

# THE ASSOCIATION OF TOURIST HEALTH WITH AESTHETIC QUALITY AND ENVIRONMENTAL VALUES

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## **INTRODUCTION:**

The psychological impact of environmental factors on personal well-being is well-known. For example, in the 4th Century BC Epictetus, a Greek philosopher, noted that: ‘Men are disturbed not by things, but by the views they take of them’ (Palmer, 1991). Indeed, “each of us, as we move about, also carries our own ‘panorama’ or view of things” (Ligabue, (1998). Moreover, “the individual can revitalise himself when he is enlightened to the interaction between the person ‘within’ and the circumstances of life ‘without’ “ (Ikeda, 1981). In Eastern Europe, the term, ‘ecosophy’ has been used to describe the need to adapt behaviour according to the local ecosystem for physical and psychological well-being (Ungureanu, 1998). This interdependence is reflected in the World Health Organisation (WHO) definition of health that “represents a balanced relationship of the body and mind and complete adjustment to the external environment” (Howe and Lorraine, 1973). It is also addressed in the WHO European Charter on Environment and Health which states that “good health and well-being require a clean and harmonious environment in which physical, psychological, social and aesthetic factors are all given their due importance” (WHO, 1989a).

A new discipline, ‘aesthetic medicine’, has been proposed to address the interdependence of these environmental and personal factors (Kovacevic-Cabrijan, 1988). Nevertheless, individuals and populations are not always aware of environmental values they wish to keep, or those that have been lost and could be usefully restored; the subjective ideals can be difficult to appraise (Philipp, 1992a; Philipp, 1992b; Philipp, 1998a). They are however important for the health of both tourist and residential populations whose health depends on the:

- health and behaviour of visitors;
- health and behaviour of the host tourist-receiving population;
- physical qualities of the natural and built host environment
- economic and social well-being of the host and tourist populations;

- understanding of what tourists seek when they travel;
- desire, in its inheritance, of a host tourist-receiving population to sustain its cultural, social, emotional, spiritual, aesthetic and lifestyle values and the quality of its natural and built environment, and the will to recognise and act on that heritage (Philipp et al, 1998a).

Environmental values, economic well-being and tourist health are therefore interdependent (Handsuh, 1991). Subjectively, although tourists may seek excitement, they usually also want enjoyment. Objectively, external environmental stressors can alter serotonin and cortisol levels in the brain with resultant possible cerebral damage (Herbert, 1997). Stress can also “become a problem when the neurological and endocrine systems are compelled to respond to environmental novelty constantly and over a long period of time” (Storti, 1991).

Traditionally, the sciences have been used to study environmental values and their association with well-being, and as a basis for setting standards and guidelines of environmental quality. However, the way we look outwards at our world influences our perception of it and our values of what is ‘truly’ important in it (Durant, 1962). The arts are therefore increasingly being used to identify and express what we seek and consider worthwhile in both our surrounding, external, and in our personal, internal, environments. An arts-science gradient is recognised. It spans the artistic, intuitive, inspirational and subjective personal viewpoints, and the measurable, objective, deductive, logical and scientific perspective (Philipp, 1998a; 1998b).

Nature as art, architecture, the built environment, and art works of the visual and performing arts can all help to show us that retaining a sensitivity to all that impinges on each of us from the external world and using to the full our senses of sight, hearing, taste, smell and touch can foster feelings of wonderment and enjoyment and considerably enhance our emotional well-being (Philipp, 1997a; 1998a; 1998b). Creative expression of this pleasure can also provide research material to help identify, categorise and prioritise human needs for different aesthetic qualities in the external environment to be valued and sustained, and to help determine aesthetic standards of environmental quality. Article 27-1 of the Universal Declaration of Human Rights alludes to these points where it states that: “Everyone has the right to freely participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits” (Editorial, 1997a).

Initial studies of using the arts to explore environmental values suggest that people react negatively and retreat from the impact on their senses (sight, sound, smell, touch and taste) of some external environmental factors. In contrast, they respond positively and resonate with others; personal well-being is associated with a positive response (Philipp et al, 1998a). It seems that the different sensory inputs stimulate the building of images in the mind and the associations, connections and interpretations that give meaning, understanding and purpose to living.

