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THE IMPACT OF TOURIST AND TRAVEL ACTIVITIES ON FACETS OF PSYCHOLOGICAL WELL-BEING

Sonja STEYN,* Melville SAAYMAN* & Alida NIENABER**
**Institute for Tourism and Leisure studies, North-West University, Potchefstroom Campus, Potchefstroom, Republic of South Africa*
***School for Socio-Psycho Behavioural Studies, North-West University, Potchefstroom Campus, Potchefstroom, Republic of South Africa*

ABSTRACT

Tourism is a fast growing industry based on the facilitating of unique, positive experiences for tourists. A fundamental perception, which is that going on holiday will enable people to satisfy their needs to rest and relax, exists. In a literature analysis it was determined that there is a definite link between leisure activities and improved psychological well-being, but the relationship between specific tourist and travel activities and improved psychological well-being has not yet been researched. There is also evidence that the holiday experience may not always foster happiness, satisfaction and relaxation, causing what is commonly known as the 'holiday syndrome'. One of the outcomes of this research showed that up to 30% of the people going on pre-organised tours experienced a clear non-positive impact (not affected or negative impact) on their psychological well-being. Due to the importance of knowing why there are a significant number of tourists who return home feeling unaffected or worse after the holiday tours, possible reasons for the decrease in their well-being were explored. Main stress factors on the tours were identified as too tight time schedules, too little personal time and too much driving.

Key words*:* Tourism; Tourist and travel activity; Psychological well-being; Happiness.

INTRODUCTION

In many countries around the world, tourism is a fast growing industry that contributes to economies by generating income in creating jobs and business opportunities (Sorensen, 1997). Recent statistics show that tourism accounts for 11% of the gross world product, and on the African continent alone it provides jobs for approximately 16.5 million people (Graham, 2002; Pinnock, 2002; South African Tourism, 2002). People visit holiday destinations to have a unique experience and therefore the main aim of the tourism industry and the various service providers is to create an environment in which to facilitate the optimal positive experience for the tourists. It is commonly perceived that holidays give people the chance to "switch off", do with their time what they want to, travel and see new places, make new friends, learn new things, experience a freedom from constraints and return home with happy memories (Krippendorf, 1987; Carmouche & Kelly, 1995). If service providers, for example tour operators or role players in the hospitality industry, succeed in creating an environment where tourists can have a positive experience, it ensures future returns and more clients. Apart from this, a positive image is built for the specific company or business and also for the country of destination.

PROBLEM STATEMENT

The constant pursuit of happiness and the assumption that embarking on holiday activities will enhance people's ability to cope with life are some of the most fundamental reasons for people going on holiday (Ragheb & Beard, 1983; Iso-Ahola, 1984; Enzensberger, 1996; Anon., 1999). However, there are indications that not all people experience the assumed benefits of holidays on their overall well-being. The few studies that explore the specific impacts of tourist and travel activities on the psychological well-being (PWB) of travellers question the link between tourist and travel activities and improved PWB (Krippendorf, 1987; Milman, 1998; Woods & Dovel, 1998; Bentley & Page, 2001). There is even evidence that people suffer physically from "holiday syndrome", with symptoms such as sleeplessness, anxiety and exhaustion (Van der Merwe, 2002). It has been reported that some people even need medical help to be able to function in their normal lives again (Anon., 1994; Halpern *et al*., 1994). With this being the most drastic evidence of the adverse effects of holidays, it can be reasonably assumed that holidays do not always provide the expected benefits for all people. This could result in tourists returning to their home countries unsatisfied, they spread the word that the destination is not what they expected it to be. This could harm the destination's image and result in fewer tourists returning. However, it is still unknown how many tourists do not have a total positive experience while on holiday, or what the specific reasons for a decrease in their happiness and satisfaction are. The main objective of this research is to determine whether the tourist and travel activity, in the form of a pre-organised tour, can improve certain facets of PWB.

