

**FROM CONSTRAINTS TO PARTICIPATION:
A STUDY OF THE BEHAVIOUR OF NEW ZEALAND TRAVELLERS
WITH
MOBILITY IMPAIRMENTS**

By

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Abstract

Individuals with disabilities have been acknowledged in the literature to have the same desire to travel as their able-bodied counterparts. However, participation in tourism imposes disproportional challenges for many of them and there are still various areas that need to be improved. Research on travellers with disabilities is still in its infancy and most studies concentrate on barriers and constraints to participation. Not much is known about how these constraints are being dealt with and what influence they have on travel experiences of travellers with disabilities. This study explores the travel experiences of travellers with mobility impairments, with a focus on travel constraints and the negotiation strategies.

This research draws upon the author's personal experience as a traveller with mobility impairments who has faced travel constraints and tried to negotiate and overcome those constraints. I enjoy personal travel experiences and believe travel is a fundamental right for those with disabilities. Using an approach based on the social model of disability enhanced with a degree of human agency, this research was undertaken with travellers who have some degree of privileged status in terms of access to opportunities and resources required for travel. They voice concerns and problems, but they also demonstrate human agency which is significant for their travel experiences. The study seeks better insight into the tension between travel constraints and the ability of travellers with mobility impairments to participate in tourism. Constraints, negotiation strategies, and their influence on participation are addressed across different scales: the intrapersonal, interpersonal, and structural.

A qualitative methodology informed by an interpretive social sciences paradigm enables this study to access people's experiences expressed in their own words, give voice to them to get the meaning of social interactions, and thereby explain their travel experiences. Fourteen New Zealand-based participants aged between 18 and 44 were recruited, all of whom have either a congenital or acquired a mobility impairment. In-depth semi-structured interviews were designed with a staggered approach comprising three interview sessions with each participant. Overall, 42 interview sessions with 14 participants resulted in detailed data which was analysed using a content analysis approach.

The analysis focused on the travel experiences of travellers with mobility impairments which span over degrees of participation: from non-participation to partial participation to full participation. This outlined the tension between constraints and negotiation and how the final levels of participation were impacted by that tension. Travel constraints, negotiation strategies,

and tourism facilitators – in three levels of intrapersonal, interpersonal, and structural – affected the levels of participation. Sometimes participants used negotiation strategies from a different category than the constraint; for instance, an interpersonal negotiation strategy to overcome a structural constraint. The research confirmed many of the factors identified in the literature but revealed a greater range of constraints, facilitators and negotiation strategies, including some that have not previously been explored, for example, time (constraint), resilience and determination (facilitator), and developing emotional skills (negotiation strategy). The findings also revealed that some factors could influence participation with multiple roles. Equipment and money could be constraints, facilitators, and negotiation strategies in different travel experiences.

Although generalized helplessness around travel was not observed in the sample, individual incidents of feeling a sense of helplessness had an effect on participation in tourism. Participants' disability, more specifically the type and severity of their impairments, was another determining factor for participation. Lastly, the type of trip and destination were significant in terms of constraints encountered, negotiation strategies used, and the level of participation. Participants regarded business trips as the easiest (when compared to VFR and pleasure travel) with fewer constraints that generally were easier to overcome. Most participants also regarded domestic trips as easier compared to international trips due to their familiarity with the travel context.

The research brings together the theory of negotiation, the theory of learned helplessness, and the leisure constraints model into a single study to understand different levels of participation among travellers with mobility impairments. Therefore, it contributes to an understanding of the travel experiences of travellers with mobility impairments in the New Zealand context and the implications of disabilities for travel. Hence, the research hopes to promote the changes required to improve the travel experiences of travellers with mobility impairments. Based on the theoretical and practical contributions of the study, several recommendations are provided for the tourism industry and the policy-makers. These recommendations aim at moving towards a more inclusive and fair tourism for travellers with disabilities.

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1 An introduction to the study

1.1. Introduction

“When you are disabled, nothing is going to be easy and you must be ready to compromise. There is always going to be something that you didn’t see coming, something that needs to be overcome or dealt with. So, you have to be determined; you cannot just give up. If I expected everything and everywhere to be accessible, I would never leave home. Encountering barriers and trying to overcome them has been, and is going to be, an inseparable part of our everyday lives.” (Christopher, research participant)

This quotation epitomizes the circumstances of individuals with disabilities¹ and how they are in a constant battle against the hostile environment. Barriers are woven into the lives of these individuals and they have to deal with constraints on a daily basis. However, engaging in tourism takes the whole issue of barriers to another level since it requires travellers with disabilities to go out of their familiar surroundings and step into unknown environments loaded with unfamiliar barriers. Although travel constraints for individuals with disabilities have been studied to some extent, not much is known about their travel experiences, how they deal with constraints, and what influence these constraints have on these travellers.

Considering the focus of the mainstream research on constraints, a research gap appears as the travel experiences of individuals with disabilities who do travel have not been studied extensively. This PhD thesis therefore, investigates the travel experiences (which covers pleasure travel as well as business travel and visits to friends and relatives) of individuals with disabilities, specifically those with mobility impairments, in New Zealand. Mobility impairments refer to a wide range of physical mobility restrictions that limit physical and motor tasks, independent movements, and basic life functions (Buhalis and Darcy, 2011). This research aims at identifying travel constraints, negotiation strategies used to overcome those constraints, and how the levels of participation are influenced by the interaction between constraints and negotiation strategies. Through exploring the detailed process and any influencing factors, the travel experiences of individuals with mobility impairments are illustrated. In order to explain the social phenomenon of tourism of individuals with mobility impairments from their perspective and to give voice to them, the interpretive social sciences

¹ Although the New Zealand official use prefers “disabled people,” a “people first” language consistent with the UN Convention on the Rights of Persons with Disabilities” (2006) has been used throughout the thesis.

paradigm is employed to grasp the emotional context in which the phenomenon under study takes place.

This chapter serves as an introduction to the background and importance of the issue under study, the research gap, and the context of the study. The overall objectives and the research questions guiding the study are identified, New Zealand and its tourism industry are then explained, followed by the contributions of the research and the outline of the thesis.

1.2. Background to the study

This thesis began as an effort to understand travel experiences of travellers with disabilities and their participation in tourism activities. As a person with a disability, these activities have played a substantial role in helping me escape from my usual environment, and experience novelties. Travel has significant implications for my experience of living with impairments; it brings a joy that helps me get through difficulties originating from or associated with a society that is not designed to accommodate my impairments. I am a frequent traveller and almost all of my best memories and life experiences are related to trips I have taken, and especially, to trips in which I was able to overcome barriers and participate the way I wanted.

I was born with Spina Bifida and a couple of conditions associated with it. My first memories of my impairment date back to early school years when I realised I was different from other children. Perhaps the most prominent memory I have from those years is numerous times that I had to watch my friends getting excited over a hopscotch game in which I could not participate. Isolation and exclusion became the most significant experiences of my daily life by the time I was at the primary school.

As a person with mobility impairments, I had to deal with the consequences of not being considered “normal” based on the able-bodied definition of what was normal. As a teenager, I found myself in a constant battle with a society that prevented me from participation in the non-disabled interpretation of normal activities, a battle that I simply could not win. I soon realised I had been labelled as a “disabled person” and disability was an inseparable part of my identity. I grew up in Iran, at a time when the medical model of disability was dominant. Disability was considered a “personal tragedy”, and the problem of an individual who could not be fixed or made normal. So, I was not surprised that society was a hostile environment that marginalized me as an individual with impairments and prevented me from participating in social activities.

When I look back to those years, two things stand out for me: adversities and travel experiences. Adversities were the inevitable consequence of living in an environment where disability was not accommodated for, as it was out of the “norm”. Travel experiences were what helped me get through those adversities. My family used to travel frequently, and travel experiences were an opportunity for me to escape from my daily routine. As inspiring and refreshing as they were, those trips were not easy and subjected me to challenges and barriers.

My passion for travel made me pursue tourism management at university. I was interested in learning about tourism and disability and how I could possibly make a difference in favour of travellers with disabilities. I wanted every person with a disability to be able to travel and to experience the freedom and joy associated with travel. At university, I did a master’s degree in tourism planning. This introduced the idea of accessible tourism to me, that is universally designed tourism products and services that accommodate people with access requirements (Darcy, 2004). My master’s thesis looked at travel barriers and constraints for people with physical disabilities (Nazari Orakani, 2013). My findings revealed environmental constraints as the major barrier that prevented individuals with disabilities from travelling. This confirmed the reality of living in a society loaded with socially constructed barriers that actively excluded those individuals from participation. Travel experiences of participants in my research reflected the dominant conceptualization of disability from a medical model perspective, lack of disability awareness, and no or little collaborative social endeavours to accommodate disability.

I realised accessibility went well beyond physical barriers or trying to remove them. As a complicated concept with many components and elements, it was a relatively new area of academic research and industry engagement. I noticed the tourism industry saw accessible tourism as a costly practice with no immediate or justifiable financial returns and, therefore, it was not surprising to see indifference and even resistance towards accessible tourism from the tourism industry and operators in Iran.

Having visited a number of developed countries, I noticed a substantial difference in attitudes towards individuals with disabilities and how they were participating in society. I became interested to see what had caused or contributed to this difference. To pursue that curiosity, to develop insights gained from my masters’ research, and with a passion for making a difference, I decided to do a PhD focusing on some of the under-researched aspects of accessible tourism. I also wanted to see how accessibility had been addressed in more

developed societies that enjoyed wider disability awareness. I started my study at Victoria University of Wellington with an aim to understand the dynamics of barriers and coping strategies among travellers with mobility impairments.

In New Zealand, I learned about the social model of disability and how turning away from the medical model had contributed to a substantial change in attitudes towards disability and individuals with disabilities. I got to know New Zealand disability and accessibility legislations such as the Human Rights Act 1993, the NZ Disability Strategy, and NZS 4121:2001 Design for access and mobility – Buildings and associated facilities. Through my PhD journey I started to understand the circumstances of this largest minority group, what constrains them in pursuing travel, and how they try to overcome barriers and participate. I believe this research's insights into the experiences of being a traveller with mobility impairments can shed light onto some under-researched aspects of the lived experiences of disability and participation in social life including tourism.

A person with an impairment would not necessarily be disabled if economic, political, and social structures are developed and the environments are enabling. Disability is a part of the social constraints resulting from lack of inclusive, accessible built environments, transport, and service attitudes that are imposed on individuals with impairments. These constraints restrict individuals with disabilities in their day to day lives as well as their travel experiences (Darcy and Taylor, 2009). The definition of disability and different approaches (models) to disability will be discussed in chapter two. The World Health Organisation (2001) lists five types of impairments – mobility, sensory, communication, intellectual/mental health, and hidden – that result in areas of restrictions and difficulties. These are summarized in Table 1.1 which is extracted from Buhalis and Darcy (2011:34).

Although the WHO has a framework for collecting disability statistics, there are major differences among the nation states on defining disability and collecting the statistics and therefore, there are practical issues in determining the global number of individuals with disabilities (Dwyer and Darcy, 2011). However, it is estimated that about 15% of the world's population live with some form of disability which means over one billion people with disabilities worldwide (WHO, 2011; World Bank, 2018). This number is expected to grow substantially due to population aging, life span extension, medical technology advancement and more self-declaration in censuses (Yau et al., 2004).

Table 1.1 Dimensions of disability (Buhalis and Darcy, 2011:34)

Types of impairment	Description	Difficulties in one of more of the following areas
Mobility	Varying levels of physical, mobility restrictions, affecting legs, feet, back, neck, arms or hands	<ul style="list-style-type: none"> Physical and motor tasks Independent movements Performing basic life functions
Sensory	Capacity to see is limited or absent Completely deaf or are hard of hearing	<ul style="list-style-type: none"> Reduced performance in tasks requiring clear vision Difficulties with written communication Difficulties with understanding information presented visually Reduced performance in tasks requiring sharp hearing Difficulties with oral communication Difficulties in understanding auditory presented information
Communication	Limited, impaired, or delayed capacities to use expressive and/or receptive language	<ul style="list-style-type: none"> General speech capabilities, such as articulation Problems with conveying, understanding or using spoken, written, or symbolic language
Intellectual/ mental health	Lifelong illness with multiple aetiologies that result in behavioural disorder	<ul style="list-style-type: none"> Slower rate of learning Disorganized pattern of learning Difficulties with adaptive behaviour Difficulties understanding abstract concepts Limited control of cognitive functioning Problems with sensory, motor and speech skills Restricted basic life functions
Hidden	Variety of illnesses	<ul style="list-style-type: none"> Heart problems Blood pressure or circulation problems Breathing difficulties Problems with stomach, liver or kidneys Problems in controlling the level of sugar in the blood (diabetes) Disorder of the central nervous systems (epilepsy)

Travellers with disabilities have been acknowledged as one of the most lucrative tourism markets of the future, yet many travel barriers remain (Darcy, 2004). For instance, in 2001, the disposable income of individuals with disabilities was \$200 billion in the United States alone (Burnett and Baker, 2001). By 2016 this figure had almost tripled and people with disabilities controlled an estimated \$544 billion in annual disposable income (Gaudiano and Hunt, 2016). Destinations and tourism organisations need to realise the potential of this market and the necessity of developing practices and guidelines in accessible tourism (Buhalis et al., 2012).

Studying travellers with disabilities as a consumer group in the tourism literature dates back a few decades, with the emphasis on developing accessible tourism as the process necessary to ensure that transport, accommodation, destinations, attractions, and the tourism system are adequately meeting the needs of people with disabilities (Buhalis and Darcy, 2011; Domínguez Vila et al., 2015). The disability market is expected to grow, for several reasons. First is aging; the first of the baby boom generation turned 65 in 2010. Second, decreasing

fertility rates since 1965 means the elderly population has been increasing at a faster rate than the younger population in many countries. Third, life expectancy has been increasing over the past decades (OECD, 2005). Therefore, individuals with disabilities constitute a significant and growing economic market for tourism. This “access market” is inclusive of all people including pregnant women and families traveling with young children, seniors with access considerations, people with temporary restrictions, and people with permanent disabilities (Darcy and Dickson, 2009). Despite some endeavours, many tourist businesses still see this large minority group as a source of confusion, associated with extra expenditure on ramps, specially fitted rooms, and the loss of prime parking (Burnett and Baker, 2001; Nyman et al., 2018).

Recent efforts to understand the tourist behaviour of people with disabilities has been, to some extent, related to the implications of supportive laws, such as the adaption of the Americans with Disabilities Act of 1990 in the United States, or the United Nations Convention on the Rights of People with Disabilities (UNCRPD) (2006). Article 30 of the Convention recognises the rights of persons with disabilities to take part in cultural life including tourism. With the shift from the medical model to the social model of disability that is focused on the social barriers, there is now an expectation that the tourism industry should better accommodate all people with access requirements which means better planning, designing, operating, and providing accessible experiences. The Convention explicitly requires tourism operators to guarantee access to tourism products and services for people with disabilities (Darcy, 2010). Factors contributing to recent disability awareness include the rise of the social model of disability, social advocacy by people with disabilities and their advocates, changing attitudes of able-bodied toward individuals with disabilities, the greater presence of people with disabilities in social spaces, and the improved portrayal of individuals with disabilities in the media (Grady and Ohlin, 2009).

While progress has been made, there are still many barriers that constrain travellers with disabilities. These travellers tend to experience different and uneven tourism experiences (Ray and Ryder, 2003) and they still constitute one of the most under-researched domains in the tourism literature (Cohen et al., 2014). Research in this field has largely focused on identifying barriers and constraints and little attention has been paid to the actual travel experiences of individuals with disabilities (Cohen et al., 2014; Evcil, 2018). All travellers, regardless of disability, are likely to experience some barriers to participation. However, travellers with disabilities have access to fewer travel options, receive poorer quality service,

experience higher service delivery uncertainty, and have to accept more personal and financial risk when travelling (Darcy, 2004). For these travellers, dealing with travel barriers can be challenging and often requires strategies to adjust or compensate. Therefore, the experiences of travellers with disabilities are significantly affected by tourism constraints and facilitators (Israeli, 2002).

Although the literature indicates that travellers with disabilities face certain barriers to participation (Smith, 1987) and have less access to tourism activities as a result of these barriers, very little is known about how individuals with disabilities negotiate the impacts of these barriers and eventually participate. Despite the efforts of tourism scholars to further understand this niche market and also the efforts of the tourism industry to better serve this segment, disability research is on the margins of tourism scholarship (Richards et al., 2010).

Gaining knowledge of the travel experiences of individuals with disabilities is crucial if the tourism industry is to develop products of value to these travellers. Hence, researchers have been calling for studies that address the particular problems, needs, behavioural patterns and choice models used by consumers with disabilities (Kastenholz et al., 2015; Burnett and Baker, 2001). There is still a research gap in the effects of constraints on travellers with disabilities. Various ways in which travellers with disabilities negotiate – or develop strategies in response to – the constraints they encounter have not been examined. This is the major research gap that this study intends to address. Nevertheless, it is neither possible nor practical to try to cover the full array of disabilities in one study since disability is an umbrella term that refers to a wide variety of impairments, limitations, and constraints to participation (Blichfeldt and Nicolaisen, 2011). Thus, this research focuses on a specific age cohort (18 to 44 years old) of travellers with a specific type of impairment – ones who are limited in their mobility – and how they negotiate the constraints to participate in tourism. The sample includes travellers who have resources and opportunities but still encounter barriers. A better understanding of the travel experiences of individuals with mobility impairments is sought. More specifically, this study explores travel constraints, negotiation processes and negotiation strategies, and other factors that influence the participation of these travellers in tourism.

1.3. Research context: New Zealand

Studying travellers with disabilities in New Zealand requires some understanding of the broader context with respect to disability in New Zealand. The 2013 New Zealand Census found that 24% of the population identified having one or more types of impairments. Of the

1,062,000 individuals with impairments, 567,000 (53%) reported they were limited in their mobility (Table 1.2); this was the most prevalent type of impairment (Statistics New Zealand, 2013).

Table 1.2 Number of people with disabilities with each impairment

Impairment type	Number
Mobility	567,000
Hearing	380,000
Agility	324,000
Psychiatric/psychological	242,000
Learning	212,000
Remembering	169,000
Sight	168,000
Speaking	128,000
Intellectual	89,000
Developmental delay	6,000
Total*	1,062,000

* Note: the numbers in the table do not sum up to the stated total because some individuals self-identified as having more than one type of impairments.

Source: Statistics NZ (2013)

The Government's New Zealand Disability Strategy 2016-2026 has sought to achieve the following vision:

“New Zealand is a non-disabling society – a place where disabled people have an equal opportunity to achieve their goals and aspirations, and all of New Zealand works together to make this happen.” (New Zealand Office for Disability Issues, 2016)

Adopting the social model of disability (see section 2.2 for further elaboration), the Strategy advocates for removal of the barriers that hinder full and effective participation of people with disabilities in society on an equal basis with others. The Strategy recognises that the disability community uses different languages to identify disability and encourages using their preferred language when interacting with different groups that make up the disability community; however, the Strategy has chosen to use the term ‘disabled people’ in the document. The variety of terms in the Strategy reflects the diversity amongst the geographically and contextually varying terminologies used by scholars in disability and tourism research (Gillovic et al., 2018b).

The New Zealand Disability Strategy has eight outcomes to improve the participation of individuals with disabilities in society. Outcome five addresses accessibility and aims at providing individuals with disabilities with access to all places, services and information with ease and dignity, in order to enable them to fully participate in and contribute to society on an equal basis with non-disabled people. Individuals with disabilities should be able to get involved in sport, recreation, art, and cultural activities and should be recognised and valued for this. Outcome six of the Strategy warrants that individuals with disabilities are treated with dignity and respect by those around them and society. This outcome specifically focuses on making sure all frontline service providers and professionals treat individuals with disabilities with dignity and respect. Although different aspects of social life have not specifically been mentioned in the Strategy, outcomes five and six imply participation of people with disabilities in tourism.

Besides the New Zealand Disability Strategy, there are several other legislations and guidelines that aim at facilitating the participation of individuals with disabilities in society. The Building Act 1991 incorporated the access requirements for individuals with disabilities (from the Disabled Persons Community Welfare Act 1975) in the building law. These access requirements apply to all new buildings as well as existing buildings that are being altered, and also cover driveways, passages, and associated landscaping of those buildings. The Building Act refers to the New Zealand Standard 4121 as the means of providing the access requirements. This Standard outlines the accessibility guidelines for buildings and facilities in order to provide reasonable and adequate accessibility for people with disabilities who visit, work, or carry out activities in those buildings. The Standard acknowledges people with disabilities, their families, and companions as a growing cohort of travellers who require suitable accommodation and has specific guidelines for accessible rooms in the accommodation sector.

New Zealand has implemented standards to ensure government websites are accessible and usable by everyone, including people with disabilities. New Zealand Digital Government's (2013) Web Accessibility Standard 1.1 and Web Usability Standard 1.3 intend to help agencies develop user-friendly websites that deliver accessible experiences to people with low vision, reading, learning, or intellectual disabilities, and people who use mobile and touch-based devices, voice assistant, and speech recognition software. These requirements intend to protect and enhance the human rights of individuals with disabilities that are now protected by the Human Rights Act 1993 that prohibits any discrimination based on disability. The Human

Rights Act ensures that all people in New Zealand are treated fairly and equally through protecting people from discrimination. The Act specifies the role of the Human Rights Commission in resolving disputes resulting from unlawful discrimination.

The above-mentioned access requirements in The Building Act 1991, the New Zealand Standard 4121, and Web Accessibility Standards 1.1 and Web Usability Standard 1.3 are based on the concept of Universal Design which is also the foundation of understanding and developing the accessible tourism (Darcy et al., 2010). Universal design is an approach that incorporates the ideas of continuous pathway, access and mobility, and barrier-free environments. It has been defined as follows:

“the design of production and environments to be usable by all people, to the greatest extent possible, without the need for adoption or a specialized design . . . The intent of the Universal Design is to provide products, communications, and a built environment that most people can use at little or no extra cost with no adaptation.” (Darcy et al., 2010;519-20)

If adopted, Universal Design can address the lack of accessibility which is a common complaint of travellers with mobility impairments. Universal Design can improve the overall travel experience of all travellers regardless of their age, size, ability, or disability. This will result in an inclusive environment which is equally usable for everyone (Kong and Loi, 2017; Darcy et al., 2010).

The tourism industry contributes substantially to the New Zealand economy. In the year ending March 2018, international and domestic tourism expenditure accounted for \$16.2 billion and \$23.0 billion, respectively, contributing \$15.9 billion (6.1%) to New Zealand’s total gross domestic product, and a further \$11.1 billion (4.3%) indirectly. Tourism supports over 8.4% of the total employment (Ministry of Business, Innovation and Employment, 2018). Nevertheless, the accessible tourism and the economic benefits from providing access have not been researched (Rhodda, 2014). In one of the few studies, Lovelock (2010a) compared the environmental values and behaviours of persons with and without disabilities in New Zealand. He found no significant difference between respondents with/without disabilities for either their general environmental attitudes or their general ecological behaviour. However, respondents with higher mobility impairments exhibited less ecological behaviour which denoted less participation in nature-based activities. The same author, in a similar study, explored the desires of individuals with mobility disabilities for motorised access to natural areas in New Zealand. He found these individuals faced many access-related travel problems

especially in remote and wilderness locations, and they had a strong desire for enhanced access in such environments (Lovelock, 2010b).

Overall, very little is known about the number of travellers with disabilities in and to New Zealand and their wants and needs (Gillovic and McIntosh, 2015). This is in spite of the fact that, considering the share of individuals with disabilities in the total population, access tourism is already a potentially large market, and is expected to grow substantially (Rhodda, 2014). In this sense, the lack of research and information regarding the travel behaviours of travellers with disabilities in New Zealand is noticeable. Not much is known about the number of travellers with disabilities, their travel destinations, choice of transportation modes, preferred accommodation, and other tourism services and products preferred or used by these travellers.

Despite strong national guidelines (such as New Zealand Disability Strategy 2016-2026 and NZS 4121:2001), New Zealand's accessible tourism market is still underdeveloped and under researched. It has frequently been reported that New Zealand's tourism industry fails to acknowledge the importance of the access market (Gillovic and McIntosh, 2015). In spite of clear and strong legislation, the access market for New Zealand continues to be neglected, underserved, and misunderstood; initiatives are often limited to observing the minimum legislative requirements rather than providing comprehensive strategies to include a wider audience (King-Wall, 2016). The realisation of the accessible tourism market in New Zealand requires critical issues to be addressed, priorities to be reconsidered, the business case to be communicated, the accessible voice to be heard, and all stakeholders and organisations to be effectively connected (Gillovic and McIntosh, 2015). This, in turn, requires an understanding of the importance to an individual of having their needs met through operationalizing the Universal Design principle and the values of independence, equity, and dignity in order to create enabling accessible tourism experiences (Darcy and Dickson, 2009). As Hurst (2004) suggested, well-implemented national legislation in support of the UN Convention is the first step towards accessible tourism. The relative success of the Convention depends on the effectiveness of national legislation in areas like building codes, access and mobility standards, and required procedures. Moreover, a collaboration among various stakeholders, based on equal access and inclusion for all, is required in the development of accessible tourism (Nyanjom et al., 2018).

1.4. The research questions

Addressing the research gap, the actual travel experiences and various ways travellers with disabilities negotiate constraints, requires a better understanding of these travel experiences. A critical review of the literature on this topic is offered in chapter two. However, most studies in this field have focused on identifying travel barriers and accessibility issues and little attention has been paid to the actual travel experiences of travellers with disabilities, how they approach constraints, the ways they negotiate those constraints, and factors that influence their participation in tourism. There is a dearth of research in the New Zealand context on the travel experiences of travellers with disabilities, barriers to participation, and how these travellers have successfully negotiated the effects of those barriers and participated in tourism. Further research, with a qualitative approach, is essential to provide a deeper understanding of how the levels of participation are affected by various aspects of the travel context and how the relationships and interdependencies between these aspects contribute to the overall travel experiences of individuals with mobility impairments. Thus, this study addresses the following main research question:

How are the participation levels of travellers with mobility impairments in New Zealand affected by constraints and negotiation?

This question underpins the purpose of this study that is to explore the travel experiences of individuals with mobility impairments in New Zealand. Levels of participation refer to the outcome of the tension between constraints and negotiation strategies and any other factors that facilitate or inhibit participation. This question seeks a better understanding of the travel experiences of travellers with mobility impairments, what restricts them in their experiences, how they negotiate through constraints, and what factors facilitate their participation.

Four supplementary questions were formulated to help answer the main research question. These questions are underpinned by one model and two theories: the leisure constraints model (Crawford et al., 1991) as the foundation for the research on travel constraints and tourism facilitators (section 2.5); the theory of negotiation (Hubbard and Mannell, 2001) which is concerned with the ways travellers approach constraints and develop strategies to overcome those constraints in order to participate in tourism (section 2.9); and the theory of learned helplessness (Seligman, 1975) which explains why people with disabilities

might not engage in travel despite diminished or ameliorated travel-related barriers (section 2.10).

1. What are the constraints encountered by travellers with mobility impairments?

Based on the leisure constraints model (see section 2.5), this question intends to identify the constraints of participating in preferred tourism activities for travellers with mobility impairments. Constraints, in this context, refer to various factors which preclude or reduce an individual's frequency, rate, or enjoyment as a participant in tourism (Lee et al., 2012). More specifically, the focus of the first supplementary question is the nature and types of the constraints that restrict participation of these travellers. This question aims to examine whether these constraints are static throughout the course of participation, from contemplation to the end of the activity, or if they are dynamic, ongoing, and interrelated. Identifying travel constraints will be the first step towards a better understanding of travel experiences of individuals with mobility impairments. The possibility of external influences on travel constraints is taken into account to evaluate circumstances and factors that can both encourage and discourage participation.

2. What negotiation strategies do travellers with mobility impairments successfully employ to address the constraints they encounter?

All travellers face constraints to participation in tourism. Through a constraint negotiation process – which can be understood by the theory of negotiation (see section 2.9) – individuals develop and make use of diverse negotiation strategies in order to negotiate the effects of constraints on their ability to participate in desired travel activities. However, individuals with impairments encounter a disproportionate number of constraints due to the impacts of their impairments. Therefore, they need to overcome more constraints which, in turn, requires developing and utilizing more negotiation strategies in order to participate in their preferred leisure and tourism activities. Supplementary question two explores the successful negotiation strategies reported by these travellers.

3. What negotiation strategies are unsuccessful for addressing the constraints encountered by travellers with mobility impairments?

Negotiation strategies are not necessarily successful in all cases or at all times. Sometimes travellers with mobility impairments are not able to negotiate constraints they encounter and therefore, they might not be able to participate. Unsuccessful negotiation strategies are

considered in the third supplementary question of the study that focuses on the travel constraints that are not successfully negotiated and also on the unsuccessful negotiation of constraints from the perspective of these travellers. Specifically, this question intends to explore the instances of unsuccessful negotiation strategies, any related factors, and how this unsuccessful negotiation influenced the participation. It also explores the reasons why these travellers are not able to negotiate certain constraints.

4. Under what circumstances (if ever) do travellers with mobility impairments consider themselves helpless when travelling?

Drawing upon the knowledge resulting from previous supplementary questions, and especially question three, the fourth question examines the instances of feeling a sense of helplessness among travellers with mobility impairments. It has been suggested that the impact of constraints on the final decision to participate in travel might depend on a range of personal characteristics, including perceptions of helplessness (Smith, 1987) as elaborated through the theory of learned helplessness (see section 2.10). A sense of helplessness is related to travel constraints and might influence the negotiation process which, in turn, would influence participation. It is possible when these travellers make unsuccessful attempts (due to their impairments) to control their environment, they may come to view negative outcomes (e.g., non-participation in travel) as inevitable and subsequently discontinue efforts to engage in future participations or, at the very least, gain significantly less satisfaction from the experience (Lee et al., 2012). Thus, supplementary question four intends to explore the circumstances under which travellers with mobility impairments feel a sense of helplessness. In particular, this question focuses on the constraints, negotiation strategies, and any influencing factors involved in those instances of feeling a sense of helplessness among these travellers and how they influence various levels of participation in tourism.

1.5. Methodology

This research is informed by an interpretive social sciences paradigm with qualitative methods using interviews. This paradigm values understanding human experiences as much as focusing on explaining those experiences (Goodson and Philimore, 2004). This approach was chosen to explore tourism experiences of travellers with mobility impairments from the participants' point of view, in order to give them a voice. The interpretive social sciences paradigm enables the researcher to understand the world based on the subjective meanings of

individual experiences that are shaped by social and environmental interactions. Travel experiences are indeed individual experiences influenced by social and environmental factors.

The interpretive social sciences paradigm acknowledges that researchers are shaped by their lived experiences and cannot separate themselves from how they understand the world around them (Goodson and Philimore, 2004). Therefore, the current research needs to be undertaken in a reflexive manner that clarifies the impacts of my own background, assumptions, and values on understanding the participants' experiences. Considering the participants of the research, and the historical marginalisation of people with disabilities (Shakespeare and Watson, 2001), the interpretive social sciences paradigm provides a greater voice to participants which is necessary for understanding their travel experiences. Conforming to the study paradigm and the complexity of the phenomenon under investigation, a qualitative method is undertaken that enables the interaction between myself and the participants. Qualitative methods, especially interviews, are appropriate to address sensitive issues as well as studies involving minority groups and people with disabilities, particularly in tourism (Poria et al., 2011b). Therefore, in-depth semi structured interviews with a staggered approach – three interviews with each participant (section 3.6.3) – were conducted with fourteen participants.

Among various types of impairments, this research focuses on travellers with mobility impairments as they are the largest subgroup of all impairments in New Zealand. Mobility impairment refers to

“a wide range of physical mobility restrictions that limit the physical capacity to move, coordinate action, or perform physical activities. People with mobility impairments have difficulties in physical and motor tasks, independent movements, or performing basic life functions.” (Buhalis and Darcy, 2011:33)

Table 1.3 indicates the breakdown of people with disabilities by age and impairment type. Over 100,000 people between the ages of 15 to 44 years old in New Zealand have a physical impairment. From this group, adults aged 18 to 44 years old with mobility impairments were selected. So, mobility impairments are not age-related, which may be the case with other age groups. All fourteen participants recruited for this study are in employment (full or part-time) and relatively well-educated. Although their impairments are different, they are relatively homogenous in terms of their access to resources and opportunities required for travel (section 3.7). The interview data were analysed through content analysis and manual and software assisted (NVivo) coding. Analytic memo writing was also used to improve the data analysis. The methodology of the research is explained in chapter three.

Table 1.3 Number of people with disabilities by impairment type and age

Impairment	0 - 14	15 – 44	45 – 64	65+	Total
Physical	13,000	122,000	190,000	307,000	632,000
Psychiatric/psychological	38,000	102,000	67,000	35,000	242,000
Sensory	18,000	98,000	162,000	206,000	484,000
Intellectual	22,000	37,000	17,000	13,000	89,000
Other	70,000	106,000	93,000	88,000	358,000
Total	95,000	283,000	314,000	370,000	1,062,000

Source: Statistics NZ, 2013

Impairments categories in New Zealand are slightly different from WHO classification (Table 1.1)

1.6. Contributions of the research

A travel participation framework incorporating Crawford et al.'s (1991) leisure constraints model, Hubbard and Mannell's (2001) theory of negotiation, and Seligman's (1975) theory of learned helplessness is developed to explore travel experiences of travellers with mobility impairments hence, linking the fields of leisure, tourism, and disability. Using an interpretive social sciences paradigm, a voice is given to travellers with disabilities who have traditionally been excluded. The study framework considers a degree of human agency for these travellers in their approach to constraints, their negotiation process, and more importantly, in the outcome of their negotiation and participation.

Through examining the multistage process of negotiation, the tension between constraints and negotiation strategies, and other influencing factors, this study develops a contextual understanding of travel experiences of these travellers. The study focuses on the participants, their travel behaviours, and the agency they have in overcoming constraints in order to participate in tourism. This research also contributes to knowledge through exploring unsuccessful negotiation strategies and their outcomes as well as occasional instances of a sense of helplessness (rather than helplessness as a sustained or ongoing condition). Furthermore, rather than being limited to specific destinations, environments, or types of travel, the focus is on a range of travel experiences and factors that influence those experiences, including some factors that play multiple roles in those experiences.

This thesis also offers several practical contributions. It provides insights into the implications of disabilities for tourism activities. Light is shed on various areas that warrant more (consistent) legislation, practices, and policies, as well as more training and awareness to serve travellers with disabilities. The knowledge obtained through this study will be shared with tourism and disability organisations and policy-makers to offer them insight based on what these travellers have reported as their problems, concerns, needs and requirements. This will help tourism industry operators and government adjust their practices and policies towards removing barriers to participation, improving accessibility where needed, and moving to more inclusive and fair tourism. The findings also help broaden the academic discussions upon which recommendations are made to policy-makers to improve the tourism experiences of individuals with mobility impairments. Finally, the findings can hopefully be used to emphasise the necessity of a social change, addressing socially constructed barriers, and enhancing the participation of travellers with mobility impairments in social life.

1.7. Thesis structure

The thesis is presented in seven chapters. Chapter one started with the background of the study and how my identity played a role in shaping the study. The relevance and importance of the topic and New Zealand as the research context were explained. The purpose of the study and the main research question were established followed by supplementary questions and methodology of this study.

The literature in chapter two begins with disability studies and different models and approaches to disability. Then, the tourist behaviour of travellers with disabilities and the importance of disability tourism market segment are introduced. Leisure constraints conceptualization (Crawford et al., 1991) is discussed as the foundation for the research on travel constraints for travellers with disabilities. Next, the theory of negotiation (Hubbard and Mannell, 2001) is explained, including the ways in which travellers approach constraints and develop strategies to overcome those constraints in order to participate in tourism. The theory of learned helplessness (Seligman, 1975) is also detailed before integrating the literature into a conceptual framework that serves as the foundation for the methodological approach of the study.

Chapter three starts with disability research and the research paradigm. Then, further details of my reflexivity are provided followed by the selection of participants and data

collection process. This chapter also explains the analytical framework which guides the data analysis process as well as presentation of the findings. Chapter three concludes with a discussion about the trustworthiness of this research and the strengths and limitations of the methodology.

Chapters four and five present the findings of the research. Chapter four addresses supplementary question one regarding travel constraints for the participation of travellers with mobility impairments and an extensive range of identified constraints is provided. Chapter five answers supplementary questions two, three, and four and presents the findings in terms of negotiation strategies used to overcome travel constraints, successful and unsuccessful negotiation strategies from the perspective of the participants, and circumstances leading to feeling a sense of helplessness.

Chapter six synthesizes and integrates the findings and delivers a theoretical understanding and interpretation of the travel experiences of individuals with mobility impairments. In doing so, this chapter revisits the original conceptual framework in the light of the findings of the study. Through addressing four supplementary questions, chapter six answers the main research question which, in turn, provides a better understanding of the levels of participation for travellers with mobility impairments in tourism.

Finally, chapter seven provides a summary of the key findings, study limitations, the theoretical contributions of the study to knowledge, and practical contributions to policy and practice. Chapter seven concludes the study by providing recommendations and avenues for further research.

2 Literature review

2.1. Introduction

The previous chapter set the background for undertaking this research and outlined the questions that guided the research process. Due to the importance of the conceptualization of disability in a research project involving individuals with disabilities, I start the literature review (section 2.2) by providing an overview of models of disability and disability studies. The transformation of the concept of disability and approaches towards people with disabilities has brought forward new models of disability and resulted in the evolution of disability studies. These models and perspectives have consequences for the research process, data collection, analysis and interpretation, and how findings of disability research – including the current thesis – are reported. Conducting research on the travel experiences of individuals with mobility impairments requires consideration of several areas of academic literature related to disability and tourism including the travel behaviours of individuals with disabilities (section 2.3) and access market segmentation (section 2.4). Leisure constraints are introduced in sections 2.5 and the application of leisure constraints model in tourism is discussed in section 2.6. Travel constraints for individuals with disabilities is explained in section 2.7 and tourism facilitators in section 2.8. Then, the theory of negotiation and the theory of learned helplessness are discussed in sections 2.9 and 2.10. The study's conceptual framework is introduced in section 2.11 which also identifies the research gap, outlines the contribution to the field of study, and integrates the information provided throughout this chapter.

2.2. Models of disability and disability studies

Historically, impairment and disability have been merged together and used interchangeably. Although specific social and cultural contexts resulted in different reflections, meanings, and attributions, societies tended to understand and treat disability as a personal tragedy caused by a deficient body or mind that required treatment, rehabilitation, or cure in order to be made “normal” (Goodley, 2017; Oliver, 2009). As such, common meanings, perceptions, and understandings of the disability have been developed and formulated into models in order to explain this phenomenon (Barnes, 2008). These include the moral, medical, social, minority, and relational models of disability. Each of these models is a representation of the reality that is reflective of the ideas, needs, intentions, and values of people who defined and promoted them (Clendinen and Nagourney, 1999; Smart, 2009) and hence, some models appear to have

greater take-up in certain countries. Therefore, these models are morally biased, culture-bound, and time-bound in defining disability concepts and their method of dealing with disability as well as interacting with individuals with disabilities (Smart, 2009; Tate and Pledger, 2003) which reflects the meaning of disability in each model and its specific moral position. This – as well as limitations and interventions that contrast with other models – has subjected each model to criticism. However, none of the models is capable of describing and explaining all aspects of the experience of disability, which indicates the complexity of disability (Smart, 2009). The models are considered in turn.

The moral model of disability

The moral model of disability is arguably the oldest and most prevalent conceptualization of disability throughout history (Goodley, 2017). Here, the cause of disability is believed to be sin, immorality, or God's retribution to bring shame to the person with disability and their family (Bhanushali, 2007; Mackelprang, 2014). This model has had a broad influence on culture, language, and the ideologies around the world in the past and even the present (Olkin, 2012). Under the moral model, people with disabilities expose sinful lives of their family – in the past and present – and therefore, are shamed, denied their needs and rights, and excluded from society (Henderson and Bryan, 2011).

The medical model of disability

The medical model of disability started to thrive from early 19th century. This model conceptualised disability as a result of impairment in bodily structures or functions caused by diseases, injuries, or other health conditions (Barnes and Mercer, 2010; Bingham et al., 2013; Goodley, 2017). Led by the medical profession, the medical model of disability located the problem of disability in a deficient mind or body of an individual who needed medical treatments and interventions by healthcare professionals (Brandon and Pritchard, 2011; Goodley, 2017). These treatments and interventions aimed at removing the cause of the impairment or fixing the impairment through submitting to the authority of medical profession in residential care or rehabilitation centres (Bingham et al., 2013; Haegele and Hodge, 2016).

According to this model, impairment is intrinsically disabling and therefore, regardless of any changes in the built environment or social structures, individuals with disabilities will not have the same opportunities as the able-bodied. Hence, the difficulties encountered by people with disabilities, the medical model posits, are independent of physical, social, and

cultural environments (Blustein, 2012; Brittain, 2004; Haegele and Hodge, 2016). The medical model is capable of classifying, quantifying, measuring, and standardising disability, and therefore, treats disability as an objective phenomenon based on the variation from “normal”, the severity of disability, or the degree of impairment. This conceptualization of disability dictates the treatment and intervention decisions (Smart, 2009). The medical model disregards the social elements of disability and ignores individual differences in treatment programs planned for individuals with disabilities (Smart, 2009). My own experience of disability has been shaped by the medical model (section 1.2) and how I was seen and treated by multiple doctors, specialists, surgeons, orthotists and other medical professionals in order to be fixed or made normal.

The medical model and therapeutic professions have traditionally been at the centre of research about individuals with disabilities (Barnes and Mercer, 2010). This dominant discourse views disability as a product of the “abnormal body” rather than considering a person’s impairment as part of human diversity which, according to Oliver (1996), justifies medical intervention through treatment and rehabilitation to make individuals with disabilities normal. Given the prevalence of the medical model, it is not surprising that the WHO classification of 1980 took a medical approach to disability and defined disability as the result of impairment. Impairment was defined as “any loss or abnormality of psychological, physiological or anatomical structure or function” and disability as “any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.” Focusing on the loss or dysfunction, this definition characterized disability as the “problem” of the individual and positioned individuals with disabilities as less able than those who were not disabled or were “normal”. In this view, the individual, who cannot be modified by professional intervention, remains deficient (Gilson and Depoy, 2000). When updating the 1980’s classification, the same medical approach was taken by the WHO in 1997 and disability was again characterized as the “problem” of the individual (WHO, 1997). It has been argued the medical model served as the basis for many negative and limiting attitudes, policies, and outcomes (Darcy, 2002).

The social model of disability

Individuals with disabilities were critical of the medical model and argued for a broader perspective that challenged society and service providers to stop focusing on the indications of disability and start providing necessary supports and services to remove environmental and

social barriers (McKercher et al., 2003). This approach, known as the social model of disability, originated from ideas put forward in 1970s in a document published by the UK-based Union of the Physically Impaired Against Segregation (UPIAS, 1976) that re-conceptualized disability from a “personal tragedy” to a complex form of social oppression (Oliver, 2009) resulting from disabling social barriers rather than individual impairments (Oliver, 2013).

