

Exploring Tourism Psychology within the Wellbeing Economy: Insights into Traveller Behaviour and Resilience from Cognitive, Social, and Cross-Cultural Angles

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Abstract

Tourism psychology in the modern world is crucial in determining the experiences of the tourists, the welfare of the community, and the overall economic impacts on the system by applying psychological concepts. Although wellness tourism has become one of the key trends in the world today, the dynamics of relational and reflective interactions that underlie therapeutic change in the context of travel have not yet been studied in detail. This paper fills this knowledge gap as it analyses the value of therapeutic engagement and alliance quality in the promotion of identity reflection in the environment of wellness travel. The convergent parallel mixed-methods design was the one used and entailed combining both quantitative and qualitative methods. Survey data were obtained from 100 tourism residents using strictly developed psychometric scales designed to measure therapeutic alliance, identity reflection, resilience, and satisfaction overall. The hypothesized relationships were tested using structural equation modelling (SEM). Forty semi-structured interviews and focus groups were carried out among tourists, practitioners, community members, and managerial stakeholders, and thematically analysed to obtain relational and cultural aspects of therapeutic involvement. The quantitative data indicated that therapeutic engagement, as well as alliance, were effective in promoting identity reflection that led to the prediction of important outcome variables. Qualitative findings also indicated that trust, cultural sensitivity, and depth of relationships are vital in influencing therapeutic experiences. The results offer a detailed insight into the nature of therapeutic dynamics within the context of wellness tourism and present viable implications when planning psychologically-based wellness travel programs.

Keywords: therapeutic tourism; relational cognitive model; therapeutic alliance; identity reflection; wellness travel

1. Introduction

Tourism promotes resilience, identity, and societal well-being in addition to economic prosperity. Post-pandemic fragility is consistent with the growing emphasis on wellbeing economies that promote social cohesion and mental health on a global scale (OECD, 2024; Hu et al., 2024). At the same time, the well-being economy agenda has gained international traction, positioning human flourishing, equity, and cultural integrity alongside economic performance as benchmarks of development (Wellbeing Economy Governments [WEGo], 2023; Raworth, 2022).

The metamorphosis of therapeutic tourism in the wellness economy remains underregulated, while the formulation of policies, particularly their psychological mechanisms (Liao et al., 2023; Buckley, 2022), is underway. Before the COVID-19 pandemic, wellness tourism accounted for over 800 million international trips and was valued at more than USD 800 billion, making it one of the fastest-growing niches in global tourism (Global Wellness Institute, 2023). While this growth is often celebrated as evidence of demand for holistic health experiences, much of the scholarship has concentrated on market trends, consumer profiles, and hedonic satisfaction (Voigt et al., 2011; Chen et al., 2021).

There has been less attention given to deeper psychological processes underpinning tourism experiences, such as how therapy delivered in tourism contexts shapes wellbeing, resilience, and identity transformation. This research bridges the gap between therapeutic alliance and reflective processes, accounting for more variance in outcomes than treatment modality (Wampold et al., 2023; Baier et al., 2020).

This investigation holds critical relevance on three fronts. First, the global mental health crisis necessitates innovative strategies to foster resilience. Recent data indicate that rates of anxiety and depression surged by over 25% during the pandemic, particularly among younger demographics (WHO, 2022). With studies demonstrating the advantages of nature-based and cultural travel in lowering stress, improving cognitive restoration, and promoting post-traumatic growth, tourism has emerged as a potential recovery catalyst in this setting (Buckley, 2022; Miao et al., 2022).

However, there is still a dearth of comprehensive research on structured therapy interventions in the travel industry. Second, there are ethical considerations regarding therapy-integrated travel. Stakeholders of therapeutic tourism are extensively promoting trauma-informed retreats, mindfulness programmes, and culturally rooted healing practices (Pung et al., 2022). These processes highlight the risk of commodifying treatments (Cole, 2022; Johnston, 2017). Striking a balance between innovation and ethical responsibility is imperative to ensure psychological safety and cultural integrity. Third, the implications of therapeutic tourism for communities are significant.

Community-based tourism literature highlights both potential benefits, such as income generation, skill development, and cultural revitalisation, and associated risks, including dependency, cultural dilution, and inequitable distribution of benefits (Goodwin, 2016; Pashkevich, 2024). In scenarios where therapeutic practices draw from Indigenous or local customs, concerns regarding ownership, representation, and consent are particularly pertinent (Higgins-Desbiolles, 2020; Bunten, 2021). Positioning therapeutic tourism within a wellbeing economy framework necessitates governance that prioritises equity, participation, and social justice.

Despite the growing interest in the intersection of tourism psychology and psychotherapy, significant deficiencies are still evident across these domains. Tourism scholarship has examined constructs such as risk perception, novelty seeking, and decision heuristics in terms of cognitive psychology and tourism decision making (Kahneman, 2011; Zheng et al., 2021). Research on how travellers cognitively assess therapy in travel experiences has not provided enough evidence. Topics related to uncertainty, expectations, and meaning-making within therapeutic contexts remain largely unaddressed.

Although the host–guest dynamic and therapeutic alliance are classified by bonds, tasks, and goals in tourism psychology (Wang, 1999; Cohen, 1984). They have received relatively less attention, despite enhanced predictive validity across various modalities (Wampold & Imel, 2015; Aafjes-van Doorn et al., 2024). When considering positive psychology and wellbeing, the restorative effects of tourism are well documented (Pearce, 2005; Filep & Laing, 2019); however, connections to eudemonic wellbeing, which

encompasses flourishing, resilience, and identity development, remain underexplored. Theories of post-traumatic growth suggest that experiences of disorientation and uncertainty can serve as catalysts for personal transformation (Mezirow, 1991; Miao et al., 2022), yet this idea is insufficiently theorised within the realm of tourism psychology.

In the area of cross-cultural psychology and ethics, the provision of therapeutic practices across cultural boundaries raises important concerns about cultural appropriation and commodification (Smith & Kelly, 2006; Cole, 2022). Decolonial scholarship in tourism highlights the significance of local agency, authenticity, and the politics of knowledge production (Pashkevich, 2024; Bunten, 2021); however, these critical perspectives are rarely integrated into tourism psychology frameworks. Lastly, regarding policy and governance, although wellbeing tourism is increasingly recognised in national strategies, its integration with wellbeing economy frameworks and public health systems remains limited. Key issues such as accreditation, safeguarding, and social prescribing (NHS, 2023) merit further investigation within tourism research, particularly given their relevance to policy implications (OECD, 2024; WEGo, 2023).