RESEARCH METHODOLOGY

Literature study

A literature study investigated various aspects of tourist motivation, as well as certain facets of PWB. The focus was on various motivational theories which could explain tourist behaviour, as well as on the relationship between PWB and tourism (Bradburn & Caplovitz, 1965; Howitt, 1991; Sorensen, 1997; Hermon & Hazler, 1999; Hudson & Gilbert, 2000). The outcome of the literature analysis showed that people engage in tourist and travel activities to satisfy physical and psychological needs – in particular the needs for rest and relaxation (Maslow, 1968; Crompton, 1979; Gray, 1980; Dann, 1981; Deci & Ryan, 2000). As a result of this, psychological well-being and its different dimensions and constructs were also researched. It was found that psychological well-being is a multi-dimensional, multi-faceted concept which could be viewed from different perspectives, and which can be measured in an objective or subjective way (Diener, 2000; Diener & Lucas, 2000; Rotter, 2000; Nell, 2001; Ryan & Deci, 2001; Wissing & Van Eeden, 2002). A subjective measuring was chosen for this study, and it became clear that subjective well-being (SWB) can be measured on two levels, namely an affective and a cognitive level, which entail the self-evaluation of a person about his or her feelings (also called emotional well-being or happiness) and satisfaction with life (Pavot & Diener, 1993). Since there are factors in everyday life which influence the way people think and feel about themselves, this was also investigated. Demographic factors such as age, marital status, occupation, culture, personality and environmental factors like leisure directly influence SWB, while other factors such as gender, level of education and income are more indirectly related to SWB (Argyle, 1996; Ross & Van Willigen, 1997; Diener *et al*., 1999).

The main assumption arising from the literature analysis is that people expect to feel better on a physical, emotional and intellectual level and to have better relationships with others after the holiday experience. They also expect to cope better with daily life (Krippendorf, 1987). However, the types of tourist and travel activities and the intensity of activity participation are of significant importance to improve overall well-being (Argyle, 1999).

Survey

A two-group pre-post test design was chosen to determine the impact of tourist and travel activities on facets of psychological well-being. The main reason for conducting a survey with an experimental group as well as with a control group was to determine whether there will be a significant difference in the level of well-being after the experimental group was subject to the holiday experience while the control group wasn't. It can be reasonably assumed that in a big enough control group, the increase and decrease in scores will be equal, resulting in no change in any of the final average scores. If this can be assumed, then the use of a control group is not necessary in studies of this nature, because the experimental group's results would then be compared to a control group that show no change in their well-being scores between the pre- and post testing. This is confirmed by the fact that in comparable studies and the only other study with this particular research question, no use of a control group was reported (Milman, 1998; Diener *et al*., 1999). For the purpose of this paper the focus will therefore be on the results from the experimental group.

The experimental group consisted of 43 international tourists from 13 different nationalities who visited South Africa on pre-organised tours of three to six days. Although it was an availability sample dependant on the season in which the survey was conducted (low season for tourism in South Africa), the group's representation is enhanced by the differences in demographics, tour schedule, route, tour guide, period of time and specific attractions en route.

Pre- and post testing procedures were used to collect data. The experimental group, engaging in various tours organised by South African tour operators, completed the pre-trip questionnaire on the first day of their holiday trip and the post-trip questionnaire on the last day of their trip. All the respondents were informed of the nature of the study and participated voluntarily. From a total of 180 questionnaires (90 pairs of pre- and post trip questionnaires) handed to the tour guides, 118 questionnaires were returned. In total 75 tourists responded, which is 83% of the possible number of respondents. From these 75 participants, a total of 43 people (57%) completed both questionnaires and these were used for demographical profiling and to elaborate on tourism-related questions. From the remaining 31 participants, 21 completed only the pre-trip questionnaire and 11 only the post-trip questionnaires. They were, however, excluded from the study, as the impact of the trip could only be determined by comparing the completed pairs of questionnaires. Also, in evaluating the psychological scales, not all the questionnaires of those who did complete both could be used, since some participants did not complete all the scales, or only filled in part of the scales.

Measuring Instruments

According to Pavot and Diener (1993), both the affective and cognitive levels of well-being should be measured to determine overall SWB, which is the main reason for using both affective and cognitive measuring instruments in this research. Three affective measuring

