Planning, 2011). Though spending time in forests is not very popular among the Serbian population compared to other Balkan countries as shown in the Balkan Wellbeing research, given the unspoiled quality of its forests, Serbia has a great potential for development of forest spa and wellness programs.

In recent years MISPAAS has organised numerous programs with the goal of investigating, measuring and presenting effects of authentic outdoor medical SPA programs such as "Shumadian Forest hammam", "Cigota Cross SPA golden pine forest hammam" and "Tara hammam as 75+, ageing well program" that combine phytoncides, heliotherapy, mineral springs water, zero distance food, and tradition and heritage of the Serbian people on participants' health. These pilot investigations showed that there is a measurable positive effect of authentic forest hammam medical SPA programs on the holistic health of the attendants. Currently there is an initiative of founding a Centre for the development of health tourism based on forest bathing programs whose main role would be to establish educational, R&D, promotional and other programs with the aim of popularizing forest tourism.

Medical and Wellness Tourism in Serbia

In December 2010, an article "Impressive entrance to the industry" (Medical & Wellness Tourism, 2010) was published in Medical Tourism News where the actual position of Serbia as a health tourism destination was discussed with the associate for tourism of Afeja Association. Afeja Association started the development of health tourism as a product after it was defined as a tourism product and one of the tourism priorities by the Serbian Law in Tourism in 2009. Afeja created an Afeja Club which has linked medical institutions, travel agents and law firms on a contractual basis in order to provide quality health and tourism services. Their experience is that foreigners are coming to Serbia in search of cheaper medical services, well-qualified staff and high-quality private health facilities. All medical services that can be found in Serbia are presented on the Serbian Medical and Health tourism website (Serbian Medical and Health tourism, 2014). Some of the most popular medical services for tourists mostly coming from the United Kingdom, USA, Italy and Switzerland are dental surgeries, eye treatments and cosmetic plastic surgeries (Todorović, 2010).

Ethno-Villages and Farms (*Salaš*)

In the last decade, a large number of authentic ethno-villages and farm settlements in Serbia have opened their doors for locals as well as visitors from abroad. The term 'ethno village' refers to a place that contains the ethnic heritage of a nation and is authentic in terms of Serbian architecture, cuisine, tradition and customs. The word *salaš* is of Turkish and Hungarian origin, and means "a protected place" or "asylum". Nomadic Hungarian people used to have their own "*salaš*" as a place of temporary settlement. A *salaš* is a farm estate, usually far from urban areas, with a house to live in, accompanying buildings and land. They were built by those with a wish to be close to the land and to work on it. Nowadays, they are places of peace where people from urban areas may easily find much-needed rest while enjoying traditional food and drink. Ethno villages and farms are nice and tidy houses or households that are outside settlements with a very nice landscape and environment. It is an ideal place for lovers of pure nature and healthy life surrounded by trees, where guests can enjoy fresh air filled with the chirping of the birds. Holidays on the farm and offers of ethno villages attract many guests because of its traditional appearance and hospitality of the people. They usually include complexes of houses built on the basis of old original designs. Intact nature, clean air, pure waters and delicious food, traditional ambiance, as well as the hospitality of Serbian farmers are the main advantages that these places offer, providing a refreshing break and a perfect getaway from the fast and stressful urban life. Ethno villages and farms are oases of peace in which people able to relax and to enjoy the local food, drinks and the music of local musicians. All the food that is offered to the guests is fresh and naturally grown and recipes are traditional and unique. Ethno villages and farms offer a number of activities such as picking fruits, vegetables and medicinal herbs, mowing, donkey and horse racing, colourful festivals and traditional events, mountain biking, tractor races, culinary courses, making bread in a traditional way, folklore classes, and ancient customs and handicrafts workshops.

Conclusion

This case study of Serbia has shown that Serbian people mostly relied and are still significantly relying on the use of herbs in their healing, beauty and spa practices. Their spirituality was mostly connected to religion and religious activities, but nowadays other forms of spirituality are also practised, such as meditation, yoga retreats and so on. As Serbia is rich in thermo-mineral waters they have always been used in the treatment of various diseases, but also as a basis for development of many traditional spa resorts. Besides water-based treatments, different types of massages, fitness programmes and other therapies are offered by contemporary spa and wellness centres. However, many Serbian spas lack investments for improvement of their services and infrastructure. Thus, their full capacities remain unused, their potential is not yet fulfilled, and Serbian spa tourism remains undeveloped.

