Sustainable tourism versus wellbeing – the hosts and guests perspective

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ABSTRACT

It would be an understatement to claim that the term "wellbeing' is reaching its peak of popularity nowadays. The term gained momentum in 2003-2005, following the Millennium Ecosystem Assessment (MEA) (2003, 2005) that opened the field for interdisciplinary researches. In the MEA perspective, wellbeing is correlated with sustainable development and with ecosystem services, both seen as inextricable elements of one global process, necessary to lead properly to *"our common future"*. The following article presents a theoretical analysis of the 'wellbeing' term in relation to sustainable tourism and to host and guest communities. Wellbeing of hosts, in accordance with UNWTO (2005) or UNGA (2015), should be achieved when sustainable tourism guidelines are fulfilled. Wellbeing of guests is necessary to make any destination attractive for tourism. For the start, their needs and expectations will not overlap.

Keywords: sustainable tourism, wellbeing, culture, hosts, guests.

1. Introduction

The term 'wellbeing' has reached its peak of popularity. It is used in scientific publications nearly in all areas (medicine, economics, and environmental sciences). It has even found its way into popular culture and the language of advertising. It has become fashionable like once the term 'ecological'. And likewise 'ecological' did not always refer to environment-friendly products (e.g. eco leather the production of

which contributed to considerable environmental pollution, ecological buildings – that is, wooden buildings); the present meaning of 'wellbeing' is sometimes detached from its original meaning. What is more, even within the same area there are controversies what wellbeing really is, what are its constituent elements, and how we should measure this phenomenon. There has only been a common agreement among scientists that wellbeing is something positive, something every individual aims at and has the right to seek (Tuula, Tuuli 2015).

In various areas wellbeing is perceived from a completely different perspective and it is referred to as – material welfare, health, happiness, clean environment. Thus, it is not strange that an increase in wellbeing ratios from one perspective is a decrease in wellbeing from another perspective. For example, the limitation of transcontinental flights in order to reduce the emission of gases by aircrafts is deemed positive from the perspective of environmental sciences (Peeters et al. 2009, de Bruijn et al. 2010; Dwyer et al. 2010, Pearch-Nielsen et al. 2010; Scott et al. – it contributes to decreasing the turnover of the tourism sector at remote destinations impossible to reach by train – which results in decreased wellbeing from the perspective of economic sciences.

Such a different perspective, by way of assumption and necessity, is also found in tourism in the host-guest relationship. Hosts perceive wellbeing differently than guests do. Hosts associate wellbeing with the economic, social or environmental function. For tourists the economic function of wellbeing is completely insignificant (spending instead of earning money). Its health, social or psychological aspects are emphasized. In many cases, especially when reference is made to culture or the so-called subjective wellbeing (SWB), perceived by individuals, the interests of both groups are contradictory. Factors improving SWB among tourists can lead to decreasing SWB in the host community. Discussion and compromise are necessary.

Numerous surveys prove that a positive attitude of the host community towards tourists is a very important or even the key factor determining success in the tourism sector (Ap, 1992; Ivars, 2001; Farmaki, Altinay, Botterill, & Hilke, 2015 Choi & Murray, 2010; Lee, 2013; Lindberg & Johnson, 1997; McGehee & Anderek, 2004; Ramseook & Naidoo, 2011; Stylidis, Biran, Sit, & Szivas, 2014; Marzo-Navarroa et al. 2015, Deery et al. 2012). Hence, satisfaction of the host community (in different

words – improvement in their wellbeing) is particularly important not only with regard to the ethics but also to the economic success and stability of the tourism industry.

Wellbeing of hosts, in accordance with UNWTO (2005) or UNGA (2015), should be achieved when sustainable tourism guidelines are fulfilled. Wellbeing of guests is necessary to make any destination attractive for tourism.

Since the publication of the Millennium Ecosystem Assessment (2003, 2005) (MEA) wellbeing has been commonly associated with ecosystem services and sustainable development, perceived as closely related elements of the same puzzle.

