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### The Collective Traumatic Event of COVID-19 Pandemic and its Psychological Impact on Beliefs and Intentions of Senior Italian Tourists

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#### ABSTRACT

**Introduction.** The COVID-19 Pandemic represents a traumatic collective event that has suddenly modified our future perception, representation and our lifestyle, including travel for tourism. Tourism is one of the major economic sectors that is suffering from it. **Objectives, Method and Procedures.** The study analyzed, through a purpose-built online questionnaire, in a sample of 311 Italian old people (m. age = 69.70) how much they believe that COVID-19 Pandemic will change their way of going on holidays. The possible perceived obstacles to continue to travel for tourism in and after Covid-19 Pandemic, and the beliefs about the relevance of tourism in general and cultural tourism for old people and the intention to continue the travel experience in the future are being effected. **Results.** Old people believe that this pandemic will change their way to go on holidays, and this belief is more pronounced for female than for males; the most critical obstacles are anxiety and fear about a sudden return of Coronavirus, the lack of safety systems in tourism hospitality structures, the lack of effective instruments by Tour Operators for dealing with Coronavirus in the touristic destinations, with 18% of explained variance. On the contrary, they possess very positive beliefs about the relevance of tourism in general and cultural tourism as a specific form of travel.

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**Keywords:** Psychological collective trauma; COVID-19 pandemic; senior tourism; obstacles for traveling; positive aging

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## Introduction

### ***The Covid-19 Pandemic as a collective traumatic event. Its impact on individual and collective psychological functioning and behaviors, including tourism***

On April 26, 1986, in the middle of the night, reactor no. 4 of the Chernobyl nuclear power plant, then the Soviet Union, exploded, causing the core to melt and the release of radioactive material that was dispersed into the atmosphere and surrounding territories. The consequences were very serious both for the inhabitants of the area and for many parts of the world, where the radioactive cloud spread, with short, medium and long term effects. On May 2, 1976, in Friuli, Northern Italy, at h. 9 pm, a very strong earthquake destroyed the cities of Gemona, Buie and Tarcento crashing them to the ground, causing almost a thousand of deaths. Today these cities have become thriving centers, despite the devastation caused by an earthquake of this magnitude.

Two events that we could certainly define as traumatic, which have marked the personal lives, the communities, the economy of these territories; but with partly different characteristics, which can explain the short, medium and long-term reactions of populations on an individual and collective psychological level. We will briefly try to understand how trauma is defined from a psychological point of view, and then try to deepen, through a comparison aimed at identifying similarities but also differences, between the Covid-19 pandemic and collective traumatic events such as those described above.

The term *trauma* derives from classical Greek and indicates a wound, a psychic laceration. Modern Psychology defines a traumatic event as “a strongly negative event that generates a real emotional and biographical fracture in the individual and / or in the community, such as to undermine the sense of stability, security, identity and physical and psychological continuity of the person or persons who find themselves facing it. (APA, DSM-5, 2010; Ursano, Fullerton & Mc Coughy, 1994). A fundamental distinction that is commonly made, but which in contemporary society, thanks to technological progress tends to become blurred and increasingly difficult, is between disasters from nature (natural disaster), such as an earthquake, a flood, a tornado, and disasters caused by man (Weisaeth, 1989) as this distinction translates into a very different collective representation of the event, and gives rise to equally different emotional and behavioral reactions. As stated Weisaeth, “man-made disasters are said to be more traumatic because of their unfamiliarity, unpredictability, uncontrollability and culpability” (p. 76).

Another dimension to consider for its psychological consequences is represented by whether or not it is a well-circumscribed event in terms of space and time. Eg. an earthquake is instantaneous, concentrated on a specific geographical area, and generally the strongest tremors tend to run out within a fairly short time. This causes an intense emotional shock as an immediate reaction, accompanied by considerable

anxiety and cardiac arrhythmia, often accompanied, on the psychological level, by a feeling of terror that during the shock is perceived as overwhelming.

