

Tourism and depression: coping strategies and therapeutic opportunities in emerging contexts

Carlos Monterrubio*

Universidad Autónoma del Estado de México, Mexico

Ilse N. Suárez-Bata**

Universidad Autónoma del Estado de México, Mexico

Rafael Hernández-Espinosa***

Universidad Autónoma del Estado de México, Mexico

Understanding the impact of tourism on mental well-being, particularly in developing countries, is crucial given the potential benefits and challenges it presents. This study aims to explore how individuals with depressive disorder assess and cope with their tourist experiences in Mexico. Through ten unstructured interviews with clinically diagnosed participants, the research employs the transactional model of stress and coping to analyse the complex interplay between travel, emotional responses and depression. Unlike previous studies that predominantly highlight the positive psychological benefits of tourism, this work uncovers a more intricate relationship, showing that travel can evoke both positive and negative emotions. This nuanced perspective enriches the literature on tourism and mental well-being, suggesting that tourism, while not a cure, can offer complementary support to traditional treatments. The findings highlight the practical implications for public policy, the tourism industry, health professionals and travellers, promoting a more inclusive and sustainable approach in developing countries.

Keywords: *depression, tourism, mental health, mental well-being, transactional model of stress and coping, qualitative research, developing countries, Mexico*

1 INTRODUCTION

Major depressive disorder, commonly known as depression, represents a prevalent mental condition worldwide, characterised by persistent feelings of sadness or loss of interest and pleasure in activities over extended periods (World Health Organization [WHO], 2023). This condition can impact various aspects of life and may even lead to suicide. Approximately 5% of the global adult population experiences depression, with a higher prevalence among women than men. Fortunately,

* Email: jcmonterrubioc@uaemex.mx.

** Email: ilse_84_3@hotmail.com.

*** Email: rhernandez@uaemex.mx

effective treatments for depression exist, including psychological interventions and medications. Additionally, leisure activities such as tourism can play a crucial role in managing emotions (Scott and Fletcher, 2024). However, despite the effectiveness of these treatments, only a minority of affected individuals receive adequate care (Evans-Lacko et al., 2018).

Although the intersection of tourism and mental health remains a largely unexplored area in academic research (Buckley, 2023; Hu et al., 2024; Zheng et al., 2023), it has gradually gained traction within tourism studies. The psychological benefits of tourism on both mental health and psychological well-being have been prominently highlighted (Sanz, Ferrandis and Ferrer, 2015; Zins and Ponocny, 2022), yet little attention has been paid to the potential adverse effects of this relationship. Both positive and negative connections between tourism and depression have been underexplored (Christou and Simillidou, 2020), particularly in terms of how individuals with depressive disorders experience and cope with tourist travels. This knowledge gap is pronounced in developing countries, where access to adequate mental health treatment is limited (Evans-Lacko et al., 2018), exacerbating the vulnerability of people with mental disorders (Zheng et al., 2023).

In recent years, research on the relationship between tourism and mental health and well-being has gained increasing importance, highlighting the ongoing relevance of these connections globally. Although they are not synonymous, mental health and well-being are closely related. While mental health encompasses clinical diagnoses and prescribed therapies, well-being refers to a construct of self-perception (Buckley, 2023). This study primarily adopts the concept of mental well-being rather than mental health, where applicable, as it focuses on understanding how individuals subjectively signify the impact of tourism on their self-perceived psychological well-being.

Recent studies, such as Buckley's (2020), have shown that participation in outdoor and nature tourism can enhance health and happiness, indicating a predominant direction in the causation of these positive effects. Hu et al. (2023) emphasise that tourism can optimise functional abilities in older adults, improving their quality of life through physical, cultural, recreational and social activities, thereby extending their healthy lifespan. From a broader perspective, studying the impact of tourism on mental health and well-being extends beyond individual benefits. Buckley (2023) argues that recreational travel not only promotes well-being and mental health but also generates substantial economic benefits, including reduced healthcare costs, increased workplace productivity and changes in social behaviours. This approach expands our understanding of tourism's value as a key factor in promoting mental health and economic well-being.

Despite the growing research on tourism and well-being in general (Zins and Ponocny, 2022), the role of tourism in mental health in particular is still a relatively new field (Buckley, 2023). There are still gaps in the knowledge needed for a more comprehensive understanding not only of how tourism impacts cognitive, emotional and psychological processes but also on how individuals perceive such effects. One of these gaps concerns the impact of tourism on the well-being of individuals with depression, particularly in the context of developing countries. Additionally, little is known about the strategies that individuals with depression use to cope with the adverse effects of tourism on their emotional well-being in such contexts.