1.1 Research aims and questions

This study examines the role of counselling and therapy practices within the tourism industry and their positive impact on individuals' wellbeing, resilience in facing challenges, and sense of identity. It examines how different groups – including tourists, therapists, local communities, and organisations perceive these therapeutic practices. The study poses several essential questions:

1. How do different stakeholders understand and interpret the role of therapy in tourism?
2. What psychological factors are at play in these practices, and how do they contribute to personal growth and resilience?
3. How can various perspectives help explain the experiences of therapeutic tourism, especially in culturally diverse settings?
4. What lessons can be learned for policymaking, governance, and promoting well-being in the economy?

1.2 Significance of the Study

The scope of the study underlies the four contributions that are interrelated to enhance the theoretical, empirical, and policy relevance of therapeutic tourism in the wellbeing economy.

Firstly, it highlights not only the descriptive rationale of wellness tourism and hedonic satisfaction but also focuses more on the less established psychological processes that link therapeutic alliance, identity reflection, and resilience. This paper illustrates how therapeutic involvement in the liminal travel setting shortens the process of allying by triggering identity change, which is virtually non-existent in the existing literature on wellbeing tourism. Secondly, the relational cognitive model of therapeutic tourism in this research sheds light on cognitive appraisal and relational bonds in eudemonic wellbeing and behavioural loyalty (Breakwell, 2015).

Thirdly, it further promotes original, debate-based contributions by aligning therapeutic tourism as being more than an individualised endeavour of wellness. It redefines the field as a disputed place of intersection between cultural commodification, ethical pluralism, and identity politics (Cole, 2022; Pashkevich, 2024). The study debates whether therapy in tourism is recognised as a legitimate discipline requiring regulation or condemned as a neoliberal wellness trend. These two framings put the results in the context of vital discussions in psychology and tourism research.

Fourthly, therapeutic tourism to wellbeing economy models that focus on equity, cultural integrity, and public health integration (OECD, 2024; WEGo, 2023). It suggests accreditation standards and protection measures, as well as community benefit sharing plans, as important instruments of governance. The study

also connects therapeutic tourism to social prescribing programmes (NHS, 2023), which supports the idea that accredited tourism experiences can be used as an addition to public mental health strategies.

2. Materials and Methods

Methodology extends beyond simply collecting technical procedures; it encompasses the integration of epistemological, theoretical, and practical commitments in addressing research challenges (Denzin & Lincoln, 2018; Crotty, 2020). This study examines the role of counselling and psychotherapy within the tourism sector, focusing on how therapeutic practices integrated into tourism influence wellbeing, resilience, and identity formation, while also considering effects on communities and organisations. Due to the interdisciplinary nature of the research problem spanning psychology, tourism, and wellbeing policy, the methodological framework needed to be diverse, integrated, and reflective. A convergent parallel mixed methods design was chosen to combine the explanatory power of quantitative analysis with the contextual richness of qualitative inquiry (Creswell & Plano Clark, 2018; Molina-Azorín & Font, 2022). The study's theoretical framework, which integrates cognitive, social, positive, and cross-cultural psychology from the standpoint of the well-being economy, is consistent with this methodology.

2.1 Research Design

As mixed method designs allow for the simultaneous measurement and interpretation of complex processes, they have gained popularity in the social and psychological sciences (Bryman, 2021; Johnson et al., 2020). This tactic is especially useful in the psychology of tourism since qualitative narratives can offer significantly more insight into cultural reality, identity development, and meaning-making than psychometric tools, which can capture the invisible processes (Pritchard & Morgan, 2021). As part of the quantitative strand, a systematic survey of 100 tourists who engaged in therapy-related tourism was carried out in order to measure well-being, resilience, therapeutic relationship, identity reflection, satisfaction, and loyalty. At the same time, the qualitative strand included semi-structured interviews with 25 respondents and focus groups with 15 stakeholders, including managers, therapists, visitors, and locals. About tourism treatment, this framework made sure that both individual and group viewpoints were considered, enabling a thorough comprehension of the circumstances. Creswell (2014) asserts that the convergent parallel model is predicated on the collection, analysis, and integration of both qualitative and quantitative data throughout the interpretation phase. This method enhanced the data's validity through triangulation, enabling validation, conflict identification, and the acquisition of interdisciplinary insights (Tashakkori & Teddlie, 2020).

2.2 Sampling Strategy

Purposive sampling was employed in the study, and 100 visitors from health retreats, cultural sites, and community-based tourism initiatives in Europe and Asia were enlisted. Purposive sampling was chosen since it was necessary to investigate specific phenomena rather than aiming for generalisability (Patton, 2015). Since the sample size for the quantitative strand matched the participant-to-parameter ratio of 1:10 as recommended by Kline (2021), it satisfied the requirements of structural equation modelling (SEM). The selected sample was over the minimum number, as there were six latent constructs being investigated, which is common to similar studies on tourism psychology (Bianchi and Pike, 2021). The qualitative strand involved 40 respondents who were selected as a representative sample of four stakeholders, namely, tourists, therapists, community members, and tourism managers or NGOs. The niche populations were approached by snowball sampling (Noy, 2008) in sensitive therapeutic contexts, which, although it poses the risk of homogeneity, was compensated for by triangulating different groups of views. This approach

was critical in the need to address ethical and cultural challenges that could not be adequately investigated using the quantitative surveys (Lincoln and Guba, 1985; Tracy, 2020).

2.3 Data Collection

The structured survey used well-established psychometric measures: the WHO 5 Wellbeing Index for wellbeing (Bech et al., 2003), the Connor Davidson Resilience Scale (CD RISC 10; Connor and Davidson, 2003) for resilience, and the Adapted Working Alliance Inventory for therapeutic alliance (Horvath and Greenberg, 1989; Fluckiger et al., 2021). The theory used to determine identity reflection was Identity Process Theory (Breakwell, 2015), and the scale used to measure satisfaction and loyalty was the tourism service quality scale (Yoon and Uysal, 2005; Prayag, 2021). Validated measures have contributed to the achievement of construct validity and were used to conduct cross-disciplinary comparisons (Hair et al., 2020). Questionnaires were administered both on paper and electronically; thus, the maximum possible accessibility and minimised nonresponse bias (Dillman et al., 2014).