Other types of collective disasters, due to man, for example the accident at the nuclear power plant of Chernobyl, or an accident at a chemical industry plant (such as in the case of Seveso in Italy, 1976) are characterized by a very different beginning and following, compared to instantaneous disasters (such as the terrorist attack on the Twin Towers, an earthquake, or a flood..). Bromet (1989) separated chronic technological events like Three Mile Island or Chernobyl from more "acute events, due to their long lasting effects. Danzer & Danzer (2014) studied the long term consequences of Chernobyl disaster, finding that after 20 years in Ukraine the psychological effects of it are large and persistent. Individuals exhibit poor subjective well-being and higher depression rates. Danzer, Danzer & Fehr (2016) in another study it was examined the behavioral consequences of the exposure to it, which are of particular interest also for economic sciences. They indeed found that people who were exposed to high level of radiation display stronger risk aversion, are less entrepreneurial and engage less in civic activities; authors hypothesized that these outcomes are linked to the pervasive uncertainty of fear stemming from imagined future.

Most likely, the current Coronavirus Pandemic can also fall into this latter classification. The current Coronavirus pandemic virus has indeed some characteristics that bring it closer to disasters with pathogens (radiation, dioxin..), and also some of its peculiarities, which make it an unprecedented traumatic event as a generational experience (the last great pandemic, the "Spagnola" belongs to a century ago). The Coronavirus is in fact: - invisible to the naked eye; - extremely contagious; - in some cases it causes a fatal disease, in others serious, in others even milder; - globally it affects all life / life sectors of the globe; - currently neither effectively curable nor preventable with a vaccine; - can be contained only through the adoption of strict behavioral protocols; - hovering between natural causes (Darwinian selection) and human causes (deforestation / climate change / planetary anthropogenic load) - there is no "zero point" from which to plan one's life, as in the case of other disasters such as earthquakes or tornadoes.

The advent and very rapid spread of the SARS-COV-2 Coronavirus has led to a radical change in social behavior, dictated by the need for its containment. Such a sudden change in lifestyle and above all the absolute lack of scientific certainty on its evolution, on effective therapies available and the possibility of using a safe and effective vaccine has caused strong emotional reactions on the general population, and had a strong impact on the temporal perspective (Zimbardo & Boyd, 1999; Sword et al., 2014), recognized time perspective as a fundamental dimension for the human functioning, defining it as "the often nonconscious process through which individuals give order and coherence to their experiences". Before them, Lewin (1943) has defined time perspective as "the totality of the individual's views of his psychological future and his psychological past existing at a given time" (Lewin, 1943, p.75), he underlined that the "morale" of individuals depends upon their total time perspective, and that the anticipated future plays a pivotal role in their present motivation and well-being.

These so-called "contamination stressors", which perhaps the Coronavirus pandemic can be compared to, may unfold more slowly, and residents may not be aware of their

exposure until the process has been going on for quite some time” (Bonnie et al., p. 155), as we could see in Italy and in Europe during the first months of 2020; then, suddenly, the true extent of the disease emerged quickly and dramatically. Bonnie et al. (2019) investigated the effects of Three Mile disaster (1979), and Fernald accident (1984) highlighting, in the long run, psychosocial responses such as somatization, depression, anxiety, and social withdrawal. And, of particular relevance, the difficulty in planning the future, since the stressor was ongoing and future oriented (lack of “zero-point”, that marks a turning point, concrete and cognitively represented, beyond which it is possible to resume planning for the future, as has occurred for example in earthquakes or tornadoes). This point is of particular relevance also for our argument, because it involves the entire human life, being the representation of the future a crucial dimension for planning, projects, and with cascading effects in all areas of life, included the planning for tourism.