In Latin America, where 22.4% of the population faces mental health issues such as depression and severe anxiety (Banco Mundial, 2017), Mexico stands out as a relevant case. Between 2001 and 2022, 9.2% of Mexicans experienced a depressive disorder at some point in their lives, and more than 75% of severe and moderate cases

in adults did not receive medical or psychological care due to lack of access (Instituto Nacional de Salud Pública [INSP], 2023). Despite this significant burden of mental illness, interactions between tourism, mental health and specifically depression have not been sufficiently researched in Mexico. In this context, the present study poses the following research questions: how do individuals with major depressive disorder assess and experience the impact of tourist travel on their emotional well-being in the context of a developing country like Mexico? And how do these individuals develop and utilise coping strategies to manage the adverse effects that travel can have on their emotional well-being?

To address this knowledge gap, this study is grounded in the transactional model of stress and coping (Lazarus and Folkman, 1984), aiming to explore the effect of tourist travels on depression – how individuals with depressive disorder assess and cope with their tourist travels in the context of a developing country.

The contributions of this study are manifold and significant. Firstly, it expands empirical evidence on the relationships between tourism and depression, especially in developing countries where this dynamic has been less studied and access to traditional treatments is limited (Evans-Lacko et al., 2018). By challenging the conventional notion that tourism predominantly benefits mental health and well-being (Chen and Petrick, 2013; Hu et al., 2023; Sanz, Ferrandis and Ferrer, 2015; Zins and Ponocny, 2022), this work enriches the literature on tourism and mental health and well-being in general, and specifically on tourism and depression. Unlike previous studies on tourism and mental health (Buckley, 2020; Chen and Petrick, 2013; de Bloom et al., 2010; Strauss-Blasche, Ekmekcioglu and Marktl, 2000), which primarily focus on the psychological benefits of tourism, the findings of this study seek to demonstrate that the relationship is considerably more complex than commonly assumed. Furthermore, it adopts a novel perspective by applying a theory – the transactional model of stress and coping – that has not yet been used to explain how individuals with depressive disorder evaluate and cope with tourist travels. This provides a more comprehensive and profound understanding of this phenomenon, expanding the diversity of theoretical approaches to understanding the relationship between tourism and mental well-being.

This article is structured as follows: first, it presents a review of the literature focused on the interactions between tourism and mental health and well-being, as well as the transactional model of stress and coping. Next, it describes the adopted methodology, justifying the qualitative approach and the methodological procedures used. Following this, the results and their discussion are presented, highlighting both the benefits and adverse effects of tourist travel on depression symptoms, the strategies individuals employ to cope, and the challenges faced. Finally, the article concludes with a section on the practical implications of the study.

2 LITERATURE REVIEW

2.1 Tourism and mental health and well-being

Tourist travels and leisure activities provide a unique opportunity to enhance individuals' mental and psychological and emotional well-being. Although empirical studies have suggested that the positive effects of vacations on mental well-being fade quickly (de Bloom et al., 2010; Westman and Eden, 1997), for decades, literature has highlighted how leisure experiences, travel and vacations can have beneficial effects on mental health (de Bloom et al., 2010; Iwasaki and Mannell, 2000; Strauss-Blasche

et al., 2000; Westman and Eden, 1997; Zhu et al., 2020). Through the analysis of experiences among diverse social groups such as older adult travellers, people with disabilities, employees and low-income families, studies have consistently demonstrated the benefits of tourism on mental conditions, including stress reduction, life satisfaction, psychological detachment from work and relaxation (Chen and Petrick, 2013). Additionally, contact with natural environments during tourism can stimulate the mind and promote happiness, recovery, relaxation, escape from stressful social dynamics, as well as generate new perspectives, clarity and purpose in life (Buckley, 2020). In this regard, although empirical evidence is limited, tourist travels have been suggested to be as therapeutic as non-pharmacological interventions contributing to improved physical and mental well-being through positive travel experiences (Buckley, 2021; Hu et al., 2023).

It is essential to recognise that travel and leisure activities may also have potential adverse effects on mental states. The study by Iwasaki and Mannell (2000) highlights that stress can be a negative outcome of these experiences. Hu et al. (2024) point out that tourist travels can generate stress due to unfamiliar environments, tight schedules, long flights and jet lag. Before and during the trip, mental fatigue, anxiety, anger, nervousness, tension and fear may arise. Moreover, according to Felkai and Kurimay (2017), travel can trigger acute decompensation in schizophrenia or a manic episode in patients with bipolar disorder. Thus, stress and mental difficulties during travels can trigger or exacerbate existing mental illnesses, posing a challenge for both travellers and local medical services (Felkai and Kurimay, 2017).

Sedgley et al. (2017) have revealed that individuals with psychological disorders, along with their caregivers, approach tourist travels differently compared to the general population. In their effort to understand the travel experiences of mothers of children diagnosed with autism spectrum disorder (ASD), the authors revealed that holidays are times of pleasure but are also fraught with anxiety, guilt and stress. Travel requires significant planning for families with a child diagnosed with ASD, as home life for these families is highly routinised. Furthermore, while many tourists embrace new foods, smells and sights, this can be extremely challenging for children with ASD, as a common trait of ASD is either heightened or diminished sensitivity to visual, auditory, olfactory, tactile and taste stimuli.

