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Salus Per Aqua - What Is Health To You?

A study investigating how to connect the dots between health care, health maintenance, rehabilitation and spa.

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Abstract

In this study the relationship between spa visiting and health aspects was investigated. An Internet survey was developed and out of 152 participants a group of 54 non-spa visitors who had never been to a spa before were compared to a group of 38 spa visitors who frequently had attended a spa. The results showed that spa visitors had significantly higher levels of well-being and nature connectedness than non-spa visitors. Concerning mindfulness, no significant difference were found between the groups. These results could indicate that spa visiting has positive effects on the psychological health of individuals but could also indicate a selection bias in that it could not be excluded that spa visitors had a higher subjective well-being and nature connectedness even prior to visiting spas. More research is needed regarding this issue.

Keywords: Spa, health, health care, health maintenance, rehabilitation, well-being, mindfulness, nature connectedness, individuals.

Introduction

The history and meaning of spa

The word spa is a word with many meanings. Some say that it comes from the Latin "Salus Per Aquam" which means "health through water" but this is probably something that's been constructed in hindsight. In the late 1500's a town with the name Spa in Belgium exported water and this made the name famous and well-used. (Hult, 2007). This town was founded during the Roman times and had natural hot springs. During the Roman raidings in the northern Europe the Romans' built their Roman baths at around eighty places in Europe; Baden-Baden in Germany, Vichy in France, Spa in Belgium, to name a few. (Swanberg, 1998).

England started to use the word spa in the meaning of "medicinal spring" during the 1600's and during the 1700's in the meaning of "spa town". The phrase spa in Sweden is probably influenced from the English language. Although the word and phrase has many meanings, there is an even broader definition to what a spa really is. The word is being connected to various businesses; health clinics, retreats, medical or psychological treatments and even products. Single practices that can seem odd to some people are often also connected to the word spa. In 1989 in Sweden, the States Public Investigations came out with a report called "Alternative therapies in Sweden - a mapping" which introduced 164 forms of therapies, since then some have ceased to exist and new ones have entered. (Hult, 2007). Today there is research being made and portals using evidence-based medicine databases to present people with medical evidence for spa and wellness therapies (Spa Evidence, n.d.). The word pamper is in some fields being replaced with medicine. Massage, for an example, could be both a treat and offer tangible health benefits (Petersen, 2012).

The spa-study

The aim of this study, referred to as the spa-study, is to investigate if individuals who have visited a spa differ from individuals who have not been to a spa, on different health aspects. Searching for previous research on spa, it seemed liked not much research had been done on the effect of spa visiting. The spa-study will investigate if individuals that visit spas feel better than the individuals who do not. Health then becomes an important factor.

The health aspects that the spa-study is investigating are well-being, mindfulness and nature connectedness. These health aspects all have connections to health and therefore in some aspects, also to spa. To elaborate this, the spa-study starts off with a health perspective. Health is defined and an introduction to how the term "health" exists in different types of businesses is introduced; health care, health maintenance and rehabilitation. After that, the word spa is further defined;

introducing what spa is in Sweden and what kind of research that has been made on spa visiting and behavior. A short introduction to how the spa-field and health could be further examined with this spa-study and its spa-survey is then presented. By describing health, then describing spa and spa's connection to health and the three health aspects well-being, mindfulness and nature connectedness, the foundation for the spa-survey is laid. Throughout this spa-study different issues will be questioned and problematized; a) what health is, b) how different businesses work with health and c) if spas could further promote health by integrating spa with health care, health maintenance and rehabilitation.

Health

In 1948 the World Health Organization made a definition of health as a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity (World Health Organization, 1998). This can seem as quite utopian and may give doctors not just only a doctor's role, but also a role of a priest, politician, economist, oracle and so on. WHO has since then complemented the definition by emphasizing that health is both social and personal resources as well as physical abilities that allow people to live productive lives. (Rydén & Stenström, 2008).

When it comes to individual health a simple definition is even more complex. Research has many definitions and it depends on the purpose and perspective of the study. Biomedical studies focus on illness and disease and the ability to survive and reproduce. Psychological studies is not as concerned whether the individual is diagnosed sick or healthy, but more concerned with the individual's own experience; how does he or she experience sickness and wellness? (Göransson, 2009).

This spa-study is a psychological study and will therefore focus on individuals' experiences. The spa-survey consists of questions that assess how the individual is experiencing his or her well-being, mindfulness and connectedness to nature. It is not as important to find out if the individual is sick or healthy, the aim is to get a result on how the spa visitors versus non-spa visitors experience their own health and more specifically, the three health aspects.

Health care

Health care is dedicated to take care of people who are hurt and sick (Nationalencyklopedin Sjukvård, n.d.). The health and health care law in Sweden has an overall aim which is good health and care on equal terms for the entire population (Isacsson, Malmquist & Qvarsell, n.d.).

A study made in 22 European countries with patients between the ages of 30-70 years explored the participants' beliefs about the importance of lifestyle and preventive services. The study wanted to assess their readiness to make changes in diet, physical activity and their willingness to receive support. More than half of the patients thought their lifestyle were important for their health. Almost half of the patients thought they had to improve their lifestyle in terms of eating, physical activity and body weight. Two-thirds said they would like to receive support and half of the patients reported that general practitioners initiated a discussion about these health topics. This means that a high proportion of patients with unhealthy lifestyles do not perceive the need to change, and half of the patients report not having any discussion on health topics with a primary care team. (Brotons, Drenthen, Durrer & Moral, 2012).

A Swedish thesis investigated that there is a shift taking place in health care. From treating persons seeking medical treatments as patients they are now more and more being treated as customers. As a participating client, the sick person is active in the care. When the language and practices from marketing are entering health care this open up for terms such as freedom and choice, and they are being used and legitimate in health care as well. This changes the organization of the health care and creates a client, which has different qualities than the patient. The persons seeking medical treatments are offered multiple choices and have to take an active stand; which hospital, doctor, treatment and medication to use, as well as taking part in the care of oneself. Practically, not all persons might take this position and behave like a client. (Nordgren, 2004). To develop a new service system, which match the available capacity in and between health care units and thus can match the need of care, continuity and coordination during all health care process are important values. As a care seeker to be matched in the contacts with providers and specialists. (Nordgren, 2011).

As previously mentioned, this spa-study will not focus on whether the individuals answering the spa-survey are sick or healthy. It is their perceived well-being, mindfulness and connectedness to nature that is of interest. Since health care has a focus on sick and hurt individuals, as well as the shift taking place; now treating patients as customers, the results from the spa-survey might raise important questions to discuss.

Health maintenance

Health maintenance is a word that captures an individual's own active efforts to promote his or her health (Nationalencyklopedin Friskvård, n.d.). Promotion of the welfare in Finland is divided into different categories, living habits and environment is one of them. To improve health and prevent

sickness individual living habits and social and economic living conditions have an important role. Sickness can be prevented by exercising and eating healthy. By impacting habits and limit the access to harmful products, health risks by high consumption of alcohol, smoking and drugs can be prevented. Environmental health is affected by the quality of water and air as well as noise levels. A safe, balanced and enjoyable society which makes social contacts possible is positive for the health. (Social- och hälsovårdsministeriet, 2009).

In Sweden the health-related living habits have developed in both positive and negative ways between the 1980's to the beginning of the 21st century. Exercising habits have improved and the proportions of everyday smokers have decreased, but overweight and obesity have increased in all ages. (Persson & Sjöberg, 2004). The decrease and increase on different health aspects such as the studies of Persson and Sjöberg shows, could have something to do with factors such as self-control and willpower. Studies on self-control discuss whether self-control is a limited resource that becomes drained with use or can be caused by beliefs, motivation or mindsets. Willpower might not be unlimited, but the belief that it is and a desire to do good deeds, can improve self-regulatory performance up to a point. After that point, the value of belief and motivation diminishes. (Vohs, Baumeister & Schmeichel, 2012).