The characteristics of the Coronavirus and the way in which they affect the perceptions, representations, and planning of individuals can have an effect also on travel, and tourism in general since tourism travel is based on planning for future travel and also on the “predictability” and security of the country that will be visited. As stated indeed Bowlby (1988), there are two basic human needs, the first concerning the “feel of security”, the presence of a secure base, the second concerning the exploration of other environments, the unknown. Without the perception of a secure base (that we can decline in adult life such as safety of the hotels, presence of resources in case of critical events...) the individuals give up traveling, or they do it in a very short range. The Covid-19 Pandemic can have for these reasons, long lasting effects on travel and tourism, affecting all stages of life, but especially the old age, that is the most at risk for adverse health conditions in case of contagion.

### ***Senior tourism as relevant component of positive aging***

The lengthening of life expectancy that has been recorded for years in industrialized countries and beyond has led to a real “demographic revolution” (EUROSTAT, 2019). This change in the demographic structure of the population, where women in Europe have an average life expectancy of 86 years and men 83 years, highlights the growing centrality of this age group and at the same time, for its greater fragility than in previous ages, the need to understand the biological, psychological and social factors that can allow an ever larger number to achieve positive aging.

The positive aging approach has long adopted a systemic perspective (Rowe & Khan, 1997; Kahana, Kahana & Zjiang, 2014), defining positive aging as the result of good physical, personality and cognitive efficiency, and a proactive attitude toward the social context, which allow active participation in society, which also includes tourism travel (Zambianchi, 2017).

Patterson & Balderas (2018) in a review on senior tourism trends highlighted that the progressive life expectancy and the continued improvement in health and economic status of seniors has determined the progressive increase of tourism travel. Older people are now a consistent demographic segment with increasing strategic relevance for tourism market. On the other side, recent new areas of psychological research such as Positive Psychology has become a fundamental theoretical anchor for investigating

the impact of tourism practices on well-being of older people, among other population targets (Filep, 2018; Gu et al., 2016).

Filep (2014), considering the documented benefit of traveling for tourism such as less cardiovascular diseases, less perceived stress, better sleep, that are fundamental for all stages of life and especially for the oldest phases of life, comes to advocate the medical prescription of tourism.

Moreover, several researches are now highlighting the positive impact that travel for tourism has for a successful aging, that is defined by Rowe & Khan (1997) as the convergence of high physical resources, high level of cognitive and personal functioning and active social participation, of which tourism can be considered a component (Zambianchi, 2017). Kim, Whoo & Uysal (2014) found that traveling for tourism increases the perceived life quality of the elderly, while Lu (2011) noted that the increased involvement in leisure activities such as traveling might enhance older people's life satisfaction.

As noted Sirgy & Uysal (2016), although there are now numerous studies on the hedonic dimension of the tourist experience, even in the elderly, there are still few studies that have examined the eudaimonic component of well-being, linked to personal growth and the actualization of one's own talents and potential. This component of the more global experience of psychological well-being, or *flourishing*, (Keyes, 2007; Keyes & Westerhof, 2012) can be declined in activities such as tourism linked to cities of art, places of culture, places of historical memory, the use of museums and archaeological sites. The studies available to date indicate a strong relevance of this form of tourism for the well-being and health for older people (Filep & Pearce, 2013).

Fancourt, Steptoe & Cadar (2018), using data from the ELSA (English Longitudinal Study of Aging) Study, indeed highlighted that visiting museums, art galleries, and exhibitions among adults aged 50 and older is associated with a lower incidence rate of dementia over a 10-year period, providing the first evidence of the relevance of cultural tourism for an healthier aging, together with the improving of social well-being through social participation.

Since it may be more difficult for an elderly person to identify significant (meaningful) ways and / or experiences to continue growing through the increase of knowledge (role that the working dimension, for example, played before retirement), tourism activity in a cultural key may represent (among others) an important modality for this objective, being centered precisely on the possibility of increasing one's knowledge in an environment rich in both intellectual and social opportunities. Also for old people suffering from dementia syndromes such as Alzheimer, several projects such as Meet me at MOMA, New York, and Region Tuscany in Italy (Adams & Cotter, 2011; Bucci, 2019), provide an interesting experience of an artistic tour in an art gallery or Museum specially designed for people with cognitive decline, meeting an enthusiastic appreciation from people affected by these pathologies and highlighting benefits from a social but also a cognitive point of view.