Additionally, it is important to note that the adverse effects of tourism on mental conditions do not affect all individuals with psychological disorders in the same way, and tourist travels may even be discouraged for some individuals. Hu et al. (2024) argue that while tourism may be a realistic option for those with mild to moderate mental disorders, individuals with severe mental conditions may experience counter-productive effects; however, empirical evidence for the latter is still limited. Therefore, while tourism and leisure can be beneficial for emotional well-being in many cases, it is crucial to address and mitigate potential stressors to ensure a positive and healthy experience for all involved. This recognition not only enhances understanding of the risks associated with tourism and treats it as an emerging market niche (Zheng et al., 2023) but also promotes the adoption of more inclusive and thoughtful practices in the promotion and planning of leisure activities. This is particularly relevant in developing countries, where the vulnerability of this population is higher.

Within the relationships between tourism and mental disorders, the effects of tourism on depression have received less attention in research (Christou and Simillidou, 2020), although findings suggest a possible positive relationship or at least no negative effect. Some studies have investigated the impact of participation in tourist activities on the severity of depressive symptoms, finding no significant change in symptoms before

and after travels (Levi et al., 2018). Others have explored whether writing about positive vacation experiences can reduce depression levels and increase happiness (Filep and Bereded-Samuel, 2012), while some have examined how tourism can mitigate the effects of depression in specific social groups, such as older adults (Mukherjee, 2021). Within the limited empirical evidence, primarily developed in developed country contexts, it has been reported that while tourism does not act as a miraculous solution for some types of depression, it can significantly alleviate symptoms by providing individuals with opportunities to experience enjoyable moments, enjoy relaxing conditions, distract from negative emotions and foster positive emotions (Christou and Simillidou, 2020). These studies provide initial insights into the relationship between tourism and mental illnesses in general, and depression in particular, but they are limited and inconclusive. Moreover, as recently noted by Hu et al. (2024) and Zheng et al. (2023), most studies on tourism and mental disorders, including depression, are conceptual and limited in scope, lacking empirical evidence. Therefore, more empirical evidence is needed, using different contexts, methodologies and theoretical frameworks, to more comprehensively understand how tourism can impact depression and how tourists address this condition during their travels.

In this regard, diversity in approaches and research contexts, including in developing countries, can help capture the complexity of this relationship and provide a stronger understanding of the effects of tourism on mental health and well-being. This entails considering how cultural, socioeconomic and access to healthcare factors may influence the experience of tourism and its impact on mental health. By including a broader range of contexts, a more complete and contextualised picture can be obtained of how tourism affects individuals with different backgrounds and circumstances, which in turn can inform more inclusive and globally sensitive policies and practices.

2.2 Transactional model of stress and coping

The initial proposal by Lazarus and Folkman (1984), known as the transactional model of stress and coping, provides a detailed understanding of how individuals experience and manage stress. Unlike viewing stress simply as a result of external factors, this theory suggests that stress arises from the dynamic interaction between the individual and their environment. In other words, stress results from a continuous process of evaluating the situation the individual faces and the resources they have to deal with it.

In summary, the authors propose that this process begins with a primary appraisal, where the individual determines if the situation is relevant to their goals and if it poses a potential challenge, which could lead to stress. Subsequently, in a secondary appraisal, the individual assesses their resources for coping with the situation and decides which coping strategy to adopt, whether this strategy is effective (Smith and Kirby, 2011). Once this appraisal is made, the individual implements coping strategies, which may focus on problem-solving or regulating emotions associated with stress. These strategies involve behavioural and cognitive changes or adjustments to confront the stressful situation; thus, strategies may be problem-focused or emotion-focused (Lazarus and Folkman, 1984). According to Hsieh and Eggers (2010), research on stress coping has generally found that problem-focused strategies are more effective than emotion-focused ones.

In the field of leisure, 'leisure coping strategies represent a process by which a certain stressful event triggers the use of a specific type of leisure to cope with stress and maintain good health' (Iwasaki and Mannell, 2000: 167). Thus, this model has been applied in tourism to understand how leisure travellers experience stress and cope with

various situations (Zhu et al., 2020), or to explore the psychological impacts as well as emotional and behavioural responses to tourism development by local residents (Jordan, Vogt and DeShon, 2015).

However, the potential of the transactional model of stress and coping extends beyond stress management, as it can also provide a solid foundation for examining evaluations and coping strategies related to depression and tourism. In the case of depression, this approach could help understand how individuals assess and cope with stressful situations during their travels, and how these experiences affect their emotional well-being. Ultimately, applying this model in the context of tourism and depression could offer new perspectives on enhancing the tourist experience and the mental well-being of travellers.

