Perception and Acceptance of Alternative Therapies in Austrian Thermal Spas and Health Resorts: Expectations and Satisfaction with LaStone and Ayurveda Therapy Treatments at the Therme Loipersdorf

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Bachelor of Business Administration
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Submitted to Dr. Ivo Ponocny

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Vienna, May 31, 2010
Declaration of Authorship

I declare that this dissertation is my own unaided work. I have not included any material or data from other authors or sources, which are not acknowledged and identified in the prescribed manner. I have read the section in the exam regulations on plagiarism and understand that such offences may lead the Examinations Board to withhold or withdraw the award of Bachelor of Business Administration.

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Abstract

Thermal waters are rich in minerals and the health benefits of bathing in them have been claimed for decades. Today, they build a fundamental basis of the thermal spas and health resorts in Austria. Looking back on a long development process, this study started with the exploration of the history of the thermal spa and health resorts, their developments, and status through the past decades. Understanding the development of the European thermal spa and health resort culture, and more specifically that of the Therme Loipersdorf in Styria, Austria, has been of major concern. Besides the main components of swimming and relaxation, many thermal spa and health resort visitors are also attracted by the variety of not only conventional, but also alternative medical treatments offered.

The aim for this exploratory study is to identify and understand perception and attitudes towards alternative therapy treatments in general, and their acceptance in comparison with conventional therapies. The author chose to focus the scope of the study on the two alternative therapies of LaStone and Ayurveda offered at the Therme Loipersdorf. First, existing literature on concepts, techniques, and claimed therapeutic results of the two alternative treatments was reviewed. Second, two questionnaires where developed and quantitative research was conducted through the distribution of the questionnaires to the clients receiving a LaStone or Ayurvedic treatment at the therapy center of the Therme Loipersdorf. Seventy-two clients participated in the eleven-week survey, which started on March 1 and ended on May 16, 2010. Questionnaire I was concerned with the assessment of pre-therapy expectations, whereas Questionnaire II focused on post-therapy satisfaction and demographic characteristics of the clients. The collected data was entered and analyzed in the statistical program PASW (formerly known as SPSS). Conclusions and conceptual dimensions were then developed to aid in understanding the attitudes, expectations, and beliefs of patients receiving alternative treatments.

The conclusion was drawn that within the sample, a large acceptance of alternative therapies existed. The participants, in general, believed that with the application of the chosen alternative therapy similar effects and results could be reached as through the application of a conventional method. Both therapies, LaStone and Ayurveda, experienced high levels of satisfaction. Prior to the treatment a strong tendency could be detected that the two therapies were expected to be a form of relaxation, rather than a relief of pain. After the treatments, however, a positive change in the clients’ perceptions could be detected when rating the therapies’ abilities to alleviate pain.
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Conventional Medicine

When speaking of conventional medicine, one is referring to the services and products provided by educated and qualified healthcare professionals including doctors, nurses, psychologists, and physical therapists. The effects and results of the treatments and methods, as well as the medicine used, have been scientifically tested, their effects are proven and their application is strictly regulated and monitored.

In Austria, conventional medicine is used in thermal spas and health resorts to provide specific medical services, especially for the “Kurgäste”. The thermal spas and health resorts, such as Loipersdorf, provide water facilities with special healing and medical properties. These treatments are used for a specific amount of time as prescribed by the patient’s doctor. Some might also use them for leisure and recreational purposes, however the recommended time spent in those healing waters is still restricted to usually twenty minutes (Smith & Puczko, 2009).

Alternative Medicine

Alternative treatments are applied as a substitute to treatments recognized by conventional medicine. The use of diagnostic approaches, procedures and treatments and their concepts, however, either cannot be scientifically explained or only partially so. The success of the therapies depends on the patient’s subjective feeling and state of health (Rees, 2001; Der Brockhaus, 2008).

Complementary and Alternative Medicine (CAM)

CAM indicates a medical system that uses a combination of conventional and alternative treatments. It can either be used as a supplemental treatment, or as an alternative to conventional medicine (Smith & Puczko, 2009).

“[c]omplementary and alternative medicine (CAM) is a broad domain of healing resources that encompasses all health systems, modalities, and practices and their accompanying theories and beliefs, other than those intrinsic to the politically dominant health system of a particular society or culture in a given historic period” (Zollman & Vickers, 1999, p.693).

CAM medical systems have often developed prior to conventional medical systems in Eastern as well as Western cultures. Homeopathy and naturopathic medicine would be examples for the Western world and Ayurvedic medicine for the Eastern (Smith & Puczko, 2009).
**Holism**

Holistic medicine identifies the human body as a whole and not in single parts. Thus, it also aims to treat the body as a whole by combining different medical treatments and specialties (Marti, 1998).

The American Holistic Health Association (2007) defines “holistic” as follows:

“[h]olistic is a whole made up of independent parts. You are most likely to hear these parts referred to as the mind/body connection; mind/body/spirit, or physical/mental/emotional/spiritual aspects. When this meaning is applied to illness, it is called holistic medicine and includes a number of factors, such as dealing with the root cause of an illness; increasing patient involvement; and considering both conventional (allopathic) and complementary (alternative) therapies” (AHHA, 2007, cited by Smith & Puczko, 2009, p. 53).

Smith & Puczko (2009, p.92) therefore define holistic tourism as: “[t]ourism that provides the visitor with a range of activities and/or treatments which are aimed atbalancing thebody-mind-spirit”.
Chapter 1: Introduction

Wellness and spa tourism began with the discovery and development of thermal regions into tourism and recreational facilities. Early descriptions of these practices stem back to the ancient civilizations of Rome and Greece. When engaging in the research of spa development and history one quickly realizes that there exists a great diversity in the health and wellness traditions around the world. An understanding of what spas are and how they developed over time are dependent on origin, culture, and region of the world. Generally it can be said that the ancient regional cultures and subcultures played an important and influencing role in the tools developed and techniques applied in the spa industry (Smith & Puczko, 2009).

This study is concerned with understanding the development of the European thermal spa and health resort culture, and more specifically that of the Therme Loipersdorf in Styria, Austria. The literature review contains information stemming from the origins of thermal spa cultures and spa regions of tourism destinations. As this topic is quite broad in scope, the author chose to focus solely on alternative treatment therapies in such facilities. Within this field of practice, the Ayurveda and LaStone therapy treatments are present and can also trace their history back several centuries to early spa cultures. Their development and foundations are discussed, as well as their uses and classification as alternative therapy treatments. Lastly, the sampling frame will stem from the Therme Loipersdorf client base. Therefore, background information on this specific facility is provided, as well as some information on its impact and importance in the thermal spa tourism development of its region.

1.1 Presentation of the problem

Hot springs and thermal waters are one of Austria’s greatest treasures and resources. Rich in minerals, the health benefits of bathing in thermal waters have been claimed for thousands of years. Especially within recent years, wellness and relaxation are often used interchangeably and in association with the thermal spa industry, which has been able to claim a strong increase in importance. It can be said that most of the thermal spa and health resort visitors do not just come to enjoy a day off, to swim in hot thermal waters, to enjoy the sauna, to reenergize their batteries, or to indulge in relaxation (Smith & Puczko, 2009). Many of the guests are attracted by the variety of medical treatments offered. To claim relief from their busy daily lives, guests decide to undergo various
treatments, where not only conventional, scientifically accepted treatments are offered, but also those classified as CAM or alternative therapies (Lee, 2004).

Upon creation of a solid foundation for thermal spa tourism in Europe, the idea arose to further investigate the appliance and acceptance of alternative therapies at those facilities. It has been stated that Ayurveda and LaStone treatments find their origins in ancient cultures such as the Indians, Mayan Indians, Chinese, Japanese and Hawaiian Kahunas (Scrivner, 2003). With this information in mind, it became apparent that after practice of these treatments throughout centuries in cultures outside of the original location, certain beliefs, attitudes towards them, as well as the application of such therapies might have changed. With this potential problem identified, the progression of the research instruments ensued.

1.2 Aim of Study

As thermal spas and health resorts have become a major tourism sector in Austria, the amenities provided have become diverse and widespread. From the problem identified above, the author chose to research the two specific therapies of Ayurveda and LaStone. The primary aim for this study is to identify and understand behaviors and attitudes towards these two alternative therapy treatments, and their acceptance in comparison with conventional therapies. Furthermore, the author proposed to survey the patients before and after the treatment to measure, analyze, and compare pre-therapy expectation(s) and post-therapy satisfaction.

1.3 Analytical Procedure

In order to carry out the aims of the study, two questionnaires were developed. The first was designed to investigate the motives, expectations and initial attitudes towards the chosen alternative treatments, and alternative therapies in general. The second questionnaire was designed to assess satisfaction, the resulting attitudes, willingness to repeat and recommend alternative therapies to others suffering from similar conditions, and also to assess demographic profiles.

The surveys were distributed over an eleven-week period, to 71 clients at the Therme Loipersdorf in Styria, Austria who were willing to participate by filling out the two questionnaires. The results were subjected to several levels of analysis in the statistical program PASW (formerly known as SPSS). Conclusions and conceptual dimensions were then developed to aid in understanding the attitudes, expectations, and beliefs of patients receiving alternative therapy treatments.
Chapter 2: Literature Review

2.1 History and innovation of Thermal Spas and Health Resorts

Today, the word spa is frequently used in everyday conversation, but its perception varies greatly. When people from the United Kingdom or the United States of America use the term “spa” they most likely refer to a place, which is comparable to a beauty salon. This differs from people from Central or Eastern Europe. To them the historic medical and therapeutic meaning of “spa” still holds true. Since the understanding of the word “spa” differs depending on the region or culture one comes from, there also does not exist one common definition for the term that is accepted worldwide. Oftentimes, the definition is only slightly different by wording, but that indeed can mean a big difference between “spa” and “spa”. A standard industry code for spas does not exist.

According to the ISPA (International Spa Association) spas are “[p]laces devoted to enhancing overall well-being through a variety of professional services that encourage the renewal of mind, body and spirit” (ISPA 2009, p. 1). Smith & Puczko (2009, p.85) however, define spa tourism as follows: “[t]ourism which focuses on the relaxation or healing of the body using mainly water-based treatments; such as, mineral or thermal pools, steam rooms, and saunas. Emphasis tends to be focused on curing, rehabilitating, or resting the body”. The main difference between these two definitions is that the latter one emphasizes the importance of water in connection with spas and the applied treatments. On the contrary, the first definition by ISPA focuses more on the well-being reached through the inner balance of body, mind, and soul.

Since the main focus of this Bachelor Thesis, however, lies on Austrian thermal spas and health resorts the following definition will apply when referring to those facilities:

“[t]hermal spas and health resorts are places devoted to the cure, rehabilitation and relaxation of the body, through the provision of professional services in the forms of alternative as well as conventional treatments and therapies. The whole concept of these facilities is built on and around thermal springs. The thermal and mineral waters are used for swimming as well as being main components in the applied treatments and therapies”. It should be noted that this definition especially indicates the importance and use of thermal water and that it is considered the medium of thermal spas and health resorts.
The staff crew would consist of medical and healthcare professionals such as physiotherapists or “Kurärzte” (cure doctors), a number of therapists for the different massages and beauty treatments offered, and fitness coaches (Smith & Puczko, 2009).

Thermal spas and health resorts went through a long development process and find their roots in the ancient Roman Empire. Therefore, the words bathhouse, baths, bathing facilities, thermae or Therme and spa will all be used more or less interchangeably throughout this thesis and are all applying to the above-mentioned definition.

2.2 Spa and Health Tourism

The spa and health industry is often referred to as a rather new component of the tourism industry, but in order to find out about the origin of European spas one has to travel far back in time. The history of today’s thermal spas and health resorts dates about two millennia back and is strongly connected with water, bathhouses and the development of the European bathing culture.

2.2.1 Bathing in the Ancient Greek Culture

The earliest descriptions of bathing regimens and traditions, as we know them in Austria and Europe today, come from the ancient Greeks. There exist historical records suggesting that the Greeks traveled for medical and climate reasons as early as the sixth century BC. Then during the Hellenistic age, Greek philosopher and physician Hippocrates (460-370 BC) was praising forms of alternative healing methods in association with water and was referred to as the father of medicine: “...water is still, after all, the best” (Kevan, 1993).

Hippocrates pursued the hypothesis that all diseases are cause by an imbalance of the human body’s fluids. Therefore, to become and remain healthy the human being needs to restore its inner balance through changing one’s environment and habits including bathing, massages, walking and perspiration (Looman, 1989, cited by van Tubergen & van der Linden, 2002). During these times bathing developed from an activity with purely cleansing and hygienic purposes, to being recognized as healthy and beneficial for curing diseases (Jackson, 1990).

During the Aegean times wealthy people already had private baths equipped with small bathtubs, footbaths and wash basins to practice their personal cleaning rituals. It was about at the same time when public baths and showers were introduced at fitness facilities called gymnasiums. They were used for personal hygiene as well as relaxation and, soon after, public baths. According to the Greek
methodology, the Greek gods provided certain natural hot springs and pools with their blessings. Believing in their power of curing pain and diseases, the Greeks built bathhouses around those blessed springs. Natural features were used by the early Greeks and combined with their personal amenities such as mosaic decorations and shelves. Later on the bathhouses were often built in alliance with athletic fields (Paige & Woulliere, 1987). Well-educated Greeks met in those bathing facilities to enjoy the hot water tubs and hot air-baths called “laconicas”, besides discussing philosophical ideas (Lee, 2004).

2.2.2 Bathing during the Roman Empire

The European bathing culture had its first period of prosperity during the second century BC. Around 150, influenced by the ancient Greeks, the Romans started building the first public bathing facilities incorporating many of the Greek methods and practices (Hausmann, 2000). Also, most parts of the Greek terminology were kept by the Romans. Nevertheless, their constructions outperformed the Greek bathhouses by complexity, offer and size. Those Roman bathing facilities ranged from simple to highly advanced structures and were different in design, decoration and size. (Paige & Woulliere, 1987).

Only the upper class could afford private bathing facilities, while the rest of the Roman population depended on public facilities. These were either referred to as “balnea” when talking about a rather simple form of a bathhouse, which was more focused on healing; or “thermae” when talking about a more advanced, elegant leisure complex (Smith & Puczko, 2009). Both were public bathing facilities, which were somehow comparable with what are known as day-spas these days. In the Roman culture bathing was considered a shared, communal activity. It was one of the most favored daily activities among a broad range of Roman social classes (Boethius & Ward-Perkins, 1970).

The “thermae” were huge complexes that provided space for thousands of Romains and during one day up to 1,400 liters of water were used by one person for the main purpose of bathing in the city of Rome only (Looman, 1989, cited by van Tubergen & van der Linden, 2002). Bathing was of great cultural and societal significance in the Roman Empire and was turned into an art with a bathing ritual of undressing, sweating, receiving a massage and lying down to rest developed over time. This ritual was also reflected in the construction of the bathing facilities. A number of separated rooms incrementally getting hotter needed to be build in order to guarantee the sequence of the single steps.

First there was a strict separation between men and women with the areas separated by thick walls and the women’s area usually being smaller due to a smaller number of visitors. Thus, the
bathhouses had three different entrances: one for the men, one for the women, and one for the slaves accompanying their patrons. The first room of the bathhouses to be entered by its guests was the “apodyterium”. This was the room where people got undressed and clothes could be stored.

Entering the next room, the bathers came to the “frigidarium”. Loosely translated, this is the cold room. It holds a tank of cold water to first of all cool the people off.

Moving on to the next room the visitor enters the warm room called the “tepidarium”. This room was heated by warm air to reach a comforting temperature. The “tepidarium” prepared the body for entering the “caldarium”. A brazier heated this hot room, which also held some cold-water basins providing the bathers with the possibility of temporary cool-offs during their stays in this room. After sweating and several immersion baths the guests return to the “tepidarium” to start the cooling down process and receive their massages.

Last, but not least, they enter the dry resting room called “laconicum” (Paige & Woulliere, 1987). The bathhouses were already designed in such a way that once all steps of the bathing ritual were fulfilled, the bather came back to where they started – the “apodyterium” (Hausmann, 2000).

The water supply for the bathhouses was guaranteed because the constructed aqueducts provided enough water for domestic, industrial, agricultural and leisure purposes. The water coming from these aqueducts was then heated in the bathing facilities later on. The interior design of the Roman bathhouses also had to match the outside of the magnificent buildings. Thus, the inside floors were made of marble, the walls contained frescoes imaging nature, the ceilings were imitating the sky, and statues and fountains could be found on the inside as well as on the outside.

Furthermore, the Roman bathhouses offered a great entertainment program, fitness and relaxation areas, in addition to the bathing facilities. They often offered a courtyard called “palestra”. These “palestras” were either built indoor or outdoor in the form of gardens used for exercising and some of them were even equipped with a swimming pool. Additionally, the bathers could enjoy a good meal at one of the food outlets, buy gifts such as perfume at one of the shops located in the bathhouse facilities, or educate oneself in the library or reading room. To keep the bathers entertained, most of the time a stage could be found offering a diverse musical and theatrical program (Paige & Woulliere, 1987).

Romans did not spend several hours every day in one of the numerous bathhouses just focusing on their cleanliness, but to socialize and entertain themselves as well. The Romans loved the
atmosphere, as well as diving into the crowd, meeting friends, talking and discussing politics. The Roman society was not concerned about public nudity and did not know about sexual shame. It was a given, daily experience to bathe with, and in front of, other people with no clothes on (Aries et al., 1999).

To both cultures, the Greeks and the Romans, the element water was of great importance, even though their focus and use was slightly different. The Greeks tended to see water as an additional source used for relaxation after intensive physical exercising. For the Romans the water and its use were the most important components and the physical workout was rather seen as a side component (Schadewalt, 1989, cited by van Tubergen & van der Linden, 2002). Besides perspiration, cleansing, socializing, exercising, and relaxing, there was an extensive supply and appliance of medical therapies and treatments in Roman bathhouses. Most of these treatments were in compliance with the element of water where the stricken parts of the body were either externally or internally treated through the appliance of water.

The Greek physician Asclepiades, who practiced in Rome, invented the later-on widely applied hydrotherapy and several drinking cures of water. In these applications people had to drink exuberant amounts of water (Jackson, 1990). The therapy and treatment motives were of therapeutic as well as preventive nature. The field of medicine was not highly advanced yet and the average expectation of life was around 40 years. Therefore, people who had the money were willing to spend this and travel far to receive those treatments and recover from their diseases (Smith & Puczko, 2009). A special focus was on the cure or decrease of pain resulting from rheumatism, arthritis, and the excess of food and drinks.