The sudden but widespread event of the Coronavirus throughout the world has forced a drastic change in behaviors, in particular those related to travel, which has caused a strong downsizing, especially with regard to long-distance destinations. In Italy, for example, during the summer that has just passed, seaside tourism experienced a good

influx due to the presence of local tourism, while the Italian cities of art such as Florence, Venice, Ravenna, favorite destinations of international tourism, have recorded a significant decrease in attendance.

The possibility of combining safety on the health side and the possibility of continuing the experience of traveling for tourism therefore represents a truly complex, difficult, but important challenge from many points of view, including that of the link between tourism and well-being in older people.

Considering the relevance of the tourist experience for positive aging, but also the physical fragility in the face of the Coronavirus infection which makes the third and fourth age the most fragile groups of the population, it was considered important to evaluate the factors that they consider more of an obstacle to continuing to travel for tourism in general and for cultural tourism as its specific form.

A greater and more detailed knowledge of the obstacles assessed by older people as relevant to the continuation of tourism travel in the future and the assessment of the importance of being a tourist in general and a cultural tourist as a specific content of the travel could help to better understand which factors can block or *viceversa* encourage senior tourism at the time of the COVID-19 infection also through concrete interventions by both public and private territorial institutions (e.g tourism hospitality, tour operators).

### ***Aims of the study***

The study was aimed at investigating the following aspects of senior tourism in the time of the Coronavirus Pandemic:

- Evaluation of beliefs about the impact of Covid-19 Pandemic on the ways of planning holidays for old people;
- Evaluation of perceived obstacles by the elderly for continuing the tourism experience in the future;
- Evaluation of beliefs about the relevance of tourism as general behavior and of cultural tourism as specific type of tourism for positive aging;
- The willingness to continue to be a tourist in general and a cultural tourist in the future.

### **1. Method and procedure**

Through Google platform a specific online questionnaire was created that was subsequently sent to the direction of the University of the Third Age of Emilia - Romagna and Lions Clubs with a brief description of the aims of the research. They distributed the link to their associates; the old people that agreed to participate, after giving their consent filled in the questionnaire online anonymously by the following instruments:

- The Questionnaire for the evaluation of perceived obstacles for tourism in the Coronavirus Pandemic era is an *ad hoc* constructed questionnaire, with 7 items

measuring the relevance of obstacles such as fear and anxiety for a sudden return on Coronavirus infection; the lack of safety protections in the hotel or other hospitality structures; the lack of effective instruments by Tour operator if the Coronavirus will reappear in the holiday destinations. The evaluation scale was a 5-point Likert: 1= completely disagree; 5 =completely agree). The questionnaire was evaluated for its psychometric properties through an Exploratory Factor Analysis (EFA), resulting in monofactorial and heaving an internal consistency  $\alpha = 0.77$ .

- Questionnaire for the evaluation of beliefs on tourism and cultural tourism for positive aging and the intention to continue to be a tourist in the future (Zambianchi & Mariotti, 2017). This questionnaire contains four items. The evaluation scale was a 5-point Likert: 1= completely disagree; 5 =completely agree)

- a single item on the belief about the change in the way of planning holidays and tourism travel due to the Coronavirus Pandemic. The evaluation scale was a 5-point Likert: 1= completely disagree; 5 = completely agree.

### **1.1 Participants**

A sample of 311 old people (m. age = 69.70; 192 males and 112 females, with 7 missing data about gender; 5 with Elementary License; 2 with Middle School Diploma; 90 with High School Diploma, 199 with Degree, with 2 missing data about school education) participated in the study, filling in the online questionnaire through a link available in the website of CAST, University of Bologna, and sent to the Institutions that agreed in collaborating to the study.

### **1.2 Statistical analyses**

The statistical analyses were run in five steps.