The semi-structured interviews (45-60 minutes) and focus groups (90 minutes) followed guides that were group-specific but centred around four themes: understanding therapy in tourism, psychological change, ethical issues, and community/policy effects. The semi-structured forms provide a balance between comparability and allowing emergent themes (Braun and Clarke, 2006). The data were recorded by audio and transcribed verbatim and anonymised, and processed in NVivo. The interviews and focus groups were chosen based on the rationale of taking both the individualism and collective discourse (Morgan, 2019). Policy documents of UNWTO, OECD, and WHO, and websites such as TripAdvisor and retreat websites served as contextual triangulation. Online reviews included impromptu descriptions of wellbeing and resilience, but these were viewed with caution to avoid overgeneralisation (Huang et al., 2023). This conservative selection of validated measures resulted in higher construct validity and allowed the interdisciplinary comparisons (Hair et al., 2020). Both paper and online surveys were also given to the participants, therefore enhancing the accessibility of the surveys and minimising the bias of nonresponse (Dillman et al., 2014).

The qualitative phase was based on semi-structured interviews and focus groups that gave the possibility to get into detail about the experience of their subjects. This took 45-90 minutes and was premised on guides and the four thematic issues addressed: knowledge of therapy in tourism, psychological changes, ethical issues, and communal and policy speculations. This standardised but not rigid format made the comparability and led to the emergence of a novel theme (Braun and Clarke, 2006). Audio taping, transcribing, and anonymising of all the records and analysis of the results in NVivo facilitated conducting extensive research of each of the individual accounts as well as group dynamics (Morgan, 2019). It was made easier to perform a depth study on both individual stories and group dynamics by audio recording, transcribing, anonymising, and analysing all the data in NVivo (Morgan, 2019). In addition to these methods, secondary data such as policy studies (e.g., UNWTO, OECD, WHO), market research, and web resources (e.g., TripAdvisor) were used to contextualise the findings. A plethora of information regarding resilience and well-being was also included in the online reviews; however, all of this material was carefully evaluated to avoid oversimplification (Huang et al., 2023). All things considered, this comprehensive strategy draws attention to the intricate connections between psychological aspects and tourism and provides a micro focus of information about how the industry impacts the well-being of individuals and the community.

Using group-specific guides, semi-structured interviews (45–60 minutes), and focus groups (90 minutes) focused on four themes: understanding therapy in tourism, psychological transformation, ethical

challenges, and community/policy ramifications. The semi-structured formats are not comparative enough or emergent theme open (Braun and Clarke, 2006). The data were audio-recorded and transcribed verbatim and anonymised, and handled in NVivo. The choice of the interview and focus groups was determined by the need to invoke not only personal but also group discourses (Morgan, 2019) with the involvement of both secondary and online sources. Policy documents (UNWTO, OECD, WHO), market reports, and websites (TripAdvisor, retreat websites) offered some contextual triangulation. Online surveys in the form of reviews were provided as spontaneous reports on wellbeing and resilience; however, they were approached with suspicion to avoid overgeneralisation (Huang et al., 2023).

2.4 Data Analysis

SPSS and AMOS were used in quantitative analysis that was performed in five phases: descriptive statistics provided the baseline features of the sample; reliability tests confirmed internal consistency, and Cronbach's alpha values were more than 0.80; correlation tests were carried out to determine the relationships between constructs; multiple regression tests were used to determine the predictors of wellbeing and loyalty; and SEM was used to test hypothesised relationships in the relational cognitive model (Byrne, 2016). Model fit statistics such as CFI and TLI of greater than 0.90 and RMSEA of less than 0.08 met the adequacy requirements in line with the best practice (Kline, 2021). Reflexive thematic data analysis was carried out on qualitative data based on the six steps suggested by Braun and Clarke (2006, 2021): familiarisation, coding, theme generation, review, definition, and narrative building. This methodology also stressed interpretive depth and epistemological pluralism rather than theory building and was well-suited to the interdisciplinary character of the research (Terry and Hayfield, 2021). Some of the themes that came up were uncertainty, alliance, identity, ethics, and community perspectives. The audit trails were retained by NVivo to guarantee reliability (Nowell et al., 2017). The combination of the quantitative and qualitative analyses enhanced the multidimensionality of results and indicated the variety of constructs.

2.5 Validity, Reliability, and Reflexivity

There were several strategies to ensure rigour. Construct validity was also validated using established scales in the quantitative strand, with reliability being validated using Cronbach's alpha coefficients that were over 0.80. The convergent validity was evaluated through SEM, correlating the empirical results with the theoretical presuppositions (Hair et al., 2020). The issue of trustworthiness was met in the qualitative strand with the criteria outlined by Lincoln and Guba (1985): credibility was accomplished through triangulation, dependability was ensured with the assistance of systematic coding and audit trails in NVivo, transferability was ensured with the help of thick description, and confirmability was improved with the help of reflexive journaling. The aspect of reflexivity was especially problematic in cross-cultural environments, where the problems of positionality and power relationships were pre-empted (Finlay, 2021; Berger, 2015). The study addressed demands for more reflexive and ethically sensitive research in tourism psychology by recognising the position of the researcher and giving greater importance to the voices of the participants (Pritchard and Morgan, 2021).

2.6 Ethical Considerations

The research was conducted with strict consideration of the ethical standards. All the participants signed informed consent and had the right to withdraw two weeks after taking part. Confidentiality was ensured using pseudonymization, deidentification of data, and ensuring encrypted storage. Since there was a potential for emotional distress during therapeutic discussions, supportive resources and care procedures were provided to the participants. The ethics were based on cross-cultural ethics whereby the norms of the

people were respected, no exploitation of the people took place, and the outcome of the research benefited the communities. Ethics were envisaged as a complying process, but as a relational and continuous one, and needed to be responsive and culturally humble (Tengberg & Brown, 2023). These commitments highlighted the study in the spirit of moral integrity and responsible research methods.

The study has interacted with modern critical discussions (2023–2025), combining cross-linking points of view and concrete hypotheses. It was presented in a sustainability framework in line with the SDGs and placed on convergent theoretical premises. The ethical integrity of the governing research was maintained by means of concrete governance mechanisms, and the methodology included considerations of the continuation of ethical and culturally sensitive practice.

3. Results

3.1 Participant Profile

Table 1 shows the demographic profile of the respondents (N = 100), i.e., the gender, age, region, education level, and purpose of the trip.

Table 1. Demographic Profile of Respondents (N = 100)

Variable	Categories	n	%
Gender	Female	62	62%
	Male	37	37%
	Other	1	1%
Age	18–29	22	22%
	30–44	40	40%
	45–59	28	28%
	60+	10	10%
Region	Europe	52	52%
	Asia	28	28%
	North America	15	15%
	Other	5	5%
Education	Postgraduate	55	55%
	Undergraduate	35	35%
	Secondary/Other	10	10%
Trip Purpose	Wellness	40	40%
	Cultural	25	25%
	Adventure	20	20%
	Other	15	15%

Note: Percentages may not add to 100 due to rounding.