During 1970s, the disability rights movement and activists started to reject the individual medical model of disability (Barnes and Mercer, 2010). They challenged conventional understandings of disability and distanced disability from physical or mental incapacity. The social model of disability was based on the ideas of impairment versus disability, disability as a social creation rather than an individual deficit, and disabled versus non-disabled people (Barnes, 1996; Watermeyer, 2013). According to the social model, people with disabilities were oppressed, and non-disabled people and their organisations caused or contributed to that oppression. Within this model, organisations, services, and research that were operated and controlled by people with disabilities would provide the best results for them (Henderson and Bryan, 2011; Shakespeare, 2013).

The social model considered the social organisations as discriminatory because it is based on a non-disabled interpretation of what is “normal”. Disability was redefined as a product of the socially constructed disabling environment and prevailing hostile social attitudes that marginalise disabled people from social participation (Darcy and Buhalis, 2011; Shakespeare, 2013). Making an important distinction between impairment and disability, the defining element of the social model was the transformation of an impaired person to a disabled person as a product of the ways in which society was organised (for example, the built environment); therefore, impairment was considered different from disability and removal of social, economic, political, cultural, and relational barriers were recommended (Barnes and Mercer, 2003; Goodley, 2017).

The social model views disability as having a social dimension and regards impairments as part of human diversity (Buhalis and Darcy, 2011). The socially constructed barriers affect an individual’s participation, create disability on top of a person’s impairment and discriminate against a person because of their impairments² (Barnes et al., 1999). According to this alternative approach, the problem of disability is insufficient support services to provide

² Conforming to the social model, the current study prefers the term “impairment” rather than “disability” when referring to individuals with impairments. However, “disability” is still common in the literature and therefore, these two terms have been interchangeably used throughout the thesis.

individuals with disabilities with their particular needs compared to the whole of society (Darcy and Buhalis, 2011). The social model of disability is closely related to Universal Design as a means to ensure a barrier free society that is accessible to, is understood by, and is fully participated in by all members with no or minimum adaptation required (Mole, 2013). Moving beyond the built environment, principles of Universal Design should be referred to in designing, planning, providing, and operating services, supports, and technologies for disabled people (Hartsoe and Barclay, 2017).

The change of understanding of disability was reflected in a later classification when the WHO (2001) integrated social and medical models of disability and captured the integration of the various perspectives of functioning. International Classification of Functioning, Disability and Health (2001) thus provided a coherent view of different perspectives of health from a biological, individual, and social perspective. Moving away from the medical model and towards the social model, a few years later, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) adopted the social model approach to disability and advocated for the rights and dignity of individuals with disabilities.

Although the social model was a breakthrough in conceptualizing disability, it was soon criticized. The initial critics were disability charities and some of the professional organisations, mostly medical and rehabilitation, who considered the social model a threat to their status and the control they had over people with disabilities (Oliver, 2013). The critiques from academics and people with disabilities focused on two major concerns; first, the “impairment” was not addressed by the social model, and second, people with disabilities were homogenized and their differences (race, gender, sexuality, age and so forth) were ignored by the social model of disability (Oliver, 2013).

According to the first critique, the social model has failed in addressing impairment as a substantial part of an individual’s lived experience (Bingham et al., 2013; Shakespeare, 2013). By making a distinction between impairment and disability, the social model has not been able to fully explain the phenomenon of disability or the experiences of individuals with disabilities (Palmer and Harley, 2012). The social model has been criticized for ignoring the role of impairments in restricting an individual’s participation in activities and other experiences (Crow, 1996; French, 1993; Morris 1996; Thomas, 2004). Individuals are disabled due to social barriers and their own bodies and, Shakespeare (2014) argues, there are things that cannot be completely experienced by everyone at all times.

The second critique suggests that the social model ignores the differences between individuals with disabilities, and the importance of intersectionality in conceptualizing disability is overlooked (Sommo and Chaskes, 2015). Intersectionality asserts that an individual with disabilities may also be oppressed by other variables such as ethnicity, religion, gender, and sexual orientation, among others (Haegele and Hodge, 2016). According to this critique, the social model is not able to explain the experiences of individuals with disabilities independent of their diverse characteristics. The concept of intersectionality, thus, contends that it is not enough for the society to change in favour of individuals with disabilities; rather, these individuals are also excluded due to other socially oppressed attributes including race, gender, and sexual orientation which the social model does not account for (Ayvazo and Sutherland, 2009; Fitzgerald, 2006; Flintoff et al., 2008; Haegele and Hodge, 2016).

The social model assumes a shared experience of oppression for people with disabilities, regardless of their impairments. Should this be the case, according to the social model, any organisation or analysis of people with disabilities based on their specific impairments would necessarily be redundant (Shakespeare, 2014). This, in turn, makes impairment-specific organisations as well as impairment-specific initiatives problematic. In criticizing the homogenous approach of the social model to people with various impairments, Shakespeare (2014) argues that different impairments necessitate different and specific social and medical needs and issues that require medical research and clinical interventions. Therefore, he argues, there is no evidence or reason that justifies the abandonment of impairment-specific organisations or initiatives as the social model requires.

Furthermore, the social model understands disability as the product of social structures rather than individual experiences which means the number of people with disabilities is irrelevant (Shakespeare, 2014). So, instead of providing for the specific requirements of individuals with impairments, the social model recommends that environmental and social barriers are to be removed through social change and disability regulations. This position of the social model has been criticized as the number of people with disabilities are important for developing and implementing social policy initiatives with budget and service limitations (Shakespeare, 2014).

The minority model of disability

Unlike the UK's approach that was based on structural analysis of disability in terms of a distinction between impairment and disability (Shakespeare, 2006), the disability rights

movement in the United States adopted a slightly different approach and focused on the idea that barriers resulted from social attitudes rather than individual impairments (Bowe, 1978; Hahn, 1985). Therefore, people with disabilities were conceptualized as a minority group that was discriminated against in a manner that violated their civil and individual rights (Sullivan, 2009). Political endeavours of the activists and people with disabilities in the United States resulted in the prohibition of discrimination against people with disabilities in the Federal Rehabilitation Act of 1973, and later in the Americans with Disabilities Act of 1990 (Sullivan, 2009). According to the minority model, providing people with disabilities with equal opportunities in society is not a matter of charity, but an issue of their human rights. The minority model is one of the foundations of the United Nations Convention on the Rights of Persons with Disabilities (2006). The minority model of disability has been criticized as it makes people with disabilities feel powerless when they encounter political and economic difficulties, it blurs impairments and disability, and it requires strong self-advocacy skills (Goodley, 2017).

The relational model of disability

Also known as the Nordic relational model of disability, this model is based on the positive influence of services and professionals on the lives of people with disabilities. Disability is created through three relational processes: the person-environment mis/match, disability as a situational or contextual phenomenon, and disability as a relative construct (Goodley, 2017). Developed on the principles of normalization in the Scandinavian countries in 1960s, this model aims at promoting community participation of people with disabilities, in particular individuals with intellectual disabilities. That relational model has been praised for promoting good results in terms of accessing services, the practice of professionals, the impact of social policy and values, as well as delivering successful patterns of everyday life in society (Goodley, 2017). However, the relational model has been criticized due to over-emphasis on professional practice and service delivery, lack of engagement with disabled people's organisations, ignoring cultural, social, and political aspects of disability, and its lack of distinction between impairment and disability that can promote a medical view (Goodley, 2017).

These models of disability provide an explanation of the phenomenon of disability which includes a set of common meanings, understandings, and perceptions of disability. Besides their specific political, social, and financial implications, each model has its definition

of and approach to disability that determines how disability should be studied and disability research should be developed (Smart, 2009) which is discussed next.

Disability studies

Developments in the conceptualization of disability in the last 50 years has resulted in a distinct field of study to be shaped and transformed. The origins of disability studies can be traced back to 1960s and 1970s. Inspired by the civil rights and women's liberation movements, the disability rights movement called for moving away from disability as a tragic personal and medical circumstance (the medical model) to a new understanding of disability as a political problem (Goodley, 2017; Roulstone et al., 2012; Sullivan, 2009). Rather than an individual problem caused by an "abnormal body", disability activists argued that, disability should be reconceptualized as a political problem caused by socially constructed barriers that disabled people with impairments face (Finkelstein, 1980).

Through challenging and criticizing historical and traditional understandings of disability, the disability studies' agenda was shaped based on three major elements: 1) the conceptualization of people with disabilities as disadvantaged and marginalized; 2) considering people with disabilities as a minority group; and 3) most importantly, reconceptualization of disability as a social rather than medical construct (Shakespeare and Watson, 2001). The first and second points have been used to strengthen the third point, which in turn, shaped the theoretical foundations of the first course of disability studies in 1975 in the United Kingdom (Sullivan, 2009) and resulted in the introduction of social model of disability by Oliver (1983). These three points together constituted the agenda for disability studies that, instead of an individual medical condition, described disability as a form of social oppression and discrimination (Roulstone et al., 2012).

While growing, disability studies utilized a range of theories such as Marxism, feminist-postmodernism and post-structuralism (Williams, 2001) in order to challenge the common collective conceptualization of disability and reshape it as a system of exclusion and oppression (Garland-Thomson, 2005). These theories and approaches have a different position on cultural and ideological aspects of disability; however, their common feature is the rejection of individual and medical models of disability (Roulstone et al., 2012). One particular perspective has been the application of the concept of intersectionality to disability studies. Intersectionality, in this context, refers to the oppression caused by other variables including class, race or ethnicity, religion, gender, and sexuality and their influence in shaping the

experience of disability (Sommo and Chaskes, 2013). When used as an analytical tool, intersectionality enables the researchers to recognise the multiple identities of an individual with disabilities and how those identities lead to various experiences of (dis)advantages. Hence, intersectionality warrants a better understanding of diverse experiences of exclusion and marginalisation as a result of multiple identities of the same person (Moodley and Graham, 2015). However, understanding the mutual influence of the disability and other factors of intersectionality seems to require an extensive empirical work that becomes even more complicated due to the heterogeneity of the disability community (Sommo and Chaskes, 2013). This inter-categorical variation of disability causes difficulties in explaining the interactional influences of disability with other variables of oppression; for instance, people with mobility impairments do not necessarily consider themselves being subjected to the same collective discrimination as the deaf or visually impaired communities (Sommo and Chaskes, 2013).

Models of disability in tourism

Having considered the development of disability studies, I now turn to considering how the models of disability have been applied in tourism. Different models of disability have different approaches to the ideas and actions connected to providing access to public spaces, buildings, and tourism services for individuals with disabilities. Tourism destination managers and service providers shape the structure of the (accessible) tourism market based on their (conscious or subconscious) perception of disability in the model they are operating from (Nicolaisen et al., 2012; Zajadacz, 2015). This perception has transformed the tourism environment and particularly the development of accessible tourism (Zajadacz, 2015).

The medical model in tourism is mostly associated with health (medical) tourism and impairment specific travel activities. Through offering services for a specific condition or services for a selected section of people with disabilities, the medical model in tourism lends itself to social exclusion and creates a distinct product or service for individuals with a specific type and severity of disability (Zajadacz, 2015). However, in some cases the medical model has been shown to produce better results in terms of the communication of information or quality of service received in homogenous groups as well as issues and difficulties related to travel (Oyster, 2002; Zajadacz, 2015).

Attributing greater significance to social integration, the social model understands tourism through suggesting that socially constructed relationships are developed from three elements: 1) experiences of individuals with disabilities; 2) exploring disability as the

combination of impairment (intrapersonal) and socially constructed barriers (interpersonal and structural), and 3) a conceptual explanation that promotes transforming disabling environments into enabling environments through implementing practices and policies to remove interpersonal and structural barriers (Buhalis and Darcy, 2011). Tourism research needs to consider the social aspects of disability in order to explore constraints, develop policies and industry practices, and facilitate participation of individuals with disabilities in tourism.

The approach of the current research in relation to the models of disability is based on the acknowledgment of the disabling barriers in the tourism context. I agree with Buhalis and Darcy (2011:31) that “the tourism industry, government authorities, disability service and advocacy organisations, and tourists need to work towards a more enabling tourism environment”. Acknowledging Buhalis and Darcy’s (2011) three elements of socially constructed relationships of tourism (experiences, disability as a combination of impairment and barriers, and the necessity of removing barriers), the current study recognises the important role of each actor of the accessible tourism scene – including travellers with disabilities – in removing various social, attitudinal, and physical constraints that prevent these travellers from participating in tourism. I also agree with Shakespeare (2006:104) that the social model of disability “sees disabled people as prisoners of an oppressive and excluding society” and hence, “the agency of disabled people is denied and the scope for positive engagement with their impairment or society is diminished.” Therefore, this study is focused on the role of travellers, , their tourist behaviour, and their agency (capacity to make the choice to act and to engage with a social structure) in shaping their travel experiences. In this sense, the current research is conceptualized as a social model study enriched with a greater degree of agency for travellers. The addition of human agency enhances and develops the social model. It complements the social model through accounting for the role of impairments in the participation of travellers with disabilities in tourism and how their travel behaviour is influenced by their experience of disability. Disability is perceived in a broad sense without ignoring the role of individuals as consumers and travellers who have human agency.

2.3. Tourist behaviour and travellers with disabilities

Having reviewed disability models, this section moves to considering research on travellers with disabilities by first drawing on the tourist behaviour literature. Originating from consumer behaviour theories, tourist behaviour models try to explain how difficult, complex, and risky decisions – like participation in a tourism activity – happen in stages and the decision-maker is

impacted by different factors while passing through these stages (Mansfeld, 1992). Vacation decision-making differs from most types of consumer decision-making since many decisions need to be made pertaining to multiple elements that comprise the vacation, including whether to go, where and when to go, who to go with and for how long, what to do there, what to see, and how much to spend (Decrop, 2006). Focusing on why people travel and how specific travel decisions are made, various studies (for instance, Gladwell and Bedini, 2004; Whang et al., 2016; Ozturk et al., 2019) indicated a number of motivations to travel including escape from the daily stresses, the need for social interaction, rest and relaxation, stimulation, challenge, education and learning, and visiting family and friends.

In a response to the complexities involved, several tourism consumer behaviour models and vacation decision-making models have been proposed (for example, Crompton, 1979, Mathieson and Wall, 1982; Moutinho, 1987; Pearce, 2005; Woodside and Lysonski, 1989). These models suggest a range of variables affect travel: attitudes, motivations, expectations, satisfaction, intention, information search, and so forth. Barriers and constraints to participation are a common feature among most of these models as tourism is, quite often, restricted by various barriers such as time and income.

According to the consumer behaviour literature, the perceived risk of an action should fall into an acceptable range for people to get themselves involved in that action (Bojanic and Warnick, 2012). The probability of participating in or avoiding an action and the way consumers approach a product or service depend on the perceived constraints involved. Perception of constraints plays a critical role in choosing or avoiding certain destinations (Hsu et al., 2010), desire to participate in various tourism activities (Kim and Chalip, 2004), and the probability of returning to destinations (Lepp and Gibson, 2003).

Research on decision-making models tends to discuss travel behaviour generally but some studies focus on particular niches, one of which is travellers with disabilities. Academic research on the tourism experiences of individuals with disabilities dates back to the late 1970s; however, according to McKercher et al. (2003), researchers only flirted with this issue in the 1980s and early 1990s. Although tourism literature indicates a rapid growth in disability-related studies – mostly mobility-related impairments – in recent decades (Small et al., 2012), most studies primarily focus on barriers, constraints, and accessibility issues (e.g. Daniels et al., 2005; Darcy, 1998; Michopoulou et al., 2015; Nyaupane and Andereck, 2008; Turco et al., 1998). Other studies have addressed the economic potential of the access market segment (for

instance, Buhalis and Michopoulou, 2011; Burnett and Baker, 2001; Domínguez Vila et al., 2013; Dwyer and Darcy, 2011; Israeli, 2002), attitudes towards people with disabilities (for instance, Bizjak et al., 2011; Kim et al., 2012; Ozturk et al., 2008; Poria et al., 2011b), and the legislation, the marginalisation and disfranchisement of individuals with disabilities (e.g. Humberstone, 2004; Shaw, 2007; Swain, 2004; Veitch and Shaw, 2011). Much of this research started with matters related to physical mobility and then gradually addressed vision and hearing impairments (e.g. Richards et al., 2010; Small et al., 2012; Small, 2015). However, research on the implications of mental health in the tourism domain is still in its infancy and the travel experiences of individuals with intellectual challenges are still an unexplored territory in tourism and disability studies (e.g. Gillovic et al., 2018a; Lehto et al., 2017; Sedgley et al., 2017).

With the mainstream research focusing on constraints, the travel experiences of individuals with disabilities have not been studied extensively. Several important subjects have been poorly addressed such as different aspects of travel experiences, the ways these individuals approach constraints, and the influence of past travel experiences and engagement in different activities on the perceptions about tourism constraints and, more importantly, on the ability to overcome those constraints (Blichfeldt and Nicolaisen, 2011). McKercher et al. (2003), Shaw and Coles (2004), Daniels et al. (2005), Darcy and Pegg, 2011, and Kastenholz et al. (2015), amongst others, have asked for more studies, particularly qualitative, to explore the travel experiences of individuals with disabilities, research that goes beyond the study of constraints or accessibility.

2.4. Segmenting the access market

Individuals with disabilities have experienced inequality, social exclusion, and indifference from the tourism industry and tourism researchers. In order to provide these individuals with quality products and services, their needs and tourist behaviours should be identified, and their market segment characterized and optimized (Popiel, 2016). The first step towards this aim is to define the respective product or service for the potential customers. Hence, accessible tourism is defined as:

“a form of tourism that involves collaborative processes between the stakeholders that enables people with access requirements, including mobility, vision, hearing, and cognitive dimensions of access, to function independently and with equity and dignity through the delivery of universally designed tourism products, services, and environments” (Darcy and Dickson, 2009:34).

Although various market segmentation studies have been undertaken on ethnicity, age and other socioeconomic variables, the access market and its potential have not been thoroughly studied or realised by tourism scholarship or the tourism industry. Research has indicated the complexity of the access market, and people requiring accessibility have been compared to a spectrum which means the market is multifaceted, non-homogenous, and wide-ranging (Darcy and Buhalis, 2011).

Individuals with disabilities have historically been categorized by their medical conditions or their level of self-sufficiency. Reflecting the medical model, the first approach is based on the impairments; this can be complex and is not popular in market segmentation studies. Leaning towards the social model, the second approach is based on an individual's ability, or required support and access needs, to conduct daily living functions and participate in society. Using three categories of severe, moderate, or mild for support and access needs, this approach is beneficial for understanding the disability market as those in the moderate or severe groups appear to have different travel-related behaviours than those in the mild category. For instance, the more severe the support and access needs are, the less often the individual travels. These travellers primarily travel for family visits and medical care, and someone else is likely to make travel arrangements for them (Burnett and Baker, 2001). Similarly, Darcy et al. (2017) reported that disability type and level of support needs explain significant variations in constraints to participation and non-participation. This classification helps in building a consumer profile for individuals with disabilities as consumers of tourism products and services (Burnett and Baker, 2001).

The tourist behaviour of people with disabilities has recently gained more attention for several reasons including the implications of supportive laws, such as the Americans with Disabilities Act 1990 (Grady and Ohlin, 2009), social advocacy by individuals with disabilities and their activists, changing attitudes of able-bodied people toward individuals with disabilities, the greater presence of people with disabilities in social spaces, and the improved portrayal of them in the media (Nyman et al., 2018). The need to provide minority groups with a voice in the public arena has been stressed and attention has turned to individuals with disabilities in the academic sphere (Darcy and Pegg, 2011; Schweinsberg et al., 2017; Tchetchik et al, 2018). However, these studies are mostly descriptive in nature and focus on the difficulties facing people with disabilities rather than the ways individuals with disabilities deal with those difficulties and challenges. Despite the attempts of tourism scholars to further understand this market, disability research is on the margins of tourism scholarship (Kong and

Loi, 2017; Richards et al., 2010); there has been and still are major barriers, the issue of tourism constraints remains significant, and a large number of individuals with disabilities do not fully participate in mainstream tourism due to lack of accessible infrastructure, insufficient information, and lack of inclusive service provisions (Darcy, 1998; Darcy and Pegg, 2011; Michopoulou et al., 2015; Small and Darcy, 2010).

There is little awareness and consideration for accessibility among industry stakeholders, the access market is generally underserved and misunderstood, and the tourism industry has not been successful in developing accessible products and services (Buhalis and Darcy, 2011; Gillovic and McIntosh, 2015; Michopoulou et al., 2015). This is despite the scale and disposable income of the disability market and the fact that many individuals with disabilities are willing to pay more for accessible products and services (Lyu, 2017). The tourism industry still considers accessible tourism and serving individuals with disabilities as an additional unnecessary cost (Bowtell, 2015). This is mainly due to the misconceptions around requirements of this market and costly modifications to remove the barriers and make infrastructure and the built environment more accessible (Michopoulou and Buhalis, 2013).

The indifference towards the access market has continued to dominate the tourism industry, especially the accommodation sector that foresaw little demand for accessible facilities and tried to reduce legal requirements for providing accessible accommodation both in the UK and United States (Yau et al., 2004). Similarly, when Rice (2006) reviewed the attitudes of Australian tourism industry managers towards travellers with disabilities, he noticed a conscious indifference towards serving travellers with disabilities and meeting their needs. Similar findings were reported by Ozturk et al., (2008) who found that managers were not aware of the requirements of the access market beyond the necessity of having accessible rooms. Later, Darcy and Pegg (2011) indicated that managers lacked the knowledge of an appropriate accessible accommodation and their failed to document, market, and promote the required information to the industry and customers.

Despite the potential significance of the access market, the above trend is still prevalent and tourism industry continues to marginalize individuals with disabilities (Pagán, 2012). However, the tourism industry has started to pay more attention to these individuals as a potential market in recent years. Of particular importance is the growing interest and concern for the rights of people with disabilities that has been accompanied by international conventions and national legislation (Michopoulou et al., 2015; Pagán, 2012). This has established the

political agendas required for moving the tourism industry towards the social model of disability in order to develop the access market and offer inclusive products and services that provide opportunities for the participation of individuals with disabilities. It seems that the tourism industry is yet to fully realise the financial benefits of this market in order to become more motivated and initiate commitment (Michopoulou and Buhalis, 2013).

Understanding and realising the accessible tourism market requires exploring the travel and tourism experiences of individuals with disabilities. In doing so, the barriers and constraints to participation need to be identified since the literature indicates the significance of constraints in the access to and participation of these travellers in tourism. Indeed, constraints have been the focus of previous studies (Daniels et al., 2005; Darcy, 2004) and are thoroughly reviewed in this study in order to understand how they are negotiated and, potentially, overcome. This will help in understanding the facilitating or hindering factors in constraints negotiation and how different levels of participation are influenced by constraints, negotiation, and other factors. Travel constraints are a focus of this study due to their importance in shaping the travel experiences of travellers with disabilities. The next section deals with constraints in general and constraints for these travellers, in particular.

2.5. Leisure constraints

Leisure constraints – as barriers to participation (Crawford et al., 1991) – have been a distinct research area in leisure studies since the early 1980s (Hinch et al., 2005). Most of the early research was quantitative, empirical, and exploratory in nature to develop the understanding of the constraints concept. Data were collected using a small range of methods to conduct a statistical analysis of the probable relationships among leisure, constraints and other variables. There were several common assumptions about leisure constraints. First, constraints were assumed to inhibit or limit participation, and absence or presence of the constraints was considered as the reason for participation or non-participation in an activity. Second, there was only one type of constraint, static obstacles to participation, whose effect was to prevent participation once a leisure preference had emerged (Hinch et al., 2005). This type of constraint was referred to as “structural” (Crawford and Godbey, 1987) or “intervening” (Henderson et al., 1988; Jackson, 1990).

Crawford and Godbey (1987) challenged both assumptions in a paper that eventually led to a revision of how leisure constraints are understood. They demonstrated that besides structural or intervening constraints, there were two other kinds – intrapersonal and

interpersonal – that could influence leisure preferences as well as participation. They also argued that different types of constraints might be interrelated. Intrapersonal constraints are associated with a psychological state, physical functioning, or cognitive abilities; for instance, stress, anxiety, lack of interest, reference group attitudes, perceived self-skills, and subjective evaluation of the appropriateness and availability of various leisure activities. Interpersonal constraints are the result of social interaction or relationships among people within a social context, for example, when individuals are unable to find companions to participate in leisure activities or when the interaction with companions becomes problematic. Intrapersonal constraints influence leisure preferences and participation rather than intervening between them. Structural constraints are associated with the environment and intervene between preference and participation; for instance, availability of time, opportunity, information and access, and climate (Crawford and Godbey, 1987). Their model soon became the generally accepted concept of constraints to leisure (Deville and Kastenholz, 2018; Hinch and Jackson, 2000; Nyaupane et al., 2004).

Crawford et al. (1991) developed their theory and proposed a hierarchical model of leisure constraints (Figure 2.1) which integrated the three categories and depicted participants negotiating constraints over a hierarchical sequence. According to this model, intrapersonal constraints are the most powerful as they form individuals' leisure preferences. After confronting or negotiating intrapersonal constraints, the participants move towards interpersonal and then structural constraints to sustain participation (Darcy, 2004; Hawkins et al., 1999). Scott (1991) also believed leisure involvement was subject to a successful negotiation through leisure constraints. Scott's conception of constraints contrasted the earlier assumption of constraints as insurmountable barriers. He noted that non-participation because of constraints is only one of many possible outcomes and people might modify their behaviour in order to sustain their participation.

Multiple leisure studies have confirmed the tripartite categorization and its comprehensiveness to capture leisure constraints (Deville and Kastenholz, 2018; Hinch and Jackson, 2000; Nyaupane et al., 2004; Nyaupane and Andereck, 2008). The tripartite model has been used in some tourism studies as a framework to identify travel constraints (for instance, Daniels et al., 2005; Devile and Kastenholz, 2018; Nyaupane et al., 2004; Pennington-Gray and Kerstetter, 2002). The next section addresses the potential of the leisure constraints model in tourism research.

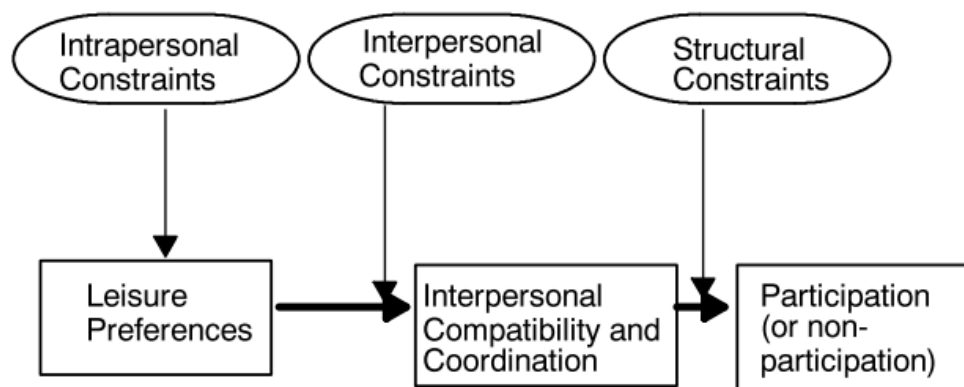


Figure 2.1 Hierarchical model of leisure constraints (Crawford et al., 1991)

2.6. Leisure constraints in tourism

Although research on constraints has traditionally been undertaken in a leisure context, many constraints have been identified for tourism activities (Deville and Kastenholz, 2018). Tourism constraints refer to various factors which preclude or reduce an individual's frequency, rate, or enjoyment as a participant in such activities (Lee et al., 2012). Although there is no consensus on a definition, researchers agree that tourism constraints are multidimensional (Jackson and Scott, 1999). Various constraints to travel have been identified including financial limitations, security concerns, lack of information, lack of time, lack of energy, poor health, perception of age, and disability (Blazey, 1992; Fleischer and Pizam, 2002; Hung and Petrick, 2010; McGuire et al., 1986; Nyaupane and Andereck, 2008; Rowiński et al., 2017). Gladwell and Bedini (2004) studied constraints of family caregivers and their care-recipients and found three categories of physical, social, and emotional impediments to pursuing or maintaining leisure travel. These three categories resemble the leisure constraints model in the sense that physical impediments are similar to structural constraints, social impediments to interpersonal constraints, and emotional impediments to intrapersonal constraints.

The first published research papers using a leisure constraints framework in a tourism or vacation travel context date back to late 1980s (Blazey, 1987). Early research of this kind focused on contexts such as outdoor recreation (Bialeschki and Henderson, 1988), heritage attractions (Davies and Prentice, 1995), and specific activities such as skiing (Hudson and Gilbert, 1998). Over the last couple of decades, the leisure constraints model has been used in more tourism research. Building on their 1998 study, Gilbert and Hudson (2000) found that non-skiers were constrained by intrapersonal constraints, whereas skiers were constrained by

time, family, or economic factors. They questioned the hierarchical nature of constraints and suggested that the constraint typologies were to some degree interrelated. Pennington-Gray and Kerstetter (2002) attempted to verify three categories of leisure constraints in the context of nature-based tourism and found support for a multi-dimensional model of constraints. Nyaupane and Andereck (2008) also found three factors of place attributes, lack of time, and lack of money as structural constraints for travel. Hung and Petrick (2012) developed a new travel decision model for cruise tourism which confirmed that travel constraints negatively influence travel intentions to participate in a cruise activity. For instance, concerns about security on a cruise ship (intrapersonal constraints) and limited internet access (structural constraint) were reported by participants. Gao and Kerstetter (2016) examined older Chinese females' perceived constraints to pleasure travel and how they negotiated through them. They found eight types of constraints and six negotiation strategies to overcome them. Moghimehfar and Halpenny (2016) studied constraints to pro-environmental nature-based tourism and negotiation through those constraints. They indicated that three types of constraints negatively and directly influenced intention to participate in tourism activities, and negotiation had a mitigating effect on the association between constraints and participation. Finally, Vassiliadis et al. (2018) studied the decision-making process for ski tourists and found different relative strengths of intrapersonal, interpersonal, and structural constraints and also different interactions among these constraints.

The leisure constraints model therefore provides a solid theoretical framework that can potentially result in a better understanding of tourism phenomena. It is not enough to understand the decision criteria or choice processes and there should be endeavours to comprehend the broad range of constraints travellers encounter. Most of the consumer behaviour models in tourism assume the purchase as the outcome and do not account for the constraints and negotiation of those constraints (Hinch et al., 2005). Therefore, there is a lack of research into participation, non-participation or partial participation and the associated constraints and negotiation strategies in a tourism context. This is what the current study intends to undertake: employing the leisure constraints model to explore travel constraints of travellers with mobility impairments.

2.7. Travel constraints for individuals with disabilities

All travellers, regardless of having an impairment or not, encounter barriers to participation. Jackson and Scott (1999) reviewed the leisure constraints literature and reported a stable core

of leisure constraints being identified that are independent of the nature of the sample. The commonly reported constraints included time commitment, lack of awareness, access problems, costs, lack of facilities and opportunities, and lack of skills and abilities. However, the types of constraints that play significant roles in influencing leisure participation vary among different social groups. As a distinct social group, travellers with disabilities have fewer travel options, receive poorer quality service, experience higher service delivery uncertainty and must accept more personal and financial risk when travelling (Darcy, 2004). At the nexus of tourism and disability, most studies explore various types of disabilities in a tourism context. Mobility impairments constitute a fraction of the tourism and disability literature that is primarily concerned with the notion of accessibility. In this sense, mobility impairment refers to “varying levels of physical, mobility restrictions, affecting legs, feet, back, neck, arms or hands” (Buhalis and Darcy, 2011:34). In order to reflect the current literature on tourism and disability, the literature review of this study mostly covers the range of disabilities apart from where mobility impairment is specifically mentioned.

Although individuals with disabilities have the same desire to travel (Joppe, 2003; Pagán, 2013), their participation is lower than the non-disabled and it is even further reduced with the increasing severity of their disabilities (Darcy, 2010). Despite the efforts in addressing travel barriers over the past few decades, these travellers still face a disproportionate number of barriers, mostly environmental and accessibility barriers, above their able-bodied counterparts that, in turn, results in dissatisfaction with tourism experiences (Agovino et al., 2017)

Smith (1987) conducted the first assessment of barriers to travel participation for individuals with disabilities. His three major types of constraints – intrinsic, interactive, and environmental – bear a resemblance to Crawford and Godbey’s (1987) constraints. Both typologies acknowledge different types of constraints operating at different levels from the personal to the societal. Intrinsic barriers (similar to intrapersonal constraints) result from an individual’s own level of cognitive, physical, and psychological function that may be intensified by lack of knowledge and confidence. This feeling, in turn, may lead to a feeling of incompetence in leisure activities and gradually may lead to a feeling of generalized helplessness resulting in reduced future participation. Interactive barriers (similar to interpersonal constraints) are obstacles such as availability and accuracy of information, lack of encouragement to participate or negative attitudes from people, lack of skills to navigate

through travel challenges, and communication difficulties due to language and cultural differences. Environmental barriers (similar to structural constraints) include, but are not limited to, inaccessible buildings and transport services, lack of safe access, and difficulties resulting from inadequate or inappropriate signage or lighting (Smith, 1987).

Studies have shown the majority of individuals with disabilities do not refer to their impairments (intrapersonal constraint) or their interpersonal relationships as a reason for non-participation (Small et al., 2012). Instead, they report structural constraints as major barriers that prevent participation. It seems that the social construction of the tourism context acts as the main inhibitor factor for tourism participation and the complexity of constraints identified in the literature supports this notion (Daniels et al., 2005). A report by the WHO (2009) also confirms that the most frequently cited barriers to travel are (structural) physical obstacles.

Although seen as a marginalized research area (Kong and Loi, 2017; Richards et al., 2010), various studies have been conducted on the travel experiences of individuals with disabilities in the past couple of decades. Most of this research has focused on barriers individuals with disabilities face; for instance, in accommodation facilities (Chen, 2005; Ray and Ryder, 2003). Turco et al. (1998) identified issues in reservation procedures, hotel room design, and the layout of the rooms for individuals with disabilities. Not having enough accessible rooms, shower seats, and adjustable beds were the major themes reported in another study by Darcy and Daruwalla (1999). Darcy (2010) explored the factors that influenced the selection of accommodation by people with disabilities. He found dimensions of disability and level of support needs as the most significant selection criteria. Many studies on hotel experiences of individuals with disabilities focus on the physical environment of the hotel rooms and ignore other hotel areas and other factors that make up the travel experience, factors such as interactions with hotel staff and other customers (Navarro et al., 2015). It seems that these studies assume individuals with disabilities remain in their rooms, do not use other hotel facilities, and do not interact with staff and other customers (Poria et al., 2010). In other studies that examined tourism staff and service providers' attitudes, negative, demeaning, or condescending attitudes has been a common complaint about tourism staff (Burnett and Baker, 2001; Devile and Kastenholz, 2018; Gillovic and McIntosh, 2015; Poria et al., 2010). Studies have shown that individuals with disabilities heavily rely on the internet for tourism-related information, and there has been some research on the contents and the accuracy of online information, especially the accessibility features of tourism websites (Dickson et al., 2016;

Mills et al, 2008; Zajadacz, 2014; Zhang and Cole, 2016). Most tourism service providers are not familiar with the needs of individuals with disabilities and are unable to provide accurate accessibility information (McKercher et al., 2003, Loi and Kong, 2015).

Using different approaches, various kinds of constraints and barriers have been explored as have forms of accessibility and the decision criteria used by travellers with disabilities (Burnett and Baker, 2001; Israeli, 2002; Smith, 1987). The literature indicates that people with disabilities face various barriers to participation and they have less access to activities because of these barriers (Smith, 1987). Many specific constraints have been identified in different studies. Some constraints are directly related to a specific impairment (i.e. poor vision or poor mobility) and some are a product of a specific impairment and might be experienced by able-bodied people as well (e.g. low income). For instance, feeling ignored, rejected, and overlooked has been frequently reported by individuals with disabilities (Goffman, 2010; McKercher and Darcy, 2018). Other studies have found people with disabilities constrained by lack of transportation, skills, finance, and opportunity (Kastenholz et al., 2015; McKercher and Darcy, 2018; Sparrow and Mayne, 1990) or lack of activity partners, transportation issues, mobility issues, self-consciousness, and attitudes of significant others (Ross, 1993). Similarly, Germ and Schleien (1997) found transportation and programming issues (non-flexibility of activity timing, no opportunity for skill development, and ignoring people with disabilities) as major constraints for participation among persons with disabilities. Tourism research on individuals with disabilities mostly focuses on barriers and constraints to travel and several obstacles have been identified including poor health, lack of time, financial limitations, information-related barriers (Domínguez Vila et al. 2017), safety or security concerns, and disability (Blazey, 1992; McGuire et al., 1986).

Although the leisure constraints model has not been widely used for identifying travel constraints, tourism scholars benefit from consulting the leisure constraints literature due to its relative theoretical sophistication which is a necessity for this area of study. There has been increased academic research on this area within the field of tourism and disability (Israeli, 2002) and several studies have used Crawford et al.'s (1991) model of leisure constraints to examine constraints for travellers with disabilities (Daniels et al., 2005; Darcy et al., 2017; Devile and Kastenholz, 2018; Kong and Loi, 2017; McKercher and Darcy, 2018).

Using the leisure constraints categorization, Daniels et al. (2005) analysed narratives written by travellers with disabilities and identified constraints to pleasure travel and

negotiation strategies utilized to overcome those constraints. They found travel experiences of individuals with physical disabilities to be loaded with constraints that were ongoing and interrelated. Similarly, Darcy et al. (2017) studied the effects of disability and support needs on constraints to participation using the leisure constraints model. While intrapersonal and interpersonal constraints were found to constrain participation, the five structural constraints of economic, equipment, time, transport, and community/organisation had the most significant constraining impact.

Aiming at understanding the engagement of individuals with disabilities in tourist activities, Devile and Kastenholz (2018) analysed the experiences of people with visual impairments. They identified intrapersonal, interpersonal, and structural constraints as well as negotiation strategies used to adapt, overcome perceived and real constraints, and become active travellers. Using the same three categories, Kong and Loi (2017) organised the issues facing people with disabilities and their family members during holiday experiences. They found these travellers faced multiple barriers in travelling at the same time and concluded the three types of barriers were interrelated. Lastly, McKercher and Darcy (2018) proposed a four-tiered hierarchy of the barriers to travel for individuals with disabilities. They acknowledged that these travellers were a heterogeneous cohort who face the same constraints as everyone, some barriers that are common to all individuals with disabilities, some barriers that are unique to each disability dimension, and individualized specific effects of impairments. The authors included the three levels of intrapersonal, interpersonal, and structural constraints in the first tier of their hierarchy of travel barriers (McKercher and Darcy, 2018).

Constraints to participation of individuals with disabilities in outdoor activities have also been the subject of a series of studies. Packer et al. (2007) investigated the complex interplay between tourism, disability, and the environmental context. They noted the natural environment was a desirable and important attraction yet a travel context with strong and sometimes insurmountable challenges for people with disabilities. This is in line with Yau et al. (2004) who suggested unique challenges of travel for people with disabilities were due to the travel context that is primarily designed for people without disabilities. Burns and Graefe (2007) examined National Forest visits in United States and perceived constraints in relation to the presence of a person with a disability in one's household. They reported that being constrained from National Forest use was mostly a function of perceived disability-related constraints.

Burns et al. (2009) explored the attitudes and experiences of these individuals towards travelling to enjoy woodlands and countryside. They argued that individuals with disabilities were interested in the outdoors and perceived access to the outdoors as an integral aspect of well-being and revitalization. In the New Zealand context, Lovelock (2010a) explored the environmental values and behaviours of persons with and without disabilities and found no significant differences for either their general environmental attitudes or ecological behaviour. However, respondents with higher mobility impairments exhibited less ecological behaviour which was denoted in less participation in nature-based activities. Lovelock (2010b) also explored the desires of individuals with mobility disabilities to have enhanced motorized access to natural areas in New Zealand. He found a strong desire for enhanced access in such environments and where individuals with mobility disabilities faced access-related travel problems, these were more likely in wildlife, natural attractions, and in the remote locations. It seems that access to outdoor spaces continues to exclude individuals with disabilities due to the difficulties of the physical environment and lack of assistive devices, accessible venues, and accessible services (Kassah et al., 2012).

To sum up, most of the literature on the constraints faced by travellers with disabilities tend to categorize tourism constraints and treat them as isolated and static barriers. Although travel constraints are recognised to become compounded, operate in conjunction with each other, and be interrelated (Daniels et al., 2005; Gilbert and Hudson, 2000; Kong and Loi, 2017), little has been done to explore how constraints are related to each other, how they influence the travel experience of travellers with disabilities, and whether there are other factors that play a role in shaping those experiences. There is a need for studies to explore travel experiences beyond the constraints. For travellers with disabilities, dealing with travel barriers can be challenging and often requires strategies to adjust or compensate (Poria et al., 2010). Therefore, their travel experiences are significantly affected by both tourism constraints and the facilitators (Israeli, 2002) that will be discussed in the next section.

2.8. Tourism facilitators

In considering the need for studies to go beyond constraints and focus on other aspects of travel experiences, one important factor in participation is the resources used for overcoming constraints. These resources that help individuals participate in tourism are known as facilitators. They work together with constraints to produce participation or non-participation. The concept of leisure facilitators was proposed in the light of Crawford et al.'s (1991) leisure

constraints model. A leisure facilitator is a condition (internal to the individual, or to another individual, or to some societal structure) that leads to (facilitates) or limits (constrains) participation (Raymore, 2002). Facilitators therefore, are “factors that promote or enable the formation of travel and tourism preferences and encourage or enhance participation” (Raymore, 2002:39). Raymore added “a facilitator is an intrapersonal, interpersonal, or structural condition that enables leisure participation” (p.43) through encouraging positive interaction with physical, social, cultural, and organisational environments that lead individuals to higher levels of leisure participation. Similarly, Kim et al. (2011) identified leisure facilitators as personal, social, and situational conditions that encourage an individual’s interest in participating in leisure activities. Swinton et al. (2008) also suggested that leisure facilitators promote individuals’ participation in leisure activities.

Although several studies on leisure constraints have focused on intervening factors in the leisure preference-leisure participation relationship (Crawford and Godbey, 1987), little empirical research is available on the relationship of facilitators to leisure participation (Kim et al., 2011). However, one important aspect of the available literature is the tripartite framework of facilitators which resembles the leisure constraints model. Crawford et al.’s (1991) model of constraints provided a useful framework for understanding leisure facilitators and the review of the literature reveals three categories of intrapersonal, interpersonal, and structural facilitators.