Firstly, mean, standard deviation, Skewness and Kurtosis of all the variables were computed. Than, two correlational matrix (Pearson and Spearman, the latter due to the not Gaussian shape of the variables about the importance of tourism and the intentions) were run; through MANOVA models the differences for gender and school education were explored. An Exploratory Factor Analysis was run on the questionnaire on the perceived obstacles for tourism travel. Finally, a Hierarchical Regression Model was run in order to evaluate the contribution offered by the perceived obstacles and beliefs about tourism to the changes in ways of making tourism by the elderly due to the COVID-19 Pandemic, after controlling for age, inserted as continuous variable, gender and school education inserted as structural variables.

### **1.3 Results**

#### ***The beliefs about tourism travel in time of Coronavirus Pandemic***

The most relevant obstacles highlighted by the elderly were anxiety and fear for a possible return of COVID-19, the lack of appropriate precautions in the hospitality structures and the lack of effective instruments owned by tour operators in case of COVID-19 presence in the tourist destinations. (see table 1). They believe quite intensely that COVID-19 Pandemic will cause a change in the way to plan their holidays.

**Table 1.** Descriptive statistic of the variables on perceived obstacles for tourism due to COVID-19 Pandemic

Variables	M	DS	Skewness	Kurtosis
Changes in ways to make holidays due to COVID-19 pandemic	3.51	1.12	-0.38	-0.59
Anxiety and fear for COVID-19 return	2.94	1.20	0.14	-0.83
Economic difficulties	2.29	1.20	0.71	-0.38
No protections in hotels against COVID-19 infection	3.02	1.26	0.003	-1.02
Not sanitary instruments in holiday destination for COVID-19	2.92	1.25	0.25	-1.02
No effective instruments owned by tour operator in case of COVID-19	2.98	1.32	0.007	-1.11
Risk behaviors of travel companions for COVID-19 contagion	2.66	1.37	0.29	-1.12

*The beliefs about relevance of tourism travel and intentions to continue traveling experience.*

The elderly possess positive beliefs about the relevance of tourism and cultural tourism as a satisfactory activity and have strong intentions to continue to travel for tourism in the future (see table 2)

**Table 2.** Beliefs and intentions on tourism travel

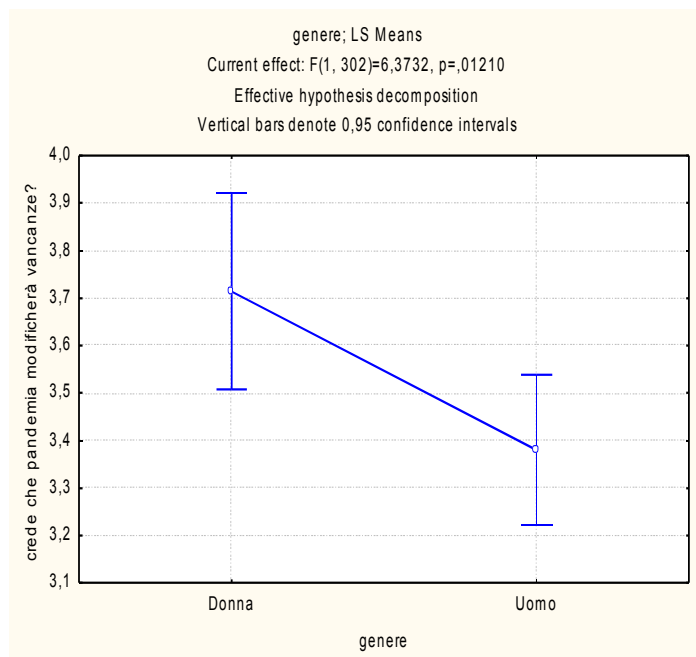
Variables	M	DS	Skewness	Kurtosis
Belief that cultural tourism is a satisfactory activity	4.53	0.76	-1.81	3.37
Beliefs about the importance of cultural tourism	4.46	0.80	-1.62	2.76
Intentions to continue to travel for tourism	4.37	0.82	-1.06	0.09
Intentions to continue to travel for cultural tourism	4.36	0.86	-1.39	1.60