scales are included in the research, namely the Memorial University of Newfoundland Scale of Happiness (MUNSH) from Kozma and Stones (1980), the Affectometer 2 (Kammann & Flett, 1983) and the Happiness Scale (Crooker & Near, 1998), while the Satisfaction with Life Scale (Diener *et al.*, 1985) is the cognitive measuring scale used. Two of the scales used in this study, the Affectometer 2 and the Satisfaction with Life Scale have already been tested for validity and reliability in both an international and a South African context (Diener *et al*., 1985; Pavot & Diener, 1993; Wissing & Van Eeden, 2002). The two other scales, the MUNSH and the Happiness scale were newly introduced into a South African context and were validated and tested for reliability in this study. Both these scales have been tested in international studies and with different populations, and various authors report a high reliability (Kozma & Stones, 1980; Kozma & Stones, 1983; Crooker & Near, 1998; Milman, 1998; Hermon & Hazler, 1999). In the data analysis, separate Cronbach's alpha values for each of the subscales in the AFM2 and the MUNSH were calculated and the standardised alpha value of 0.85 was accepted as the benchmark for a high reliability coefficient (SAS Institute, 1996; SAS Institute, 1999; Cooper, 1998; Trochim, 2002). Each scale is however discussed individually to explain the different properties.

The Affectometer 2 (AFM2) measures the balance between positive and negative feelings in recent experiences and according to the instructions of the scale, respondents have to evaluate their emotions of the past two weeks (Kammann *et al*., 1984; Nell, 2001). The AFM2 consists of 20 items which are divided into two subscales (10 positive and 10 negative statements). The affective well-being of a person is predicted by the domination of positive affect over negative affect, calculated by the following formula: PNB (Positive-Negative Balance) = PA (positive affect) - NA (negative affect). A high PNB score reflects a domination of PA over NA, and indicates a high SWB; while a low score shows the opposite. Kammann and Flett (1983) report alpha-coefficients of between 0.88 and 0.93 and give indications of its validity after testing the scale several times. In the current research, the positive and negative affect subscales showed very high alpha-values of 0.89 and 0.81 respectively.

The Satisfaction with Life scale (SWLS) was developed by Diener and his colleagues (1985) to measure life satisfaction as a component of subjective well-being. They argue that the evaluation of life satisfaction is a judgemental process where a person evaluates his or her life circumstances, based on self-imposed criteria, and the degree to which the life conditions match the self-made standards determines whether a person will report high or low satisfaction (Pavot & Diener, 1993). The scale does not measure other facets of PWB. A high SWLS score of between 26 and 35 indicates a satisfied to extremely satisfied report, while a low score of between 5 and 14 indicates an extremely dissatisfied to dissatisfied report. Diener *et al*. (1985) report an alpha-reliability of 0.87 and a test-retest reliability of 0.82 over a two-month period and in this study a reliability coefficient of 0.90 was found.

In 1980, the Memorial University of Newfoundland Scale of Happiness was developed by Kozma and Stones to measure affective well-being in elderly people. The MUNSH is based on the Affect Balance Scale of Bradburn (1969) and only items that showed a high correlation with self-appraisal and avowed happiness ratings were included in the final scale. This scale is widely used in Canada and the USA in gerontological studies and studies concerned with the happiness of various populations. The MUNSH consists of 24-items, which are divided into four clusters of constructs, namely positive affect (five items), negative affect (five items), positive experience (seven items) and negative experience (seven items). Similar to the

AFM2, the balance is calculated according to the domination of positive affect (PA) over negative affect (NA). However, apart from the affect measuring items, positive (PE) and negative experiences (NE) are also measured. The total score of affective well-being is calculated with the following formula: (PA-NA)+(PE-NE)=LEVEL OF HAPPINESS. The psychometric properties of the MUNSH are very consistent across various age groups and it has proven to have a high internal consistency coefficient of 0.85 and test-retest coefficients of 0.70 (Kozma & Stones, 1980; Hermon & Hazler, 1999). The scale is perceived as a good measure for the affective component of PWB. In the current research, Cronbach Alpha-values were calculated for each of the separate clusters. The positive affect (PA) cluster of five items shows the lowest coefficient (0.68), while the negative affect (NA) cluster shows the highest coefficient with a value of 0.83. The positive experience (PE) and negative experience (NE) clusters show respectively reliability coefficients of 0.73 and 0.78. Considering the high alpha-values reported in various studies, and the easy administration of the MUNSH, this scale is included in the empirical survey.