3 METHODOLOGY

3.1 The qualitative approach

According to Chen and Petrick (2013), research on the interactions between tourism and wellness has been dominated by quantitative methods. Although these methods have proven useful, Scott and Fletcher (2024) argue that psychological and quantitative perspectives limit the understanding of emotions and subjectivities in leisure as social experiences, suggesting a more sociological approach. Qualitative methods, as noted by Sedgley et al. (2017), offer a deeper understanding of individuals' lived experiences, including their feelings and emotions. Therefore, the present study is not of an experimental clinical nature, as is common in quantitative perspectives in mental health studies, but rather adopts a qualitative observational approach to explore how individuals perceive their psychological and emotional well-being in relation to tourism. According to Zheng et al. (2023), this approach allows for examining the impact of tourism on individuals with mental disorders from the participants' perspective, rather than from clinical studies.

Limited qualitative studies on the relationship between tourism and severe mental conditions have employed qualitative interviews and tended to use relatively small samples. For instance, Levi et al. (2018) conducted interviews with 12 participants suffering from depression, while Sedgley et al. (2017) worked with six participants in their research on the vacation experiences of mothers of children with autism. To achieve the objective of this study, ten unstructured interviews were conducted with clinically diagnosed participants with depressive disorder in the State of Mexico (central Mexico). The interviews took place between May and June 2023, some in-person at participants' homes, and others via phone calls or video calls, based on participants' preferences. Each interview lasted an average of 20 minutes, and participants consented to audio recording. Although the interviews were relatively short, efforts were made to ensure that the responses were precise and directly addressed the questions. Most of the content focused on the topics of interest, allowing the researchers to achieve the exploratory objective of the study with sufficient effectiveness.

The sample size in this study was justified by its qualitative approach. Although constraints in time, budget and access to participants limited the sample size, the achieved sample was sufficient to reach theoretical saturation in relevant categories (namely, benefits, adverse effects and coping strategies related to tourism) which was adequate for the exploratory objectives of this study. Instead of seeking generalisable results about the tourist experiences of people with depression in Mexico, the goal

was to explore the experiences and meanings that participants attribute to these experiences – essentially understanding the nature of their experiences rather than quantifying their prevalence. While a quantitative approach, such as a survey, could provide quantifiable and potentially generalisable data, qualitative interviews allowed for an immersion in the participants' experiences, meanings and subjectivities, aligning with the study's objective. Thus, since the qualitative approach focuses on examining the dynamic qualities of the situation rather than the proportional relationships among its components, the sample size and representativeness had limited impact on the study's core logic (Crouch and McKenzie, 2006).

Offering methodological insights into potential challenges in conducting empirical studies with tourists with mental disorders, Zheng et al. (2023) acknowledge that researching individuals with mental disorders involves significant methodological challenges in accessing and recruiting participants. In line with this, the present study encountered difficulties in recruiting participants, not only due to limited accessibility to potential interviewees but also due to a lack of willingness to participate. Consequently, participants were contacted through researchers' personal social networks, as well as through public invitations to participate on platforms such as Facebook and Instagram. Specifically, the snowball sampling technique proved highly effective, underscoring its efficiency in recruiting participants in the realm of tourism and psychosocial well-being (Zins and Ponocny, 2022).

3.2 Participants' profile overview

The sample for this study was convenience-based and included seven women and three men, aged between 24 and 47 years. Most participants were categorised as single; however, some indicated being in different relationship statuses, including those in relationships, marriages and common-law unions. One participant had experienced the loss of their spouse. Regarding parenthood, the majority stated they did not have children, except for one participant who had four. In terms of education, most participants had completed a bachelor's degree, two had completed only secondary education, and some were pursuing doctoral studies. The sample also exhibited a diverse range of occupations, including traders, journalists, waiters, nurses and teachers, amongst others. Although this sample is not representative of the population with depression in Mexico, the diversity in age, educational backgrounds and occupations suggests that tourism experiences associated with depression are varied and present in diverse social groups. This underscores the importance of studying its implications beyond the selected sample, as the variety in participants' backgrounds and circumstances enriches the understanding of how different people experience and cope with depression.

In all cases, the participants had experienced or were experiencing (at the time of the study) a diagnosis of depressive disorder. Some did not accurately recall when they started experiencing depression or when they were diagnosed. However, some had been dealing with depression for a period ranging from 7 to 10 years. Most participants associated the onset of their condition with the loss of a loved one, situations of abuse, family conflicts, or suicide attempts. The symptoms experienced by the participants were notably similar. These symptoms included difficulty breathing, anxiety, loss of appetite, insomnia, withdrawal from activities, fatigue, tiredness, dissociative episodes, excessive alcohol consumption, disinterest, heaviness sensation, social isolation, dissatisfaction, self-harm, feelings of emptiness and suicide attempts.