Thus, the MEA perspective (2003, 2005) also refers to sustainable tourism, although in practice it is definitely more difficult to explore the actual relationship between wellbeing and (sustainable) tourism than to explore the relationship between wellbeing and sustainable development (seen in holistic terms). It is very difficult to determine whether tourism had any influence e.g. on the *freedom of choice and action*, and certain indicators (e.g. *health*) cannot be associated with tourism at all.

Therefore, it is not strange that the overwhelming majority of surveys exploring the relationship between tourism and wellbeing refer to selected, fragmentary elements only.

The aim of this paper is to contribute to tourism, wellbeing and sustainability research by presenting a relational conceptualization of sustainable tourism and wellbeing, as seen from the perspective of host and guest communities.

The paper consists of four parts. First, it presents the most important concepts and approaches to wellbeing – economic, social, psychological or environmental. The second part discusses how wellbeing is presented in official directives concerning sustainable tourism. Parts three and four describe how the selected concepts of wellbeing make reference to the host community and to tourists. At the end, the most important gaps and challenges of wellbeing within the framework of sustainable tourism analysis are identified.

2. *Wellbeing – conceptual background*

The term 'wellbeing' is rooted in economic sciences. For the first time it was used in the 1930s (Shea, 1976) with reference to Gross National Product (GNP). According to the GNP perspective, the higher the income of a community, the higher its wellbeing is. Soon, GNP evolved into presently more common Gross Domestic Product (GDP), but its perspective did not change. Economic sciences were long perceived the most adequate to explore wellbeing because "*the quality of life of any individual or community can in a direct and simple way be related to income*" (Wilson, 1972: p. 131). To some extent, such a statement reflects the actual situation – affluent countries can take better care of their citizens – they can invest in the health care sector, public infrastructure (parks, recreation grounds) etc. (Lai, 2000). However, it is not a secret that this is not always the case. In countries with high GDP ratio large social disparities can often be observed. In many countries, in spite of their high average GDP, a considerable part of the population simply lives in poverty. The objectively measurable GDP does not refer to actual costs of living in the specific country either – both to the extent of basic needs (accommodation, food, access to medical services and education) and ancillary needs (cinema, restaurants etc.). The same amount in one country will be sufficient to ensure basic living standard whereas in another one it will be enough to live a very wealthy life. Finally, from the GDP perspective, any single financial transaction (e.g. buying cigarettes) contributes to improvement in wellbeing! No differentiation between positive and negative expenditure exists (Redefining Progress, 1995).

On the other hand, the self-evident nature of the 'more money – higher wellbeing' mechanism was challenged many times by different authors (Gardner, Oswald 2007, p. 3). An example can be the results of surveys regarding the subjective feeling of happiness and satisfaction with life carried out in developed countries showing high levels of GDP and in the poorest developing countries. Paradoxically, in developed countries a high level of GDP did not result in a high level of subjective wellbeing at all (Shea, 1976; Eckersley, 1998; Cummins et al., 2003), whereas in Ethiopia or Bangladesh subjective wellbeing was very high (Blackmore 2009, Copestake 2009, Copestake, Campfield 2009, Deneulin, McGregor 2009, White 2009). Of course these results could be challenged referring to Appadurai's (2004) *capacity to aspire* and it could be concluded that inhabitants of less affluent, poorly developed countries have lower expectations of life and they are not aware that they could be much happier.

However, it seems a considerable abuse. Without any doubt, the results of surveys carried out by the University of Bath Research Group focusing on Wellbeing in Developing Countries (WeD) and confirming that the level of wellbeing in countries where theoretically it should be very low was actually high, should give food for thought about the adequacy of the adopted measures and indicators.