Intrapersonal facilitators are individual characteristics, traits, and beliefs that would encourage the individual’s interest in participating in leisure activities (Raymore, 2002). Personal values, relaxation-related recreation, challenge seeking, perceived competence and skills, personal enjoyment, social learning, and past experiences are examples of intrapersonal facilitators (Kim et al., 2011). Song and Lee (2006) reported that personal and psychological factors of leisure facilitators had a positive influence on participation. Interpersonal facilitators are individuals or groups that enable or promote the formation of leisure preferences and encourage or enhance participation (Raymore, 2002). These facilitators are formed through relationships with friends, social groups, and family support and are based on the interdependency of individuals in a social context as well as the reciprocal influence of individuals and their environments (Kim and Heo, 2015; Kim et al., 2011). Various interpersonal tourism facilitators have been identified in the literature. For instance, in an attempt to develop youth tourism promotion strategies, Sung (2000) found expectations of

establishing social relationships as an interpersonal facilitator for youth participation in tourism activities. According to Raymore (2002), structural facilitators are social and physical institutions, organisations, or belief systems of a society that enable or promote the formation of leisure preferences and encourage or enhance participation. Structural facilitators include environmental components such as free time, economic status, transportation, accessibility, proximity of location, alternative opportunities, the role of government, and accessible facilities (Raymore, 2002; Ruhanen, 2013; Shields et al., 2012).

Despite the importance of leisure facilitators, only a few studies (for instance, Lee, 2010; Park et al., 2003; Song and Lee, 2006) have examined facilitators in tourism. These studies reported several facilitators including service quality, transportation, facilities, and tourism information, school experiential programmes and environments. There have also been studies that explored facilitators in a tourism context for individuals with disabilities. For instance, Packer et al. (2007) emphasized the facilitating role of supportive service providers in overcoming the structural constraints and the critical role of travel companions as a facilitator for travel experiences of people with disabilities. This is in line with the literature that identifies travel companions as one of the most cited facilitators for these travellers (Devile and Kastenholz, 2018; Packer et al., 2007; Yau et al., 2004). Furthermore, Lyu et al. (2011) reported that intrapersonal tourism facilitating factors (for example, self-esteem and pleasure-seeking) were significant for travellers with disabilities and enhanced their participation in various tourism activities. They also found interpersonal facilitators (such as social supports) and structural facilitators (such as program contents, money, and social rules) as important factors that facilitate participation in tourism activities for people with disabilities. Shields et al. (2012) found personal facilitators (for instance, desire to be active and practicing skills) and interpersonal facilitators (including family support and involvement of peers) effective in participation of children with disabilities in tourism. Kim et al. (2011) reported that structural facilitators had a significant relationship with structural constraints, including accessibility, good weather, media exposure, health, time, and money as facilitators. This is in line with Devile and Kastenholz (2018) who reported three structural facilitators of accessible accommodation, appropriate transportation, and accessible tourism attractions as important factors for participation of people with visual impairments in tourism.

These studies indicated that facilitators influence the levels of participation through encouraging interactions with personal, social, and environmental conditions. Some factors can

be both constraints and facilitators and restrict or encourage travel. For example, the physical environment can be debilitating or highly accessible for people with disabilities or as McKercher et al. (2003) have pointed out, travel agents could play both an inhibitor or facilitator role for the travel experiences of individuals with disabilities. Therefore, tourism facilitators have been incorporated into the conceptual framework of this study (See section 2.11) to provide a better understanding of the relationships between constraints, negotiation strategies, tourism facilitators, and various levels of participation.

2.9. Theory of negotiation

The literature indicates that constraints do not necessarily lead to non-participation (Li et al., 2015); rather, an individual may try to overcome or negotiate the constraints. The outcome of the negotiation processes is highly dependent on the relative strength of constraints, interaction between constraints, facilitating factors, and motivation for participation. Higher levels of motivation increase participation and thus constraints and motivation are inversely associated (Hubbard and Mannell, 2001). Hence, it is essential to determine how travellers with disabilities negotiate their way through the constraints. Due to the important role of constraints in the travel experiences of individuals with disabilities and their travel-related behaviour when confronting constraints, different theories and models have been developed or borrowed from other disciplines. One of these is the theory of negotiation which is addressed in this section.

As was seen in section 2.5, the concepts around leisure constraints changed in the late 1980s. First, new empirical research methods resulted in a growing awareness of the importance of constraints in leisure studies. Leisure scholars started to search for constraints in areas that had not previously been explored (Hinch et al., 2005). Second, several innovative studies were conducted. For instance, Scott's (1991) qualitative study indicated that people take innovative measures to negotiate the constraints they face. This was the first time the term "negotiation" appeared in the leisure constraints literature. Kay and Jackson (1991) demonstrated how the participation in desired leisure activities occurred despite constraints, and Shaw et al. (1991) challenged the assumption that more constraints would necessarily mean less participation in leisure. They had found it was often the more constrained individuals who eventually participated more frequently than the less constrained people. They also emphasized on the important effect of social structure as a constraint on leisure participation. The third development was the introduction of increasingly complicated models of leisure constraints. Although constraints models appeared earlier in 1980s, Crawford and Godbey (1987) proposed

an important conceptual development with two major contributions to the field of leisure constraints. First, they argued that in addition to participation and non-participation, constraints have effects on preferences. Lack of interest in an activity or lack of awareness can also be explained, at least partially, by constraints. Second, they expanded the range of constraints that could potentially influence leisure behaviour. They demonstrated that structural constraints intervene between preferences and participation, and, moreover, preferences are affected through intrapersonal and interpersonal constraints. These two contributions were accepted by leisure constraints researchers and were essential for applying leisure constraints conceptualization to the understanding of constraints and tourism (Hinch et al., 2005).

The next development in the leisure constraints models occurred when Jackson joined Crawford and Godbey in 1991 to recast the previous conceptualizations into a “hierarchical model” according to which, intrapersonal and interpersonal constraints were more proximal to the individual and structural constraints were the most distant. Unlike most research that had paid more attention to the structural constraints, Crawford et al. (1991) believed structural constraints were probably less important in forming leisure behaviour than intrapersonal and interpersonal constraints. The sequential structure of this model and the notion of people negotiating through intrapersonal, interpersonal, and structural constraints sequentially were implicit in the 1991 hierarchical model. However, Figure 2.2 illustrates the model presented in a later paper by the same three authors (Jackson et al., 1993) where the sequential negotiation through intrapersonal, interpersonal, and structural constraints was the focus of study; they argued in order to move from “leisure preferences” to the “level of participation”, people had to first negotiate their intrapersonal constraints, then the interpersonal constraints, and finally the structural constraints.

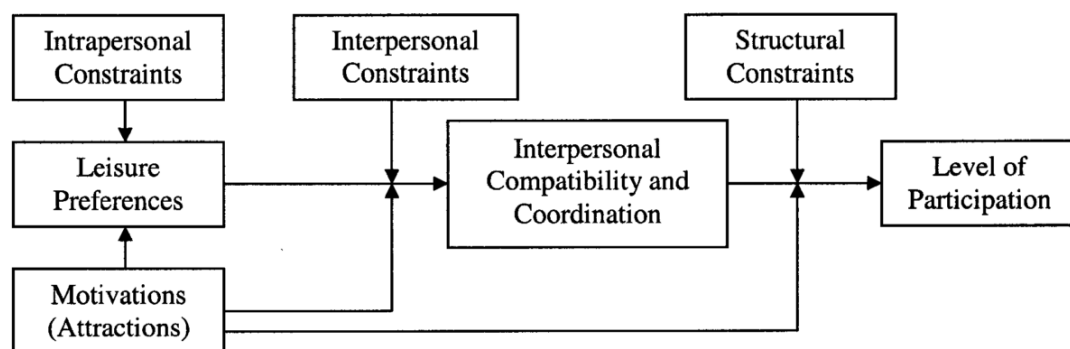


Figure 2.2 Hierarchical model of leisure constraints (Jackson et al., 1993)

Jackson et al. (1993) reported that leisure participation was dependent not on the absence of constraints but on negotiation through them and such negotiation may modify participation rather than foreclosing it. According to the negotiation thesis, when faced with constraints, people try to find ways to participate or sustain participation in leisure activities, even if that participation is somehow different from the participation that would have happened if there were no constraints (Hinch et al., 2005).

Jackson et al.'s (1993) model had a new element compared to the previous models; motivations (attractions) was added to justify different responses of people to leisure constraints. Jackson et al. (1993:8) used categories identified by Kay and Jackson (1991) and divided people into three categories based on their response to constraints:

“1) people who do not participate in their desired activity (reactive response); 2) people who, despite experiencing a constraint, do not reduce or otherwise change their participation at all (successful proactive response); and 3) people who participate but in an altered manner (partly successful proactive response).”

In an attempt to justify the addition of “motivations” to the model, Jackson et al. (1993:8-9) argued:

“... the outcome of a response to leisure constraints (now signified by “level of participation” rather than by “participation versus non-participation” in the original Crawford et al. (1991) model) may be viewed as a function of the interaction between constraints and motivations.”

Jackson et al. (1993:9) added:

“Both the initiation and outcome of the negotiation process are dependent on the relative strength of, and interactions between constraints on participation in an activity and motivations for such participation.”

Research on negotiation theory and negotiation strategies to overcome leisure constraints continued and various strategies were identified in multiple studies. Jackson et al. (1993) made a distinction between cognitive and behavioural strategies and divided behavioural strategies into alterations in leisure and non-leisure activities. Cognitive strategies involve adapting a mindset to ease discomfort caused by the constraints. These strategies include ways of thinking about constraints such as perceiving an activity as less attractive or focusing on benefits while disregarding costs involved. Behavioural strategies include changing one's behaviour in order to facilitate participation; for example, modifying the use of

time (re-scheduling other activities), improving finances, changing interpersonal relations, acquiring skills, changing leisure aspirations, and physical therapy (Jackson et al., 1993).

The use of these strategies depends on the types of constraints as perceived by people and past studies have reported a consistency between the types of constraints encountered and the types of negotiation strategies (cognitive or behavioural) adopted to overcome those constraints (Mannell and Loucks-Atkinson, 2005). Interpersonal constraints are generally negotiated by either behavioural strategies (finding friends who are interested in a certain activity) or cognitive strategies (ignoring the problems caused because of the absence of any companion), or in some cases by both strategies (Lyu and Oh, 2015). However, Lyu and Oh (2014) found behavioural negotiation strategies were used to overcome intrapersonal constraints by a group of recreationists who had the highest level of participation. Table 2.1 depicts the use of cognitive and behavioural negotiation strategies reported in the literature for intrapersonal, interpersonal, and structural constraints.

Table 2.1 Constraints and negotiation strategies

Constraints	Negotiation strategies used	
	Cognitive	Behavioural
Intrapersonal	✓	x
Interpersonal	✓	✓
Structural	✓	✓

Jackson and Rucks (1995) found evidence that the types of constraints encountered were consistent with the types of activities in which participation occurred, and the types of strategies perceived and adopted were, generally, consistent with the types of constraints encountered. For instance, constraints of “time” and “commitments” were, in most cases, negotiated by modifying the use of time, while “lack of skills” was most often negotiated by acquiring those skills. However, they reported some exceptions to this general pattern; sometimes, time constraints or lack of skills were dealt with by modifying leisure aspirations or finding new partners. Jackson and Rucks (1995) concluded that the choice of a constraint

negotiation strategy could not always be predicted solely based on the type of constraint. This specific observation about using negotiation strategies to overcome constraints from a different category was also reported by Daniels et al. (2005) who found structural environmental/geography constraints, for example, were negotiated interpersonally, by receiving assistance from a travel companion, service provider or stranger.

Henderson et al. (1995) summarized strategies used by women with disabilities to negotiate the constraints they experienced. Rather than focusing on specific actions or behaviours, they developed a typology based on the participants' responses to constraints: "passive responders" accepted their inability to participate and did not try to overcome the constraints; "achievers" fully participated in activities just like anyone else; and "attempters" modified their behaviours to partially participate. Samdahl and Jekubovich (1997) studied negotiation strategies and found that people change their routines, work schedules, and select activities in a manner to be able to fulfil their leisure objectives.

Examining the negotiation strategies to overcome constraints to participation in physical recreation activities, Hubbard and Mannell (2001) identified four negotiation strategies including time management, skill acquisition, interpersonal co-ordination, and financial resources management. More importantly, they evaluated alternative models of leisure constraints negotiation process to offer a better understanding of how constraints interact with other elements such as motivations and preferences. They tested several constraint-negotiation models with different associations between constraints, negotiation, motivation, and participation. Their findings supported the constraints-effects-mitigation model (Figure 2.3) which indicated that negotiation strategies were acting between constraints and participation. This model is based on the hypothesis that encounters with constraints trigger greater efforts to negotiate or use negotiation strategies (as depicted by the positive path leading from constraint to negotiation). Although constraints still act to reduce the level of participation (as indicated by the negative path from constraint to participation) the negotiation attempts might entirely counteract or mitigate the negative effects, or at least decrease them to some extent, as suggested by the positive path linking negotiation and participation (Hubbard and Mannell, 2001:149). This supports the notion that people who perceive more constraints might still participate and they might even participate more compared to people who have fewer constraints (Kay and Jackson, 1991).

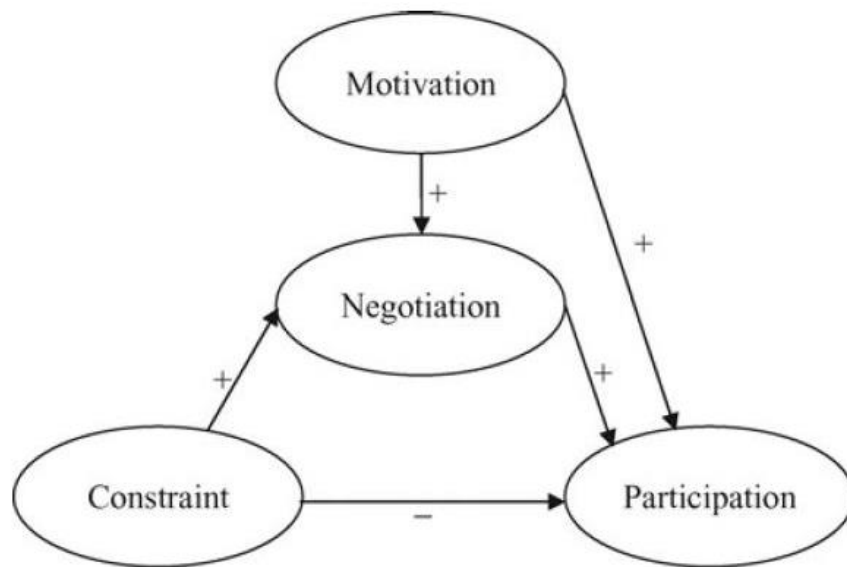


Figure 2.3 Constraint-effects-mitigation model (Hubbard & Mannell, 2001)

According to Hubbard and Mannell, (2001), the support found for this model and the lack of support for the other models clarifies the role of negotiation in the constraints negotiation process. This explains why constraints have been found unrelated or weakly related to participation (for instance, in Jackson et al. (1993) who indicated that participation was not dependent on the absence of constraints but on negotiation through them). Encountering constraints directly triggers negotiation efforts that can mitigate negative effects of the constraints. However, the strength and effectiveness of negotiation efforts might also depend on factors other than the negative effects of constraints. One of these factors is motivation which not only directly influences participation positively but has an indirect positive influence through its positive impact on negotiation (Hubbard and Mannell, 2001). This is in line with the literature where motivation and motives have been described as the starting point of the decision process (Crompton and McKay, 1997) leading to intention to participate and actual participation and therefore, motivation has been proposed to act as one of the determinants of successful negotiation.

There have been studies that investigated the relationship between motivation and negotiation strategies. People who are more motivated to participate invest more effort into negotiation and are more successful at starting, maintaining, or increasing their level of participation (Carroll and Alexandris, 1997). Hubbard and Mannell (2001) provided a rare

empirical test of this relationship. The authors originally suggested that motivation had both a direct and indirect impact on participation, through its positive impact on negotiation. However, their findings did not support a direct link between motivation and participation (Alexandris et al., 2002). Although a weak correlation existed between motivation and participation, once other variables were controlled, there was no significant direct path from motivation to participation (Hubbard and Mannell, 2001). This was an unexpected result considering that motivation is well documented to lead to participation (Carroll and Alexandris, 1997). They interpreted this unusual finding to mean that the relationship between motivation and participation was completely mediated by negotiation and asked for further research to clarify the role of motivation in the hierarchical model of leisure constraints and the process of constraints negotiation (Hubbard and Mannell, 2001). While studying perceived constraints on recreational participation, Alexandris et al. (2002) found that motivation was associated with negotiation strategies developed or used to address those constraints. Moreover, many of the resources related to negotiating constraints were acting as general factors that could facilitate participation. This matches Raymore's (2002) conceptualization of tourism facilitators as "internal, interpersonal or structural conditions that enable tourism participation, while motivation is the process through which those conditions energize or motivate behaviour leading to or limiting participation" (Raymore, 2002:43-44).

Although motivation is one of the elements that have been researched in the leisure and the tourism literature, there have been limited attempts to investigate its influence on constraint negotiation strategies in relation to intention to participate (Alexandris et al., 2007). According to Gladwell and Bedini (2004:687), "if the motivation to travel is strong enough, the barriers may be negotiated, yet the forces and the systems that drive them still have the potential to influence travel behaviour, means of travel as well as destination choices". Similarly, Jackson (2000) indicated that motivation can encourage people to engage in negotiation and hence, participation is influenced by motivation. Therefore, this study will examine motivation as a factor that influences participation. It is worth noting that the negative relationship between constraints and participation is crucial and although this relationship has been studied before, the complexities that surround that negative relationship have not been explored qualitatively in an in-depth manner for travellers with disabilities.

The literature on negotiation strategies is diverse. Since the introduction of Hubbard and Mannell's (2001) model, many factors (for instance, self-efficacy, personality traits,

gender, race, and age) have been incorporated into the model to explore their influence on decision-making. Loucks-Atkinson and Mannell (2007:20) added self-efficacy as “people’s confidence in their ability to successfully use negotiation strategies to overcome constraints” they encounter to the negotiation model. Their findings supported the inclusion of the negotiation-efficacy in constraints negotiation process. Similarly, White (2008) reported that negotiation-efficacy had a direct negative influence on constraints and a direct positive influence on negotiation. This indicated that the greater people’s confidence in the successful use of negotiation resources to cope with constraints, the greater the motivation, the greater efforts to negotiate, the lesser the perception of constraints, and the higher the level of participation would be. Using a sample of middle-aged and older adults, Son et al. (2008) tested a model of leisure constraints negotiation process based on Hubbard and Mannell’s (2001) model. They found support for a constraint-negotiation dual channel model where the negative influence of constraints on participation was almost entirely offset by the positive effect of negotiation strategies. Jun and Kyle (2011) suggested that a wide range of negotiation strategies exist; interpersonal constraints are generally negotiated by either behavioural strategies (finding friends who are interested in a certain activity) or cognitive strategies (ignoring the problems caused because of absence of any companion), or in some cases by both strategies.

Many scholars have called for research on negotiation strategies to understand the many potential inhibiting or facilitating variables that may influence people’s ability to negotiate constraints (McKercher et al., 2003). Acknowledging the complexity of travel constraints and different ways of negotiating around those, researchers emphasize the need for studies of tourism constraints and the use of negotiation strategies by travellers with disabilities (Smith, 1987). Table 2.2 lists studies identifying negotiation strategies used by people with disabilities. Henderson et al. (1995) and Poria et al. (2010) reported changing of schedules, intensity, and frequency of participation as negotiation strategies. Daniels et al. (2005) provided a useful framework for capturing the scale of the different strategies involved – some (intra)personal (one’s own personal mindset), some tied to relationships (interpersonal), and some structural (accessibility of the built environment). They identified three intrapersonal negotiations (physical/sensory, emotional, knowledge), three interpersonal negotiations (travel companion, service provider, stranger), and four structural negotiation strategies (transportation, facility, environment/geography, financial). Daniels et al. (2005) also reported other negotiation strategies used by travellers with disabilities including travel schedule alterations (choosing

direct flights or selecting routes with the shortest possible connection times) and securing travel companions and/or assistive devices.

Table 2.2 Negotiation strategies used by people with disabilities

Study	Context of the study and main findings	Negotiation strategies reported
Henderson et al. (1995)	Exploring the importance and meaning of constraints to leisure for women with physical disabilities. Two major themes were reported: magnification of leisure constraints, and strategies for negotiating constraints	To change the schedule, intensity, and frequency of participation
Daniels et al. (2005)	Expanding the understanding of constraints to pleasure travel experienced and negotiation strategies employed by persons with physical disabilities. Analysis of narratives written by travellers with disabilities resulted in the emergence of intrapersonal, interpersonal, and structural constraints and negotiation strategies.	Intrapersonal negotiations <ul style="list-style-type: none"> Physical/sensory negotiation Emotional negotiation Knowledge negotiation Interpersonal negotiations <ul style="list-style-type: none"> Travel companion negotiation Service provider negotiation Stranger negotiation Structural negotiations <ul style="list-style-type: none"> Transportation negotiation Facility negotiation Environment/geography negotiation Financial negotiation
Poria et al. (2010)	Exploring the flight experiences of people with disabilities. Their findings indicated physical and social barriers for the blind people and those who used wheelchairs and crutches.	<ul style="list-style-type: none"> changing the flight schedule and the length of stay
Lyu et al. (2013)	Exploring the influence of personality trait of "extraversion" on constraints negotiation process in order to make decisions on leisure participation.	<ul style="list-style-type: none"> Ignore one's physical disabilities Disregard the absence of caregiver Forget about lack of information and programs Find ways to ignore inadequate transportation
Lyu and Lee (2016)	Using a sample of Koreans with mobility disabilities, this study examined the development of latent demand for recreation participation. The results indicated a close relationship between elements of leisure constraints negotiation and latent demand.	<ul style="list-style-type: none"> Budget one's money Organize the schedule Find people who help in travel Find inexpensive transportation, accommodation, and restaurant
MacCosham (2017)	Identifying the negotiation strategies employed by an epileptic amateur musician engaged in serious leisure to overcome leisure constraints.	Cognitive strategies <ul style="list-style-type: none"> Anticipating benefits Weighing pros and cons Immediate resolving Accepting costs Behavioural strategies <ul style="list-style-type: none"> Planning Scaling back participation and communication and cooperation
Devile and Kastenholz (2018)	Exploring the experience of people with visual impairments to identify the factors that constrain and the factors that facilitate their decision to travel. The study aimed at understanding how people adapt, negotiate their perceived and real constraints, and became active travellers.	Intrapersonal negotiations Interpersonal negotiations Structural negotiations

Lyu et al. (2013) reported four negotiation efforts to overcome physical disabilities: ignoring one's disabilities, disregarding the absence of caregivers, ignoring the lack of information, and finding ways to ignore inadequate transportation. They found cultural differences interacting with constraints and negotiation efforts. The influence of cultural context has also been revealed by Lee and Tideswell (2005). As some cultures place more importance on labour and production activities and less emphasis on leisure and recreation activities, the authors found more non-supportive social attitudes in these cultures towards individuals with disabilities in leisure or tourism contexts. Lyu and Lee (2016) described four negotiation strategies for individuals with disabilities including budget money, organising the schedule, finding people to help, and finding inexpensive transportation, accommodation, and restaurant. MacCosham (2017) identified several cognitive (anticipating benefits, weighing pros and cons, immediate resolving, accepting costs and pragmatism about performance) and several behavioural (planning/event management, scaling back participation and communication and cooperation) negotiation strategies used by an amateur musician with epilepsy. More recently, Devile and Kastenholz (2018) identified a range of intrapersonal, interpersonal, and structural negotiation strategies for individuals with visual impairments. These studies highlight the importance of influencing factors on constraints, intention to travel, and participation of individuals with disabilities.

2.10. Theory of learned helplessness

The previous sections explained various factors (constraints, negotiation strategies, and facilitators) that shape the way travellers with disabilities participate in tourism. The influence of these factors can be demonstrated by two theories: the theory of negotiation (section 2.9), which details the process of participation in tourism activities despite being confronted by constraints, and the theory of learned helplessness (Seligman, 1975) which explains the reasons why people with disabilities might not engage in tourism activities despite diminished or ameliorated travel-related barriers (Lee et al., 2012). Seligman (1975:82) has defined helplessness as “[a] psychological state that frequently results when events or behaviours are perceived as uncontrollable”. It is a psychological condition where a person has learned to believe that they have no control over a situation and the person's actions are perceived as making no difference. The major consequences of experience with uncontrollable events, according to Albarran (1984:23), are:

“(1) motivational – there is a reduced motivation to initiate voluntary responses that control other events; (2) cognitive – when a person has had the experience of uncontrollability, he/she has trouble learning that the new response has succeeded when it actually did and there is a distortion of the perception of control; and (3) emotional – initially, there is a heightened state of emotionality (fear) which, with further experience with uncontrollability, changes to depression. Once a person feels a sense of helplessness, motivation is drastically reduced and consequently, the individual is likely to give up or become passive.”

Iso-Ahola (1980) applied the theory of learned helplessness and noted that feelings of incompetence in tourism activities may result in a generalized helplessness, meaning that the person's tourism participation diminishes as they do not believe in their personal capacity to participate successfully in any activity. According to Lee et al. (2012), the theory of learned helplessness is relevant when studying travellers with disabilities as they experience many direct and indirect constraints due to socially constructed disabling conditions on top of their impairment; the many intrinsic, interactive, and environmental barriers restrict their opportunities for travel experiences significantly. These barriers affect the number and nature of activity options available to the tourist with a disability (Smith, 1987). Despite previous participation in tourism activities, unavoidable obstacles may lead to a decrease in the enjoyment of the overall experience. Consequently, some travellers may completely give up the willingness to travel, and hence learning helplessness from those negative experiences, whereas other travellers might become more careful with future participation in tourism, but keep their desire to travel (Lee et al., 2012). Repeated unsuccessful attempts to control the environment make individuals perceive negative outcomes (e.g., non-participation in travel) as unavoidable and therefore, they might discontinue future engagement in activities or, at the very least, gain significantly less satisfaction from the experience.

It seems that individuals with disabilities have to rely on the willingness and good-nature of service providers, other visitors, and strangers to overcome some constraints (Daniels et al., 2005). If this situation is accompanied by lack of knowledge, poor service provision, and environmental barriers, these travellers would feel deserted, susceptible to harm, embarrassed, and afraid (Brown et al., 1999). This would result in perceived stigma and feeling a sense of helplessness which can eventually lead to a reluctance to participate in future activities (Bedini, 2000). This notion is supported by Smith (1987) who suggested that although tourists with disabilities might face various constraints which influence their participation, the impact of these barriers depends on a range of personal characteristics, including perceptions of helplessness (Lee et al., 2012). Hence, if people with disabilities feel a sense of helplessness at

a certain point of time, they might hesitate to participate, even in situations where they can easily and successfully participate.

In one of the few studies on the theory of learned helplessness and individuals with disabilities in a leisure and tourism context, Bedini (2000) reported three different responses to negative attitudinal experiences in community recreation pursuits: (a) becoming helpless, (b) resisting the stigma, or (c) yielding and embracing the situation. The perceptions of the first group who demonstrated “learned helplessness” were in line with the findings on perceived stigma by West (1984) who reported restricted participation due to the perception of stigmatizing social attitudes and a sense of helplessness for some individuals with highly visible impairments. According to Bedini (2000), the first group of respondents took a passive, victim-like role and did not pursue recreation due to feelings of anxiety or lack of entitlement. Many of them anticipated prejudice (real or unreal) from the society and as a result assumed the responsibility for interaction (or no interaction) in the community. These attitudes and behaviours often manifested in hiding their disability, or themselves, from the community by not participating in any leisure activity. They also demonstrated a mindset of justifying the inappropriate and negative attitudes, reactions, and behaviours of people without disabilities which reinforced the sense of helplessness among those with disabilities (Bedini, 2000). In a PhD thesis that explored the citizenship rights of people with disabilities and their tourism experiences, Darcy (2004) provided a better understanding of how the lack of understanding of their needs by tourism industry would make individuals with disabilities frustrated with the travel planning process, disempowered them while they participated in tourism, and left them in a state of helplessness through the loss of independence and dignity.

Lee et al. (2012) applied the theory of learned helplessness to understand the influences of travel constraints on the people with disabilities’ intention to travel. Their results were threefold. First, they observed all three travel constraints dimensions (intrinsic, interactional, and environmental) encountered by individuals with disabilities, negatively impacted upon their intention to travel and participation. Second, they found two out of three dimensions of constraints (intrinsic and environmental) to be statistically significantly associated with learned helplessness which supported Seligman’s (1975) learned helplessness theory. In particular, their results indicated that intrinsic constraints had the greatest influence on helplessness. In addition, the contribution of environmental constraints (i.e., lack of accessible facilities and transport) to feelings of helplessness among those with disabilities was significant (Lee et al.,

2012). This suggests that although legislative requirements have tried to reduce these constraints in the past few decades, there is still much work on this issue to be done (Darcy, 2010). The third result was that learned helplessness had a statistically significant negative influence on intention to travel and participation. Lee et al. (2012) argued that due to its inherent characteristics such as loss of control and confidence, learned helplessness reduces the will and motivation to engage in new and existing activities (for instance, travel and tourism participation) in the future. They concluded those who feel helpless cease to engage in activities that they have participated in before and would also give up trying new ones.

Although the theory of negotiation puts the focus on people's agency and their ability to make decisions, the theory of learned helplessness makes people with disabilities seem as if they are always victims without personal agency. While the theory of learned helplessness, when adopted uncritically, poses problems, it is useful in that it introduces the idea of helplessness, and the idea that there are moments when people can feel helpless or have a sense of helplessness (Lee et al., 2012). However, considering the relationship between travel constraints, negotiation strategies, learned helplessness, and tourism participation, there needs to be research that goes beyond identifying the types of constraints that travellers with disabilities encounter, the trend that has dominated the literature to date. Moreover, and perhaps more critically, given the clear relevance of the negotiation theory and learned helplessness to travel experiences of individuals with disabilities, research is needed to examine the influence of both these theories on participation. The absence of such research from the literature is striking as there has been recent policy interests focusing on the need for identifying socially constructed constraints and then formulating strategies to reduce negative tourism experiences resulting from those constraints (Cloquet et al., 2018; Daruwalla and Darcy, 2005). Therefore, it is necessary that the relationship between travel constraints, negotiation strategies, learned helplessness, and participation is investigated further, and it is this issue that the current study has turned its attention to.

2.11. Conceptual framework

The literature supports the validity of the concept of constraints negotiation and various negotiation strategies in specific tourism activities have been found. However, to the best of the author's knowledge, the literature has not yet provided many accounts of the range of strategies that individuals with disabilities adopt to negotiate constraints. Little is known about the relationship of travel constraints, different negotiation strategies, and how travellers with

disabilities balance constraints with negotiation strategies. This is the research gap that the current study addresses through a conceptual framework based on the leisure constraints model, the theory of constraints negotiation and the theory of learned helplessness. The next section reveals the conceptual framework of this study.

The conceptual framework of this research is a leisure constraints conceptualization within a travel and tourism context that explores both constraining and facilitating factors that impede or enhance the participation of individuals with mobility impairments in tourism. The literature review revealed that the theory of negotiation and the theory of learned helplessness were related to travel constraints, negotiation strategies, and participation. Indeed, the relationship between travel constraints and the participation of travellers with disabilities in tourism is conditioned by personal characteristics that can be illustrated through the theory of negotiation and the theory of learned helplessness (Lee et al., 2012). Travellers with disabilities need to negotiate constraints in order to participate and the levels of participation resulting from the negotiation process would be better understood in the light of the theory of negotiation and the theory of learned helplessness. There may be times during negotiation that people with disabilities feel helpless. Conceptually, aspects of the theory of learned helplessness – namely, a sense of helplessness – are, in this study, embedded within the theory of negotiation as negotiation may sometimes be a struggle and descends into helplessness. However, this study adapts the theory of learned helplessness to acknowledge people's feelings of helplessness without conceptualizing them as fully helpless. This relationship is depicted in Figure 2.4 which provides the theoretical basis for the conceptual framework of the study (Figure 2.5). The Figure 2.4 is a combination of the relationships that have been reported in different studies (Lee et al., 2012; Lyu and Oh, 2014). It should be noted that each of the components depicted is complex and is influenced by various factors that shape the intersectional elements and interactions. For instance, the first component, travellers with mobility impairments, is influenced by age, gender, culture, disposable income, geography, and other factors that distinguish different travellers from each other.

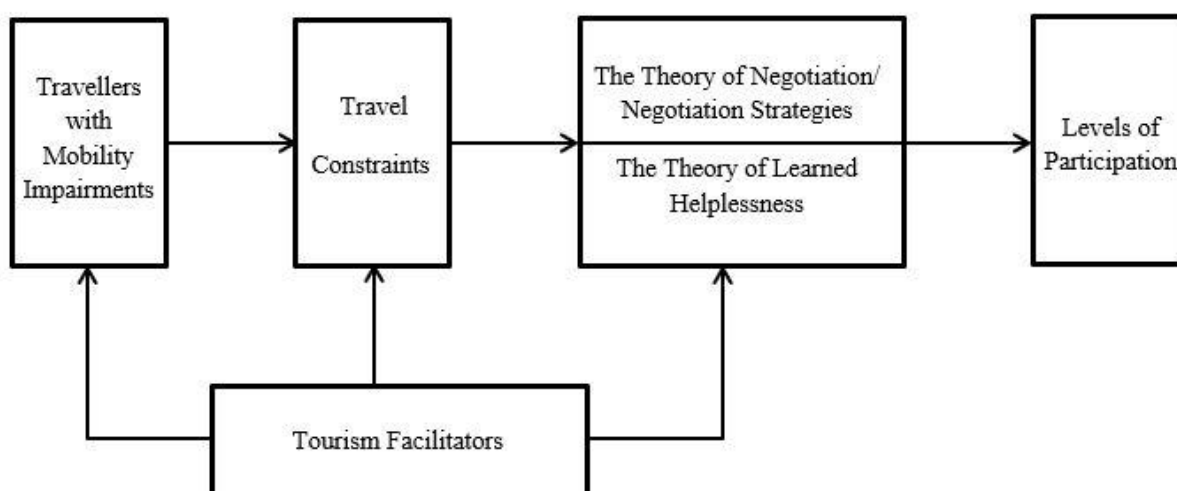


Figure 2.4 Travellers with mobility impairments: from constraints to participation

As previously discussed, travel constraints are perceived or experienced factors that limit the formation of preferences and inhibit or prohibit participation and enjoyment (Jackson, 1997). Since the initial conceptualization of constraints to the three categories of intrapersonal, interpersonal, and structural by Crawford and Godbey (1987), this classification has dominated empirical studies. Although no one is free of constraints, individuals with disabilities face various constraints due to their physical and/or cognitive conditions as well as negative public perceptions of, and attitudes toward, impairments (Smith et al., 2005). These constraints do not necessarily lead to non-participation; rather, an individual may try to overcome or negotiate the constraints. And the outcome of the negotiation process is highly dependent on the relative strength of constraints, interaction between constraints, motivation for participation and success of negotiation strategies utilized (Jackson et al., 1993). In the same way that constraints occur at different levels of intrapersonal, interpersonal, and structural, constraints negotiation also occurs at different levels, as the sequential negotiation through intrapersonal, interpersonal, and structural constraints demonstrated by Jackson et al. (1993) or later by Daniels et al. (2005). This study, and its conceptual framework, acknowledge that negotiation and constraints occur at different scales. Constraints negotiation, influenced by influencing factors, is a process whose result may vary from non-participation to partial participation to full (desired) participation. Furthermore, the literature indicated that as internal, interpersonal or structural conditions, tourism facilitators could enable participation and act as resources to enhance negotiation process (Raymore, 2002). Therefore, facilitators are present in all components of Figure 2.4 as intrapersonal, interpersonal, or structural conditions that influence

perceived self-abilities, perception of constraints, negotiation strategies, and the levels of participation resulting from the negotiation process. Conceptualized as an intrapersonal facilitator that energizes or motivates behaviour leading to participation, motivation is present from the beginning of making the decision to participate, during negotiation process, and all the way through to participation (Raymore, 2002).

If for any reason travellers do not engage in negotiation strategies or their negotiation attempts fail, their decision-making process could end up making them feel helpless. Individuals feeling helpless usually hold negative beliefs about their self-worth and exhibit decreased desire to participate and would not have positive experiences when they do participate. Therefore, the theory of learned helplessness is highly relevant when studying travellers with disabilities (Smith, 1987) but it will be adapted so that it is more open to the concept of human agency.

A conceptual framework explains the key factors and the presumed relationships among factors in the study. It constitutes the foundation of the study and is an outcome of the literature review in the sense that it reflects what has been studied, which factors are interacting and where the research gap is situated. The literature reveals a gap in that scholars have not examined the various ways in which travellers with disabilities negotiate – or develop strategies in response to – the various constraints they encounter and how the interaction of constraints and negotiation strategies would influence their levels of participation. Sometimes constraints may bring about feelings of helplessness and result in non-participation. To address the research gap, the conceptual framework was developed (Figure 2.5). It is worth noting that the concepts depicted in Figure 2.4 interact in a complex way as there are different levels of participation, different sets of constraints and different abilities to negotiate constraints and the levels of participation are influenced by tourism facilitators and other potential factors. The conceptual framework (Figure 2.5) thus aims to develop the relationships shown in more basic form in Figure 2.4 to capture the different ways these concepts interact, including the possible interaction among various constraints. Unlike the previous studies that have not sought to tie all the respective concepts together, the conceptual framework of the current study proposes these relationships in the way depicted in Figure 2.5. The conceptual framework and the research aim to qualitatively explore the complexities of these relationships among constraints, negotiation, sense of helplessness, tourism facilitators and participation, the sort of relationship

that has been conceptualized with negative and positive signs in the quantitative study by Hubbard and Mannell (2001) (Figure 2.3).

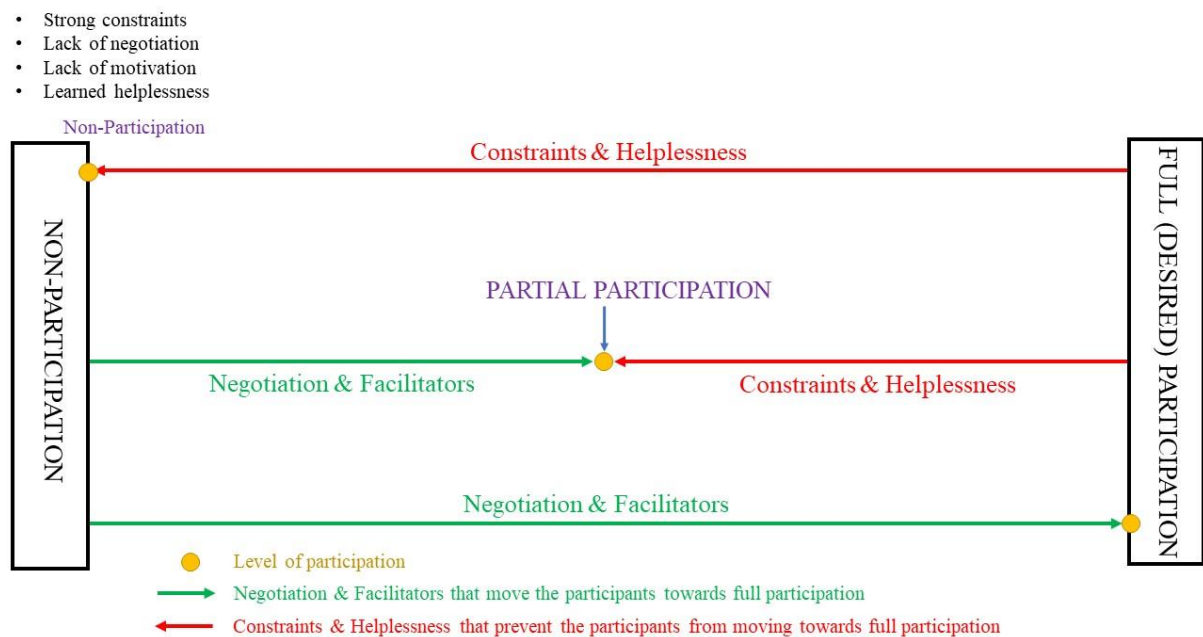


Figure 2.5 The travel participation spectrum: the relationship between constraints and negotiation

The conceptual framework is composed of a series of horizontal lines; each one conceptualizes a different relationship between constraints and negotiation. It is a spectrum from non-participation on the left to partial participation and full (desired) participation on the right. At the top left corner, there are travellers with mobility impairments who have resources and are willing to participate and are facing constraints. They need to use negotiation strategies to overcome these constraints in order to participate. As indicated by four points in the top left corner, participation does not occur in some cases where constraints are strong enough, negotiation efforts are not initiated or do not suffice, the individuals feel helpless or are not motivated enough to participate (top line). These are the reasons for non-participation extracted from the literature, and they have been assumed to cause non-participation in the top line of the conceptual framework. Sometimes negotiation is unsuccessful, and people experience a sense of helplessness, perhaps a time when they are overwhelmed or trapped by circumstances.

Working down the framework, if individuals with disabilities negotiate some of the constraints, they move toward the right side and partially participate (middle line). This means that some constraints can still not be negotiated and in compensation, travellers are forced to modify their preferences or the actual activity to be able to at least partially participate rather than giving up the activity. Partial participation can occupy any point between non-participation and full (desired) participation. At this point, the theory of negotiation provides a better understanding of the strategies and mechanisms that travellers utilize to overcome or negotiate the constraints. The fewer tourism constraints present, or the more efficiently negotiation strategies are used, the closer the individuals will get to full (desired) participation. The ideal situation is when all constraints have been negotiated and full (desired) participation happens and sense of helplessness, if present, would be overcome (bottom line).

Each of the horizontal lines depicts a different degree of participation. However, the levels of participation described in Figure 2.5 (non-participation, partial participation and full (desired) participation) will be defined by participants based on their experiences – that is, they are the participants' own reflections of what non-participation, partial participation and full (desired) participation entails. Unlike most studies that focus on participation versus non-participation, the levels of participation in the current research are intended to capture the complexities around participation. Each horizontal line depicting different degrees of participation shows a tension between constraints and negotiation. Sometimes constraints overwhelm people's ability to negotiate them (or a sense of helplessness is felt) and sometimes the negotiation of constraints is successful. So, participation depends on the outcome of the interaction between tourism constraints and negotiation strategies, and any tourism facilitator that enhances the participation. The movement from non-participation to partial and full (desired) participation depicted in the conceptual framework is the research focus. This movement is only possible due to a successful negotiation of constraints which is, in turn, a result of constraints encountered, and negotiation strategies developed and utilized.

This research seeks to study the interaction between the constraints and negotiation strategies utilized by travellers with disabilities through a qualitative approach that enables me to get access to the thoughts and beliefs of individuals with disabilities. It is one thing to identify the existing constraints and utilized negotiation strategies, the theme that has dominated the literature; it is a different matter to explore the complexities of constraints and negotiation as perceived and described by participants. This study departs from the literature as it explores

the interaction between constraints and negotiation strategies as well as the effectiveness of negotiation strategies as perceived by the individuals with disabilities, and how the levels of participation are impacted by constraints, negotiation, and tourism facilitators. Furthermore, both inhibiting and facilitating factors influencing the result of the negotiation process (non-participation, partial participation, or full participation) are explored.

The conceptual framework guides the methodological approach of this research. First, it defines and illustrates a range of factors that play a role in the travel experiences of individuals with mobility impairments and thus need to be accounted for during data collection. Second, the conceptual framework influences the choice of research methodology and research instruments required to gather the sheer range of information (section 3.3). Third, the conceptual framework provides the basis for the analytical framework (section 3.10) which informs both data analysis and the presentation of findings.

