

Tourism and depressive symptoms

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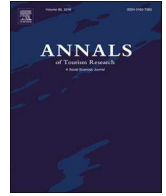
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Research Note

Tourism and depressive symptoms

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Tourism and depression disorder are both common phenomena in the 21st century. Research has pointed out the varying mental health effects of engaging in tourism, with most studies suggesting a positive correlation between participant wellbeing and going on vacation (Chen, Lehto, & Cai, 2013). The present research sheds light on the impact of tourist activity on clinical depression levels as assessed by semi-structured interview.

Major Depressive Disorder (MDD) is defined as poor mood, a lack of interest and joy in daily activities, changes in body weight or appetite, changes in sleep cycles and activity levels, feelings of guilt and uselessness, an inability to concentrate, and suicidal thoughts that are not attributable to the physiological effects of a substance or another medical condition (American Psychiatric Association, 2013). MDD is the leading cause of disability worldwide. According to the World Health Organization, 322 million people suffer from depression around the globe (World Health Organization, 2017).

Chen et al. (2013) have shown that vacations spent in an environment that is different from one's own have helped tourists detach psychologically from work and mundane concerns. Bimonte and Faralla (2012) have found a positive correlation between participant lifestyle and subjective self-satisfaction ratings, with higher levels of happiness recorded for participants who engage in tourist activities. De Bloom et al. (2010) have found that physical health, mood, and life satisfaction levels improved, and mental stress levels were alleviated after a ski vacation.

Other studies have shown that planning a trip may increase levels of mental stress associated with route planning, coordinating work tasks for the period of absence, and travelling to the vacation destination (De Bloom et al., 2010). Additionally, tourists may experience disorientation, an inability to predict the outcome of future encounters, and worry – a negative condition described as an uncontrollable series of thoughts and feelings of increased insecurity about future events. Worry is related to depression and anxiety disorders (Larsen, Brun, & Øgaard, 2009).

Furthermore, De Bloom et al. (2010) have found that all positive vacation effects on health and wellbeing vanish within the first week after returning home, as participants are compelled to immediately return to work and resume their daily routine, resulting in elevated levels of mental stress.

Kirillova and Lehto (2015) have noted that residing within a new environment may force individuals to confront existential authenticity, a mental state in which individuals are clearly aware of their needs, thoughts, and wishes. This mental state can trigger anxiety and fear as a result of comparing daily life to vacation. The authors measured participant happiness levels before, during, and after vacation, and identified a positive impact on post-vacation happiness levels. Engaging in tourism provides a safe space for reflection, self-awareness, and decision making. According to the study, mentally healthy individuals experience less anxiety and fear during the existential authenticity period and remain aware of their needs. By contrast, a person suffering from MDD might prolong the anxiety-fear stage into post-vacation daily life, exacerbating depression symptoms. The goal of the present study was to

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investigate the impact associated with the engagement in tourism activity on the severity of depressive symptoms in a population suffering from MDD that is receiving psychotherapy.

Methodology

The study population consisted of 14 patients with a diagnosis of MDD who, at the time of the study, were receiving psychotherapy and who engaged in tourism activities. Five of the patients reported participating in a tourist activity more than once, resulting in a sample of 21 events.

Patients' depression levels were measured before and after tourism activities using a semi-structured clinical interview, the Hamilton Rating Scale for Depression (HRSD, [Hamilton, 1960](#)). Depression levels were assessed using 17 variables, with scores ranging from 0 to 52. Scores of 19 and higher were considered to be indicative of severe depression, scores of 14–18 of moderate depression, scores of 13–8 of mild depression, and scores of 7 and below of normal symptoms or clinical remission ([Hamilton Depression Rating Scale, n.d.](#)). We employed the 17 variables used for analysis because they constitute a gold standard for clinical trials for psychotherapies for depression ([Cusin, Yang, Yeung, & Fava, 2009](#)). A difference of three or more points between two HRSD measurements was viewed as an indicator of meaningful difference in depression levels ([DeRubeis et al., 2014](#)).

The differences between interview scores before and after tourism activity were examined using IBM SPSS. The goal of the study was to examine whether engaging in tourism is related to changes in MDD levels. We assumed that the pre- and post-tourism depression levels of the patients would significantly differ.

Findings

A paired sample *t*-test did not yield a significant difference between HRSD scores before and after participating in tourism activity, with an alpha level of .05 ($t(20) = .455$, n.s.) (see [Tables 1 and 2](#)). The variable “before tourism” represents HRSD scores measured a week or less before participating in tourism; the variable “after tourism” represents HRSD scores measured after participating in tourism.

The findings do not suggest a significant change in symptoms of depression between the sessions conducted before and after the vacation. Although no significant effect was found at the sample level, interesting findings emerge when focusing on individual patients. [Table 3](#) presents the HRSD scores before and after participation in tourist activities and the difference between the two measurements. Each line represents an observation.