3.3 Ethical issues

Ethical dimensions in studies involving individuals with mental disorders are not merely a requirement but a crucial mechanism to safeguard the rights and well-being of participants (Hu et al., 2024). Although research ethics codes may vary between developed and developing countries (Zhang, 2017), it is essential to take ethical measures and additional precautions to protect participants. These may include risk–benefit assessment and ensuring the privacy and confidentiality of data (De Battista, 2023). Particularly in studies on tourism and mental disorders, researchers must ensure that patients are not subjected to coercive pressures to participate (Zheng et al., 2023). In this study, some individuals who initially confirmed their willingness to participate later decided not to; in such cases, no insistence was made, and their decision was respected. Furthermore, special attention was paid to the emotional well-being of participants before and during interviews; some requested to know the instrument before the interview, which provided them with more information and reassurance to decide on their participation. In other cases, participants had unexpected emotional reactions (such as crying) during the interview; in such situations, understanding, empathy and patience were demonstrated without exerting any pressure, and the decision to continue with the interview was entirely up to the participants. Finally, confidentiality of data and protection of participants' identities were paramount, as unauthorised disclosure of sensitive information could lead to discrimination and stigma associated with mental disorders (Hinshaw and Cicchetti, 2000). Therefore, the results of this study do not provide data that could reveal the identities of the participants.

3.4 The instrument

For the interview script design, the Hamilton Rating Scale for Depression (Ham-D; Hamilton, 1960) and the Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977) served as references. Both are widely used standalone tools for assessing the presence and severity of depressive symptoms, with the CES-D being particularly common in the Mexican context (González-Forteza, Echeagaray and Tapia, 2012). These quantitative instruments were adapted into open-ended questions tailored to the specific context of tourism. Additionally, specialised literature on tourism and mental well-being provided valuable insights for crafting the interview questions. Thus, the interview script covered topics such as clinical history, travel experiences and, from the participants' perceptions and subjectivity, the benefits and adverse effects of travel on their depression condition, amongst other aspects. Examples of the questions included in the instrument are as follows: 'Do you believe that your travels have influenced any symptoms of depression? If so, how?'; 'Did you ever feel depressed during your trip? If yes, in what specific instances?'; 'How did the tourist environment, such as nature, local culture, or new experiences, affect your experience of depression?'; 'Did you experience any relief from your depressive symptoms while travelling?'; 'Have you noticed any changes in your depression after travelling?'; and 'Do you think tourism can serve as a form of treatment or support for people with depression? Why?'

3.5 Data analysis

The analysis of the information was carried out manually, without the use of qualitative data analysis software. First, each interview was transcribed verbatim for subsequent

analysis. Then, each interview was read and re-read carefully to gain a comprehensive understanding of the content, which facilitated the identification of preliminary patterns. Based on key concepts related to the benefits of tourism on mental health and well-being (e.g., breaking the routine), codes were created that consistently encompassed these preliminary patterns.

The coding process combined both inductive and deductive approaches. An inductive approach involved identifying emerging codes directly from the interview content, without assuming specific categories. In contrast, a deductive approach applied codes based on existing theories, such as the Lazarus and Folkman (1984) model, to categorise participants' experiences according to their coping strategies related to travel. The interviews were meticulously examined to extract descriptions, examples and excerpts that formed specific analytical categories regarding how tourism influenced participants' depression conditions.

4 FINDINGS AND DISCUSSION

This study revealed that tourist travels can positively influence the mental well-being of individuals with depression, through their liberating role and breaking of routine. However, it also showed that tourist travels have the potential to generate adverse effects on the mental states of individuals with depression, thus becoming a challenge that needs to be evaluated and addressed according to individuals' resources. The following sections present, in addition to travel profiles of the participants, the benefits, adverse effects and coping strategies and are discussed within the framework of the transactional model of stress and coping and specialised literature on mental health and well-being.

4.1 Participants' travel preferences

Participants' preferences regarding destinations primarily focused on seeking quiet and peaceful places with minimal crowds, often favouring natural environments. For example, participant 10 commented,

I really like the beach, it gives me a lot of tranquillity to hear the waves and be in a place like that, especially at those times when there is no one around, no people.

Regarding the duration of their trips, most participants stated they varied from a weekend getaway to a week-long excursion. The frequency of these trips could be monthly, every 6 months, or even twice a month, depending on their personal circumstances. Motivations for these trips included seeking new experiences, having fun and gaining cultural knowledge, amongst others. However, as will be discussed in turn, as these individuals travel and expand their experiences, their sensations and perceptions tend to evolve.

4.2 Healing journeys: harnessing tourism's power against depression

Engaging in tourist activities provides individuals with depressive disorder the opportunity to break away from routine and distract themselves. The physical and psychological change that tourism offers provides a sense of freedom and allows them to engage in new activities and different environments. By immersing themselves in activities and places different from their daily life, individuals' minds are diverted from negative

thoughts and concerns typical of their depressive state in their usual environment. In particular, contact with nature – such as through parks, beaches and forests located away from urban and crowded areas – can be an effective way to reduce symptoms of depression. This helps to calm their emotions and release accumulated tensions.