2.12. Conclusion

This chapter has provided a review of the literature related to disability and tourism. First, models of disability were introduced that reflected different conceptualizations of disability and different approaches towards people with disabilities. Then, the leisure constraints model was introduced as the foundation of this study. According to this model, there are three categories of constraints: intrapersonal, interpersonal, and structural. Then, the effects of constraints on the travel experiences of individuals with disabilities were elaborated. It was revealed that most of the research has focused on identifying the constraints and negotiation strategies and little attention has been paid to the effects of the interaction of constraints and negotiation strategies on the actual travel experiences of individuals with disabilities and their levels of participation in tourism. Moreover, very little published research in the tourism context has been informed by leisure constraints and there is a lack of research into participation, non-participation or partial participation, and the associated constraints and negotiation strategies in tourism context. So, the current study intends to employ the leisure constraints model to explore travel constraints of travellers with mobility impairments.

Considering the relationship between travel constraints, negotiation strategies, learned helplessness, and tourism participation, the literature indicated little was known about the connection between constraints and negotiation strategies, how travellers with disabilities balanced constraints with negotiation strategies, and how the levels of participation were influenced by tourism facilitators. Therefore, there is need for an exploratory qualitative

research to provide interpretative depth and a better understanding of travel experiences of individuals with disabilities; a research that goes beyond identifying the types of constraints that travellers with disabilities encounter, the trend that has dominated the literature to date. Moreover, and perhaps more critically, given the clear relevance of the negotiation theory and learned helplessness to travel experiences of individuals with disabilities, research is needed to examine the influence of both these theories on participation. The conceptual framework of the study, on its own, is a departure from the literature; no previous research has studied the travel experiences of individuals with disabilities using the theory of negotiation in conjunction with the theory of learned helplessness in order to evaluate the influence of travel constraints on different levels of participation among these travellers. The next chapter explains the methodological approach, which includes revisiting the models of disability outlined at the beginning of this chapter (section 2.2).

3 Research paradigm and methodology

3.1. Introduction

Travellers with disabilities and constraints to their participation have remained an under-researched subject in the tourism literature. The disabling nature of socially constructed barriers transforms these individuals into “a person with disability”. Socially constructed barriers are a combination of the hostile built environment, political structures, economic position, and social attitudes that create a complex form of social oppression which constructs disability (Small et al., 2012). These negative and exclusionary attitudes are not likely to change as long as the material realities of the economy and society are exclusionary in practice. These attitudes both in personal and social contexts will change when everyday circumstances and practices are just and inclusive (Darcy and Daruwalla, 1999). This sort of social exclusion has been accompanied by a degree of silence from researchers; although travellers with disabilities could be a significant market segment, they constitute one of the most under-researched domains in the tourism literature (Cohen et al., 2014).

This chapter presents the methodological aspects of this research. After an introduction, the principles of conducting disability related research are explained in section 3.2 followed by the research philosophy and paradigm in section 3.3. Next, the rationale for a qualitative methodology, the sampling and selection of participants, and the data collection process are described. Section 3.7 and 3.8 address profile of participants and the ethical considerations. A reflexive account of my insider position as a researcher with mobility impairments is provided in section 3.9. Then, data analysis and the analytical framework are explored, and trustworthiness, strengths, and limitations of the methodology are described. Finally, there is a conclusion to the chapter.

3.2. Researching disability

Alongside typical methodological considerations of research, the topic as well as the participants of this study require a critical discussion around what it means to conduct disability research, who should perform it, how it is to be designed and conducted, and who should be the main beneficiary of the research. Disability-related research is an intellectually diverse and active area and many paradigms have been deployed. This section reviews a range of paradigms used in disability studies, the paradigmatic shifts in studying disability, and how the focus of

disability studies has changed over time (also see section 2.2). Covering the key movements in disability studies will then lead to recognition of the nature of such research, its ontology (the nature of reality), epistemology (how knowledge is known), methodologies (approach to inquiry), and methods. Section 3.3 explains why the interpretive social sciences paradigm is selected to inform the current study.

Historically, disability related studies have concentrated on establishing the “true” prevalence of disability cases among the population through positivist quantitative survey methods (Danieli and Woodhams, 2005). The ontological assumptions of those studies attracted enormous criticisms by disability activists and some academics and researchers (Abberley, 1992; Barnes, 1992; Oliver, 1993) as the cause of disability in those studies was assumed to be the impairment located in the body (conforming to the medical model), rather than social or environmental factors located outside the body (conforming to the social model of disability) (Baines and Edwards, 2015; Danieli and Woodhams, 2005; Moore et al., 1998). The ontological assumptions of the medical model combined with positivist epistemology of those surveys resulted in discussions around the advantages and disadvantages of quantitative and qualitative methods as well as the necessity and merits of qualitative methods over quantitative ones (Barnes and Oliver, 1995; Felske, 1994). These discussions resulted in moving the debates from methods to a debate around epistemology (Danieli and Woodhams, 2005).

One significant epistemological discussion was focused on who should conduct disability research and the implications of disabled versus non-disabled researchers. Historically, disability studies had been performed by non-disabled researchers, with little personal experience of what they were investigating, whose positivist methods contributed to operationalization and promotion of the individual medical model of disability. Hence, scholars such as Abberley (1992) contended that research held up the prevalent perception of disability as a “personal tragedy”. A second discussion took place around the knowledge produced through such research. The understanding of disability as an individual personal tragedy had been shaped by non-disabled “experts” who despite their claims of conducting objective and value-neutral research, had generated misrepresented knowledge that was alien to the experiences of individuals with disabilities and understandings of disability (Danieli and Woodhams, 2005; Gelech et al., 2017). The third aspect of discussions was related to how knowledge was produced in positivist studies. Critics maintained that positivistic research held

implicit social relations of knowledge production, in terms of the power relationship between the researcher and respondent, that inevitably contributed to broader social inequalities between disabled and non-disabled people (Danieli and Woodhams, 2005; Gelech et al., 2017).

The above criticisms were extended to ontological foundations, epistemological assumptions, and an absence of any positive change as a result of conducting research:

“Criticisms of such research included their misunderstanding of the nature of disability, their distortion of the experience of disability, their failure to involve disabled people, and the lack of any real improvements in the quality of life of disabled people that they have produced” (Barton, 1992:99).

Those criticisms were eventually amplified enough to start a call for rejection of the positivist approach to social research. This was partly facilitated by disapproval of such research in producing socially useful knowledge within specific historical or social contexts (Oliver, 1992). Alternative approaches were sought (Coons and Watson, 2013; Kitchin, 2000) and philosophies such as constructivism and interpretivism were adopted in disability-related studies. Constructivism asserted that meaning was created through interaction with the world and hence, the meaning did not exist as an objective reality, and was constructed rather than discovered. Appealing to the differences of natural reality and social reality, interpretivism called for different methods for social inquiry versus natural inquiry (Gray, 2018).

In an attempt to address the above criticisms, Oliver (1992) proposed the emancipatory approach in order to change the social relations of research process. Adopting the social model of disability as the ontological and epistemological basis for research production, the emancipatory approach aimed at practical benefits for disabled people, removal of disabling barriers, full accountability of the research to disabled people and their organisations and giving voice to the personal while endeavouring to collectivise the commonality of disabling experiences and barriers (Stone and Priestley, 1996). The emancipatory research has had its own share of criticism over the years. According to Oliver (1992), emancipatory studies need to focus on reciprocity, what is gained for individuals with disabilities, and how the study would empower participants. He also believed that empowerment could not be given from the researchers to the participants; rather it needed to be created by the participants themselves. This requires considering the participants as the experts of the research and letting them shape, conduct, and lead the study (Barnes and Mercer, 1997). Impracticality of achieving this aim in practice as well as constraints of implementing emancipatory research such as material restrictions of academic research resulted in Stone and Priestley (1996), Oliver (1997), and

Barnes and Mercer (1997) all concluding that it was almost impossible to conduct truly emancipatory research.

Two decades after his original conceptualization of emancipatory approach, Oliver (2009) was doubtful of any real benefits for individuals with disabilities as a result of disability studies and research. The failure of emancipatory research in providing tangible positive results for the majority of individuals with disabilities, he argued, was, at least to some extent, due to structural elements of the funding and institutional requirements of research, and to a lesser extent, to those disability academics who were more accountable to their academic peers than individuals with disabilities. The emancipatory approach was considered for this study, however, in addition to the above criticisms, the paradigm is not the best fit for the sample (which will be discussed in section 3.7). The participants in this study had significant opportunities available to them, in part, because of their socio-economic status. They were disadvantaged, but they also had certain advantages as well. The complexity and contradictions underpinning their situation spoke to the need for a paradigm different from the emancipatory paradigm and the empowerment it suggests.

Parallel to emancipatory research, two other paradigms were developed with the potential to change the nature of disability studies: the participatory and the critical theory paradigms. Aiming at including participants into the research, participatory research has been conceptualized as part of the movement towards emancipatory studies which reflects the difficulties of fully achieving emancipatory research (Aldridge, 2016; Walmsley, 2010). Participatory research primarily aimed at giving a voice to members of marginalized groups and enabling them to sing out their voices. Through bringing their experience, knowledge, and abilities to the research process, these individuals gain new perspectives and insights (Aldridge, 2016; Russo, 2012). Stalker (1998) believes emancipatory and participatory research have three common assumptions:

“First, that conventional business relationships, whereby the researcher is the “expert” and the researched merely the object of investigation, are inequitable; secondly, that people have the right to be consulted about involvement in research which is concerned with issues affecting their lives; and thirdly, that the quality of the relevance of research is improved when disabled people are closely involved in the process” (Stalker, 1998:6).

Participatory research has been criticized as it reinforces the separation of the researcher/researched and, more importantly, it fails in challenging, confronting or changing

oppressive structures and practices. It has also been argued that participatory research has the potential of subjecting the participants to more surveillance (Roulstone et al., 2012). Moreover, participatory research requires very intensive contact which is difficult to establish with people who have historically been marginalized (Rath, 2012). This type of collaborative research is only possible on the basis of trust that needs to be developed during long-term and honest relationships that are characterized by closeness, empathy, and emotional involvement. These relationships are difficult to form and maintain. Participatory research also requires supporting and training for participants to engage (Bergold and Thomas, 2012). Considering the limitations – time, financial, and logistics – of this PhD research, it was not practical for me to provide for the requirements of doing participatory research.

As a means to challenge power relations in order to achieve human emancipation, the critical theory paradigm aims at conducting research to empower and free oppressed groups and minorities and hence, improve their social circumstances (Creswell, 2013; Felluga, 2015). Researchers adopting a critical theory paradigm attempt to use their research for criticizing current social and cultural interactions as the first step towards a political action to restore injustice, rectify the inequalities, and to emancipate the oppressed and marginalized groups (Jennings, 2010). The ontological basis of critical theory rests on portraying the world as a complex environment shaped by explicit and implicit power structures which tend to oppress minority groups. The social world is seen as an arrangement of powerful individuals and institutions who endeavour to maintain their positions of power (Ayikoru, 2009). This establishes and justifies the necessity for emancipatory actions sought by critical theory paradigm. In terms of epistemology, critical theory is interactive, transactional, and subjectivist (Eichhorn, 2012).

Whilst critical theory has not been particularly welcomed or employed by tourism scholars, tourism has been moving towards embracing critical approaches that focus on power relations and politics in order to unveil hidden agendas (Chambers, 2007; Eichhorn, 2012; McGehee, 2012; Zahra, 2009). However, it has been argued that paradigmatic insights of critical theory are yet to be fully developed and theorized in tourism studies which requires more transparency regarding ontological and epistemological foundations (Eichhorn, 2012; McGehee, 2012).

Critical theory has been criticized for its emancipatory claim that aims at integrating research with activism in pursuit of social change (Morrow, 2007). It has also been argued that

there might be significant differences between what individuals with disabilities perceive as emancipation and how critical theory researchers consider or understand the concept of emancipation (Eichhorn, 2012). According to McGehee (2012), critical theory can function as a prerequisite of practical actions required for social change or even assist in creating the basis for social change; however, it does not play a role in the actual implementation of those changes. Therefore, critical theory is not able to result in emancipation and critical theorists need to realise the impracticality of full emancipation and instead, focus on enabling the marginalized members of society, such as people with disabilities, to make their voice heard (Eichhorn, 2012). Critical theory focuses too much on societal structures to the exclusion of human agency, and therefore, this paradigm is not the best choice for the current study that intends to understand personal experiences deeply. Although there are social structures that present challenges to participants of this research, the composition and operation of those structures are not a main focus of this research hence, critical theory is not selected.

A later development in the field of disability research was the introduction of the inclusive research method (approach) in the field of intellectual disability. As pioneers of inclusive research, Walmsley and Johnson (2003) introduced this term to include “a range of research approaches that traditionally have been termed participatory, action or emancipatory” (p.10). Inclusive research is not a distinctive research paradigm; rather it refers to a range of methods or approaches that are applicable to any research involving people with intellectual disability (Bigby et al., 2014). Inclusive research aims at changing the dynamics of the research, the relationship between the researcher and the researched, and moving towards the idea of research “with”, “by”, and “for” participants, rather than research “on” them (Nind, 2014). Inclusive research is characterized with some underpinning principles including furthering the interests of people with disabilities, collaboration and involvement of participants in the process of research, participants exerting some control over process and outcomes, and accessibility of the research question, process, and reports for people with disabilities (Walmsley and Johnson, 2003). Participation of people with intellectual disability in the research can be through 1) providing advice to the researchers, 2) collaborating with researchers in doing the research, and 3) controlling and conducting the research with receiving support from the researchers (Bigby et al., 2014). Gillovic et al. (2018a) provided an example of conducting an inclusive research with people with intellectual disability within tourism scholarship. Inclusive research has drawn debates around what counts and what does not count

as inclusive research, is inclusive research worth pursuing, and how one should address conceptual confusions and practical difficulties of inclusive research (Nind, 2014).

Considering the theoretical and practical difficulties associated with emancipatory, participatory, and critical theory, the current study does not claim to be emancipatory, participatory, or critical theory research as making promises of social change is beyond the boundaries of this study. However, the study was committed to providing its participants with an opportunity to communicate their experience as the foundation of the research. As an insider with lived experience of mobility impairment (section 1.2), I was aware of the gap in the knowledge regarding travel and tourism experiences of travellers with disabilities. I intended to conduct this research to further the understanding of these experiences, identify constraints and negotiation strategies, and discover some of the factors that facilitate or hinder participation in tourism. Through conducting this research, I hoped that the findings could be utilized, by myself as well as others, to better understand and begin to address the hindering constraints.

3.3. Research paradigm

The previous section outlined various approaches to disability studies and their implications for conducting research that seeks to empower and emancipate, rather than disempower and exploit, individuals with disabilities. A research paradigm is a basic set of beliefs that guide actions and encompasses four dimensions; ontology, epistemology, methodology, and axiology (ethics) (Denzin and Lincoln, 2018). Ontology pertains to the nature of reality and the nature of human being in the world and epistemology focuses on the ethical-moral position of the research towards the world and the researcher (Christians, 2018). Table 3.1 provides an overview of the common paradigms, their ontology, epistemology, and methods.

Selecting an appropriate research paradigm for the current study should take into consideration both the disability and tourism aspects of the research. As previously indicated in chapter two, the current research has its foundations in the leisure constraints model (Crawford et al., 1991). Using positivist approaches, leisure constraints research has traditionally relied on quantitative surveys and statistical analyses to identify and test the probable relationships among leisure, constraints, and other variables (Hinch et al., 2005). Given the long-standing tradition of positivist approaches to leisure studies, this paradigm was considered for the current research. However, positivist and post-positivist paradigms were inappropriate due to the requirements of conducting ethical disability research. As noted in the previous section, these paradigms are deemed oppressive and unethical because they locate

disability inside individuals and treat individuals with disabilities as data subjects that need to be studied and manipulated for theoretical and professional gains (Sullivan, 2009).

The previous section explained why emancipatory, participatory, and critical theory paradigms were not suitable for the current research. Instead, this study is informed by an interpretive social sciences worldview that is also known as constructivism (Denzin and Lincoln, 2018) or social constructivism (Creswell, 2013). The interpretivism paradigm is based on a relativist ontology, multiple realities, and the co-construction of those realities. The interpretive paradigm adopts a transactional knowledge and co-created findings in order to connect action to theory and explain how meanings are formed through social interactions (Denzin and Lincoln, 2018). This paradigm has been previously used in disability research and tourism studies. For instance, Woodbury (2012) investigated the transport experiences of physically disabled drivers in New Zealand; Eichhorn (2012) explored the meaning of social exclusion in tourism and its influence on identity positions of individuals with a disability; and Macartney (2011) explored the experiences of inclusion and exclusion within educational settings and the implications of these experiences for pedagogical changes for two families with a young disabled child.

The interpretive social sciences paradigm seeks understanding of the world based on the subjective meanings of individual experiences. These multiple and diverse meanings require the researcher to “look for the complexity of views rather than narrow the meanings into a few categories or ideas” (Creswell, 2013:24). The researcher working under an interpretivist paradigm acknowledges that these subjective meanings are shaped by social and environmental interactions and might be influenced by historical and cultural norms. This is in line with Stead (2004) who illustrated how different cultures and contexts shaped meanings in reference to multiple realities. This accords with the social model of disability that understands disability as a socially constructed notion, and the fact that the meaning of disability is varied and depends on specific societies, cultural norms, historical elements, and societal factors. Therefore, the ontological position of the interpretive social sciences paradigm is relevant to the study as it considers realities to be socially, culturally, and historically constructed through “individual experiences and perceptions, the social environment, and the interaction between the individuals and the researcher” (Ponterotto et al., 2005:130).

Table 3.1 Competing paradigms, their ontology, epistemology, and methods

Issue	Positivism	Post-positivism	Emancipatory	Critical Theory	Participatory	Social Constructivism/ Interpretivism
Ontology (the nature of reality)	Naïve realism – “real” reality but apprehensible	Critical realism – “real” reality but only imperfectly and probabilistically apprehensible	Based on the social model of disability – rejecting the individual/personal tragedy perspective of the reality of disability	Historical realism – virtual reality shaped by social, political, cultural, economic, ethnic, and gender values; crystallized over time	Participative reality – subjective-objective reality, co-created by mind and given cosmos	Relativism – local and specific co-constructed realities
Epistemology (how reality is known)	Dualist/objectivist; finding truth	Modified dualist/objectivist; critical tradition/community; finding the probability of truth	Undertaking a sharing approach with participants as the co-researchers at all stages of the study.	Transactional/subjectivist; value-mediated findings	Critical subjectivity in participatory transaction with cosmos; extended epistemology of experiential, propositional, and practical knowing; co-created findings	Transactional/subjectivist; co-created findings
Methodology (approach to inquiry)	Experimental/manipulative; verification of hypotheses; chiefly quantitative methods	Modified experimental/manipulative; critical multiplism; falsification of hypotheses; may include qualitative methods	Focus on emancipation rather than objectivity. Use of qualitative methods to explore the meanings and interpretations	Dialogic/dialectical	Political participation in collaborative action inquiry; primacy of the practical; use of language grounded in shared experiential context	Hermeneutical/dialectical

Source: adapted from Denzin N. & Lincoln Y. (2018). page 111

Furthermore, as the current study aims at understanding tourism experiences of travellers with mobility impairments, the epistemological approach of the interpretive social sciences paradigm seems appropriate as it believes in a transactional and subjectivist reality as well as co-creation of findings through “a collaborative fashion, with the researcher and the researched viewed as partners in the production of knowledge and the interaction between them being a key site for both research and understanding” (Goodson and Phillimore, 2004:36). Epistemologically, the researchers are shaped by their lived experiences and therefore, are not able to separate themselves from who they are and how they understand themselves, others, and the world around them. Hence, the research needs to be undertaken in a reflexive manner which clarifies epistemological, ethical, or political aspects of knowledge production including any assumptions, values, and biases that the researcher might bring to the research (Goodson and Phillimore, 2004). The interpretivist researchers recognise the impacts of their own background on shaping their interpretation of participants’ experiences and therefore, these researchers reflect on how their personal, cultural, and historical experiences might influence that interpretation. Section 3.9 is a reflexive account that details my lived experience of disability and how it has influenced the research design, its implementation, and the findings.

As was discussed in chapter two, individuals with disabilities have traditionally been marginalised from participation in society. This marginalisation reflects a close relationship to the interpretive social sciences paradigm as this paradigm highlights and supports an understanding of phenomena from the viewpoint of a broad range of stakeholders. Due to the assumed multiplicity of reality under this paradigm, different perspectives and points of view need to be considered (Tribe, 2001). The interpretive social sciences paradigm provides a greater voice to people who have traditionally been excluded. This conforms to the main subject of this study as it aims at understanding travel experiences of travellers with mobility impairments.

Although interpretivist and constructivist paradigms were a step forward from positivist and post-positivist paradigms in disability-related research, these approaches have been criticized for two reasons: their failure in changing the social relations for people with disabilities and the traditional researcher-researched relationship. Oliver (1992) believed interpretivist and constructivist philosophies were not successful in changing the social relations of disability. Through giving voice to the personal disabling experiences and barriers as well as endeavouring to collectivise the commonality of those experiences, I was willing to

undertake research that contributed to better circumstances for individuals with disabilities. However, I have to agree with Shakespeare (1996) that research, per se, cannot bring about significant changes; research should be accompanied by collective will and work to facilitate the desired changes. The current thesis intended to collect individual experiences of travellers with mobility impairments in one place and combine them into a collective experience that furthered the understanding of those experiences. The thesis also aimed at using the findings to draw conclusions and provide recommendations to the tourism industry and policy-makers, as well as broadening the academic discussion in regards with travel experiences of travellers with mobility impairments, which hopefully benefit these individuals. Needless to say, promising any significant positive change in the lives of travellers with mobility impairments is far beyond the power of this researcher and what she controls.

According to the second critique, interpretivist and constructivist paradigms continue to give the researchers the control over the research process as the “experts” who interpret the experiences of people with disabilities and then report those experiences on their behalf (Sullivan, 2009). Due to the nature of PhD research, handing over control to the participants is very complex to achieve in practical terms as the analysis, writing up, and reporting the findings are generally performed by the researcher who is responsible for the rigor and quality of the research and, more importantly, is being held accountable by their academic peers. Hence, in respect of the research design, I designed the interview questions without input from the participants. However, the questions were structured to be open-ended in order to capture various experiences and let participants shape the data, the findings, and the research in its totality. Moreover, participants were given a chance to review their answers and provide their feedback and further comments which allowed them to have a greater impact on the research.

3.4. Rationale for qualitative methods

In terms of methods, a methodological approach was sought that conformed to the ontological and epistemological aspects of the research and could give each participant a voice to communicate their experiences. An approach was required that was respectful of diverse voices while at the same time assembling them to create a louder, collective voice which, in turn, could result in actions with benefits for individuals with disabilities. In order to do this, an interaction was necessary between the researcher and the participants (Guba and Lincoln, 2005). This interaction required a qualitative methodology as I needed to get below the surface to grasp the meaning of social interactions. Qualitative research methods – namely, interviews

– were appropriate to access participants’ experiences expressed in their own words. As individuals with disabilities are a group that is rarely listened to, a qualitative research was considered that enabled them to communicate their points of view regarding the constraints they encountered.

Published research on disability was traditionally dominated by the quantitative approach with a focus on the prevalence of impairments, biomedical issues, or the effectiveness of interventions (Chavan, 2015). This predominant quantitative approach was problematic for several reasons. First, it led to a domination of impairments-related studies and a negligence in addressing the social aspects of disability (Mitchell, 1999). The introduction of the social and rights model challenged the medical model of disability and shifted the focus to the social construction of disability (Finkelflugel, 1998; Holman, 1993). The medical model involved the quantitative approach and struggled to be meaningful in situations relating to complex and dynamic perceptions of people (Hartley and Muhit, 2003). These situations are more effectively described qualitatively and hence, qualitative studies have become more prevalent in the field of disability over the past couple of decades (Cridland et al., 2015; Chavan, 2015). Second, qualitative methods are able to collect culture-specific information and complexities of human behaviour that are beyond the scope of quantitative methods (Chavan, 2015). Third, quantitative methods have practical problems for disability research. For instance, considering the various types of impairments and the relatively low prevalence of different impairment types, a quantitative research design and controlling for variance is difficult (Kariuki et al., 2001).

Qualitative research has specific assumptions and methods of data collection and analysis which are conducive to clarifying interactions of attitudes, institutional processes, and individual lives. Unlike quantitative methods that take many cases and few variables, qualitative methods consider fewer cases and use an inductive method to analyse the characteristics of the data and then move towards general perspectives, themes, and dimensions. In the course of analysis, patterns may begin to emerge, new questions and surprising findings may appear, and new perspectives or theories may evolve (O’Day and Killeen, 2002). A qualitative methodology can explain “what is going on” in complex situations involving interdependent individuals, institutions, groups, and systems. It can account for the perspectives of individuals influenced by the institutions in their lives and by the society in which they live (O’Day and Killeen, 2002).

Qualitative methodologies are important tools in the field of tourism and disability research that provide a better understanding of the complexities of disability in the social context (Deville and Kastenholz, 2018). The findings of qualitative studies can transform the understandings about disability as they describe and clarify the interdependency of human interactions, cultural attitudes, institutional processes, and public policies (O'Day and Killeen, 2002). Through giving voice to individuals with disabilities, qualitative research is able to provide a deeper understanding of travel experiences beyond the quantitative research on accessibility issues (Blichfeldt and Nicolaisen, 2011; Devile and Kastenholz, 2018; Kastenholz et al., 2015; Kitchin, 2000; Richards et al., 2010).

This research uses a qualitative methodology in order to gain a better understanding of the interactions of perceptions, attitudes, and behaviours in complex situations involving interdependent individuals, mindsets, agents, and structures that play significant roles in participation in travel. The choice of qualitative methods is justified for several reasons; first is the complexity of the topic under investigation (Poria et al., 2011b). Second, use of in-depth interviews is appropriate to address sensitive issues (Poria et al., 2010). Third, this research approach is recommended for studying both minority groups and people with disabilities, particularly in tourism (Poria et al., 2011b). Moreover, the choice of qualitative methods is supported by Kitchin's (2000:42) finding that people with disabilities consider questionnaires "poorly presented, poorly conceived, offering limited responses, and leading to limited understanding of the subject".

This study values the experiences of participants and interprets these experiences to shape a narrative which is my interpretation of participants' experiences and therefore, semi-structured, in-depth interviews with a staggered approach – comprising of three interview sessions with each participant (section 3.6.3) – were used. The interview is one of the most common data collection methods, especially in qualitative tourism studies (Jennings, 2005). Semi-structured interviews were chosen as they provide a framework to cover the main points by following a list of predetermined questions and, at the same time, there is the flexibility of follow-ups and additional questions to explore the topic based on the context and the progress of interview session. In-depth, semi-structured interviews provide a clear set of questions that are prepared in advance and, hence, the interview process is conducted with more confidence and efficiency and participants have the freedom to express their thoughts in their own words (Bryman, 2012). Data collected through semi-structured interviews are considered to be

reliable, especially for gathering empirical data on complex or sensitive issues (Cohen and Crabtree, 2006). In-depth, semi-structured interviews are specifically considered the most common method for collecting data in sectors where there is a scarcity of previous research (Smith, 2007) and they allow comparisons among participants' responses in order to draw conclusions. Therefore, semi-structured interviews were used to explore the feelings, thoughts, and behaviours of travellers with mobility impairments during their travel experiences.

3.5. Sampling

Based on the interpretative social sciences approach, the sampling procedure should be able to provide diverse voices. Therefore, qualitative sampling is purposeful in the sense that participants are selected in a way that contributes to a better understanding of the specific issue being studied and also to provide rich data regarding the specific phenomenon under study (Creswell et al., 2007). The purposeful sampling is based on the logic of selecting information rich cases that allow an in-depth study. These are cases from which a great deal can be learned about issues of substantial importance to the purpose of the inquiry, hence the term purposeful sampling. As argued by Patton, "studying information rich cases yields insights and in-depth understanding rather than empirical generalizations" (2002:230).

Individuals with mobility impairments in New Zealand are still a large group to study, especially when one considers difficulties and sensitivities around recruitment. So, convenience sampling seemed to be more appropriate for this study. The convenience factor was finding individuals with mobility impairments, through formal and informal recruitment channels, who were willing to participate in the study and also met the selection criteria. Selecting participants based on predetermined criteria is a sampling strategy in which participants are selected according to some key criteria that provide a basis for comparison and contrasting (Veal, 2006). This sampling strategy is specifically justified when the potential participants and the researcher share the experiences of the phenomenon being studied (Creswell et al., 2007). I used my personal and professional networks to recruit participants using my knowledge to determine who was the most appropriate for inclusion in the study, based on several criteria.

The study population was travellers with mobility impairments living in New Zealand who had any travel experience involving at least one overnight stay, whether domestic or international in the past five years. The five-year time frame seemed reasonable to capture the perception of participants with regards to travel constraints they encountered and coping

strategies they developed in response to those constraints. A shorter time frame, for instance one or two years, was not selected based on the assumption that some participants might not be frequent travellers. Considering the potential difference in constraints experienced by pleasure, business, and VFR (visiting family and relatives), as well as domestic and international travellers, I was open to interviewing a range of travellers who might have very different experiences.

Participants were selected from demographic cohort of 15 to 44, one of the major age groups in New Zealand Disability Survey 2013 (section 1.5). This age cohort includes Generation Y (aged 20 to 34) (Cohen et al., 2014) and part of Generation X (aged 35 to 49) (Huang and Petrick, 2010), two generational groups who matured during the era of the mass availability of travel. Studying this cohort meant their impairments were not age-related, and I focused on travellers with permanent mobility impairments who need assistance walking through to those requiring a wheelchair including travellers with acquired as well as congenital mobility impairments and various severities of disability– mild, moderate, and severe. 14 participants were recruited (see section 3.6.1), ten females and four males. While the employment rate for individuals with disabilities in New Zealand is only 22.3% (Statistics NZ, 2018), all participants were employed or self-employed (Table 3.2) which gave them access to resources and thus enable them to overcome certain barriers. So, the sample is a particular subset of that disabled population. A more detailed profile of the sample of the study is presented in section 3.7.

This sampling plan and strategies used were fit for the purpose of the study and were appropriate to reach travellers with mobility impairments who constitute a marginalised minority in the society. However, it should be noted that the study sample is not representative of all individuals with disabilities who live in New Zealand. Rather, it is a sample of travellers with disabilities with the privilege of having access to opportunities and resources required for travel, a broad age range and diverse characteristics within a set of parameters that work for this study.

3.6. Data collection

Figure 3.1 depicts the three stages of data collection: 1) participants recruitment, 2) pilot study, and 3) staggered interviews.

3.6.1. Recruitment of participants

Recruitment of participants for this study was very challenging. Various channels and sources were tried: contacting disability organisations, posting invitations in online sources, internet groups and communities, and my personal network. Several disabilities organisations were contacted at the earliest stages of the study in an attempt to secure assistance with recruiting participants. While there was some initial interest in assisting me, no participants were recruited this way. I then contacted some government departments, public and private disability and tourism organisations and businesses as well as several activists and researchers in the field of tourism and disability. Unfortunately, they did not provide any assistance, and despite my endeavours, recruiting participants through organisational channels was not as successful as I had initially hoped for. I then sought to reach potential participants through online means. After gaining the consent of page and group administrators, I posted invitations in online groups and communities and sites of some disability organisations. I also wrote a blog of my personal experience as an individual with disabilities alongside an invitation to participate in the study which was published on the Attitude TV website. Altogether six participants were recruited through these online channels.

I then turned to my networks and eight participants were recruited through my network and through my supervisor's, Dr. Hilary Stace, a disability activist who was helpful in introducing me to relevant people and networks. Individuals with disabilities tended to better respond to invitations coming from their personal network or people they knew. On several occasions, I got a positive response from participants who had not originally expressed an interest when I first contacted them, however, once contacted and encouraged to participate by someone they knew, they agreed to take part. This is a form of snowball sampling.

There were difficulties in recruiting participants who met the selection criteria, with several individuals with disabilities willing to participate but who they did not qualify in terms of their type of disability. Widening the selection criteria was not an option as individuals with different impairments have different travel experiences that are impairment-specific to some extent. Recruitment continued over a five-month period, and although I struggled to find participants, I managed to involve 14 participants, with whom I did 42 interviews – three interviews with each participant.

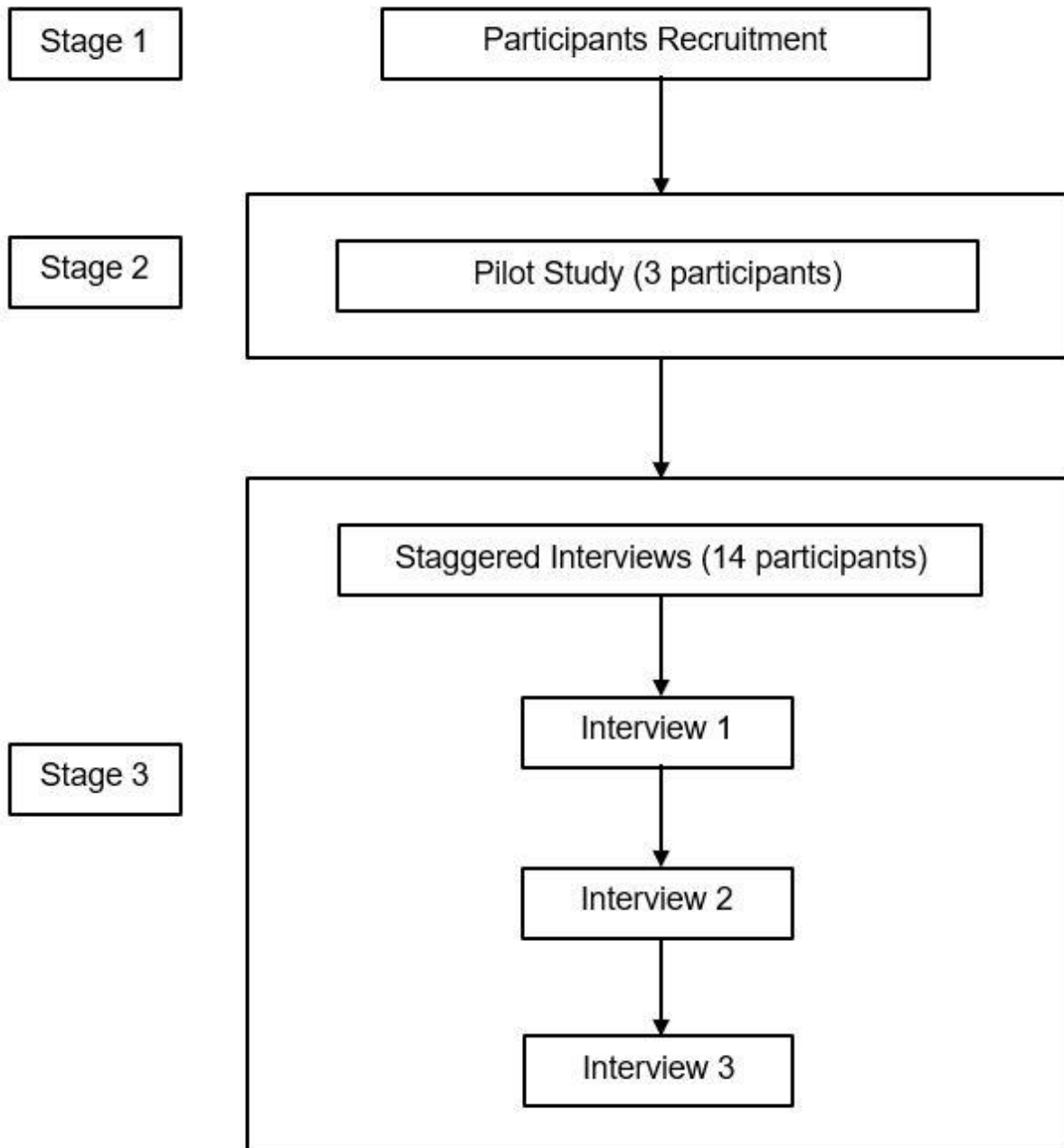


Figure 3.1 Data collection process

In terms of the number of participants required for qualitative disability-related research, little advice is available (Saunders, 2012) and the literature reveals a total of 14 to 52 persons with disabilities are interviewed per study. For instance, Poria et al. (2011b) recruited 14 travellers with disabilities and Daniels et al. (2005) analysed 23 travel narratives by travellers with disabilities. In the New Zealand context, Sullivan et al. (2010) studied 20 participants with spinal cord injuries and Woodbury (2012) interviewed 27 individuals with

mobility impairments. At the earlier stages of the research when I was developing the proposal, a sample size of 15 to 25 seemed reasonable since participants were going to be recruited with the assistance of disability organisations. However, a smaller number of participants would still provide many data points while making it possible to aim for a deeper level of analysis as each participant has a variety of experiences that can be compared and contrasted with others. First, a pilot study was conducted.

3.6.2. Pilot study

Pilot interviews have proved valuable in qualitative research (McGehee, 2012). They provide an opportunity for the researcher to examine the willingness of interviewees to participate in the study. The pilot study also helps in evaluating the length of each interview and practicing the interview techniques (Mason and Zuercher, 1995). Three participants were recruited through my personal network for the pilot study. The main objectives were to get feedback on the interview implementation, to evaluate if the interview questions stimulate appropriate answers to address the study questions, to help with time management, and to practice the actual interviews. Although pilot participants were not included in the final sample (two were out of the age range and one did not attend the third interview session), the pilot study helped me become more confident in conducting an interview. I was able to manage the whole interview process effectively, observe the smallest details, handle emotional moments, and conduct the interview with a greater flexibility in terms of reordering questions based on the information provided by the participants, asking follow-up questions, and providing examples and scenarios to clarify the questions. Pilot participants were encouraged to communicate issues and provide feedback about the interview process. Based on that feedback, a couple of longer questions were broken down into several shorter questions, and some of the questions were rephrased or reworded. For instance, the question “during travel, have you ever encountered barriers that made you doubt your own skills? What types of personal thoughts or opinions do you have when you encounter barriers?” appeared to be difficult for participants, so it was changed to “during travel, have you ever encountered barriers that made you doubt your own skills, your ability, personal beliefs, or opinions? If yes, what concerns did you have?” The pilot interviews helped me become well equipped with the skills needed to conduct effective interviews for the field study.

3.6.3. Staggered interviews

Interviews are more than simply answering questions and are an interactive process between the researcher and the participants. Interviews are qualitative tools to explore participants' experiences, perceptions, and opinions expressed in their own words (Cridland et al., 2015). Due to the nature of the study topic, the participants, and the likelihood of reference to personal and sensitive issues, it was essential to gain the participants' trust. Therefore, my positionality was critical. Occupying a dual role, both an insider and outsider (section 3.9), proved to be very helpful. My insider position based on my mobility impairment was specified in the study information sheet (Appendix A) as well as all correspondence and invitations published in other platforms. Furthermore, the interviews and the interaction with the participants were planned and directed in a manner that helped me win participants' trust. One strategy to this aim was dividing interview questions into three sections and conducting the interviews over three sessions in order to extend the interview process and prolonging the interaction time frame (Asselin, 2003). Therefore, a staggered or staged approach to the interviews, similar to Sullivan's (2010) study, was used that made the participants more comfortable and willing to share their experiences. This was clearly evident in the second and the third interviews as participants were more willing to answer the questions and provided more detailed answers. An example was Cherry who was accompanied by her husband in the first interview. At the beginning of the second interview, Cherry indicated that she had sent her husband away to do something as she "did not need him at the interview anymore" and she admitted "I feel comfortable enough to do the interview on my own".

The interview questions were arranged (Appendix C) to address broad themes such as motivation as well as narrow themes and sensitive issues like specific instances of experiencing a sense of helplessness. Background questions about participants' impairments as well as general travel-related questions were asked in the first interview, which also included questions about travel motivations that were based on Crompton (1979). The second interview was generally the longest and dedicated to the constraints encountered and negotiation strategies developed in various travel contexts. Questions on travel constraints were based on the leisure constraints model (Crawford et al., 1991) and those on negotiation strategies were informed by the theory of negotiation (Hubbard and Mannell, 2001). The tourism facilitators questions were developed based on Raymore (2002) and interview questions regarding travel constraints and negotiation strategies were inspired by Daniels et al. (2005). Questions about feeling a sense of helplessness were left for the third interview. Having consulted the research instrument used

by Lee et al. (2012), I asked participants about their definition of helplessness and when they had experienced a sense of helplessness during their travel experiences. A simplified form of the conceptual framework was used in the interviews as a way to get participants to think about where they would position their experiences on the “non-participation to participation” continuum (Figure 3.2). In addition to building trust, the broadness of the issue and the range of questions meant that the interviews would make for a very long single sitting, a further reason for dividing the interviews.



Figure 3.2 Simplified participation spectrum

Three semi-structured interview sessions were scheduled with each participant and probing questions were asked to encourage more detailed responses. I contacted participants via email and discussed the details of the research and their participation, including providing the study information sheet and the consent form to sign (Appendix A and B)¹. A timeframe of 10 days between interview sessions was suggested. Participants were encouraged to ask any questions they had. A few days prior to each interview, the questions for that session were emailed to participants to give them enough time to go through the questions, think about the answers, and get prepared for the interview.

Face-to-face interviews assist the researcher to promptly answer any questions, clarify any doubts, repeat, or rephrase the questions, and provide examples to make sure the participants understand the questions and are able to communicate their points of view. For in-person interviews, participants were given the option to choose where they wanted to be interviewed as conducting interviews in a convenient venue makes participants feel more comfortable and more focused (Riley, 2012). Participants chose to do the interviews at their home, workplace, or a café. However, in-person face-to-face interviews are costly and time-consuming and require extensive preparation and planning (Sekaran, 2003). Due to difficulties in recruiting enough participants who were based in Wellington, I had to recruit participants

¹ Participants were given the option of two or three interview sessions; all except one decided to do three interviews.

across New Zealand. Therefore, I decided to conduct interviews over Skype with participants who were living beyond a reasonable travel distance. Out of fourteen participants, four were residing in Wellington area and interviewed in-person. One participant from Dunedin was interviewed in person when I attended a conference there and I also did the first in-person session with another interviewee with the second and the third sessions done over Skype. Skype was used to interview the rest of the participants; two participants from Auckland, two from Hamilton, and one each from Tauranga, Palmerston North, Kapiti, and Christchurch.

A few common trends were seen in all interviews; at the beginning of the first interview, almost all participants asked questions about the background and ethnicity of the researcher, and the reasons she was interested in this topic. I was often asked to explain and clarify the questions or to give examples. Sometimes after participants answered a question, they asked about my travel experience, such as whether I had faced the same constraint or what I had done in that situation. The interpretive social sciences paradigm is based on the idea of co-creating the meaning. Through their interaction, the researcher and the participants – together – create the understanding of the phenomenon. The average interview time was 30, 40 and 25 minutes for the first, the second, and the third interviews, respectively. Generally, participants who had a chance to go through the questions before the interview and participants who had more travel experiences provided more detailed answers and examples and therefore, had longer interview times.