*- Univariate ANOVA. Gender differences for the belief that Coronavirus Pandemic will change the way to plan holidays*

The Univariate model has highlighted a significant effect for gender, with women more willing to change their way to spend the holidays than men (see graph 1)



**Graph 1.** Gender differences for the belief that Coronavirus Pandemic will change the way to make holidays



*Pearson correlations matrix among the belief about changing the way to spend holidays and the perceived obstacles due to the Coronavirus spread*

Variables	Do you believe that Covid-19 pandemic will change your way to make holidays and tourist travel?
Obstacle anxiety and fear	0.39***
Obstacle lack of financial resources	0.12
Obstacle lack of safety systems in hotel destinations	0.35***
Obstacle lack of sanitary structures in tourism destinations	0.06
Obstacle lack of effective instruments by Tour Operators	0.27***
Risk behaviors of travel friends	0.19**

\* p<0.05; \*\* p<0.01; \*\*\* p<0.001

*- Correlations between beliefs about tourism and change in holidays*

The Spearman correlations between the belief about changing the ways to make holidays due to Covid-19 and the beliefs about tourism highlight a significant, negative correlation between the belief that Covid-19 will change the way to go on holidays and the willingness to continue to travel in the future (see table 3)

**Table 3.** Correlations between the beliefs and intentions about tourism and the belief that Covid-19 will change the way to go on holidays

Variables	Do you think that Covid-19 Pandemic will change the way to make holidays?
Belief that travel for city of art is a satisfactory activity	0.09
Belief that travel for cultural	0.09
Willingness to continue to travel for tourism	-0.11*
Willingness to continue to travel for cultural tourism	-0.04

\*p<0.05

*- The predictors of the intention to continue the tourism travel in the future. The Hierarchical Multiple Regression Model*

In the hierarchical Regression Model in the first step the structural variables gender, school education, and the continuous variable age were entered. Two of them, namely gender and age, resulted as significant, giving a small but significant contribution to the explained variance of the model.

In the second step the questionnaire of perceived obstacles was added to the equation. The explained variance of the model increased significantly. Gender and school education diminished their statistical significance, highlighting an interaction effect with the perceived obstacles. Two obstacles emerged as highly significant: anxiety and fear, and the lack of safety procedures in the hospitality structures. A model that is not shown here is the step-wise regression model (method: forward) provided the same result, with the same explained variance. (see table 4)

**Table 4.** The Hierarchical Regression Model. Dependent Variable: the belief that Coronavirus Pandemic will change the way to make holidays and tourism travels

Variables	$\beta$	Sd. Error of Beta	
<i>First step</i>			
Age	0.031	0.01	Multiple R =0.18 R <sup>2</sup> = 0.03 adj. R <sup>2</sup> = 0.02 F (3,287) = 4.48; p< 0.01
Gender	-0.141**	0.137	
School education	-0.117*	0.09	
<i>Second step</i>			
Age	0.053	0.01	
Gender	-0.100+	0.128	
School education	-0.08	0.09	
Obstacle anxiety and fear	0.246***	0.06	
Obstacle lack of financial resources	0.028	0.05	
Obstacle lack of protection systems in	0.191*	0.07	

hospitality structures			
Obstacle lack of effective sanitary structures in holidays destinations	-0.07	0.05	
Obstacle lack of effective instruments by Tour Operators	0.06		Multiple R =0.45; R <sup>2</sup> = adj. R <sup>2</sup> = 0.18
			F (9,280) = 7.96; p< 0.001
Obstacle risk behaviors of travel friends	-0.014	0.05	
+ p<0.08; * p<0.05; ** p<0.01; *** p<0.001			