Since health maintenance is about the individual's own effort to be healthy, this spa-study is interested in how the respondents answering the survey feel, when it comes to the three health aspects well-being, mindfulness and nature connectedness. A higher score on well-being, mindfulness and nature connectedness, i.e. to be healthier, might be health aspects that could further increase health and reduce the need of health care and rehabilitation.

Rehabilitation and horticultural therapy

Studies show that the residential area is important for the psychological health. High urbanization increases the risk for psychological ill health. To focus on the residential area is therefore important when steps are taken to improve psychological health for the public in general. (Sundquist, Johansson & Sundquist, 2004). Research has also shown that there is an interaction between man and nature; every individual in a greenbelt has a need to find meaning which will help them in their situation. Nature is important for health. Calm environments that appeal to our senses can, with guidance, start a self-healing process. (Grahm & Ottosson, 2010).

Rehabilitation is about restoring a lost function. It includes social, medical, psychological and pedagogical interventions with the aim to help the hurt or sick person regain as much as possible of his or her ability to function. (Kebbon, n.d.).

In Alnarp in southern Sweden a team of therapists, gardeners and researchers pursue a form of rehabilitation, a horticultural therapy called "the Alnarp method". The participants have fatigue syndromes, which is a state that can have biological, psychological and social causes and hence is hard to put a simple diagnosis on. During twelve weeks of rehabilitation the participants visit Alnarp between one to four days a week. All days follow a pattern: beginning, relaxation, activities and a completion with a review of the day that has passed. The rehabilitation garden is divided into different areas such as; a) a welcoming garden which is restorative, b) an urban garden which is the most divergent with metal and concrete, c) greenhouses which is warm and make tensed muscles relax, d) an easy to maintain forest garden which is a hybrid between a forest and pantry, e) a kitchen garden with straight lines, structure and order and f) near the main building there is a terrace where the participants can relax or have activities and a winter garden which is a room where the day starts and ends. (Grahn & Ottosson, 2010).

The team strives to meet the participants without any special demands, the level of demands and control is all in the hands of the participant. This can be a bit confusing at first but is often followed by a relief. When the demands, duties and expectations are lifted off their shoulders, true reflection around the participant's own life situation can begin. The rehabilitation has clear frames and a strict structure as well as giving the participants possibility to make individual choices. A psychotherapist and a physiotherapist have individual sessions each week with the participants. Through an affirmative, accepting and understanding approach, the team creates an important psychological environment which builds a foundation for trust with the participant. (Grahn & Ottosson, 2010).

"Grahn's hierarchy of needs" is a pyramid where individuals at the bottom want to be by themselves and have a more direct need of support from nature. They prefer simple impacts such as a meadow. Individuals at the top of the pyramid feel better and want to share their experiences with others. At the rehabilitation garden, an open field and an old fruit garden often appeals to those participants that feel worse. The forest garden appeals to those who feels a bit better, then they often move on to the kitchen garden and its structure and lastly the urban garden is the most demanding garden and appeals to those who are quite far in their rehabilitation process. (Grahn & Ottosson, 2010).

In average the participants have been on the sick-list for over four years, but after the twelve weeks of horticultural therapy and rehabilitation at Alnarp most of the participants continue to some kind of work, work training or studies. (Grahn & Ottosson, 2010).

The research that has been conducted on horticultural therapy is clearly showing that when individuals are closer to nature, health is increasing. Nature is therefore an important resource to keep in mind when working with health. This spa-study uses a survey to assess the respondents' connectedness to nature. This might indicate whether a higher connection to nature can promote health.

Spa in Sweden

An economic mapping of the Swedish spa business from 2010, classified spas into two groups; spa hotels and day spas. In total, Sweden had 279 spas in 2010. Those two groups have a turn over at about 4 billions SEK per year. The spa hotels solely have a turnover at about 3,5 billion SEK and they sold for about 500 million SEK to 1,1 million guests during 2010. Those guests went to 400 000 spa treatments. It's important to consider that the sum of each variable had been estimated using extrapolation. (Sveriges Hotell- & Restaurangföretagare, 2010).

"Swedish Spa hotels" is an organization which is a member of the former "Sweden's Hotel and Restaurant entrepreneurs", now known as "Visita Swedish Visiting industry" (Svenska Spahotell, n.d.). Swedish Spa hotels was formed to maintain the status of the word spa and for the guests to feel confident in the business they turn to (Hult, 2007). Founded in August 2004, its members must fulfill an array of criterias within four cornerstones; motion, rest, nutrition and contact (Svenska Spahotell, n.d.). Motion is about a variety of physical exercises (gym, outdoor activities etc.), rest is about active recovery (meditation, calm environments etc.), nutrition is well-adjusted diets (nutrient and balanced) and contact is treatments (massage and skincare treatments for face and body). A pool of 10 square meters should also be available for the guest, water should be present in every part of the spa experience. (Svenska Spahotell, 2010). In May 2012 the organization had 36 members (Svenska Spahotell, 2012).

Spas in Sweden is offering different alternatives to get individuals to exercise, rest, eat more nutritious and get touched by massage and skincare treatments. Perhaps the most important health aspect is the contact, to get in touch with oneself. Whether this is done by the help of a massage therapist and a massage offering contact, or by meditating alone in a calm environment. This spa-study is investigating how spa visitors versus non-spa visitors feel. Are one group feeling better, being more mindful and more in connection with nature then the other? And does this have anything to do with spa visiting? If not, can spa offer individuals that do not visit a spa regularly a place, where it is possible to get more in touch with oneself and further promote one's individual

health? With 36 spa hotels in Sweden, availability is a question to consider. Is a spa available to everyone?

Spa visiting and behavior

A study on behavioral intention to spa visiting shows that little attention has been paid to consumers' perceived benefits and motivational influences. Three factors appeared to predict behavioral intention to visit a spa; perceived behavioral control, past experience and spiritual wellness. An explanation to this could be that those who have visited spas are most likely to revisit spas. Spa visitors with low spiritual wellness are most likely to visit to ease emotional stress. As for marketing, the study strongly recommends membership or promotional programs. This study did not define the word spa and was geographically delimited to the Midwest area of the USA with a valid sample of 138 individuals. (Kim, Kim, Huh & Knutson, 2010).

A market research done in 2010 outlined what the spa hotel-guest wanted. A survey was sent out to 23 of the Swedish Spa hotels then 29 members. 524 individuals, 80 percent women and 20 percent men answered. The results showed that those individuals mainly go there to relax, associate, feel better mentally and for the treatments. Half of the participants were 25-44 years old and most of them had been to a spa hotel 1-2 times the last two years. (Svensson & Svahn, 2010).

This spa-study and its spa-survey

When it comes to spa and individuals, it seems like research has mainly been focusing on individuals that visit spas. But there is also a group of non-spa visitors that previous spa-research seem to have left out. Health is present in a variety of businesses. After this introduction on different kinds of businesses, health seems to be about individuals. It is these individuals who are sick or healthy. Health care, health maintenance, rehabilitation and spa all have health and well-being in common. With this in mind and the lack of attention to peoples perceived benefits and motivational influences, as well as broadening the understanding of behavioral, health and well-being aspects of individuals, the spa-study will now present the three health aspects: well-being, mindfulness and nature connectedness in more detail. Integrating these health aspects with spa related topics might give important answers to how individuals are feeling and whether this have something to do with spa visiting or not. Results might raise new questions which further research may be able to answer, on how to get people to both feel and do good. What differs spa visitors from non-spa visitors? Could health care, health maintenance and rehabilitation be integrated and joined together with a spa to further promote health?