The interviews were digitally recorded free from the distraction of taking word-for-word notes. However, a research diary was kept, to record any impressions, doubts, sensitive areas, ideas, or questions that needed further clarification. As this study sought to give voices to travellers with mobility impairments to share their travel experiences, the interpretation and understanding of those experiences were core to the study and hence, I did the transcription with a considerable care. Each interview was transcribed before conducting the next interview session so I could review the answers and cross check with the interview schedule. If participants had indicated they would answer a question or provide an example later (and they had not done so during the rest of the interview), I brought up those questions or examples at the beginning of the next interview session. For instance, in her second interview, Sarah said she would later provide an example of a service provider's attitude but did not. I asked Sarah about this at the beginning of the third interview session and she provided her example.

Therefore, staggered interviews made it possible to follow up on any interesting issues, emerging interpretations of the data, or asking follow-up questions in the next session.

As a non-native English speaker, I initially had concerns about conducting interviews with native English speakers. During the course of pilot interviews, I realised that being a non-native speaker actually worked as an advantage as participants, intentionally or unintentionally, used simpler English, avoided difficult expressions or idioms, and tried to make their points as clear as they could. This made it easier to analyse and interpret the collected data. Moreover, a non-native English speaker researcher shifted the power balance to the native speaker and made participants feel more comfortable and confident in the interview process.

Conducting the interviews was challenging at times. Each interview was different and had to be managed accordingly. I had to adapt to the specific circumstances of each interview and guide the participants through. Scheduling three interview sessions with each participant proved to be more challenging than I had initially expected as I had to work around the participants' availability and send multiple follow-up emails to arrange the next sessions. Numerous sessions were cancelled by participants on short notice and had to be rescheduled. Only two participants finished all three interview sessions within one month and it took much longer for the majority of participants. There were four participants who withdrew from the study after one or two interview sessions (their data were destroyed, in line with the study's protocols outlined in the information sheet). These participants did not indicate that they withdrew because of a negative view of the research or the researcher. However, I speculate that quitting might be due to being busy with other life commitments, the rather long interviews, and difficult questions involving detailed and personal, or sensitive, issues.

Overall, the research design and data collection went well, there were no issues with the five-year time frame for memory of recalling travel experiences, and the staggered approach was useful. I agree with Asselin (2003) that the interaction with a researcher can potentially influence participants and the data might be distorted if the timeframe for conducting interviews is short. Hence, I needed to extend the interview process for the participants to become accustomed to me and the research, which was clear in the second and especially the third interview where the interaction was very easy and flowing. Therefore, I believe the advantages of the staggered approach outweighed the disadvantages.

3.7. Profile of participants

Most of the research in the field of tourism and disability considers individuals with disabilities as a rather homogenous group who face the same constraints. However, studies show that people with disabilities are diverse and heterogeneous and this diversity is a function of their “physical functions” and “activities and participation” (Figueiredo et al., 2012). This study tries to address that diversity by narrowing down the disability type to mobility impairments, however, the sample is still comprised of travellers with a range of mobility impairments. This enables the study to explore the connections between the specificity/diversity of the disability (manifested in the level of physical dependency and functioning) and the existence of specific requirements to participate in tourism (Figueiredo et al., 2012).

The sample includes travellers who are diverse in terms of their socio-economic profile and their ability to participate in social life including travel and tourism (Burns et al., 2009). Fourteen travellers, four males and ten females, spanning the range of 18 to 44 years old were interviewed. Eight participants had a bachelor’s degree, four had a diploma, one had completed an honour’s and one a masters’ degree. Two participants were self-employed, and the rest were working for wages. In terms of their disability, four participants had an acquired mobility impairment and the remaining ten were congenital. When asked to evaluate the severity of their mobility impairments, half of the participants thought of their impairment as moderate whereas three rated their impairment as mild and the remaining four thought they had a severe impairment. It should be noted this was a self-evaluation of their impairment and was based on their subjective assessment of the impacts of their impairment on their everyday life. Table 3.2 provides vignettes for participants.

Table 3.2 Profile of the participants

Participant	Characteristics	Travel experiences
Amy, female, 24 years old	Amy was born with spina bifida. She thinks of her impairment as mild and uses crutches and a manual wheelchair. She has a bachelor's degree in Education and works full-time.	Amy considers herself a frequent traveller as she takes one – mostly domestic – trip every month primarily to visit her friends and relatives. She sometimes participates in sports events that require her to travel and stay away from home. She has done lots of domestic travel and one international trip to Australia.
Ana, female, 28 years old	Ana has used a prosthetic leg since childhood due to having phocomelia. She is employed and also a PhD student. Considering her impairment as moderate, she uses a walking stick as well as a shoe insert.	Ana is a frequent traveller with many domestic and 30 overseas travels that were mostly business trips. She is a very experienced traveller who takes domestic trips every month and a few overseas trips every year.
Ben, male, 35 years old	17 years ago, Ben was involved in a rugby accident that left him paraplegic. Thinking of his impairment as severe, he uses a manual wheelchair. He has a bachelor's degree and works in the media.	Ben is very passionate about travel. He sees travel as an opportunity to educate society about individuals with disabilities. Ben has done 15 international trips and about 150 domestic trips for business, sports events, visiting friends and relatives, and pleasure.
Betty, female, 25 years old	Betty was born with cerebral palsy. Considering her impairment as moderate, she uses a power wheelchair. Betty has an honours degree, works full-time, and is a disability rights activist.	Betty is a frequent traveller with 13 international trips and lots of domestic ones. She has done different tourism activities over the years and she is particularly proud of her adventure tourism experiences. She mostly travels for visiting friends and relatives as well as business trips.
Carolyn, female, 39 years old	In 1998 while playing softball, Carolyn injured her vertebral discs resulting in nerve damages in her legs which she thinks is a mild impairment. She uses crutches and has an assistance dog. Carolyn has a diploma and is self-employed. She has an active lifestyle and is a rock-climbing instructor.	Carolyn enjoys outdoor and adventure tourism activities. She has done many camping, tramping and climbing around New Zealand. She has had one international and lots of domestic trips, mostly to visit her friends and relatives.
Cherry, female, 42 years old	Cherry has a diploma and is employed. Due to the consequences of spina bifida, she uses a manual wheelchair. She considers her impairment to be severe.	Cherry did not think she was a frequent traveller before getting married a few years ago. She has been taking two or three trips per year since her marriage, mostly for visiting friends and relatives as well as pleasure trips. She has done two international and many domestic trips.
Eva, female, 22 years old	Eva was born with spina bifida, considers her impairment as mild, and uses a manual wheelchair. She has a Polytechnic diploma and she is employed.	Eva thought she was a semi-frequent traveller. She goes on 3 to 4 trips with her parents every year. Her trips are mostly to visit their friends and relatives. Eva has not gone overseas yet.

Participant	Characteristics	Travel experiences
Joyce, female, 44 years old	Joyce was born with arthrogryposis. She wears orthopaedic shoes and uses a walking stick. She considers her impairment moderate. Joyce has a bachelor's degree and works full-time.	Joyce considered herself a frequent traveller as she has gone on many international and domestic trips. Most of her travel experiences have been pleasure trips as well as visiting friends and relatives. She is also interested in outdoor activities such as bush walking and tramping.
Brenda, female, 44 years old	In 2016, and due to surgical clots, Brenda had a below knee amputation. Since then, she has been using a prosthetic leg and she thinks of her impairment as moderate. Brenda has a bachelor's degree and works as a teacher.	Before her amputation, Brenda was a frequent traveller. She did not want her new impairment to stop her from traveling so she has tried to remain active and participate in travel and tourism activities. After her impairment, she has had two international and several domestic trips, mostly for pleasure as well as business.
Milo, male, 31 years old	Milo was born with spina bifida. Considering his own impairment as moderate, he mostly uses crutches for daily activities and sometimes a manual wheelchair. He has a diploma and is employed.	Milo is a frequent traveller. He enjoys travel and has done 38 international and lots of domestic trips, mostly for business purposes and as pleasure trips. He prefers tours and group activities.
Richard, male, 36 years old	Around the age of 20, Richard had a motocross accident that left him tetraplegic. He considers himself to have a severe impairment and uses the manual wheelchair. He has a bachelor's degree and works full-time.	Richard is a frequent traveller with over 36 international and many domestic trips, most of which were to participate in sports events and tournaments, as well as some pleasure trips with his wife and children.
Cathleen, female, 29 years old	Cathleen has muscular dystrophy, thinks of her impairment as severe, and uses a power wheelchair. She has a bachelor's degree and is self-employed.	Despite her high access needs, Cathleen has had seven international and many domestic trips with her family. However, she does not consider herself a frequent traveller. Most of her trips have been for pleasure as well as a few conferences.
Sarah, female, 23 years old	Sarah has muscular dystrophy. She considers her impairment as moderate and uses a manual wheelchair as well as a power assisted one. Sarah has a bachelor's degree and is employed.	Thinking of herself as a frequent traveller, Sarah has had 12 international and 50 domestic trips, mostly for pleasure, visiting friends and relatives, and studying at university.
Christopher, male, 22 years old	Christopher was born with multicore myopathy. He thinks of his impairment as moderate and has used a power wheelchair for the past 10 years. Christopher has a bachelor's degree and works full-time.	Christopher is a frequent traveller with seven international and over 100 domestic trips, mostly for visiting friends and relatives, pleasure, and doing his studies.

Due to its specific characteristics, the sample of this study is a defining aspect of this thesis. The sample is comprised of *travellers* who have a mobility impairment – rather than individuals with mobility impairments who may or may not have travel experiences. Almost all participants considered themselves frequent travellers, which indicated their access to travel opportunities and their success in overcoming constraints and participation in domestic and international travel. This denotes a privileged status of the sample which is also characterized by other factors such as holding higher education degrees, being employed, and having access to (financial) resources required for travel. Therefore, the sample is not representative of a broader experience of disability that is characterized by unemployment, poverty, and intersectional disadvantage (Goodley, 2017; Pinilla-Roncancio, 2018). This, in turn, has significant implications for the current study as the participants' lived experience of disability is particular to this cohort in comparison to the broader and more commonly reported lived experience of disability. As this study is very particular to this group and not transferable to a broader lived experience of disability, a detailed description of the sample is warranted.

Considering the characteristics of the sample, the meaning of disability to this cohort seems to be a more individual, impairment focused meaning that is in line with the focus of the study on better understanding how travellers with the means to travel – as this cohort have – can develop negotiation strategies to overcome constraints and participate. The individual meaning of disability to the sample – that does not represent the broader meaning of disability – has implications for the scope and transferability of this study which will be further discussed in chapter six. Furthermore, in order to make participants' voices heard, I chose a good selection of quotes from their interviews. Through presenting these quotations in chapters four and five, the reader can hear the voices of participants, which, in turn, reflect their lived experience of disability.

3.8. Ethical considerations

Ethical considerations refer to questions about what researchers should and should not do while conducting social research. Over the past three decades, there has been an increased awareness and concern in the ethics of social research, especially for studies with political motivations, research where the traditional conceptualizations of objectivity are challenged, and studies that deal with elimination of bias or academic freedom (Barnes, 2009). Disability research is a particular instance of such research where the ethical considerations are essential elements of the quality of the research (Flick, 2009).

As was discussed in section 3.2, Oliver (1992) focused on ethical social relations between the researcher and the participants in disability studies. He has famously noted:

“It is not disabled people who need examining but able-bodied society; it is not a case of educating disabled and able-bodied people for integration, but of fighting institutional disablism; it is not disability relations which should be the field for study but disablism.” (p.112)

Oliver believed in ethical disability research that was not disabling; research that was enabling, reflexive, self-critical, rigorous, and politically committed (Sullivan, 2009). He encouraged researchers to be reflective and honest when it came to the contributions of their research, and whether they upheld or undermine the existing oppressive social and material relations of research process (Sullivan, 2009). Similarly, Shakespeare (1997) believes remaining “faithful to the participants, by which we meant basic ethical commitments not to misrepresent, betray confidentiality, or distort” (p.182) to be more ethically justifiable than blindly adhering to some methodological orthodoxy (Sullivan, 2009). Shakespeare (1997) rejects Oliver’s assumption that disability studies are only justified if they aim for policy interventions in order to improve the social circumstances of individuals with disabilities or to provide a social analysis for political objectives. Instead, Shakespeare advocates different forms of applied or pure social research that address the needs of a specific cohort within the disability community. He argues that “we need to have a range of models for the connection between [disability] theory and practice” (Shakespeare, 1997:187). In accordance with Shakespeare’s position, this study observed the ethical considerations of disability research in terms of how individuals with disabilities were positioned in the research and treated during the research process.

Prior to conducting the study, approval was obtained from the Victoria University of Wellington’s Ethics Committee (# 23292). Participants’ informed consent was sought based on three pillars: providing clear, accurate, and unbiased information to the potential participant; making sure they are in a position to make the decision about their participation; and ensuring a free and voluntary decision (Thomson et al., 2014). To follow these steps, participants were contacted and informed of the general purpose of the study. They were provided with the information sheet (Appendix A) and consent form (Appendix B) and encouraged to ask questions or share any concerns they had. The participants were reminded that participation was voluntarily, and they did not have to answer all questions.

Creswell (2013) identified potential ethical issues during data collection: respecting the participants, not deceiving participants, potential power imbalances and exploitation of

participants, and “using” participants by gathering data and leaving without giving feedback. Several strategies were employed to address this: I built trust with participants, discussed the purpose of my research and how data would be used, avoided loaded questions, withheld any personal impressions, avoided revealing sensitive information, and provided incentives for participation. Furthermore, during the interview process, I was particularly concerned with the physical, emotional, and psychological comfort of the participants. They were regularly asked whether they felt comfortable and whether they wanted to continue, take a break, or stop the interview.

To address ethical consideration during analysing and reporting data, transcripts of the interviews were returned to the participants to be verified. I assigned pseudonyms to participants, and I made sure their privacy was respected, and no information was disclosed that could identify or harm them. To avoid siding with participants or disclosing only positive results (Creswell, 2013), multiple perspectives and contrary findings were reported.

Accountability to people with disabilities is a key characteristic of ethical disability research (Shakespeare, 1997; Barnes, 2009). Accountability of the research towards its participants is reflected in the widespread dissemination of the findings in an array of accessible formats that facilitates campaigns, policy decisions, and legislative actions (Barnes, 2009). Besides my personal networks within the disability community, my professional ties with national and local government bodies will hopefully lead to a far-reaching distribution of the findings and products of this research in addition to academic publications. The research will contribute to arguments in favour of people with disabilities at both the grassroots and national levels.

3.9. Reflexivity

The role of researcher is significant for this study as it is informed by the interpretive social sciences paradigm. Moreover, conducting qualitative research on individuals with disabilities requires me to reveal my identity, background, and experiences in order to situate myself in the study and describe the impact of my experiences on my relationship with participants, as well as on data collection, analysis, and reporting the findings. It is not easy to share this personal information, but it is very important for the research due to the specific characteristics of the sample (section 3.7) that is not representative of the reported characteristics and lived experiences of people with disabilities. Therefore, I will provide a

reflexive account of my insider position in relation to the research, the research cohort, and the study focus.

Researchers are closely related to the research process and they cannot be separated from the research so, it is necessary to understand the researcher's influence on how the evidence is constructed and presented, data is analysed and interpreted, and theories are shaped (Hall, 2004). This process, known as reflexivity, is based on the idea that a researcher's status and self-identity play an important role in how data is created and presented during the research process (Yeh and Inman, 2007). Data is presented with a particular identity or voice which is influenced by the researcher's own identity and status, the purpose of the study, the intended audience, and the interaction of the researcher and participants (Yeh and Inman, 2007). Hence, I need to be aware of my possible influence on research questions, methods, analysis, interpretation, and presentation of the data.

My lived experience of disability is a result of a congenital impairment I was born with. My father's death when I was five years old had consequences for my family, one of which was frequent trips to another city where most of our relatives from my mother's side of the family were living. Those 2 or 3-day regular trips were a part of my routine life for about 15 years. I also had the privilege of doing many international trips to a variety of destinations; some of these were pleasure trips but most of them were to academic conferences in which my mother was participating. I was fortunate to have access to the opportunities, the means, and resources required for travel. Although travel provided me with a means to escape from my daily routine of being restricted by numerous constraints, each trip posed difficulties, barriers, and challenges that needed to be thought through, prepared for, and overcome.

One of the more significant observations for me was that different travel experiences usually presented different barriers and challenges and I needed different ways to address or overcome them. I was based in Iran, in a society that did not accommodate for disability and the environment was not designed with accessibility in mind. The hostile and unwelcoming social attitudes towards disability contributed to exclusion of individuals with disabilities from participation in social life. This was reflected in a striking difference I noticed in some of my international trips. The environment and social attitudes were different from those at home. This is not to say there were no barriers at all; for example, I can still picture the flights of stairs in London Underground stations. However, in general, the experience of disability seemed different when I was overseas. "Why?" This was one of the questions that I tried to answer

when I started my higher education. Academia provided me with a new insight into my lived experience of disability and how it was shaped by the social environment I was living in.

In academia, I came across some influencing disability-related research in tourism. The one that resonated with me the most was a doctoral thesis by Prof. Simon Darcy (2004). That particular document as well as other papers authored by Prof. Darcy helped me go through an intellectual journey in which my master's thesis was the milestone. Using a positivist paradigm, I studied travel barriers for individuals with physical disabilities. Data was collected via a questionnaire and the quantitative analysis was performed using statistical calculations in order to produce numeric representations of the findings. As with any positivist study, I, as the researcher, detached myself from the subjects being studied and hence, I did not have any impact on the results or findings of the research to ensure objectivity and value free interpretations (Jennings, 2010).

Another important factor that shaped and changed my experience of disability in Iran was my involvement in work-related projects in the field of disability as well as tourism. Through research and work projects at Iranian Welfare Organisation, Tehran City Council, and the Iranian Cultural Heritage and Tourism Organisation my lived experience of disability was enriched with theoretical and practical knowledge about tourism, disability, and their interactions. When I was contemplating pursuing studying tourism and disability, I could not stop thinking about the possible contributions of the society and the environment to the lived experience of disability that I had observed over the years. So, I chose to conduct my PhD research in a different environment in order to explore the travel experiences of travellers with mobility impairments in a different context.

My intellectual journey was accompanied by a physical one when I moved to New Zealand to conduct my PhD research. Reviewing some disability-related studies in the New Zealand context (for instance, Woodbury (2012)) influenced my understanding of my lived experience of disability in New Zealand. The difference in disability awareness, rights, and acceptance, compared to my home country, was noticeable and people with disabilities were participating in the society to a much higher degree. However, my own experience of disability was still loaded with numerous barriers and constraints, especially environmental and structural ones. I encountered constraints in my daily life as well as in tourism experiences. For instance, I attended two conferences in which I faced the same barriers that I had experienced all my life. I could not have participated in any of those conferences, if I had not been supported by

my travel companion. Similarities and differences of my own experience of disability in Iran and in New Zealand made me wonder about the travel experiences of individuals with disabilities and if they were similar to or different from mine.

In addition to my lived experience of disability, I got involved in some advocacy activities for individuals with disabilities in New Zealand. As a consumer advisor at the Capital and Coast District Health Board, I ensure the health care related concerns and views of individuals with disabilities are heard by policy makers, service providers, and the community. As a member of Wellington City Council's Accessibility Advisory Group, I provide feedback and advice to all Council business units on disability and accessibility related issues in order to make sure the Council's activities represent the broad spectrum of issues for people with impairments. These advocacy activities helped me develop my understanding of disability and individuals with disabilities in the New Zealand context. This, in turn, contributed in how the current research was conceptualized and shaped.

To have an "insider position" or to be an "insider" refers to situations where the researcher is a member of populations, communities, and identity groups with whom they are conducting their studies (Kanuha, 2000). I am a traveller with mobility impairments and hence, I occupy an insider position in this research. My position is also influenced by being a female non-native English speaker frequent traveller whose experience of disability extends into the academic and advocacy domains. I also enjoy travel and tourism and believe they are a fundamental right of individuals with disabilities. This insider position was integral for the current study as it contributed to my familiarity with and understanding of the research topic. Having a mobility impairment meant I had experienced disability for a long time and I shared various experiences with participants. My insider position did not help me find any participants from disability organisations probably because, at that point, I did not have any connections with the disability community in New Zealand. Although I was an insider to the disability phenomenon, I was an outsider to the community of individuals with disabilities from which I was trying to recruit a sample. I was an outsider as I had arrived in a new country to undertake my research and I had some challenges getting responses from established organisations when it came to the recruitment of respondents. Over time, I have become more of an insider – which is evidenced in some of my recent off-campus responsibilities.

Once I was able to recruit participants from other channels (section 3.6.1), my insider position was helpful in establishing a relationship, and then building trust with participants.

The insider position and the common language gave me an insight into the participants' lived experiences which, in turn, facilitated sharing sensitive issues during this study. However, expectations and assumptions associated with the insider position could influence my analysis and interpretation of data and how I reported the findings. Therefore, my insider position had implications for the study design, data collection, and analysis which I was aware of and reflected on. The next section explains those implications as well as any potential influence of my insider position on the research.

Insider position of the researcher

Occupying an insider position might facilitate the researcher's understanding of the topic under study through some prior knowledge, common language, continuous contact with the field of study, and awareness of the social factors. Moreover, it might be easier for an insider researcher to find participants, to quickly establish a rapport and build trust, and better communicate with them (Taylor, 2011).

Occupying an insider position in disability-related research refers to whether and how being a researcher with a disability would influence the research process (Seymour, 2007). Studying disability involves working in sensitive domains such as the interaction of the researcher with individuals with disabilities prior to, during, and after conducting the research as well as the research design, data collection, data analysis, and reporting the findings. Some important areas include approaching individuals with disabilities and establishing relationships with them, listening to their experiences, and interacting in a manner that does not disempower or exploit them (Brown and Boardman, 2011). Any researcher who contemplates conducting research on disability issues needs to consider several questions (Barton, 1996:4):

- “What right have I to undertake this work?
- What responsibilities arise from the privileges I have as a result of my social position?
- How can I use my knowledge and skills to challenge forms of oppression disabled people experience?”

According to Barton (1996), researchers must prevent their writing and speaking from contributing to the system of domination against individuals with disabilities; rather, they should challenge that system and produce the findings and outcomes of their research in written and verbal forms that provide better results for individuals with disabilities. Asking the above questions help researchers reflect on the influence of their identity and social status on the research they are undertaking with individuals with disabilities. This self-awareness becomes

more important when one considers the objection to disability studies conducted by non-disabled researchers. Oliver (1996) believes that personal experience is more important than methodology and only people with disabilities should do disability research since social theories are founded in the knowledge the theorist has gained through personal experience. He believes social theories developed by non-disabled individuals, who do not have the personal experience of being disabled, would not be as accurate as theories developed by individuals with disabilities who benefit from an ontological expertise as a result of their lived experience of disability.

The question of disabled versus non-disabled researchers in disability research refers to the claims that only disabled researchers can do ethical disability research. For the research conducted by non-disabled researchers, some disability scholars believe in having an individual with disability as the interviewer (Barnes, 2009; Vernon, 1997). To interview people with disabilities, disability has been likened to a “badge of authenticity” or an indicator of the shared identity (Seymour, 2007). However, according to Barnes (1992:121), “an impairment does not automatically give someone an affinity with disabled people, nor an inclination to do disability research”. Rather, the researcher should be willing to further the cause of the disability movement, should use non-exploitative methods, should have academic rigor, and finally should disseminate their findings extensively in various accessible forms to be used in undermining the oppression against individuals with disabilities (Barnes, 1992).

Arguments have been put forward in favour of an insider position in conducting disability research. First, as they have never experienced what it means to be disabled, non-disabled researchers are prone to misrepresentation and misinterpretation of experiences and knowledge of individuals with disabilities (Kitchin, 2000). When this knowledge is handed over to non-disabled researchers for interpretation and making recommendations on behalf of individuals with disabilities it is more likely that the lived experiences of these individuals are discounted, denied, or even failed to be acknowledged (Imrie, 1996). As a researcher with impairments, I have experienced what it is like to be disabled. When I conduct this research, I cannot be told that “you have never been through this, you have never been in such a situation”.

Second, individuals with disabilities may select what they want to disclose to a non-disabled researcher due to a fear of embarrassment, lack of empathy, or thinking that the researcher does not believe, understand, or appreciate them (Kitchin, 2000). This has implications for the way participants answer questions and the information they provide. They

realise I am able to listen to them, I have an idea about what they are going through, and I empathize with their experiences. This can potentially make them willing to share their experiences to a greater extent.

Third, the research undertaken and presented by disabled researchers is generally considered to have more impact in leading to positive results for individuals with disabilities. Disabled researchers can portray a clearer picture, make their case better, and actually elaborate what is that they need, or they want (Kitchin, 2000). It is an advantage for the current research that I understand what participants are trying to get across, rather than an able-bodied researcher who faces the difficult task of representing and explaining what participants have asked for.

Fourth, my insider position aligns well with the interpretive social sciences paradigm. The researcher working under this paradigm has to be an “insider” with lived experience or become an “insider” and experience the phenomenon (Jennings, 2010). The insider’s view provides a better means to understand the phenomenon or the participants. In the realm of disability studies, this better understanding is a result of the experience of disablement which, in turn, leads to a sort of ontological expertise about the conditions of disablement (Tregaskis and Goodley, 2005). This means that lived experience of individuals with disabilities gives them a privileged position in conducting disability research (Barnes and Mercer, 1997; Oliver, 1996). I agree with Tregaskis and Goodley (2005) that lived experience of a disabled researcher provides them with an instinctive understanding of the experience of disablism oppression. This gives disabled researchers an expertise and a relatively powerful position in disability research; something that needs to be celebrated (Tregaskis and Goodley, 2005). For these reasons, I believe disabled researchers have an advantage in conducting disability related research.

Finally, research undertaken by non-disabled researchers may not be representative and may not put participants at the centre of the research or serve their interests. Disabled researchers are more likely to conduct action and politically-led research that seeks to address concerns of participants, balance the power of researcher and the researched, and try to change social circumstances of individuals with disabilities (Kitchin, 2000).

While being an insider brings advantages, an insider position can make the study susceptible to certain limitations and issues that can potentially influence the trustworthiness and validity of the research (Asselin, 2003). Hence, when designing and conducting research, it is necessary for the researchers to consider limitations of an insider position such as taken

for granted assumptions, reliability of data analysis, and participants' perceptions and expectations of an insider researcher leading to role confusion (Asselin, 2003). Next, each of these limitations are explained alongside their potential impact on the research.

Insider researchers may be prone to believe they know everything about the context of the study including conceptions, traditions, specific behaviours, language, lexicon, or the identity nuances of a particular community (Field, 1991). These assumptions can potentially restrict the researchers' ability to explore the phenomenon under study in search for deeper meanings or understandings. They might even overlook important data (Field, 1991). Therefore, I needed to acknowledge although I was part of the community or the culture being studied, I did not necessarily have a thorough knowledge of various subcultures or experiences of particular groups in that community. Asselin (2003) recommends that, in order to acknowledge these assumptions, researchers should identify their initial beliefs and thoughts, document and put them aside before starting data collection. It is difficult to follow Asselin's suggestion in practical terms since even if the insider researcher acknowledges their specific assumptions regarding the phenomenon under study, they cannot easily bracket themselves from their lived experience of that phenomenon. This is especially true for the lived experience of disability and it will be extremely difficult, if not impossible, for a disabled researcher to try to isolate their own experience of disability (and accompanying assumptions) from their research. Therefore, as disability is an inseparable part of my identity, I do not believe that I could bracket my lived experience of disability from the current study.

An insider researcher's expectations, past experiences, opinions, and emotions have an impact on the way the data is analysed. Understanding of problems and issues in the study context might lead to identifying problems or jumping to conclusions without examining and analysing all data and therefore, researchers need to be aware of the influence of their own experiences on the analysis of participants' experiences (Asselin, 2003). To address these issues, I used a continuous process of self-reflection as suggested by Tilley et al. (1996). An example clarifies this self-reflection process where I reflected on my own experiences in trying to make sense of the data. While I was going through the collected data, I realised all participants were satisfied with their level of participation in travel and tourism and moreover, almost all of them had located themselves very close to "full participation" in the simplified participation spectrum (Figure 3.2). Reflecting on my own experiences and that "full participation" was very difficult for me to achieve, I felt this observation needed to be followed up and clarified. I went back to the data and reviewed participants responses for any clue that

could help me explain why they might have reported they were satisfied by their full participation. I communicated this observation with my supervisors alongside what I thought could be an explanation. Here is an excerpt from the email I sent to my supervisors while undertaking the analysis:

In my proposal, under “Limitations” section, it is mentioned that “The literature suggests that cultural differences influence tourism behaviour in general and the behaviour of people with disabilities in particular (Kisanji, 1995).”

I reckon this might have a remarkable implication for my study as from a consumer behaviour perspective, both expectations and self-assessment of satisfaction seem to be highly dependent on cultural elements. In other words, so far, “ALL” of the interviewees have reported that they are satisfied with their level of participation in travel/tourism activities and almost all of them locate themselves very close to “full participation” on the “Travel Participation Spectrum.” Although this is not a bad thing itself, I suspect this to be somehow related to a low level of expectation for successful participation in travel/tourism activities that might be a result of a continuous encounter with constraints which has thought travellers with disabilities to be content with a minimum level of participation; perhaps a very delicate and even unconscious negotiation strategy! (i.e. lowering down the expectation to interpret the minimum possible level of participation as “successful participation”)

It might be interesting to see how this expectation has formed and what implications it has for participation.

Due to my attachment to and emotional feelings about the study context, I acknowledged those feelings and reflected on them throughout data collection and analysis. According to the method suggested by Lincoln and Guba (1985), I used “member checks” where I checked the collected data with participants and requested their comments and feedback. This helped in maintaining the reliability of data analysis and also contributed to the credibility of the research.

Participants might expect an insider researcher to serve and act as an advocate for them. This can potentially distort the researcher-participant relationship and influence the way participants express their feelings, concerns, and problems. More importantly, the researcher might be prevented from understanding the experiences of participants from their perspective, or collecting data required for understanding of the phenomenon under study (Asselin, 2003). Although I had advocacy motivation behind this research in terms of my personal desire for the research to be able to positively impact on policy and practice and improve the experiences of individuals with disabilities, this was distinct from advocacy for individual participants. Therefore, in order to prevent unachievable expectations of participants during the research process, I emphasized my role as a researcher and learner rather than an advocate. This was clearly communicated at the beginning of the study, in the information sheet, and in all

correspondence with potential participants. During data collection, I reminded participants of my role and discussed the dissemination of the research findings and products to emphasize the nature of my role as a researcher.

In summary, I was aware of the above limitations of my insider position and I tried to minimize the impacts of such limitations on the research. However, my insider position equipped me with an expertise resulting in an instinctive understanding of the disability oppression that participants had experienced. Being an insider also helped me with establishing a good relationship with participants, their willingness to share their experiences, providing a clear picture of the phenomenon, elaborating what participants needed and wanted, and conducting the research with more impact in contributing to positive outcomes for participants.

3.10. Data analysis and analytical framework

This section addresses the analysis strategy and development of the analytical framework which provides the roadmap for analysing and interpreting the empirical data (Pearce, 2012). Most qualitative studies of tourism constraints and travel experiences have used a type of content analysis to analyse the qualitative materials (Daniels et al. 2005; Blichfeldt and Nicholaisen, 2011). Content analysis includes techniques for “making inferences by systematically identifying specified characteristics of messages” (Smith, 2010:201). Content analysis seeks to identify and describe explicit and implicit ideas through coding and grouping words and phrases into either a priori or emerging researcher-defined categories. First, codes are created for ideas and themes. These codes are then applied or connected to raw data in order to further analysis that might range from comparing the relative frequencies of codes or themes within the data to identify code co-occurrence, to graphically displaying the relationships among codes (Guest et al., 2012). A content analysis approach was undertaken to explore the complexities of the travel experiences of travellers with mobility impairments. Figure 3.3 depicts the analytical framework developed from the literature based on the conceptual framework of the study (Figure 2.5). The analytical framework visualizes the process of analysing the travel experiences of travellers with mobility impairments through content analysis based on the leisure constraints model, the theory of negotiation and the theory of learned helplessness. Data analysis included a process of identification, refinement, and synthesis. The content analysis process involved six stages: 1) working through source material, 2) contextualizing, 3) coding, 4) integration, 5) synthesizing, and 6) interpretation.

1) Working through source material: The first step of data analysis was reading through transcripts of the interview sessions with participants. Prior to starting analysis, each transcript was read a couple of times to get the broad picture of the data as a whole (Marshall and Rossman, 2006) and make general sense of the travel experiences of participants. From there, the next five stages of analysis process were undertaken.

2) Contextualizing: This stage included contextualizing the travel experiences and placing those experiences in the context and preparing them to be studied further. Understanding the travel experiences of participants required a detailed knowledge of the context and circumstances. Attention was paid to various travel experiences reported by participants in order to gain an insight into the circumstances in which the travel experiences occurred.

3) Coding: The next stage of analysis was coding, a systematic way of breaking down the interview transcripts into manageable categories. Labels were assigned to these categories in order to develop a framework of thematic ideas through identifying key relationships. Chunks of data were labelled with a code based on my take on that section. This label (code) was used both to represent and to access that passage as well as any other similar data (Bazeley, 2013). Then, passages from each transcript and labels, or themes, were compared with passages and themes between and among all other interviews (Porter and Cohen, 2013:185). Although I did transcribe the first interview before conducting the second interview and the second interview before the third one, I treated the data from the three interviews together. I coded and analysed all three interviews from one participant and then moved on to analyse the data for the next participant.

Coding is usually carried out in two steps: an initial stage which is often referred to as first level coding, initial coding, or open coding (using a priori and emerging codes); and a second stage to develop categories with a focus on codes and coded data (Saldana, 2009). A priori themes, or pre-set or pre-specified themes, are extracted from the literature and theories. Four supplementary questions (issues), including constraints encountered, successful negotiation, unsuccessful negotiation, and a sense of helplessness underwent the process of coding. A priori codes for travel constraints were specified according to the leisure constraints model (Crawford et al., 1991). So, travel constraints encountered by travellers with mobility impairments were grouped into three categories of intrapersonal, interpersonal, and structural constraints. In contrast, negotiation strategies and a sense of helplessness were coded without a priori codes. Emerging codes, surfaced from data during the coding process were categorized

with an eye to Crawford et al.'s (1991) leisure constraints model, Hubbard and Mannell's (2001) theory of negotiation, and Seligman's (1975) theory of learned helplessness.

Based on the previous studies (e.g. Daniels et al., 2005) that reported negotiation strategies according to the leisure constraints classification, the same tripartite classification was adhered to as the broad classification during data analysis. Therefore, negotiation strategies are categorized using the same typology of intrapersonal, interpersonal, and structural constraints. The literature reveals that the types of negotiation strategies used are generally consistent with the types of constraints encountered. For instance, time constraints have been negotiated through modifying the use of time or lack of skills are negotiated by acquiring those skills. However, some previous studies indicated negotiation strategies were not always based on the types of constraints encountered (Jackson and Rucks, 1995; Daniels et al., 2005). Therefore, a decision needed to be made regarding classification of negotiation strategies based on 1) the constraint that triggered that negotiation strategy, or 2) the domain where the actual negotiation strategy happened. After considering various negotiation strategies and those negotiation strategies that were utilized for constraints from different categories (intrapersonal, interpersonal, and structural), it was decided to categorize negotiation strategies based on the context of the negotiation strategy. So, if a negotiation strategy happened in the context of interaction among individuals, it was grouped under "interpersonal" negotiation strategies, regardless of the actual constraint (intrapersonal, interpersonal, and structural) that triggered that negotiation strategy.

The first research question (travel constraints) was coded manually and the other three questions with NVivo 11, a qualitative data analysis software. Due to the nature of the study topic and broadness of the travel experiences of the participants, an extensive amount of data was collected during interviews. In total, 42 interview sessions with 14 participants were transcribed into 235 pages of single-spaced text, from which many themes regarding constraints encountered and negotiation strategies emerged. The first round of coding resulted in 248 codes and 69 categories for constraints, negotiation strategies, sense of helplessness, tourism facilitators, and motivation that were reduced to 224 codes and 56 categories after refinement. The names of categories were selected with an eye to the literature in order to use similar categories for similar constraints that had been reported in previous studies (for instance, Daniels et al., 2005).

The diary and memos written during data collection were useful in coding interview transcripts and during coding process. Memos are notes made during field study to supplement interview transcriptions, to document observations, reflect or comment on possible directions of further questioning, and to record interesting or surprising findings or concepts (Jennings, 2010). This research used analytic memo writing to document and reflect on the coding process, code choices, emerging patterns, categories, themes, and concepts. These memos were labels that needed to be analysed to enhance data analysis (Saldana, 2009). Therefore, memos written during interviews were used in the analysis process and provided insight and contributed to the development/revision of the coding system. One example of these analytic memos was when a participant implied a trade-off between money and accessibility. This idea immediately caught my attention and I made a memo in my diary to follow up. In fact, this memo influenced the coding process, data analysis, code categories, and led to one of the findings of the study. A snapshot of my diary indicating this memo is provided in Appendix D.

4) Integration: The fourth stage of data analysis was integration of codes in order to develop and categorize the themes. During integration, a priori and emerging codes were combined to give meaning to components and ideas. Through putting emerging codes together, a thorough picture of the travel experiences of travellers with mobility impairments was formed. However, developing codes and categories required me to think through what codes and ideas fit together. I began by searching for recurring similarities in the data. These similarities revealed patterns that could then be reflected into categories. Two criteria were used to validate categories: internal homogeneity and external heterogeneity. The first criterion was concerned with the extent to which the data held together, whereas external heterogeneity was concerned with the extent that differences among categories were clear and bold (Guba, 1978:53).

Identifying codes started with a priori codes and then extended to emerging codes which were combined into themes and then into categories. A priori codes were derived from the literature and were used as a basis to understand the travel experiences of travellers with mobility impairments. For instance, “uncertainty around travel” was included in a priori codes for travel constraints. Later, a related code emerged through analysis as “fear of being treated differently”. These two codes were grouped under “emotional” constraints which, in turn, was categorized as an overarching theme of “intrapersonal” constraints. Table 3.3 provides three examples of the coding process.

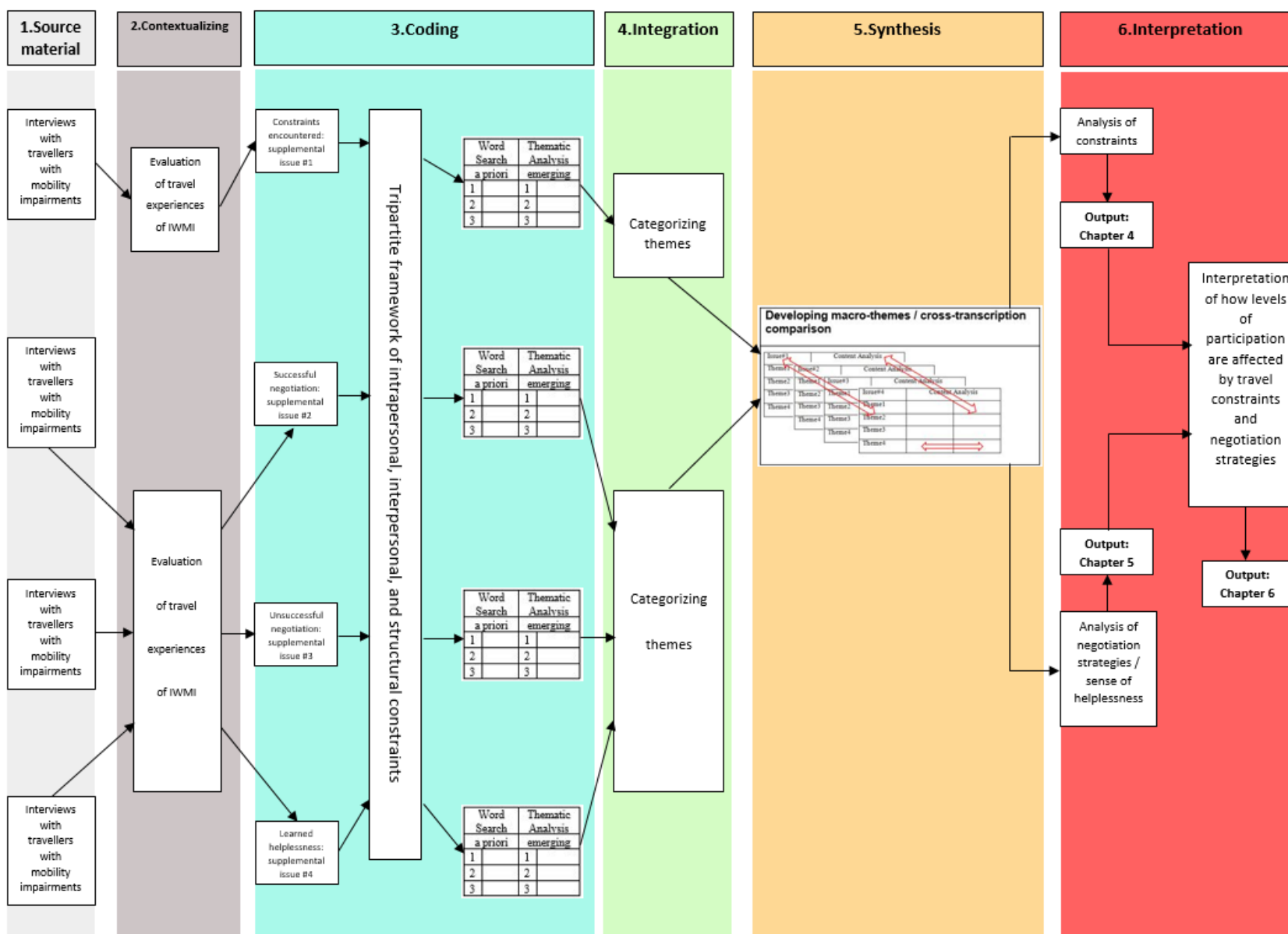
Table 3.3 Examples of the coding process

A priori code	Empirical data	Emerging code	Theme – Macro theme	Category	Overarching theme
lack of accessible rooms at hotels	They have a limited number of accessible rooms and they don't include facilities that would allow for a group of people to stay together; accessible rooms always have one or two beds maximum, so people with disabilities cannot stay with a group of friends or family members.	Accessible rooms do not fit a group	Accessibility	facility-related constraints	Structural constraints
Staff's negative attitudes	They can be restricting because they got their assumptions, perceptions, rules, and expectations. They think they are liable. They don't want to get in trouble for allowing a disabled person to participate in something and then get hurt and it will be considered their faults. I wanted to go jet-skiing with a friend and although it was not a law, my friend was allowed to drive it, but I wasn't because I had a disability. So, it's the attitudes; someone would say no you are not allowed to because of your disability and someone else might just let you do it.	Resorting to Health & Safety regulations to deny service	Unwillingness to provide service	Service providers' attitudes	Interpersonal constraints
Uncertainty	This causes a lot of anxiety, that things are not going to run as smoothly, that I am going to be treated differently, that it's going to be a hassle when it should be a straightforward process.	Fear of being treated differently	Fear of unknown	Emotional constraints	Intrapersonal constraints

The next step was working back and forth between the classification system and the data to verify the accuracy of the categories and placement of data in those categories (Patton, 2002:466). In doing so, quotations from interview transcripts were extracted and analysed against the analytical framework for each constraint, negotiation strategy or a sense of helplessness. As I progressed further in analysis, like-coded data were identified, and similar categories were combined into more inclusive categories. Therefore, the categorization was refined in the light of new data analysis.