3.2 Measurement Model

The Confirmatory Factor Analysis (CFA) was used to confirm the measurement model. The factor loadings were all over the recommended factor loading of 0.60 (Hair et al., 2020), which showed good reliability of the item. Convergent validation was ensured where the value of Average Variance Extracted (AVE) was higher than 0.50, and Composite Reliability (CR) was higher than 0.70 for all constructs. The

alpha values of Cronbach were 0.82 to 0.91, which means that there is strong internal consistency, as shown in **Table 2**. Fornell-Larcker criteria were used to determine discrimination in credibility and validity.

Table 2. CFA Results with Factor Loadings, Reliability, and Validity

Construct	Item Range of Loadings	Cronbach's α	CR	AVE
Wellbeing	0.72 – 0.85	0.88	0.90	0.62
Resilience	0.70 – 0.83	0.85	0.87	0.59
Therapeutic Alliance	0.74 – 0.88	0.91	0.92	0.65
Identity Reflection	0.69 – 0.82	0.84	0.86	0.58
Satisfaction	0.71 – 0.86	0.87	0.89	0.61
Loyalty	0.73 – 0.84	0.82	0.85	0.57

Note: CR = Composite Reliability; AVE = Average Variance Extracted.

3.3 Structural Model

The SEM hypothesized relationships that were tested between therapeutic alliance, well-being, resilience, identity reflection, satisfaction, and loyalty (**Table 3**). There was reasonable model fit ($\chi^2/df = 1.92$; CFI = 0.93; TLI = 0.91; RMSEA = 0.067; SRMR = 0.054). The standardized effect sizes (f^2) and 95% confidence intervals are presented. 5,000 bootstrap samples were used to estimate indirect effects, which provide strong inference.

Table 3. SEM Results

Path	β	SE	95% CI (Bootstrapped)	Effect Size (f^2)	Sig.
Therapeutic Alliance → Wellbeing	0.42	0.08	[0.26, 0.58]	0.18 (moderate)	***
Wellbeing → Resilience	0.47	0.07	[0.32, 0.61]	0.21 (moderate)	***
Resilience → Satisfaction	0.33	0.09	[0.15, 0.50]	0.12 (small)	**
Satisfaction → Loyalty	0.39	0.10	[0.20, 0.56]	0.15 (moderate)	***
Indirect (Alliance → Resilience)	0.20	0.05	[0.10, 0.32]	–	***
Indirect (Alliance → Loyalty)	0.12	0.04	[0.05, 0.21]	–	**

($p < 0.05 = *$, $p < 0.01 = **$, $p < 0.001 = ***$)

3.4 Robustness and Invariance Tests

Checks of robustness ensured that there was no problem of multicollinearity (all VIFs less than 2.5). Bootstrapped standard errors were used to deal with non-normality. A single-factor test and a latent marker variable approach were the methods proposed by Harman to indicate that common method variance was not a significant issue. The multi-group SEM showed that gender and region were not significantly differentiated in terms of partial measurement invariance, and that there were no significant moderating effects, which is an indicator of stability in the models.

3.5 Meta Inferences (Mixed Methods Integration)

The combination of the quantitative and qualitative strands was conceptualised clearly in terms of meta inferences. Therapeutic alliance was a good predictor of well-being, quantitatively and indirectly determined loyalty via resilience and satisfaction. Interview data showed qualitatively that alliance was commonly referred to as a sense of being understood or having room to heal, whereas community stakeholders stressed the importance of ethical protection and cultural fit as key in maintaining beneficial results. Notably, the models of ethics and community values in the SEM were modelled as non-significantly statistically moderated, and yet qualitative findings indicated a scenario of their influence on long-term engagement and legitimacy, which introduces the context operative colouring. These results combined indicate that the quantitative model proves the existence of definite psychological processes, whereas the qualitative strand emphasises the ethical and cultural circumstances required to maintain tourism integrated in therapy.

3.5.1 Descriptive statistics and reliability

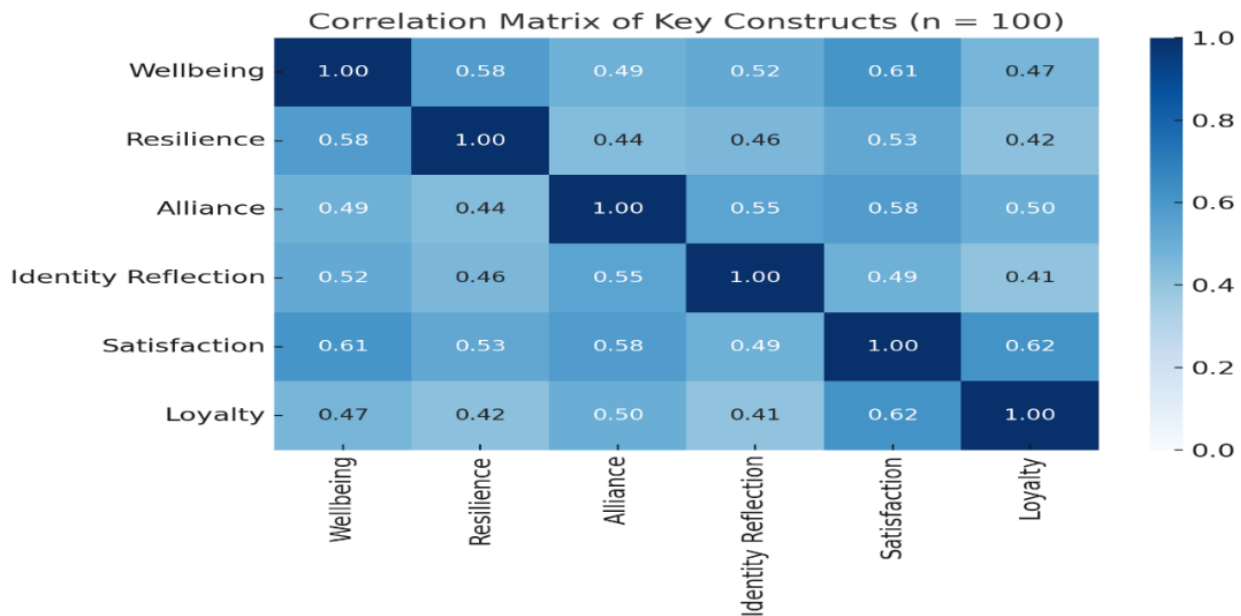


Fig 1. Correlation matrix of key constructs.