## 2. Discussion

The study shows that women are more likely to change the way they take their holidays than men, while there are no significant differences in this sample for the types of perceived obstacles. In general, however, the correlational analyses and the hierarchical regression model show that the main obstacles are capable of determining changes in the way of traveling for holidays are anxieties and fears related to the possible return of the pandemic Coronavirus to the places where they are spent. This data seems to be in line and in a certain way confirm the hypothesis that the traumatic event of the pandemic virus. Because of its intrinsic characteristics of global diffusion, lack of a "zero point" where to place this event in the past, its not sensory perceptibility and to date the lack of effective therapeutic approaches, has generated an anxious emotional experience in the senior population, capable of profoundly affecting future planning in the tourism sector. Anxiety, in fact, is determined when it is not possible, or not perceived possible, to put a situation under personal control through targeted and effective actions (see the concept of *styles of coping*, Lazarus & Folkman, 1984). A further major obstacle is the lack of effective precautions in hotels and/or other hospitality structures. However, this obstacle appears to be more manageable through a serious organization of the spaces and their sanitation, together with the social distancing necessary to contain the spread of the virus.

At the same time, the increasing perceived efficiency of Tour Operators to deal effectively and with competence a potential return of the infection in the travel destinations could improve tourism for seniors, perhaps help with overall preceptions for them as more secure and well organized (see Bowlby, 1988, and the above described concept of secure base, particularly relevant in old age, due to the increased health fragility) confronted with self-organized travels.

The possibility of perceiving as manageable the anxiety derived from the unpredictability and sensory non-visibility of the pandemic virus can increase the self-efficiency and personal mastery of the elderly, favoring the use of truly effective defensive strategies (such as the adoption of non-risky behaviors in situations that scientific research has identified as at risk of contagion such as indoor public places, gatherings) rather than based on the perception of invulnerability (Weinstein, 1980) or

denial of the gravity of the situation, or giving up traveling due to the fear of contagion. Effective interpersonal communication in tourist places (such as hotels, museums, cultural exhibitions..) that combines clarity for the absolute need for observance of the rules and empathic hospitality of tourists can foster the establishment of a positive and collaborative relational climate, increasing the compliance without reducing the usability and enjoyment of the travel. The ability to synergistically combine verbal and non-verbal communication and meta-communication (Watzlawick, Beavin & Jackson, 1971; Zani, Selleri & David, 2000) that denote the effective communication can increase compliance with the rules and at the same time make positive use of the resources that the context offers.

An extremely positive fact that emerges from the research is the importance attributed to travel in general and for cultural places as a specific sector of tourism by the elderly, as well as the intention to continue the practice of tourist travel in the future. As the Theory of Planned Behavior (Ajzen, 1991) indicates, the intention to give life to a certain behavior represents one of the most proximal index to the observed behavior itself. Beliefs and attitudes are instead linked to it and, again for this complex model that has been adopted by various sectors of social psychology for the identification of predictors of behavior, they represent central psychological elements. Therefore, the fact that, despite the COVID-19 pandemic infection, elderly people maintain a strong positive attitude towards tourist travel and it gives good hope for its continuation both under the necessary health safety regime, and once this terrible emergency is finished. The possibility of reinforcing these positive beliefs and intentions goes through multiple actions: eg. social communication and interpersonal communication could contribute to increasing travel for tourism and strengthening these beliefs.

In terms of possible territorial actions and policies, a first factor that will most likely have to be considered is the persistence, in the medium term, of the uncertainty due to insufficient bio-medical knowledge on the effect and duration of the protection offered by vaccines in phase of latest experimentation. The rapidity of the spread of Coronavirus has in fact given a strong acceleration to scientific research, which, however, is faced with a new and complex pathogen, whose characteristics are only partially known (Mittal et al., 2020). This uncertainty, of a bio-medical nature, could also have important repercussions on a psychological and psycho-social level, especially due to the difficulty of planning future medium and long-term activities, a factor that may lead to the persistence of feelings of anxiety and depression linked to perceived lack of self-efficiency and perception of control over reality, with a possible reduction in economic proactivity, as emerges from the study by Danzer & Danzer (2014) on the long-term effects of the Chernobyl nuclear disaster.