It should be noted that while analysing data, I encountered specific examples within more general categories which indicated other specific examples that could potentially belong to the same general category (Bazeley, 2013:163). Those examples, which indicated a priori codes, were noted down as memos and temporary codes and categories were created for them. For instance, when analysing data for “intrapersonal constraints”, two temporary a priori categories were thought of: “lack of knowledge” and “social ineffectiveness”. The analysis process initially generated a larger number of codes (and memos) and categories. Later on, similar codes were combined, and similar categories were incorporated and if no instances from transcripts were matching those temporary codes and categories, they were dropped. Therefore, the list of codes and categories was refined multiple times based on the new findings surfacing from the data.

5) Synthesizing: The next stage of the analysis included a synthesis process in which categories evolved into themes and macro themes based on the specific research questions related to travel constraints, successful and unsuccessful negotiation strategies, and instances of feeling a sense of helplessness among travellers with mobility impairments. All themes of the travel experiences of these travellers were contextualized, integrated, and then formulated into macro themes. For instance, a priori code of the “lack of accessible rooms at hotels” was related to emerging code of “accessible rooms do not fit a group”. These two codes were then grouped together as “facility-relate constraints” which, in turn, was related to the “accessibility” theme and “built environment” macro theme. Accordingly, through the synthesis process, similarities and differences within the empirical material were identified. This enabled me to develop categories through constantly comparing coded data. Therefore, like-coded empirical materials were identified and verified through repetition.



IWMi: individuals with mobility impairments

Figure 3.3 Analytical framework

The synthesizing process involved comparing findings within each transcript and then across transcripts to conceptualize macro themes. Synthesizing (through cross comparison) was conducted in order to deepen the understanding and explanation. This process enabled me to examine similarities and differences across transcripts to form the more general categories that encompass the relation (or interrelation) of data reported by different participants. Therefore, synthesis was done to increase generalizability of what was going to be reported as findings (Miles et al., 2014). Synthesis reassured the researcher that experiences of the participants in a specific circumstance were not solely dependent on that specific settings. Hence, the purpose of synthesis was to evaluate different settings in order to understand the conditions and to develop more powerful descriptions and more sophisticated explanations which, in turn, could enhance generalizability or transferability of the findings to other contexts. Although qualitative research is not explicitly about generalizability of the findings (Creswell, 2009), qualitative researchers need to ensure the relevance or applicability of their findings to other similar settings. The synthesis process was carefully designed and conducted for this study to transcend the specific particulars in order to understand the general circumstances surrounding the travel experiences of travellers with mobility impairments.

6) Interpretation: The sixth and final stage of the analysis process was interpretation and drawing conclusions based on data analysis. This stage aimed at answering the research questions. Interpretation is concerned with the meanings attributed to circumstances, events, or actions. Interpretation is built on intensive reading, interpretive memoing, coding, summarizing, and exploration of variations and differences in data (Bazeley, 2013:379). Interpretation means going beyond the descriptive data; it involves attaching significance to the findings and making sense of them, offering explanations, drawing conclusions, and making inferences (Patton, 2002:480). In doing so, I clustered the ideas and understandings and then sequenced and wove them together to form an overall account or narrative that went beyond thematic reporting. This process involved dealing with rival explanations and accounting for data irregularities to test the viability of alternative interpretations. I was aware of the difference between description and interpretation and hence, tried to eliminate the unknown, clarify misconceptions, and confirm that the findings were supported by data. The travel experiences of travellers with mobility impairments were studied and multiple meanings were identified that illuminated those experiences. The interpretation of those meanings clarified different aspects of the travel experiences of travellers with mobility impairments and how various factors influenced their levels of participation in tourism. Therefore, the results of

data analysis and interpretation contributed to the identification of the different travel constraints encountered and the negotiation strategies utilized or developed in response to those constraints. So, through interpretation, themes and concepts were compared from one situation to another and then transferred across other concepts in order to bring together the results and findings reported in chapters four and five. The next section addresses trustworthiness and quality of the research.

3.11. Trustworthiness

Issues regarding legitimacy and quality of qualitative research have been the focus of discussions in the past couple of decades. In particular, concerns have been raised regarding the quality criteria used for qualitative research (Torrance, 2008). The concept of trustworthiness is the basis of quality issues in the interpretive paradigms. Corresponding to well-established quality measures of quantitative research, namely internal validity, external validity, reliability, and objectivity, qualitative researchers have proposed credibility, transferability, dependability, and confirmability as quality criteria for qualitative research (Denzin and Lincoln, 2005). Quantitative standards of quality have been replaced by alternative quality criteria that are aimed at ensuring trustworthiness in qualitative research. This section addresses the implementation of quality criteria that assure the trustworthiness of the research.

The first element of trustworthiness is “credibility” which refers to how truthful the findings are (Decrop, 1999). Credibility entails the quality and depth of data, how they are backed by evidence and how data have been analysed, interpreted, and represented. The objective of credibility is to ensure the findings provide a better understanding of the complexity of the phenomenon being researched. The first and foremost step to ensure credibility of the findings, which was carefully done in this study, is developing an analytical framework at the beginning of the research which is systematically built on the established concepts (Morrow, 2005). I was mindful of this requirement since the earliest stages of the research design and the evidence is clearly reflected in the interview schedule (Appendix C) as the interview questions have been designed with an eye on the literature, the theories used, the questions of the study, the conceptual framework, and more importantly, the analytical framework.

Various other techniques have been suggested to enhance credibility; for instance, the referential adequacy, constant comparisons, member checks, persistent observation, and prolonged engagement in the field of study (Decrop, 2004). This study gathered, developed,

and utilized various sources of information and documentary data regarding the arrangement of contextual information in order to enhance “referential adequacy” which, in turn, could support the interpretation and analysis of the data. To increase the referential adequacy, during the interview process I frequently reiterated my understanding of answers given and inquired participants’ opinion about the correctness and accuracy of my interpretation of what they had intended to communicate. Moreover, participants were contacted after the interviews and the interview transcripts were emailed in order for them to double check or edit their answers and provide any comments or feedback. This ensured the transcripts were providing accurate and credible accounts of participants answers. However, no comments or modifications were received. This was conducted to ensure the data were precise and the likelihood of misinterpretation of the data was minimized. Emerging themes and categories were continuously captured by analytic memos which were prepared by the end of each interview session to document initial ideas for codes. I constantly compared the new and emerging themes, concepts, and categories against the rest of the empirical material. This “constant comparison” enhanced the credibility of the findings (Gibbs, 2009).

The second element of trustworthiness is “transferability” which refers to the extent that the research findings are applicable to similar setting or group (Decrop, 1999). To ensure transferability, two strategies were employed: writing thick descriptions and convenience sampling.

Thick descriptions give an opportunity to the readers to interpret the data, acknowledge the findings and examine the applicability of the findings to other settings and contexts (Decrop, 2004). Thick descriptions of data were provided in the current research through presenting quotations from participants’ interviews. Using quotations is considered a way to reflect on the quality of the study through providing context-specific information with sufficient details to represent the reality of human experiences (Sandelowski and Barroso, 2002). Therefore, this study tried to incorporate a well-balanced number of direct quotations for the representational purposes to ensure that all voices are represented in the text, a strategy that, according to Creswell et al. (2007), not only engages the reader but also assures the accuracy of how complexities of the phenomena are outlined in the findings.

There was variety within the convenience purposeful sample used in this study. Convenience sampling, although within a set of parameters – namely, the age range of 18 to 44 – ensured acquiring a broad range of information from participants with various types of

mobility impairments and different levels of severity who had different levels of function, access needs, social and financial status, and travel patterns and experiences. Appropriate sampling strategies in conjunction with quality, length, and depth of interview data can enhance the quality of the research (Morrow, 2005). Conducting a pilot study contributed to the quality of the research since it was implemented on travellers with mobility impairments and led to improvements in the research process and especially, the research design. The data obtained during the interviews were information-rich. According to Kvale (2009), the length of participants' answers, the relevance, and the richness of the answers alongside the researcher's clarification of those answers will contribute to the quality of qualitative research. The information-rich data of this study can be considered as an indicator of the quality of the research.

The third element of trustworthiness is "dependability" which refers to the consistency and reproducibility of the results (Decrop, 1999). "Auditing" is a strategy to achieve dependability through documenting data, methods, and decisions of the research project alongside the findings and results (Seale, 1999:45). This study tried to clearly elaborate on the research process, procedure and design in this chapter and the rest of the thesis in order to enhance dependability which, in turn, contributed to the quality of the research.

The fourth and last element of trustworthiness is "confirmability" which refers to the neutrality and unbiasedness of the findings. Confirmability addresses the fact that whether the findings are reflective of the participants and the inquiry or they are a product of the researcher's biases (Decrop, 1999). Confirmability is achieved through "reflexivity" which provides a methodologically self-critical account of how the research has been conducted and what influence the researcher might have had on the interpretation of data and the findings. This reflexive account makes the researcher's assumptions and biases known to the audience and allows external readers to judge the quality of the research (Rolfe, 2006). Therefore, reflexivity is closely related to subjectivity, a standard for qualitative research, which is considered a part of the research process by qualitative researchers. Researchers working under the interpretive social sciences paradigm should try to manage subjectivity through regarding the researcher as a co-constructor of meaning who influences the data analysis, interpretation, and findings of the study (Morrow, 2005). Therefore, a reflexive account was provided in section 3.9 which highlighted my background, my position on the subject, and my personal experiences in order to communicate the possible influences of the researcher on the research

process. Through providing a subjective and reflexive account, this research aimed at improving the quality and final outcome of the research process.

To sum up, the four criteria of credibility, transferability, dependability, and confirmability guided the whole research process in order to enhance trustworthiness, highlight the methodological sensitivity, ensure adequacy of the study based on the selected research paradigms and finally contribute to the overall quality of the research.

3.12. Strengths and limitations of the methodology

The methodological approaches of this study bear several significant strengths. The study intends to contribute to the existing body of knowledge in the field of tourism and disability. In doing so, a qualitative study was conducted to shed light onto an under-researched area in this field, the experiences of travellers with mobility impairments. The approaches undertaken for the study were selected carefully to serve that objective. Limitations of the current literature were identified (chapter two) and appropriate research methods were selected to address those limitations. Previous research has mostly been concerned with identifying constraints in specific leisure or travel activities, for instance, in cruise ships (Daniels et al., 2005), skiing (Gilbert and Hudson, 2000), angling (Lyu and Oh, 2015) or air travel (Poria et al., 2010). The findings of these studies are specific to certain environments and activities and therefore, cannot be transferred to other settings, activities, or travellers. These findings lack insight in the complexity of the leisure or travel experiences, participation, and factors that influence those experiences. To address this limitation, participants were asked about their travel and tourism experiences in the past five years. This resulted in information about the travel experiences of travellers with mobility impairments in a variety of tourism activities that took place at different destinations and in various settings.

Although the tension (negative relationship) between constraints and participation has been studied before, the complexities that surround their relationship have not been explored empirically in an in-depth manner. There is a dearth of research around the negotiation strategies that travellers with disabilities use in the face of constraints. Having identified a research gap, this study was conducted using appropriate qualitative research methods that led to a better understanding of the travel experiences of travellers with mobility impairments, the facilitating or inhibiting factors and the interaction of travel constraints and negotiation strategies plus their influence on the levels of participation. Therefore, the main strength of this research is its interpretative depth.

The multi-staged interviews, both the benefits (building trust) and the recognised drawbacks (the time commitment/obligation), were another strength of the methodology of this research. A staggered approach to study travel experiences of travellers with mobility impairments was rare in the literature and served this study in several ways. First, it allowed me to cover a very broad range of topics and questions in three interview sessions which was not possible in a single interview. Second, the nature of the study required participants to share their personal experiences and sensitive information. A staggered approach made it easier to build the necessary trust between participants and me. Third, it provided an opportunity for reviewing each interview before conducting the next session. I transcribed each interview and made sure all questions had been answered and all topics had been covered. This provided me with a broad picture of the content of the data collected and helped in determining any required follow-up questions or clarifications for the next interview sessions.

Information richness of the data was another strength of the research methodology. A very broad range of issues and questions were covered with each participant over three interview sessions. An extensive amount of data was provided by participants regarding their travel experiences which is evident in the long and detailed answers provided to the interview questions. Therefore, this research was able to explore the phenomenon under study extensively.

My long-term engagement with the research topic was another strength. In addition to being considered an insider due to my mobility impairments, I have been engaged for several years with disability and tourism, in general, and the travel experiences of individuals with disabilities, in particular. This, in turn, enabled me to have a structured, well planned, and close interaction with the participants. Therefore, my familiarity with the phenomenon under study and my effective interaction with participants contributed to the selection of the research methods and quality of the data obtained (Pe-Pua, 2006).

Some limitations stem from the context of this study. Since the study was conducted in New Zealand, its findings are not necessarily transferable to other cultural backgrounds or tourism settings that are significantly different. Confining the age range of study sample to 18 to 44 can potentially have implications for the findings. It is quite possible that if included, middle-aged (45 to 65) and senior (+65) travellers might have different travel experiences. The sample was only comprised of European New Zealanders and I was not successful in recruiting any Māori participants or other ethnicities.

Further limitations originate from time commitment for staggered interviews. Arranging a date and time (and place) for an interview was difficult and having three separate sessions exacerbated this, both for the participants and the researcher. This was in terms of planning, preparing, and scheduling, and, more importantly, keeping participants engaged until the end of three interview sessions, as the scheduling challenges increased the chances of cancellation and withdrawing. Participants tended to spread the three interview sessions over a timeframe of several weeks and I had to negotiate with each participant in order to conduct all three interviews over a reasonable timeframe. Losing potential participants and having several participants quitting the study after one or two interview sessions was one of the drawbacks of having multiple interview sessions.

This study was conducted with a sample comprised of a specific cohort of travellers with mobility impairments (section 3.7). These travellers were privileged in many ways as they all had the means to overcome constraints and travel. Indeed, almost all of them were frequent travellers with diverse travel experiences. If the sample included individuals who travelled less, the study could explore other aspects of constraints, negotiation, and non-participation. In this sense, the sample is not representative of the broader lived experience of disability. However, it was important for the current study to have participants who have a range of travel experiences. Furthermore, the sample was diverse in terms of the type and severity of the impairments, having a congenital or acquired disability, use of assistive devices, and general travel patterns. This diversity, within the set parameters of mobility impairment and being 18 to 44 years old, had implications for the study. This category (travellers with mobility impairments) is used as something of a catch-all category in the field of tourism research. However, this group comes across as quite diverse which means although these individuals are categorized as having mobility impairments, they have different access requirements and they might face different travel constraints. Diversity among travellers with mobility impairments can potentially be both a strength and limitation for this study. It can be a strength in the sense that a sample comprised of travellers with various mobility impairments provides a broader range of data and a better understanding of the travel behaviours and experiences of these individuals. At the same time, it can be a limitation as the diversity makes it difficult to compare or contrast the themes, identify similarities or differences, spot the trends in data, and draw conclusions. However, as the study aimed for the individual voices to be heard, that difference can be positive.

The sampling method of this study had some limitations. Purposeful convenience sampling has been subjected to criticism due to its possible impacts on the credibility of the findings (Creswell et al., 2007). However, convenience sampling is very common and perhaps the most appropriate sampling method for qualitative studies involving individuals with disabilities and other marginalised minorities (Flick, 2008). Using a convenience sample means that the findings of this study are specific to the participants and cannot be generalized or transferred to other groups, settings, or populations. However, the findings provide valuable insight into the travel experiences of those travellers with mobility impairments who participated in this research. Although the results cannot be generalized, they still provide a solid cornerstone to better understand the tourism behaviour of travellers with mobility impairments in New Zealand and therefore, this study advances the tourism and disability research.

3.13. Conclusion

This chapter addressed the research methods used for the study. It was essential to select an appropriate methodology that lent itself to ethical disability research, minimized the limitations of previous studies in the field of tourism and disability, and also served the objectives of this research. A critical discussion was provided around the meaning of disability research, who should conduct it, and how it should be designed and conducted. Ethical considerations of disability research were explained including a reflexive account that situated me in the study and detailed my background, identity, beliefs, assumptions, and my influence on the research. The nature of ethical research was also explored alongside its ontology (the nature of reality), epistemology (how knowledge is known), methodologies (approach to inquiry), and methods. This resulted in the selection of the interpretive social sciences paradigm to inform the current study.

This paradigm enabled the current study to explain the social phenomenon of tourism from the perspective of travellers with disabilities and to give voice to the participants. As the research process involved an interaction between the researcher and the participants, a qualitative methodology was needed to get the meaning of social interactions and access people's experiences expressed in their own words. In-depth semi-structured interviews were designed with a staggered approach comprising three interview sessions with each participant to gain a better understanding of the travel experiences of travellers with mobility impairments. Overall, 42 interview sessions with 14 participants resulted in detailed and information rich

data which provided insightful materials for the objectives of the research. Empirical data analysed using the analytical framework, as featured in section 3.10, resulted in the findings which will be discussed in chapters four (travel constraints) and five (negotiation strategies and a sense of helplessness).

4 Travel constraints encountered by travellers with mobility impairments

4.1. Introduction

The analytical framework in the previous chapter described the analysis process and how the collected data were analysed to answer the study questions. This chapter provides the foundation to address the main research question: how are the participation levels of travellers with mobility impairments in the New Zealand affected by constraints and negotiation? Focusing on travel constraints reported in the New Zealand context, this chapter provides the answer to the first supplementary question: what are the constraints encountered by travellers with mobility impairments? Section 4.2 deals with participants motivations to engage in tourism. Section 4.3 addresses constraints reported in three levels: intrapersonal, interpersonal, and structural. The analysis of collected data indicated the participants were engaged in a wide range of activities in different types of spaces and places including, but not limited to, domestic and international trips, visiting relatives and friends, business and pleasure trips, adventure tourism, and nature-based activities. This reflects the specific characteristics of the sample (section 3.7) and might be a reason for the large number of travel constraints reported by these travellers. Tourism facilitators are discussed in section 4.4 and the conclusion to this chapter is presented in section 4.5.

4.2. Motivation

As was seen in chapter two, motivation plays a significant role in the negotiation process and the outcome of the negotiation process depends on motivation for participation, the relative strength of constraints, and interactions between constraints (Crawford et al., 1991). Studies have shown a relationship between motivation and constraints that suggests lower levels of motivation to participate is related to experiencing higher levels of constraints, and higher levels of motivation increase participation (Alexandris et al., 2011; Carroll and Alexandris, 1997; Son et al., 2008; White, 2008). Therefore, in their constraints-effects-mitigation model, Hubbard and Mannell (2001) assumed motivation was related to constraints and negotiation (section 2.9). Their findings indicated that motivation had a direct positive influence on negotiation strategies which, in turn, positively influenced participation. Hence, motivation seems to have a role in the development and use of negotiation strategies to overcome barriers to participation. Considering the potential effects of motivation both on participation and

negotiation strategies, questions were designed to inquire about participants' motivations for travel. Asked in the first interview session (Appendix C), these introductory questions got participants talking about their travel.

All participants were highly motivated to engage in travel and indicated various motivations that were divided into seven categories. Novelty (mentioned by nine participants), independence, enjoyment, visiting family and relatives (each reported by three participants), and single participants mentioned learning, creating memories, and helping others. Novelty has long been considered as a motivation for pleasure travel (Chikuta et al., 2017; Shi et al., 2012) and is the desire to see new places or do things in a different environment (Crompton, 1979). The majority of participants were motivated by novelty. For instance, Betty shared her desire to "experience different cultures" and Cathleen said:

The opportunity to have new experiences and seeing new places, new environment, new people. It helps me to feel more things are possible especially if I go overseas; there are much more diversity of services and opportunities of entertainment than New Zealand.

After novelty, there were a wide range of motivations identified by between one and three participants. According to Shi et al. (2012), travel is a way for travellers with disabilities to regain control of their lives and feel independent. When asked what she was looking to gain out of a travel experience, Amy responded "more independence". Similarly, Carolyn reported "[the] feeling of being independent, out there, three hours away from the nearest road" and Ben said:

The challenge of being able to work it out on your own. I enjoy this, part of the challenge is interacting with people and letting them know that people with disabilities can be autonomous and travel. I use independent travel to educate people by doing it.

Sarah, Brenda, and Carolyn referred to enjoyment and having fun as their motivations; for example, Carolyn said:

The experience in itself and the joy it brings to you. It is one of those intrinsic motivators, feeling of 'wow' when I'm sitting on top of the hill in the middle of nowhere enjoying the scenery.

Ben, Eva, and Cherry referred to seeing their family and friends, who were living far away as their main motivation for travel, which is in line with the literature (Shi et al., 2012; Slabbert and du Plessis, 2013).

Other motivations were reported by single participants. Ana referred to learning opportunities as a motivation:

Learning is very important: knowing people, their histories, their narratives, their culture, and society. I love learning.

Richard noted “creating memories”:

Just to create memories. I love travelling with my wife and we got good memories that we can think about when we sit at home, we can remember places we have been.

Carolyn was motivated to travel for helping others:

I love being able to help others see potential in themselves and other people. I travel a lot personally to go on and get out and do activities to show other people and help them get out and do activities.

Unlike some previous studies (e.g. Shi et al., 2012) that reported accessibility of the destination as an important motivation (pull factor), none of the participants mentioned disability-specific motives. Although accessibility and service providers’ attitudes may be important for travellers with mobility impairments (see section 4.4 on facilitators), participants did not specifically mention these as motivating factors; rather, they all emphasized the importance of travel experiences. Furthermore, participants did not talk about health-related motivations, which indicates they are not focused on their impairments; rather they resemble everyone else in many ways but in the face of constraints, they encounter different challenges from others. The findings were in line with previous studies (Chikuta et al., 2017; Daniels et al., 2005; Shi et al., 2012) that reported individuals with disabilities were highly motivated to engage in tourism and leisure activities especially when they have access to adapted equipment and services corresponding to their specific needs in terms of the types of disabilities and levels functioning (Figueiredo et al., 2012; McKercher and Darcy, 2018). The strong motivation presented by participants indicates their positive attitudes towards tourism as well as their willingness to participate in those activities. According to the conceptual framework of the study, these travellers encounter travel constraints which are addressed in the next sections.

4.3. Travel constraints encountered by travellers with mobility impairments

The first supplementary question “what are the constraints encountered by travellers with mobility impairments?” aims to identify the constraints of participating in preferred tourism activities. Chapter two revealed that no one is free from constraints when contemplating participation in tourism. Constraints, in this context, refer to various factors which preclude or

reduce an individual's frequency, rate, or enjoyment as a participant in travel and tourism (Lee et al., 2012) and researchers agree that tourism/leisure constraints are multidimensional (Jackson and Scott, 1999). Travellers with disabilities face a disproportionate number of constraints over and above that of the able-bodied and the severity of their disability alongside many other factors play an important role (Small et al., 2012). These constraints originate from their physical and/or cognitive conditions as well as negative public perceptions of, and attitudes towards impairment (Smith et al., 2005).

To inquire about three levels of constraints – intrapersonal, interpersonal, and structural – participants were asked about constraints they perceived or had experienced in a travel and tourism context (See Appendix C for a list of interview questions). The established frameworks of leisure constraints, (i.e. intrapersonal, interpersonal, and structural) was used to classify constraints reported by participants. Subthemes were developed based on a combination of a priori themes and emerging themes, and categories were formed during analysis (section 3.10).

4.3.1. Intrapersonal constraints

Intrapersonal constraints were divided into four categories: physical, emotional, health-related, and physical and psychological dependency. These categories drew upon the literature (e.g. Daniels et al., 2005) and emerged while categorizing constraints.

4.3.1.1 Intrapersonal physical constraints

Intrapersonal physical constraints are a result of the impairment and how the impairment directly impacts the travel. Most of the physical constraints reported were related to not being able to do physical acts like pushing one's wheelchair, standing in a line, carrying luggage, walking and other physical activities. For instance, Amy found it difficult to go anywhere she could not push herself around. Having to stand in a line or wait for an activity had consequences for travellers with prosthetic legs, travellers who use walking sticks or no assistive devices. In all these cases, the nature of the impairment made it difficult for these people to be standing. For instance, Brenda said:

I'm not sitting in a wheelchair, sometimes I have to stand in lines which might be tiring specially at the busy or huge places.

Some participants reported a constraint attributable to the nature of their impairment resulting in limited physical function. Richard and Cathleen found it difficult to get on and off the rides in amusement parks:

Some theme parks don't have facilities to allow me to get out of my wheelchair and participate in the rides, so some of the adventure rides and theme parks are not possible for people in my situation (Cathleen).

Physical capability to participate in travel posed an issue for several participants. Any activity needs a certain level of physical engagement and causes a certain amount of tiredness or fatigue. This might become a constraint and something to be wary of for travellers with mobility impairments. Ana said:

Standing in lines means that by the time I get to the activity I don't enjoy it because I'm tired. Long haul flights and tiredness from jetlag, using public transport between places, having to walk from the hotel to metro station or to the bus, all these significantly impact on my stamina and my ability to participate.

Due to limited physical capabilities, travellers with mobility impairments cannot deal with sudden or unexpected changes in plans as easily as their able-bodied counterparts. Carolyn said, if able-bodied people are stuck in nature, they might be able to push their way through vegetation, change their route, or get to their destination from a different path; but this would not be easy if a person has limitations in their physical function. She added:

When I'm stuck in tracks, there is an easy way which is cutting down the branches or removing the roots to go on, but this is not easy with limited physical functions.

It is noteworthy that the intrapersonal physical constraints identified related more to participation than non-participation; waiting, getting onto and off rides, and getting stuck are all examples of constraints encountered during the actual participation. None of the participants commented about not doing activities because of constraints; rather, the story here seems to be the discomfort and/or inconvenience caused by these intrapersonal physical constraints.

4.3.1.2. Intrapersonal emotional constraints

Intrapersonal emotional constraints refer to the feelings prior to or during travel, en route and at the destination. Reported constraints included unpleasant feelings in relation to travel: anxiety, fear of the unknown, and stress. Travel imposes a certain level of anxiety and uncertainty for everyone. However, this is disproportionate for travellers with disabilities and as several studies have reported (Daniels et al., 2005; Darcy, 1998; Packer et al., 2007; Richards et al., 2010), these travellers have the feelings of anxiety and uncertainty throughout their travel and tourism activity. Intrapersonal physical constraints, especially the constraints that originate from physical capabilities, the nature of disability, and physical function, can provoke

intrapersonal emotional constraints. Betty expressed a feeling of stress around travel due to the physical constraints and her limited function:

I had a lot of trouble with booking the flight, they had an approval process where they approve your assistance request. I had to call them and give them all this information and they passed it to a special needs department for approval and then I had to call them back to make sure it had been approved before I flew. It was very stressful.

Joyce expressed anxiety and discomfort resulted from having to use a walking stick which was “a psychological barrier” for her. This clearly shows a relationship between a physical constraint (limited mobility originating from an impairment) and the resultant emotional constraint (the psychological discomfort from using a walking stick). She was anxious about the consequences of her physical constraints:

If I need to use the public transport or to get from A to B around Melbourne or around Australia, I can, and I know how to do it myself. But if I go somewhere that I have never been, I do feel quite anxious because I don't know how I am going to get around. I would be worried that I would physically not be able to manage and how I would deal with that.

Some of the intrapersonal physical constraints were connected with or could be manifested as intrapersonal emotional constraints.

Anxiety was also reported by participants. Various levels of anxiety could be experienced throughout the travel due to the constraints, especially the access issue which is present at every stage of the trip. This anxiety depends on the complexity of the trip, the past experiences of the traveller, the degree of familiarity with the context, the amount of support available in that specific trip, and several other elements (Small et al., 2012, Darcy, 2010). All participants reported anxiety, uncertainty, as well as fear of the unknown as travel constraints. For instance, after collapsing on some stairs and breaking a bone, Ana is “always afraid of that”. She also expressed three other sources of anxiety:

Bedding, stairs, and parking. If I'm driving with my own car, I always look for a place where I can park my car outside. If you have to park two three blocks away, it is impossible to carry stuff.

Carolyn thinks “everybody with disabilities has some anxiety around travel” and Brenda reported feeling anxious because she “was going to be on crutches and didn't know what it was going to be like”.

This feeling of anxiety appears to be closely related to a fear of not knowing what to expect at the destination, what might go wrong, and how one can possibly try to approach or solve issues and problems. Cherry reported:

We travelled to Rarotonga. I did not know what services they had and what the place would be like; that was a big unknown to me. I had to organise a nurse and I was unsure, I only dealt with her via email, so I had to meet her, I was apprehensive with that and I didn't know what transport and wheelchair accessibility was going to be like.

Joyce expressed a similar “fear of unknown”, admitting “there is a doubt that I can actually walk a certain distance or do a certain activity” until she arrives to the destination. Christopher visited Germany in the same month that the elevators and public transport were being modified for travellers with disabilities and therefore, most of them were out of access:

I would never have known that. It's just always going to be something you never see coming. I always have this concern before every trip. That's an example on unforeseeability.

Participants expressed another source of fear and uncertainty was the potential mishandling of their assistive devices. This is a major issue and if damage happens to their only device, it can easily end the travel experience. The replacement equipment might not be readily available at the destination, the repair might be very expensive, or take a lot of time (Darcy, 2012; Darcy, 2004; Park et al., 2015). It is not surprising that several participants referred to this intrapersonal emotional constraint. On an overseas trip, Ben had a broken wheel on his wheelchair which needed to be replaced and now “that’s something that always worries” him. Similarly, Sarah said:

I got my wheelchair back and there was a big dent in the wheel ... luckily it happened in the end of my trip when I was coming home. If this happens at the beginning of my journey, the result would be disastrous.

Participants also reported other intrapersonal emotional constraints such as feeling less independent, free and flexible, which are attributable to the environment. Features of geography or the built environment can impose restrictions for these travellers. When a bus stop was moved, Joyce felt her “sense of freedom had been impacted”. Similarly, Eva said:

The street was just about vertical, once I was there I couldn't go out at lunch time like my peers. I had to stay in the building ... you've got less flexibility. I don't have the same freedom as everybody does.

Air travel was another source of emotional constraints for travellers with mobility impairments (Darcy, 2012). Participants often mentioned feelings of anxiety and distress around the check in, organising a wheelchair, boarding, and disembarking at the airports, as well as inconsistency in the way that these travellers are being dealt with at airports. Joyce said:

I get there early enough so they can organise a wheelchair from the check in to where you get on the plane and you are more likely to be taken through early. Sometimes, the procedure is not the same, they do it differently or make you wait to the end. I'm sitting there thinking they've forgotten me. I still get stressed about that.

Reporting another kind of anxiety, Joyce said “it was emotionally difficult at times to acknowledge I had to rely on assistance from other people”.

Fear of being treated different than other travellers was another source of anxiety for participants. Ben pointed to “the extra unnecessary things” he had to do and “the unnecessary questions” he had to answer. He emphasized “I was seen outside of the norm, a problem or something that had to be dealt with” and added:

This causes a lot of anxiety, that things are not going to run as smoothly, that I am going to be treated differently, that it's going to be a hassle when it should be a straightforward process. I just want to be fully integrated into the process.

In line with the findings of Darcy (2004, 2012) and Richards et al. (2010), anxiety around damage to or loss of dignity was a constraint reported by participants. The most frequent examples were checking in, boarding, and disembarking processes at the airports, which can easily result in situations where the independence and dignity of travellers with disabilities are challenged. Ben was refused boarding a plane because the airline staff did not believe he met the independent traveller criteria:

A colleague and I were both on wheelchairs to get on a flight. We got as far as the door of the aircraft. Then we weren't allowed to get on the plane because we didn't have caregivers with us. We don't need caregivers, we don't travel with caregivers, we don't live with caregivers and it turned into a very tense situation.

Betty shared the same concern from a different perspective:

They put me in an armchair and just carried me up the stairs to the plane. They didn't really see the issue. They thought the passenger needed to get on the plane and they were taking me on the plane. They seemed not to be thinking of the passenger's comfort or sense of dignity.

Participants reported many intrapersonal emotional constraints, related to the anxiety and stress around travel. Sources of this anxiety included intrapersonal constraints such as uncertainty, fear of unknown, fear of having to acknowledge their dependency, fear of damage to assistive devices, or interpersonal constraints such as fear of inconsistency in service, fear of being treated differently, and fear of damage to or loss of dignity. There is a relationship between intrapersonal and interpersonal or structural constraints. As is seen in the examples, many of the intrapersonal emotional constraints are prior to departure, and relate to the fear of the unknown and pre-trip concerns around what happens during travel or at the destination. This influences the decision-making process of these travellers to participate in tourism.

4.3.1.3. Intrapersonal health-related constraints

Although most individuals with disabilities live relatively pain free lives, some specific disabilities are associated with health-related problems (Daniels et al., 2005; Lyu, 2017; Lyu and Lee, 2016). Gunn (1978) reported pain to be a potential barrier for individuals with disabilities and some disabilities have medical restrictions that limit participation in travel (Smith, 1987). Participants expressed various intrapersonal health-related constraints. Betty said:

Everyone will experience the physical effects of long-distance trips like swelling in the feet. But this has more effect on the physical ability for a disabled person and it will take much longer for us to recover.

Brenda said, “I have a pain in my stump when it’s pushed down going down a ramp” and Cathleen stated a health-related constraint:

Because of my condition and the way my body responds to different climates, I have to be very careful about the type of environments where I am staying. So, I am not able to travel to Europe.

Health-related constraints seem to play an important restricting role in terms of the participation of travellers with mobility impairments in tourism. These constraints need to be considered in the decision-making process prior to travel and travellers are aware of them during the actual activity.

4.3.1.4. Intrapersonal physical and psychological dependency constraints

Physical dependency upon others is one of the implications of their disability for travellers with mobility impairments. It covers a broad range of situations from getting assistance for mobility to performance of many every day activities (Blichfeldt and Nicolaisen, 2011; Packer et al.,

2007). Depending on the severity of disability, participation in travel may only be possible with the assistance of a caregiver or companion, and sometimes this physical dependency on others is a constraint. Sometimes travellers with disabilities, regardless of their severity of disability, feel a sort of psychological dependency which quite often acts as a constraint stronger than physical dependency (Smith, 1987). Psychological dependency prevents individuals with disabilities from developing qualities needed to overcome barriers they would face in travel including personal initiative, creative thinking, risk taking, and perseverance in action.

Physical and psychological dependency were reported several times. Eva admitted “I feel I cannot travel without my parents” or Joyce feels “discouraged due to being dependent on others to travel”. Similarly, Betty said:

I have only travelled when someone else is with me and that is quite limiting because it depends on other people. I want to be able to travel independently and do tourism activities, just like going on a trip by myself if I want to.

While speaking about psychological aspects of having to rely on others, she mentioned the feeling of being dependent as a constraint for future activities:

After going to that concert, I realised I could never go to a concert on my own. So, whether I am travelling or going to a concert, I cannot do it on my own if the venue is not fully accessible because if there is a fire, I cannot get out myself. So, there are things that I cannot do on my own because they wouldn't be safe. And I would say that was quite gut-wrenching for me to realise that that's how it is now.

Cathleen found the dependency “mentally challenging” and said, “I have to rely on being able to travel with friends and my caregiving assistant”. She added:

It is very important for me to have familiar people around me to have the type of support I need and to help me feel secure and happy and to be able to have the normal support that I am used to.

Cherry felt unhappy every time that she thought she would need a caregiver to be able to travel:

I'm fully reliant on caregiving and that is my hardest part of travel and it has put me off travel. I need help at home, and I need it away. It has been what stopped me from travelling.

These intrapersonal physical and psychological dependency constraints occur when an individual feels they are dependent on others and this feeling acts as a constraint, regardless of the abilities or the actual dependency on others. These constraints are different from the actual dependency on others or travel companions which are discussed in the next section.

4.3.2. Interpersonal constraints

Interpersonal constraints originate from social interactions or relationships among people who are present within a social or tourism context (Scott, 1991). These constraints can occur because of the unavailability of other people, thus preventing a traveller from participating in activities. There are also problematic interactions with individuals within travellers' social networks: travel companions, service providers, and other travellers or strangers. Many interpersonal constraints were reported by participants, which is unprecedented in the literature in terms of the sheer range and the depth of interpersonal constraints identified. These constraints are divided into four categories: travel companion, service provider, other visitors/strangers, and communication constraints.

4.3.2.1. Interpersonal travel companion constraints

Travel companion constraints occur when the interaction with a travelling partner leads to difficulties (Daniels et al., 2005). Most travel companion constraints found in this study resulted from participants having to rely on their travel companions to be able to participate. For instance, Cherry admitted "I require extra help, so I need to travel with my husband or other people". She found this "very restricting" which was also shared by Eva as she could not travel without her parents, and she had to fit around them. Sarah and Christopher expressed the same constraint of needing to have family or friends to travel with.

For others, it is finding a suitable traveling companion which is the constraint. Difficulties include finding the right person to travel with, financial considerations, choosing the destination, planning the trip and choosing activities. Cathleen found it difficult to arrange companions who can travel with her especially if she wanted to go overseas. So, she has had to cover a share of the travel expenses for her caregivers, or friends, to encourage them to travel with her. This, in turn, brings the difficulty of finding money to pay these companions travelling costs, which posed an extra constraint for travel.

Even if travellers with mobility impairments manage to find people who are willing to travel with them, sometimes the attitudes and perceptions of these travel companions can create difficulties or challenges. Joyce shared an experience where her travel companion believed she would miss out on things because of Joyce's disability:

That was quite hard, I was shocked that someone would think like that. Having to deal with that was difficult because she concentrated on what she thought she would miss out on rather than what I had to offer as a companion.

Given that some travellers with mobility impairments require a lot of support and assistance during activities, finding reliable companions might be a substantial constraint.

4.3.2.2. Interpersonal service provider constraints

Interpersonal service provider constraints are related to situations where the attitude, behaviour, or the interaction with a service provider causes a travel constraint (Bizjak et al., 2011; Daniels et al., 2005; Kim et al., 2012; Ozturk et al., 2008). The literature reveals that travellers with disabilities express two major complaints: first, staff's negative, patronizing, or condescending attitudes, and second their lack of awareness of accessibility information and distributing unreliable information to travellers with disabilities (Burnett and Baker, 2001; Darcy and Pegg, 2011; Michopoulou et al., 2015). All participants mentioned service providers' attitudes as a constraint including various and different instances of denying service, staff assumptions about abilities of travellers with mobility impairments, lack of awareness, being patronized, treating these travellers differently, and mistreating them. For example, Amy experienced drivers who did not help her get on the bus and Richard reported multiple instances of buses not stopping for him or not letting him on the bus during trips to Europe. Ben had this issue with "taxi drivers who were not willing to take a person with a wheelchair".

Many service providers have assumptions about the abilities (or lack of abilities) of travellers with mobility impairments, what they can and what they cannot do or what is in their best interest without actually consulting with the travellers. Most of the time these assumptions are reflected in the service being offered to these travellers. Participants expressed these as constraints to their participation in travel. Ben referred to "service providers' low expectations" of what he could do or not as a constraint:

The low expectations of people to assume that I cannot travel autonomously, getting into a flight, or booking into a hotel room. People often want to know whom I am travelling with, or if I need help. People just assume I can't carry my bags and things like that.

Cathleen complained about "the inaccurate perceptions of service providers" and Sarah was frustrated by service providers who assumed she could not do certain things even though she knew she could. Similarly, Christopher reported that he had to convince service providers that he could do certain things, otherwise they would just assume that he was not able to do any of those. He said:

We say we can take the chair to the truck, but they are like no you can't. Sometimes people have assumptions and sometimes they have not encountered a power wheelchair or a disabled man before, so they think you can't do things and you can. When they see you can do that, they would think wow that's pretty cool.

Patronizing behaviour was another interpersonal service provider constraint frequently reported by participants. Amy shared her experience of “inappropriate patronizing attitudes and comments” from a flight crew who treated her like a 10-year old. Similarly, Ben reported:

[There] was one of those stair climber lifts. But they wouldn't leave the key in it and they wouldn't give me the key, so I had to go and get someone to operate the lift for me every time that I wanted to go in and out of the hotel which I found very patronizing. It was really annoying, the fact that they would not let me control the lift myself.

Participants expressed another service provider constraint that could easily prevent them from participation. This stemmed from health and safety regulations or standard operation procedures as a basis for denying service to travellers with mobility impairments. Although regulations are extremely important, some participants believed that sometimes service providers, who were not willing to provide service to travellers with disabilities for other reasons, misused health and safety regulations as an excuse to deny service. The issue here is not the health and safety regulations themselves, rather, it is the mentality and attitude of service providers, combined with their lack of awareness, lack of training, and their unwillingness to serve these travellers, a mindset that might be looking for an excuse to deny service. This might be a very serious constraint as if a service provider refers to regulations, there is not much room for the traveller with mobility impairments to argue back even if the matter is actually not a health and safety issue. On this interpersonal service provider constraint, Ana said:

They can be restricting because they've got their assumptions, perceptions, rules, and expectations. They think they are liable. They don't want to get in trouble for allowing a disabled person to participate in something and then get hurt and it will be considered their fault. I wanted to go jet-skiing with a friend and although it was not a law, my friend was allowed to drive it, but I wasn't because I had a disability. So, it's the attitudes; someone would say no you are not allowed to because of your disability and someone else might just let you do it.

Carolyn has had to discuss the health and safety requirements with service providers:

It comes down to how willing they are to work with somebody with actual impairment. They tend to fall back on safety aspects because they have a feeling like a person with impairment is at risk and they cannot keep him safe during the activity. So, there are a lot of barriers for people with disabilities in outdoor activities.

This last quotation indicates that service providers might use regulations as a basis for denying service to these travellers.

4.3.2.3. Interpersonal communication constraints

Most of the participants shared their experiences of the way they were approached and treated by service providers. This finding is in line with the literature that reported an “aversion to communicate” with travellers with disabilities from service providers (Darcy and Pegg, 2011; Poria et al., 2010; Ross, 2004). Some service providers are not willing to interact with travellers with disabilities; they try to avoid communication and they tend to address the accompanying person even if they have been asked a question by a traveller with disabilities. Ben noticed this when he was trying to solve another barrier:

It was a barrier in attitude. Not listening to me and part of that was they didn't talk to me, they talked around me. I was in a situation that people were not understanding, and they even didn't talk to me. They were not addressing me as a person.

Cherry has experienced the same communication constraint:

We weren't asked, they just decided that I was to go into a car rather than the shuttle and transferring from my wheelchair to the car I fell. If we had been asked how we wanted to approach that scenario, that wouldn't have happened. People need to ask what we need rather than tell us what the best for us or them is. It was not a big issue, but miscommunication was an issue.