The Happiness Scale is a single item which measures happiness with a 3 point scale in the form of a simple question: "Taken all together, how would you say things are these days – would you say that you are very happy, fairly happy or not too happy?" Respondents can mark whether they felt very happy, fairly happy or not too happy during the last few days and the possible score can range from 1 to 3, with 1 being an indication of a high level of happiness and 3 of a low level of happiness. Due to the fact that this scale contains only one item, no reliability values can be calculated. Thus, in the literature and also in this study, no reliability values are given for this scale, but it is reported that the scale meets the criteria of measuring feeling (happiness) rather than cognitive evaluation and therefore can be used as a valid instrument (Crooker & Near, 1998).

In the literature, the calculation of SWB has usually been done according to singular scales (Kammann & Flett, 1983; Kozma & Stones, 1983; Diener *et al*., 1999). However, in using the various scales which separately measure the two components of SWB, the next formula is introduced to calculate a value for a total level of SWB: affective well-being + cognitive well-being = total subjective well-being. Thus, [(MUNSH+AFM)/2]+SWLS=TOTAL SWB.

RESULTS OF THE RESEARCH

Profile of respondents

It was found that the participants of short-term pre-organised tours in South Africa, as reflected by this study, mainly consist of elderly well-educated and affluent people, mostly women, from English-speaking countries. A demographic profile of the typical participant was created, which in this particular experimental group is a 53 years old, married British woman, with an average household income of 60 000 Euros per year, who holds an advanced degree and works in an academic environment.

Psychological results

The experimental group showed an overall increase in all the scales. In the affective scales, the various components of each scale (MUNSH, AFM2) showed small to moderate effects. The MUNSH score was in the pre-test 16.30, while in the post-test the mean total was 19.30.

In the Affectometer 2 (AFM2) results, the Positive/Negative Balance (PNB) showed an increase of 1.90. The group also indicated a higher level of happiness in the Happiness scale after the trip than before (1= very happy, 3= not too happy). On cognitive level, the group's post-trip score was 28.40, compared to the 27.30 in the pre-test.

TABLE 1. **EXPERIMENTAL GROUP: MEAN SCORES FOR ALL VARIABLES**

Experimental group						
Variable	**n**	**Pre Mean**	**Post Mean**	**Difference**	**Std deviation**	**d-value**
MUNSH PA	36	7.60	8.50	0.90	2.80	0.32*
MUNSH NA	36	0.86	0.64	-0.22	2.33	-0.09
MUNSH PE	36	11.47	12.61	1.14	1.97	0.58**
MUNSH NE	36	1.90	1.20	-0.70	1.85	-0.38*
MUNSH TOTAL	36	16.30	19.30	3.00	4.70	0.64**
SWLS	40	27.30	28.40	1.10	3.30	0.33*
AFM PA	36	37.90	39.20	1.30	4.40	0.30*
AFM NA	36	16.78	16.14	-0.64	4.67	-0.14
AFM PNB	36	21.10	23.00	1.90	6.67	0.28*
HS	41	1.40	1.30	-0.10	0.70	-0.14

* d = 0.2: small effect
** d = 0.5: moderate effect
*** d = 0.8: significant effect (Cohen, 1988)

The total Subjective well-being (SWB) for the respondents were calculated for only those respondents who filled in all three scales (n=33) used in the newly introduced formula (SWB=affective scales/2+cognitive scale). In Figure 1, one can conclude that the tourist and travel activity, in the form of pre-organised tours, had an overall positive impact on the tourists' well-being, as 79% of the respondents showed an increase in their total SWB scores. However, on average, almost 20% of the respondents showed a decrease or no change in their level of well-being (non-positive experience). When considered that a tourist will only buy a product again when it proved to be satisfying enough, tour operators could face a potential loss of one out of five potential customers on their pre-organised tours.