To help derive environmental quality guidelines, more studies are however needed for the understanding of aesthetics, defined as ‘having an appreciation of the sense of beauty in accordance with the principles of good taste’ (Onions, 1973), for the association of sensory inputs with mental health and well-being (Philipp et al, 1998a), and to help improve ‘the quality of life’. WHO has defined this as: an individual’s perception of their position in life in the context of the culture and the value systems in which they live and in relation to their

goals, expectations, standards and concerns” (WHOQOL Group, 1993). WHO has also noted that ‘quality of life’ is a broad ranging concept affected in a complex way by the person’s physical health, psychological state, level of independence, social relationships, and their relationships to the salient features of their environment” (WHOQOL Group, 1993). Nevertheless, it has been considered a somewhat amorphous concept (Bowling, 1995). Market measures of health benefits and aesthetic improvements from environmental control programmes are also not readily available (Cropper and Oates, 1992). Such observations reinforce the need for further research.

### **A FRAMEWORK FOR THE RESEARCH AND DEVELOPMENT (R & D) NEEDS:**

As a basis to help formulate ideas for research about the association of aesthetic quality and environmental values, identify topics to be studied, decide on specific questions to be asked, prepare research protocols, and to evaluate the outputs and outcomes of different projects, a conceptual framework is needed. Its components are:

1. WHO defines environmental health as “comprising those aspects of human health including qualities of life that are determined by chemical, physical, biological, social and psychosocial factors in the environment. It also refers to the theory and practice of assessing, correcting and preventing those factors in the environment that can potentially affect adversely the health of present and future generations. This definition articulates the desire to include elements of quality of life, and psychosocial and sustainable development issues within the sphere of environmental health” (Editorial, 1995).
2. The W.H.O. European Charter on Environment and Health, 1989, states that “good health and well-being require a clean and harmonious environment in which physical, psychological, social and aesthetic factors are all given their due importance” (WHO, 1989a). It addresses ‘entitlements’, ‘rights’ and ‘responsibilities’ of the public for environmental health and personal happiness. More attention should therefore be given to aesthetic factors in environmental health and research into factors influencing behavioural change if Agenda 21 for sustainable development is to be achieved.
3. The aesthetic quality of an environment can be defined as the extent to which an external factor or combination of factors evokes a pleasurable emotional response from the stimulation of our five human bodily senses of sight, sound, smell taste and touch. This response establishes a resonance within ourselves and with the external factors responsible for that stimulation. Resonance helps to promote positive affirmation of ourselves, enhances our well-being and encourages positive identity with the causal environmental factors.

Examples of problems from poor aesthetic quality include physiological effects of raised heart rate and blood pressure, anxiety, fear and anger from cluttered, stark, noisy indoor hospital environments with harsh lighting and dreary views (Bass Warner and Baron, 1993), and the visual offence caused by poor town planning and its “wire-scapes of telephone and electricity cables, and the dish-scapes of television receivers” (Potter, 1997). At least in hospitals, art works such as pictures, flowers, plants, murals, sculptures, posters, photographs, ceramics and mobiles (Morgan-

Cooke, et al, 1991), and architecture (Critchlow and Allen, 1994), can help to improve public and patient perception of such environments.

4. Research is needed to help define aesthetic health threshold limit values, nuisance thresholds, maximum exposure limits, environmental guideline values and appropriate control measures to meet the standards derived from them. These standards depend on perception and personal values, public pressure and community action groups, research and education for environmental values, and enforcement of relevant legislation. The W.H.O. Air Quality Guidelines for Europe (1987) for example, define a 'nuisance threshold' as "the level at which less than 5% of the population experiences annoyance for less than 2% of the time" (WHO, 1987).
5. Where there are many environmental hazards to control but limited resources, priority ranking for the introduction of preventive measures to improve tourist health and well-being should be based on five main questions (Philipp and Hodgkinson, 1994):
  - How serious is the problem in terms of the likelihood of death, disability, disease, discomfort, or dissatisfaction?
  - How many people are likely to be affected during a year?
  - To what extent is an intervention technically feasible and likely to relieve or prevent the problem?
  - What does an analysis show for the benefits obtained from the risk, adverse effects of the risk, and the cost implications for different systems of hazard control?
  - To what extent is the community likely to accept or adopt the intervention, behaviour or other change required?
6. The moral concept of reciprocal maintenance should be applied to 'entitlements', 'rights' and 'responsibilities' in environmental health, i.e. "We need to look after the things that look after us" (Ashton, 1991). Understanding of this interdependence is the basis of environmental economics and eco-audit. Moreover, "the principle of inter-generational equity requires us to respect the rights of members of future generations, so that they have an opportunity to live and enjoy the earth that is equal to their own" (Shrader-Frechette, 1991).
7. Work of the W.H.O. European Environmental Health Committee has established conceptual frameworks for setting environmental standards and in which the interdependence of sustainable development, inter-generational equity and environmental quality are addressed (Philipp, 1996a). General moral principles have been suggested as a guide to action (Shrader-Frechette, 1991). The priorities should include the:
  - duty to recognise strong human rights;
  - duty to protect environmental interests;
  - duty to recognise weak human rights (Shrader-Frechette, 1991).