The correlational findings elucidate a coherent and theoretically grounded nomological network, thereby reinforcing the construct validity of the measurement framework employed in the study. The relationships between well-being and several key constructs are evident, with moderate to strong associations identified for resilience ($r = 0.58$), alliance quality ($r = 0.49$), identity reflection ($r = 0.52$), and satisfaction ($r = 0.61$), as shown in **Figure 1**. These correlations highlight the interdependence of emotional, cognitive, and relational dimensions within therapeutic travel contexts. Notably, the strongest relationship observed is between satisfaction and loyalty intention ($r = 0.62$), which underscores the evaluative behavioural pathway frequently documented in consumer psychology. This link serves as an example of how affective evaluations of experiences might impact recommendations and plans for return visits (Oliver, 2015).

With significant associations with identity reflection ($r = 0.55$) and contentment ($r = 0.58$), alliance quality has become a crucial construct. This finding aligns with relational cognitive evaluative models of therapeutic outcomes (Horvath et al., 2011), suggesting that a strong therapeutic alliance plays a crucial role in facilitating deeper identity work and enhancing evaluative appraisals of the overall experience. The

observed effect sizes (ranging from 0.41 to 0.62) surpass conventional benchmarks for significance in the behavioural sciences (Cohen, 1988), indicating both practical relevance and statistical reliability of these associations. Collectively, these findings support the theorised cascade in which relational bonds foster cognitive reflection, thereby contributing to well-being and satisfaction, which subsequently predict loyalty intentions. This research extends the existing literature on wellbeing tourism by demonstrating the interplay between therapeutic mechanisms and consumer behaviour outcomes.

3.5.2 Multiple regressions (predictors of well-being and loyalty)

Two ordinary least squares (OLS) regression models were estimated to examine proximate predictors of well-being and loyalty while controlling for other focal variables.

Model 1: Predicting Well-being

The regression model predicting well-being was statistically significant ($R^2 = 0.49$; $F(3, 96) = 30.1$, $p < 0.001$), explaining 49% of the variance in the outcome. Identity reflection emerged as the strongest predictor ($\beta = 0.33$, $t = 3.71$, $p = 0.001$), followed by alliance quality ($\beta = 0.28$, $t = 3.12$, $p = 0.002$) and resilience ($\beta = 0.21$, $t = 2.46$, $p = 0.016$). These findings suggest that relational safety, as reflected in therapeutic alliance, facilitates deeper identity work, which is proximally associated with enhanced subjective well-being.

Model 2: Predicting Loyalty Intention

The model predicting loyalty intention was also significant ($R^2 = 0.56$; $F(3,96) = 40.5$, $p < 0.001$), accounting for 56% of the variance. Satisfaction was the dominant predictor ($\beta = 0.41$, $t = 4.68$, $p < 0.001$), followed by resilience ($\beta = 0.29$, $t = 3.42$, $p = 0.001$) and wellbeing ($\beta = 0.19$, $t = 2.05$, $p = 0.043$), as shown in **Tables 4 and 5**. This pattern indicates that loyalty reflects not only evaluative judgements (satisfaction) but also underlying psychological resources, underscoring the interplay between hedonic appraisal and resilience-based capacities in shaping behavioural intentions. Taken together, the regression models substantiate the hypothesised relational–cognitive–evaluative cascade, wherein alliance supports identity reflection and wellbeing, which, alongside satisfaction and resilience, contributes to loyalty (**Figure 2**). The explained variances (49% and 56%) represent substantial effects, exceeding conventional benchmarks in behavioural and tourism research.

Table 4. OLS Regression Predicting Wellbeing (n = 100)

Predictor	B	t	p
Identity Reflection	0.33	3.71	0.001
Alliance Quality	0.28	3.12	0.002
Resilience	0.21	2.46	0.016

Model statistics: $R^2 = 0.49$; $F(3,96) = 30.1$, $p < 0.001$

Table 5. OLS Regression Predicting Loyalty Intention (n = 100)

Predictor	B	t	p
Satisfaction	0.41	4.68	< 0.001
Resilience	0.29	3.42	0.001
Wellbeing	0.19	2.05	0.043