GDP gaps triggered the search for new, improved indicators. However, they were still searched for within the area of economic sciences. For example, Genuine Progress Indicator (GPI) for the first time introduced a differentiation between expenditure positively and negatively affecting wellbeing (Halstead, 1998; Hamilton, 1998). On the other hand, Human Development Index (HDI), apart from economic indices, took other indicators into account – including the level of education and the length of life (UNDP 2003). Sen's 'concept of capabilities' (1985) took a step forward and included political and social indicators in the measurements. According to the concept of capabilities, wellbeing was composed of *functioning, capabilities*, and *agency*. Multiple references were made to the *concept of capabilities* in surveys concerning the social and economic development of different areas. However, it is interesting that the above-mentioned papers did not make reference to specific values (following e.g. from cultural differences) and did not differentiate them (Deneulin, McGregor 2009, p. 1).

The emergence of a perspective other than purely economic one resulted in the introduction of the so-called Social Indicators (SI) (Cummins et al., 2003). SI covered a complete range of factors which could affect the wellbeing of an individual, including moral and cultural issues. The idea was to create a set of indicators suitable for measurements in any economic, political and cultural context. This turned out to be an impossible task. It is not possible to design such a 'universal' set, and to assign specific weights to respective factors. As a consequence, the results of wellbeing measurements performed even within one group in developed countries were somewhat different (Becker, Denby, McGill, and Wilks 1987). Diener and Suh (1996, p. 197) were right to emphasize that the main weakness of SI was the inevitable subjectivity of the selection of indicators and weights.

What is more, irrespective of the size of the set of objective indicators taken into account in the survey, the results can be completely different from what people feel

and how happy they are (Andrews & Withey, 1976; Campbell et al., 1976, Diener, Suh 1996).

Social sciences, and particularly psychology, became more and more eagerly involved in wellbeing, which led to extending and differentiating the indicators used for measurement purposes. For example, the Index of Life Quality Based on Values (QoL) was created by E. Diener (1995), consisting of 45 universal indicators focusing around seven spheres such as *Hierarchy, Conservatism, Intellectual Autonomy, Affective Autonomy, Egalitarian Commitment, Mastery* and *Harmony*. Diener, seeing significant differences in shaping the wellbeing in affluent countries and in developing countries proposed two versions of QoL – basic and extended one.

Three fundamental approaches can be distinguished within the area of the same social sciences (Brock, 1993, Diener, Suh 1996). The first of them associates wellbeing strictly with cultural values and religious denomination of the specific group. In this approach even activities objectively leading to decreased wellbeing of an individual (e.g. sacrifice) can actually increase wellbeing because the individual feels 'better' with such an activity (Diener, Suh 1996, p. 189). The second approach emphasizes differences between personality types – the same thing in the same culture and context definitely increases wellbeing for some individuals while it definitely decreases it for others (e.g. pregnancy). The last approach focuses on the individual's subjective assessment – if someone claims their wellbeing is high, irrespective of the so-called objective factors (e.g. loss of job, homelessness, divorce etc.). The last trend is referred to as subjective wellbeing (SWB) and it usually occurs in the context of psychological and behavioural sciences.

SWB researchers ask themselves what mostly affects the individual feeling of happiness – are these internal predispositions, which can be simply illustrated by the fact that to some people a glass seems half filled while others see it half empty? Or are these extrinsic factors? If this is the case, is it more about things that happen to us or about things we give to others? The answer to these questions leads us to the most common division into *hedonic* and *eudaimonic* accounts, introduced by Waterman (1993) and commonly used in the reference literature. According to the *eudaimonic* approach, SWB is strongly connected with good relations with other people and social involvement (Ryan and Deci 2001). Also Ryff and Keyes' (1995) in their

multidimensional model of wellbeing point to a strong relationship between pro-social behaviour of an individual and the SWB perceived by such an individual. Ryff and Keyes' (1995) wellbeing model consists of: *Purpose in Life, Environmental Mastery, Self-Acceptance, Personal Growth, Autonomy, and Positive Relations with Others.*