Well-being

Well-being can have different dimensions; emotional, psychological and social. Subjective well-being is about individuals' appraisal of their own lives. Psychological and social well-being provide frameworks for positive functioning. Mental health can be understood as partly a subjective description of emotional well-being (happiness), partly as an objective description of social and psychological well-being. (Snyder, Lopez & Pedrotti, 2011). When it comes to happiness, this is an important goal for many people. A person's chronic happiness level is governed by three major factors. First, we have a genetically determined set point for happiness. Second, happiness-relevant circumstantial factors such as where a person resides, age, gender and ethnicity as well as personal history such as childhood trauma, is also a factor. And last, the third factor which is happiness-relevant activities and practices; things that people do and think in their daily lives. (Lyubomirsky, Schkade & Sheldon, 2005).

To assess well-being, Ryff's theoretical model of psychological well-being consists of six distinct dimensions of wellness such as personal growth and environmental mastery. This model has shown that mapping the fundamental structure of psychological well-being is complex. There is more to being well than just feeling happy and being satisfied with life. (Ryff & Keyes, 1995). Other researchers have been questioning how well Ryff's model measure psychological well-being, claiming that it should be less than six dimensions and caution should be taken when interpreting these subscales (Springer & Hauser, 2006). Springer and Hauser's study has in turn been questioned in its methodology by Ryff and Singer; their later research shows that the original model is suited for the aims of understanding how well-being is contoured by people's life experiences, their social life and neurobiological impacts on health (Ryff & Singer, 2006).

Since this spa-survey is interested in individuals overall well-being, this spa-study will not investigate the respondents answers on the six different dimensions. It is the overall score of well-being that is of interest. Do spa visitors have higher well-being than non-spa visitors? Is spa visiting a form of well-being that increases health, or could it be something else that is important for being well? Is well-being something that a spa could offer at a wider range to promote individuals' health and reduce the need for health care and rehabilitation?

Mindfulness

There are 20,000 moments of 3 seconds in a 16-hour day. This means that a great deal is happening to us right now; we have a goal, a physical state, a mood, a mental content and so on. The question is what happens to these moments. By adding some intentionality and realizing that each moment

has potential, one can actively pursue a richer life experience that includes more novelty. Mindfulness is a search for this novelty. For example; by changing focus at work and consider it a calling it is possible to reconstruct a job where moment-to-moment choices of what is worthy attention also gives a feeling of control over duties. (Snyder et al., 2011).

Mindfulness implicates a unique quality of consciousness which is associated with increased self-awareness and relates to well-being. The Mindful Attention Awareness Scale measures mindfulness through this quality of consciousness. This scale can be used to separate those who practice mindfulness from those who do not. (Brown & Ryan, 2003).

Mindfulness is an attribute of consciousness which promotes well-being. With roots in Buddhist and other contemplative traditions the key to being mindful is about being attentive to and aware of what is taking place right now. Higher level of mindfulness are related to lower levels of mood disturbance and stress; a study with cancer patients that increased their mindfulness over time, showed a decrease in both mood disturbance and stress. (Brown & Ryan, 2003). Mindfulness could also help both suicidal clients and clinicians treating those clients. Mindfulness and psychological acceptance could be used both for the clients to reduce the risk of suicide and for the clinicians to help them handle the stress from treating the clients. (Luoma & Villatte, 2012). Another study found that by using mindful attention, mindless impulses towards attractive food could be prevented. By being aware of one's thoughts with the help of mindfulness, it is possible to control impulsive responses. Thus mindfulness can be used to make self-regulation easier. (Papies, Barsalou & Custers, 2012).

As previously mentioned, research on mindfulness shows a link between mindfulness and well-being; being more mindful reduce factors that can have bad influence on health. Are spa visitors more mindful than non-spa visitors? Is mindfulness something a spa could offer to promote individuals' health and reduce the need for health care and rehabilitation?

Connectedness to nature

To interact with nature is a form of therapy that has no known side effects and it is easy to use since nature is all around and there is direct access to it. Research has also found that this form of therapy also can improve cognitive functioning at no cost. When walking in an urban environment we use directed attention when we avoid being hit by a car. Urban environments are filled with stimulation that captures attention and these environments also require directed attention. This makes urban environments not as restorative as natural environments. Walking in nature or viewing pictures of

nature can improve directed-attention abilities. Nature has a restorative value and this can improve cognitive functioning. (Berman, Jonides & Kaplan, 2008).

The "biophilia hypothesis" predicts that people's psychological health is associated with their relationship to nature. Studies have examined associations among nature connectedness, well-being and mindfulness and found significant associations among measures of nature connectedness and signs of well-being and mindfulness. Nature connectedness thus can have important consequences for well-being; people who are highly connected to nature may have a sense of meaningful existence from their closeness to nature. This can in turn boost well-being. (Howell, Dopko, Passmore & Buro, 2011). Outdoor experiences open up for personal change and this can also enhance a therapeutic process. People that reported feeling anxious or depressed improved their self-concept, raised confidence and increased motivation to make lifestyle changes, when they were offered a combination of individual counseling and adventurous outdoor experiences. (Kyriakopoulos, 2011).

To assess connectedness to nature, a scale called The Connectedness to Nature Scale has been developed. This scale measures individuals' feeling in community with nature. Issues of environmental sustainability are often about choices and actions and psychology might contribute to how such changes occur. As a relationship becomes closer so does empathy and willingness to help. The logic of expanding one's sense of self which leads to more empathic and altruistic behavior, has never been extended to the natural world. The scale measure individuals' sense of oneness with the natural world. Whether this leads to ecological behavior is a question for further research, but a finding shows a moderately strong positive relationship between the scale and eco-friendly actions. The scale relate to anticonsumerism and perspective taking and studies also suggest that personal well-being is linked to a sense of feeling connected to nature. (Mayer & McPherson Frantz, 2004).

Since nature has a restorative value, are spa visitors more connected to nature then non-spa visitors? Is nature connectedness, perhaps in the form of horticultural therapy, something a spa could offer to promote individuals' health and reduce the need for health care and rehabilitation?

Hypothesis

This spa-study is focusing on the three health aspects: well-being, mindfulness and nature connectedness. These health aspects will be investigated further through a spa-survey and they will work as tools to assess individual health. The spa-study will explore individual health in the two groups "spa visitors" and "non-spa visitors" further with the following hypothesis:

Is there any difference between spa visitors and non-spa visitors concerning their well-being, mindfulness and nature connectedness?

Method

Participants

152 individuals participated in the study. Out of these 37 were men and 115 women, age 17-63. 123 of the participants lived in southern Sweden, 20 in middle Sweden and 9 outside of Sweden. 60 of the participants worked in the private sector, 39 in the public, 28 were solely students, 20 had their own businesses, 3 were housemen/-wives and 2 were involved in some kind of work support. The most common income was below 10.000 per month (48 participants). 28 participants earned 10.000-20.000 per month and 28 earned 21.000-30.000 per month. 26 had a monthly income of 31.000-40.000 and 16 had an income above 40.000 per month. 6 participants did not want to report their income.

98 of the participants had been to a spa before and 54 had not. The frequencies of the spa visits ranged from 0 to 200. 18 participants had visited a spa 10 times or more. 134 of the participants had been to a spa between 0-8 times. Most of the participants had never been to a spa (54 participants) and the most common answer after that was 2 times (22 participants). These 152 individuals were narrowed down to 54 non-spa visitors and 38 spa visitors. The participants who had never been to a spa were kept as "non-spa visitors". The participants who had been to a spa 5 times or more were kept as "spa visitors". The participants who had been to a spa between 1-4 times were left out to get two more extreme groups to compare.

Material

Demography. The first questions in the survey were demographic questions regarding gender and age. The participant could make multiple choices from eight different occupations, for example "student" and "hired private sector". Income was a categorical question with six different options from "below 10.000/month" to "above 40.000/month", if the participant did not want to give away this information, there was an option for this as well. The last demographic question asked where the participant lived, the options were "Southern Sweden" (Götaland), "Middle Sweden" (Svealand), "Northern Sweden" (Norrland) and "Outside the border of Sweden, please specify country".