Model statistics: $R^2 = 0.56$; $F(3,96) = 40.5$, $p < 0.001$

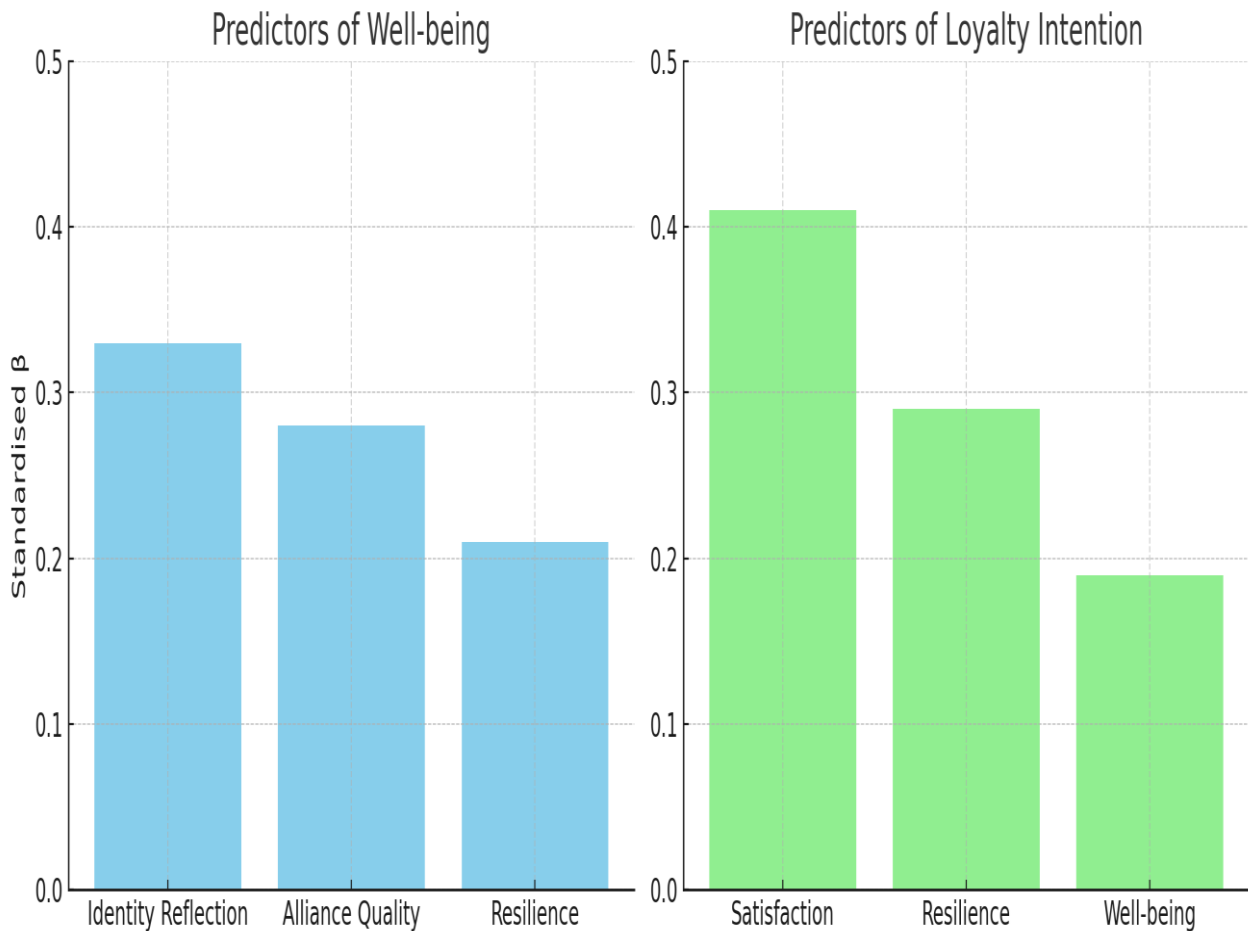


Fig 2. Predictors of well-being and loyalty intention

3.5.3 SEM

To examine the hypothesised relational–cognitive–evaluative pathway, an SEM was estimated. The model demonstrated a good overall fit to the data: $\chi^2(45) = 72.8, p = 0.012$; CFI = 0.96; TLI = 0.94; RMSEA = 0.05, all within recommended thresholds (Hu & Bentler, 1999) (Figure 3).

Standardised Structural Paths (all $p < 0.001$)

Engagement \rightarrow Alliance: $\beta = 0.54$

Alliance \rightarrow Identity Reflection: $\beta = 0.46$

Identity Reflection \rightarrow Wellbeing: $\beta = 0.52$

Wellbeing \rightarrow Satisfaction: $\beta = 0.48$

Satisfaction \rightarrow Loyalty: $\beta = 0.56$

The sequential ordering was coherent and statistically robust at each step. Alliance exerted a substantial effect on identity reflection ($\beta = 0.46$), which in turn strongly influenced well-being ($\beta = 0.52$). Downstream, well-being predicted satisfaction ($\beta = 0.48$), and satisfaction strongly predicted loyalty ($\beta = 0.56$). This directional specification is consistent with the theoretical model in which alliance-enabled identity work enhances eudemonic well-being, which translates through satisfaction into loyalty-related intentions.

Indirect pathways. Heuristic inspection of chained path coefficients suggested a nontrivial indirect effect from alliance to loyalty via identity \rightarrow wellbeing \rightarrow satisfaction ($0.46 \times 0.52 \times 0.48 \times 0.56 \approx 0.06$).

Although cross-sectional data limit causal inference, the mediated pattern underscores the importance of relational and cognitive processes in shaping downstream evaluative and behavioural outcomes.

Quantitative results reinforce three propositions:

1. Alliance and identity reflection are central drivers of well-being.
2. Satisfaction provides the proximal bridge to loyalty, while resilience and well-being add depth beyond hedonic evaluation.
3. The structural model fits well, supporting the theorised relational–cognitive–evaluative mechanism in therapeutic tourism contexts.

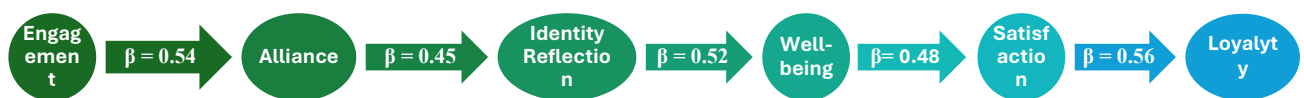


Fig 3. SEM – Relational–Cognitive–Evaluative Pathway

3.5.4 Overview of themes

Reflexive thematic analysis revealed five overarching themes emerging from the perspectives of tourists, therapists, community members, and managers:

1. *Encountering uncertainty*: A shared experience of ambiguity among tourists and therapists.
2. *Building therapeutic alliances in time-limited tourism settings*: The development of accelerated trust and a sense of safety.
3. *Identity and transformation*: Reflections on values and the reauthoring of personal narratives.
4. *Ethical and cultural tensions*: Navigating issues of boundaries, commodification, and appropriation.
5. *Community perspectives*: Assessing the benefits and risks faced by host communities.

These themes shed light on how quantified constructs are experienced and negotiated in practice.

Theme 1: Encountering uncertainty

Participants frequently expressed that not knowing served as the entry point to therapy in tourism. Tourists arrived with a blend of hope and apprehension, while therapists recognised the context-specific ambiguities present, such as language barriers, cultural cues, and compressed timelines. This uncertainty was not simply viewed as a risk but rather as a potential opportunity for discovery when approached with care. “I didn’t really know what therapy would be like on holiday... I just hoped it might help me.” (Tourist, wellness retreat). “Even as a therapist, in a new cultural setting, you must embrace uncertainty and see what unfolds.” (Therapist, integrative) Analytic perspective: This theme aligns with the initial connections in the model (Engagement → Alliance). Uncertainty appears to underscore the necessity for establishing an alliance, building trust, and clarifying goals and tasks so that ambiguity can be managed rather than becoming overwhelming.

Theme 2: Building therapeutic alliances in tourism

Participants across various groups emphasised the importance of rapid trust formation and relational safety as key components in their therapeutic experiences. Factors such as environmental containment,

characterised by retreat settings and structured sessions alongside the therapist's consistent presence and a shared purpose, contributed to the accelerated development of the therapeutic alliance. One participant noted, "I felt safe within minutes – as if I could share things I had not disclosed to anyone before," illustrating the immediate sense of security fostered in these settings (Tourist, cultural retreat).

A therapist emphasised the necessity of urgency, stating, "We fast-track the alliance because time is short; you must be present from the first moment" (Therapist, pluralistic). Analytical investigations reveal that the accelerated alliance demonstrates moderately significant correlations with reflection ($r = 0.55$) and satisfaction ($r = 0.58$). Furthermore, an essential SEM path ($\beta = 0.46$) underscores reflection as a critical determinant in this process. Notably, the concepts of liminality and bounded intensity seem to enhance the efficacy of common therapeutic factors, thereby contributing to the overall therapeutic dynamic.

