

Editorial

Reiseangst: travel anxiety and psychological resilience during and beyond the COVID-19 pandemic

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Highlight

The COVID-19 pandemic and its associated lockdown have had a negative impact on global mental health. Considerable fear and stigma surround the prospects of a return to non-essential international travel. The mental health aspects of travel have been historically neglected in the literature. The current pandemic has prompted a renewed focus on building psychological resilience in travellers by engaging innovative technological tools such as virtual reality.

Keywords: Pandemic, travel, mental health, anxiety, virtual reality, lockdown

As the name 'pandemic' (from the Greek *πᾶν*, *pan*, "all" and *δῆμος*, *demos*, "people") suggests, nobody has been spared from the turbulent and far-reaching impact of the current global scourge of COVID-19. A high population level of anxiety has been a defining feature of this public health emergency.¹ Near universal periods of prolonged domestic confinement, or lockdown, have exacted a heavy toll on global mental health. Evidence continues to emerge of higher levels of anxiety, depression, post-traumatic stress disorder, insomnia, and alcohol abuse, attributed to the effects of societal

lockdown, necessary of course to suppress viral transmission and flatten epidemic curves. A national cross-sectional study of 1,515 individuals who endured the recent stringent lockdown in Italy uncovered high rates of mental health symptoms, including depression and anxiety in a quarter of those surveyed and sleep disturbances in over 40%.² Female gender and time spent searching the internet predicted an increased likelihood of at least one adverse mental health outcome. The by now well established public health countermeasures of physical distancing, cancellation of mass gatherings, and school closures have led to further social isolation and frustration among communities. As countries exit national lockdowns and more nuanced public health strategies begin to be applied, the term 'COVID anxiety' has entered into common usage while the object of people's fears continues to evolve.

A century after the great Austrian psychoanalyst, Sigmund Freud, coined the term *Reiseangst* (from the German, "fear of travel"), the word seems more apt than ever in describing a new wave of travel anxiety which has gripped humanity in the throes of this contagion. Absolute restrictions on international travel are slowly beginning to be eased. However, the travel experience remains greatly curtailed and onerous, with fewer available flight routes, frequent cancellations, reciprocal travel corridors, travel green lists, health declarations, passenger locator forms, pre-arrival viral screening and post-arrival quarantine in both the destination and, in some cases, the traveller's home country. All of these approaches are effective and based on sound epidemiological principles.³ They are a necessary bridge to the resumption of unrestricted travel at some point in the future. These days, travel health clinics are

either closed or diversifying into viral screening and serology testing for travel-related COVID certification purposes. High levels of uncertainty surround individual traveller decisions about engaging in so-called non-essential travel for leisure purposes, with many people choosing to wait until an effective vaccine appears on the horizon before contemplating a return to international travel. In the meantime, businesses and academia have adapted their international operations using online video conferencing facilities, with resultant decreases in carbon footprints and cost savings, but significant negative economic impacts on the aviation, hotel and conference sectors. The mantra 'stay home, stay safe' seems to be at odds with any notion of an early return to anything resembling normal global travel patterns. Indeed, non-essential travel is now associated in some quarters with a degree of social stigma. Fears of becoming ill while abroad, concerns about travel insurance coverage, the quality of local health care, and the risk of inadvertently infecting others during transit or on returning home have added new layers of fear to the travel experience during this pandemic.

Travel medicine has a major role to play in addressing and mitigating this increased burden of travel anxiety. Having been somewhat neglected in the travel medicine literature to date, travel-associated mental health issues are assuming greater importance and a subspecialty of travel psychiatry has recently been proposed.⁴ This journal has led the way in raising the profile of this sensitive subject. The excitement and anticipation of leisure travel often obscures underlying fears, some imaginary, others legitimate. Travellers worry about their airport transit, some have a crippling fear of flying⁵, while others dread becoming ill and needing medical intervention, or even

dying, while overseas. Cybersecurity is a peculiarly modern focus of traveller anxiety. Travel with children or disabled passengers carries its own unique pressures and sources of anxiety. Certain specialised itineraries are particularly anxiety-provoking; one of the authors (G.F.) has witnessed high levels of anxiety among trekkers on high stakes trips to high altitude, for example. We should not underestimate the anxiety attendant upon special itineraries such as honeymoons, study abroad opportunities, business travel, and medical tourism, not to mention the perilous journeys often undertaken by migrants fleeing danger and persecution in their countries of origin.