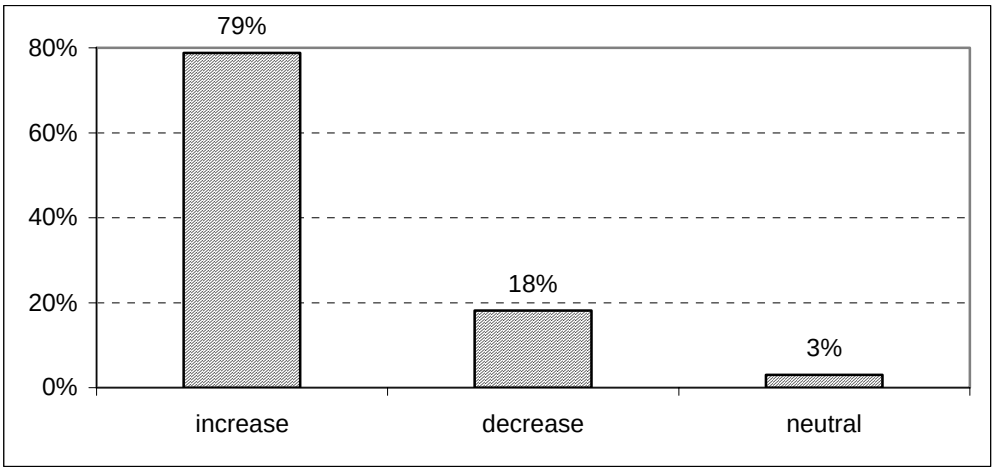

FIGURE 1. **CHANGES IN EXPERIMENTAL GROUP'S TOTAL SWB SCORES (N=33)**

Possible reasons for changes in well-being

For any destination where the tourism industry shows a big growth potential, the loss of 20% of unhappy, unsatisfied tourists should be prevented. The tourists in this study have, on average, travelled at least four times outside their home country, and had decided to go on this specific holiday trip more than four months in advance. Thus, the participants are not first-time travellers, and therefore one can assume that there must be specific problems to address if these people show a decrease in their well-being. When considered, demographic factors such as age, gender, nationality and culture may positively influence subjective well-being, while level of education, income, occupational and marital status have weaker relationships to increased SWB (Argyle, 1996; Ross & Van Willigen, 1997; Diener *et al*., 1999). Other factors explored indicated that the anticipated effects of holidays, in terms of activity participation, may lead to a positive change in well-being when the expectations are met. If this is not the case, the change in SWB will be negative. A list of possible stress factors was included in the post-trip questionnaire, and according to the majority of the respondents the main stress factor was tight time schedules, a problem which can be linked to the full itineraries of pre-organised tours. In exploring the possibility of the itinerary differences between the tour groups as a further possible reason (meaning that one group had a more hectic tour than the others), it was found that those people who felt worse after the tour were distributed across all the groups.

CONCLUSION

It is considered important that the different role players in the tourism industry, such as tour operators, travel agents and other businesses that have contact with tourists, facilitate unique experiences to ensure that tourists return home happy and satisfied. This research showed, however, that between 10% and 30% of the tourists had a non-positive experience on affective and cognitive level, which resulted in a lower level of well-being after the holiday trip than before. Following a suggestion of Pavot and Diener (1993), a formula for the calculation of total SWB was introduced, and the results show that almost 20% of the respondents did not

experience a positive effect on their total SWB. It can thus be concluded that for certain people, a pre-organised tour as a holiday activity is not the best way to improve their psychological well-being.

Due to the significance of these findings for the tourism industry, potential explanations for the changes in the tourists' well-being were explored. The possible reasons that were investigated were expected activity participation versus real activity participation, the influence of travel companions, stress factors and differences between the various tour groups. It was seen that there is no relation between improved SWB and activity participation, since there were no differences between the level of well-being among respondents who participated in one out of the three activities they wanted to do, and those who participated in three out of the three activities they expected to do. Also, seeing that most travellers were accompanied by their spouse or partner and the fact that relationship problems featured very low on the stress factor ranking, this could not have been a significant predictor in the changes in SWB scores.

However, stress factors like tight time schedules, too little personal time and too much driving were indicated as significant problems by the whole experimental group, as well as by the separate tour groups. The conclusion made from these results is that, although pre-organised tours can foster a higher level of happiness and satisfaction in some people, a change in structure should be considered in order to address the influence of specific stress factors on tourists. A possible way of overcoming the problem of tourists not being satisfied or happy after their return from a tour, could be for tour operators to eliminate possible stress factors in advance, for example when a client selects a certain pre-organised tour. Customers are often influenced by economic factors such as availability and price when they go on holiday, and they are often not fully aware of their physical and psychological needs. The result could be a tour that does not match their specific needs. It therefore could be helpful to develop a pre-booking questionnaire to identify the main needs of the tourist, and then to assist the tourist in choosing the type of holiday that will meet his or her needs. Since most of the participants in this study were elderly people with an academic background, tour operators could consider shifting the balance from activity dominated itineraries to intellectual stimulating tours with less travelling involved. Also, tourists should realise what specific needs they have before they choose a holiday, and to consider which type of holiday will meet those needs best.