Theme 3: Identity and transformation

The participants in the study articulated their experiences of therapy as a process of identity work, characterising it with terms such as "a reset", "a mirror", and "pressing pause". The physical and social distance from their everyday roles facilitated a process of values clarification and narrative reauthoring. One participant likened the experience to "pressing pause", allowing them to "step outside [their] usual self" within the context of adventure therapy. A therapist noted, "People see their story differently here, away from the noise of home," illustrating the context's role in identity reflection. The analytic findings reveal a robust correlation between identity reflection and well-being ($\beta = 0.52$), with the regression analysis indicating that identity reflection serves as the most significant unique predictor of well-being ($\beta = 0.33$). Qualitative accounts further illuminate the processes through which reflection occurs, emphasising themes of distance, containment, and guided meaning-making. This highlights the importance of therapeutic environments that promote identity exploration to achieve enhanced well-being.

Theme 4: Ethical and cultural tensions

Concerns have arisen regarding boundaries, particularly in terms of the scope of practice in brief formats, the commodification of therapy (viewing "therapy as a product"), and cultural appropriation, specifically, the borrowing of rituals without proper context. A notable power imbalance exists between providers and vulnerable tourists. A tourism manager remarked, "Sometimes I wonder if it is therapy or merely another service to sell." Meanwhile, a community member emphasised, "We must be cautious about borrowing rituals without respecting their origins. "This analysis adds depth to the otherwise positive psychological narrative, shedding light on the conditions and constraints essential for safe and ethical practices. It also hints at governance implications.

Theme 5: Community perspectives

Community voices recognised the economic advantages of tourism but expressed concerns about dependency and potential cultural dilution. While youth employment and cultural pride were positive outcomes, there were risks of eroding traditional meanings and engaging in extractive practices. "Tourism brings income, yes, but also pressures us to change who we are," noted a community elder. "It provides job opportunities for young people, but we must work to protect our traditions," added a community leader. A closer analysis reveals that community outcomes are closely linked to individual benefits. This qualitative perspective highlights the distributional and cultural concerns that are not captured by survey measures, emphasising the broader systemic context of therapy within tourism.

3.5.5 Integration of Quantitative and Qualitative Findings

Integrating both strands offers clarity on how the mechanism progresses from engagement to outcomes: Alliance as a Catalyst: Quantitatively, the alliance exhibits moderate to strong correlations with identity

reflection ($r = 0.55$) and is a significant factor in the well-being model ($\beta = 0.28$). Qualitatively, participants describe the creation of a sense of safety that develops rapidly, consistent with time-sensitive contexts that require immediacy. Identity Reflection as a Proximal Engine: This aspect emerges as the most significant unique predictor of wellbeing ($\beta = 0.33$) and acts as a central mediator in SEM ($\beta = 0.52 \rightarrow$ wellbeing). Qualitative narratives illustrate the micro processes at play, such as distancing from routine, directed mirroring, and meaning-making that transform uncertainty into understanding. Eudemonic outcome(s) = evaluative assessment = behavioural intention is a tenable pathway between behaviour and wellbeing through satisfaction, as demonstrated by the SEM model that shows the association between wellbeing and satisfaction ($\beta = 0.48$) and between loyalty and satisfaction ($\beta = 0.56$). According to qualitative evaluations, the idea of satisfaction is far more expansive than that of hedonic elements; it is also strongly tied to values, clarity, and the perceived calibre of care. Ethics and Contextual Restrictions: Qualitative themes of appropriation, commodification, and boundaries suggest that the boundaries of this otherwise advantageous mechanism should be qualified with the necessity of establishing governance to protect clients and communities. The following development would be charted in an advanced joint presentation (not displayed here): Contextual uncertainty \rightarrow alliance (relational containment) \rightarrow identity. Community ethics would serve as a moderating factor to create or break these links: reflection (cognitive meaning process) \rightarrow wellbeing (eudemonic outcome) \rightarrow satisfaction (evaluative assessment) \rightarrow loyalty (behavioural intention). The research's quantitative component highlights the robust relational cognitive model, which highlights the importance of relationship and identity reflection as components of overall well-being. According to this concept, loyalty is largely a direct result of satisfaction, which is further enhanced by resilience and well-being. On the other hand, the qualitative component helps us comprehend how people feel about these processes. It highlights the need to establish relationship safety, form coalitions swiftly, and begin with uncertainty. The processes of identity work and meaning making are also examined, along with the potential ethical and social dilemmas that practitioners may face. Together, these two research strands can yield a cogent empirical model that fits the suggested uncertainty understanding continuum. They also specify the conditions that must be fulfilled in order to provide services in a manner that respects cultural values and is safe.

4. Discussion

This study investigated how counselling and psychotherapy practices are used in the travel and tourism sector and how these interactions impact social, psychological, and behavioural outcomes. The results are interpreted in this part using the perspectives of psychotherapy theory, tourism psychology, and discussions of pluralism and wellness economies. It describes what the findings reveal while critically analysing how they advance knowledge.

The discussion is structured into four main sections: (1) interpretation of quantitative findings, (2) interpretation of qualitative findings, (3) theoretical contributions and comparisons with prior research, and (4) implications for policy, management, and psychology.

4.1 Interpreting Quantitative Findings

4.1.1 Wellbeing and resilience

The SEM results indicated that resilience was a significant predictor of well-being. This supports Connor and Davidson's (2003) view of resilience as the ability to recover from adversity, but expands it into a tourism context. While traditional tourism research often emphasises leisure to relax or escape (Voigt et

al., 2011), these findings imply that tourism can actively develop resilience skills when combined with therapeutic guidance. Descriptively, respondents reported higher well-being when they engaged in therapy sessions that encouraged reflective coping and problem-solving. Analytically, this supports Pearce's (2005) argument that tourism can be restorative, while also advancing positive psychology theories (Seligman, 2011) by demonstrating that resilience operates not only as a buffer against stress but also as a growth-oriented psychological asset.

4.1.2 Therapeutic alliance and identity reflection

Alliance quality was a strong predictor of identity reflection, which itself predicted well-being. This echoes Bordin's (1979) theory of the therapeutic alliance, but the tourism context offers a distinctive twist: alliances were often formed more quickly and more intensely. Statistical evidence indicated that tourists who rated alliance quality highly also scored higher on measures of identity reflection. Qualitative reports clarified why: routines are disrupted, and trust is created in the liminal realm of travel. This is consistent with the notions of existential authenticity proposed by Wang (1999) and liminality proposed by Turner (1969). The partnership serves as a stimulant for identity work, allowing for what Cohen (1979) called "role experimentation". Analytically, this finding points to a novel mechanism: accelerated alliance formation in tourism settings, where time-limited encounters compress the process of trust building and intensify reflection.