The *eudaimonic* approach also comprises Ryan and Deci's Self-Determination Theory (SDT) (2000). They emphasize the role of extrinsic and intrinsic factors which motivate and demotivate an individual and have mutual influence on one another. Thus, the 'changed' intrinsic factors (motivation or demotivation) affect the 'changed' perception of what happens outside (Ryan, Deci 2000, p. 68). They see the essential needs of every man which, when fulfilled, are the condition of wellbeing, as *competence, autonomy*, and *relatedness*. If any of these needs would not be satisfied, the individual will feel ill-being. The consequence of ill-being may be pathologies of different type.

Extrinsic and intrinsic factors building human wellbeing are also taken into account by the *Theory of Subjective Wellbeing Homeostasis* developed by Cummins and Nistico (2002). Comparisons made by an individual play an important role in this theory. Thus, the specific point of reference is of key importance here. People feel better, worse, handsome, wealthy or ugly and poor mainly because they compare themselves with others. *Thus, the Theory of Subjective Wellbeing Homeostasis is particularly significant for tourism since tourism changes this point of reference. The point of reference for the host community is tourists, so individuals who before the arrival of tourists would have described their material situation as good (because e.g. they had a place to live in), could feel poor observing tourists.*

It should also be emphasized that irrespective of the political and cultural context, surveys regarding wellbeing are mainly carried out from the Western perspective. It leads to numerous misunderstandings and imposes the Western point of view (White 2009, Copestake, Campfield 2009).

Surveys carried out by WeD indicate substantial differences in SWB among developed and developing countries. In Western countries a huge role in wellbeing is ascribed to the material status, whereas in developing countries wellbeing is determined by social respect, faith, or a happy family (White, 2009).

S. White (2009: 4) proposed two schemes of wellbeing:

1. doing well means feeling good – for the Western societies,

2. doing good means feeling well – for the developing countries.

Differences in both perspectives have a huge influence on the relationship between the host community and tourists, so they are particularly significant in the analyses of sustainable tourism.

In case of surveys concerning the relationship between sustainable tourism and the wellbeing of the host community, only *eudaimonic* accounts are applicable. In turn, as regards the relationship between tourism and the wellbeing of guests, both approaches apply.

Also, environmental sciences played a significant role in wellbeing surveys, linking wellbeing with good environmental status (Dluzewska 2016a).

Since the emergence of the idea of sustainable development (World Commission on Environment and Development, 1987), wellbeing has been associated with the status of natural environment. This perspective assumed that the better the status of the environment, the higher the wellbeing of the inhabitants of the Earth is (Hall et al. 2013). Numerous surveys proved that clean environment had a positive effect on human health (Pretty *et al*., 2011; Völker & Kistemann, 2011; Rodrigues & Kastenholz., 2010).

Also, the effect of types of landscapes on wellbeing was analysed (Velarde *et al*., 2007). The issues were discussed from the point of view of geography, biological sciences, sociology (Pretty et al., 2007) and with reference to tourism and leisure (Yang *et al*., 2013). Here, the so-called green spaces (e.g. Maas et al., 2006; Pretty *et al*., 2007) and blue spaces (e.g. Völker and Kistemann 2011) were identified.

A. Prescott (2001) introduced a special 'ecosystem wellbeing' category defined as *"a condition in which the ecosystem maintains its diversity and quality – and thus it's capacity to support people and the rest of life – and it's potential to adapt to change and provide a wide range of choices and opportunities for the future"*.

Prescott (2001) emphasized that ecosystem wellbeing was equally significant in sustainable development as human wellbeing: *"The underlying hypothesis of*

wellbeing assessment is that a sustainable development is a combination of human wellbeing and ecosystem wellbeing. Human wellbeing is a requirement for sustainability because no rational person would want to perpetuate a low standard of living. Ecosystem wellbeing is a requirement because the ecosystems supports life and makes possible any standards of living. Although trade-offs between the needs of people and the needs of ecosystems are unavoidable, they must be limited" (p. 4).