For this reason, it is recommended for Serbia to use its unspoiled nature, its biodiversity and its unique culture and traditions for developing new and alternative spa tourism products. Two such products have already been developed by MSPAAS and have been presented in this case study. The authentic Serbian wellness program is based on Serbian nature and customs,

while Forest *hamam* programs invite people to explore Serbian rich forest environments in order to improve their overall health condition. These programs can be combined with accommodation in authentic ethno-villages and farm settlements. In fact, some of the ethno Serbian households already offer raspberry massages and other services of the authentic Serbian wellness concept. It is important that both of the presented alternative spa programs do not require much investment and promote carbon neutral tourism and sustainable development while also educating tourists about the natural and cultural beauties of Serbia and their preservation. However, greater support of official institutions in Serbia as well as greater management and marketing of such products is needed for them to achieve wider acceptance.

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What is ATLAS

December 2016



The Association for Tourism and Leisure Education and Research (ATLAS) was established in 1991 to develop transnational educational initiatives in tourism and leisure.

ATLAS provides a forum to promote staff and student exchange, transnational research and to facilitate curriculum and professional development. It currently has 212 members in 62 countries worldwide.

What are the objectives of ATLAS?

- To promote the teaching of tourism, leisure and related subjects.
- To encourage academic exchange between member institutions.
- To promote links between professional bodies in tourism, leisure and associated subjects and to liaise on educational issues, curriculum development and professional recognition of courses.
- To promote transnational research which helps to underpin the development of appropriate curricula for transnational education.

What does ATLAS do?

ATLAS promotes links between member institutions through regular meetings, publications and information exchange. The main activities of ATLAS currently are:

- Organising conferences on issues in tourism and leisure education and research. International conferences have been held in London, United Kingdom (September 2012) and in Malta (November 2013), Budapest, Hungary (October 2014), Lisbon (October 2015). The annual conference in 2016 will be organised in Canterbury, UK. Regional conferences are also held in Africa, South America and the Asia-Pacific region.
- Information services and publications, including the ATLAS website and members' portal, the annual ATLAS Reflections, Facebook and LinkedIn.
- Running international courses, such as the ATLAS Winter University in Europe and the Summer Course in Asia.
- Organisation of and participation in transnational research projects, for example on cultural tourism, sustainable tourism, and information technology.
- Research publications and reports.

What are the benefits of the ATLAS membership?

- Regular mailings of information, updates on ATLAS conferences, meetings, projects, publications and other activities.
- Access to the members' portal on Internet with exclusive access code.
- Participation in the ATLAS information lists for everyone within ATLAS member institutions, as well as for the different Special Interest Groups.
- The annual ATLAS international conference, which provides an opportunity to network with other members.

- Conferences organised by regional sections.
- ATLAS members can participate in a wide range of projects run by ATLAS in the areas of tourism and leisure education and research.
- Members have access to research information gathered through ATLAS International projects.
- ATLAS members are listed on the ATLAS website, giving teachers and students easy access to information about member institutions via Internet.
- Distribution of information about member events, programmes, projects and products via the ATLAS mailing list and ATLAS website.
- ATLAS members are entitled to substantial discounts on ATLAS conference fees and selected ATLAS publications.
- Contacts and lobbying through ATLAS links with other international organisations.
- Opportunity for students to take part in an established academic and research network.

ATLAS Special Interest Groups

Members of ATLAS can form and join Special Interest Groups related to specific education and research topics or for specific geographical areas. Special Interest Groups run research programmes and can organise special events and publications related to their area of interest. The current Special Interest Groups are:

- Cultural Tourism Research Group
- Gastronomy and Tourism Research Group
- Business Tourism Research Group
- Capital City Tourism Research Group
- Volunteer Tourism Research Group
- Independent Travel Research Group
- Events Research Group

ATLAS Regional Sections

ATLAS is also represented at regional and local level by sections such as ATLAS Europe, ATLAS Asia-Pacific, ATLAS Africa and ATLAS Latin Americas. The regional sections of ATLAS have developed their own programme of activities and publications to respond more closely to the specific needs of members located in these regions and those with related research interests. Membership of ATLAS regional sections and Special Interest Groups of ATLAS is open to all ATLAS members at no extra costs.

The ATLAS publication series

As a networking organisation, one of the main tasks of ATLAS is to disseminate information on developments in tourism and leisure as widely as possible. The ATLAS publication series contains volumes of selected papers from ATLAS conferences and reports from ATLAS research projects. All publications can be found and ordered in the online ATLAS bookshop at: shop.atlas-euro.org.

Join ATLAS

ATLAS membership is open to bona-fide educational institutions and professional bodies with educational, research or professional interests in tourism, leisure and related areas. If your institution is interested, complete the application form on the ATLAS homepage at www.atlas-euro.org.

How much does the ATLAS membership cost?

Since 2016 the annual institutional membership fee for ATLAS is € 325. For organisations located in countries in Central and Eastern Europe, Africa, Asia and South America the fee is € 200 per year.

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