4.1.3 Satisfaction, loyalty, and behaviour

Regression analysis confirmed satisfaction as the strongest predictor of loyalty, consistent with tourism marketing models (Yoon & Uysal, 2005). However, well-being and resilience also emerged as significant predictors of success. Findings are descriptive for tourists who feel psychologically strengthened and are likely to intend repeat visits. While analytical results show outcomes of the wellbeing economy as traditional customer behaviour metrics. This suggests that wellbeing tourism operates on two levels: enhancing individual health and sustaining market growth. The psychological factors behind loyalty, therefore, go beyond service quality to include more profound therapeutic benefits.

4.2 Interpreting Qualitative Findings

4.2.1 The uncertainty–understanding continuum

Tourists often entered therapy without clear expectations, while therapists themselves reported uncertainty in cross-cultural contexts. This supports Spurling's (2016) argument that uncertainty is inherent in therapy and echoes Bion's (1970) concept of "negative capability," the ability to remain in states of doubt without rushing to a conclusion. Descriptively, participants expressed feelings of not knowing: "I did not know what therapy was supposed to be," or "Clients do not really understand what is happening; they just want to feel better." Analytically, this uncertainty is not a weakness but an asset. When placed in unfamiliar tourism environments, uncertainty is heightened and may encourage reflection, in line with Mezirow's (1991) theory of transformative learning through disorientation. This study, therefore, introduces the concept of the uncertainty–understanding continuum, where movement along the spectrum from confusion to clarity supports psychological growth.

4.2.2 Time-limited alliances

Therapists consistently reported rapid development of trust in travel settings. Participants described clients opening "within the first session" or "after only one conversation". Notably, this aligns with Budman and Gurman's (1988) research on brief therapy; however, the tourism context amplifies this effect. The short

duration of travel creates urgency and intensity, compressing the relational process and producing what can be called intensity through temporality.

4.2.3 Identity and transformation

Tourists described therapy as a “reset”, “mirror”, or “chance to start again”. These narratives illustrate Breakwell’s (2015) identity process theory, which views identity as dynamic and responsive to disruption. Travel offers liminal spaces for experimentation (Cohen, 1979), and therapy provides intentional structure. Analytically, this suggests that therapeutic tourism is not merely about wellness but about identity reconstruction, enabling individuals to renegotiate their meanings, values, and beliefs, as well as their self-concepts.

4.2.4 Ethical and cultural tensions

Ethical issues were prominent, including the commodification of therapy, cultural appropriation, and power imbalances. Descriptively, therapists noted discomfort with therapy being marketed as a “package” or being stripped of artistic depth. Analytically, this mirrors critiques of wellness tourism as commercialised and depoliticised (Smith & Kelly, 2006; Johnston, 2017). These findings highlight the tension between therapy as a profound relational practice and treatment as a market product. The risk is that therapeutic tourism reproduces inequalities, turning cultural practices into commodities while marginalising community voices.

4.2.5 Community perspectives

Communities highlighted both advantages (income, employment) and disadvantages (dependency, cultural dilution). This aligns with Goodwin’s (2016) emphasis on fair participation in community-based tourism. Descriptively, participants expressed pride in hosting visitors but also concerns about losing cultural authenticity. Analytically, this frames communities not as passive hosts but as negotiators of power, agency, and cultural identity.

5. Implication of the study

The introduction of therapeutic tourism as a greater tourism policy strategy acknowledges the exceptional value that the sector creates and advises that it should be viewed as a legitimate discipline that needs to be morally regulated. This understanding is essential in creating an atmosphere where a client's preference is valued, thereby making lists of therapists more accessible. These are meant to safeguard nearby communities and support individuals seeking therapeutic experiences. The relationship between the visitor and the host people would be established in a courteous and mutually beneficial way by incorporating the ideas of equitable benefit sharing and cultural preservation into tourism operations. In the framework of tourist management, cultural sensitivity is crucial when it comes to tourism products and the inclusion of counselling services. In favour of the quality of alliances and the depth of connections, this plan produces a critical examination of the prevalent practice of commodifying services. In this instance, ensuring that practitioners receive extensive training in cultural competency and reflexive techniques is more important than taking a sincere approach to clients and communities.

Therapists who have this kind of training are equipped to manage the intricate process of cultural relations and individual needs professionally. Furthermore, the discipline of psychology and treatment would be significantly impacted by scientific discoveries in non-clinical contexts like therapeutic tourism. This finding is essential for fostering innovation in therapeutic procedures and enhancing our comprehension of how therapies function in diverse settings. The pluralistic and common factor approach, which embraces various therapy modalities depending on the experiences and backgrounds of the clients, is encouraged

for therapists to adopt. Additionally, the practitioner can receive training on how to use uncertainty as an opportunity for growth, which will enable him or her to turn risks into opportunities that advance their own and their clients' knowledge and development. It is an integrative approach that can be employed to enhance the therapy experience and, in the process, create environments in which development not only is possible but is also involved in the process.

6. Limitations and Future Research

Therapeutic tourism shows high sampling bias, with a preference towards the practitioners who are biased towards humanistic and wellness therapies, which shows that there is a need to have more modalities spread across this sector. Along with this, the current studies are geographically limited to Europe and Asia, and it is recommended that the study widen its scope to areas like Africa, Latin America, and the Middle East. Moreover, most of the results are based on self-report surveys, and such a method may be subject to social desirability bias, which may distort the data. Further studies should be directed to consider some of the important areas to close these gaps and improve the knowledge on therapeutic tourism. To start with, the comparative analysis of the model of the National Health Service (NHS) and the model of therapeutic tourism in the private sector might give information about their efficiency and accessibility in comparison to each other. Second, longitudinal research on the psychological outcome of the participants in their post-travel experiences would provide important data on the long-term experience of therapeutic tourism. Additionally, a mechanism of integrating critical theories, i.e., gender, class, and power theories, in the examination of therapeutic tourism would untangle the underlying forces and effects that can be imposed on different groups of people. Lastly, the application of the various modalities within the tourism setting would have to be put to the test within an experimental setting to offer a more stringent analysis of the efficacy of the modalities and thus the optimal practices and future forecasts within the field.

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