These principles are important when considering the interdependence of:

- (i) 'personal integrity' and 'active, constructive citizenship',

(ii) 'individual freedom' and 'collective responsibility'.

In practical applications of such concepts involving the arts, poets such as Alexander Pope and William Shenstone provide one example: they were also gardeners who sought to explore artistic ideas through shaping their environments and were viewed as distilling ethical values from transformation of the landscape (Phillips and Foy, 1995).

8. In considering ways of fostering deeper links between morals in society, personal ethics, art, aesthetics and environmental health, the W.H.O. 'Health for All' programme has much to offer. It encourages student-centred learning and places emphasis on empowering people with the means to better enhance constructive ways of perceiving life and lifestyles. 'Respect for all' is implicit in this programme (Philipp, 1996b). Settings suggested by W.H.O. for local health action include neighbourhoods, schools and workplaces (Editorial, 1997b), cities and islands (Kickbush, 1998). In these settings the need for aesthetic experiences is recognised (Diomidis, 1990; Giroult, 1988; Velimirovic, 1988). The Health for All programme also endorses exploration of uses for the arts in environmental health research by encouraging researchers to look "into new, unfamiliar areas and work with new colleagues in new ways" (W.H.O., 1988). Aesthetically healthy settings can therefore provide pleasurable places for contemplation, personal reflection, enjoyment and replenishment of the soul. They help to encourage a healthy personal outlook. A need for new training materials on the aesthetic aspects of housing and human settlements has been identified amongst members of the WHO Rural and Urban Development and Housing Network (Philipp and Wood, 1992).
9. Qualitative and quantitative research for the association of personal well-being with subjective, intuitive ideals and environmental values are both needed (Philipp, 1997b). It also has to be remembered when introducing information tools into professional practice, that: "the human condition is full of decisions that are not simple yes/no decisions" and that "we must remember that the supreme human qualities of happiness, love, and beauty are impervious to the discipline of digitisation" (Carty, 1997). Yet, the arts and sciences can meet on this point. For example, Rudyard Kipling's poetry has been used to describe methodological thinking (Avery Jones, 1972):  
  
    'I keep six honest serving men,  
    They taught me all I knew;  
    Their names are what, and why, and when,  
    And how, and where, and who.
10. An arts-science gradient can be recognized. It moves from the intuitive, inspirational and subjective to the measurable, objective, deductive and logical. Both approaches are informative, expressive, and each has its evidence base. But whereas the scientist believes that if some activity or other intervention 'does something' the effect or outcome must be measurable, the artist is often content to have expressed their creativity and hopes that the completed endeavour evokes pleasure when being experienced by others. A dichotomy is not intended and, in the medical professional framework that links epidemiological and clinical strategies for public health, the

scientific and artistic aspects of inquiry and expression can be combined (Philipp, 1994a). There is a need however, to move beyond the measurement culture which notes that: 'If you can't measure it its not worth doing', and 'what gets measured gets done'. A parallel situation exists in the gradient between 'evidence-based medicine' widely debated by epidemiologists and health care scientists, and 'patient-based medicine' described in general practice where 'the skilful use of relationships above all other resources' is involved (Elwyn, 1997). In this gradient, subjective intuition and objectivity are essential components of the one-to-one clinical situation (Philipp et al, 1998b).