Due to her limited physical capabilities, Cathleen finds service providers assume she is not able to communicate, and they address her companions. She said:

There are many misunderstandings within the service industry about how to communicate with people with disabilities. They can easily see how my friends and my family communicate with me, they can understand they can come and speak to me and don't assume maybe my mind doesn't work because my body is very limited.

Service providers' aversion or unwillingness to communicate with travellers with mobility impairments seems to impose an important interpersonal constraint for participation of these travellers. This constraint has negative impacts on their travel experiences.

Language barriers are another interpersonal service provider constraint which keeps service providers from communicating with these travellers even if they are willing to do so. Not speaking the same language is considered to be a general travel constraint for everyone regardless of their abilities. However, this is amplified for travellers with disabilities as they need to communicate their special needs and requirements. Richard found “everything much

easier in terms of communicating the needs and services when you can speak the language, or they can speak enough English”. Similarly, Ana said:

Sometimes if you don't speak the language you don't know where to go or how to ask for assistance you need. I found that trying to explain myself and my needs as someone with disabilities when you don't speak the same language is difficult.

4.3.2.4. Interpersonal constraints that stem from visitors and strangers

Sometimes barriers are created by other visitors or strangers (Daniels et al., 2005). Amy said she always hears comments from strangers and Joyce is told how brave she is every time she is out in the bush. Sometimes other visitors and the strangers do not make comments, but their attitude becomes an interpersonal constraint. Betty shared this experience:

The real barrier came with another passenger who had a perception that a disabled people would be blocking his exit route. He told the flight attendant that he preferred not to sit next to me.

Richard has experienced the same interpersonal constraint:

Sometimes if I am not in an aisle seat, they would ask the person in the aisle seat to swap the seats; most people accept this but sometimes some people are not willing to do this, they want the seat that they had booked in. It's a bit difficult, it's their attitudes.

Gazing was another interpersonal constraint reported by participants. Individuals with disabilities are considered as appropriate others to be gazed upon; this has been well documented in the literature (Darcy, 2004) and was found in the present study. Brenda said:

It's more about the public. I noticed that more people were looking at me this time when I had the prosthetic compared to the first time that I was on crutches. Strangers who have not seen anyone with a prosthetic before, they stare.

The same interpersonal constraint was experienced by Carolyn after she “shuffled down a set of stairs” while her partner carried her wheelchair and they “got lots of funny looks down the bottom”. This section illustrated the constraints that relate to the interaction of the traveller with other individuals – companions, service providers, and the strangers – in tourism.

4.3.3. Structural constraints

Structural travel constraints are intervening between preferences and participation (Crawford and Godbey, 1987). These constraints are attributable to the environment, access issues, the physical nature of an area or the context of the activities. Many structural constraints were identified in this study which have been divided into eleven categories. These categories have

been developed based on the tourism and disability literature (transportation, facility, financial/extra cost, environmental/geography, the built environment, omission, lack of information/communication of incorrect information, and rules and regulations) or have emerged through analysing the data reported by participants (time, equipment, and organising care).

4.3.3.1. Structural transportation constraints

Structural transportation constraints mostly result from inaccessibility of transport modes (Agovino et al., 2017; Daniels et al., 2005). Although efforts have been made during the past couple of decades to improve the accessibility of transportation modes for travellers with disabilities, transportation is still a major barrier reported by these travellers. Some modes of transport like boats, trains and subways, trams, and intercity buses are mostly inaccessible and some more accessible modes of transport – like air travel – are a source of emotional constraints for travellers with mobility impairments (section 4.3.1.2).

Boats are an important part of the public transportation network in some cities and can be popular tourist activities. This has consequences for travellers with mobility impairments who are not able to use boats due to the inaccessibility of them. Richard decided not to go to Venice because of the inaccessibility, he said:

We wanted to go to Venice but when we looked into it with the boats and other things it was too hard. I gave up going to Venice because of the barriers, the little boats, and canals and other things.

Joyce does not use a wheelchair and while she is faced with fewer accessibility barriers than wheelchair users, still, boats impose challenges for her:

Boats are very difficult to get on and off. I take my time and I go down slowly. There are no rails most of the time and if there is somebody down the boats like a staff, I ask for help.

Trains and underground public transport pose multiple challenges for travellers with mobility impairments. Ana found “underground public transport mostly inaccessible” and “there are just stairs down to the stations in big old cities”. Ben had to plan his trip to London based on the accessibility of underground stations near the places he wanted to go. Richard shared his experience of using trains:

Trains were difficult, especially in Europe. You could never tell if the station at the other end was going to be the accessible one that you could get off. So, we tried to avoid trains compared to the other types of transport.

Christopher reported the same barrier:

We were going to the airport and the last train stop that we were supposed to get off to go to the airport was supposed to be accessible. I was waiting for the ramp but when the door opened it was like three feet drop to the platform.

Trams and intercity buses were other generally not accessible modes of transport for participants. Joyce mentioned “most trams in Melbourne were not accessible” and Carolyn admitted “it was almost impossible to book an intercity bus in New Zealand that I could get a wheelchair onto”.

Although participants believed city buses were more accessible than intercity buses and trains, not all city buses were wheelchair accessible. These travellers need a ramp (automatic or manual) to get their wheelchair onto the bus. Kneeling buses make it easier for travellers with mobility impairments, both wheelchair users and others, to get on or off the bus. However, city buses still have challenges for these travellers. Richard shared a structural transportation constraint in this regard:

In Paris, they said the buses were accessible, but they didn't tell that every fifth bus was accessible, so you had to wait for a long time for an accessible bus. Sometimes we waited for one hour.

Cherry had an issue with getting on and off the buses when they were not kneeling, so her partner had to lift her on and off. Eva expressed constraints to use city buses because “they were narrow and hard to get down, their ramp was quite steep, and having a wheelchair complicated the matters”.

The challenges and difficulties of using public transportation for travellers with mobility impairments have led to development of some transport options specifically designed for these travellers. For example, wheelchair vans allow a person to get on the vehicle with their wheelchair via an automatic or manual ramp. When available, wheelchair vans provide a reliable and accessible mode of transport for these travellers. However, as Christopher reported, there is no consistent standard for wheelchair vans, and they are not available everywhere or at all times. Richard had difficulties booking an accessible transportation:

Organising transport can be difficult because a lot of the vehicles are difficult to get into even if wheelchair accessible van is an option and you manage to book one. Sometimes they are not easily accessible to get into and they are a bit tricky sometimes.

As was previously reported (section 4.3.1.2), air travel was a mode of transport that caused emotional distress for participants. Other challenges were reported for every travel including the procedures to get on and off the plane, the on-board facilities, and the aisle chairs. Betty and Cherry indicate it is very hard to get on the plane especially at smaller airports or with the smaller planes that do not have air bridge. Milo, who uses crutches to move around, has experienced difficulties in air travel and getting on the planes:

I was travelling to Christchurch recently. It was a small plane, so they had the steps going up to aeroplane rather than the normal air bridge. I had a bag which made it hard to get on the plane.

Due to the narrow aisles of an aircraft, travellers with mobility impairments are not able to be taken to their seats by normal wheelchairs and they need to use an aisle chair instead. Aisle chairs are built to fit in narrow aisles and therefore are smaller and narrower than the standard wheelchair, lack the means of self-propulsion and are not comfortable (Darcy, 2012). It was not surprising that participants found transferring to and from aisle chairs very difficult. Cherry said:

I require an aisle seat. I have to get out of my wheelchair into the little aisle seat to be transported to my seat. I need help with getting on that and with transferring to the seat. It is not as easy as it sounds.

Eva has had issues with using an aisle chair:

Trying to figure out how to get in and out. Getting out of plane aisles is difficult because I have to transfer to the aisle chair and then once I am in my seat basically I get to stay in my seat the whole time.

She was also concerned with the safety of transferring to and from an aisle chair:

There are no brakes on the aisle chair, someone has to hold it still, so I can transfer; plus, there are no armrests so there is nothing for me to grab as I'm transferring. I have never had an accident myself, but my friends have had; you wonder is it a case of when?

The nature of travel makes transportation a critical issue for travellers with mobility impairments. Besides the emotional constraints associated with transportation (section 4.3.1.2), transportation modes are still major structural constraints which severely restrict participation of these travellers in tourism.

4.3.3.2. Structural facility constraints

Structural facility constraints refer to barriers within a particular area that travellers with mobility impairments intend to use. Many structural facility constraints were identified including accessible bathrooms, inaccessibility of various features of an accessible building, campsite facilities, parking space, height of furniture and appliances, and accessible accommodations that do not accommodate a family or a group.

The most important feature of any building, facility, accommodation, and area for travellers with mobility impairments is the accessible bathroom (Agovino et al., 2017; Darcy, 2010). Betty believed “using the bathroom was difficult especially on long flights and long hauls” and Carolyn pointed to the lack of accessible bathrooms in campsites:

When I go camping, I expect it to be rougher but when some campgrounds do not have accessible bathrooms, it becomes an issue.

Cherry indicated that “mobility toilets are usually used as storage to keep stuff which makes it difficult to manoeuvre my wheelchair”. Eva found another structural facility constraint regarding the accessible bathrooms location which were “way around the back or something, not with the other ones”. Joyce has had the same issue with the location of accessible facilities:

In backpackers, if a room with showers and toilet in the room is not available, I always have to look at how far is the toilet so I’m not having to walk long distances.

Accessibility is still considered a major constraint by travellers with mobility impairments as they have to deal with inaccessible environments on a daily basis. Even having access to a so-called accessible building does not guarantee that all the sections and facilities are accessible. Richard noticed even if a hotel is marketed as wheelchair accessible, various sections and venues are not necessarily accessible:

Wheelchair accessible only means you can get into the main entry and not necessarily to the other places like the restaurant. Finding accommodation where everything is accessible is not easy, if not impossible.

Due to the topography and geography of New Zealand, outdoor and nature-based activities, and camping in particular, are among the most popular tourism activities (Perkins and Thorns, 2001). However, despite the significant efforts of the outdoor leisure industry to enhance access for individuals with disabilities, campsites still impose certain structural facility constraints for these travellers. Amy reported that “facilities at some campsites were really bad and it seemed they just didn’t understand what was needed”. Carolyn explained this constraint:

A lot of the camp grounds don't have good seating facilities and bench facilities for people with different mobility levels. Their cooking facilities are difficult to use and reach.

Travellers with mobility impairments require parking spaces at times and this poses a structural facility constraint. Parking spaces constraints involve a range of issues from having access to closely located accessible parking to proximity, adequacy, and a continuous pathway from the actual parking space to the facilities (Darcy, 2004; Woodbury, 2012). The number of accessible parking spaces and their location were major concerns for participants. For instance, Ana stated that she always had issues with finding available accessible parking spaces.

Height of furniture and appliances was another structural facility constraint reported by participants. Carolyn had problems with “different bed heights in hotels” and Cherry complained about the “high beds in accommodations” and the “lack of low benches in motels’ rooms” which meant she “could not make a coffee or whatever”.

The last structural facility constraint reported by participants was related to accessible rooms not being designed to accommodate a whole family or a group travelling together. This is a major constraint because travellers with mobility impairments travel with companions most of the time. Booking accessible rooms would mean their travel companions have to book separate rooms which increases the cost of travel and deprives the travellers from having their support at hand. Eva referred to this constraint:

When you ask for accessible accommodation, they don't think you're meaning for a whole family, so there often wouldn't be enough beds. You have to make a trade-off either to get an accessible bathroom or get enough beds for the whole family.

Cathleen reported the same constraint:

They have a limited number of accessible rooms and they don't include facilities that would allow for a group of people to stay together; accessible rooms always have one or two beds maximum, so people with disabilities cannot stay with a group of friends or family members.

Most of these structural constraints act as barriers that prevent these travellers from using various features and facilities in a certain area or an activity.

4.3.3.3. Structural financial/extra cost constraints

Financial/extra cost constraints are related to economic constraints for travellers with mobility impairments as travel often cost more for these travellers (Freeman and Selmi, 2010;

Kastenholz et al., 2015). Luther (2013) estimated that the travel costs could be 30% to 200% higher for an individual with a high level of spinal injury. Accessible transportation and accommodation are more expensive and moreover, these travellers usually need to travel with companions (whether a paid attendant caregiver, family, or friends) which requires additional costs (Darcy, 2004; Small, 2015). Participants reported various financial/extra cost constraints, most are a result of accessible tourism products being more expensive, for example, Ana found that easier and more comfortable travel options are more costly:

Money is a big barrier, I budget really hard and I mostly travel on a low budget. If I had money I would first of all put it towards making travel easier and more comfortable for myself.

Carolyn has had to work around the cost as if she wanted to spend less, she would end up with less accessibility. This trade-off of accessibility for cheaper travel arrangements was reported by other participants. Although they were aware of more accessible and convenient solutions, they had to use less accessible alternatives due to financial constraints. Eva reported that “taxis were more accessible than buses, but taxis were very expensive”. Betty shared the same constraint:

Backpackers and cheap accommodation are usually not accessible, and hotels and motels that are more accessible are more expensive. Having a disability will cost you more.

Richard pointed out the issue of the “extra costs of travelling with a wheelchair and having to use more expensive accommodation”. Christopher found that travelling was more expensive because he could not just leave things for the last minute, and the transportation was always expensive. Similarly, Cathleen, who uses a power wheelchair and needs a certain amount of support, reported she had to choose more expensive options like urban travel experiences in larger cities, and budget for people travelling with her, especially her support person. Finally, Carolyn reported another financial/extra cost constraint of having to pay to get access to more accessible services at certain places. She said:

When you go to campgrounds and have to purchase your mobility parking card just to get access to the accessible bathroom, it is a little bit on the nerves really.

Participants indicated more accessible options are often more expensive which indicates a trade-off between accessibility and cost. This, in turn, denotes a relationship between accessibility and money which is rarely identified in the literature on disability and tourism. It seems that travellers with mobility impairments, who participated in this study, are

referring to situations in which money can be used to purchase more accessible products or services which indicates they have resources available to them. In this sense, money works as a negotiation a strategy to overcome constraints (sections 5.2.3.3 and 5.2.3.6).

4.3.3.4. Structural time constraints

Lack of time was one of the structural leisure constraints proposed by Crawford and Godbey (1987) and has been confirmed as a barrier to participation in tourism for the able-bodied (Nyaupane and Andereck, 2008). However, the current literature on barriers to participation for people with disabilities seem to have not reported time as a travel constraint. In this study, time was found to be an important constraint reported by many participants. The most cited context for structural time constraints was extra time needed for air travel and at airports. This extra time is needed to pass through security, organise a wheelchair or assistance, getting on and off the plane, and catching connecting flights. Ana, who has a prosthetic leg, reported she had to go early to the airports to have enough time to go through security because they would probably pull her up for extra inspections. Eva, who uses a wheelchair, explained the longer security check that she had to go through at airports:

I can't go through the regular metal detectors with my wheelchair, so I go around the side and I get the hand wand thing. There is a whole round of extra checks on my wheelchair and that's just for domestic travel. I have to go early enough for all these procedures.

Joyce reported that she “tended to get to the airport an hour or an hour and half earlier so the airline staff could organise a wheelchair” for her. It takes longer for travellers with mobility impairments to get matters sorted out at the airports and they feel restricted by time constraints. Christopher said he “needed to consider more time to be at the airport to do the transitions, as almost everything took more time”.

If these travellers need to catch connecting flights, time constraints become more significant. Due to the procedure of boarding and disembarking of travellers with disabilities, known as first in last off, these travellers might spend an extra one to even three hours for boarding and disembarking (Darcy, 2012). Richard found it “a real challenge to get to the next flight due to the extra time needed to get on and off the planes”.

Being restricted by structural time constraints is not specific to the airports or air travel as these travellers need to allow extra time for other transport modes. Cherry explained:

I have to allow time to get to places, to get to where I am going, time to get in and out of the transportation. I need to make sure that we have plenty of time to do what we want to do.

Sarah shared the same constraint:

When you use a wheelchair, or you have mobility issues it can take a longer time to do stuff on travel. It takes longer to get to places, to find the nearest drop off area, or the shortest or the accessible route.

Structural time constraint is an important constraint for travellers with mobility impairments that acts on their decision-making and planning stages and during the actual activity. These travellers need to consider more time when they are planning travel which needs to be considered by service providers as well.

4.3.3.5. Structural equipment constraints

Based on their impairment and required support, travellers with mobility impairments need different equipment ranging from personal equipment for different activities to logistic and assistive equipment provided by service providers. Availability and having access to the required equipment can become a structural equipment constraint for participation in tourism (Rimmer et al., 2004). Ben found structural equipment constraints to participate in some activities:

There are some places that are not accessible. The physical environment is set up in a way that extra equipment is needed. If I want to go skiing, I need to have a proper ski chair and other equipment.

Richard also reported an equipment constraint:

You cannot take bush walks or something like that in a normal wheelchair, so I don't often participate in those type of things. You need four-wheel drive wheelchairs and other special vehicles or equipment that can go on sand and outdoor things. If I had more adapted equipment, then I possibly could do it.

Sometimes service providers do not have the required equipment to facilitate participation of travellers with mobility impairments; this limits the options available for these travellers and they would consider these restrictions while making decisions to participate. Betty has experienced this structural equipment constraint:

I travelled with South African Airways ... it was a small plane, there was no air bridge, and they didn't have a scissor lift to get me on board.

4.3.3.6. Structural environmental/geography constraints

Structural environmental/geography constraints are related to the natural environment and include outdoor areas, weather conditions, access to nature-based activities and inaccessibility of those attractions for travellers with mobility impairments. These structural constraints are especially restricting because the popularity of many tourist destinations is defined by their environmental features, which are quite often inaccessible for travellers with mobility impairments (Smith, 1987). All participants reported structural environmental/geography constraints including inaccessibility of nature-based activities, uneven surface, geography, distance, and weather. The main structural environmental/geography constraint for participants was difficult (or no) access to outdoor environments and nature-based activities. Sand and snow pose potentially challenging structural environments for these travellers: Milo did not go to the beaches as “it was too difficult with the sticks” and Ben specifically mentioned these two environmental elements:

Wheelchairs do not do well on sand and snow. I'd love a greater access to the beach ... mountains as well. Anywhere with the snow is difficult to get around.

Joyce admitted “skiing was too hard, and I didn’t enjoy it at all. My first experience with snow made me realise the nature was not accessible”. Similarly, Christopher identified the inaccessibility of nature:

Nature, wildlife, beach, and sceneries are often not set up for disability. Nature is the main tourism thing in New Zealand, and I can't do a lot of it like mountain biking and tramping.

Betty has tried to do as much as she could, but she was restricted by the actual topography of environment, and Joyce believed “most tracks in New Zealand and Australia are not accessible”. Milo found nature-based activities quite difficult for a person on crutches let alone someone in a wheelchair.

Another common structural environmental/geography constraint was uneven surfaces, which makes navigation difficult for travellers with mobility impairments. Ana said:

Certain areas have crumbly and uneven sidewalks. It does impact me, something as small as uneven ground can makes me tired. The physical environment, going to the beach for example, walking on sand is really a challenge when you have a prosthetic leg.

Betty found uneven surfaces preventing her from participating in outdoor activities. She said:

A lot of outdoor areas in New Zealand like walking tracks and other stuff, have barriers in terms of geography, rocks, not so smooth surfaces, and stuff. They might say the track is accessible itself, but the surface is very rough with lots of thick gravels.

Cherry found “grass and gravel an issue which made it very difficult to go through”. Other participants considered uneven surfaces as hazards if they thought they could trip over or fall. Brenda, who has a prosthetic leg, was “more aware of hazards and cancelled going out when there was not enough light”. Sometimes geography of a place can itself become a structural environmental constraint for these travellers. Cathleen, for example, considered Wellington quite difficult to move around because of the geography.

Distance was another structural environmental/geography constraint. For instance, Ana explained:

The distances between places, having to walk from the hotel to metro station or to the bus, all of that significantly impacts on my ability to participate. It is a challenge. When I am planning to participate in activities, distance must be taken into account.

Joyce said, “I had to think about the distance between one activity to another, and if there was no proper transport to get in between those, then I had to think if it was worthwhile walking to place”.

Weather conditions were another environmental/geography constraint that influenced travellers with mobility impairments more than their able-bodied counterparts. Ana, who uses a prosthetic leg, said:

I try to avoid getting hot and sweaty because that makes the rubbing in my leg happen. I went to visit the pyramids in Mexico, but I got hot and sticky and my leg was rubbing, and I couldn't fully participate.

Reviewing the constraints reported by participants confirmed the literature in that travellers with disabilities participate less frequently in outdoor activities than their able-bodied counterparts (Burns and Graefe, 2007). The environmental/geography constraint has had substantial consequences for participants in this study due to the topography and environmental features of New Zealand as well as other destinations.

4.3.3.7. Built environment constraints

The built environment constraints are related to the architecture, how an environment is constructed, and if it imposes barriers due to the way it has been constructed or set up (Darcy, 2010). Built environment constraints should not be confused with the facility constraints

(section 4.3.3.2) that were related to the (non)existence of facilities, or the possibility, impossibility, or difficulty of using those facilities. Although efforts have been made to reduce structural built environment constraints, many areas and features are still inaccessible for travellers with disabilities (Smith, 1987; Yau et al., 2004). Therefore, it is not surprising that most structural constraints reported in the literature are related to the accessibility of physical components (Daniels et al., 2005; Darcy, 2010) and all 14 participants reported the inaccessibility of physical features of the built environment as the most common structural constraints. These features include the setup of streets and footpaths, location and height of curbs, ramps, the architectural design of buildings such as stairs, lifts and their location, entrances and doors, bathrooms, physical layout of rooms, and the height of service counters.

The most frequent built environment constraint identified by participants was stairs. If there is no lift in a building or the only access to a certain area is via stairs, this means no access for travellers who use a wheelchair and it poses a challenge for other travellers with mobility impairments. Many participants referred to this scenario as a major barrier for their participation with the potential of excluding them from the buildings and activities. Ben found the stairs as “barriers to physical access to various places in Europe which only had steps” and similarly Richard said:

Stairs are the biggest challenge. I went to the Great Wall of China. It was very difficult. Most places are not all accessible, like the Eiffel Tower; you can go up the first level, but you can't go any higher than that. You can't use the lifts, you need to go up the stairs. So, there was no way for me to go up with the wheelchair.

Eva emphasized the importance of lifts and that if it was out of order for whatever reason and the only alternative was stairs, she was basically stuck. Ana, who has a prosthetic leg, found the stairs in backpackers and hostels a real challenge. Similarly, Cherry could not participate in an activity due to the stairs:

[my husband's colleagues] chose a restaurant that was upstairs which automatically excluded us. Anything like narrow doors, high benches, and lack of lifts; all of that is problematic for me in a wheelchair.

Travellers with mobility impairments have different levels of function and some can walk up steps, but it is difficult for them to do so. Although this group of travellers are not totally dependent on lifts, they prefer to use lifts, as was reported by Joyce and Ana. Participants, regardless of their physical function or requiring a wheelchair, indicated the stairs

(and unavailability of lifts) as major built environment constraints that can potentially prevent them from participating in tourism.

Having an accessible bathroom was the most important feature of the built environment for participants. An accessible bathroom has several features which makes it convenient for travellers with mobility impairments to use; these include a roll-in shower, hand/grab rails, shower chair, nonslip floor surface, and enough space to move inside the bathroom. Betty shared her experience of inaccessible bathrooms at hotels:

Even the accessible bathrooms are not fully accessible, and you still need to make some efforts. There might not be enough rails, the seat might be in an inappropriate height, the floor might be slippery and not made of nonslip materials. It is technically accessible for a wheelchair user but in practice, it's not.

Similarly, Carolyn said:

In a lot of places, you don't end up with a shower chair, you end up with a plastic garden chair which can collapse and fall over. Hotels need to think about the placements of things like the handrails, they are not always in the ideal spot.

Room layout is another issue, as Betty explained:

Physical layout is another issue where very small things make a big difference: there might not be enough space on both sides of the bed to move.

Height of counters, for example at a hotel reception, was another important feature of the built environment that could become a constraint for wheelchair users. Amy, Eva, and Richard shared similar experiences of high counters; Amy said:

High counters are annoying. Sometimes they cannot see me because it is so high, and they don't have the lower one next to it then you can't go to instead.

Some participants referred to constraints associated with finding and using the accessible entrances, routes, and facilities. This is in line with previous studies that found wheelchair accessible entrances to be located far from the main entrance, the accessible routes were often much longer, dirtier, secluded, and not well signed (Poria et al., 2011b). Amy shared her experience of struggling with this built environment constraint when she “got lost and confused because she had to go a long way to find the accessible way” and Joyce complained:

Sometimes it is hard to get into the buildings or to find the accessible entrance, when you find it you often have to go around the back; if you have a disability you should have equal access to get in the front of the building like anybody else.

Streets, footpaths, sidewalks and curbs are other elements of the built environment that play a critical role in providing (or inhibiting) access for travellers with mobility impairments and were reported by all participants. The built environment constraint was shared by Milo:

Streets and sidewalks can be problematic. At some places like Europe or Thailand, sometimes there is no footpath at all, and you have to walk on the road or you have to jump from one side to the other side or go around cars.

Curbs, their location, and height can be constraints for travellers with mobility impairments. For example, Joyce stated:

Sometimes, the actual curbs are like a really high step or there's actually no ramp to transit between the road and the footpath. And that's quite difficult.

Structural built environment constraints occur when travellers with mobility impairments are subjected to disabling constraints in the built environment due to the environment being designed without disability and access considerations in mind. These constraints prevent these travellers from accessing the physical environment where services and opportunities are offered, and cultural, social, and recreational activities happen. Therefore, these travellers are effectively being excluded from these activities due to the built environment constraints (Foggin, 2000). The findings were in line with the literature in terms of the significance of the built environment constraints as prohibiting factors for the participation of travellers with mobility impairments in tourism.

4.3.3.8. Rules and regulations as constraints

Rules and regulations are an inherent element of the society. As was seen in section 4.3.2.2, arbitrary enforcement of rules and regulations by service providers might hinder the participation of travellers with disabilities in tourism. However, sometimes rules and regulations themselves become socially constructed structural constraints for these travellers (Smith, 1987; Darcy, 2004). Tourism policy-makers often create policies, practices, rules, and regulations that lead to exclusion, restriction, or discrimination against travellers with disabilities, even if those policies were not put in place with such intentions. Stumbo and Pegg (2005) identified several reasons for this, including lack of a clear standard (or at least a clear interpretation), liberal or arbitrary interpretation of policies by service providers, poor implementation of policy, rules and regulations, and finally lack of performance evaluation of policies implemented. Many instances of constraints resulting from rules and regulations were

reported by participants in this study. These restrictions can be divided into two categories: transportation (mostly air travel) and participation in tourism activities.

Security rules and procedures for air travel have changed remarkably in the recent decades. These changes have resulted in more strict screening and security checks for everyone including travellers with disabilities who spend more time to pass through security at the airports. Ana has to deal with constraints resulted from those changes:

For me that stands out as a point in history where before that I could travel by air really easily, then suddenly all of these restrictions were put in. So, now I have had to take my leg off and to hop through the detector. I have had to strip probably three or four times because they believe my leg may have something in it.

Some air carriers have enforced regulations that prohibit transportation of Lithium batteries, which has major consequences for travellers with mobility impairments who rely on power wheelchairs. Christopher shared his experience:

When we got to airport with my new wheelchair, lithium batteries couldn't get on the plane. So, I had to cancel and get the next flight next morning, because Air New Zealand changed the regulation and said that you can't take that chair on the plane because it might blow up.

Carolyn brought up a specific structural constraint for travelling with assistance dogs. The literature on disability and tourism confirms that the requirements and the rules regarding assistance dogs are often misunderstood by the tourism industry and the society (Burns et al., 2008; Richards et al., 2010). Moreover, the legislation that permits assistance dogs in most places such as airplanes, taxis, restaurants, and hotels are either misunderstood or refused (Small et al., 2012). Carolyn described her experience of this constraint when an airline asked for a photo ID for her assistance dog:

Jetstar wanted a photographic ID of my assistance dog. Qantas has brought some new regulations about dog sizes in the cabins. If I travel overseas, I need to see the laws regarding the service dogs to make sure that I'm complying with the regulations.

Some airlines have put in place regulations for minimum requirements of independent travelling (Darcy, 2012). Arbitrary interpretation of these regulations has led to multiple examples of travellers with mobility impairments being refused boarding due to not having caregivers. As noted in section 4.3.1.2, Ben was not allowed to get on the plane because he did not have a caregiver with him, even though he does not require a caregiver.

Furthermore, there are limits on the number of wheelchairs allowed on aircrafts and also on the number of wheelchair user passengers in a flight (Darcy, 2012). Richard has experienced these constraints:

When I travelled with the sports team there was a limit on how many wheelchairs are taken on the flight. So, sometimes we had to book some of the guys in separate flights, we can't go together. I think it's worse for smaller airports.

Cathleen reported another example of constraints resulting from rules and regulations in a trip to America, when her non-disabled travel companions were refused entry to the wheelchair taxi with her and “they had to take separate taxis which made everything more complicated and also more expensive”.

Rules and regulations for tourism activities are also subject to arbitrary interpretation by the service providers. Ana shared her experience of being denied participation due to the assumptions of a service provider:

There were heaps of queues at the bottom of the Eiffel Tower, so I asked to skip the queues because standing on the line for two hours at the start of the day makes me tired for the rest of day. I used the lift and I got to the first level. Then the lady said to me “you are not allowed to go to the second level because you are disabled” and I was heartbroken. She said “you skipped the line and you are a health risk. If you go up in the lift and there is an emergency, you have to be able to come down the stairs and you just told me you can't wait in line and you have to use the lift, so you would be a health risk in the case of an emergency.”

Ana was definitely able to walk down, or even go up, the stairs. However, the service provider decided to refuse service. Rules and regulations, and service providers interpretation of them, can make it very difficult for these travellers to participate. This is what Betty has experienced:

My friends went bungee jumping and not that I wanted to do bungee jumping, it's just that you have to go through the process of declaring your medical situation and going into the whole assessment process. That takes quite a bit of effort and there is no guarantee that you actually are going to do it.

Although some of these regulations stem from security or health and safety concerns, the restrictions are partly due to the rules themselves but also due to the interpretation of such regulations by service providers. In both cases, as is seen through participants' experiences, rules and regulations can prevent travellers with mobility impairments from participating or affect their travel experiences to a large extent.

4.3.3.9. Structural omission constraints

Structural omission constraints refer to those facilities, programmes, activities, policies, and procedures that have not been designed with or do not incorporate inclusive practices for travellers with disabilities (Kennedy et al., 1991; McKercher and Darcy, 2018). Due to these constraints, travellers with disabilities are not able to use available products and services which, in turn, complicates the issues they already have with the disabling environment. Sarah shared her experience of the omission constraint and how she needed to do substantial research and planning to find accessible products and services:

A lot of people might just book a ticket and go somewhere but I have to research to find things and then plan and make sure. An able-bodied person can book a random hostel, but I have to make sure it's accessible, no stairs and has an accessible bathroom. And accommodation is the easiest part to plan for, it is way more difficult for tours and activities.

Similarly, Ben said:

Ideally, I want to be able to travel like anyone else. I want to go to a regular website or ring up a regular travel agent and book my travel. I want to be able to do it on the last minute. But, at the moment, they don't have a system in place to deal with us; they can't offer us the same service that they offer everyone else.

4.3.3.10. Lack of information/communication of incorrect information

The literature confirms that travellers with disabilities are often given incorrect and inappropriate information as staff members generally do not have the required knowledge or provide misleading information (McKercher and Darcy, 2018; Poria et al., 2010). Darcy (1998) found that 45% of those with a disability surveyed reported that most information about access that was provided by tourism operators was either inaccurate or misleading. Travellers with disabilities are heavily reliant on available information for planning their trips, but upon arrival if they find the information is not consistent with what is in front of them, the consequences might be very serious.

The findings were in line with previous studies (Daniels et al., 2005; Darcy, 2004) where lack of provision of relevant tourism access information was reported as a structural constraint for travellers with disabilities. Participants referred to lack of information, difficulty in accessing the information, and communicating of incorrect information as three major structural information constraints. The repetitive themes in participants' accounts for the structural information constraint were lack of awareness, misperceptions and misconceptions

regarding the accessibility, individuals with disabilities, and their needs and requirements. Betty and Eva pointed to the misconceptions regarding accessibility and Eva said that “an able-bodied person’s perception of wheelchair-friendly, is not necessarily accessible; often grab rails are too high and there are layout and design issues”.

Service providers are not familiar with different types of disabilities and different needs of travellers. Joyce believed “they put everyone with a disability in one bundle and don’t realise there are different types of disabilities and different types of capacities and functions that people can do or can’t do”. Providing these travellers with incorrect information was also common and Amy felt frustrated as “they all say yes, it is accessible; but it’s not. We just have to go there and find it not accessible at all”. She had another experience of information constraint when a theme park’s website was contradictory to information at the actual premises:

In their website, they specifically said “we are completely accessible and people who are in a wheelchair can do anything.” But when we got there, we saw a note saying that if you use a wheelchair you can’t go on this ride.

Ben had booked a room in a hotel and called and confirmed the hotel was accessible. However, once he was inside the so-called accessible hotel, “to get into the dining room there was four or five steps up and four or five steps down”. This constraint was also experienced by Christopher:

You have to plan a lot because people say it has disabled access, no steps and stuff; but when you get there it’s like three stories up. Information and reliance on the information is the main problem. Often you can have all things planned out but when you get to the airport or hotel, they say they didn’t account for that. Last year I went to Sri Lanka and they said it was a disabled accessible apartment and when I got there it was on the second floor with no lift.

Travellers with mobility impairments frequently encounter inaccessible products and services that were originally marketed as accessible. Cherry had a difficult time getting around a nature-based attraction which had been advertised as wheelchair friendly:

We went to Zealandia, and it was a real mission. They say it is wheelchair friendly and it is, but it took three of who I was with to push me because it’s quite hilly.

These constraints were related to reliability of access information and conveying inaccurate access information to travellers with mobility impairments. Sometimes these travellers cannot easily find relevant information they need, and this becomes another structural constraint for them. The adequacy, reliability and quality of the available information might be

inconsistent. It is not surprising that many participants reported the structural information constraints. Joyce has been struggling to find specific accessibility related information online as “most of the times the information is not specific enough”. This finding is in line with the literature and as one might expect, information constraints have significant implications for tourism experience of these travellers.

4.3.3.11. Structural organising care constraints

Organising care was another structural constraint identified by two participants:

I'm fully reliant on caregiving but that's not always easy to organise and I have had problems with that. I would regard organising care as my hardest constraint (Cherry).

When I travel, I rely on being able to travel with caregiving assistant, So, it can be very difficult to find people who I can travel with especially if I want to go overseas (Cathleen).

The sheer range of structural constraints reported by participants suggests that these travellers were impacted by many structural constraints that needed to be overcome in order to participate in tourism.

4.4. Tourism facilitators

This study seeks to identify travel constraints as well as any other factors that influence the participation of travellers with mobility impairments. Chapter two introduced tourism facilitators as influencing factors that promote or enhance participation. According to section 2.8, tourism facilitators are “factors that promote or enable the formation of travel and tourism preferences and encourage or enhance participation” (Raymore, 2002:39). A facilitator is an intrapersonal, interpersonal, or structural condition that enables leisure participation through encouraging positive interaction with physical, social, cultural, and organisational environments that lead individuals to higher levels of leisure participation (Raymore, 2002:43).

Although a number of studies on leisure constraints have focused on intervening factors in the leisure preference-leisure participation relationship (Crawford and Godbey, 1987), little empirical research is available on the relationship of facilitators to participation (Kim et al., 2011). In the second interview participants were asked a set of questions to inquire about tourism facilitators or any other factors that influenced their levels of participation (see Appendix C). They reported various tourism facilitators; these were analysed and categorized into three categories of intrapersonal, interpersonal, and structural facilitators, which is in line with the literature.

4.4.1. Intrapersonal facilitators

Intrapersonal facilitators are individual characteristics, traits, and beliefs that encourage the individual's interest in participating in leisure activities. Intrapersonal facilitators of tourism are personal beliefs or psychological perceptions that enhance or promote participation in tourism activities (Raymore, 2002). Participants indicated various intrapersonal tourism facilitators that were divided into three categories: open mind, positive attitude, and adaptive mindset; problem-solving and creative thinking; and resilience and determination.

Open mind, positive attitude, and adaptive mindset were indicated by several participants as personal features that would help them participate in tourism. For instance, Brenda believed “a positive mindset and an open mind are very helpful” and Christopher indicated “a positive mindset is definitely number one attitude that helps you participate”. Several participants considered having an adaptive mindset very significant. Ana believed:

You definitely need a mindset to be able to cope with the situation and the barriers. Sometimes the whole participation depends on you having the quality to adapt...

And Milo said:

I think you need to be flexible and adaptable because you may not be able to do exactly 100% of what you want to do but maybe you will find an alternative to do it so definitely being a little bit flexible and adaptable is the key to participation.

Having the ability to solve problems was considered an important facilitator by several participants. They mentioned phrases like “a mind-set that is focused on finding the solution” (Richard) or “you need to be a problem-solver” (Christopher). Betty also believed in problem-solving:

You have to prepare yourself for the fact that something is not going to go according to your plans, and you have to be able to deal with it. You have to figure it out, you always have to have problem-solving skills.

Creative thinking or creativity was thought by several participants to facilitate their participation. Carolyn stated:

You've got to be creative with your thinking and how you achieve something. So, I think it's about problem-solving and creativity.

Travellers with mobility impairments encounter many barriers and experience various unsuccessful or unpleasant travel experiences. Participants believed in resilience and

determination as intrapersonal characteristics that enhanced participation, for example “you can’t just give up” (Betty) and “you’ve got to be pretty determined” (Ana). Sarah considered determination as an important personal quality:

I’m a very determined person so if I want something, I work really hard to get it. I think when you travel with your disability you have to be determined and not give up.

4.4.2. Interpersonal facilitators

Interpersonal facilitators are individuals or groups that enable or promote the formation of leisure preferences and encourage or enhance participation (Raymore, 2002). These facilitators might include the availability of other travel partners, which encourages a person to participate in tourism activities (Kim and Heo, 2015; Yau et al., 2004). Interpersonal tourism facilitators play a vital role in the travel experiences of travellers with mobility impairments and, as indicated in section 5.2.2, these travellers heavily rely on their travel companions, service providers, and other visitors/strangers to negotiate constraints (Devile et al., 2012; Packer et al., 2007; Yau et al., 2004). Three different categories of interpersonal facilitators were reported by participants: having travel companions especially family and friends, service providers, and strangers.

All participants indicated reliable travel companions as an important facilitator for their participation in travel. For instance, Betty believed “having someone travelling with you is always a good facilitator” or Cathleen thought “the biggest reason that I’m able to travel is that I have people who support me”. Except for Ben who said he travelled on his own, all participants mentioned having immediate family or close friends as ideal travel companions who facilitated their participation. Amy referred to the important role of her parents and her brother in facilitating her participation while Richard and Cherry had their spouses as travel companions. Friends were also mentioned as effective interpersonal facilitators. For instance, Ana admitted “I have really awesome friends who are willing to offer help and support” and Carolyn said: “my close family and friends are always there for me to get me through all of these kinds of stuff.”

Service providers and their attitudes were a common theme in participants’ responses about facilitators, for example, “attitude is everything” (Ana), “attitude of the staff makes a huge difference” (Betty), and “it’s more about providers’ attitudes toward you” (Brenda); and Milo wanted “more support from providers to facilitate participation”. Ana summarized the importance of service providers as tourism facilitators:

It's always that person who potentially is in a position of power, they have control over how things would turn out for you and it can either be really good if they are flexible, interested, and unassuming or it can be really bad if they are assuming and know it all, forceful and rude. Your experience would be totally different if there is a person who asks what do you need to make this possible or what can I do to support you, or do you need help whereas a person who has assumptions about your abilities and has decided on your behalf that you will not be able to participate.

Strangers were also considered by participants as interpersonal tourism facilitators, due to the reliance of travellers with mobility impairments on the strangers to negotiate some of the constraints (section 5.2.2). Richard said:

It depends on how helpful people are. If you ask for help somewhere and people are not interested in helping you or sort of things that makes it difficult and a bad experience.

Similarly, Betty thought that strangers were significant tourism facilitators. She said:

Sometimes you have to rely on strangers. There have been times that strangers have helped me to have a successful trip. This has happened to me in the past and will happen in the future.

4.4.3. Structural facilitators

Structural facilitators are social and physical institutions, organisations, or belief systems of a society that enable or promote the formation of leisure preferences and encourage or enhance participation (Raymore, 2002). The travel experiences of participants are deeply influenced by structural elements, which were divided into four categories: accessibility, information, equipment, and money.

As was seen in section 4.3.3.7, all participants considered accessibility very critical for their participation. So, it is no wonder that all 14 participants emphasized the role of structural facilitators, for instance, “accessibility is very important” (Ana), “accessibility of physical environment” (Ben), and “more accessible physical environment would definitely make a huge difference” (Betty). Regarding the facilitating role of accessibility of the built environment, Cathleen believed:

Yes, accessibility. I think an environment is created to make it much more difficult or easy for someone to experience. If the environment is made to be accessible for someone who is very physically limited, then it would make it easier for everyone to participate.

Similarly, Christopher thought accessibility was an important facilitator:

It is all about accessibility. Often, it's not about twenty stairs, it's about only one step that you didn't expect, or ramps. If I know for sure a place is going to be accessible, I will happily travel there.

Talking about the accessibility of the built environment, Eva mentioned the same structural facilitator:

If it's been well-designed and accessible, and accessibility has been in designer's mind or architect's mind when it's been built, then it can make a difference.

The second structural facilitator was information. Although all travellers rely on information to make their travel decisions, travellers with mobility impairments are heavily reliant on research and information to plan their activities (section 4.3.3.10). This is necessary to minimize the likelihood of encountering unexpected or insurmountable barriers on the trip and therefore, availability and access to the required information play a facilitating role that enhances participation of these travellers (Daniels et al., 2005; Devile and Kastenholtz, 2018; Packer et al., 2007). Betty believed “information is pretty important all the time in terms of accessibility information” and Sarah reported “having internet makes it a lot easier to find information you need”. The majority of participants spoke about the facilitating function of information in their participation and all of them agreed on the critical role of internet and online sources in this process. Ben said:

Information is the key. You can find anything online. Whenever there is information, imagery is a big one, to get a visual idea of the situation, around the physical environment or the attraction, location of the hotel or anything like that.

The facilitating role of information and especially online sources was clearly summarized by Richard:

Before you go, you should do some good research to see the attractions and know which ones are easy for wheelchair access. There is lot of stuff online. So, some good research is a way to help you decide and then to overcome barriers. You don't want to go to places people have said are not good for wheelchairs.

As will be discussed in section 5.2.3.5, travellers with mobility impairments use equipment to negotiate some constraints. Therefore, availability and access to equipment not only help them negotiate constraints on the actual activity but also is regarded as a facilitating factor for making future participation decisions. For instance, Christopher said:

If I use a manual wheelchair for travel, I can't push around myself very long but once I got this power wheelchair it gave me independence, it opened the world up.