Spa visiting. The survey had three specific questions with focus on spa visiting. The first question was "Have you been to a spa before?" the second question was optional and should only be answered if the participant had been to a spa before; "Please estimate how many times you've been to a spa". The last spa related question asked for future spa visiting: "Estimate the probability that you will visit a spa in the next 6 months".

Well-being. Well-being was assessed using a Swedish translation of the Ryff's Psychological Well-Being Scale (Lindfors, Berntsson & Lundberg, 2006). The participants were asked to answer the statements by marking the alternative that best suited them. The alternatives were on a six-point response scale ranging from "disagree strongly" to "agree strongly". The scale had a total of 18 items. Examples of statements were "Maintaining close relationships has been difficult and frustrating for me" and "For me, life has been a continuous process of learning, changing, and growth". Cronbach's alpha for the scale was .81.

Mindfulness. Mindfulness was measured using a Swedish translation of the Mindful Attention Awareness Scale (Brown & Ryan, 2003; Hansen, Lundh, Homman & Wångby-Lundh, 2009). This scale had 15 items and the participants were asked to answer according to how their experiences actually were. Examples of two statements were "I rush through activities without being really attentive to them" and "I tend not to notice feelings of physical tension or discomfort until they really grab my attention". The six-point response scale ranged from "almost always" to "almost never". Cronbach's alpha for the scale was .87.

Nature connectedness. Nature connectedness was assessed using a Swedish translation of the Connectedness to Nature Scale (Mayer & McPherson Frantz, 2004). This questionnaire contained 14 items intended to measure individuals' trait levels of feeling emotionally connected to the natural world. Two of the statements were "I often feel a sense of oneness with the natural world around me" and "I often feel part of the web of life". The five-point response scale ranged from "1-Strongly disagree" to "5-Strongly agree". The participants were asked to answer as honestly and candidly as they could what they were presently experiencing. Cronbach's alpha for the scale was .88.

Procedure

Data were collected using an Internet survey (Appendix A). With guidance from people working in different types of businesses with health and well-being, focus were in the beginning at concepts such as horticultural therapy, rehabilitation, health care/ health maintenance and positive psychology. These broader concepts were then narrowed down to three health aspects; well-being, mindfulness and nature connectedness. The Internet survey used three questionnaires with focus on these more narrow aspects, complementing them with demographic items and spa-related questions. The respondents were free to write down any thoughts about the survey or its aspects at the end.

The translation from English to Swedish regarding well-being and mindfulness had been validated by previous research. The nature connectedness scale was translated from English to Swedish by persons living in the USA, with Swedish as their native language and then translated again by the author to avoid as much errors as possible.

A pilot study was conducted to evaluate the survey. Comments on this pilot study regarding the length of the survey and formulations of some of the questions was taken into consideration before the survey was published. Participants to the published survey were gathered mostly by using Facebook and word of mouth.

Results

Demography

T-tests were conducted to assess and compare income and age differences between the spa visitors and the non-spa visitors. The results found that regarding income, spa visitors had higher income than non-spa visitors ($t(90) = 5.67; p < .001$). Regarding age, spa visitors were older than non-spa visitors ($t(90) = 4.92; p < .001$).

Descriptive statistics

In table 1 descriptive data for the investigated variables are presented. As can be seen in the table, well-being had the highest mean value, followed by mindfulness and lastly nature connectedness.

Table 1, Descriptive statistics

Variables	<i>M</i>	<i>SD</i>
Well-being	84.52	9.23
Mindfulness	62.39	10.43
Nature Connectedness	46.53	10.31

Bivariate correlations

Pearson product-moment correlations were used to investigate bivariate relationships between the investigated variables. The results from this analysis are presented in table 2. As can be seen in the table well-being is significantly positive correlated with mindfulness, the more well-being the more mindfulness. There is also significantly positive correlation between mindfulness and nature connectedness, the more mindfulness the more nature connectedness.

Table 2, Bivariate correlations

	1	2	3
1. Well-being	-	.52***	.18
2. Mindfulness		-	.21*
3. Nature Connectedness			-

Differences between groups

To investigate whether spa visitors had higher scores than non-spa visitors a t-test for independent means were conducted on the investigated variables. The results from this analysis are presented in table 3. As can be seen in the table the spa visitors had significantly higher levels of well-being and nature connectedness than non-spa visitors. Concerning mindfulness, no significant difference was found between the groups.

Table 3, Differences between groups

Variables	Spa visitors		Non-spa visitors		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Well-being	87.76	8.13	82.30	9.19	2.94	<.01
Mindfulness	63.00	10.57	61.96	10.41	0.47	>.05
Nature Connectedness	49.32	9.73	44.57	10.33	2.22	<.05

Discussion

The discussion will focus on two major factors: 1.) Why spa visitors versus non-spa visitors had significant difference on the health aspects well-being and nature connectedness and no significant difference on mindfulness and 2.) How the results could be interpreted and implemented into different health businesses such as spa, health care, health maintenance and rehabilitation.

Examples of future research are also given.

The aim of this spa-study was to investigate whether there was any difference between spa visitors and non-spa visitors concerning their well-being, mindfulness and nature connectedness. These results might then be used to connect the dots between spa, health care, health maintenance and rehabilitation. To further discuss the results from the spa-survey, spa visitors and non-spa visitors will be compared on their scores on well-being, mindfulness and nature connectedness and this will in turn continue the discussion on how these results could be implemented in spa, health care, health maintenance and rehabilitation to further promote health.

The spa-study and the spa-survey have some resemblances and differences with some of the studies that were made on spa and behavior prior to this. The study of Kim, Kim, Huh and Knutson (2010) had similar amount of participants to this spa-study and neither of the studies defined the word spa. Since a spa can be so many things to different kinds of people, a definition might have shown different kinds of results, in both of these studies it is not clear what kind of spas that the participants have visited. The study of Svensson and Svahn (2010) and the study of Kim, Kim, Huh and Knutson (2010) both investigated consumers and guests of spas, e.g. spa visitors. Since this spa-study also investigates non-spa visitors, something that previous research seem to have left out, this discussion will focus on the results for these two groups and how they can be interpreted and implemented to further promote health.

Differences between the groups

Spa visitors had significantly higher levels of well-being than non-spa visitors. This could have links to previous research on well-being. If subjective well-being is about individuals' appraisal of their own lives (Snyder, Lopez & Pedrotti, 2011). And if mental health is part emotional well-being (happiness), part social and psychological well-being (Snyder, Lopez & Pedrotti, 2011), this could indicate that spa visitors appraise their own lives higher than non-spa visitors and maybe spa visitors are a bit happier, more social and feel psychological better than non-spa visitors. Perhaps spa visiting could be a way of socializing, appraising life, getting happier and healthier. Previous research, such as the study of Svensson and Svahn (2010) found that spa visitors visit spas for

example to associate. This could indicate that spa visiting could be a form of well-being that increases health and perhaps reduce the need for health care and rehabilitation.

In this spa-study the results from the spa-survey indicated that spa visitors and non-spa visitors do not differ significantly on mindfulness. An explanation could be that maybe mindfulness is not such a constant feature, compared to well-being and nature connectedness. Maybe well-being and nature connectedness are more constant features than mindfulness and therefore there is no significant difference between the two groups. Mindfulness might be more dependent on which situation it is being measured in than well-being and nature connectedness.