11. The arts are often used as an outlet to express what is considered 'personally worthwhile' in our surrounding external, and within our personal, internal environments. Creative expression of 'wonderment' and 'enjoyment' through the arts can provide material for analysis which in turn helps to identify, categorise and prioritise human needs for different aesthetic qualities in the external environment to be valued and sustained (Philipp, 1998a; 1998b). Nevertheless, wider appreciation and understanding of the value of intuitive, subjective, personal insights for life and living expressed through the arts is also needed as fresh starting points for new, objective, scientific studies to help set environmental standards. The English poet, William Wordsworth, for example, entices us in 'An Evening Scene', with the words:

'Come forth into the light of things,  
Let nature be your teacher.  
She has a world of ready worth,  
Our minds and hearts to bless -  
Spontaneous wisdom breathed by health'.

He ends this poem with a plea for the natural environment:

'Sweet is the lore which nature brings  
Our meddling intellect  
Misshapes the beautiful forms of things;  
We murder to dissect'.

12. In exploring aesthetics and the role of the arts in environmental health, health care, community development and personal well-being, different arts can be used as:
  - research tools;
  - practical activities for creative endeavour and expression to help enhance health and improve well-being;
  - means of encouraging participation in individual or group activities as therapeutic interventions;
  - ways of enhancing the quality of an environment;
  - methods to stimulate receptivity of one's senses to the aesthetics of different natural and built environments or of art works in them and in ways that help to interpret personal experience, attain insight and derive emotional pleasure and individual meaning, and for the expression and imparting of any resultant sensations for the consequent enjoyment and sharing with other people (Philipp, 1998b).

13. A conceptual framework to help evaluate the effectiveness of the arts in health improvement and health care has been published (Philipp, 1997b). It addresses the interdependence of lifestyle, self-esteem (a sense of personal value and worth), well-being (a feeling of contentment, happiness and health), environmental gains, utilization of qualitative and quantitative research methods, and the need to audit different activities.
14. The conceptual framework has been applied. In one qualitative study arising from the question: 'Could or does reading or writing poetry benefit health?' (Philipp et al, 1994a), 75% of 196 participants reported that writing poetry helped to relieve their personal stress and anxiety. It can also evoke resonance with the external environment and was sufficient for 13 respondents to be able to discontinue their benzodiazepine tranquillisers or antidepressive medication (Philipp and Robertson, 1996). One respondent reported: 'Poetry is infinitely preferable to a pill, has no adverse health effects and revitalises and enhances the human psyche (Philipp, 1995; 1996c). A randomised clinical trial is now being developed to explore the role of creative writing programmes to help build self-confidence and reduce stress (Editorial, 1998a).
15. Building visual imagery, for example by reading for relaxation on holiday seems to be popular. For example, in a point prevalence study in summer 1995, of 300 adults sitting on one beach in Crete in afternoon sunshine between two flags of the Foundation for Environmental Education in Europe Blue Flag award scheme, 35% were reading books, newspapers or magazines, 20% appeared to be asleep, 7% were drinking alcohol and a further 6% were smoking cigarettes. The remainder were talking in couples or small groups. Those approached commented they were reading to retreat, relax, escape, restore 'balance within', and to help buffer themselves against the year ahead (Philipp, R., unpublished data). One interpretation of the findings is that for relaxation, holiday makers prefer reading to alcohol or cigarettes!
16. The viewpoint of children, expressed through art, could be informative (Philipp, 1996d), particularly as up to the age of 10 years their qualities include spontaneity, enthusiasm, imagination and creativity (Philipp et al, 1986). Awareness and understanding of their views are important as, in the context of an moral framework for environmental health and in our efforts for sustainable development, adult generations are entrusted with stewardship of the world for younger and future generations. We do not own the world to do with it as we like. Instead, we hold it in trust for others who will come after us.

Starting points for studies with children include a contents analysis of their poems (Philipp, 1993a; 1994b) on the theme for example, of: "What I think is important in the world around us" (Philipp, 1996d), or: "What I like/enjoy/value/look forward to most in my summer holiday", or visual arts competitions of paintings, drawings or sculpture on an environmental theme. Some findings have been reported (Philipp, 1983; Philipp et al, 1984; Philipp et al, 1986; Philipp, 1987). Other studies are being implemented to involve comparisons of different age, sex, socio-economic and/or geographical populations (Philipp, 1996d; Philipp, 1997a). Correlations are also being sought for the association of the concentration of litter and medical wastes on bathing beaches with the perceived likes and dislikes of the local bathing beach

environment expressed in poems (Philipp, R., and Pond, K. unpublished personal communication).