REFERENCES

ANON. (1994). Post-holiday stress increases mental health visits. *Mental Health Weekly*, 4(45): 7, 21 November.

ANON. (1999). Wellness secrets for happiness. *Ardell Wellness Report*, 51: 3, Winter.

ARGYLE, M. (1996). *The social psychology of leisure*. London: Penguin.

ARGYLE, M. (1999). Causes and correlates of happiness. In D. Kahneman; E. Diener & N. Schwarz (Eds.), *Well-being: The foundations of hedonic psychology* (360-375). New York, NJ: Russell Sage.

BENTLEY, T.A. & PAGE, S.J. (2001). Scoping the extent of adventure tourism accidents. *Annals of Tourism Research*, 28(3): 705-726.

BRADBURN, N.M. (1969). *The structure of psychological well-being*. Chicago, IL: Aldine.

BRADBURN, N.M. & CAPLOVITZ, D. (1965). *Reports on happiness*. Chicago, IL: Aldine.

CARMOUCHE, R. & KELLY, N. (1995). *Behavioural studies in hospitality management* (1st ed.). London: Chapman & Hall.

COHEN, J. (1988). Statistical power analysis for the behavioural sciences (2nd ed.). Hillsdale, NJ: Erlbaum.

COOPER, C. (1998). "Re: Cronbach Alpha?" Hyperlink [http://www.drmath.com/epigone/sci.stat.math/pharskoozhee]. Retrieved 4 September 2002.

CROMPTON, J.L. (1979). Motivations for pleasure vacation. *Annals of Tourism Research*, 6: 408-424.

CROOKER, K.J. & NEAR, J.P. (1998). Happiness and satisfaction: Measures of affect and cognition? *Social Indicators Research*, 44: 195-224.

DANN, G.M.S. (1981). Tourist motivation: An appraisal. *Annals of Tourism Research*, 8: 187-219.

DECI, E.L. & RYAN, R.M. (2000). The 'what' and 'why' of goal pursuits: Human needs and the self-determination of behaviour. *Psychological Inquiry*, 11(4): 227-268.

DIENER, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist*, 55: 34-43.

DIENER, E. & LUCAS, R.E. (2000). Emotional well-being. In M.Lewis & J.M. Haviland (Eds.), *Handbook of emotions* (2nd ed.) (325-337). New York, NJ: Guilford.

DIENER, E.; EMMONS, R.; LARSEN, R.J. & GRIFFIN, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49: 71-75.

DIENER, E.; SUH, E.M.; LUCAS, R.E. & SMITH, H.L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 125(2): 276-302.

ENZENSBERGER, H.M. (1996). A theory of tourism. *New German Critique*, 68: 117-136, Spring/Summer. Hyperlink [EBSCOhost: Academic Search Premier, Full Display: http://www-sa.ebsco.com]. Retrieved 3 June 2002.

GRAHAM, W. (2002). An African dream come true. *The Star*, 15, April 30.

GRAY, H.P. (1980). *International travel-international trade*. Heath: Lexington.

HALPERN, S.D.; DORAISWAMY, P.M.; TUPLER, L.A.; HOLLAND, J.M.; FORD, S.M. & ELLINWOOD, E.H. (1994). Emergency patterns in psychiatric visits during the holiday season. *Annals of Emergency Medicine*, 24(5): 939-943, November.

HERMON, D.A. & HAZLER, R.J. (1999). Adherence to a wellness model and perceptions of psychological well-being. *Journal of Counselling & Development*, 77(3): 339-343, Summer.

HOWITT, D. (1991). Concerning psychology: Psychology applied to social issues. Buckingham: Open University Press.

HUDSON, S. & GILBERT, D. (2000). Tourism constraints: The neglected dimension of consumer behaviour research. In A.G. Woodside; G.I. Crouch & J.A. Mazanec (Eds.), *Consumer psychology of tourism, hospitality and leisure* (137-154). Cambridge: Oxford University Press.

ISO-AHOLA, S.E. (1984). Social psychological foundations of leisure and resultant implications for leisure counselling. In E.T. Dowd (Ed.), *Leisure counselling: Concepts and applications* (97-125). Springfield, IL: Charles C. Thomas.