Previous research have found that mindfulness is an attribute of consciousness which promotes well-being and that higher level of mindfulness are related to lower levels of mood disturbance and stress (Brown & Ryan, 2003). The lack of significant difference between the two groups could indicate that being mindful is not dependent on spa visits. Mood disturbance and stress might be handled in other ways. Although, since mindfulness promotes well-being, it could be something a spa could offer to promote individuals' health and perhaps reduce the need for health care and rehabilitation. Since mindfulness have many health benefits, implementing it into the spa business and making it more available to the public might increase health. Previous research has found that using mindfulness in health care with patients have had good results (Brown & Ryan, 2003). Using mindfulness as health maintenance before getting sick, and having spas offering mindfulness might reduce the risk of getting sick and thus reduce the need of health care and rehabilitation.

Concerning nature connectedness, spa visitors had significantly higher levels of nature connectedness than non-spa visitors. As previously mentioned, being highly connected to nature might give a sense of meaningful existence and this can in turn boost well-being (Howell, Dopko, Passmore & Buro, 2011). This could indicate that spa visitors, through their higher connection to nature, could have a higher sense of meaningful existence than non-spa visitors. Another mentioned study found that the restorative value of nature can improve cognitive functioning (Berman, Jonides & Kaplan, 2008). If higher nature connectedness could be interpreted as a form of restorative value of nature, perhaps spa visitors can improve cognitive functioning better than non-spa visitors. It is important to mention that the link between nature connectedness and the restorative value of nature seems to be unexplored in the referred studies. Although nature connectedness, perhaps in the form of horticultural therapy, could be something a spa could offer to promote individuals' health and reduce the need for health care and rehabilitation. There seems to be many health benefits that a spa could offer by integrating nature and horticultural therapy when planning for promoting health.

Practical implications

This spa-study found that spa visitors had higher well-being and nature connectedness than non-spa visitors and that mindfulness did not differ significantly in these two groups. The results are of interest since it shows that there is a group with less well-being and nature connectedness and to increase their health there could be several things that health businesses can do.

According to this spa-study and its survey, spa visiting seems to have some effect on spa visitors health. Spa visitors have higher well-being and nature connectedness than non-spa visitors according to these results. If this has something to do with visiting a spa, health care, health maintenance and rehabilitation could use this in the care of individuals. Maybe spa could complement health care, offering sick patients treatments for well-being that might only be available to healthy spa visitors nowadays. Rehabilitation with nature and health care have already joined forces in Sweden in a research project, investigating if rehabilitation with nature could complement traditional health care (Grahn & Hallgärde, n.d.). As previously mentioned, urban environments are not as restorative as natural environments (Berman, Jonides & Kaplan, 2008) and as horticultural therapy shows, getting closer to nature can increase health (Grahn & Ottosson, 2010). By implementing nature, just by being more aware of it when planning for health or by using it directly as a form of therapy, health might increase and individuals feel better. By getting in touch with nature this could perhaps increase the well-being of both nature itself and individuals living in it. Maybe better connection with nature could increase eco-friendly behavior and also increase inhabitants' health; to stay healthy in an increasingly urbanized world. If spas were offering a form of horticultural therapy perhaps the need for health care and rehabilitation may be reduced.

If spas is looked upon as a form of health maintenance, important health questions can be discussed at a spa. Many patients report not having any discussion on health topics with a primary care team, such as a general practitioner (Brotons et al., 2012). Maybe a discussion on health topics must not be at a health care clinic. Perhaps patients/customers could discuss health topics in other environments than health care. By making a spa available to non-spa visitors and making it a part of the daily life there could be much to gain, if the goal is to promote health. Maybe a spa could be a place where patients/customers could get help before the need to seek health care and rehabilitation is unavoidable.

There are many ways to combine health treatments with health businesses that might not usually be combined. Nature and health care could be combined such as the study of Kyriakopoulos (2011) where individuals were offered a combination of individual counseling and adventurous outdoor experiences that increased their health. Mindfulness combined with health care has proven

to benefit cancer patients (Brown & Ryan, 2003), suicidal clients and clinicians (Luoma & Villatte, 2012) as well as making self-regulation easier (Papies, Barsalou & Custers, 2012). Perhaps combinations that might seem odd at first could in fact increase health. Maybe well-being, mindfulness and nature connectedness could be offered as a form of health maintenance at a spa, thus increasing health. And then spa might reduce the need of health care and rehabilitation by increasing individuals' self-control and willpower.

Relationships between the variables

When using the spa-survey and investigating correlations, multiple relationships between the variables were found. Well-being was significantly positive correlated with mindfulness, the more well-being an individual had, the more mindful they were. There is also significantly positive correlation between mindfulness and nature connectedness, the more mindful an individual was, the more connected to nature they were. This study cannot say anything about whether it is well-being that increases mindfulness or vice versa. Conclusions on whether mindfulness increases nature connectedness is also not possible to give in this study.

Since spa visitors had both higher well-being and nature connectedness than non-spa visitors it is important to consider that what causes these higher levels could be the spa visits. If it is, by making non-spa visitors visit spas, their well-being and nature connectedness may increase. This might not be the case and it could be more complex to increase individuals' well-being and nature connectedness than by just sending them to a spa. With this in mind, this is although important to consider when working with promoting health. Since much of the previously mentioned research have shown links between well-being, mindfulness and nature connectedness, the results from this spa-survey might be used to find new ways to further promote health, for current spa visitors as well as future ones. Perhaps a spa could offer these health aspects at a wider range and reduce the need for health care and rehabilitation.

Limitations of the method

This study could be conducted in alternative ways and therefore it is important to mention what could have been made different. A pilot study was conducted in the beginning of this study and some of the comments in this stage was about the length of the survey and formulations of questions. 152 individuals, despite of the length, still answered the finished survey and for the aim of this study that was enough. The pilot study as well as the finished study also got some comments on the nature connectedness survey and its questions. They seemed to be a bit difficult to answer.

This could have something to do with the translation from English to Swedish or have something to do with the nature of the questions, it might not be everyday type of thinking and therefore more difficult to answer. Cronbach's alpha on nature connectedness was .88, the highest on all of the surveys. This might indicate that the translation was good enough and internal reliability quite high.

Another thing to consider is that it was mostly women who answered the survey. 37 men and 115 women participated, thus there were three times more women who answered. If more men would have answered this might have given different results and their spa visiting could be further investigated and compared. There was also a difficulty in getting individuals that lived in northern Sweden to answer the survey, unfortunately no participant lived in northern Sweden and although some lived outside of Sweden the survey could have been covering more parts of Sweden as well as outside of Sweden to get more generalizable results.

The participants who had been to a spa between 1-4 times were left out to get two more extreme groups to compare. Other intervals could have been chosen. The frequencies of the spa visits ranged from 0 to 200 and 54 participants had never been to a spa before. Considering this, measuring the health aspects on individuals that had never been to a spa and comparing this to the ones that had been to a spa a lot, sometimes as much as 100 and 200 times, could give interesting results. The results showed no significant difference between the groups on mindfulness and significant differences regarding well-being and nature connectedness. If other intervals were chosen, these significant results could have been different.

It is also important to consider the three health aspects well-being, mindfulness and nature connectedness. As previously mentioned, these were the chosen tools to assess individual health. Health is a major area to cover and of course different health aspects could have been chosen in this huge toolbox of health. For example, physiological aspects is often of interest when discussing and assessing health, and this have been left out in this survey.

This spa-study has in some ways introduced how health exists in different kinds of businesses. Research on health in these different businesses could be difficult to conduct and evaluate since health is defined in different ways. Health in health care seems to be about whether a patient is sick or healthy, focusing on getting a sick individual healthier. Health in health maintenance seems to be about an individual's own choices, more emphasis seems to be put on activities that is chosen individually to stay healthy. Rehabilitation seems to restore health when it is in some ways lost. How health exists in spa seems to be harder to define. Health through water. Water should be present and treatments available, but what an individual does during a spa visit seems to vary: eating nutritious food, getting skincare treatments, exercising and so on. Research on

spa visiting could therefore be difficult to conduct since what a spa is and what a spa visit consist of, could be difficult to define.