Through the expansion of the Roman Empire the concept of public bathhouses in the forms of “balnea” and “thermae” started to disperse over the European continent and even into North African regions. Whenever the Romans found hot and/or thermal springs, new bathing facilities were built taking advantage of the natural resources. That was how Baden in Austria, Bath in England, and Vichy in France, besides many other destinations throughout Europe, were developed and constructed following the sample of the public bathhouses in Rome. Those destinations turned into societal community centers for the population (Paige & Woulliere, 1987). Through the annexation of Noricum and Pannonia to the Roman Empire, and the settlement of officers and soldiers in those areas, the Roman bathing culture and traditions were brought into the Southeast area of what is considered Austrian state territory today. Records can be found that the thermal springs of Bad Tatzmannsdorf, Burgenland, and Gleichenberg, Styria, and their curing water were already used back then (Hausmann, 2000).
Over the years and due to the various local cultural influences, the traditional view of the Roman bathing culture was subject to change. A shift in motives for visiting the bathing facilities was detected, whereby medical and therapeutic treatments were no longer the main purpose. Those were rather replaced by the longing for pleasure and relaxation (Routh, 1996, cited by van Tubergen & van der Linden, 2002).

2.2.3 Bathing in Medieval times (476 – 1453 AD)

The decline and final fall of the Roman Empire in 476 AD lead to a retread of the Roman troops, forcing them to give up their colonies and leave their public bathhouses behind. These were either destroyed right away or taken over by the local population. Public bathhouses then gained a reputation for immoral and licentious behavior, which also led to the spread of diseases rather than curing them (Paige & Woulliere, 1987). Those developments led to the general belief that daily bathing was encouraging sickness and diseases such as syphilis, leprosy and the plague (Smith & Puczko, 2009).

Additionally, the emergence of the Medieval Church and Christianity, and their encouragement of these rumors, further decreased people’s demand for public baths. Every effort was taken by church authorities to close down these public facilities, which were claimed to encourage immoral behavior and diseases. The Roman Catholic Church even went one step further and completely prohibited public bathing (Paige & Woulliere, 1987). It was believed that the cure of body and soul was reached through praying and worship, rather than through medical treatments and therapeutic baths (Looman, 1989, cited by van Tubergen & van der Linden, 2002). Only a small number of baths were kept open for the wealthy people and most of them were reconstructed and turned into churches (Routh, 1996, cited by van Tubergen & van der Linden, 2002). Some selected hot springs and healing waters were credited to gods or saints. Nevertheless, bathing kept its negative and false reputation for many centuries and people refrained from bathing as long as they could, consequently leading to a tremendous decline in public bathing (Paige & Woulliere, 1987).

It was not until the 13th century that bathing would reestablish itself in the European society. This was also the time when many of the baths were rebuilt and opened to the public. Public baths regained popularity, which was reflected in high visitor numbers. People stayed for hours, sometimes even days bathing in the same water. Pleasure and relaxation were again in the main points of impact, although medical and therapeutic treatments were applied as well. Most notably, enemas, blood-
letting, and drinking cures, where the patient had to drink up to about ten liters a day, were often dictated by the doctors (Looman, 1989, cited by van Tubergen & van der Linden, 2002).

In 1326, for instance, an ironmaster from Liege, Belgium named Collin le Loup discovered the Chalybeates Springs of Spa, Belgium, where the still-famous thermal spa and health resort was built. It was also within this time period that the various natural springs were assigned different benefits and curing powers against diseases (Paige & Woulliere, 1987). The first thermal bathhouses in Austria were built around the 14th and 15th century in Gastein, Salzburg and Baden near Vienna (Hausmann, 2000).

2.2.4 Bathing in the Renaissance

Due to the spread of the plague, leprosy and syphilis during the 16th century bathing again faced stagnation. The facilities also were frequently used for meetings between religious and political dissenters and therefore seen as dangerous places. Moreover, people were facing a shortage of firewood, leading to an increase in price, and making it impossible to grant free access to the baths as it used to be. Once again the public bathhouses were mainly used by aristocrats and wealthy people (Looman, 1989, cited by van Tubergen & van der Linden, 2002).

A great variation of different bathing procedures and techniques could be found during this period, but they all followed one common trend: they started focusing on medical treatments again (Porter, 1990). This new bathing culture started in Italy with the discovery of collections of ancient texts on medical treatments and their appliance. Of special note is the interest in and demand of balneology. These therapeutic water treatments, as a medical procedure, experienced an immense increase (Smith & Puczko, 2009). A lot of effort was put into the research and analysis of the minerals found in the natural state. The aim was to assess qualities, advantages and disadvantages of each mineral and their effects on the diseased parts of the body.

The first spa dictionary called “De balneis omniae qua extant” was printed in 1553. It provided an overview of ancient and modern literature and views of the appliance of water in a medical content. “De thermis” was a book written by Andrea Bacci about the art and discipline of bathing, and its connection with the aristocrats, in 1571. According to Bacci, bathing was a sound discipline possessing its own institutes, doctrines, and rationales. In order to understand it, one had to be an educated physician in this field since waters and their impacts were no subject of empiricism.
Also the patients’ surroundings have a major influence on people’s cure, which was why Bacci suggested a friendly environment and a well-organized lifestyle, at maximum comfort with healthy food and wine, were important components to get and stay healthy. Looking at his arguments and interpretation of baths, cure, and life, it can be seen that to him bathing was mainly for the upper class and not for the poor. In his mind the poorer part of the population did not have the money to indulge in a fancy, relaxed lifestyle with lots of food and wine and neither could they afford to go on vacations or spend their time at public bathhouses (Palmer, 1990).

About the same time in Karlsbad, Bohemia, Germany, a group of physicians claimed the therapeutic external as well as internal appliance of water. The therapy consisted of a wide range of treatments, from drinking cures to excessive baths to purging. The patients often had to bathe for ten or eleven hours straight while drinking many glasses of mineral water, one after the other. The treatments were repeated for up to 15 days, or until the skin started to form pustules and broke, causing the “poison” which was thought to be causing the disease, to expel out of the body. Afterwards, to get rid of the infection and heal the center of the sickness, the patient had to go through several sessions of hotter, but shorter baths (Paige & Wouliere, 1987).

By the beginning of the 17th century two types of spas were distinguished. There were the ones built around hot springs, which were used for bathing and drinking cures, and then there were those built close to cold springs, where only drinking cures were practiced. Those public bathing facilities were turned into serious rehabilitation and treatment centers, operated by doctors. Besides the formerly established cures like drinking and bathing, there was also an increased focus on well-balanced nutrition. Days at the “thermae” were kept simple, with treatments in the morning and the afternoon and later on some entertainment and leisure activities, followed by a walk on the promenade before going to bed early (Brockliss, 1990).

It was in the mid-17th century when the individual minerals and chemical components of the thermal water used in spas were understood and their effects were summarized and listed. So too, were the results of altering the water temperature when used in therapeutic treatments (Smith & Puczko, 2009). It was after the defeat of the Turks and the end of their occupation (mid-17th century) when the anti-bathing culture had its renaissance in Austria. The popularity of bathing and drinking cures rose quickly and the owners of natural and thermal springs hired medical scientists to certify the medical benefits and their curative properties. At about the same time the thermal springs and their therapeutic effects were discovered in Bad Tatzmannsdorf, Rohtisch Sauerbrunn and Bad Gleichenberg and
bathhouses built. In 1632 the first book praising the Styrian thermal baths and health resorts was published by PhD. Johannes Arquatus (Hausmann, 2000).

2.2.5 Bathing in the 18th century

Promoted by the royal families throughout Europe, the thermal spas and health resorts could record a steady visitor increase and the traditional bathing culture was recalled. In 1702, for instance, Queen Anne of England travelled to Bath, a health resort built by the ancient Romans, to spend her vacations there and bathe. An immediate hype was started and within months the pale country spa was turned into a modern resort, becoming England’s social epicenter.

Traveling for bathing purposes became a must among the wealthy upper classes, which stayed from one up to several months, on a seasonal basis, and spent their vacations first at one thermal spa and health resort, and then to move on to the next spa afterwards. The spa destinations were used by the royals and aristocrats to present themselves and their opulence. In the off-seasons, wealthy farmers and retired military men spent their leisure times at the health resorts preserving their original purpose, namely, the curing and prevention of sickness. A great emphasis was put on the drinking cures, which lead to the construction of separate facilities called “Trinkhallen” (drinking halls) (Paige & Woulliere, 1987).

Dr. Heinrich Johan von Crantz, commissioned by the empress Maria Theresia in 1777, wrote the first Austrian book on analytical examination and evaluation. It was published under the title “Die Gesundbrunnen der österreichischen Monarchie” (The Mineral Springs of the Austrian Monarchy) and analyzed and described 656 thermal and mineral waters, which were located in Styria at that time. This comprehensive work was Austria’s first book on baths and created a new scientific direction of dealing with balneology in Austria (Hausmann, 2000).

2.2.6 Bathing in the 19th century

Through further advancements in the medical field and the proven benefits of bathing and cleanliness by physicians, the bathhouses could break with their negatively burdened reputation. The benefits of bathing were released, resulting in an enormous change in the European bathing habits. Besides the drinking cures, the main focus lay again on bathing activities with the aim of curing sickness and diseases and to improve one’s health. This led to a boost in the construction of bathing facilities based on the magnificent Roman architecture and designs.
The Roman architecture was carefully studied and their style in symmetry, formality and division of rooms by function was imitated. Even the interior and exterior of the new constructions were of about the same size and amplitude as the buildings of the ancient times. Equipped with magnificent drinking halls, fountains, formal gardens and pavilions, the new thermal spas and health resorts met the Roman standards.

Additionally, new divisions and components were added to the broad offerings of those facilities and the European bathing routine rediscovered its roots. The bathing regimen was a combination of soaking in hot water, perspiration in vapor rooms, drinking water and resting in cooling areas. Furthermore, these activities were accompanied by the supervision of doctors, assigning hot and cold douches to the patients and developing a healthy diet for them in order to promote their cure. Travel guidebooks about the various European thermal spas and health resorts were written (Paige & Woulliere, 1987). Active tourism and the spa destination, where it could be found, were promoted, creating an increasing awareness and enthusiasm for physical exercising and health (MacKanzie, 2005).

With the opening of the first hydrotherapy spa in Germany offering a variety of health packages including water, fresh air, and diet, another trend was set. It spread over the rest of the European continent, and continues as a part of the health and spa industry today.

One of the pioneers and most respected experts in the field of hydrotherapy was Dr. Sebastian Kneipp, who promoted bathing in thermal waters for therapeutic purposes. In addition, Kneipp was an advocate in promoting the holistic approach of treating sickness and disease. Based on the water temperature and its mineral components, individual treatments, as well as packages were customized to treat the patients’ medical conditions. Those packages included bathing in alternated hot and cold thermal water, as well as herbal and steam baths, massages, compresses, mud packages, physical exercises, and a healthy diet (van Wijk, 1989, cited by van Tubergen & van der Linden, 2002).

The big difference, however, was that Kneipp focused his attention on the common and poor people who could not afford the thermal spas and health resorts with all their amenities. Kneipp’s treatments and prescriptions are still practiced today and established themselves especially in the German and Austrian “Kur” (cure) and are sometimes financed by the national health programs (Smith & Puczko, 2009). The destinations offering mineral or thermal springs were turned into “Kurorte” (cure destinations) leading to the development of many new thermal spas and health resorts throughout the Habsburg monarchy.
Bad Ischl, Bad Hall, Bad Gleichenberg, Bad Vöslau, and many others turned into popular vacation destinations for the Austrian upper class as well as a source of inspiration for well-known poets like Goethe, Grillparzer or Tolstoy, musicians like Beethoven, and artists and painters such as Waldmüller. In order to be able to offer adequate accommodation to the selected visitors, exquisite bed and breakfasts and luxurious hotels were constructed. Entertainment was offered by the “Kurorchester” (cure orchestra) and the often-existing “Kurtheater” (cure theater) as, for instance, in Bad Gleichenberg. The average length of stay went from two to three months down to about four to six weeks with an increasing health and exercise focus and a high demand for medical attendance. The main aim was to fight diseases and to improve one’s overall well-being. For a change the guests enjoyed walking along the “Kurpromenaden” (cure promenades), which were kept until today, or as in the case of Bad Tatzmannsdorf and Bad Gleichenberg, replaced by “Kurparks (cure parks) (Hausmann, 2000).

2.2.7 Bathing in the 20th century

Purely focusing on the patient’s benefits and their accomplishments, complex bathing treatments were combined with an accustomed diet and exercise schedule at the beginning of the 19th century. Again those treatments consisted of bathing in body-temperature warm water, sweating in vapor baths with increasing temperatures, receiving a massage, followed by a number of cooler baths and showers, and accompanied by a drinking cure, additional fitness exercises, and healthy nutrition. Furthermore, a rich entertainment and after-bathing program was offered to the guests of the thermal spa and health resort. Often the remaining leisure time could be spent with hunting, fishing, gambling, watching horse races, skating, playing tennis or golf, horse-back riding, dancing or shopping, and visiting one of the cure theater’s plays in the evening (Paige & Woulliere, 1987).

After World War II, visits to thermal spas and health resorts and receiving spa therapies became affordable for many common men throughout Europe. One reason was an increase in welfare, but the crucial factor was mainly the partial or total cover of expenses (Looman, 1989, cited by van Tubergen & van der Linden, 2002). Some European governments recognized the therapeutic benefits of the offered spa therapies and reimbursement of one’s “Kur” (cure) expenses was granted by state or trade unions.

Many new treatments and therapeutic methods were developed at that time. In addition, already existing ones like the hydrotherapy or the balneology experienced some major changes. Also an overall change in the use and appliance of thermal and mineral waters in spa treatments could be
detected (Routh, 1996, cited by van Tubergen & van der Linden, 2002). Through the increased accessibility of thermal spas and health resorts, many of them started to narrow down their clientele, by specializing in certain therapeutic treatments (Smith & Puczko, 2009), recognizing the fact that each natural spring has specific medical properties to offer. Dermatologists and rheumatologists, especially, acknowledged and valued the therapeutic benefits offered by natural springs and bathing in thermal waters (Andreassi, 1996, cited by van Tubergen, 2002).

In the 1990s a massive increase in the number of thermal spas and health resorts could be detected and also the number of regular spa-­visitors reached a peak. A lot of effort was invested in the organization and promotion of one common spa industry in order to be able to target a greater amount of market segments. Formerly a rather restricted vacation type and industry, it now was open and accessible to a broad range of customers.

To develop and promote one common industry direction the ESPA (European Spa Association) was established in 1995, combining several national organizations including the Spa Business Association, the German and Austrian Spa Association, and the FITEC (Le Federation Internationale du Thermalisme et du Climatisme). The ESPA also worked and still is working on a universal terminology for the spa industry trying to facilitate communication, increase understanding, and establish a consistency throughout the industry. Differences in the various terms used are getting smaller, but there still exist some major gaps, which have to be filled for the benefit of the guest as well as for the industry experts. With this democratization, in addition to the internationalization of the industry, its view and offers of treatments became more global. During the 1990s came the integration of more spiritual and philosophically-­attached therapies and treatments into European thermal spas and health resorts. These include, but are not limited to, yoga classes, spiritually oriented experiences or mediation courses (Cohen & Bodecker, 2008).

2.2.8 The new millennium – recent developments and trends

Today a massive variety of different kinds of spas and health resorts can be found, offering an even greater selection of therapies and treatments. What can be seen is a mix of medicine and wellness where some facilities specialize in prevention, others in wellness, and still others in a combination of the two by offering complementary plus alternative therapies to their guests. There is also the trend of adding therapies, associated with and inspired by local traditions, to the spa assortments no matter
where they are located. For instance, the Indian Ayurveda Medicine, the American LaStone therapy, the Thai massage or Korean scrubs. (Cohen & Bodecker, 2008).

Different types of thermal spas and health resorts are developed on a regular basis, customized to the people’s needs and wants. Due to people’s busy lifestyles and their lack of leisure time, spas were integrated into airports or “mobile spas” developed. This type of spa comes directly to the customer, visiting them at their homes. Other trends of the 21st century are the awareness raised on sustainability, going-green, and organic and other environmental issues, which led to the development of so-called eco-spas.

Also, the emergence of the internet left its marks on the spa industry. Thermal spa and health resorts went online and created their own web pages through which, regardless of size, every spa and resort can attract customers and receive online bookings from around the world.

In order for a destination to be allowed to call itself a “Kurort” (cure destination), certain requirements have to be met. According to the federal law “Natürliche Heilvorkommen und Kurorte”, which was established on December 2, 1958 and revised in 1983, a “Kurort” first of all needs to verify the occurrence of healing sources. Some further regulations which have to be met are that the supply of drinking water must be assured and certain arrangements against noise, smoke and dust disturbance made. Additionally, the “Kurorte” needs recognition of their healing sources by the provincial government. In the case of Styria this would be the law on “Natürliche Heilvorkommen und Kurorte” established in 1963 and revised in 1969. According to this law one is referring to mineral and thermal water, only if the water has a minimum temperature of 20 degrees Celsius at its point of emersion all year long and features 1,000 milligrams of mineral nutrients in one kilogram of water.

In Austria one distinguishes between two major types of spa visitors. On the one hand there is the traditional “Kurgast” (cure guest) whose goal is the prevention and/or the rehabilitation of the physical as well as psychological balance. This balance should be reached through positive influences of the human body with the help of specifically defined therapies and treatments designed to meet the needs of the individual “Kurgast”. The main components used in the traditional cure today are hot and cold baths, massages, physiotherapy, mud packages, drinking cures and inhalations. The average length of stay is about 21 days and depending on the sickness, and its severity, the cure is repeated after a certain time.
On the other hand there is the thermal spa and health resort guest whose main purpose of a visit is to reenergize and relax. This type of customer is looking for wellness, adventure and some time off from today’s busy lifestyle. They usually stay for the weekend or even just come for one day (Hausmann, 2000). The optimization of physical and mental health is what these wellness-oriented guests seek (Hartman Group, 2007) and, according to the House of Lords Report (2000), they want to have direct influence on and determine their state of health. They are usually open-minded and willing to experiment with new things, which is also one reason why they often choose alternative over conventional therapies.

The main target group of the thermal spas and health resorts, as regards wellness consumers is, according to Cleaver and Muller (2002), the so-called “Baby Boomers” generation. This post World War II generation was born between 1946 and 1964 (D’Angelo, 2010) and are now in their late 40s to mid 60s, have a high educational background and are temporarily at the peak of their earning potential. This generation often enjoys the privilege of having time for travelling, and shows a general desire for activities leading to self-fulfillment (Cleaver & Muller, 2002) and self-realization (Glouberman, 2002). Health and nutrition were current topics throughout their youth, which led to the strong desire of remaining vital and young (Cooper, 1968). “Baby Boomers” take great care of themselves and expect their looks to fit with their overall state of health. In order to look young and fresh on the outside they are willing to experiment with new treatments and try out new procedures. This mindset played a major role when implementing Eastern and Western therapies and philosophies, which were often of an alternative nature, into the thermal spa and health resort industry (D’Angelo, 2010). According to Dickman (1997), the “Baby Boomers” generation is strongly focused on themselves and their families. Therefore, they also introduced their children, the so-called Generation-X, to the importance of health and nutrition. This Generation-X is also well aware of the benefits and pleasures of thermal spas and health resorts and value the opportunity of taking care of themselves and their families from the inside out (Locker, 2004, cited by Cohen & Bodecker, 2008).