Six patients scored higher on the HRSD after partaking in tourism activity, indicating an aggravation of depression symptoms. Eight observations (six patients) scored lower after tourism, suggesting that their depression symptoms were alleviated. Seven observations did not reflect a meaningful difference (change ≥ 3) in depression levels before and after tourist activity.

In sum, statistical analysis focusing on the sample-level did not identify a statistically significant difference between pre- and post-trip HRSD scores. However, at the individual patient level, clinically meaningful differences in depression levels were identified in 14 out of 21 observations.

To gain a more in-depth understanding of the results at the patient level, we analyzed the content of the videotaped sessions before and after the tourist activity. In the event that the patient or therapist commented on the tourist activity, the patient's attitude regarding his or her experience was determined based on the patient's choice of words, body language, and the context of the subject in therapy. All patients expressed negative attitudes toward tourism before their vacations. Before engaging in tourism, most patients reported unusually high mental stress levels, an inability to plan their destination route, no desire to disengage from their daily life, fear of losing their sense of freedom after returning, and difficulty readapting to their everyday routine. In the post-tourism therapy sessions, in contrast, reactions were varied. Post-tourism, some reported that the period of vacation allowed them to relax, discard old, negative habits, set future goals, and confess to or confront friends, partners, and family members.

Discussion

The results suggest that several aspects of vacation are liable to exacerbate the mental state of MDD patients, contrary to the positive relationship between vacationing and wellbeing highlighted in most studies ([Gump & Matthews, 2000](#)). Taking existential authenticity into account, [Kirillova and Lehto \(2015\)](#) have argued that tourism provides individuals with a safe space for mental reflection, self-awareness, and decision making, although their study does not identify a clear trend of either reducing or increasing depression levels.

Table 1

Hamilton Rating Scale for Depression score statistics, before and after participating in tourist activities, between patients' level.

Paired Samples Statistics		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Beforetourism	11.9048	21	6.72239	1.46694
	Aftertourism	11.2857	21	6.05923	1.32223

Table 2

Hamilton Rating Scale for Depression score paired samples t-test, before and after participating in tourist activities, between patients' level.

Paired Samples Test		Paired Differences					t	df	Sig. (2-tailed)
Pair 1	Beforetourism – Aftertourism	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Beforetourism – Aftertourism	.61905	6.24080	1.36185	-2.22173	3.45983	.455	20	.654

Table 3

Hamilton Rating Scale for Depression scores, before and after participating in tourist activities, the individual patient level.

Patient	Before tourism	After tourism	Difference
A	14	24	-10
B	12	12	0
C	27	13	14
D	13	4	9
E	9	13	-4
F	16	10	6
F	10	7	3
F	7	7	0
G	11	19	-8
G	11	9	2
H	8	8	0
I	27	24	3
J	21	13	8
K	17	12	5
K	7	19	-12
K	6	3	3
L	3	3	0
L	4	7	-3
M	12	13	-1
M	4	8	-4
N	11	9	2

The findings of the present paper regarding the participants' mental state before and after engaging in tourist activity show that all patients expressed a similar attitude before going on their trip: pessimism and a lack of desire to go on vacation. However, after the tourist activity, patients had different reactions, usually depending on the circumstances of travel.

It appears that tourist activity's effect on depression levels is individual and may be explained and influenced by numerous variables, including mental stress levels and physical depression symptoms appearing during the vacation; the type of vacation taken (e.g., spending time in nature vs. a rushed visit to a crowded city); the participant's interests; the circumstances of travel; the number of travelling partners and their relationship with the participant; demographic data such as socio-economic status; and uncontrollable variables, such as weather at destination, availability of facilities, activities suitable for the mental state of the participant, local cultural and other aspects, and more. These avenues should be explored in future research.

This study sought to identify a link between engaging tourist activity and changes in depression but was subject to several limitations. The sample size was restricted to patients who decided to become tourists while in the process of undergoing psychotherapy treatment. Another limitation had to do with the fact that patients who engaged in tourism activity had to skip their weekly therapy sessions. It is possible that being in a therapeutic setting or skipping a weekly treatment served as a confounding variable and affected the levels of depression. A larger, more homogenous sample and a design that isolates the variables "depression level" and "engaging in tourism activity" from confounding variables may produce more significant and reliable results than those obtained in the present study. The results are also tenuous and in need of further testing due to the absence of a control group consisting of subjects who did not engage in tourism activities and to the limitations of the HRSD (Cusin et al., 2009).

Future research should divide tourist activity into three-time segments (before, during, and after tourism), as such a division may contribute to a better understanding of the dynamics between depression and tourism. A great deal of research potential lies in matching tourist destinations and activities with a patient's mental state by taking into account the circumstances of travel and personality attributes with the aim of improving the participant's mental state by referring him or her to a customized environment. Both clinical and social elements are involved in understanding the relationship between depression and the mental state of tourists. It is possible that this very understanding could yield new treatment options or that specific tourism activities could be recommended for tourists with depression.

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