A further effect, only apparently opposite, could highlight a psychological reaction of denial or "illusory optimism" once the distribution of the vaccine has begun, with premature discontinuation of the protections indicated as effective, which requires careful definition of rigorous and effective communication messages (Petty & Cacioppo, 2011) so that behaviors are consistent with the evolution of the pandemic.

Living with increased uncertainty in the medium term has important implications in the tourist sector, here in particular for the elderly, who are very willing to travel but at the same time fragile against the pandemic virus.

Identifying effective strategies to promote safe tourism for the elderly can mean living with the fear of a return of the virus without giving up traveling. Taking into consideration the factors that emerged in the study as salient for the elderly tourist, the possibility of tourism promotion institutions to identify places, routes or itineraries (cultural, naturalistic, religious, historical, food and wine, integration between the different typologies, eg. cultural and naturalistic, obviously suited to the characteristics of this phase of life) less known, outside the "major tourism routes", but not for this of less wealth or attractiveness and certainly with a lower risk of crowding, could provide a sense of greater health and psychological security for this age group, together with the enhancement of still little known places. The extension of the opening hours of museums, art and archaeological sites, even of lesser notoriety but with important potential as they are located in centers or places little known to tourism, could constitute a response to the desire for knowledge and exploration of the elderly person associated to greater security. The post-work condition of the senior person also allows for the de-seasonalization of the tourist offer.

An IT system of inter-territorial surveillance networks that guarantees the timely assessment of the health situation will help Tour Operators to orient themselves, or if necessary, to re-orient themselves in the proposals dedicated to senior people, or who are chosen by a majority of senior people, as it happens for example in the collaboration that in some cases is established between the University of the Third Age and local Tour Operators for a national and international travel offer. The training of personnel specialized in the needs of a tourist could offer in terms of interpersonal communication an important skill and resource for the relationship with the senior tourist: anxieties, fears, mistrust related to the possible presence of the pandemic virus, (that emerged as one of the most important obstacles for traveling in the future) in certain destinations could be further reduced, managed or contained through effective interpersonal communication to a greater extent than social or media communication, more important for other information purposes but less able to make people perceive empathy and a sense of competence towards critical situations. The possibility of reducing the risk of contagion and spread of the pandemic virus is linked also to the assumption of ethical responsibility of both parties, the customers / tourists and the owners of the hospitality structures. Indeed, in the Italian social reality, especially during the months of the lockdown, has been generated a dichotomous representation of the reality. By contrasting the health / healthcare with economics, it has led to a simplified social representation (Moscovici, 2000) of the social reality crossed by the Coronavirus drama, which do not capture the close and systemic intertwining (von Bertalanffy, 1980) of the issues in the field, where a generated dilemmatic horn (health / healthcare) could not find integration with the other horn of the dilemma (economics) to arrive at an ethical solution that could integrate both the necessities. The assumption of ethical responsibility by people therefore arises as an urgent reflection and action strategies to ensure that adequate behaviors can protect against disease and contagion while allowing the tourist economy to continue to offer opportunities for recreation, knowledge, culture and social enrichment.

## **2.1 Limits of the study**

The study presents several limits, that have to be taken into account. The first limit is related to the presence of the Italian sample only. Subsequent future research conducted in other countries could give a more clear picture of the perceived obstacles, beliefs and intentions of the elderly about tourism in COVID-19 Pandemic. Another relevant limit it is related to the fact that it is not possible to draw any conclusions about the relationship between COVID-19 Pandemic as a traumatic event and long-term behavior, as only a few months have passed since its onset and, more important, there is not clear evidence for a structural resolution of this terrible pandemic in the short run through a vaccine. While waiting, a decisive role will be played by public and private policies to encourage and support senior tourism integrating safety and opportunities for enjoy traveling, also through the creation of new paths (more secure from the health point of view) or new ways of experiencing it.

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