As shown in the timeline above, the thermal spa and health resorts are looking back on about two millennia of history and have come a long way to be what they are today. They went through a lot of developments and experienced many changes over and over again throughout their history. These developments and changes were strongly dependant on and influenced by their social, cultural, and political environments.
The spa industry can indeed be called a global melting pot of traditions, treatments and therapies from around the world. A wide range of different services and products is offered, all focusing on the same goal: the health and well-being of the guest. The treatments’ origins are spread out across the globe and most of them are culturally deep-seated, but all these very diverse therapies and treatments are combined in today’s thermal spas and health resorts. The thermal spas and health resorts are an international, multicultural mix encompassing components from a great variety of cultures and regions including “the American commercialism with its emphasis on beauty, pampering and destination experiences; Asian service ethics, holistic therapies and spiritual practices; European medical traditions and clinical acumen; and the indigenous knowledge and environmental consciousness of various tribal cultures” (Cohen & Bodecker, 2008, p.4).

With this internationally accepted viewpoint, two treatments have lasted through centuries and through many cultures into today’s spa culture. Ayurveda and LaStone therapeutic treatments have passed down through years of education and experience into the spa cultures now abundant in Austria and much of Europe. The following research is concerned with understanding the principles and development of these two “alternative” therapies as they recognized today.
2.3 Ayurveda as an alternative therapy

Before talking about the origin and history of Ayurveda a clear distinction has to be made between Ayurveda and Ayurvedic Medicine, which are often used interchangeably. When talking about Ayurveda alone, one is referring to the Indian philosophy, which is also a foundation for Ayurvedic medicine. By Ayurvedic medicine, also called Ayurvedic healing, one is referring to the actual medical system (Sage, 1998).

The term Ayurveda is Sanskrit. This classical language is Old Indian and one of today’s 22 official languages (The Constitution of India, 2007, p.330). It is composed of two words: “ayur” representing the connection of body, sense organs, mind and spirit life and often loosely translated as life; and “veda” meaning complete knowledge or science. Thus, Ayurveda means the “science of life” (US Department of Health and Human Services, 2009, p.1).

2.3.1 Principles of Ayurveda

The exact time of origin of Ayurveda is hard to assess as most of the literature sources either name different centuries, or merely approximate its origin by using great time spans. However, it is most likely that Ayurveda developed between 1 500 and 1 000 BC (Castleman, 2000). The 5,000-year-old Indian philosophy is the basis for one of the oldest medical and healing systems in the world, and is strongly connected to Hinduism. It is widely believed that Ayurveda was brought to the humans by the Hindu gods, who also taught them its principles and system (Pelletier, 2000). Ayurveda has its roots in the so-called “Vedas”, which are the “holy books” of Hinduism and the oldest text collections of Indian wisdom, knowledge and literature (Goldner, 2008). The “Vedas” consist of four books: Rigveda, Samveda, Yjurveda and Atharveda (Mishra et al. 2001, cited by Mishra 2004). For hundreds of years, the Ayurvedic knowledge was developed by its practitioners and conveyed orally from the fathers to their sons. It was not until 700 BC that they were written down and two of the most important guidebooks for the Ayurvedic medicine formed. These texts were known as the “Chakra Samhita” and the “Sushruta Samhita”. “Chakra Samhita” by Chakra focuses on medical management of disease, prognosis, etiology, pathology and symptomatology (Sharma, 1982). Sushruta, in comparison, deals with surgical procedures and the instruments used in his book called “Sushruta Samhita” (Murthy, 2005). The two of them distinguished Ayurvedic healing into the eight medical fields of internal medicine, surgery, treatment of head and neck, disease, toxicology, psychiatry, care of the elderly and rejuvenation, sexual vitality and
gynecology, obstetrics, and pediatrics. These medical fields are still recognized and distinguished today (US Department of Health and Human Services, 2009, p.2).

Written in Sanskrit “Chakra Samhita” and “Sushruta Samhita”, together with the “Ashtanga Hridaya Samhita”, are known as the senior triad in Ayurvedic healing. Additionally, there exists a junior triad of three books, which hold further information and annotations on the “Ashtanga Hridaya Samhita”. In conjunction with the previous exploration of the eight medical fields, these three books explain the definitions and principle concepts of health and disease, hygiene, pharmacology and therapeutics, synthesis, pharmacy and herbal formulations (Mishra, 2004).

Despite the Muslim conquest of the Indian subcontinent and the long-lasting colonial rule by the British later on, with both introducing their own medical treatments, methods and techniques, the traditional Indian medicine foundation always remained a lively part of the Indians’ lives (Federspiel & Herbst, 2005).

2.3.2 Acceptance and Practice

For many centuries, the theories and diagnostics of the Ayurvedic teachers and practitioners were accepted and followed without any scientific opposition and questioning. What the men learned from their father, which was passed down from several generations, was to believe in their ways as the right thing to do. They followed what they had been taught and what their ancestors practiced over thousands and thousands of years, even though most of them had no explanations for the healing powers and outcomes of the treatments applied.

The advancements and developments in technology and science, however, certainly improved the understanding of the Ayurvedic medicine. It also facilitated the explanations of disease, the causes, the use of diagnostic techniques, and development and implementation of pharmaceutical products and services. The Ayurvedic medicine certainly drew its benefits from the vast technical, scientific and engineering advancements of the 20th century, especially with regard to its acceptance in the Western world.

In India, the Ayurvedic medicine was unified and standardized in 1969 and the agency CRRAS (Central Council for Research in Ayurveda and Siddha) was established under the Ministry of Health and Family Welfare. It enjoys the recognition of an independent medical system and the Indian government invests a vast sum of money into the conducting of research and clinical trials. The aim is to investigate
and underline the effectiveness of the Ayurvedic medicine, its products and treatments in over 70 research institutes located all over India (Mishra, 2004).

Furthermore, roughly two hundred colleges and universities exist in India today where one can receive his/her “Bachelor of Ayurvedic Medicine and Surgery” (B.A.M.S.) often referred to as “Ayurvedacahrya”. These accredited colleges are guided by certain standards and regulations set by the Indian government, and the length of study for students usually lasts about five and a half years. After graduation the Ayurvedic doctors can get their approbation in order to be allowed to practice medicine.

Additionally, post-graduate studies are offered for those wanting to further develop their knowledge and expertise in the science of Ayurvedic healing. These studies take about three years and its graduates are referred to as Medical Doctors (Ayur.) or M.D. (Ayur.), as well as “Ayurveda Vachaspati”. Besides the governmental-organized college studies, traditional training courses are also offered, which are mainly based on the close personal contact with one or more instructors of Ayurvedic healing. These forms of personal training courses still provide a very family-oriented structure and way of teaching, even though they are not necessarily taking place between family members (Kirschner & Schwertfeger, 2004). Today almost 80 percent of the population trusts in and uses Ayurvedic healing, sometimes in combination with conventional Western medicine (US Department of Health and Human Services, 2009, p.2).

2.3.3 The Columns of Ayurveda

The core base for Ayurvedic is built upon the elements of space/ether, air, fire, water and earth. The human being is seen as a microcosm imaging its surrounding macrocosm. The cosmos, human beings and everything else that is living is made up by the five elements. The five senses people use to assess and experience this world are also attributed to the five elements: space and hearing, air and touch, fire and sight, water and taste, earth and smell (Federspiel & Herbst, 2005).

Earth is seen as the most compact element. It provides the body with power and stability, the spirit with resolution. Water stands for limberness and flowing movements, and is reflected in satisfaction and smoothness. Fire symbolizes light and heat, enables metabolism and provides intelligence and awareness. Air creates physical flexibility and speed, as well as the flow of thoughts, happiness and luck. Ether is amorphous and builds the connection between all elements. It represents clarity, love and sympathy (Mattausch, 2004).
In Ayurveda, the human life is composed of the human body, the sense organs, the spirit and the soul. The human body represents a visual frame connected with the outside world and its surroundings through the sensory organs. As the inner organ, the spirit is dependent on the information provided through the senses. The spirit and what is absorbed by the sensory organs finally affects the soul. How everything interacts, and the consequences of those interactions, is described by the concept of the three “doshas”, which characterize the fundamental regulatory system on the human body (Federspiel & Herbst, 2005).

“Doshas” are often referred to as the life energies or forces, bioenergy or bio principles. Each “dosha” is associated with one or more of the five elements, as well as their characteristics that are based on space, air, fire, water and earth.

The “vata dosha”, referred to as “[t]he wind force” by Erdemir (2003, p.2), combines space and air. It shall be responsible for every movement and agitation of and within the human body, representing the activities of the nervous system, the senses and respiration (Kirschner & Schwertfeger, 2004). Considered as the optimum energy of life, “vata” embodies physical and mental vitality, action and communication. Through “vata” people should perceive, learn about their surroundings, experience their body and mind, walk, talk and think (Dahlke, 2007).

The “pitta dosha”, referred to as “[t]he sun force” by Erdemir (2003, p.2), is composed of fire and water, representing the “thermal” principle. This “dosha” is shall be responsible for the biochemical and enzymatic processes within the human body that are connected with heat, such as digestion and metabolism (Kirschner & Schwertfeger, 2004). Besides creating energy, dynamics and heat, mobilizing metabolism and blood circulation, “pitta” also activates all the combustion processes in the alimentary organs, the cells and the tissue, embodying artistic power (Dahlke, 2007).

The “Kapha Dosha”, referred to as “[t]he moon force” by Erdemir (2003, p.2), is a combination of water and earth, representing composition and structure of the human body, as well as growth and agility (Kirschner & Schwertfeger, 2004). “Kapha” should grant stability and endurance, provides form and structure to the body through cells and organs and regulates the humors of the organism. It represents moisture, dense substance, power and resistance, patience, endurance, as well as mental and physical activity. “Kapha” is the material basis of the human being (Dahlke, 2007).

Ayurveda believes that these three “doshas” not only drive people’s actions and sequences of life, but also define their physical and psychological characteristics and natures called “prakriti”, which
strongly depend on the doshas’ combination. Everybody has his/her unique “dosha-mix”, which is set at the time of procreation and can therefore somehow be compared to what Western natural science refers to as genetic constitution or disposition (Kirschner & Schwertfeger, 2004).

Depending on one’s “prakriti”, conclusions can be made about the person’s strengths and weaknesses, his/her likeliness of getting sick, the interdependency of body and mind, one’s reactions to diets, medicine and the climate. According to Ayurveda, every person is focused on finding the right balance between his/her systems and environment. A healthy body is able to adjust to one’s daily, monthly and seasonal rhythm, but in the case of an imbalance, the body immediately sends out warnings. If not paid attention to, the warnings will turn into sickness. Therefore, Ayurveda would consider changes of cells and tissue not as the beginning of a disease, but already as the disease itself (Federspiel & Herbst, 2005). Sickness in general is not considered as a lacking of one of the “doshas”, but rather as an excess. There is a constant interrelation between the three life energies, which need to be balanced (Traczinski, 2003).

2.3.4 The Ayurvedic Concepts of Health and Disease

The Ayurvedic medicine does not focus on the human body alone. It also pays close attention to spirit and mind, as the main aim is to balance the three and their interconnectivity, in order to promote health and prevent sickness. The focus on the balance of body, mind, and spirit expresses the holistic view of Ayurvedic healing (US Department of Health and Human Services, 2009). An imbalance of the three would be the result of an imbalance of the “doshas”.

People are exposed to all kind of external influences on a daily basis, such as climate change, nutrition, emotional changes, psychological pressure, stress, lack of relaxation, changing environments, loneliness and so forth. All these factors, in part, influence a person’s energy forces and are responsible for causing a proportional change. A sickness starts to develop when the external influences on the “doshas” are either increasing or decreasing extremely at a rapid rate.

Thus, rather small symptoms such as loss of appetite, flatulence or fatigue are already considered as the first state of sickness in the Ayurvedic healing concept. For a short period right after the emergence of the first symptom(s), the body is believed to have enough power to heal itself through self-regulation or through little adjustments by the person. For instance, light food or some exercising can help to regulate such symptoms. If there is no immediate self-regulation, one soon will not be able to regulate the imbalance all by himself/herself.
According to the Ayurvedic medicine, toxic products of metabolism (ama), which are seen as the source of most diseases, will continue to form in different parts of the body. Ayurvedic healing defines disease as the consequences of imbalanced “doshas”. Life energies shall be lost, causing a degradation of the power of the mind and spirit, which consequently leads to a degradation of the body in the form of a weak immune system, making a person prone to becoming sick (Mattausch, 2004).

Furthermore, the ancient Indian medical system chooses to focus on the prevention of disease, the maintenance of health, the reinforcement of one’s power of self-healing and inner energy and the treatments applied, rather than on the treatment of the disease only (Mishra, 2004). Ayurvedic medicine never focuses on one part of the body or simply follows the symptoms. It takes all aspects of the patient’s life into consideration: his/her consciousness, the body, behavior and his/her environment (Klein & Hoffbauer, 2001).

The Ayurvedic terminology for health is “swastha”. This word has its origins in “Sanskrit”, originating from the two words “swa” and “stha”, “swa” meaning oneself and “stha” meaning standing or established in. Therefore, loosely translated, “swastha” means “established in oneself”. Oneself hereby is meant as a place of complete health, an area of complete order and the immaterial basis for self-healing and regeneration. All Ayurvedic therapies are aiming in one direction, having the same destination: exactly this place of “swa” where a person should restore himself/herself (Dahlke, 2007).

### 2.3.5 Ayurvedic Diagnosis & Treatment

The Ayurvedic diagnosis starts with the assessment of the patient’s dominating “dosha” and the constitution and balance of “vata”, “pitta” and “kapha”. This is done through a personal conversation wherein the Ayurveda practitioner discovers the patient’s behavior and lifestyle practices, diet, recent sicknesses, their sources and symptoms, as well as about the patient’s ability and speed to recover from sickness. The conversation is supplemented by the physical examination of the patient’s eyes, tongue, skin, weight and overall appearance. Additionally, the patient’s urine, stool, speech, voice and pulse will be inspected as well (US Department of Health and Human Services, 2009).

As already mentioned above, the main aim of Ayurvedic medicine is to harmonize and balance the body, mind and spirit. Their balance however depends on the “doshas’ ” balance. Since every person is claimed to have a unique combination of “doshas”, every person also needs specified Ayurvedic treatment, which is adjusted and aligned with a person’s unique “dosha” composition (US Department of Health and Human Services, 2009). The Ayurvedic health system consists of a great number of
different Ayurvedic treatments, which again reflect the holism implied by Ayurvedic healing. A variety of different treatments and services are applied including Ayurvedic modalities, diet and nutrition, Yoga and meditation, massages, purification, herbal medicine, music and aromatherapy and Vedic astrology (Klein & Hooffbauer, 2001; Lockie, 1995).

In order to reach the goals expressed in Ayurvedic treatment therapies, several methods and techniques must be used to aid in this process. One such goal can be identified as an elimination of impurities. A process called “panchakarma” is used to free the body from all “ama” that might have formed in some parts of the body and cleanse it. This process wants to eliminate the toxic products through the respiratory system and the digestive tract. The possible treatments used are massages, enemas, and medical oils in the form of a nasal spray.

Another Ayurvedic goal would be the reduction of symptoms. Depending on the patient and the severity of his/her symptoms, different treatments can be prescribed to assuage them. Besides massages, meditation, stretching, physical and breathing exercises and a change in diet, herbal prescriptions may be made.

The increase of the patient’s disease resistance would be another goal of Ayurvedic treatments. Thus, various herbs, minerals, vitamins and proteins may be combined in order to increase the patient’s immune system and appetite, as well as to improve his/her digestion.

Lastly, the reduction of worry and increase of harmony is a major treatment goal. At this stage, practitioners provide the patient with advice in regards to avoiding certain situations that may be causing worries, and to help apply treatments to help release negative emotions and feelings (US Department of Health and Human Services, 2009).

2.3.6 Ayurvedic Wellness – the Indian Medical System in Europe

Ayurvedic medicine has been used in India for thousands of years and enjoys great acceptance as the primary health system. Classified as a CAM in the Western part of the world, Europe and the United States, the Ayurvedic concept however is a rather recent development. (US Department of Health and Human Services, 2009).

Additionally, Ayurvedic medicine profited from the boom and increase in demand for wellness, thermal spa and health resorts. Ayurveda was transformed into a hip and modern keyword, unfortunately often even without knowing the medical background and theories on which this ancient
Indian philosophy is based. It is likely to see Ayurvedic healing treatments minimized to massages, yoga, the dosha diet, and cosmetic products, and used as a wellness concept for people who suffer from physical and psychological imbalance caused through stress and too much pressure (Langbein & Bardehle, 2007).

According to a market study of the “Institut für Freizeitwirtschaft” (Institute for Leisure Economics) in Munich, the interest in health tourism doubled in the years between 1999 and 2002. Through asking for people’s motivations and experiences with health tourism, the institute defined four tourist segments: “healthcare”, which encompasses people who are interested in the prevention and/or alleviation of pain; “wellness”, where people are looking for the balance of body, mind and spirit; “beauty” which is mainly focusing on their looks and external appearance; and “anti-aging”, which is concerned with the delay and slowing of the aging process. Through the variety of alternative treatments Ayurvedic medicine is offering, all four segments can be treated through one or more combinations of several therapies (Institut für Freizeitwirtschaft, 2003, cited by Kirschner & Schwertfeger, 2004, pp.10-11).

2.3.7 Alternative treatments at Therme Loipersdorf

Four types of Ayurvedic massage treatments are provided at the Therme Loipersdorf. These massages are called “padabhyanga”, “shirodhara”, “mukabhyanga”, and “abhyanga”.

“Padabhyanga” is a foot massage. It begins with the heating of the oil, which is then distributed over the patient’s legs. The therapist’s thumbs and index fingers circuit the patient’s ankles and heels, before massaging the oil into the sole of the feet using a lot of pressure. This treatment is claimed to cure dry, rough, tired and demure skin and to eliminate calluses and acampsia of the feet. Additionally, the whole body shall be vitalized and strengthened by its application. It may also alleviate insomnia and nervousness (Mathew et al., 2008).

During a “shirodhara” treatment a thin, warm oil mixture, supplemented with herbs, is gently poured over the patient’s forehead. “Shirodhara” is claimed to have enormous influence on the patient’s psyche, putting him/her into a deep state of trance and relaxation. Afterwards, the patient often reports the experience of strong emotions, dreams, colors and lights (Sachs & Sachs, 2007).

The continuous stream of oil, which can also be supplemented by milk, buttermilk or water, should be directly aimed at the third eye area in order to calm down the patient’s nervous system and to
balance one of the “vata dosha’s” subdoshas, which is claimed to exert major influence on the brain. Thus, the mind shall be cleared, mental peace created, and agitation reduced. This treatment is meant to be beneficial for people suffering from migraine, neck and shoulder pain, head tension, hair loss, insomnia or nervous disorders (Gowans, 2007).

“Mukabhyanga” is an Ayurvedic head, face and cleavage massage. Its main purpose is relaxation, but shall also address skin care and the elimination of stress, irresolution and emotional distress. Besides external rejuvenation and face-lifting effects, “Mukabhyanga“ also claims to have effects on the patient’s soul and to improve one’s sight. By the indirect influence on the brain, all the other organs shall be harmonized as well (Therme Loipersdorf, 2010c).