The results of this spa-survey is difficult to draw direct conclusions from. It is not sure that it is the spa visiting that gives higher well-being and nature connectedness and no significant difference on mindfulness. It could be that spa visitors have higher well-being and nature connectedness prior to the spa visiting, indicating that this has something to do with for example personality.

Future research on spa visiting

The results could indicate a selection bias, spa visitors might already be more connected to nature and have higher well-being than non-spa visitors prior to the spa visits. To find out if this has something to do with the spa visiting or another factor, more research is needed. To investigate further if spa treatments increases health, an experiment could have been conducted. By randomly divide participants into an experiment group which would get spa treatments and a control group which would not get any spa treatments at all, the effect of spa treatments on health over time could be investigated. As previously mentioned there is a difficulty in both the definition of a spa and what a spa visit consists of and this would be important to consider in future research.

Future research to broadening health

Integrating other health aspects with spa related topics might give important answers to how people are feeling; physiologically, emotionally, psychologically, socially and spiritually. This study has as previously mentioned been focusing on psychological aspects and since health is such a wide concept, other aspects could have been chosen. Future research could therefore investigate how spa visitors and non-spa visitors feel on other areas, thus broadening the understanding of individual health and its relation to spa even more. Giving more possibilities to opening doors between spa, health care, health maintenance and rehabilitation. Health is a broad concept and it probably takes a lot of different treatments and aspects to get an individual healthier. Different health businesses combined with different health treatments could have much to learn from each other and this could be interesting to investigate and compare in future research. By broadening the understanding of health, individuals could be better understood and health businesses get new input.

Offering non-spa visitors a place where they can connect with nature and increase well-being might be of importance when taking steps to increase individuals' health, whether this is in health care, health maintenance, rehabilitation or spa.

Future research on availability

Availability is an issue and the question about if a spa is available to everyone remains. The results from this spa-study found that spa visitors were older and had more income than non-spa visitors. This could indicate that a spa is more available to someone with higher income and age. Spa visiting and income therefore seems to be related. Availability thus can be an economic question. It is not this spa-study's aim to investigate pricing, but if a spa should be available, pricing might be important for future research to investigate. A study investigating the link between income and subjective well-being found that higher income increases subjective well-being up to a point and a lower income is correlated with lower subjective well-being (Mentzakis & Moro, 2009). This could indicate that with a higher income it is more possible to take care of one's health and maybe this is why spa visitors had a higher income than non-spa visitors. To increase subjective well-being it could be important to make health activities, such as spa visiting, available to those with a lower income as well.

Future research on spa visiting with focus on income could give interesting answers that could relate to money, happiness and health. Previous research has found that a strong desire for large amounts of money hinder subjective well-being. To focus on other goals and not material wealth is crucial. Greater emphasis should be placed on fulfilling callings that benefit society. (Diener & Biswas-Diener, 2002). In consumer societies much time is dedicated to earning money to buy more consumer goods. This reduces time available for a meaningful and engaged life. (Prinz & Büniger, 2012). Future research could investigate how balancing a life and spending time relates to health, such as the studies of Diener and Biswas-Diener (2002) as well as Prinz and Büniger (2012). A related issue to examine is how meaningful a higher income may be when it comes to spa visiting and how lower pricing may increase economically availability. Emphasizing subjective well-being and not income when searching for customers, thus giving more individuals spa visiting as an option to feel and do good, to stay healthy. Making spas available for all individuals, not only to those with more income (or higher age), could increase former non-spa visitors' subjective well-being and health.

Geographically there seems to be spas available in many parts of Sweden and Swedish Spa hotels have increased their members throughout the years. The criterias for spa hotels gives the customer guidelines on what to expect, but there are spas which are not defined as spa hotels and therefore the meaning and definition of what a spa really is and what a spa is offering might be confusing to the customers. Future research could investigate how available a spa is according to the customers. In this spa-study it is of interest that 58 out of a total of 152 participants had never

been to a spa before. Never. Why not? Further research is needed to broadening the understanding of the individuals who visit a spa and those who do not. Since previous research seems to have focused on the spa visitors, future research could focus even more on the non-spa visitors to investigate what they need to increase their health and how to integrate this into spa, health care, health maintenance and rehabilitation businesses.

Connecting the dots

Health care, health maintenance, rehabilitation and spa all seems to have health and well-being in common. But since it is individuals who visit these businesses it could be important to investigate what health is to different kinds of individuals. Through this spa-study and its spa-survey a hypothesis has been tested and some dots may have been connected, although there is still much future research that is needed to get a better understanding on how to promote individuals' health. Individual health is and probably always will be, very individual. What health is, is a personal question and the answer is probably not a simple sentence. The word spa also seems to have many meanings and future research could examine what health and a spa is to different individuals. Is spa a luxurious experience, something of a treat. Or is it taking care; from the outside in or the inside out. Is spa health maintenance, health care or rehabilitation? Should it be? Maybe spa is something that is what it is, a word with many meanings. Maybe health care, health maintenance and rehabilitation is something else. Perhaps these worlds could meet somewhere in the middle, benefit from each other.

This study shows that there are individuals who do not consider a spa to be something you go to on a regular basis. 134 individuals had been to a spa between 0-8 times. Could spa help individuals to a better health if a spa were something that individuals went to on a more regular basis? Future research is indeed needed to answer this and the previous questions, and availability could then be a key concept. To investigate economically and geographically availability as well as available health treatments in different health businesses.

The results from this study could also be interpreted into how health could be related to spa visiting. The spa visitors' higher scores on well-being and nature connectedness could have something to do with their spa visiting, or not. But if it does, this could mean that by increasing spa visiting, especially with former non-spa visitors, individual health could increase and spa could then be a form of health maintenance and may reduce the need for health care and rehabilitation.

Different cultures could be important to consider when working with health. Investigating what health is to different individuals in different cultures could get a broad definition to what

health is. It is probably difficult to define what health is to all individuals in all cultures. This could also mean that spa visitors in different cultures put different meanings into their spa visits. Maybe this in turn can affect mindfulness, well-being and nature connectedness differently in different cultures. Important input to future research could be gained by looking at different cultures and health businesses in other countries. Such an example could be a comparison between western and eastern cultures and how these results can be implemented. Spas in western countries seems to have had more focus on the body and more recently the soul and the soul's needs get more attention, influenced by eastern countries and their culture (Swanberg 1998).

It is important to mention that there are many forms of spas offering treatments more similar to health care than health maintenance. A type of medical spa treating for example psoriasis with a combination of skincare treatments under guidance from doctors and still offering healthy food and accommodation is available in Iceland (Heiður Gunnarsdóttir, personal communication, 30 April 2012). Germany is in some literature mentioned as a country that treats the spa visitor as a patient rather than a guest, working closely with health care (Swanberg 1998). This is quite similar to the research previously mentioned by Nordgren (2004), which indicates that health care is shifting, patients are now more and more being treated as customers. The definition of the individual who seeks businesses to promote his or her health thus seems to be flexible. Since subjective well-being is about the individual's appraisal of his or her own life (Snyder, Lopez & Pedrotti, 2011), future research could investigate what the individual needs to promote his or her own health. This may need an open mind to what a spa is, when to seek health care, what kind of treatments should be available for health maintenance and how to rehabilitate when this is needed.

Whether they are called customers, patients, guests or participants, those are the individuals health businesses want to help. To create sustainable and successful environments who truly get people healthier, feeling and doing good, the challenge is to figure out what health is for each individual stepping through the door. No one is alike.

Further research is needed, before it is possible to both rehabilitate a soul and heal a body, but I am positive that this is the way to go if we truly want people to feel and do good. The question is not whether you are sick or healthy, it is your personal answer to two simple questions: "*How are you*" and "*How can I help you*". Lets start putting some meaning into those commonly used phrases. Socially, emotionally, physiologically, psychologically and spiritually.