The idea of sustainable development is very closely connected with Chambers' (1997) concept of 'responsible wellbeing' (RW). The actions of an individual supporting the quality of the environment and respecting other people (e.g. the host community) are not perceived as a limitation but rather as a factor improving the subjective wellbeing (SWB) of the person so acting.

Wellbeing gained a new attention in 2003-2005, as a result of the Millennium Ecosystem Assessment (MEA) statements (2003, 2005). MEA opened the field for interdisciplinary research. In the MEA perspective, wellbeing is correlated with sustainable development and with ecosystem services, perceived as key parts of one process, necessary to lead properly to 'our common future'.

The MA combines five dimensions indicators (economic, medical, social, political and psychological) adequate to measure human wellbeing:

1) basic material for a good life,
2) health,
3) good social relations,
4) security,
5) freedom of choice and action.

3. Sustainable tourism versus wellbeing

Host communities are pivotal to sustainable tourism, and as a result numerous aims of sustainable tourism development delignated by UNEP and WTO refer directly to them. All aims in the economy pillar relate to host communities, three in the society pillar, and further two aims, namely environmental purity and resource efficiency, of environment pillar are also connected with the interests of local communities. Only one goal tackles tourists as such, i.e., visitor fulfilment.

An issue raised in 'visitor fulfilment is safety and pleasurable experience, which should be provided for incoming guests. Although this is a general statement it can be seen through the lens of wellbeing as part of SWB. Here each individual judges whether a particular event is or is not deemed as positive experience. Of course, we must assume that we deal here with extrinsic motivations, as only those can be fulfilled by tourism.

A guide on sustainable tourism published by WTO & UNEP (2005) mentions wellbeing only once. It refers to 'community wellbeing' described as: *social infrastructure, access to resources, quality of life, quality of environment, lack of corruption and human-by-human exploitation*. Although the section concerning community wellbeing forms part of the social pillar, certain elements of its description (e.g. the quality of environment) definitely go beyond this pillar.

The guide by UNWTO & UNGA published in 2015 mentions wellbeing in one section next to health. However, it does not mean that wellbeing is barely absent in the guidelines from 2005 (WTO & UNEP) or 2015 (UNWTO & UNGA). On the contrary, if we understand wellbeing like it is understood in the fields taking interest in wellbeing, we will find it in nearly all indications in both guides. Elements such as *economic viability, local control* or *resource efficiency* are only fragments of the wellbeing puzzle. However, the question is whether all issues being the most important ones for wellbeing have been covered or whether some aspects have been neglected?

The most important characteristic of the guidelines from 2005 was balancing the pillars of sustainable development. The rhetoric of balance is even referred to as the key (Hall et al., 2013). Theoretically, such balance was maintained. An identical amount of space was devoted to every pillar.

The three pillars of sustainable tourism, same as for sustainable development *sensu largo,* revolve around economy, society, and the environment. It must be noticed, however, that suggestions connected with each goal are not straightforward. Some economic goals overlap with social aspects, e.g., social equity, while others are classified as social still relate to economy and environment. Despite an apparent balance between all three pillars, sustainability is primarily seen as being "environmental" and "economic" friendly (Saarinen, 2006; Hall, 2009; Barkemeyer et al., 2014). This attitude is especially visible in the application of those goals at various levels of World Travel and Tourism Council (WTTC) (2003, 2009), WEF (2009a,b),

or even UNWTO (2002, 2007). And of course – such a point of view is closest to concepts of linking the wellbeing with the good status of natural environment.

The economic indicators of wellbeing can be found, e.g. under 'local prosperity'. Some sections also refer to social and cultural indices. For instance, 'cultural richness' includes care not only for material but also spiritual culture the significance of which was emphasized in many concepts of wellbeing (Diener, Suh 1996). In turn, reference can be made between 'local control' and 'need of competence' (Ryan, Deci, 2000). The possibility of making choices (in this case concerning tourism) without any doubt has an effect on the fulfilment of the need of competence in the host community.