“Abhyanga” is the classical Ayurvedic full body, oil massage that can be given by one or more massage therapists at once (Kirschner & Schwertfeger, 2004). Herbs are added to the oil to increase its therapeutic effects and to harmonize the imbalanced “doshas”. The warm herbal oil is meant to nourish the patient’s skin and vitalize his/her body through rejuvenation and by maintaining the body physiques. Further claimed effects of “abhyanga” are improved eyesight, glowing skin, improved sleep, purification, longevity and vigor (Podder, 2004, p.72).

2.4 LaStone as an alternative therapy

LaStone is a modern and natural massage therapy using elements of the most ancient and profound therapies known. It might be one of the newest treatments available, but the principles upon which it is based are all from valuable and often-tried therapeutic practices. “[laStone Therapy incorporates the principles of thermotherapy, deep-tissue manipulation, auric field work, chakra response and spirituality” (Scrivner, 2003, pp.5-6).

Massage, healing work, thermotherapy and energy work are uniquely combined in one therapy: LaStone. The application of hot and cold stones is used during the LaStone Therapy and their temperatures are altered throughout the procedure. This application of different stages of hot and cold is called thermotherapy and was already known by the ancient Greeks who used to bathe in hot and cold water. Massages were already well-known and practiced during ancient Greek and Roman times as well. Energy and healing works are a part of many ancient treatments practiced by a great number of indigenous tribes, groups and cultures. For the Chinese it would be, for instance, the Qi or Chi, for Indians Reiki and Prana and for the Japanese the Ki (Scrivner, 2003).
The LaStone Therapy works on three levels: the physical, the emotional, and the spiritual one, with the aim of gaining or preserving a stable balance and harmony between the three to guarantee the healing of body, mind and spirit (Nelson & Scrivner, 2005).

Scrivner (2003) describes the treatment as a journey for the spirit during which the patient’s mind shall be set to rest and its body is undergoing a challenge. Most of the processes, and what happens during a LaStone treatment, can be scientifically explained. However, there remains a certain portion, which is simply dependent on the individual patient. People’s perceptions and sensations differ greatly, therefore also their experiences during a LaStone treatment may vary greatly. Additionally, all the treatments received by one person differ from one another.

Furthermore, each LaStone Therapy treatment incorporates and uses five elements: earth, water, fire, wood, and metal. The element earth is represented through the stones used for the treatment and is the most crucial component. The water used to heat the stones and the ice for cooling them stands for the element water. Fire is integrated in the form of electricity, which is used to heat the water for the stones. Wood is symbolized by the sage, the fabrics and towels, which derive from plants, which in turn belong to the element of wood. Last but not least, metal can be found in the heater used for cooking the water (Scrivner, 2003).

Nelson & Scrivner (2005) describe the LaStone Therapy as a universal treatment, suitable and safe for the majority of patients, which is also very well summarized by the statement of Patricia Warne who is an expert and advisor of geothermotherapy: “[f]or me LaStone Therapy is the means by which I can aid a client to balance all levels of emotional, physical and spiritual energies, and often unlock blocked memories, to facilitate remembrance of where they come from and who they are in this Spiritual Universe” (Nelson & Scrivner, 2005, p.5).

2.4.1 Treatment, Techniques & the Stones

A LaStone Therapy session normally lasts between 60 and 90 minutes. While normal massage therapies usually focus on one part of the body at a time until the therapist moves on to the next part, LaStone Therapy means to focus on the body as a whole. Throughout the entire treatment the whole body is worked on.

Before the actual treatment starts the therapist places stones for the patient to lie on onto the table. After lying down there will be stones, with temperatures adjusted to the patient’s individual
needs, on both sides of his/her spine. This step of the therapy is called “The Spinal Layout”, which is meant to relax and stimulate the nerves along the spine and the back muscles while the therapist will start working on the patient’s front. Additionally, balancing messages from the stimulated spine will be sent to the central nervous system as well as to the brain. After the patient lies down, a stone will be placed in each palm meaning that the treatment has begun.

The therapist starts out with a so-called “Opening Spiral”, which is a form of energy work meant to relax the patient and to open his/her energetic field, so the therapist can access the patient’s auric fields. Originating in ancient Far East cultures, the auric field is thought of as a “dynamic energy field surrounding the physical body” (Scrivner, 2003, p. 102) in the form of layers of light spiritual energy. Even though there is no actual proof of such auric fields, energy workers and therapists strongly believe in their existence.

This opening shall enable the energy to flow freely within the auric field and guarantees the most effective results. With each exhalation the patient’s breath will be used to place the stones along the patient’s front body energy points referred to as chakras. An energy connection should be built up by the correct placement of the stones, which connects all limbs with each other. Thereby, one hand remains on the client at all times in order to guarantee the energy flow.

There also exists a direct relationship between the chakras and the layers of the auric field, meaning that each layer has a corresponding chakra and vice versa. After all the stones have been placed, the therapist starts massaging the face, neck, shoulders, arms, legs and toes with alternating hot and cold stones. Tensions and knots are meant to immediately disappear from the neck and shoulders, and the arms are stretched and relaxed.

After the completion of the front massage, the stones are slowly removed from the patient’s body, again in coordination with the patient’s breath, touching the stone when the patient exhales and removing it when he/she inhales. Once the energy work is completed and all stones have been removed, the “Closing Spiral” begins. Hereby the patient’s auric field should be closed again, putting him/her together and giving him/her the feeling of safety.

After the patient sits up, a fabric-covered stone, meant to be placed under the tummy, replaces the other stones on which the patient has been lying. The therapist once again starts with the “Opening Spiral”, followed by the energy connection work. This time, placing an additional stone on the patient’s lower back or on the sacrum and stones, once again wrapped in soft fabrics, on the neck. This procedure
is followed by the massage working every muscle. The hot stones have already preheated the back muscles since the patient has been laying on them earlier, which results in even deeper strokes.

The massage is followed by so-called “Spinal Spiral Strokes”. A Chinese fluorite crystal is used to stimulate the nerve paths from the top to the bottom on both sides of the spine. This procedure once again is meant relax the patient after the constant alternation of hot and cold temperatures and to center him/her. Finally, once the patient’s hands and feet have been washed, Native American wild sage is used. It is meant to neutralize the body and the room’s energy and completes the treatment (Scrivner, 2003).

2.4.2 The Stones

The stones, together with the energy part, are the most important components of a LaStone Therapy treatment (Nelson & Scrivner, 2005). There are stones meant for the face and neck, stones for the arms and toes, for the spine and the tummy and the chakras. The use of stones in therapeutic treatments has been practiced by many ancient cultures for thousands of years. The Mayan Indians, Chinese, Japanese and Hawaiian Kahunas use stones for healing purposes and in their rituals. LaStone Therapy makes use of two types of stones during its treatments: marble and the volcanic basalt (Scrivner, 2003).

As LaStone therapy is following certain guidelines and procedures leaving nothing to chance, also the number of stones used during the treatment is very well thought-out. During the treatment 54 carefully selected basalt stones are used, whereby the sum of five and four equals nine, which represents an important number in the therapeutic field.

The basalt pebbles used are naturally formed by volcanic and sedimentary action and belong to the most common types of stones on earth (Nelson & Scrivner, 2005). They have a very simple structure and form from the rather fluid part of the lava. Due to their dense structural composition, basalts claim to be ideal for being heated, saving the heat for a long time and releasing it slowly. All 54 stones, but five, have an exact partner and each of them has a certain scope and function. Basalt is claimed to help increase people’s physical strength and promote their positive side. Scrivner (2003, p.61) even refers to it as “a stable rock in life”, which also supports and improves the health of the reproductive organs and systems. With its usually dark colors of grey, green purple or black, the basalt stone shall represent the male energies.
The white marble stone in contrast should represent the female energies balancing the LaStone therapy treatment. It is a metamorphosed limestone, which, under the exposure to high temperatures, forms new crystals of calcite, which again transform into marble. The marble stones when used for the LaStone Therapy are often between 200 and 300 million years old. Usually 27 designed and hand-shaved marble stones are used during one treatment, again incorporating the important number nine as the sum of the digits. Marble stones have a less dense structure than the basalts and are ideal for the use of the cooling process (Scrivner, 2003). The chilled stones absorb the heat from the patient’s body and are claimed to be best used when applied to recently injured areas and areas of inflammation and burn. Marble helps to relax the muscles of the injured area, which gives the therapist the chance to work deeper and with reduced pain to promote the cure of these areas (Nelson & Scrivner, 2005).

2.4.3 Therapeutic results and outcomes

Crucial for a positive and effective result of a LaStone Therapy treatment is not only the temperature of the stones, but also the duration of their application. It is extremely important to find the right balance between hot and cold since they consequently stimulate the physical, mental, emotional and spiritual balance of the patient. As a response to the use of the stones and the alternation of temperature, physiological processes within the patient’s body change with the aim of encouraging healing. This application of chilled and heated stones is called geothermotherapy, which is also claimed to increase the flow of blood in the applied areas and to the exchange of blood, digestive fluids and lymph. These responses need to be understood by the therapist in order to be able to coordinate the course of the treatment.

Two of the most important possible responses are the “tonic” and the “atonic” reaction. Atonic reaction usually is the response of a long-term application of heated stones. The whole body or just parts of it hereby tend to lose their tone, the muscle capacity is diminishing, and an overall feeling of drowsiness sets in. By contrast, a tonic reaction may be the result of a short-term application of chilled stones. The skin, as a reaction, turns red and shows increased activity, the muscle capacity increases, the blood vessels are widened and the respiration enhances. The most effective results are guaranteed by paying close attention to the optimum duration of temperature, since too much heat can make the patient feel sweaty and unpleasant, and too much cold, on the other hand, can lead to goose bumps and unpleasantness as well (Nelson & Scrivner, 2005). The patient’s body shall be able to work at its optimum with short-time applications of the correct amount of temperature, which will support the body and improve its curing, cleansing and rejuvenation processes.
The constant presence of the stones throughout the whole treatment, meaning not only their temperature is constantly present, but also their energy is passed onto the patient as well by the therapist. The therapist represents more of an assistant or even apprentice, while the stones do the main part of the work. They shall even increase the therapist’s therapeutic life by preserving his/her wrist, taking the pressure off his/her joints and reducing the strains on the thumbs (Scrivner, 2003).

2.4.4 The Origins of LaStone: Mary D. Nelson

Mary Dolores Nelson, the founder of the LaStone Therapy, was born as the middle child of five children in Tucson, Arizona on September 14, 1954. Raised in a truly traditional Irish Catholic family, nuns and priests were constantly present throughout Mary’s childhood and youth. To her, angels and saints were very real and she was talking to Blessed Mary from her early years on. Mary also did a lot of volunteer work at reservations, where she and her mother worked with Native American women and she got the chance to learn and study the Native American culture.

When starting college, Mary decided to study metaphysical beliefs and somehow managed to combine them with her beliefs in the Catholic Church, while not having to compromise either of them. After switching her major to interior design and dress, she underwent a 14-month massage course at the DIHA (Desert Institute of Healing Arts) in Arizona, which she graduated with honors in 1991. A little bit reserved by her Catholic faith, Mary hesitated to engage into the studies of chakras and energy work. It was not until her final weeks at the DIHA that she took a class where she learned about the flow of energy and chakras. She was captured by the topic right away and engaged into further research and learning by trying out energy work. Even back then she developed techniques and practice, which are fundamental parts of today’s LaStone Therapy.

After graduating DIHA Mary started to practice as a massage therapist and experienced immediate success. The constant pressure on her wrists and thumbs however, increased her desire to develop new methods and therapy treatments to preserve her joints. The idea of using the stones first came to Mary during the summer of 1993. She was experiencing problems in her shoulder with the pain making it difficult for her to give massages. Taking some time off, sitting in the sauna with her niece Tonya, Mary asked her spirit guide for help. She needed a way to massage even though her shoulder was injured.

As Mary Nelson claims, her spirit guide indeed provided her with a solution by repeatedly saying: “use the stones” (Scrivner, 2005). Mary listened to the voice, took two palm-sized stones and
tried them on her little niece, who experienced an immediate release of her tense muscles by only a soft application of pressure. Fascinated right away, Mary started to practice with the stones on her own body every day. She intuitively started to use more and more stones, designed different layouts, developed procedures and new massage methods (Nelson & Scrivner, 2005).

The original name Mary had in mind for her treatment was “Hot Stone Massage” which, after a short time, was no longer appropriate, since she started to use chilled stones next to the heated stones. Facing difficulties to find an adequate name, she once again asked for the guidance of one of her saints, called San Juanette. Waking up in the middle of the night she heard her spirit saying “LaStone Therapy” (Scrivner, 2003). Mary wrote down what she was hearing and ended up revising the words “listen” and “last one” over and over again until it made perfect sense since the two of them were of great importance: “LaStone is the “last one therapy” or “the last word in therapy”, the ultimate therapy. We should also learn to “listen” to the lessons the stones have for us – either as therapists or clients” (Nelson & Scrivner, 2005, p.11).

To further learn about the processes and effects caused by the alternation of the temperatures provided by the stones, Mary introduced Patricia Warren, a hydrotherapy instructor, to the LaStone Therapy, followed by Teri Williams, a rebirth therapist and Reiki master. Mary kept doing this for the following years with experts and therapists from a great variety of different fields until she understood the full potential of LaStone Therapy (Scrivner, 2003).
2.5 Therme Loipersdorf in Styria, Austria

2.5.1 Discovery and foundation of Loipersdorf

In 1972 the Rohölaufsuchungsgesellschaft (RAG) found 62 degree Celsius highly-mineralized, hot water at a depth of 1,100 meters during routine oil and gas drilling. After in-depth examination and close consideration, the water’s highly therapeutic effects were recognized quickly. The government of Styria together with eleven municipalities of the state of Styria, decided on building a thermal spa and health resort, which turned out to be beneficial in many different ways: The purely developed infrastructure of the region around the thermal spa and health resort would be enhanced. Until that point, no other health resort with a special focus on rheumatism, motion sickness, and consequences of accidents could be found throughout Southeast Austria. Many Austrians enjoyed spending their leisure time at thermal spas and health resorts across the borders in countries such as Hungary and Slovenia. Therefore, the construction of a thermal spa and health resort inside Austria could help in saving on foreign exchange as well as keeping the money spent within its own economy.

The official birth date of “Thermalquelle Loipersdorf” was July 30, 1975 with Diplomkaufmann (Master of Business Administration) Dr. Horst Wagner being the chief executive officer of the limited liability company. Eighty-five percent of the company belonged to the province of Styria, the remaining 15 percent belonging to the 11 surrounding regions (Altenmarkt, Blumau, Stein, Ubersbach, Grosswillersdorf, Ilz, Fürstenfeld, Loipersdorf, Unteralm and Jennersdorf (Burgenland)).

Starting off with an area of 23 hectares, today 30 hectares, a building plan was developed. The main goal was to realize the building of the thermal spa and health resort in two major phases. Additionally, the owners decided that the health center should specialize on rheumatism, motion sickness and injuries and consequences of accidents in order to provide an economic boost to the weak area.

Phase One focused on developing and building the recreation area. This included swimming pools, thermal halls and baths, sunbathing lawns, the sports complex, saunas and restaurants. During Phase Two, the spa treatment center including a hotel, spa gardens, additional restaurants, hotels and bed and breakfasts were built. Moreover, an infrastructure boost was about to happen in the greater area of the Therme Loipersdorf. Roads to and from the thermal spa and health resort needed to be built,
as well as an infrastructure system for electricity, gas and water supply, sewage disposal, the medical care and supervision of the area and its gastronomic and accommodating offer.

From March 1977 until July, the “Thermalquelle Loipersdorf” hired the German company Heinrich Angers Söhne, and the Viennese well-sinking company Latzel & Kurschal Ges.m.b.H. Together they started working on the second drilling point at “Lautenberg”, only 510 meters air-line distance from the first drilling point “Binderberg”. In a depth of about 1,100 – 1,200 meters, hot springs of the same high quality level were allocated, making the second bore as successful as the first one.

On July 14, 1978, after a construction time of about ten months, the “Schaffelbad” (Schaffel Basin) was officially opened. It was the first separable part of the business units of the Therme Loipersdorf. Two thermal pools, one outdoors and one roofed, with a total water expanse of 70 square meters and temperatures around 37 degree Celsius were built, offering high quality relaxation on the one hand. On the other hand, it was used by Thermalquelle Loipersdorf to collect information and gain construction experience, as well as the required technical equipment and appropriate materials, such as marine bronze, acid-proof stainless steel or titanium steel, the cool-down process of thermal water, the required energy expenditure, and the water sterilization process.

The company intended to focus on two main goals. First, it wanted to build itself a name for itself as a renowned rehabilitation center, bringing Univ.-Prof. Dr. Buchner as medical executive on board, plus physiotherapists and several rehabilitation center physicians. The second pillar was to promote health-consciousness, recreational facilities, and the healing power of the hot springs.

In order to increase the attractiveness for investments and the construction of hotels, Mr. Eder, the major of Loipersdorf, acquired landscapes and construction land in the name of the Province of Styria to re-sell it to interested hotel investors. The construction work of the first hotel, “Thermenhotel Stoiser”, started in March 1979, with the “Hotel Kowald” and “Hotel Leitner” in the following year.

The groundbreaking ceremony for the construction start of the thermal spa and health resort Loipersdorf took place on September 21, 1979. The project was based on the authorized capital of 80 million Schilling, from which 85 percent was provided by the Province of Styria and the remaining 15 percent by the eleven involved communities. Furthermore, 60 million Schilling were granted by the “Österreichischen Hoteltreuhand”, and the Province of Styria annually invested an additional 40 million Schilling for the upcoming five years. The overall costs added up to a total of 483 million Schilling, whereby 300 million Schilling were spent on the thermal spa and health resort’s construction itself, 150
35 million Schilling were invested into the improvement of the resort's infrastructure (water supply, electricity, telephone coverage, etc.), and the remaining amount was spent on architects' fees.

Two years later, on September 24, 1981, the Therme Loipersdorf, simultaneously with the Thermenhotel Stoiser, opened its inner and outer pool areas adding up to a total water expansion of 650 square meters, as well as the dressing and cabin rooms with 78 cabins. About one month later the two indoor tennis courts were officially opened, which hosted a big tennis tournament. Within its first year of operation Loipersdorf welcomed its 1,000,000 guest. The following two years, from 1981 to 1983, the rest of the thermal spa and health resort was opened step by step to the public.

The final completion of the Therme Loipersdorf was claimed to be of essential importance to the whole district, representing a major income source, being of great economic importance, and providing thousands of job positions. Hopes were not disappointed, with one attendance record outdoing the next. Loipersdorf attracted, and still does attract, about 1,500 to 1,600 visitors on a daily basis, turning the thermal spa and health resort into the hot spot of the “Steirischen Thermenlandgesellschaft”.