In the pre-pandemic travel era, culture shock, transport delays, navigational confusion and language barriers all posed an affront to the traveller's mental health. Vulnerable travellers sometimes engage in drug tourism which may lead to conflict with local law enforcement and incarceration in a foreign prison.⁶ Travel-related psychosis afflicts some travellers visiting sites of high spiritual, cultural or aesthetic value, such as the Jerusalem or Paris syndromes.⁷ For some, travel becomes a means of removing their mental health burden by affording the opportunity to tragically end their lives. Witness the high proportion of probable suicides among fatalities involving international travellers at an iconic natural landmark in Ireland, for instance.⁸

Historically, travel medicine has focused its psychological enrichment efforts on the needs of humanitarian aid workers and corporate expatriates but there is an increasing awareness of the impact of mental ill health on all travellers. The International Society of Travel Medicine Psychological Health of Travellers interest group has as its stated goal the promotion of evidence-based practice which cultivates

the psychological resilience of travellers at all stages of their travel journey. Pre-travel consultations should identify at risk travellers and address psychological coping strategies, the limitations of travel insurance coverage for mental health emergencies, safe transportation of psychotropic drugs, and access to psychiatric care abroad.⁹

The fear engendered by this pandemic will eventually be replaced by optimism and hope for our future. Achieving this mind-set will summon our collective reserves of fortitude and resilience. Psychological resilience during the COVID-19 shelter-in-place period has been shown to be related to higher levels of exercise, sleep quality, social support and spirituality.¹⁰ A greater understanding of the factors which contribute to resilience across the travel spectrum should lead to the development of tools which can be used during the pre-travel consultation and to support travellers during and post-travel. One such technology is virtual reality, which we predict to be capable of transforming the preparation of future travellers for stressful travel by enabling them to pre-acclimatise to unfamiliar environments in a safe pre-travel setting.

Imagine a future scenario where travel medicine practitioners will prescribe a specific course of virtual reality sessions for anxious travellers using proprietary headsets. These could depict various aspects of the travel experience, from the airport and commercial flight to busy city streets, high altitude environments and remote wilderness settings. Even currently, such technology could demonstrate revised port of entry procedures and public health measures at destinations. This would go a long way towards reassuring anxious travellers embarking upon their first foreign journey since lockdown was lifted. When this pandemic eventually weakens its grip and people feel

safe enough to tentatively resume normal international travel, especially long-haul intercontinental trips, virtual reality may play a prominent role in replacing their current state of heightened *Reiseangst* with a far healthier wanderlust.

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References

1. Pierce M, Hope H, Ford T, et al. Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population. *Lancet Psychiatry* 2020;S2215-0366(20)30308-4. doi:10.1016/S2215-0366(20)30308-4.
2. Gualano MR, Lo Moro G, Voglino G, Bert F, Siliquini R. Effects of Covid-19 lockdown on mental health and sleep disturbances in Italy. *Int J Environ Res Public Health* 2020;17(13):4779. doi:10.3390/ijerph17134779.

3. Dickens BL, Koo JR, Lim JT, et al. Strategies at points of entry to reduce importation risk of COVID-19 cases and re-open travel. *J Travel Med* 2020;taaa141. doi:10.1093/jtm/taaa141.
4. Flaherty G, Chai SY, Hallahan B. To travel is to live: embracing the emerging field of travel psychiatry. *BJPsych Bull* 2020;1-3. doi:10.1192/bjb.2020.32.
5. Oakes M, Bor R. The psychology of fear of flying (part II): a critical evaluation of current perspectives on approaches to treatment. *Travel Med Infect Dis* 2010;8(6):339-363. doi:10.1016/j.tmaid.2010.10.002.
6. Bonny-Noach H, Sagiv-Alayoff M. Cannabis tourist destinations: Risk for vulnerable travellers with pre-existing mental disorders. *J Travel Med* 2019. doi: 10.1093/jtm/taz098.
7. Airault R, Valk TH. Travel-related psychosis (TrP): a landscape analysis. *J Travel Med* 2018;25(1):10.1093/jtm/tay054. doi:10.1093/jtm/tay054.
8. Flaherty GT, Caumes E. An analysis of international traveller deaths at the Cliffs of Moher in Ireland, 1993-2017. *J Travel Med* 2018;25(1). doi: 10.1093/jtm/tay019.
9. Marcolongo T, Valk T, Jones M. Mind the gap: building the psychological capital of travellers. *J Travel Med* 2019;26(1). doi: 10.1093/jtm/tay142.
10. Killgore WDS, Taylor EC, Cloonan SA, Dailey NS. Psychological resilience during the COVID-19 lockdown. *Psychiatry Res* 2020;291:113216. doi:10.1016/j.psychres.2020.113216.