"The spa culture stops at offering the body various tools designed to give tranquility, relaxation, well-being and a healthier, more complete life. Period." (Swanberg, 1998, p.12, author's translation).

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Appendix A

Report Abuse

Page 1 / 5



Välkommen!

Som en del i min kandidatuppsats vid Institutionen för psykologi vid Lunds universitet utför jag under 2012 en undersökning vars syfte är att undersöka relationer mellan människors beteende och välbefinnande, med specifikt fokus på spa-vanor. Ökad kunskap om denna relation är av stor vikt för att förstå vilka faktorer som påverkar människors hälsa.

Nedan finner du tre korta frågeformulär. **Överst på varje sida finns instruktioner för vad du ska tänka på när du besvarar frågorna på respektive sida. Läs noga igenom dessa!**

Tänk på att inga svar är "rätt" eller "fel" och att *inga* enskilda resultat kommer att presenteras i efterföljande forskningsrapporter eller i några andra sammanhang. Svara bara så ärligt och uppriktigt som möjligt. Du har också möjlighet att avbryta testet när du vill. Dina svar är anonyma.

Tack för din medverkan!
//Emma.

1* Kön

- Man
 Kvinna

2* Alder

3* Sysselsättning (du kan kryssa i flera)

- Student
 Anställd offentlig sektor
 Anställd privat sektor
 Egen företagare
- Sjukskriven
 Arbetslös
 Pensionär
 Hemmaman/fru
 Involverad i någon form av arbetsstöd

4* Vänligen specificera din nuvarande inkomst.

- Under 10.000/månad
 10.000-20.000/månad
 21.000-30.000/månad
 31.000-40.000/månad
 Över 40.000/månad
 Vill ej uppge

5* Var bor du?

- Götaland
- Svealand
- Norrland
- Utanför Sveriges gränser; ange land nedan

6* Har du varit på spa tidigare?

- Ja
- Nej

7 Om du svarade "ja" på fråga 6; Var vänlig uppskatta hur många gånger du har varit på spa.

8* Uppskatta hur stor sannolikheten är att du kommer besöka ett spa inom de närmsta 6 månaderna.

- Mycket låg sannolikhet
- Låg sannolikhet
- Varken låg eller hög sannolikhet
- Hög sannolikhet
- Mycket hög sannolikhet

Next Page



De frågor som följer handlar om hur du upplever dig själv och ditt liv. Lägg märke till att det vid varje påstående finns sex olika svarsalternativ. Läs påståendet och markera sedan det svarsalternativ som passar in bäst på dig. Tänk på att det inte finns några rätta eller felaktiga svar.

9* Jag brukar vanligen känna att jag har kontroll över min livssituation.

- Stämmer inte alls
- Stämmer inte särskilt bra
- Stämmer delvis
- Stämmer ganska bra
- Stämmer bra
- Stämmer precis

10* När jag ser tillbaka på mitt liv är jag nöjd med det sätt på vilket saker och ting har ordnat sig.

- Stämmer inte alls
- Stämmer inte särskilt bra
- Stämmer delvis
- Stämmer ganska bra
- Stämmer bra
- Stämmer precis

11* För mig har det varit svårt och påfrestande att upprätthålla nära relationer.

- Stämmer inte alls
- Stämmer inte särskilt bra
- Stämmer delvis
- Stämmer ganska bra
- Stämmer bra
- Stämmer precis

12* Vardagens krav gör mig ofta nedstämd.

- Stämmer inte alls
- Stämmer inte särskilt bra
- Stämmer delvis
- Stämmer ganska bra
- Stämmer bra
- Stämmer precis

13* Jag tar en dag i taget och tänker inte särskilt mycket på framtiden.

- Stämmer inte alls
- Stämmer inte särskilt bra
- Stämmer delvis
- Stämmer ganska bra
- Stämmer bra

Stämmer precis

14* Jag är ganska bra på att hantera förpliktelser i mitt dagliga liv.

- Stämmer inte alls
 - Stämmer inte särskilt bra
 - Stämmer delvis
 - Stämmer ganska bra
 - Stämmer bra
 - Stämmer precis
-

15* Jag tycker att det är viktigt att få nya erfarenheter som utmanar min syn på mig själv och på världen omkring mig.

- Stämmer inte alls
 - Stämmer inte särskilt bra
 - Stämmer delvis
 - Stämmer ganska bra
 - Stämmer bra
 - Stämmer precis
-

16* Jag tycker om de flesta dragen i min personlighet.

- Stämmer inte alls
 - Stämmer inte särskilt bra
 - Stämmer delvis
 - Stämmer ganska bra
 - Stämmer bra
 - Stämmer precis
-

17* Jag har en tendens att låta mig påverkas av personer med bestämda åsikter.

- Stämmer inte alls
 - Stämmer inte särskilt bra
 - Stämmer delvis
 - Stämmer ganska bra
 - Stämmer bra
 - Stämmer precis
-

18* Jag känner mig på flera sätt missnöjd med det som jag har åstadkommit här i livet.

- Stämmer inte alls
 - Stämmer inte särskilt bra
 - Stämmer delvis
 - Stämmer ganska bra
 - Stämmer bra
 - Stämmer precis
-

19* Andra människor skulle beskriva mig som en generös person som tar sig tid att umgås med andra.

- Stämmer inte alls
- Stämmer inte särskilt bra
- Stämmer delvis
- Stämmer ganska bra
- Stämmer bra
- Stämmer precis

20* Jag tror på mina egna åsikter, även om de är tvärtemot vad alla andra tycker.

- Stämmer inte alls
 - Stämmer inte särskilt bra
 - Stämmer delvis
 - Stämmer ganska bra
 - Stämmer bra
 - Stämmer precis
-

21* Jag har inte upplevt särskilt många varma och tillitsfulla relationer.

- Stämmer inte alls
 - Stämmer inte särskilt bra
 - Stämmer delvis
 - Stämmer ganska bra
 - Stämmer bra
 - Stämmer precis
-

22* Vissa människor vandrar planlöst genom livet, men jag är inte en av dem.

- Stämmer inte alls
 - Stämmer inte särskilt bra
 - Stämmer delvis
 - Stämmer ganska bra
 - Stämmer bra
 - Stämmer precis
-

23* För min del har livet varit en ständig process av lärande, förändring och utveckling.

- Stämmer inte alls
 - Stämmer inte särskilt bra
 - Stämmer delvis
 - Stämmer ganska bra
 - Stämmer bra
 - Stämmer precis
-

24* Ibland känns det som om jag redan har gjort allt som finns att göra här i livet.

- Stämmer inte alls
 - Stämmer inte särskilt bra
 - Stämmer delvis
 - Stämmer ganska bra
 - Stämmer bra
 - Stämmer precis
-

25* Det var länge sedan jag gav upp försöken att göra några stora förändringar eller förbättringar i mitt liv.

- Stämmer inte alls
 - Stämmer inte särskilt bra
 - Stämmer delvis
 - Stämmer ganska bra
 - Stämmer bra
 - Stämmer precis
-

26* Jag bedömer mig själv efter det som jag tycker är viktigt, och inte efter andra människors värderingar om vad som är viktigt.

- Stämmer inte alls
- Stämmer inte särskilt bra
- Stämmer delvis
- Stämmer ganska bra
- Stämmer bra
- Stämmer precis

[Previous Page](#)

[Next Page](#)

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Här nedan finns en samling påståenden om dina vardagliga upplevelser. Din uppgift är att använda skalan från 1 till 6 för att markera hur ofta eller hur sällan som du brukar ha dessa olika upplevelser. Var snäll och svara i enlighet med hur dina upplevelser faktiskt ser ut, och inte efter hur du vill att dina upplevelser ska vara! Tänk på att behandla varje påstående separat från de andra påståendena.

27* Jag kan reagera med en känsla och inte bli medveten om det förrän en stund efteråt.