2.5.2 Devastation and Reconstruction

After a devastating fire in 1983, which caused a damage of about 250 million Schillings, the Schaffelbad once again became Loipersdorf’s number one spa, being the only income source during the re-construction period of the thermal spa and health resort, which received the green light in August 1984, after the insured loss was settled at 205 million Schilling. The “new” Therme Loipersdorf was planned by architects Hans Ilgerl and Attila Simonyi, and the new Schaffelbad by Attila Simonyi himself.

A short time after the successful re-opening of the thermal spa and health resort, it came to personnel changes in the management area. Ing. Mag. Wiedermann resigned from his duties as the director of the Therme Loipersdorf in February 1986. Mag. Dr. Leopold Gartner temporarily took over the position of director until January 1, 1987 when Mag. Roman Perisutti got into office. He remained the director of the thermal spa and health resort until 1992 when he was replaced by Wolfgang Riener.

2.5.3 Further Developments of the Therme Loipersdorf

Since May 1987 visitors can enjoy the “Acapulco” swimming pool, with 60 centimeter high, artificial waves, for their work out. For those guests looking for relaxation and wellness, the “Beauty Farm” was opened in May 1988, offering a great variety of treatments and beauty packages. In the following years the management of the Therme Loipersdorf always monitored new trends and
developments in the spa wellness and health industry, making sure it was always on the top of the game, keeping up with their competition, pursuing the aim of staying ahead of them.

Therefore, there were constant investments in re-construction and further developments of the thermal spa and health resort’s facilities and offers. Part of these enhancements was the construction of the Kneipp stream. The Kneipp medicine pursues a holistic approach, which is a concept with the aim of total balance of mind, body, and soul as explained earlier. The application of the Kneipp approach claims to have a positive effect on veins and metabolism, as well as to support the blood flow and stimulate the circulation. One part of this holistic medicine, which is implemented at the Therme Loipersdorf in the form of the 30 centimeter deep Kneipp stream, is water treading. When treading water, one strides in cold water without actually moving forward.

Besides all the improvements and developments at the thermal spa and health resort itself, the area around the Therme Loipersdorf changes as well. Many new hotels were built in order to be able to live up to the steadily increasing demand and expectations of resort guests and visitors to the area around the town of Loipersdorf. Furthermore, great efforts were put into increasing the sports and recreation offerings of the area. Therefore, a driving range was opened in July 1989 and about one year after that, the 18-hole golf course, which was extended to 27-holes later on (Therme Loipersdorf, 2010a), as well as the recreation and sports park.

In the following years, after the IVV-circular walking trail, the megalithic power-walking trail at the hill of the resort and the radiesthesia nature trail, were opened. Consisting of twenty stations and built out of 44 granite stones coming from a region in Lower Austria called “Waldviertel”, the “Kraftwanderweg” (Power Walking Trail) was Austria’s first stone walking trail. Each stone is claimed to produce its very own vibrations.

July 1995 was when the construction work for the “Schaffelbad-New” started. The visitor number was limited to three hundred, guaranteeing maximum relaxation. In a calm environment and atmosphere the guests can get rid of stress, release pressure, and get away from their busy lifestyles by enjoying one of the offered oriental relaxation massages. The opening of the “Schaffelbad-New” was simultaneously used to introduce the new logo and promote the thermal spa and health resort’s new marketing and advertising campaign, using Loipersdorf’s new slogan “Der Sinn des Erlebens” (The Sense of Experience).

In the years from 1999 to 2003, further steps were taken and investments made to increase the
offers and their qualities of the Therme Loipersdorf. It started off with the construction of the “Erlebnisbad-New”, including the remodeling of the sauna area near the thermal indoor bath. The year after that, the Schaffelbad got its third lifting in the form of a further extension of the relaxation area. New pools, sauna, and relaxation rooms were added, as well as a Bach-creek, a lake pavilion, a sauna bar, and a new beauty salon called “Oasia”. The thermal outdoor swimming areas were completely renovated in the months of October and November of 2001.

Furthermore, after about three years of negotiation, the construction of a 500-bed hotel operating in the five star category and belonging to the Intercontinental Group, was begun. Simultaneously, “Thermalquelle Loipersdorf” decided to broaden its offer by investing one billion Schilling to enter a completely new market – the conference and convention industry. Therefore, in the year 2002 the “Thermenland Congress Centre” was inaugurated.

2.5.4 Today’s Amenities at the Therme Loipersdorf

The Therme Loipersdorf counts approximately 630,000 visitors per year, making it the most popular health and wellness resort of Austria, and resulting in total revenues of about 15.7 million Euros in the financial year of 2008/2009. Its visitors get the chance to enjoy the entire complex of the Therme Loipersdorf stretching over 20,000 square meters, offering a total expanse of water of 36,000 square meters. The thermal spa and health resort offers 35 different swimming pools, of which 19 contain thermal water and 16 freshwater. Loipersdorf has a great variety of activities to offer, including recreation and relaxation, as well as action and adventure. Embedded in the extensive hilly landscape of Southeast Styria, the Therme Loipersdorf offers a broad variety of therapy, wellness, and sports programs. The health resort is divided into four major areas: the “Thermenwelt” (Thermal World), the “Erlebnisbad” (Action Bath), the Schaffelbad (Schaffel Basin), and the “Therpiewelt” (Therapy World).

The “Thermenwelt” has a water expanse of 710 square meters, offering pools with water temperatures between 36 and 38 degrees Celsius in the hot water areas and 24 in the cold-water area, plus five hundred sun lounges. It extends over 4,500 square meters and encompasses all the thermal indoor and outdoor pool areas, the hot cold and hot water pools, the solarium and “Salzgrotte” (salt grotto or chamber), as well as the “Saunadorf” (Sauna Village).

Built from 250 million years old, solid, partially cut and partially round Himalaya salt blocks, the “Salzgrotte” provides a microclimate, which can be compared to the one found in a salt tunnel deep inside a mountain. Spending about 25 minutes in the “Salzgrotte” can be compared to a two to three
hours walk near a wild and stormy sea. This special grotto or chamber is claimed to be a power source for body and soul, with its stimulating climate causing a refreshment of the skin, as well as clearance of the respiratory tracts, a stimulation of the metabolism, and the overall wellbeing. Therefore, when suffering from bronchitis, allergic nasal congestion, allergic sinusitis, hypersensitive respiratory tracts, psychosomatic diseases, or skin diseases like eczema and acne, the “Salzgrotte” is one good way to decrease effects and symptoms caused by the sicknesses mentioned above.

The “Saunadorf” covers an area of 1,300 square meters, embedding a 50 square meter water facility. Besides various sauna cabins, a Roman vapor-bath with grottos and “Felsenduschen” (rock showers), where people can experience the feeling of taking a shower under a waterfall, heat benches, solariums, an outdoor walking area, a sauna bar, and a Grander drinking fountain, one can also enjoy the Feng Shui – Kneipp Basin. Composed of two parts this special water area holds a cold and a warm water basin. The warm water basin contains thermal water. In the cold water basin, the water is set into energizing vibrations using special shaped stone meander bowls.

The “Erlebnisbad” stands for entertainment and fun for young and mature. It encompasses 920 square meters of water expansion and stretches over a total area of 23,000 square meters. The huge Black-Hole-Slide, the “Kuschelwand” (cuddle wall), the “Wärmebucht” (thermal bay), the whirlpool, the “Wildawasserbach” (mountain torrent imitation), the grottos, and the waterfall are only few of the many attractions the “Erlebnisbad” has to offer.

The outdoor pool area consists of three pools. The “Wellenbad”, which holds freshwater, is equipped with corrugators producing artificial waves of up to 60 centimeters. The “Acapulco” pool counts an expanse of 660 square meters of water and is also heated to a temperature of 24 degrees Celsius. The third outdoor swimming facility is the “Kinderfreibecken” (kid’s outdoor swimming pool) called “Moby Dick”, with a 36 square meter expansion of water and a temperature of 36 degrees Celsius. Apart from the water areas, there is also a children’s play ground called “Indian Valley” with teepees, fireplaces, and totem poles.

The “Schaffelbad” stretches over 8,500 square meters, with an area of 1,800 square meters for comfort and relaxation, 14 saunas and 14 relaxation pools. “Schaffel” is the Austrian word referring to a large container in which, in past days, people not only did their laundry, but took a bath as well. Over the years, this “Schaffel” basin, from the traditional oak “Schaffel”, became an inherent and very important part of Austria’s wellness, health and/or spa resorts, resembling a haven of tranquility for the
visitors. The “Schaffelbad” is divided into an indoor and outdoor area placed on two levels and built under organic construction manners. As already mentioned earlier the number of people allowed to access this area at the same time is limited to three hundred. Altogether the Schaffelbad holds five thermal swimming pools with water temperatures ranging between 35 and 37 degrees Celsius, a luxury sauna area, one of them with panoramic view over the Styrian uplands, a therapy and health institute for physical treatments, fango, inhalations, electro and exercise therapies, healing massages, mudpacks, and medical as well as physical examinations (Therme Loipersdorf, 2010a).

Last but not least there is the “Therapiewelt” (Therapy World), or “Vitalzentrum” (Vital Center), representing pure relaxation. The Therme Loipersdorf employs well-trained therapists offering conventional and alternative therapies and treatments to the guests of the thermal spa and health resort Loipersdorf (Therme Loipersdorf, 2010a).

The alternative therapies offered at the Therme Loipersdorf originated from a great variety of geographical and ethnical backgrounds, working with various techniques, addressing sickness and imbalance in different forms and ways. Tuina and the Asian acupoint massage, on the one hand, are treatments based on the Traditional Chinese Medicine (TCM) with the goal of reaching a total harmony between yin and yang of one’s body. Shiatsu and WATSO, on the other hand, pursue the aim of creating a holistic harmonization of a therapy guest’s energy household and to dissolve energy blockages by trying to direct the body’s energy flows into the paths. More beauty-oriented treatments would be the offered aromatherapies, which were developed to nurture the patients’ skins, flatter their souls, and create overall wellbeing.

In order to be able to guarantee high quality services in all areas and facilities of the health resort, the Therme Loipersdorf today directly employs 210 people, which is an increase of 150% since the year 1984. Most of the employees work in the bath and basin areas, at the therapies, in the engineering department, and in the administration of the thermal spa and health resort. Besides the 210 direct employees of the Therme Loipersdorf, around 2,000 additional people earn their livings dependent on the thermal spa and health resort, working in hotels, bed and breakfasts, cafes, bars and restaurants, sports and leisure facilities and other tourist attractions in the greater area of the district of Loipersdorf.

The majority of all these employees are from the immediate municipalities, thus, making the Therme Loipersdorf one of the most important employers and a significant economic engine of the
region of Southeast Styria (Therme Loipersdorf, 2010a).

2.5.5 The brand “Loipersdorf”

On January 9, 1997 Therme Loipersdorf became the first thermal spa and health resort worldwide to receive ISO (International Standard Organization) certification. ISO is an international organization setting industrial and commercial standards. ISO has developed over 18,000 International Standards on a variety of subjects and some 1,100 new ISO standards are published every year. ISO is a non-governmental organization that forms a bridge between the public and private sectors (ISO, 2010). Furthermore, in 2006 Loipersdorf was named “Austria’s Best Health Resort and Spa” (Beste Therme Österreichs) by the readers of the “News” magazine (Therme Loipersdorf, 2010b).

In 1978, the first logo created to represent the Therme Loipersdorf showed the very simple, plain lettering “Therme Loipersdorf” with a small fountain next to it. Back then the symbolism mainly focused on the element water and later on the “Schaffelbad”. The whole wellness and spa concept was not yet developed and therefore of minor importance. Nevertheless, three years later the marketing department came up with the slogan “Das baut auf” (That bolsters), indicating the new philosophy and path Loipersdorf was planning to take. Thus, “Das baut auf” remained the health resort’s lead slogan for the following years.

In 1996, the management of the Therme Loipersdorf felt that the logo with the fountain and the old slogan were not contemporary anymore and that it was again time for a change. Therefore, a company was hired to conduct a market study in order to create a more fashionable and modern logo symbolizing the new wellness and spa-oriented philosophy of the Therme Loipersdorf. The logo was designed right after the first reconstruction of the “Schaffelbad”. Today’s logo is based on the one created back in the year 1996 and was subject to minor adjustments in color, positioning, and wording.

Today the main element is the human hand representing the five senses – sight, hearing, taste, smell, and touch. It symbolizes that the Therme Loipersdorf stands for more than just thermal water, it represents the total experience of the thermal spa and health resort with all five senses. The hand is incorporated with the lettering “Loipersdorf” and its new slogan “Ist das Leben nicht schön” (Isn’t life beautiful) standing for the direct link between health and beauty as it all can be experienced at the Therme Loipersdorf. Print media, as well as radio, television, and the internet are used as media and communication channels with the public. Cultural and sports sponsoring of the Therme Loipersdorf are planned and organized by an agency located in Salzburg. International marketing and advertisement for
the thermal spa and health resort is conducted in corporation with the organization called “Steirischen Thermenland” (Styrian Thermal Spa Region), the regional association “Fehring”, and the “Wein- und Hügelland Aktionen”.
Chapter 3: Methodology

3.1 Introduction

The purpose of this study was to identify therapy clients’ acceptance and behaviors towards alternative treatments, specifically that of Ayurveda and LaStone therapies, in the Therme Loipersdorf in Styria, Austria. This purpose was guided by the research question, “Do alternative medicine therapies experience the same acceptance and status by visitors of the Therme Loipersdorf as conventional therapies, or are they seen as a form of relaxation, rather than a relief of pain.” To reach a conclusion based on statistical survey results, two questionnaires were developed to identify patient expectations and level of satisfaction prior to and upon completion of one of the given alternative treatments.

The present research examined the correlation between expectations, satisfaction, and willingness to repeat and/or recommend alternative therapies to others suffering from similar conditions and desiring similar effects and results. This chapter introduces the development of the two survey instruments and the methods used to analyze the collected data. The sampling frame will then be identified as well as the expected outcomes from the survey.

3.2 Development of Survey Instruments

As previously mentioned, two questionnaires were developed to analyze patient expectations of the Ayurveda and LaStone alternative treatments and also of the satisfaction levels from the given therapies. Both questionnaires include a combination of yes/no, choose the best response, and likert-type variable sets (Kumar, 2005). Questionnaire I includes seven main and eleven sub-questions regarding expectations and attitudes to the alternative therapy prior to treatment. Questionnaire II contains four main questions and nine sub-questions concerning the satisfaction levels and opinions after the received treatment, as well as five demographic responses.

As the questionnaires were created by the author’s own design, no direct testable variables were used in the survey instruments. However, from an exhaustive review of thermal spa and health resorts and alternative treatment research, the questions regarding expectations and satisfaction were grounded in a theoretical framework from this field of study. The content of this study is based upon understanding and identifying any significant relationships among patient knowledge and understanding of alternative treatment therapies in the field of thermal spas and health tourism. The study is exploratory in nature and is working to create a cross-disciplinary link between psychological expectations and that of tourism consumption in alternative therapy treatments (Zikmund, 2003). To do
so, testing instruments were created based on the research of the author into other satisfaction-based questionnaires from other spa-based treatments.

In addition, the questionnaires were available in English and German. During the run of the survey only the German versions were used as the English versions aided in the analysis process.

3.3 Boundary and Unit of Analysis

The literature review from the previous chapter explained the history and use of alternative therapies through the course of time. The levels of acceptance and utilization have varied over several centuries and this study aimed to understand the current attitudes at this period in time.

In this process, a general assumption arose that the general outlook for patients receiving alternative treatments did so for pain-relief purposes more so than pure relaxation. Questionnaire I helped to identify the reasons for therapy visits, while Questionnaire II assessed the outcomes and levels of satisfaction after receiving the treatment.

Based on the survey design and distribution channels, this study limited its boundary and units of analysis of investigation into the following dimensions. First, only guests who signed up to receive treatments were tested. Not taken into consideration were any guests who had inquired about the services or were undecided about making a reservation. Second, since only the guests who actually received either a LaStone or an Ayurvedic treatment were considered, clients undergoing a conventional or another alternative treatment were not accounted for either. Third, due to the nature of the study, the questionnaires were only aimed at patients at the Therme Loipersdorf, further limiting the scope of the study to only one possible thermal spa and health resort in a region filled with a vast number of thermal tourism destinations.

Another dimension of this study’s limitations is that it aims to understand the psychological benefits and attitudes towards a treatment, but the research is designed from a more business-based and less psychologically-founded research forum. With the addition of extensive psychological research, this study could also become a highly-developed empirical study if given the time and application. For the purpose of this study, a general understanding of alternative treatment attitudes is needed to begin a foundation for a much deeper motive and psychological study.
3.4 Data Collection - Sample

Quantitative research was conducted via two questionnaires at the therapy center of the Therme Loipersdorf in Styria, Austria. Only clients receiving the LaStone and Ayurveda treatments were asked by the therapists to complete the questionnaires. The eleven-week survey started on March 1\textsuperscript{st} and ended on May 16, 2010.

To focus the obtained data on alternative therapies, only those patients receiving either a LaStone or Ayurveda therapy were asked by the therapists to fill out the two questionnaires. A total number of 144 questionnaires were collected. Thus, one pre- and one post-therapy survey were filled out by 72 therapy clients.

3.5 Measures

Structured question specifying sets of different response alternatives and formats were used for the mean of this survey in the form of dichotomous as well as multiple-choice responses. No unstructured, also called open-ended, questions where the respondents can answer the question using their own words, were included. Each questionnaire contained a diverse array of questions for therapy clients to fill out.

Dichotomous questions provide only two response possibilities, for instance “yes” and “no”, or “male” and “female. In multiple-choice questions the respondents can choose from a greater number of alternatives. Respectively up to eight given responses were pre-structured for this survey (Birks & Malhotra, 2007).

In the case of other questions, likert-type scales were used and the survey participants asked to rate the “by author” expressed statements on a four-point categorical scale of 1 being “strongly agree” to 4 being “strongly disagree”. Likert-type scales were meant to measure the clients’ responses in relation to each other in terms of therapy expectations and satisfactions (Kumar, 2005). It should be determined to which extent expectations and satisfaction of alternative treatments differed, or were similar, compared to conventional therapies (Cook et al., 2004). An even number of response possibilities was chosen so the survey participants would express either a positive or a negative attitude towards the proposed statement, since no “neutral” answer category was provided (Babbie, 2003).

This variety of testable variables will aid in the development of a complex analysis of patient expectations and satisfaction responses.
3.6 Data Analysis

In order to analyze the response rates, the statistical program PASW, formerly known as SPSS (Statistical Package for Social Sciences), version 18.0 will be used. The data analysis of the collected information can be divided into two major phases.

During Phase One mainly descriptive statistics was applied for the data analysis. This section will focus on the analysis and summary of the demographic characteristics of the data sample. This was done by performing frequency tests (Mendenhall et al. 2008).