17. If creativity and aesthetic appreciation are important human attributes, can they be readily recognised, are they skills that can be nurtured or taught, what factors are needed to encourage them, should they be fostered, whom will gain from developing them, and in what ways might the gains be beneficial? (Philipp, 1998b). These questions are being addressed as part of new actions being sought for healthy tourism networking and emerging policies of the W.H.O. Healthy Living and Healthy Tourism programmes (Kickbush, 1998). Such actions are part of a partnership with the World Tourism Organisation (Handszuh, H., and Schulte, V., personal communication).

### **APPLYING THE R & D FRAMEWORK TO AN ENVIRONMENTAL SETTING:** **(the example of recreational water and bathing beach quality):**

Problems associated with the aesthetic quality of recreational waters and bathing beach quality have been emphasised in WHO and United Nations Environment Programme reports (WHO/UNEP, 1991; WHO, 1990). They reflect increasing concern about our 'throwaway society', the currently unstable relation between population, health, and a sustainable environment, aesthetic, physical injury and microbial problems of uncollected refuse and discarded litter, the mixing of domestic, general and clinical waste, and fears that environmental degradation of bathing beaches could lead to loss of tourism (Philipp et al, 1993; 1994b; 1995; 1997). In 1990, following a recommendation of the Second International Mediterranean Conference on Tourist Health that environmental quality objectives could be better considered in environmental debates for standards setting (WHO, 1989b), WHO recommended that aesthetic standards and indicators for the quality of bathing water and beaches could be usefully developed and agreed by Member States (WHO, 1990). This recommendation was reinforced in subsequent reports (WHO, 1993; 1994a; 1994b). It became linked to the annual Coastwatch UK studies which have been undertaken since 1991 for time trends of the annual rate of different litter, sanitary and medical waste items. Some 6000 volunteer fieldworkers are involved each year in this work. A concurrent health economics audit of needlestick injury data from bathing beaches identified considerable direct health service costs (Philipp, 1993b).

From the findings it was concluded that provision of litter bins, regular refuse collections and beach cleansing was insufficient and that a greater sense of personal responsibility and individual accountability is needed. Public education programmes have since been widely adopted and legislation for 6mm fine wire mesh grids at all storm water and shoreline sewage discharge points is being introduced to help improve the environmental controls (Philipp et al, 1997). The methods, outcomes and recommendations of these studies are being included in a chapter on well-being and aesthetics in the forthcoming W.H.O. Guidelines for Safe Recreational Water Environments (WHO, 1997; 1998).

### **CONCLUSIONS:**

Setting environmental standards and providing guidelines presupposes that health effects have been agreed by scientists, the associated costs of control agreed by economists, and that



the costs and benefits of pollution control measures have been widely considered by an informed public and decision makers. Unfortunately, however, and in the attempts to derive guidelines for aesthetic quality of the environment, constraints are imposed by scientific, technological, cultural, psychological, ethical, administrative, financial, linguistic and political questions (Philipp, 1996a). The research evidence to justify establishing guideline aesthetic values for human well-being is often not available. Nevertheless, although aesthetic appreciation, the quality of art works in the environment, and the quality of the natural and built environment as art are at the basis of environmental values, their contribution to health is not understood. Improved understanding of what determines our human environmental values is needed (Philipp et al, 1998c). The effort to do so may not be easy. As T.S. Eliot put it (Editorial, 1998b):

‘Between the idea  
And the reality  
Between the motion  
And the act  
Falls the shadow.’

It has however, been reported that “true knowledge cannot be divorced from wonder, and wonder cannot be divorced from life” (Skolnik, 1988). If we do not broaden our approach by linking the findings of scientific and artistic studies, as T.S. Eliot noted in his poem, ‘Chorus from the Rock’:

Where is the life we have lost in living?  
Where is the wisdom we have lost in knowledge?  
Where is the knowledge we have lost in information?

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