Participant 6 shared his experience:

[during travels] I feel a sense of freedom where I can really connect with what I enjoy ... nature gives me a sense of freedom, and travelling has helped me a lot in releasing tensions, sensations, and emotions.

Likewise, participant 4 added:

[touristic environments] help me distract myself because I do enjoy learning and discovering places ... I bring so much in my mind that really helps me avoid intrusive thoughts I have.

By changing environments and immersing themselves in new experiences, both physically and psychologically distancing from daily life, individuals with depressive disorder can experience specific emotions (Christou and Simillidou, 2020), including disconnecting from daily surroundings to mentally connect with spaces that have a positive effect on their mental state.

As Scott and Fletcher (2024) point out, the pursuit of emotions largely underpins participation in leisure activities, including tourism. In this regard, beyond breaking routine and distraction, tourism provides an opportunity for emotional healing. The change of scenery and exposure to natural, cultural, or social environments different from the usual ones can trigger a process of emotional recovery. Through immersion in these experiences, negative emotions can be replaced by positive ones, fostering emotional well-being, even if temporarily (De Bloom et al., 2010). In line with this, participant 9 commented:

Tourism and recreational activities can act as a breath of fresh air for the mind. When you immerse yourself in a journey, you disconnect from your daily worries and enter a different mental state. This gives you the opportunity to relax, rejuvenate, and see things from a fresh perspective. I believe that this break from routine and exposure to new environments can be truly beneficial in combating depression.

In the context of Mexico, where diverse cultural and natural landscapes abound, tourism offers a unique opportunity for individuals with depressive disorders to temporarily escape their routines. Mexico provides a variety of tourist products, including beach resorts, archaeological sites, colonial towns, shopping destinations and cruises (Benseny, 2007). This rich cultural heritage and diverse landscapes present numerous potential settings for emotional healing. Exposure to different environments can trigger positive emotional responses and contribute to mental well-being. This potential highlights the opportunity for the Mexican tourism industry to innovate and enhance its offerings to maximise therapeutic benefits, aligning with the growing recognition of tourism's role in mental well-being. Incorporating tourism into public prevention policies could provide valuable temporary emotional relief and support mental health strategies in the country.

Although it has been postulated that the effect of tourism activity on depression levels is individual and can be explained and influenced by numerous variables (Levi et al., 2018), this study confirms, within the context of a developing country, the positive effects of tourism activity in generating positive emotions in individuals with depression (Christou and Simillidou, 2020; Levi et al., 2018).

However, despite the observed benefits, it is important to acknowledge that tourism, while alleviating depression symptoms, does so mostly in the short term and does not act as a cure-all for depression (Christou and Simillidou, 2020). This temporary relief can be attributed to the transient nature of tourism experiences, which, although offering significant respite, do not address the underlying causes of depression. Therefore, it is essential that tourism be considered as a complementary tool within a broader and holistic approach to depression treatment, rather than a definitive solution.

The comprehensive and positive effect between tourism and mental well-being evidenced in this study provides favourable theoretical support for the tourism industry to reform and innovate its products. This theoretical support suggests that tourism experiences can be designed and enhanced to maximise their therapeutic benefits. Furthermore, it can lead to an evolution in how tourism is perceived and utilised, transforming it into a valuable tool for promoting mental health. The latter is also important to consider in the design of public prevention policies.

4.3 Unintended consequences: how tourism affects depression

While tourism can contribute to alleviating symptoms of depression, tourists may also experience adverse situations that pose challenges to their mental condition. Fear, anxiety and mental fatigue were identified as potential negative effects of travel on individuals with depression.

Engaging in tourist activities, especially when travelling alone, can trigger fears that are not experienced in everyday life for individuals with depressive disorders. These fears often revolve around unplanned situations and the potential consequences of travelling alone. As participant 8 noted:

I have a deep fear of going out alone; I need time because the fact of going alone, I don't know, it does scare me.

Furthermore, increased anxiety has been identified as another potential drawback of travel for individuals with depression. Participant 2 expressed:

There's always the concern about my anxiety, I mean, I'm afraid of "getting sick" and not having anything with me.

Facing the unknown and adapting to new situations can heighten anxiety levels. During her first visit to Acapulco, located in southern Mexico, participant 7 experienced a journey to the beach characterised by feelings of heaviness and persistent episodes of anxiety, following her diagnosis. Although these symptoms were not aggressive due to public presence, the emotional burden persisted. However, upon reaching the beach, the participant began to feel calmer and more at peace with herself. Therefore, travel can become situations where conflicting emotions can be experienced simultaneously. This confirms the idea that, as argued by Sedgley et al. (2017), tourist experiences are 'journeys of mixed emotions'.

In addition to fear and anxiety, international travel and its novelty were reported as situations particularly prone to causing mental fatigue and stress. Participant 10 narrated his experience:

Since I had never travelled abroad, all that about flights, passport, visa and everything can be exhausting at times, tired of searching for hotels and all that, the exchange rate and many things that are managed.