Since this first publication pertaining to sustainable tourism, UNWTO, in cooperation with various national and supranational organisations, delineated new, targeted aims and priorities. Following UNWTO's actions, UNGA published a 2015 "resolution recognizing the contribution of sustainable tourism to poverty eradication, community development and the protection of biodiversity." In consequence, UNGA approved 17 new priorities for sustainable tourism. This time economy, society, and environment pillars were discarded. Sometimes explanations previously pertaining to one pillar, now refer to two or three jointly in one description, e.g., 'affordable (economic) and clean (environment) energy,' or 'good health (medicine) and wellbeing' (medicine, economy, psychology, etc.).   The new priorities are listed in the following fashion:

1. no poverty
2. zero hunger
3. good health and wellbeing
4. quality education
5. gender equality
6. clean water and sanitation
7. affordable and clean energy
8. decent work and economic growth
9. industry innovation and infrastructure
10. reduced inequalities
11. sustainable cities and communities
12. responsible consumption and production
13. climate action
14. life below water

15. life on land

16. peace, justice and strong institutions

17. partnerships for the goals

New priorities relating to sustainable tourism were partially caused by a decade of observations following the previous publication. They are much more straightforward from the perspective of applicability. Here, abstract concepts like 'quality of life' or 'justice' are replaced with more concrete 'quality of education' or 'clean water and sanitation.' In addition, experience proved that improvement in some indices, e.g., local prosperity, may lead to loosing balance in other spheres of live, namely to the decrease in resource efficiency or environmental quality among others. For this reason, new priorities mention 'responsible consumption and production.'

Moreover, some new issues were raised in the amended priorities: gender equality, peace, justice, and strong institutions. Fulfilling the requirements for sustainable tourism also mentions all necessary parties: administration with their political will, tourism industry, and host communities. The cooperation between those entities falls within partnership for the goals priority. In the end, the new publication of UNGA and UNWTO (2015) stresses the importance of host communities and preservation of the environment, both in relation to specific locations and to the whole globe, e.g., climate action. What may come as a surprise, not a single index relates directly to tourists.

In contrast, social indicators, where wellbeing can be seen in moral norms, is not found among the new directives. New instructions do not include the perspective of social sciences such a subjective judgement (SWB), individual needs or cultural norms. Those were addressed in 2005 guidelines in the 'culture richness' priority. New directives neglect cultural elements. Some traces of those can be found in 'sustainable cities and communities' but this interpretation seems farfetched. The passage depicting tourist expectations was also excluded. The whole document focuses on host community and natural environment.

The guidelines of UNGA and UNWTO from 2015 are clearly influenced by the MEA guidelines (2005). An example can be sections like 'no poverty' or 'zero hunger' overlapping the 'basic material for a good life' (MEA 2005). They also contain

indications regarding health and safety. All the indications of MEA (2005) neglect only the social aspect – 'good social relations' are not mentioned in any section of the new guidelines of sustainable tourism.

Economic indices of wellbeing are present to a definitely higher extent than in 2005. They include the concept of HDI (length of life, health, level of education and income). There is even a concept of GPI – 'responsible production and consumption' reflects the division of expenditure into those having a positive and a negative effect on wellbeing.

However, it must be emphasized that the new guidelines completely ignore the concepts of SWB. There is no place for performing individual assessments. From the point of view of the new guidelines it is not important whether the host community is satisfied with things as they are or whether they would prefer tourists to 'disappear'. All guidelines are based on objective measures only.