Phase Two went one step beyond the initial demographic stage. First, frequencies were assessed to find out the degree of patient awareness of treatment classification as alternative therapies, and to learn about their attitude towards alternative therapies in general. Besides the use of descriptive statistics, an attempt was made to identify correlations between the expectations before and the satisfaction after the treatment was received. In order to test if any relationships existed between the different expectation and satisfaction variables, Spearman $\rho$, Cramer’s $V$, Mann-Whitney-U-and Kruskal-Wallis Tests were performed to calculate significance scores. Additionally, Wilcoxon Sign Rank Tests were performed to calculate the difference between pre-therapy expectations and post-therapy opinions and classifications. The Wilcoxon Test is a non-parametric, matched-pairs comparison, taking into account that the answers to the two variables are paired and that this relationship has to be considered. This allowed the direct comparison of people’s responses before and after receiving either a LaStone or an Ayurveda therapy. Scores were considered as significant if the p-values are smaller than 0.05 for all tests. Furthermore, to guarantee adequate data analysis the data file was split into sets, organizing the outputs by two groups: LaStone and Ayurveda. This allowed the separate analysis of each therapy (Field, 2005). Additionally, bar charts and pie charts were created during both phases to visualize the obtained frequency measures.

The following chapter will provide a more in-depth review and analysis of the demographic profiles and patient responses for both questionnaires.
Chapter 4: Data Analysis

4.1 Introduction

After a comprehensive literature review of the thermal spa and health resort industry and its developments, the Therme Loipersdorf, and alternative therapies, two surveys were designed to assess and comprehend patient behaviors and attitudes. The responses from both surveys were entered into a statistical analysis program and conclusions were drawn based on the outcomes.

4.2 Sampling Frame and Demographic Profile

To get a general overview of the data sample, the first stage of the analysis focuses on the demographic assessment of the respondents while considering their gender, age, educational background and occupational status.

The data collection provided 72 completed and usable questionnaires. With 66.7% the majority (n=48) of the survey respondents was made up by women, whereas 24 (33.3%) were male. With 41 treatments (56.9%), LaStone Therapy was slightly ahead of the Ayurveda Therapy with 31 (43.1%) treatments. To find out which therapy was more frequently booked according to gender, the data sample was split into male and female respondents and the booking frequencies for LaStone and Ayurveda were reassessed. As illustrated in Figure 1, the female bookings for the LaStone therapies (n=29) outnumber the Ayurveda treatments (n=19) by ten. For the male bookings an equal number (n=12) of both therapies was shown.

![Figure 1: Therapy Bookings by Gender](image-url)
Six age groups were predefined in the questionnaires for use in the analysis of participant demographics. As seen in Figure 2, the majority (n=29) of the participants in the survey were between 41 and 50 years old, representing 40.3% of the total data collected. With 30.6% (n=22), people who were between the ages of 31 and 40 formed the second biggest age group. The third largest group was comprised of participants between 20 and 30 (19.4%), followed by six clients saying they were between 51 and 60, and one between 61 and 70. From the people participating in the survey, zero respondents were younger than 20 or older than 70 years of age.

![Figure 2: Age Groups](image)

The majority of the people receiving a LaStone or Ayurveda selected “college degree” (38.85%) as their highest achieved educational level, followed by “apprenticeship or middle school” (23%), a “university degree” (18%) and “compulsory school” (4.2%). Most of the respondents identified themselves as working as white collar workers (37.5%), or as manager (20.8%), free lancer (18.1%) or blue collar workers (13.9%).

As shown in Figure 3, from the 71 clients, 46 categorized themselves as “therapy & health resort visitors” meaning that they received a LaStone or Ayurveda treatment as well as being guests at the Therme Loipersdorf. Twenty-two answered that they were receiving the therapy only, which indicates that they did not enter the bath and sauna areas of the thermal spa and health resort. Four participants were so-called “Kurgäste”. As already explained in Chapter 1, the Austrian “Kur” (cure) a form of health tourism, where the costs are partly or fully covered by the Austrian government.
When asked where or how they found out about their chosen therapy, the survey participants could choose between seven pre-defined answers and were able to select more than one information source. As can be seen in Figure 4, most (n=32) of the people learned about the therapies from friends or family members. Twenty were informed by advertising from the Therme Loipersdorf through flyers, brochures, and so forth. Seventeen clients were informed about one of the therapies by their therapist(s), whereas only three mentioned a doctor as their information source. Internet was ranked fourth with 12 declarations, followed by the media, including television, radio and newspapers, with ten. No participants named a travel agent as their information source for one of the therapies.
4.3 LaStone and Ayurveda Therapy – A General Comparison

The majority of clients, 81.9% (n=59), were aware that their chosen therapy was an alternative method, and the remaining 18.1% (n=13) were not. When asked “Please finish the following sentence: my general attitude towards alternative therapies is...”, 91.7% (n=66) chose “rather positive” as their response, and 8.3% (n=6) classified their general attitude towards alternative treatments as “rather negative”. For the means of comparison and to test whether a correlation existed between the two variables, crosstabs were created and Spearman Correlations were performed in order to calculate the significance score. Scores with a significance level lower than 0.05 indicated that people’s attitude towards alternative therapies was related to their prior knowledge that their chosen therapy was an alternative one. As the crosstab showed, 55 of the 59 people, who knew that their therapy was an alternative one, had a “rather positive” attitude towards alternative treatment. The remaining four respondents knew of the non-conventional nature of their treatment, but still considered their attitude as “rather negative”. Out of the thirteen clients who did not know that LaStone and Ayurveda treatments were considered alternative therapies, eleven classified their attitude towards them as “rather positive”. The remaining two stated that their attitude was “rather negative” when it came to alternative therapies. The Spearman Correlation was performed to test for a correlation between the type of therapy chosen and the attitude towards alternative therapies in general. A highly non-significant result (p=0.724) was obtained and therefore, no relationship could be seen.

In order to assess if relationships existed between the chosen therapy and the various expectation variables and/or the main purposes for choosing the therapy, multiple Mann-Whitney U Tests were performed. However, no significant results were obtained and therefore no visible relationships between the type of therapy and the following variables identified: main purpose of treatment is pain relief (p=0.319); main purpose for treatment is relaxation (p=0.730); expectations for immediate effects and results (p=0.814); expectations for desirable effects and results in the long-run (p=0.109); expectations that the chosen therapy has similar (same) effects to a conventional one (p=0.067); and expectations that chosen therapy has better effects than a conventional therapy (p=0.571). Additionally, there was no visible relationship between the therapy type and the client satisfactions with the received treatment. The obtained p-value was 0.499, and thus non-significant.
4.4 Statistical Analysis and Results of the LaStone Therapy

4.4.1 Main Purpose: Pain Relief or Relaxation

In order to get a general overview of whether people’s intentions for choosing LaStone were to experience pain relief or relaxation, crosstabs were calculated. The first crosstab compared the therapy type with the variable: “The main purpose of today’s treatment is pain relief”. From the 41 respondents who chose the LaStone therapy, 39 gave a valid response to the statement, whereas two had to be marked as “missing value”. The majority (n=15) of clients responded that they “agree” with the above-mentioned statement. However, generally speaking, most of the clients’ main motivations for choosing LaStone were not to experience a relief of pain.

When asking the respondents for their post-therapy classification of the treatment, the most frequently chosen response (n=17) once again, was “agree” as visualized in Figure 5. A shift could be detected, with the majority of ratings being more positively oriented after the treatment when compared to the pre-therapy classifications.

![Figure 5: LaStone Therapy as a Relief of Pain](image)

To assess whether the expectations before the treatments were met and the clients experienced a relief of pain, the Wilcoxon Test was applied. For 14 respondents, expectations and satisfaction were equal. Sixteen experienced a greater pain relief than they expected prior to the treatment. Three had
higher expectations that the treatment would lead to a relief in pain than they actually experienced. Therefore, their satisfaction decreased which was shown by higher ratings of the statement: “Thinking of the received treatment would you classify it as a relief of pain” than of “The main purpose of today’s treatment is pain relief”. However, the p=0.004 result of the Wilcoxon Test was smaller than 0.05 and therefore significant. Therefore, enough evidence existed to assume that a positive tendency existed between the client’s pre-therapy ratings of the LaStone therapy being chosen with the main purpose of relieving pain, and their post-therapy classification of the therapy concerning pain relief.

The possible existence of a relationship between the two variables mentioned above was tested through the application of the Spearman ρ. The obtained result was non-significant (p=0.135) providing no proof that a relationship existed between the participant’s choice of LaStone as a form of pain relief and their classification of the therapy as leading to such.

To investigate respondents’ opinions and classifications of LaStone as a form of relaxation before the treatment, they were asked before the treatment to rate the statement “The main purpose for today’s treatment is relaxation” on a scale from one to four. The overall rating of LaStone as a form of relaxation was clearly positive, with the majority of the clients (n=33) stating that they would “strongly agree” with the aforementioned statement as shown in Figure 6.

Being asked for a post-therapy rating for the LaStone therapy as a form of relaxation, the majority of respondents again classified the LaStone treatment as form of relaxation.
When directly comparing the ratings provided by the individual LaStone therapy clients, the following results could be obtained: 32 clients rated their post-therapy satisfaction as high as their expectations before the treatment. Four people assigned higher values to their expectations than their satisfactions, leading to the assumption that after they received their LaStone treatment they would rather classify it as a form of relaxation. Three respondents rated their satisfaction higher than their expectations.

Furthermore, Mann-Whitney-U-Tests were performed to test if the LaStone therapy client’s gender was related to the main purpose (either pain relief or relaxation) for choosing the treatment. Both results were non-significant (pain relief p=0.860; form of relaxation p=0.713); therefore no relationship between the gender of the clients and their motivations for choosing to receive a LaStone treatment was proven. Additionally, Mann-Whitney-U-Tests were performed to assess if relationships existed between the clients’ level of education and the main purpose for choosing the LaStone therapy. Again both tests provided non-significant results (main purpose pain relief p=0.510; main purpose relaxation p=0.527). Therefore, no relationships between the client’s gender and main motivation for choosing the LaStone therapy could be obtained.

Next, the relationship between the type of guest (visitor), therapy recipients only, therapy recipients and visitors of the thermal spa and health resort’s bathing facilities or “Kurgäste” (cure guests), and the main purposes for choosing the LaStone therapy was tested. Kruskal-Wallis Tests were performed and two non-significant results were calculated (pain relief p=0.518; form of relaxation p=0.845). Therefore, no relationships between the clients’ main purpose for choosing to receive a LaStone treatment and visitor type were visible.

In order to investigate if the age of the participants and their expectations for immediate or long-term results were related, Kruskal-Wallis Tests were performed. No visible relationships could be identified between a client’s age and expectations that the Ayurvedic treatment would lead to either immediate effects and results (p=0.459) and the client’s age and expectations for desirable effects and results in the long-run (p=0.631).
4.4.2 Immediate or Long-term Effects and Results

During this phase, participant expectations for immediate or long-term visible effects and results caused by the LaStone therapy were assessed. It investigated whether there were pre- and post-therapy changes in perceptions about the effects and results caused by the LaStone Therapy distinguished through the expectations for immediate and long-term effects.

First of all, however, it was investigated if the client’s gender was related to his/her expectations for immediate effects and results and effects and results in the long-run. Therefore, the Mann-Whitney-U-Test was performed twice to calculate the significance values. Both times, the results were non-significant (expectations of immediate results $p=0.725$; expectations of long-term results $p=0.195$). There was no indication that relationships between gender and timely expectations for results caused by the LaStone therapy existed.

To assess if any relationships existed between the level of education and expectations for immediate or long-term effects and results of the LaStone treatment, Kruskal-Wallis Tests were performed. For both tests non-significant results (expectations of immediate results $p=0.194$; expectation of long-term results $p=0.418$) were obtained. Thus, no relationships between the educational background and expectations of immediate or long-term results caused by the LaStone therapy could be identified.

Additionally, it was investigated to see if a relationship existed between the expectations, in terms of timely manners of the effects and results of the treatments of the LaStone therapy, and their motivations to visit the facilities of the Therme Loipersdorf. Significance scores were calculated through the Kruskal-Wallis Test. Since the obtained results were non-significant, relationships between the type of visitor [therapy recipients only, therapy recipients and visitors of the thermal spa and health resort’s bathing facilities or “Kurgäste” (cure guests)] and expectations for immediate alleviation of pain ($p=0.281$), and for the type of visitor and the expectation for pain relief in the long-run ($p=0.290$) could not be identified.

In order to find out if a relationship between age and main purposes for choosing the LaStone therapy could be confirmed, the significance values were obtained through the Kruskal-Wallis Test. The results were non-significant and therefore no visible relationship between age and main purpose for
choosing LaStone as a relief of pain (p=0.600), or between age and main the purpose for choosing LaStone as a form of relaxation (p=0.468) was seen.

Category three (“disagree”) was the most frequently chosen response (n=14) when the clients were asked to rate their pre-therapy expectations that the LaStone therapy would lead to immediate effects and results. Looking at the big picture, it could be seen that the majority of respondents, nevertheless, was expecting results right after the therapy (“strongly agree” n=12; “agree” n=11) as shown in Figure 7. The mean of 2.15 supported the interpretation that clients expected rather quick results with the value being closest to the answer category “agree”.

After the therapy a clear shift could be identified, with the majority of clients (n=21) responding that they “agree” with the following statement: “My pain(s) was (were) limited (reduced) due to the therapy received”. The mean of 1.87 confirmed a positive rating of immediate results and effects experienced by the participants after they received a LaStone treatment.

In order to compare the pre- and post-therapy expectations and experiences of the respondents, first of all the Spearman Correlation was performed. With a significant result of p=0.017 the positive relationship (p=0.379) between LaStone clients’ expectations and opinions about immediate results after the treatment could be proven. Thus, the higher the pre-therapy expectations for immediate pain relief were, the better was the post-therapy classification of the LaStone therapy leading to immediate effects and results. Additionally, a Wilcoxon Test was applied, which provided a
non-significant result ($p = 0.072$). Thus, no difference between the expectations for immediate results and the experience of them after the LaStone treatment could be proven.

In comparison to the expectations of immediate results, 16 LaStone therapy clients stated that they “disagree” with the statement: “I expect the treatment to lead to long-term pain relief/effect and results” and five “strongly disagree”. Also, the expectations for the LaStone therapy leading to long-term effects and results were rather negative, as shown in Figure 8. After the treatment a positive shift in expectations could be seen, with the majority of clients thinking that the therapy would help them to achieve their desired effects and results in the long-run.

![Figure 8: Effects and Results in the Long-Run](image)

The highly significant result of $p=0.001$ was calculated through the Wilcoxon Test indicating that an apparent difference existed between the pre- and post-therapy evaluations of long-term results by the Ayurveda therapy clients. When comparing the ranks provided by the Wilcoxon Test, it could be seen that the majority of the clients ($n=21$) thought more positively about the long-term effects and results of LaStone after the treatment, than their expectations illustrated before receiving it. Only one survey participant seemed to have higher expectations than he actually experienced. Thus, a strong, positive tendency could be illustrated between expected long-term pain relief from the LaStone therapy and the belief of experiencing it in the long-run through the regular application of the treatment.

The Spearman Correlation showed a highly significant result of $p=0.001$, which proved that a positive relationship ($\rho=0.606$) existed between the pre-therapy expectations and post-therapy opinions.
about the LaStone treatment leading to the desired effects and results in the long run. Therefore, the higher the pre-therapy expectations were, the better was the post-therapy rating.

4.4.3 Satisfaction with the LaStone Treatment

Stage three intended to assess LaStone treatment satisfaction, intentions upon repetition, and likelihood to recommend the treatment to others.

When asked for their overall satisfaction with the received LaStone treatment, the majority responded that they were either highly satisfied (n=28) or satisfied (n=10) with their received treatment. No respondent selected was unsatisfied with the LaStone as visualized in Figure 9.

All of the 28 highly satisfied respondents were planning on repeating the therapy in the future, as well as nine out of the ten “agree” respondents.

The Spearman Correlation was applied to find out whether a relationship existed between satisfaction and plans to repeat the LaStone therapy in the future. The assumption could be made that the more satisfied people were with their LaStone treatment the more likely they would be to repeat it. This positive relationship was confirmed by a significant value \( p=0.047 \) and a \( \rho=0.275 \).

In order to test for a relationship between satisfaction and gender, a Mann-Whitney-U-Test was performed. A non-significant \( p \)-value of 0.902 indicated that the level of satisfaction was not related to gender. To assess if the level of the educational degree was related with therapy satisfaction, a Kruskal Wallis Test was performed. Due to the non-significant result \( p=0.363 \) the assumption that the higher the educational degree the higher the satisfaction of the treatment recipients would be was not supported.
When the existence of a relationship between satisfaction and the types of visitors was tested, the Kruskal-Wallis Test provided a non-significant result of p=0.415. Thus, no relationship between the two variables could be identified.

Additionally, the Kruskal-Wallis Test was performed to test for the existence of a relationship between age and levels of satisfaction with the chosen LaStone therapy. This assumption was not supported due to a highly non-significant result (p=0.617) of the applied test.

All 41 LaStone therapy recipients would recommend their chosen therapy to others suffering from similar conditions and to those who desire the similar effects and results.

The Mann-Whitney-U-Test was performed to investigate if a relationship existed between the level of satisfaction and gender. A highly non-significant result (p=0.938) was obtained and therefore the assumption that satisfaction was related to the gender was not confirmed.

*Figure 10* illustrates the almost purely positive client rating regarding the improvement of the state of wellbeing (“strongly agree” n=25; “agree” n=15). One person’s overall wellbeing did not improve at all (“strongly disagree”).

Twenty-one of those who “strongly agree” that their state of wellbeing increased due to the received LaStone treatment also “strongly agree” that their treatment was as expected. The assumption that the clients’ well-being would improve when they were satisfied with their received treatment was proven by a highly significant (p=0.001; ρ=0.458) result obtained through the Spearman Correlation. This assumption may seem trivial at first glance, but a person who was satisfied with the received treatment must not necessarily experience an improvement of the overall wellbeing. The treatment might have been as expected, but the client might still not feel a lot better. Or it could also be that the received Ayurveda treatment differed greatly from what the client was expecting, but nevertheless he/she experienced an improvement in overall wellbeing.
4.4.4 Alternative Therapy: LaStone versus Conventional Therapies

Stage four of the statistical analysis focused on assessing expectation and satisfaction of alternative therapies and their acceptance and status compared to conventional ones.

As visualized in Figure 11, before treatment the majority expected that the LaStone therapy would have similar effects as a conventional therapy; and also that satisfaction afterwards could lead to the assumption that the acceptance of an alternative therapy was similar to that of a conventional therapy. The majority (“strongly agree” n=17, “agree” n=16) stated that through the regular application of LaStone the same effects and results as through the application of a conventional therapy could be reached. Six “disagree” that the alternative therapy possessed the same capabilities as a conventional one.
The assumption that the lower the assigned pre-therapy expectation values were, the better the post-therapy classifications of LaStone therapy having similar effects as a conventional therapy would have, could be supported by a significant, one-tailed Spearman Correlation result ($p=0.038$) and a positive relationship ($\rho=0.288$) between the two variables.

No significant result could be obtained when comparing the two variables with the help of the Wilcoxon Test ($p=0.145$). Therefore, no tendency between “I expect the chosen alternative therapy to have similar (same) effects as a conventional therapy would have” and “With the regular appliance of this alternative therapy the same effects and results as with the appliance of a conventional therapy can be reached” could be proven. Even dividing the p-value by two, since a one-tailed testing was performed, would lead to a significant result in order to support the assumption that there was a tendency between post-therapy classifications of the LaStone therapy’s effects and results being similar to a conventional therapy’s effects and results and their pre-therapy expectations.