This corroborates the idea that travels requiring extensive preparation, planning, time and effort tend to be demanding and generate anxiety in individuals (Sedgley et al., 2017). Taking into account these potential negative implications of travel is crucial in promoting tourism as a mechanism for mental well-being, as its effects on individuals seeking to improve their mental health can be counterproductive.

4.4 A brighter path: strategies for coping with depression

The adverse effects that travel can have on individuals with depression can be addressed to mitigate their impact. According to Lazarus and Folkman's (1984) theory, coping strategies can focus on the problem, addressing the source causing the adverse effect, or on emotions, managing one's emotional responses through cognitive methods such as reframing or positive thinking efforts. 'Emotion-focused coping refers to efforts to deal with one's emotional response to a stressor by managing feelings and emotions through cognitive manipulations, such as reframing or positive thinking efforts; while problem-focused coping refers to dealing with the stressor itself' (Hsieh and Eggers, 2010: 42).

Regarding problem-focused strategies, this study found that travelling in the company of others can be a strategy, and indeed emerged as a recommended strategy, to reduce potential adversities during travel for individuals with depression. Nine participants reported that travelling with family members or friends informed about their mental health condition, capable of reacting appropriately if difficulties arise, reduces anxiety and feelings of insecurity and provides emotional protection and comfort during their trips. For individuals with depression, travelling with companions acts as an emotional buffer, offering a sense of security and protection while countering feelings of sadness, loneliness and isolation.

In the Mexican context, travelling with supportive companions, such as family members or friends who are aware of the traveller's mental health condition, can offer emotional security and reduce anxiety. In Mexican culture, family is a fundamental value (González, 2017) and can act as a facilitating factor in tourism activities (Monterrubio, Mendoza-Ontiveros and Pérez, 2024). Leveraging the cultural practice of travelling with family members can be especially beneficial for individuals with depression in Mexico.

The knowledge and experience gained during past travels were identified as another problem-focused coping strategy. Specifically, it was found that travel experience allows individuals to design and choose travel methods that benefit their emotional state. Participant 7 argued that

The first trip with depression is different because at that moment one lacks the experience and understanding of how to deal with circumstances in conjunction with their condition. In the recent trips, a noticeable evolution is perceived, from understanding whether one prefers to travel accompanied or alone, to discovering which destinations benefit them the most.

Another problem-focused coping strategy is avoidance. Avoiding travel, especially without companionship, is an option for some to reduce the negative effects of travel on mental health. According to Lazarus and Folkman (1984: 135), '[d]enial or avoidance in the context of illness is considered ineffective because the person fails to engage in appropriate problem-focused coping'; in the context of tourism, in some cases, avoidance would be an ineffective strategy considering that giving up tourism means forfeiting the potential benefits of tourism in reducing symptoms of depression.

Regarding emotion-focused strategies, participants also reported managing their own emotions and cognitive states as a way to cope with the potential adverse effects of their tourist travels. Participant 10 expressed,

I try to be in the moment, enjoy what is happening, all that, so what I do is focus on that and from there I manage to clear my mind a little more from my daily issues or all the problems that come at this moment.

As Zhu et al. (2020) point out, emotion-focused coping, through emotion regulation, reframing (finding positive value in negative events), or understanding (rationalising activities or the environment), individuals can increase positive emotions and reduce negative ones to achieve emotional balance during their travels. As evidenced by testimonies, the ability to adjust emotional and cognitive states can allow individuals with mental disorders to enjoy their travels despite the challenges (Hu et al., 2024).

4.5 Navigating boundaries: constraints in coping with depression

Coping strategies can be constrained by various factors. Viewing tourist travel as a coping strategy for depression demands diverse resources that may exceed individuals' possibilities. In this study, both intrinsic and extrinsic constraints emerged. Regarding intrinsic constraints, Participant 8 mentioned:

I haven't dared to do it completely alone.

Participant 6 expressed:

I didn't want to go [on a trip] because I was afraid of having another [depression] crisis and scaring the person [accompanying me] again.

These intrinsic constraints are explained in what Crawford and Godbey (1987) termed as leisure intrapersonal constraints, which are exclusive to the individual and do not arise from social interactions or structural conditions. In this case, the fear of the potential negative implications that the novelty of tourist travel may have on participants' mental conditions potentially significantly restricts their decision to participate in tourist travels.

On the other hand, economic resources figured prominently as a significant extrinsic constraint. Participant 7 commented:

If I had had the opportunity to travel more times during the breakup of this relationship, which for me was chaotic, I think I would have taken less time to recover and it would have been faster... my economic resources were also a bit limited and didn't allow me to travel constantly, at least not as much as I wanted to.

This empirically confirms Lazarus and Folkman's (1984) postulate that while some constraints arise from personal agendas, others emerge from environmental conditions. Economic constraint, alongside structural and cultural limitations, for participation in tourism is a significant constant in developing countries (Tosun, 2000).