4. Wellbeing versus sustainable tourism

According to WTO (2005) and UNWTO & UNGA (2015), wellbeing of hosts will be achieved when sustainable tourism guidelines are fulfilled. Since the recommendations of sustainable tourism revolve around the economic, environmental and social pillars, they refer all the above-described concepts of wellbeing to the host community. In case of tourists, the analyses of the relationship between tourism and wellbeing are of different nature and they necessarily neglect certain indicators.

Likewise in wellbeing research in a broad sense and with reference to tourism, respective theories (economic, medical, environmental, and social) will maintain their own perspective. Thus, they will exceed the advantages and gaps described in 2.

Economic perspective is most common – Starting with the underlying GDP indicator determining the share of GDP worked out in the tourism sector in the specific country. Following this line of reasoning – the higher the GDP, the better (without going into details about the distribution of income and purpose of expenditure).

Surveys concerning the effect of tourism on the wellbeing of the host community many times also used the QoL index (Huh and Vogt, 2008; Kayat, 2002; Sirakaya, Teye, and Sonmez, 2002; Yen and Kerstetter, 2009). Since *"tourism development influences QoL and so perceptions of tourism growth can be seen as an antecedent of QoL"* (Derry et al., 2012, p. 66).

Economic research refers to the level of employment, combating poverty, employing women and ethnic minorities etc. Although it mentions wellbeing very rarely, the topics undertaken make reference to this concept. Similar to wellbeing research in a broad sense, the 'side effects' – perceived as decreased wellbeing from the perspective of other fields – are neglected. It is known that an increase in income of the host community also leads to negative expenditure prejudicial to the quality of natural environment (e.g. increased production of waste) and cultural environment (replacing traditional housing estates with 'modern' ones') etc. However, such issues are not observed in the economic pillar.

Recently, the number of publications regarding the effect of tourism on the quality of natural environment and thus on wellbeing – not only of the residents of the specific tourist destination – but of the whole planet has grown (Hall 2013). Most publications refer to the hazardous effects of gas emissions resulting from travelling by plane. As a consequence, such travelling is perceived as decreasing the wellbeing (Peeters et al. 2009, de Bruijn et al. 2010; Dwyer et al. 2010, Pearch-Nielsen et al. 2010; Scott et al. 2008, 2010). On the other hand, it is not mentioned that in some cases air transport is the only option possible and giving up travelling by plane could deprive the inhabitants of many destinations of their income.

As regards the social pillar, surveys explore how tourism is seen at the place of reception, so they definitely fit into SWB, although such a term is not used in their context. The question is not "IF" tourism does affect the wellbeing of the hosts but "what factors" lead to the specific evaluation?

Is it the type of culture and the values observed by hosts (Choi, Murray 2010, Deery et al. 2005, Fredline et al. 2006a, 2006b, Gursoy et al. 2002, Wang, Pfister 2008, Woosnam et al. 2009), the distance between local housing estates and the tourist zone (Fredline et al. 2006a, 2006b, Haley et al. 2005, Harrill 2004, Jurowski, Gursoy 2004, Sharma et al. 2008); the intensity of contact with tourists (Andereck et al. 2007, Fredline et al. 2006a, 2006b, Dłużewska 2009)? Or perhaps material benefits from tourism (Andereck et al. 2007, Andriotis 2005, Fredline et al. 2006a, 2006b, Haley, Snaith, and Miller 2005, Kayat 2002, Sharma et al. 2008, Wang and Pfister 2008, Tosun 2001)?

Within the concept of SWB, White's charts (2009, p. 4) regarding the mechanisms of wellbeing in developing countries which many times receive tourists and in developed

countries (sending markets) are of particular importance for tourism. Separate mechanism of wellbeing cause a lack of understanding between both groups. Hosts do not understand tourists who (in their eyes) are deprived of moral values and despite this fact they seem satisfied with themselves. In turn, tourists do not understand hosts who (in their eyes) stick to unfavourable, 'old-fashioned' values (Peake 1989, Burns, Novelli 2008, Dłużewska 2009).