Going one step further, participants were asked to rate the statement “I expect the chosen alternative therapy (LaStone) to have better effects and results than a conventional treatment would have” on a scale from one to four. The majority of respondents expected a better performance of the LaStone therapy than of a conventional treatment and therefore also expected better results as shown in Figure 12.

![Figure 12: LaStone has better effects than a conventional therapy](image)

For the purpose of this portion of analysis these two statements were individually tested for relationships with a number of other variables: “I expect the chosen alternative therapy (LaStone) to
have similar (same) effects and results as a conventional treatment would have” and “I expect the chosen alternative therapy (LaStone) to have better effects and results than a conventional treatment would have”.

First, there was an investigation to identify relationships between the aforementioned statements against gender. A Mann-Whitney-U-Test was performed to determine the existence of a relationship between expectations for similar effects caused by the Ayurveda therapy compared to a conventional therapy and the variable of gender. The second test was to find out whether a relationship existed between expectations for better effects caused by the Ayurvedic treatment compared to a conventional method and gender. Both tests obtained non-significant results (similar effects p=0.078; better effects p=0.643). Thus, no relationships were visible.

Additionally, there were no visible relationships between level of education and expectations of results from the LaStone therapy versus a conventional treatment. Kruskal-Wallis Tests were performed and non-significant results were obtained (similar effects and results p=0.076; better effects and results p=0.881).

The next step was to compare the visitor type with the expectations for similar or better results of the LaStone therapy. The Kruskal-Wallis Test provided non-significant results (similar effects p=0.746; better results p=0.797).

Expectations that the LaStone treatment would have similar or better effects and results than a conventional therapy were tested for a relationship with the client’s age. In both cases, non-significant results were obtained through the application of Kruskal-Wallis Tests. Therefore, no relationship between age and expectations of similar results were visible (p=0.962). Also no relationship between the variable “age” and “I expect the chosen therapy (LaStone) to have better effects and results than a conventional treatment would have” (p=0.605) could be identified.
4.5 Statistical Analysis and Results of the Ayurveda Therapy

4.5.1 Main Purpose: Pain Relief or Relaxation

From 31 survey participants who received an Ayurvedic treatment, the majority (n=13) said that their main motivation for receiving the treatment was to experience a relief in pain. However, nine clients were not pain relief driven when asked for their main purpose for choosing the Ayurveda therapy. In comparison, after the treatment the clear majority (n=20) would classify the Ayurvedic treatment as pain relieving. Figure 13 visualized that when compared to the LaStone therapy, the remaining rankings for the Ayurveda therapy looked somewhat alike.

To assess if a correlation existed between the pre- and post-therapy expectations and classifications of the Ayurveda therapy, a Wilcoxon Test was performed. The result of p=0.286, however, was not smaller than 0.05 and therefore non-significant. Thus, no big difference between pre- and post-therapy expectations could be identified in relation to pain relief.

The calculated Spearman ρ result was non-significant (p=0.286). In this case when it came to the relief of pain, a relationship between expectations before and satisfaction after the treatment as a form of pain relief could not be validated. Thus, no proof could be assessed for the tendency that client expectations were more satisfied after they received an Ayurvedic treatment.
Before receiving the treatment, the majority of clients was clearly thinking of the Ayurvedic treatment as a form of relaxation and indicated that this was also their main purpose for choosing this therapy. Out of 31 Ayurveda therapy clients, only one person indicated that Ayurveda was not chosen with the main motivation of relaxation, as demonstrated in Figure 14.

After receiving the treatment, the majority (“strongly agree” n=23; “agree” n=3) was still predominantly positive when it came to expectations and classifications of the treatment as a form of relaxation, as was the case for LaStone. Nevertheless, a slight increase in negative rankings could be identified for the Ayurveda therapy.

A Mann-Whitney-U-Test was performed to test whether gender was related to the purpose of the therapeutic treatment. The obtained results were both non-significant (pain relief p=0.108; form of relaxation p=1.000); therefore no relationship between gender and motivations for choosing the Ayurveda therapy was detected.

Also, between the main purposes for choosing the Ayurveda therapy and level of education, no relationships could be identified. A Kruskal-Wallis Test was performed for the following two sets of variables: educational level and main purpose of pain relief (p=0.239) and educational level and main purpose of relaxation (p=0.512). Both tests proved non-significant.
The following test was to find a correlation between the type of guest [therapy recipients only, therapy recipients and visitors of the thermal spa and health resort’s bathing facilities or “Kurgäste” (cure guests)] and the main purposes for choosing the LaStone therapy. Kruskal-Wallis Tests were performed and two non-significant results were obtained (pain relief p=0.429; form of relaxation p=0.319). Therefore, no relationships could be proven between the main purpose for choosing to receive a LaStone treatment and guest type at the Therme Loipersdorf.

The Kruskal-Wallis Test identified a non-significant correlation between age and the main purpose as a relief of pain (p=0.600) and as a form of relaxation (p=0.468).

4.5.2 Immediate or Long-term Effects and Results

The initial test for this set of variables included two comparisons between gender and expectations for immediate effects/results, and between gender and long-term effects/results. Mann-Whitney-U-Tests were performed to calculate the significance values. Both times the tests provided non-significant results (expectation of immediate results p=0.062; expectation of long-term results p=0.210). Thus, no relationship between the gender and timely expectations for results caused by the LaStone therapy was established.

The level of education and expectations for immediate or long-term effects/results of the LaStone treatment were compared in a Kruskal-Wallis Tests. For both the immediate and long-term tests, non-significant results (expectations of immediate results p=0.411; expectation of long-term results p=0.172) were obtained. Thus, no relationships between the educational background of and expectations of immediate or long-term result could be identified.

The responses for the timely expectations of effects and results were compared to motivations for visiting the thermal spa. Through calculated significance values, with the help of the Kruskal-Wallis Test, no visible relationship between the type of visitor and expectations for immediate or long-term results could be identified. The provided, non-significant results were p=0.673 for the variables “types of guest (visitor)” and the expectation for immediate alleviation of pain, and p=0.664 for the former variable and the expectation for pain relief in the long-run.

In order to investigate if age and expectations for immediate or long-term results were related, significance values were obtained through Kruskal-Wallis Tests. No visible relationship could be identified. The result was non-significant for long-term relief (p=0.207), but a significant result (p=0.010)
was obtained for age and immediate expectations of pain relief. The younger Ayurveda therapy clients, namely those between 20 and 30, seemed to be the “most patient” age group indicated by the highest mean rank value (26.70). In comparison, the participants between 41 and 50, which had the lowest mean rank value (11.21). The former ones were found to have fewer expectations that their chosen therapy would lead to immediate effects and results. The more advanced the participants were in age, the stronger were their expectations for immediate results were due to their received Ayurvedic treatment. When interpreting this result, however, it has to be considered that the number of younger Ayurveda therapy recipients was much smaller than the number of representatives for the age group of 41 to 50 year-olds.

Most of the Ayurveda therapy clients expected immediate pain relief or visible effects/results before the treatment (“strongly agree” n=7; “agree” n=13) as shown in Figure 15. The mean of 2.23 was also closest to rating category “2”, which represented the answer “agree”, confirming people’s expectations for immediate results right after an Ayurvedic treatment.

On the other hand, even more clients stated that immediate results were experienced after the received treatment. The majority responded they would “strongly agree” (n=13) or “agree” (n=9) with the statement: “My pain(s) was (were) reduced (limited) due to the therapy received”. Again the mean of 1.90 confirmed the positive rating of immediate effects and results due to the Ayurveda therapy.

FIGURE 15: IMMEDIATE EFFECTS AND RESULTS

To compare the pre- and post-therapy responses of the Ayurveda therapy clients, a Wilcoxon Test was performed resulting in p=0.012. After comparing the positive and negative ranks provided by
the Wilcoxon Test it could be seen that the majority of the clients (n=17) rated their pre-therapy expectations not as high, in the sense of positive, as their post-therapy satisfaction. Eight clients had higher expectations that the Ayurveda therapy would lead to immediate effects and results than they experienced after the treatment. The expectations of 14 clients were met by the Ayurvedic treatment. Thus, enough evidence could be identified that a positive tendency between the expectations for immediate results before and after the treatment existed.

To test whether a correlation existed between pre-therapy expectations and the post-therapy classifications, the Spearman ρ was calculated. The highly significant result (p=0.001) proved the positive relationship (ρ=0.702) between the two variables. Thus, the higher the pre-therapy expectations, the better were the post-therapy ratings.

As shown in Figure 16 the majority of the clients expected that the Ayurveda therapy would lead to long-term pain relief before receiving their treatments (“strongly agree” n=10; “agree” n=11). The mean value (2.10) also confirmed the assumption that the expectations for long-term pain relief in this case were rather positive. After the treatment even more clients thought that with the regular application of the Ayurveda therapy the desired effects and results could be reached in the long-run. “Strongly agree”, took over the lead compared to the pre-therapy expectations and was the most frequently chosen response category (n=16) as demonstrated in Figure 16.

![Figure 16: Effects and Results in the Long-run](image-url)
The performed Wilcoxon Test showed a significant result of \( p=0.020 \). Fourteen recipients were rated as “ties”, and another 14 rated their thinking about the long-term results of the Ayurveda therapy (post-therapy) more positively than their expectations before the treatment (pre-therapy). The remaining three clients’ pre-therapy expectations for long-term effects and results were not met. Enough evidence could be obtained that a positive tendency existed between pre- and post-therapy responses concerning long-term effects and results caused by the Ayurvedic treatment.

When tested for the existence of a relationship between the two variables, the Spearman Correlation provided a highly significant result \( (p=0.006; \rho=0.482) \) for the two variables: pre-therapy expectations and the post-therapy opinions that the Ayurveda therapy would lead to the desirable effects and results in the long-run. The significant \( p \)-value provides enough evidence to conclude that higher the pre-therapy expectations, the better the post-therapy ratings.

### 4.5.3 Satisfaction with the Ayurvedic Treatment

The third stage of analysis focused on satisfaction with the received treatment, their intentions upon repetition, and the likelihood of recommending the treatment to others.

With 25 “strongly agree”, six “agree” and no “disagree” or “strongly disagree” responses to the statement “I am satisfied with the treatment (Ayurveda) received (was as expected)”, the Ayurveda therapy received a purely positive rating from its recipients as shown in Figure 17.

![Figure 17: Therapy Satisfaction](image)

A Mann-Whitney-U-Test was performed to seek a correlation between satisfaction and gender, resulting in a non-significant value of \( p=0.225 \). Thus, the assumption that the satisfaction with the received LaStone therapy was related to the gender of the client was rejected. Also, no relationship between the obtained level of education and satisfaction was identified. A highly non-significant result
was obtained through the calculation of the Kruskal-Wallis Test. Therefore, the assumption that the higher the educational level of the Ayurveda therapy client, the higher the satisfaction would be was not supported.

To investigate whether a relationship existed between satisfaction and plans to repeat the therapy in the future, crosstabs were created and the Spearman $\rho$ significance value was calculated. The majority of 28 out of 31 clients indicated that they were planning on repeating the therapy in the future. The assumption that the more satisfied people were with their Ayurvedic treatment, the more likely they would be to repeat it, was confirmed by a significant value of $p=0.015$ and $\rho=0.392$.

A non-significant result of $p=0.225$ illustrated the lack of a relationship between gender and satisfaction. This assumption was disproved through the Mann-Whitney-U-Test.

A Kruskal-Wallis Test was performed to test if a relationship between the satisfaction with the Ayurvedic treatment and the types of visitors was evident. A non-significant result of $p=0.061$ was calculated and therefore, no visible relationship between the two variables could be identified.

The assumption that the two variables of age and satisfaction were related was not supported by the non-significant result ($p=0.387$) of the Kruskal-Wallis Test.

Out of the 31 survey participants who received an Ayurvedic treatment, 28 said that they would recommend their chosen therapy to others suffering from the similar conditions and who desire similar effects and results. Three would not recommend the Ayurveda therapy to others who experienced the similar conditions and desired similar results. Those three would rather recommend a conventional therapy instead. The assumption that satisfied therapy recipients were more likely to recommend them to others was confirmed by a significant ($p=0.015$; $\rho 0.392$)

The Ayurvedic treatment caused an improvement of the overall wellbeing rating of all 31-therapy recipients (“strongly agree” n=25; “agree” n=6) as visualized in Figure 18.
Twenty-two out of the 25 who said they would “strongly agree” that the application of the Ayurveda therapy improved their wellbeing, were also highly satisfied (“strongly agree”) with the received treatment. The assumption that the wellbeing would improve if they were satisfied with their received treatment was supported by a significant Spearman \( \rho \) (\( p=0.017; \rho=0.380 \)). As already mentioned in the analysis of the LaStone therapy, this assumption may seem rather trivial at first glance, but a person who was satisfied with the received treatment must not necessarily experience an improvement of the overall wellbeing. The treatment might have been as expected, but the client might still not feel a lot better. Or it could also be that the received Ayurveda treatment differed greatly from what the client was expecting, but nevertheless he/she experienced an improvement in the overall wellbeing.

Furthermore, a significant V (\( =0.380; p=0.029 \)) was calculated when comparing the variables “My wellbeing improved due to the appliance of today’s therapy” and “Would you recommend today’s chosen alternative therapy (Ayurveda) to others suffering from the same (similar) conditions of pain(s)/desire (similar) effects and results”. Therefore, the assumption that satisfied clients would recommend the Ayurveda therapy to others being in similar conditions could be supported. Also the relationship between the improved wellbeing and therapy repetition could be proven. Since the responses were the same as provided when asked for recommending the therapy to others, the same significant V (\( =0.392; p=0.029 \)) were obtained, which supported the assumption that people who experienced an improvement due to the received Ayurvedic treatment would also plan for its repetition.
4.5.4 Alternative Therapy Ayurveda versus Conventional Therapies

Stage four investigated and compared the chosen alternative therapy, the Ayurveda therapy, with conventional therapies in terms of expectations, satisfaction, acceptance, and status.

The majority of the clients who received an Ayurvedic treatment rated their expectations and satisfactions with the therapy as having similar effects and results as a conventional one, rather positive. Before the treatment 17 out of 31 highly expected (“strongly agree”) and ten expected (“agree”) the therapy to have similar effects as a conventional one would have as visualized through Figure 19. Afterwards, the number of clients who thought that an Ayurveda therapy could achieve similar effects and results as a conventional method (“strongly agree” n=; “agree” n=12) increased even more.

The assumption that the clients who were expecting that their chosen treatment would achieve similar results as a conventional therapy, would still expect the alternative therapy to have those effects after they received it, was supported by a highly significant Spearman ρ (=652; p=0.001). Therefore, enough evidence existed to conclude that the better the pre-therapy expectations were, the more positive the post-therapy classification would be.

With the help of the Wilcoxon Test, the responses of the individual clients directly compared with each other to investigate if a difference existed between pre-therapy expectations and their opinion about the Ayurveda therapy having similar effects as a conventional therapy afterwards. A non-
significant result was obtained (p=0.782). Therefore, no visible difference between the variables was notable.

*Figure 20* was meant to visualize the distribution of answers received for the variable “I expect the chosen alternative therapy (LaStone) to have better effects and results than a conventional treatment would have”. Twelve survey participants who received an Ayurvedic treatment “agree” with the mentioned statement, eight “strongly agree” and eight “disagree”.

![Bar Chart](image)

**Figure 20: Ayurveda Therapy has Better Effects Than a Conventional Therapy**

Additionally, it was investigated to see whether there was a correlation between expectations for similar (same) and better effects/results caused by the Ayurveda therapy compared to the effects of a conventional therapy and gender. Thus, Mann-Whitney-U-Tests were performed. On the one hand, no relationship was proven between the gender and expectations that the Ayurveda therapy would lead to better results than a conventional method, since a highly non-significant result (p=0.615) was obtained. Conversely, a significant value (p=0.049) was calculated, proving the relationship between gender and expectations that an Ayurvedic treatment would have similar effects as a conventional therapy. The mean ranks of the male respondents (=12.38) were smaller than the mean ranks of the female respondents (=18.29). Enough evidence could be detected to conclude that the male respondent ratings that the Ayurveda therapy would provide similar effects and results as a conventional treatment were more positive than the female ratings.

No relationships were identified between the educational background and expectations for the Ayurveda therapy results compared to a conventional treatment. Kruskal-Wallis Tests were performed
and highly non-significant results obtained (same (similar) effects and results $p=0.999$; better effects and results $p=0.754$).

To investigate if the expectations for similar and better effects and results caused by the Ayurveda therapy compared to a conventional method were related to the type of visitor, Kruskal-Wallis Tests were assessed. Non-significant results were obtained and no visible relationships between the type of guest and their expectations for similar ($p=0.370$) or better ($p=1.000$) effects and results through the Ayurveda therapy were visible.

The expectations that a LaStone treatment would have similar or better effects and results than a conventional therapy were tested for a relationship with age. In both cases non-significant results were obtained through the application of Kruskal-Wallis Tests. Therefore, no relationship between age and his/her expectation of experiencing similar effects and results through a LaStone treatment as they would through a conventional method could be seen ($p=0.058$). Also no relationship between the variable “age” and “I expect the chosen therapy (LaStone) to have better effects and results than a conventional treatment would have” ($p=0.482$) could be identified.
Chapter 5: Conclusions

5.1 General Findings and Results

This study began as an exploratory foray into the history of the thermal spa and health resort industry, its developments and status through the past decades, and the integration and provision of medical services into its facilities. In this effort, two alternative therapies, LaStone and Ayurveda, were chosen and two questionnaires designed to assess their acceptance and recognition, as well as clients’ pre-therapy expectations and post-therapy satisfaction.

During the literature review, the author found that the Ayurveda treatment provided at the Therme Loipersdorf varied from the traditional application. The treatment provided at the Therme Loipersdorf is a more westernized version in form of oil massages and represent only a little piece in the original Ayurvedic Medicine (Langbein & Bardehle, 2007). With this conclusion, assumptions were made that more women would prefer the Ayurveda versus the LaStone, whereas men were assumed to choose the LaStone therapy because of its claim of deep tissue massages for pain relief (Scrivner, 2003).

The author was interested as to whether clients were aware that the treatments they were receiving at the Therme Loipersdorf were alternative treatments and what their general attitude was towards them. The investigation intended to find out what clients’ pre-therapy expectations and post-therapy satisfactions were.

Furthermore, it was assumed that the general attitude towards alternative therapies was rather positive, but that there would still be a desire for conventional therapies. The author believed that the level of education and the age of the clients would affect the acceptance of alternative therapies. More educated clients with a college degree and younger clients between the ages of 20 and 35 would be more accepting of this type of treatment, whereas clients over the age of 45 would be more reluctant because of skepticism.