In Mexico, significant structural constraints further complicate the care of individuals with mental illnesses. According to Berenzon Gorn et al. (2013), only 2% of the total health budget is allocated to mental health, and access is restricted due to the centralisation of the healthcare system, with most facilities located in major cities. Additionally, there is a shortage of mental health professionals. These conditions make it even more challenging to integrate tourism as part of medical and therapeutic treatments for depression in the country. In these structurally restrictive circumstances,

access to the therapeutic benefits of tourism in developing countries may remain merely an aspiration for many people suffering from depression.

5 CONCLUSIONS

This study has explored the complex interactions between tourism and depressive disorder, focusing on how individuals with this condition evaluate and cope with their travel experiences. Several significant findings have been identified that contribute to both theoretical knowledge and practical implications in managing depression, particularly in contexts like Mexico and other developing countries.

With regard to theoretical implications, it is evident that tourism is not a definitive cure for depression, but its benefits on mental well-being are significant and multifaceted. Although it can provoke fear, anxiety and stress in some individuals, the adoption of Lazarus and Folkman's (1984) model suggests that travellers can develop coping strategies to harness the positive effects of tourism on their emotional condition. Therefore, this study empirically confirms that tourism can be a useful complement in managing depression, but acknowledges that it should not be considered a complete replacement for medical care.

Furthermore, the findings support the effectiveness of understanding tourism as part of a comprehensive approach to managing depression, combined with other forms of treatment such as therapy and medication. By providing enriching experiences and opportunities for relaxation and connection with nature, travel can play an important role in improving the emotional well-being of individuals with depressive disorders. However, the study also highlights the need to recognise factors that may limit the benefits of tourism for people with depression. For example, lack of social support during travel or exposure to unforeseen stressful situations can exacerbate depression symptoms. This underscores that while tourism can be beneficial, proper planning and support during travel are crucial to maximising positive effects and minimising risks.

These conclusions have significant practical implications, especially for developing countries like Mexico, where access to adequate mental health treatment is limited (Belló et al., 2005). Addressing issues of stigma (Felkai and Kurimay, 2017) and lack of access to mental health care, especially in the context of high prevalence of mental illnesses in the region, is crucial. In this context, the public policy sphere faces the challenge of designing more equitable conditions for leisure access, including tourism, and the tourism industry has the opportunity to design specialised programmes for people with depressive disorders, not only to meet specific demand (Zheng et al., 2023), considering all economic and sociocultural limitations in developing countries, but also to promote a more inclusive and sustainable approach. These programmes can incorporate activities designed to promote relaxation, connection with nature and emotional well-being, thereby contributing to reducing the vulnerability of individuals with mental disorders and fostering a more supportive and understanding society.

While tourism is not a definitive cure for depression, it can significantly enhance mental well-being by offering opportunities for relaxation, connection with nature and enriching experiences. Therefore, health professionals should consider incorporating tourism into a comprehensive treatment plan alongside therapy and medication. Professionals should support patients in creating personalised coping plans tailored to their travel experiences.

Travellers should plan their trips carefully, ensuring that the activities included promote relaxation and emotional well-being while anticipating and preparing for

potential stressors. Given that professional support may be limited in socioeconomic contexts such as Mexico, it is crucial to identify supportive environments and resources in advance to maximise the benefits of travel. Additionally, engaging with support systems and mental health resources both before and during travel can help manage depressive symptoms effectively and make the travel experience more enjoyable.

This study not only expands our understanding of the complex interactions between tourism and depression but also provides important insights for addressing mental health challenges in specific contexts like Mexico. By integrating tourism into a comprehensive approach to managing depression and promoting greater inclusion and sensitivity in the tourism industry and health professionals in disadvantaged countries, we can move towards a healthier and more equitable society for all.

This study has several limitations that must be acknowledged. The qualitative nature of the sample restricts the ability to generalise the results to a broader population. The small sample size may not capture the full diversity of experiences and perceptions of people with depression across different contexts. Additionally, by focusing solely on central Mexico, the findings may not be representative of other regions of the country, where experiences and conditions related to tourism and depression may vary significantly. Furthermore, due to the lack of a quantitative or comparative approach, the study does not provide data on the prevalence or intensity of the effects of tourism compared to other treatment approaches for depression.

As future research needs, there is a need for a more personalised and contextualised approach to managing stress and depression in tourism, especially in the contexts of other developing countries. Additionally, adopting quantitative methods would enable the use of more representative samples and the generation of generalisable results, as well as facilitate comparisons among different subgroups of individuals with depression. Furthermore, it would be valuable to examine how different types of tourism may differently influence the mental health of people suffering from depression. Finally, investigating how public policies and community interventions can facilitate access to tourism for vulnerable groups could provide a stronger foundation for developing effective strategies in improving individuals' mental health.

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