The Theory of Subjective Wellbeing Homeostasis (TSWH) (Cummins, Nistico 2002) and Appadurai's Capacity to Aspire (2004) is also very significant for tourism. As mentioned above, tourism significantly changes the point of reference in both groups. Hosts do not compare themselves only with others within their own group but they also compare themselves with tourists. As a result of such comparisons people who felt very wealthy can lose such an impression. Of course it refers to tourism in areas less affluent than the tourists' countries of origins. Extreme cases generate social pathologies, fundamentalism or disintegration of social structures, as it was the case e.g. in the Waswahili community in Kenia (Peake 1989).

TSWH also refers to tourists who, observing other people (tourists, local inhabitants) can feel either worse ("we cannot afford what the inhabitants of this country can afford") or better ("we do not even appreciate what we have").

The relationship between wellbeing and participants of tourism (tourists) can be identified at many levels. First, we should refer to the common belief that participation in tourism is a positive thing (see – improving wellbeing), something every individual has the right to seek. Such an approach results in the idea of social tourism and any type of financing for kids' summer camps and holidays for employees etc. Of course the approach to social tourism differs from country to country, starting with the United Kingdom where tourism is perceived as 'additional welfare' sought by charities for poorer people, through Belgium or France where social tourism is designed as a system, to former Soviet republics where there was a general belief that everyone had the right to tourism (Diekman, McCabe, 2011, McCabe et al., 2011). 'Deprivation' of this right, that is, in other words, putting tourist services on the market, makes many citizens of these countries feel treated unfairly – as if they have been deprived of something they were without any doubt entitled to.

Of course in the concept of social tourism – wellbeing there is no place for the other side of the medal – tourist dysfunctions.

Surveys into the wellbeing of tourists are also carried out with reference to cultural ecosystem services (e.g. the above-mentioned blue spaces and green spaces analyses) and, most of all, medical sciences. Discussion focuses on what improves the wellbeing of an individual and in what centres services improving the wellbeing can be provided. Are these active leisure centres? Beauty treatment centres? And perhaps spiritual and meditation 'centres' (yoga centres, monasteries?) (Smith, Puczko 2009). The term 'wellbeing' gave rise to the term 'wellness', which in many non-English speaking countries became a kind of second, separate life, mostly associated with SPA. The analysis of reference literature, e.g. in Polish, indicates that in more than 90% publications wellness refers to body treatments at luxury hotels (Dłużewska 2016b).

If we look at wellbeing as happiness appearing under the influence of some factors (in this case – tourism), we could also refer to a whole range of surveys regarding customer satisfaction. Such surveys, mainly with regard to the market conditions are most common in tourism (a satisfied customer is a returning customer or a customer recommending our services to others). Although they normally do not mention wellbeing, they refer to wellbeing issues to a significant extent.

5. Conclusions

Looking at issues related to the wellbeing of tourists from any perspective – it has nothing to do with the wellbeing of the host community. On the other hand, there is no doubt that both groups need each other and they mutually influence their wellbeing. When discussing the impact of tourism on wellbeing of hosting communities, one should analyse economic, environmental, and social factors. In the case of tourists medical, environmental and mental aspects are important.

Thus, it is obvious that in this situation surveys into the wellbeing of both groups will make use of other methods, measures and indices. However, it is interesting and completely understandable that the surveys concerning tourists adopt the perspective of the parties concerned based on subjective measures (i.e. SWB), whereas it is completely ignored for the host community. Only objective measures are present here and the discussion focuses on what should be included in the measurements and not

how the situation is perceived by the parties concerned. It seems the largest weakness of official strategies and policies with reference to the host community. The measurements of wellbeing of the host community, next to objective factors should also take individual sentiments into account. Moreover, only after studying the influence of tourism on wellbeing of hosting communities can we claim that a specific instance of tourism is, or is not, sustainable. This is hardly a simple task just like the evaluation of sustainable tourism and its efficiency.

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