KAMMANN, R. & FLETT, R. (1983). Affectometer 2: A scale to measure current levels of general happiness. *Australian Journal of Psychology*, 35: 259-265.

KAMMANN, R.; SMITH, R.; MARTIN, C. & McQUEEN, M. (1984). Low Accuracy in judgements of others' psychological well-being as seen from a phenomenological perspective. *Journal of Personality*, 52(2): 107-123, June.

KOZMA, A. & STONES, M.J. (1980). Memorial University of Newfoundland Scale of Happiness. *Journal of Gerontology*, 35(6): 906-912.

KOZMA, A. & STONES, M.J. (1983). Re-validation of the Memorial University of Newfoundland Scale of Happiness. *Canadian Journal on Aging*, 2(1): 27-29, March.

KRIPPENDORF, J. (1987). *The holiday makers*. London: Heinemann.

MASLOW, A. (1968). *Toward a psychology of being* (2nd ed.). New York, NJ: Van Nostrand.

MILMAN, A. (1998). The impact of tourism and travel experience on senior travellers' psychological well-being. *Journal of Travel Research*, 37(2):166 (5p), November. Hyperlink [EBSCOhost: Academic Search Premier, Full Display: http://www-sa .ebsco.com]. Retrieved 9 January 2002.

NELL, V. (2001). Quality of life indicators as predictors of perceived psychological and physical health in a group of women. Unpublished MA thesis. Potchefstroom: PU for CHE.

PAVOT, W. & DIENER, E. (1993). Review of the satisfaction with life scale. *Psychological Assessment*, 5(2): 164-172.

PINNOCK, D. (2002). From the editor. *Getaway*, (7): 5, July.

RAGHEB, M.G. & BEARD, J.G. (1983). Measuring leisure attitudes. *Journal of Leisure Research*, 14: 155-162.

ROSS, C.E. & VAN WILLIGEN, M. (1997). Education and the subjective quality of life. *Journal of Health and Social Behaviour*, 38: 275-297, September.

ROTTER, J.C. (2000). Happiness: Is it real or just an illusion? *Family Journal*, 8(4): 387 (3p), October. Hyperlink [EBSCOhost: Academic Search Premier, Full Display: http://www-sa .ebsco.com]. Retrieved 5 April 2002.

RYAN, R.M. & DECI, E.L. (2001). On happiness and human potentials: A review of research on hedonic and eudaimonic well-being. *Annual Review of Psychology*, 52: 141-166.

SAS INSTITUTE (1996). The SAS System for Windows Release 6.12. NC: Cary.

SAS INSTITUTE (1999). Computing Cronbach's Coefficient Alpha with the CORR procedure. Hyperlink [http://acad.uis.edu/sas/pro/zorr-ex3.htm]. Retrieved 4 September 2002.

SORENSEN, H. (1997). *International travel and tourism*. New York, NJ: Delmar Publishers.

SOUTH AFRICAN TOURISM (2002). Frequently asked Questions. Hyperlink [http://www.satour.com/web/index.cfm?]. Retrieved 4 September 2002.

TROCHIM, W.M.K. (2002). Types of Reliability. Hyperlink [http://trochim.human.cornell.edu/kb/reltypes.htm]. Retrieved 4 September 2002.

VAN DER MERWE, A. (2002). Bly dié vakansie stresvry. *Rooi Rose*, 150-151, Desember.

WISSING, M.P. & VAN EEDEN, C. (2002). Empirical clarification of the nature of psychological well-being. *South African Journal of Psychology*, 32(1): 32-44.

WOODS, L. & DOVEL, M. (1998). Business travelers battle the blues. *Kiplinger's Personal Finance Magazine*, 52(3): 24 (1/3p), March. Hyperlink [EBSCOhost: Academic Search Premier, Full Display: http://www-sa .ebsco.com]. Retrieved 9 January 2002.

Ms. Sonja Steyn: Institute for Tourism and Leisure studies, North-West University, Potchefstroom Campus, P.O. Box 19436, Noordbrug, Potchefstroom 2522, Republic of South Africa. Tel.: +27(0)18 297-0188 (h), Fax.: +27 (0)18 299-1562, Cell.: +27(0)82 353-6622, E-mail: sktss@puknet.puk.ac.za

(Subject editor: Dr. J.H. Malan)