The study analysis has shown that the awareness level of the chosen therapy being classified as an alternative method was very high among the survey sample. The same was valid for the respondents’ attitude towards alternative therapies in general. Over 90% of the 71 participants responded that their attitude towards alternative treatments, in general, was rather positive. Even the clients who did not know beforehand that they were about to receive an alternative treatment had a positive response.
They said that they were generally thinking rather positively of alternative therapies. Additionally, both therapies reach a high satisfaction rating. All 41 LaStone therapy recipients were either satisfied or highly satisfied with their received treatment, and the same result was achieved by the Ayurveda therapy. The vast majority of LaStone and Ayurveda clients were also planning on repeating the treatments and recommending it to others suffering from similar conditions.

Investigating the pre-therapy expectations for both therapies, LaStone and Ayurveda, the recipients of both treatments expected that their chosen therapy would have similar effects and results as a conventional therapy would have. Even when asked for their expectations of better results through the application of the alternative treatment, the majority of participants responded that better results would be reached through LaStone or Ayurveda. Therefore, it was assumed that prior to the treatments, the majorities of both therapy types believed in the ability of their chosen alternative therapy to provide similar and even better results as scientifically proven methods would do. Looking at the results of the correlation tests, obtained to assess the existence of relationships between the expectations that the LaStone therapy could lead to similar or better results than a conventional therapy, no differences in expectations were detected between gender, educational level, visitor types, and age groups. The same was true for the Ayurveda treatment and the variables including level of education, visitor types, and client’s age. However, a relationship could be detected between gender and the expectations for similar results of the Ayurvedic treatment when compared to a conventional therapy. It was indicated that when it came to expectations that Ayurveda has the ability to reach the same results as a conventional therapy, the male participants of the survey have a more positive attitude and stronger belief in the alternative therapy’s effects. When comparing pre- and post-therapy attitudes, no large changes were visible. The expectations of the majority of clients were met or even outclassed, which even led to a slight increase in positive ratings after the treatment. Proof was detected that the better the pre-therapy expectations were, the higher the level of post-therapy satisfaction was. Thus, considering all the findings, it can be said that, within the sample, a large acceptance of alternative therapies exists and that the participants, in general, believe that similar effects and results can be reached through their application of a conventional method.

After investigating attitude toward and acceptance of alternative therapies, it still needed to be clarified whether the treatments were chosen for relaxation purposes only, or if the LaStone and Ayurveda clients also expected a form of pain relief. Investigating the client’s main motivations for choosing the Ayurveda therapy, a clear pre-therapy trend towards relaxation could be detected.
“Relaxation” was a major reason for receiving the chosen alternative therapy and the majority of these expectations were also met, resulting in equally high post-therapy satisfaction ratings. On the other hand, the expectation of pain relief was also rated as a major motivator for receiving an Ayurvedic treatment. These expectations were mainly outperformed by the satisfaction with treatment, which resulted in an even more positive post-therapy rating of the Ayurveda therapy as form of pain relief.

To the surprise of the author was the finding that prior to the LaStone therapy, it seemed like the clients chose this treatment mainly to experience some form of relaxation. The clear majority indicated that relaxation was their main purpose for choosing the therapy. In addition, their post-therapy classification of the treatment as a form of relaxation was high. In comparison, the rating of the LaStone therapy as a treatment for the relief of pain was almost equally distributed between the clients who named pain relief as a main motivation and those who did not. A positive change could be identified after treatment, with more clients saying that they would classify the LaStone therapy as a form of pain relief.

To sum it up, it can be said that prior to the treatments both therapies, LaStone and Ayurveda, were chosen in order to experience some kind of relaxation. After the treatments, however, a change in the clients’ perceptions could be detected when rating the therapies’ abilities to alleviate pain.

Furthermore, it was investigated as to whether expectation and perception differences existed in relation to clients’ gender, and/or educational background, and age. It was meant to assess if the mature age groups were still rather reluctant to experience alternative therapies and their effects, whether clients with higher level of education were more willing to undergo alternative treatments, and if men would rather choose a LaStone over an Ayurvedic treatment.

The majority of the data sample consisted of female respondents (n=48), the remaining 24 were male. As already mentioned above, during the literature review the assumption was formed that women would rather choose to receive an Ayurvedic treatment, whereas men would rather pick a LaStone treatment. This assumption could not be confirmed for the available data sample, since more women participating in the survey received a LaStone therapy (n=29) than an Ayurveda therapy (n=19). The male respondent choices were equally distributed over the two therapies. The only visible relationship between gender and expectations that could be assessed was previously mentioned. That is, males seeming to think rather positively about the Ayurveda therapy having the ability to cause similar effects and results as a conventional method would be able to. Nevertheless, no gender
differences could be detected in regard to main motivations for undergoing the alternative treatment, expectations for immediate or long-term results, or levels of satisfaction.

The pre-defined age-groups were tested for correlations with a number of expectation, satisfaction, and acceptance variables, in order to find out if relationships could be assessed. According to the results of the data analysis no perception, acceptance, or satisfaction differences could be assessed in relation to a client’s age. However, it was proven that the younger respondents, of the age group from 20 to 30, seemed to be more willing to wait for visible results than the more mature clients. Of particular note, the respondents between 41 and 50 implied that they were expecting immediate effects and results from the received Ayurvedic treatment.

Furthermore, through the analysis of the data sample, no proof could be provided that relationships existed between clients’ level of education, their expectations, and acceptance of alternative treatments. The assumption that survey participants would have a higher achieved level of education could not be confirmed. Both alternative therapies, LaStone and Ayurveda, enjoyed a rather equal acceptance among therapy recipients with educational backgrounds ranging from compulsory education to university degree.

Taking all findings concerning gender, educational level, and age, which were from the data sample at hand, into consideration, it generally was assumed that no major differences existed in relation to perception, acceptance, expectation, and satisfaction with the received alternative treatment.

5.2 Recommendations and Further Research Proposals

The information and statistical findings provided in this thesis can be used as a research basis to further investigate the general attitude and perception of alternative therapies in general, as well as people’s expectations and levels of satisfaction with the received treatments. Thus, on the one hand, it can be used by the Therme Loipersdorf to assess their clients’ pre-therapy expectations and compare with their post-therapy satisfaction. It can help them to assess the areas where further education of the clients might be needed concerning classification of the treatment and potential effects and results of the treatments.

In order to further investigate the client satisfaction and the effects and results reached through the LaStone and Ayurveda therapy, the Therme Loipersdorf may also conduct further follow-up surveys, in order to assess if the clients indeed repeated their selected therapy, if they recommended it to
others, and moreover, if they are still satisfied with the received treatments and its effects and results, as well as whether there was improvement through a regular application of the treatments.

A proposed extension of this study would be to use the survey instrument provided and extend it to also test for other alternative therapies. This application would make it possible to gain a broader insight into the field of alternative therapies provided through a greater variety of treatments.

On the other hand, a comparative study could be conducted between two or more conventional and alternative therapies. The study would, first and foremost, allow the researcher(s) to analyze and work with data about alternative therapies obtained from clients receiving a conventional or alternative treatment. This would allow the direct comparison between the two client groups. Thus, acceptance and perceptions of alternative therapies could be analyzed from two opposite perspectives: from the angle of the alternative therapy client versus the point of view of the conventional therapy client.
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Appendix A: Survey Instruments

A.1 Questionnaire I English Version

CLIENT EXPECTATIONS AND SATISFACTION OF ALTERNATIVE THERAPIES AT THE

THERME LOIPERSDORF

First of all, I want to thank you for participating in this study. My name is Julia Kaippel and I am currently a student at the MODUL University Vienna working on my Bachelor Thesis. The questionnaire you are about to fill consists of two parts. Part number one focuses on examining your expectations of your chosen alternative therapy and will need to be filled out before undergoing the treatment. Part number two will be examining your experience(s) and satisfaction after the treatment has been received.

Please take a few moments to offer your reflections and feedback regarding today’s treatment. Your opinions and information will be used for the purpose of writing my Bachelor thesis only and will be handled anonymously. Thank you very much for your time and support.

Questionnaire Part I: examination of clients’ expectations of chosen alternative therapy

1. Which of the following therapies will you receive today?
   - La Stone
   - Ayurveda Therapy

2. Are you aware that the chosen therapy is an alternative therapy?
   - yes
   - no

3. Please finish the following sentence: My general attitude towards alternative therapies is...
   - rather positive
   - rather negative

4. Have you tried any alternative therapy before?
   - yes (please continue with question 5)
   - no (please continue with questions 6)

5. Have you tried the same alternative therapy you will receive today before?
   - yes (please continue with questions 5a)
   - no (please continue with questions 6)

5a. How many times before did you receive today’s chosen therapy?
   1  2  3  4  ≥5
5b. Thinking of the past therapy/ies, how much do you agree with the following statements?

1...strongly agree
2...agree
3...disagree
4...strongly disagree

The main purpose for the past treatment(s) was pain relief.
The main purpose for the past treatment(s) was relaxation.
I have been satisfied with the treatment(s) received before.
I expect(ed) the treatments to lead to long-term pain relief (cure of pain).

6. How did you learn about the chosen therapy?
- friend(s)/family member(s)
- doctor
- therapist
- media (TV, radio, newspaper, etc.)
- travel agent
- internet
- advertisement (flyers, brochures, etc.) of/by Therme Loipersdorf

7. Thinking of today’s chosen therapy, how much do you agree with the following statements?

1...strongly agree
2...agree
3...disagree
4...strongly disagree

The main purpose of today’s treatment is pain relief.
The main purpose of the today’s treatment is relaxation.
I expect immediate alleviation of pain(s)/visible effects and results.
I expect the treatment to lead to long-term pain relief/desirable effects and results.
I expect the chosen alternative therapy to have similar (same) effects and results as an conventional therapy would have.
I expect the chosen alternative therapy to have better effects and results than a conventional treatment would have.
A.2 Questionnaire II English Version

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Questionnaire Part II: examination of clients’ satisfaction with chosen alternative therapy

1. Thinking of the just received therapy, how much do you agree with the following statements?

1... strongly agree
2... agree
3... disagree
4... strongly disagree

I am satisfied with the treatment received (was as expected).
My pain(s) was/were limited (reduced) due to the therapy received.
I think the regular appliance of today's treatment will lead to a cure of pain/desired effects and results.
My well-being improved due to the appliance of today's therapy.
I think today’s alternative therapy is on the same quality level as a traditional therapy.
With the regular appliance of this alternative therapy the same effects and results as with the appliance of a conventional therapy can be reached.
After receiving the alternative treatment, I would rather choose a conventional therapy next time to cure my pain(s)/reach desired effects and results.

2. Thinking of your received treatment, would you (on a scale from 1-4) classify it as

1 2 3 4

a relief of pain

a way of relaxation

3. Are you planning on repeating the therapy in the future?

○ yes (please continue with question 4)
○ no (please continue with questions 3a)

3a. Would you rather prefer to receive a conventional therapy instead of an alternative therapy the next time, in order to cure your pain(s)/reach desired effects and results?

○ yes
○ no
4. Would you recommend today's chosen alternative therapy to others suffering from the same (or similar) conditions of pain(s)/desire the same (similar) effects and results.
   - yes (please continue with Demographic questions)
   - no (please continue with questions 4a)

4a. I would recommend others suffering from the same (or similar) conditions of pain(s)/desire the same (similar) effects and results to choose
   - a conventional therapy
   - another alternative therapy

Demographics

1. Gender
   - female
   - male

2. Age
   - ≤19
   - 20-30
   - 31-40
   - 41-50
   - 51-60
   - 61-70
   - ≥71

3. Higher achieved level of education
   - University Degree
   - College Degree
   - Apprenticeship
   - Compulsary education

4. Occupational Status
   - Free Lancer
   - Manager
   - White collar
   - Blue collar
   - Homemaker
   - Unemployed
   - Retired
   - Student

5. Type of guest (visitor)
   - therapy only
   - therapy and thermae visitor
   - patient of health resort (cure)
A.3 Questionnaire I German Version

UNTERSUCHUNG VON PATIENTENERWARTUNGEN UND -AKZEPTANZ VON ALTERNATIVEN THERAPIEN IN DER THERME LOIPERSDORF


Es wäre mir eine große Hilfe, wenn Sie sich ein paar Augenblicke Zeit nehmen würden, um die Fragebögen auszufüllen. Ihre Meinungen und Informationen werden nicht an Dritte weitergeleitet und werden nur für den Zweck meiner Bachelor Arbeit verwendet.

Vielen Dank für Ihre Zeit und Bereitschaft an der Befragung teilzunehmen!

Fragenbogen Teil I: Untersuchung der Gästeerwartungen vor dem Stattfinden der alternativen Therapie

1. Welche der folgenden Therapien werden Sie heute erhalten?
   - La Stone
   - Ayurveda

2. Sind Sie sich bewusst, dass die von Ihnen gewählte Therapie eine alternative ist?
   - Ja
   - Nein

3. Bitte vervollständigen Sie die folgende Aussage: Ich stehe alternativen Therapien im Allgemeinen
   - eher positiv gegenüber.
   - eher negativ gegenüber.

4. Haben Sie jemals zuvor alternative Therapien ausprobiert?
   - Ja (bitte fahren Sie mit Frage 5 fort)
   - Nein (bitte fahren Sie mit Frage 6 fort)

5. Haben Sie die heute erhaltene Therapie schon einmal zuvor erhalten?
   - Ja (bitte fahren Sie mit Frage 5a fort)
   - Nein (bitte fahren Sie mit Frage 6 fort)
5a. Wie oft haben Sie die von Ihnen heute gewählte Therapie bereits erhalten?

1  2  3  4  ≥5

5b. Inwiefern stimmen Sie den folgenden Aussagen betreffend Ihrer zuvor erhaltenen Therapie(n) zu?

1...stimme sehr zu
2...stimme zu
3...stimme eher nicht zu
4...stimme nicht zu

Der Hauptgrund für die zuvor erhaltene(n) Therapie(n) war Schmerzlinderung.
Der Hauptgrund für die zuvor erhaltene(n) Therapie(n) war Entspannung.
Die zuvor erhaltene(n) Therapie(n) war(en) zu meiner Zufriedenstellung.
Ich erwarte mir langzeitige Schmerzlinderung (Befreiung von Schmerzen) durch die Anwendung dieser Therapie.

6. Wie wurden Sie auf die von Ihnen gewählte Therapie aufmerksam?

o Freunde/Familienmitglied(er)
o Doktor
o Therapeut
o Medien (Fernsehen, Radio, Zeitung, etc.)
o Reisebüro
o Internet
o Werbung (Flyers, Broschüren, etc.) von/durch die Therme Loipersdorf

7. Inwiefern stimmen Sie den folgenden Aussagen betreffend Ihrer heute gewählten Therapie zu?

1...stimme sehr zu
2...stimme zu
3...stimme eher nicht zu
4...stimme nicht zu

Der Hauptgrund für die heute gewählte Therapie ist Schmerzlinderung.
Der Hauptgrund für die gewählte Therapie ist Entspannung.
Ich erwarte mir sofortige Schmerzlinderung/sichtbare Wirkung(en) und Ergebnis(se) der Behandlung.
Ich erwarte mir langezeitige Schmerzlinderung/sichtbare Wirkung(en) und Ergebnis(se) durch die Anwendung der Therapie.
Ich erwarte mir, dass die gewählte alternative Therapie ähnliche (dieselbe(n)) Wirkung(en) zeigt und Ergebnis(se) hervorruft, wie eine konventionelle Therapie es tun würde.
Ich erwarte mir, dass die gewählte alternative Therapie bessere Wirkung(en) zeigt und Ergebnis(se) hervorruft, als eine konventionelle Therapie es tun würde.
Fragebogen Teil II: Untersuchung der Gästezufriedenheit nach Stattfinden der alternativen Therapie

1. Inwiefern stimmen Sie den folgenden Aussagen betreffend Ihrer soeben erhaltenen Therapie zu?

   1...stimme sehr zu
   2...stimme zu
   3...stimme eher nicht zu
   4...stimme nicht zu

Ich bin mit der erhaltenen Therapie zufrieden (sie war wie erwartet).
Die Therapie führte zu einer sofortigen Schmerzmilderung/zeigte Wirkung(en) und Ergebnis(se).
Ich bin der Meinung, dass eine regelmässige Anwendung dieser Therapie zu einer Langzeitschmerzkur/zum Erreichen gewünschter Wirkung(en) und Ergebnis(se) führen kann.
Mein allgemeines Wohlbefinden hat sich durch die heutige Therapie verbessert.
Ich bin der Meinung, dass die heutige alternative Therapie auf dem gleichen Qualitätslevel wie eine konventionelle Therapie liegt.
Durch die regelmässige Anwendung dieser alternativen Therapie können dieselbe(n) Wirkung(en) und Ergebnis(se) wie mit einer konventionellen Therapie erreicht werden.
Nach der Anwendung dieser alternativen Therapie, würde ich beim nächsten Mal eine konventionelle Therapie wählen, um meine Schmerzen zu lindern/gewünschte Wirkung(en) und Ergebnis(se) zu erreichen.

2. Wenn Sie noch einmal an Ihre soeben empfangene Therapie denken, würden Sie diese (auf einer Skala von 1-4) beschreiben als

   1        2        3        4

   eine Form der Schmerzlinderung
   eine Form der Entspannung
3. Haben Sie vor die heutige Therapie in Zukunft zu wiederholen?
   o Ja *(bitte fahren Sie mit Frage 4 fort)*
   o Nein *(bitte fahren Sie mit Frage 3a fort)*

3a. Würden Sie eine konventionelle Therapie der heute erhaltenen alternativen vorziehen, da Sie der Meinung sind, dass eine solche effektiver in der Schmerzlinderung/beim Erreichen gewünschter Wirkung(en) und Ergebnis(se) wäre?
   o Ja
   o Nein

4. Würden Sie die heutige Therapie anderen weiterempfehlen, die unter den gleichen (ähnlichen) Schmerzen leiden/die gleiche(n) (ähnliche) Wirkung(en) und Ergebnis(se) wünschen.
   o Ja *(bitte fahren Sie mit den demographischen Fragen fort)*
   o Nein *(bitte fahren Sie mit Frage 4a fort)*

4a. Ich würde anderen, die unter den gleichen (ähnlichen) Schmerzen leiden/die gleiche(n) (ähnliche) Wirkung(en) und Ergebnis(se) wünschen, empfehlen...
   o ... eine konventionelle Therapie zu versuchen.
   o ... eine andere alternative Therapie zu versuchen.

**Demographischer Teil**

1. Geschlecht
   o weiblich
   o männlich

2. Alter
   o ≤19  o 51-60
   o 20-30  o 61-70
   o 31-40  o ≥71
   o 41-50

3. Höchste abgeschlossene Ausbildung:
   o Universität/Fachhochschule
   o Matura
   o Lehre/Mittlere Schule
   o Pflichtschule

4. Beruf
   o Selbständig
   o Leitende/r Angestellte/r
   o Angestellte/r
   o Arbeiter/in
   o Hausfrau/mann
   o Ohne Beschäftigung
   o Pensionist/in
   o Student/in

5. Art des Gastes (Patienten)
   o Therapiegast
   o Therapie- und Thermenbesucher
   o Kurgast