- 1 Nästan alltid
- 2 Mycket ofta
- 3 Ganska ofta
- 4 Ganska sällan
- 5 Mycket sällan
- 6 Nästan aldrig

28* Jag har sönder saker eller spiller saker på grund av slarv, ouppmärksamhet eller för att jag tänker på något annat.

- 1 Nästan alltid
- 2 Mycket ofta
- 3 Ganska ofta
- 4 Ganska sällan
- 5 Mycket sällan
- 6 Nästan aldrig

29* Jag tycker att det är svårt att hålla uppmärksamheten på det som händer i nuet.

- 1 Nästan alltid
- 2 Mycket ofta
- 3 Ganska ofta
- 4 Ganska sällan
- 5 Mycket sällan
- 6 Nästan aldrig

30* Jag har en benägenhet att gå fort dit jag ska utan att lägga märke till vad jag upplever längs vägen.

- 1 Nästan alltid
- 2 Mycket ofta
- 3 Ganska ofta
- 4 Ganska sällan
- 5 Mycket sällan
- 6 Nästan aldrig

31* Jag brukar inte märka känslor av kroppslig spändhet eller obehag förrän de verkligen fångar min uppmärksamhet.

- 1 Nästan alltid
 - 2 Mycket ofta
 - 3 Ganska ofta
 - 4 Ganska sällan
 - 5 Mycket sällan
 - 6 Nästan aldrig
-

32* Jag glömmer bort en persons namn nästan på en gång efter att jag har fått höra det för första gången.

- 1 Nästan alltid
 - 2 Mycket ofta
 - 3 Ganska ofta
 - 4 Ganska sällan
 - 5 Mycket sällan
 - 6 Nästan aldrig
-

33* Det är som om jag går på automatik utan att vara särskilt medveten om vad jag gör.

- 1 Nästan alltid
 - 2 Mycket ofta
 - 3 Ganska ofta
 - 4 Ganska sällan
 - 5 Mycket sällan
 - 6 Nästan aldrig
-

34* Jag rusar igenom aktiviteter utan att vara riktigt uppmärksam på dem.

- 1 Nästan alltid
 - 2 Mycket ofta
 - 3 Ganska ofta
 - 4 Ganska sällan
 - 5 Mycket sällan
 - 6 Nästan aldrig
-

35* Jag blir så fokuserad på det mål jag vill uppnå att jag förlorar kontakten med det jag gör i stunden för att nå dit.

- 1 Nästan alltid
 - 2 Mycket ofta
 - 3 Ganska ofta
 - 4 Ganska sällan
 - 5 Mycket sällan
 - 6 Nästan aldrig
-

36* Jag utför uppgifter och arbeten automatiskt, utan att vara medveten om vad jag gör.

- 1 Nästan alltid
 - 2 Mycket ofta
 - 3 Ganska ofta
 - 4 Ganska sällan
 - 5 Mycket sällan
 - 6 Nästan aldrig
-

37* Jag märker att jag lyssnar på en person med ett öra, och gör något annat på samma gång.

- 1 Nästan alltid
- 2 Mycket ofta
- 3 Ganska ofta

- 3 Ganska ofta
- 4 Ganska sällan
- 5 Mycket sällan
- 6 Nästan aldrig

38* Jag åker till ställen rent "vanemässigt" och sedan undrar jag varför jag åkte just dit.

- 1 Nästan alltid
- 2 Mycket ofta
- 3 Ganska ofta
- 4 Ganska sällan
- 5 Mycket sällan
- 6 Nästan aldrig

39* Jag finner mig själv upptagen med framtiden eller det förflutna.

- 1 Nästan alltid
- 2 Mycket ofta
- 3 Ganska ofta
- 4 Ganska sällan
- 5 Mycket sällan
- 6 Nästan aldrig

40* Jag finner mig själv görandes saker utan att vara uppmärksam.

- 1 Nästan alltid
- 2 Mycket ofta
- 3 Ganska ofta
- 4 Ganska sällan
- 5 Mycket sällan
- 6 Nästan aldrig

41* Jag småäter utan att vara medveten om att jag äter.

- 1 Nästan alltid
- 2 Mycket ofta
- 3 Ganska ofta
- 4 Ganska sällan
- 5 Mycket sällan
- 6 Nästan aldrig

[Previous Page](#)

[Next Page](#)



Vissa av frågorna på den här sidan kan vid en första anblick verka lite udda, men försök ändå fylla i dem utifrån vad du verkligen känner.

Besvara följande frågor baserat på *hur du generellt känner*. Det finns inga svar som är rätt eller fel. Använd de fem svarsalternativen och ange så ärligt och uppriktigt som du kan vad du upplever.

42* Jag har ofta en känsla av att vara ett med naturen.

- 1 Håller inte alls med
- 2
- 3 Neutral
- 4
- 5 Håller starkt med

43* Jag ser naturen som ett samhälle som jag tillhör.

- 1 Håller inte alls med
- 2
- 3 Neutral
- 4
- 5 Håller starkt med

44* Jag erkänner och uppskattar intelligensen hos andra levande organismer.

- 1 Håller inte alls med
- 2
- 3 Neutral
- 4
- 5 Håller starkt med

45* Jag känner mig ofta avskild från naturen runt omkring mig.

- 1 Håller inte alls med
- 2
- 3 Neutral
- 4
- 5 Håller starkt med

46* När jag tänker på mitt liv, ser jag mig själv som en del i en större cyklisk levnadsprocess.

- 1 Håller inte alls med
- 2
- 3 Neutral
- 4
- 5 Håller starkt med

47* Jag känner mig ofta besläktad med djur och växter.

- 1 Håller inte alls med
 - 2
 - 3 Neutral
 - 4
 - 5 Håller starkt med
-

48* Jag känner att jag tillhör Jorden och att den på samma vis tillhör mig.

- 1 Håller inte alls med
 - 2
 - 3 Neutral
 - 4
 - 5 Håller starkt med
-

49* Jag har en djup förståelse för hur mina handlingar påverkar naturen runt omkring mig.

- 1 Håller inte alls med
 - 2
 - 3 Neutral
 - 4
 - 5 Håller starkt med
-

50* Jag känner ofta att jag är en del av ett större livsnät bestående av alla levande varelser.

- 1 Håller inte alls med
 - 2
 - 3 Neutral
 - 4
 - 5 Håller starkt med
-

51* Jag känner att alla invånare på Jorden, mänskliga och icke-mänskliga, delar en gemensam "livskraft".

- 1 Håller inte alls med
 - 2
 - 3 Neutral
 - 4
 - 5 Håller starkt med
-

52* Liksom ett träd kan vara en del av en skog, känner jag mig inbäddad i naturen runtomkring mig.

- 1 Håller inte alls med
 - 2
 - 3 Neutral
 - 4
 - 5 Håller starkt med
-

53* När jag tänker på min plats på Jorden, ser jag mig själv som en av de högst placerade medlemmarna i hierarkin som finns i naturen.

- 1 Håller inte alls med
- 2
- 3 Neutral
-

- 4
- 5 Håller starkt med

54* Jag känner ofta att jag bara är en liten del av den levande naturen runt omkring mig, och att jag inte är viktigare än gräset på marken eller fåglarna i träden.

- 1 Håller inte alls med
- 2
- 3 Neutral
- 4
- 5 Håller starkt med

55* Min personliga välfärd är oberoende av naturens välfärd.

- 1 Håller inte alls med
- 2
- 3 Neutral
- 4
- 5 Håller starkt med

[Previous Page](#)

[Next Page](#)



56 Övriga tankar som enkäten väckt eller som du vill dela med dig av?

Previous Page

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Tack för din medverkan!

Dina svar är ytterst betydelsefulla.

För mer information om undersökningen eller de tester du besvarat, kontakta Emma Neldeborn, emma@neldeborn.com.