He added:

I always think of the equipment that makes travel easier and makes transitions easier. Equipment that exists or doesn't exist at the destination I intend to travel to; so better equipment, longer batteries and all that stuff are factors to consider when you make decisions to travel.

Similarly, Ben said:

Some places are just not accessible. The physical environment is set up in a way that the person needs extra equipment to overcome the barriers. So, the availability of that extra equipment must be considered when making decisions to take on the travel or participate in that activity.

The above two quotations summarize the point made by several participants around the facilitating function of equipment for participation of travellers with mobility impairments. They indicated that it would make a huge difference if they were able to take their power wheelchair for travel. Equipment seems to play a critical role in the travel experiences of these travellers as it can be both a constraint (section 4.3.3.5) and a tourism facilitator. This illustrates the relationship of travel constraints, negotiation strategies, and tourism facilitators, which will be discussed in chapter six.

Money was another structural facilitator referred to by several participants. Travelling with a disability often costs more as these travellers have to pay to use more accessible or convenient options (see section 4.3.3.3). The facilitating function of money refers to its significance and the role it plays when travellers with mobility impairments think about or make decisions for their future travels. This is evident when Ana mentioned:

Money multiplies your options instantly. If you know you have enough money for travel, you will consider options that you could have never thought of; money makes it very easy to think about travel.

Similarly, Cathleen said:

If I do not have money, it's very difficult for me to decide to travel. But if I have the money I need for my next travel, it frees you up to think what you want to do. So, money is a factor that makes it easier to think about travel or actually do it.

Similar to equipment, money also seems to be a constraint and a facilitator depending on the context. This section addressed the tourism facilitators reported by participants. These were conditions that shaped preferences, encouraged, or enhanced participation. Some of the reported tourism facilitators shed light onto an interrelation between constraints, negotiation strategies, and facilitators which is addressed in chapter six.

4.5. Conclusion

This chapter has focused on the first supplementary question of the study: what are the constraints encountered by travellers with mobility impairments? Answering this provides the underpinning required to address the other three supplementary questions and the main question of the study. First, motivations were explored, and a range of travel motivations were identified. The three top level constraints were consistent with the three categories in the published research: intrapersonal, interpersonal, and structural (Daniels et al., 2005). Below this, other constraints emerged, and grouped into four intrapersonal, four interpersonal and eleven structural themes. The participants travel biographies and the diversity of constraints reported suggest that these travellers were engaging in different activities beyond simple participation in basic travel and were going to overseas destinations and were engaging in all sorts of tourism, and therefore, they were encountering a vast range of constraints. The sheer number of constraints and facilitators (Table 4.1), and all of the forms they take is significant. Sometimes these constraints are a function of something being present, and sometimes they reflect an absence. Travellers with mobility impairments encounter a constraints-extensive travel system. This diversity of constraints would require diverse responses from participants. These responses are the negotiation strategies that are covered in the next chapter.

Table 4.1 Travel constraints and tourism facilitators

Tripartite constraints and facilitators	Constraints	Facilitators
Intrapersonal	<ul style="list-style-type: none"> • Physical • Emotional • Health-related • Physical & psychological dependency 	<ul style="list-style-type: none"> • Open mind • Positive attitude & adaptive mindset • Problem-solving and creative thinking • Resilience & determination
Interpersonal	<ul style="list-style-type: none"> • Travel companion • Service provider • Other visitor & strangers • Communication 	<ul style="list-style-type: none"> • Having travel companions (family and friends) • Service providers • Strangers
Structural	<ul style="list-style-type: none"> • Transportation • Facility • Financial/extra cost • Time • Equipment • Environmental/geography • Built environment • Rules & regulations • Omission • Information • Organizing care 	<ul style="list-style-type: none"> • Accessibility • Information • Equipment • Money

Among many constraints reported by participants, structural constraints and specifically accessibility of natural and built environments, were most prominent. Accessibility constraints were reported to be a major concern for travellers with mobility impairments that could influence their participation in tourism on many scales and domains. The analysis of data indicated a relationship being present in and among different categories of constraints; some constraints were connected with others. For instance, intrapersonal physical constraints were connected with intrapersonal emotional constraints, and structural constraints related to accessibility were connected with intrapersonal emotional constraints. The relationship and interaction of different levels of travel constraints alongside the possible mechanisms and the consequences of such interactions is explored in the chapter six. Next, chapter five will discuss their negotiation strategies used by participants to overcome travel constraints reported in this chapter.

5 Negotiation strategies used by travellers with mobility impairments

5.1. Introduction

This chapter is focused on negotiation strategies developed and used by participants to overcome constraints identified in chapter four. Thus, chapter five seeks to answer the second and third supplementary questions: What negotiation strategies do travellers with mobility impairments successfully employ to address the constraints they encounter? (section 5.2) and what negotiation strategies are unsuccessful for addressing the constraints encountered by travellers with mobility impairments? (section 5.4). After considering the type of trip and destinations in section 5.3, the fourth supplementary question will be discussed: under what circumstances (if ever) do travellers with mobility impairments consider themselves helpless when travelling? (section 5.5). In the literature review, a sense of helplessness was closely related to travel constraints encountered and negotiation strategies used by travellers with mobility impairments and the success, or lack of success, of those strategies.

5.2. Negotiation strategies

Negotiation strategies are used by individuals to avoid and alleviate the influence of constraints on their participation in tourism activities (Jackson, 2005). Participation is not dependent on the absence of constraints, but on the successful negotiation of the constraints. Through a constraint negotiation process, individuals develop and make use of diverse negotiation strategies in order to mitigate the effects of constraints on their ability to participate in desired activities (Jun and Kyle, 2011). The tourism literature is yet to provide systematic or comprehensive evidence of the multitude and the range of negotiation strategies to overcome constraints, or how key elements of the negotiation process are interrelated (Jackson and Rucks, 1995).

Although all travellers face travel constraints, travellers with disabilities face a disproportionate number and nature of constraints to participation over and above that of the able-bodied, and the severity of their disability alongside other factors play an important role in this (Small et al., 2012). They are required to develop and utilize negotiation strategies in order to participate in their preferred tourism activities. As indicated by the conceptual framework, negotiation strategies help participants overcome constraints and participate. However, not all constraints can be negotiated completely at all times and it is possible that

travellers negotiate some constraints and, at the same time, modify their preferences to be able to at least partially participate. This study is interested in exploring participants' notions of successful and unsuccessful negotiation strategies and their relationship with constraints and partial or full participation. Participation depends on the outcome of the interaction between tourism constraints and negotiation strategies. During the second interview session, participants were asked open-ended questions about what they did when encountering constraints, what they considered to be a successful or unsuccessful participation, and what were successful or unsuccessful experiences for them (see Appendix C). As with constraints and facilitators, negotiation strategies were grouped into three categories of intrapersonal, interpersonal, and structural.

5.2.1. Intrapersonal negotiation strategies

Intrapersonal negotiation strategies are related to a psychological state, physical functioning, or cognitive abilities. There were divided into two categories: intrapersonal physical negotiation strategies and intrapersonal emotional negotiation strategies. These negotiation strategies are generally used to overcome intrapersonal travel constraints.

5.2.1.1. Physical negotiation strategies

Intrapersonal physical negotiation strategies are mostly used to overcome the intrapersonal physical constraints resulting from a traveller's impairment and the impact of the impairment on travel. These strategies were divided into five themes: accepting one's limitations, developing one's skills, being selective, being cautious, and being fit.

Travellers with mobility impairments face various limitations in doing physical acts and this has implications for their participation in travel through imposing intrapersonal physical constraints (section 4.3.1.1). Almost all participants reported using acceptance of one's limitations as a negotiation strategy to overcome intrapersonal physical constraints. Phrases like "I know my limitations" (Richard), "I can't do everything" (Cathleen), and "it doesn't bother me that I can't do everything" (Eva) were referred to multiple times by participants. This strategy involves travellers choosing activities or a degree of engagement which is consistent with their ability level.

When Sarah was asked whether she had ever encountered barriers that made her doubt her own skills and abilities, she referred to accepting one's limitations:

It can be quite disheartening if you travel and you want to do something, but you can't. Maybe the lift doesn't work, and you cannot walk up the stairs, but at the same time it is quick for me to accept that I can't do everything.

Similarly, Christopher reported using the same negotiation strategy to overcome intrapersonal physical constraints he has faced:

Physical barriers. Sometimes you can't do everything, you can't get on that ferry and go around whale watching and certain things. Certain things you can't access, and you have to accept that.

It seems that participants had accepted limitations imposed on them as a result of their impairment and this acceptance helped them negotiate some of the intrapersonal physical constraints they encountered. Accepting one's limitations could also be used to overcome constraints other than intrapersonal physical, for example, Cathleen has used this strategy to negotiate structural constraints resulting from rules and regulations:

Some theme parks don't have facilities to allow me to get out of my wheelchair and participate in the rides. So, they are not possible for people in my situation but that's okay and it doesn't bother me that I can't do everything, and I understand that there are some limitations to what I can do.

Another intrapersonal physical negotiation strategy reported by participants was being selective. Due to impacts of impairment on physical abilities, these travellers encounter many physical constraints that sometimes can be negotiated through choosing activities that require less physical ability or effort. Participants were mindful of what activity they select to participate in and generally select activities that require less physical ability. For instance, Ana and Joyce reported using this negotiation strategy to overcome intrapersonal physical barriers. Ana said:

I have to choose because I get tired and sore. I have to be selective about the location of the activity or how much efforts it requires, otherwise I will be too tired to do the activity. So, I have to pick and choose. If I am looking for beaches, I will choose one where I can park nearby and it's not too far to walk across the sand into the water.

Similarly, Joyce referred to being selective as a negotiation strategy to overcome her inability to walk long distances. When planning for one of the stops during an upcoming cruise, she chose an activity that she knew she would be able to do:

There are two activities on the island: a walking activity and an excursion on a train. I have deliberately chosen something that I think I can manage. I will be able to get on and off the train and it's an activity where I can do sightseeing at the same time as that I am sitting down. So, I have actually chosen the train excursion over the walking tour

and I know that I am going to be able to do the train activity but I'm not sure about the walking one. Yeah, I have been careful about what I am choosing to do.

Brenda identified being cautious and being fit as intrapersonal physical negotiation strategies to overcome her intrapersonal physical constraints. She has an acquired mobility impairment and is using a prosthetic leg; as a result, she has to be more careful:

I have to allow myself a little bit of time to get up a big step and I have to make sure that I have enough time to cross the street, so I don't take the risks that I used to take before, I make sure that the cars are far enough before starting to cross the road.

Developing one's skills is an intrapersonal negotiation strategy that has been reported in the literature. Hubbard and Mannell (2001) and Jun and Kyle (2011) reported skill or skill acquisition as negotiation strategies to overcome constraints. Other examples include trying to ask for help with the required skills, learning new activities (Hubbard and Mannell, 2001), trying to improve on skills (Son et. al., 2008), or trying to practice skills (Lyo and Oh, 2014). Participants in this study reported various instances of acquiring or developing their personal skills to be able to deal with travel constraints. Those instances can be divided between physical and emotional skills. Developing physical skills was mostly referred to by travellers with acquired mobility impairments who had to learn certain skills to negotiate travel constraints whereas developing emotional skills was reported by almost all participants, both with congenital and acquired impairments.

Developing physical skills as a negotiation strategy was reported by Ben as he talked about overcoming certain intrapersonal physical constraints. As a traveller with acquired mobility impairment, he had to learn and improve on skills necessary to deal with those constraints. This is clearly evident in a memory of a trip in which a friend, another traveller with acquired mobility impairment, taught him certain skills:

My first overseas trip to Australia was over a year after my injury and I stayed with another person and shared a hotel room with him and he had less function than me. He showed me by example how I could overcome barriers. When you see someone else in front of you, especially someone who has less function than you, doing it, it becomes very easy.

Skill acquisition has been an ongoing process for Ben. He spoke about learning more skills including how to use non-accessible facilities in general and non-accessible bathrooms in particular, over another trip with the same friend:

In my first trip to Europe three years after my injury I did backpacking with another person in a wheelchair who had less function than me and he showed me how to overcome a lot of barriers. We didn't book a lot of accommodation; we just worked out where we go and then decided and stayed at different places.

He also learned some skills from able-bodied companions over some travel experiences he referred to as “good learning experiences”. He regarded developing those skills as a breakthrough helping him overcome intrapersonal physical constraints:

Initially, I used to take a lot of equipment like a portable shower chair, but now I don't take anything; I just have learnt how to transfer to a bath and how to transfer to a toilet. So, I'd travel pretty much the same as anyone else would.

Brenda was another traveller with acquired mobility impairment who has been trying to develop her skills in order to negotiate intrapersonal physical constraints:

In each of the four overseas trips I took after the amputation, I got better and better. I watched what I can do and how I can do it, I learned the ways to deal with my new situation. There has been a learning process and as I travelled more often I learned how to do things differently. So, I was lucky that I had many opportunities to travel and improve my skills.

These were examples of developing one's physical skills, but participants also pointed out that emotional skills needed to be developed.

5.2.1.2. Emotional negotiation strategies

Intrapersonal emotional negotiation strategies were mostly used to overcome intrapersonal emotional constraints related to the feelings of travellers with mobility impairments prior to and during travel. Travel often imposed a disproportionate level of anxiety and uncertainty for participants who had to negotiate emotional constraints. These intrapersonal emotional negotiation strategies were grouped under four themes: developing emotional skills, having a positive attitude, being adaptive, and expressing no desire to do or lack of interest in certain activities.

Developing emotional skills was related to anxiety around travel, fear of the unknown, and feeling stressed. Participants indicated developing emotional skills as a negotiation strategy in terms of getting more experienced in dealing with constraints and phrases like “as I get more experienced, I can handle it better” (Joyce) or “the more I travel, the more I get comfortable with it” (Milo) were common. Brenda spoke about developing her emotional skills, alongside her physical skills, in order to negotiate constraints:

The other point is getting stronger mentally as well as physically. So, I got stronger mentally and now when I plan for my next trip I know that I would do better, as my walking has improved, my prosthetic is better now.

Milo referred to the importance of gaining experience as an emotional negotiation strategy:

The more I travelled, the more I knew what the barriers were and how to overcome them. The more I travelled, the more I was faced with barriers. I would say it became easier to overcome those barriers the more I travelled.

Gaining experience helps travellers with mobility impairments negotiate various constraints around travel. This finding is in line with the literature that reported “the greater people’s confidence in the successful use of negotiation resources to cope with constraints, the greater the motivation and the efforts to negotiate, the lesser the perception of constraints, and the higher the level of participation” (White, 2008:356). The more constraints and different contexts a traveller is subjected to, the more confident they will be in dealing with constraints in different or new tourism contexts. Similar to any other activity or hobby, engaging in travel becomes (or at least feels) easier over the course of time with developments of general skills (such as problem-solving, time management, and communication) as well as travel-related skills (for instance, finding information, research, planning, and asking for help when required) (Kazeminia et al., 2015). As an experienced traveller with mobility impairment, Ben believed he could engage in most activities “without thinking of barriers and how to overcome them”.

Having a positive attitude was referred to by participants as an emotional negotiation strategy. Ben has extensively travelled with his wheelchair and faced accessibility issues, but he referred to his passion for and positive attitude towards travel as a negotiation strategy. Ana identified her “positive and can-do attitude” towards travel and this positive attitude negotiation strategy was well-summarized by Richard:

I know that I have a mobility limitation. I don’t have any thoughts that make me want to think about changing that. I can still go and just watch others and enjoy. It’s still good for me, I got memories of doing it. Generally, I have a really positive attitude.

Brenda also talked about having confidence in her abilities to overcome constraints and Joyce displayed a positive attitude towards her abilities and what she could achieve:

I have learned to be positive and not to undervalue what I’m able to do and not just concentrate on what I can’t do. If I knew I cannot do the whole walking, I walk the distance that I can, and, in my head, I see that equally as valuable as walking the whole

track, and not as a failure, because I still participate in the activity and achieve something.

Being adaptive was another emotional negotiation strategy used. Sometimes there are not any alternatives or other options available and these travellers have to adapt to the situation in one way or another. Milo indicated “I have been pretty good at adapting to the situation if something did go wrong”. He added “I am willing to try adapting to the situation even if it means changing the plans”. Similarly, Christopher had to compromise when he realised the promised accessible apartment was on the third floor with no lift access:

It was a disaster. But instead of letting it ruin the whole trip, I thought how I could adapt to the situation. I left my wheelchair down the stairs and when I went upstairs, I didn't have a wheelchair. It was not great but there was no other option. So, you definitely have to adapt yourself.

This negotiation strategy is related to the mindset of being adaptive, the mental state of being ready and prepared to adapt or compromise. It seems that travellers with mobility impairments need to be ready to compromise to be able to negotiate constraints and participate. Sometimes constraints, especially structural constraints, are so strong that they are almost impossible to negotiate around. Hence, these travellers are left with a few options: giving up on the activity, seeking alternative (less constrained) activities, or modifying their preferences and adapting to the situation to participate. Adapting to the situation means they have to make a trade-off on certain elements of travel which is not ideal but at least makes it possible for them to partially participate in the activity.

Expressing no desire to do or lack of interest in certain activities was the last emotional negotiation strategy referred to by participants. Although this might not seem to be a negotiation strategy at first, it is a subtle emotional negotiation strategy to overcome discomforting feelings originated from not being able to participate in certain activities due to strong and often insurmountable (structural) constraints. This negotiation strategy was often used to overcome the feelings resulted from inaccessibility of nature and outdoor activities or other structural environment/geography constraints. When asked whether they thought they had been successful in overcoming barriers to participate in outdoor or nature-based tourism activities, Eva said, “I’m a homebody” and “I am not an outdoorsy person”, and Cherry did not feel like she was missing out on outdoor activities because she was “not interested in those, anyway”. Similarly, although she appreciated nature, but it was “not really too much of

interest” to Cathleen who said she did not “really have a desire to go to the bush or go to the beaches”.

5.2.2. Interpersonal negotiation strategies

As indicated in section 4.3.2, travel experiences happen in contexts populated by many people including the traveller, travel companions, service providers, and other travellers or strangers. Travellers with mobility impairments face various interpersonal constraints due to the problematic interaction with travel companions, service providers, and other visitors or strangers. Several studies have indicated negotiation strategies used to overcome interpersonal constraints; for instance, Hubbard and Mannell (2001) reported interpersonal coordination as a negotiation strategy, and Gao and Kerstetter (2016) identified several negotiation strategies, such as group travel with friends. Study participants reported a broad range of interpersonal constraints (section 4.3.2) and they tried various negotiation strategies to overcome them. These were divided into six categories: ignoring the attitudes and comments of others, getting help, being straightforward with/having familiar travel companions, engaging in group activities/tours, and explaining oneself.

5.2.2.1. Ignoring the attitudes and comments of others

Attitudes and comments from service providers and other visitors/strangers was indicated as a major interpersonal constraint for participants (section 4.3.2). The main negotiation strategy to overcome this constraint was simply ignoring those attitudes and comments. For instance, Ben has used this negotiation strategy to deal with attitudes of service providers:

You should accept there are certain things outside of your control, like people's attitudes. You have to let it go and move on, otherwise it's going to disrupt what you want to do.

Brenda is used to being stared at by other travellers due to her prosthetic leg. This makes her uncomfortable and in response, she tries to ignore the attitudes or occasional comments she receives. Likewise, Joyce has received many comments when participating in outdoor activities and uses the same interpersonal negotiation strategy:

When I was climbing up some rocks people came and said oh you're so brave. And people look at me and you can see they've got this pity and I hate that. I have never been brave enough to tell people off, so I have had to ignore the attitudes and comments.

5.2.2.2. Getting help

The travel experiences of travellers with mobility impairments are heavily impacted by the lack of physical abilities and the disabling (natural/built) environment that subjects these travellers to various constraints. Overcoming these barriers or negotiating around them, in most cases, would be more difficult, if not impossible, without receiving some sort of assistance or support. Therefore, travellers with mobility impairments rely on getting help from their travel companions, service providers or strangers to negotiate constraints and participate. In line with the literature (Daniels et al., 2005; Yau et al., 2004), participants reported getting help as a negotiation strategy.

Sometimes, getting help as an interpersonal negotiation strategy occurs when travellers with mobility impairments face intrapersonal constraints that cannot be negotiated through intrapersonal physical negotiation strategies (section 5.2.1.1) or through intrapersonal emotional negotiation strategies (section 5.2.1.2). Cathleen referred to her limited physical function as the reason for “needing to rely on other people to be able to overcome physical barriers”; she uses interpersonal negotiation strategy to overcome an intrapersonal constraint. Similarly, Betty noted:

I need someone to travel with me because I can't push myself that much, I can't get around very easily and I need help.

It is evident that Betty feels restricted by intrapersonal physical constraints resulting from the nature of her impairment and its impact on her physical abilities to participate. In some cases, she can negotiate these constraints through intrapersonal negotiation strategies. However, sometimes she has to ask for or rely on getting help as an interpersonal negotiation strategy. Similarly, Eva has had to negotiate some intrapersonal physical constraints through getting help. Although many buses are wheelchair accessible, she has to rely on getting help to board. She said:

Public transport can be a bit tricky especially buses because their ramp is quite steep, and I need someone to help me to get inside. I do usually manage to overcome it by having my parents come with me.

Cherry shared the same constraint and negotiation strategy:

Certain attractions are wheelchair friendly, but I require extra help, I am always travelling with my husband or other people, so these things can be overcome with help.

This same interpersonal negotiation strategy (getting help) was used for overcoming some structural constraints related to inaccessibility of the natural or built environment that prevents travellers with mobility impairments from participating. Amy negotiated these kinds of structural constraints by getting help from her family or strangers. She said:

Sometimes curbs are annoying, my mum has to help me down. I was rolling down this big hill which became difficult, so I asked this random stranger to give me a hand.

Cherry has had to deal with structural constraints, and she has sometimes negotiated them through getting help:

Terrain anywhere can be an issue; hills, foot paths, steps, curbs some of it I can do myself, but I need help sometimes like to get down curbs. Generally, I will ask somebody to push me in gravel.

The findings suggest that the built environment might subject travellers with mobility impairments to serious constraints. Richard pointed out that “even the small things like going to the reception desk which is too high would be a problem” and that is why he usually travels with an able-bodied person, so they can take care of such things. Getting help as a negotiation strategy is often about a response (involving someone else) to deal with sudden and unexpected situations that arise. Getting help to overcome structural constraints was the most cited negotiation strategy in this study and is in line with previous studies (Daniels et al., 2005; Shaw and Coles, 2004; Yau et al., 2004) that reported family and friends support was extremely important for participants to engage in travel. These travellers heavily rely on their travel companions (preferably family and friends) and Carolyn said, “probably my biggest tool is to ask for help”.

5.2.2.3. Being straightforward with or having a familiar travel companion

As was seen in section 4.3.2.1, travellers with mobility impairments face several constraints resulting from their interaction with and attitudes of their travel companions. Joyce realised she needed to be straightforward with her travel companions when they were concentrating on what activities they thought they would miss out on, rather than what she has to offer as a trip companion:

The next times, I was upfront with the person I travelled with to say this is what I am going to be needing your help with.

Ana also tries to be straightforward with her travel companions about needing them to be understanding and mindful of her conditions:

I have to say to the people I am travelling with you go to do that, I'm not going to, you should do it without me, enjoy and have fun, you don't have to stay behind for me. I am going to rest tonight so I can have more energy and be more involved tomorrow.

Travellers with mobility impairments, who rely on their travel companions to overcome various constraints, require understanding and mindful companions who ideally know their needs so issues resulting from interaction with their travel companions are minimized. This way, they are able to concentrate on negotiating other constraints. So, it is not surprising that seven participants indicated travelling with familiar companions as a negotiation strategy. For instance, Cathleen emphasized:

I have always travelled with my family or friends who were close to me and have an experience in providing support to me.

Richard admitted “I normally travel with people who know me” and Brenda said “I choose to travel with people that I know, and I have not done any tours or things like that where I would be with people that I didn't know”. Having family and friends as travel companions gives travellers with mobility impairments a sense of peace of mind as they know they can rely on their companions to receive the support they need.

5.2.2.4. Group activities/tours

In the absence of family and friends as travel companions, and as a negotiation strategy to have access to the required support to overcome constraints, these travellers often choose group activities and tours over individual trips. This tendency of individuals with disabilities to travel with a group is well-established in the literature (Darcy, 2010). Regarding this negotiation strategy Carolyn said:

I prefer group activities because other people are around to help if I need a hand in and out of facilities or up and down curbs or etc.

The same negotiation strategy was indicated by Milo:

I can't travel for myself easily and to overcome that I tend to travel in tour groups where I have extra support from the tour leader. If something goes wrong I have got someone else who can help me out.

Similarly, Christopher said:

You don't want to be dependent on one person. You want to have more people to travel with you because if it's just one person then they have to do everything for you or with you. So, one way is maybe travelling with more people so spread the load kind of thing.

The findings revealed a tendency among travellers with mobility impairments to participate in group travel. When travelling with a group, regardless of having family or friends as companions, these travellers feel less dependent on a single person and they have more support available in case they require any assistance to overcome various travel constraints.

5.2.2.5. Explain oneself to others

As was seen in sections 4.3.2.2 and 4.3.3.8, travellers with mobility impairments might encounter interpersonal or structural constraints that require negotiation or interaction with service providers. This mostly happens when rules and regulations are cited as reasons for denying service or in other cases these travellers need to convince service providers that they are able to participate in tourism activities. Carolyn talked about travellers with disabilities needs to be able to “confidently say what they need, what they thought, and how they can do it safely. If people are not able to articulate themselves and their needs, that’s where a lot of issues happen”. Christopher spoke about situations in which he needed to convince service providers:

You have to convince them to let you do it. There are barriers but mostly it’s because people haven’t seen or haven’t come across it before and you need to be able to express your needs and abilities to convince them.

Christopher believed “communication is so important, and you need to tell them what you need or what you don’t need”. Sarah also shared her experience:

You have to show them you are able to do it. Sometimes they say “you won’t be able to go into that seat” or “you won’t be able to go out here,” but you want to convince them and say I can do it, or I often have to say “I have done it this time and this time before.”

When faced with constraints resulting from service providers’ attitudes and rules and regulations, Ana thinks “it’s all about having opportunity and being able to explain yourself”. For this negotiation strategy, these travellers need to be able to argue back and articulate their point of view to overcome constraints. Betty thinks “we need to learn to advocate for ourselves when something is unsatisfactory”, she continued:

You do have a right to speak up when things aren’t fit for purpose. You should have enough skills to be able to explain that like what to say when the room isn’t accessible, and they said it was.

The findings revealed that participants needed to develop their knowledge and skills to express themselves and communicate with service providers in order to overcome some constraints. Carolyn said:

Sometimes they have this interesting policy that if you can't climb stairs you should not be able to get a ride. They looked kind of concerned when I went on crutches about what rides I should be doing but I told them I'm a rock-climbing instructor, I am aware of the risks, I give you my informed consent.

When travellers with mobility impairments realise they face certain types of constraints frequently, they tend to develop the knowledge and skills required to express themselves and communicate their ability and needs with service providers. If a service provider refers to safety measures, these travellers benefit from knowing the risks involved and being able to provide mitigation methods or discuss those risks with service providers and negotiate around interpersonal constraints.

5.2.3. Structural negotiation strategies

The third category included structural negotiation strategies that were mostly used to overcome constraints related to the environment, access issues, the physical nature of an area, or the context of an activity. Structural constraints are the major constraints that prevent individuals with disabilities from participation in tourism (Small et al., 2012) and physical obstacles are the most frequently cited barriers reported in the literature (Daniels et al., 2005; Devile and Kastenholz, 2018; WHO, 2009). The study findings confirm this both in terms of the number of structural constraints reported and the significance associated with them (section 4.3.3). Various structural negotiation strategies were reported and grouped into six categories: research into environmental (structural) factors, planning to encounter environmental (structural) factors, working around an inaccessible environment, avoiding inaccessible or difficult to access environments, using proper equipment to adapt to the environment, and financial/budgeting and time management.

5.2.3.1. Research into environmental (structural) factors

Travellers with mobility impairments encounter many structural constraints (section 4.3.3.3) and participants reported they conducted research into environmental (structural) factors as a negotiation strategy to overcome constraints such as facilities, architectural and built environment, lack of accessibility information, and inaccuracy of information provided by service providers. Research into environmental (structural) factors as a negotiation strategy focuses on the time prior to departure when the potential traveller contemplates participation in tourism. This negotiation strategy, in most cases, was related to the accessibility of venues and activities. Examples like “I rang before and asked if the hotel was accessible” (Joyce) or

“I asked the hotel to measure the height of the bed and the space at the bottom of the bed” (Carolyn) were shared.

Research into environmental (structural) factors as a negotiation strategy plays an important role in the decision-making process. Although all travellers rely on research to make their travel decisions, travellers with mobility impairments are heavily relying on research and information to plan their travel. This is necessary to minimize the likelihood of encountering unexpected or insurmountable barriers on the trip. Cathleen said:

When I travel, I make sure I have done research to choose places that are accessible, and plans are made to make an experience as successful as possible.

She emphasized:

Research is necessary to understand what is possible rather than having to go somewhere and then find out at time if it is accessible or not.

Social media is an important information channel to research and collect accessibility information for travellers with mobility impairments. One major benefit of social media is accessing video footage or pictures of destinations through which, travellers can actually see a specific place and get information that is not necessarily provided in written materials. For instance, Carolyn said, “I recently discovered a guy on YouTube called ‘the disabled hiker’ and I am pinching some of his ideas”. Richard shared the same negotiation strategy:

I searched the net and found a blog that suggested the best ways for disabled travellers and how to get services for people in a wheelchair. I did that, and I was successful.

Likewise, Ana tends to “look at reviews and see what other people have said” about any activity that she is considering participating in. Sometimes, research into environmental (structural) factors might lead to a decision of modification or even non-participation in a certain activity. Ben said:

The more I researched the more it seemed that people with disabilities would have a difficult time to do this trip. So, I didn’t do that specific trip and I went somewhere else.

Similarly, Cathleen reported an instance of modification after doing research on the environment, flights, and travel times as “it was lots of flying to get to England and to Europe”. So, she decided to go to the United States instead.

Another example of this negotiation strategy is Joyce who ended up not participating due to non-availability of relevant and accurate information:

I was checking the schedules and activities and I came across a few walking activities. The details didn't provide a clear sense of the distances and conditions. When I read the reviews, they were like do not go to or you won't be able to do this activity if you have a limited mobility. This information doesn't provide enough details for me to make an informed decision, so I decided not to go on the walking activities, and I chose the alternative activity with no walking involved.

Through research, Joyce was able to evaluate two alternatives in terms of environmental (structural) factors and select one of those. Participants pointed to word-of-mouth and networking, especially with other fellow travellers with mobility impairments, as trustworthy sources of information. This is in line with the literature (Poria et. al., 2010; Ray and Ryder, 2003) that reported people with disabilities were sceptical about other sources of information around accessibility and were interested in consulting with “someone like them”, who could understand their specific needs and provide more reliable information. For instance, Betty said:

Talking to other people especially other disabled people who have travelled and talking about their experiences will help in finding information.

Similarly, Richard made his final decision of not travelling to a destination after consulting with other travellers with mobility impairments who had previously visited the destination:

Through online research I realised it was going to be difficult, but I was still going to go there. Then I asked some disabled people, they said it was too difficult and I chose not to go.

This last example clearly shows the importance of consultation with other travellers with mobility impairments and the information they provide compared to all other sources of information. The next sub-section highlights that many participants had experienced issues with the accessibility of venues and activities that had been described, marketed, or promoted as accessible. Therefore, participants were trying to get as much reliable information as possible and trust information provided by travellers with disabilities over other sources of information.

5.2.3.2. Planning to encounter environmental (structural) factors

Travellers with mobility impairments encounter many constraints some of which are related to venues, services, or products being marketed as accessible, when they are not (section

4.3.3.10). Previous experiences of inaccessibility of otherwise advertised destinations, inaccurate information, and unexpected events and situations alongside general uncertainty around travel make these travellers prioritise research and planning prior to an activity in order to minimize difficulties. Following thorough research, the next step is planning to encounter environmental (structural) factors. All participants reported using this negotiation strategy, for instance, Christopher emphasized how important planning was because “people say it has disabled access, no steps and the stuff; but when you get there it’s like three stories up”. As such, phrases like “it’s just planning and planning” (Ana), “I have to plan as much as possible” (Milo) and “I’ve got backup plans to backup plans” (Carolyn) were shared. Richard indicated the importance of planning as a negotiation strategy:

I found out if we are well-organised things might go well although it’s not guaranteed. But if I don’t plan very well that’s when I will definitely get into trouble. So, I have to plan a lot.

It is noteworthy that Richard believed even good planning would not guarantee a smooth travel experience and he expected problems even in a well-planned journey. Similarly, Milo emphasized the importance of extensive planning:

Good planning usually turns out to good experiences. If I haven’t put enough time on my planning properly that’s when I get into bad experiences. So, planning is the key and that’s why I plan a year in advance. I do a lot of planning and then I hope it is going to be a pleasant trip.

As Ana said, “planning is required for everyone who travels; it’s just more magnified when you have a disability, you are more aware of it”. The disproportionality of constraints for these travellers means a short five-minute walk to the nearest public transport station, which might even seem an enjoyable part of the vacation for able-bodied travellers, can potentially compromise the travel experience for travellers with mobility impairments. These travellers have to carefully plan for each and every element of the whole travel experience. Milo and Ana confirmed their discussion on planning:

I would always book a hotel or accommodation that is close to the main city centre or the local attractions or as close as possible to the public transport like a bus stop or train station. So, location of the hotel is the key. (Milo)

You have to be organised and you have to be extra organised as someone with disability. We can’t just turn up. I wish I could, but you have to plan, and you need to be diligent and check things up before and look at reviews and see what other people have said and it is just part of it. (Ana)

These travellers try to plan their activities around what they would be able to do and what they think they can manage. Cherry admitted:

We have to plan and research to understand what is possible and what is the best for us rather than going somewhere and then finding out if it is accessible or not. That's simply too late and cannot be fixed in most cases.

5.2.3.3. Working around an inaccessible environment

Participants reported they had to negotiate through inaccessibility in different contexts and situations as a structural negotiation strategy. When faced with accessibility constraints caused by a small lift in which his wheelchair did not fit, Ben had to work around inaccessibility:

To overcome this, I sat on the ground, folded up my wheelchair and put it on my head, closed the old school elevator, went to the top and then pushed the wheelchair out and got back onto it.

Travellers with mobility impairments might need creativity to work around inaccessibility. In another example, to negotiate slippery bathroom surfaces, Betty used towels to cover the bathroom floor, and indicated she would come up with ideas to make things more accessible for her. Similarly, Sarah shared her experience of a built environment accessibility constraint when visiting her relatives: “I worked around inaccessibility by using a plastic seat, sitting on it, and getting into the shower”. Likewise, when faced with accessibility constraints due to geography, Joyce “worked around inaccessibility by walking on the flattest part of the street, footpath, or even walking on the road”.

Several participants referred to a negotiation strategy to overcome inaccessibility that is not evident in the literature. As discussed in section 4.3.3.3, some travellers with mobility impairments work around inaccessibility by spending money to use more accessible or convenient solutions. Participants also indicated that money was a facilitator that could help them participate (section 4.4.3). If these travellers have financial means to buy more expensive, and more accessible, options they would not hesitate to do so. This trade-off between money and accessibility has not been identified previously in the literature and was evident when Ben admitted “I can overcome constraints by spending money”. Similarly, Cherry spent more money to enjoy a more accessible travel experience:

We wanted to go to a concert. We had the option of going to Auckland which is just two and a half hours drive for us, but we flew down because Wellington was easy. We bussed everywhere; bus and mobility taxi. We stayed in the city and then we walked to the

venue. We found it so easy in comparison to Auckland. Yes, it cost a lot more in that way but was just easier and more accessible.

Travellers with mobility impairments encounter many constraints due to inaccessibility of venues, products, or services. They have to find ways to work around inaccessibility to negotiate through these constraints and participate. As is evident in this section, this negotiation strategy is seen in different forms depending on the nature of the constraint, the context of the activity, possible ways to overcome the constraint, and travellers' abilities and financial means in that specific situation.

5.2.3.4. Avoiding inaccessible or difficult to access environments

Depending on the nature of the structural constraint and context of the activity, travellers with mobility impairments use different negotiation strategies to overcome the constraint or mitigate its effects on their participation. Sometimes, after evaluating the collected information, the available support, their physical abilities, and perhaps their past experiences, these travellers decide to avoid subjecting themselves to structural constraints that they consider insurmountable or very difficult to overcome. Avoiding inaccessible or difficult to access environments as a negotiation strategy was reported by most participants who tried not to deliberately engage in travel that they considered too difficult or they saw a significant chance of ending up struggling to participate in. Cherry reflected that:

If we are doing something we tend to look at things that I know I can do. We are pretty good at research and figuring out what's doable and what's not. We just avoid places that we know we can't go, places that we know are really hard.

When was asked about participation in outdoor activities, she said:

I haven't done it [outdoor activities]. I haven't even tried. If we've done anything we've, gone to places we knew definitely would work.

Similarly, Cathleen reported using the same negotiation strategy: "I do not purposely try to do something that I know is difficult for me" and "I do not choose routes in areas and places where it is difficult to navigate".

In some cases, structural constraints lead to unpleasant feelings in relation to travel such as anxiety, fear of the unknown, and feeling stressed (section 4.3.1.2). Several participants reported avoiding structural constraints to minimize the emotional implications of struggling to overcome those constraints, for example, Richard said:

I wouldn't go there if I thought it was too hard, I'd rather do something I can do easily and have a lot of fun with, rather than trying to do something that I would really struggle to do. I just want to do things that feel easy and fun, not things that make me anxious, desperate, or stressed-out.

In a similar vein, Betty indicated she would avoid returning to environments that subjected her to emotional distress previously: “I would definitely avoid passing through Dubai in any trip that I take ever because I really don't want to go there and experience all those feelings again. It was terrible”. She is referring to the emotional distress caused by special assistance procedures that did not allow her to leave the special assistance area in between her flights and the special assistance staff holding on to her passport the whole time. Avoiding certain environments might turn into a habit for some travellers. This is evident in Sarah's account of her favourite activities. She clearly preferred more accessible activities over anything that might not be that accessible when she said “I love accessible places like shopping malls. I love museums. They often have really great access”. The same pattern was identified in Ana's position on avoiding activities with difficult structural constraints and instead engaging in activities with fewer constraints:

I generally don't tend to pursue things which are too difficult. So, I find things I can do and therefore, in my mind I'm doing everything I want to do.

Sometimes participants engaged in alternative activities with fewer perceived constraints or gave up difficult activities (in terms of accessibility) and pursued alternative, more accessible and easier activities in familiar comfortable environments. Through engaging in alternative activities, participants avoided environments that they saw as inaccessible or difficult to access. For instance, Richard tried to avoid constraints and instead engaged in alternative activities:

With the function I have, doing certain things are difficult like getting on and off the rides and things like that in amusement parks. So, we tend to go towards things where we can see things, animal parks and those sorts of things that are good and easy to get around.

Likewise, to avoid perceived constraints, Brenda chose several short day-trips rather than taking a longer trip. Sometimes participants chose a whole different trip which looked easier compared to the initial plan. After evaluating perceived constraints, Ben decided to choose the easier of two vacation plans:

I wasn't looking forward to another challenging trip so instead of catching the Siberian Express train, I went to Thailand and had a really different holiday which was sitting

on the beach and eating a lot of food and that was a relaxing holiday that I chose over a challenging one.

Similar to choosing an alternative activity, and in order to avoid inaccessible or difficult to access environments, sometimes participants repeated past successful travel experiences and engaged in activities that they had successfully completed in the past. Repeating past experiences is in line with the literature in that travellers with disabilities are among the most loyal customers (Burnett and Baker, 2001). Eva indicated returning to familiar destinations as a negotiation strategy: “generally, we go to places that I have been plenty of times before, so I know about the place and I know it’s not too difficult for me”. And Cherry believed “when you have been there before you are aware of issues and how to avoid difficulties or overcome problems. You have done it before, and it would be easier to do again”.

Betty reported a different form of avoiding difficult situations to overcome structural rules and regulations constraints that could potentially prevent her participation. As seen in section 4.3.3.8, some regulations, or their interpretation by service providers, preclude travellers with mobility impairments from participating in certain activities. This is a structural constraint that might be too difficult to overcome or negotiate around. So, in an attempt to avoid subjecting herself to this constraint, Betty did not disclose her disability on insurance forms to be able to participate in a skydiving activity. She said:

I had to lie on insurance papers which ask if you have a disability. I had to say no because if I had said yes, then the skydiving master wouldn’t be able to take me, so I had to lie so I could participate.

If travellers with mobility impairments consider some constraints too strong to be overcome, they might avoid those environments, engage in an alternative activity with fewer perceived constraints, or repeat a past successful travel experience instead.

5.2.3.5. Using proper equipment to adapt to the environment

Sometimes, instead of non-participation, these travellers might resort to additional equipment to negotiate some constraints and participate in activities which would be very difficult, if not impossible, without that equipment. As discussed in section 4.3.3.5, availability and having access to proper equipment might be crucial to adapt to the environment. Some travellers might need different or extra equipment, rather than their every day or usual assistive devices and equipment, to be able to participate in specific activities. Several participants indicated using

proper equipment to adapt to the environment as a negotiation strategy to overcome constraints. Christopher had to buy a new wheelchair to be able to travel:

It's all about you adapting to the environment you travel to and it's important to have the right equipment. Once I got this power wheelchair that can get up small steps, it's like opened the world up and gave me independence to travel.

Similarly, Betty referred to using proper equipment as a negotiation strategy, in an attempt to overcome inaccessibility of bathrooms, she would take her “grab buttons that can be used to transfer between the wheelchair and bathroom seat” and “make things more accessible”. If an activity involves long-distance trips, she would take her “circulation machine which helps the blood circulation” in order to lessen the impacts of travel on the body. Brenda reported “anytime I go on a trip, I would take a plastic foldable shower chair, so I can sit in the shower”. Sometimes it is not possible for these travellers to engage in certain activities without required equipment; for example, Ana had to avoid any activity that involved water until she “recently got a leg that can be worn in water”. Lastly, Carolyn heavily relies on proper equipment to participate in outdoor activities:

I made sure I had a GPS locator that had a two-way message system, so I could put my back up plan into action right on the spot rather than having to wait for another communication method to become available.

The findings revealed that some travellers with mobility impairments have realised that through investing in various kinds of equipment, they can negotiate some travel constraints, adapt to difficult environments, and increase their levels of participation. It is noteworthy that (lack of) equipment was reported as a travel constraint (section 4.3.3.5), having access to equipment was found to be a tourism facilitator (section 4.4.3), and using proper equipment was reported to be a negotiation strategy. Discovering the multiple roles of equipment in the travel experiences of these travellers is an important finding which provides insights into the complexity of relationships among various elements of the travel experience.

5.2.3.6. Financial/budgeting and time management

Participants reported both structural financial and time constraints to participating in tourism (sections 4.3.3.3 and 4.3.3.4). These constraints were mostly due to travelling with a disability costing more and travellers having to spend more money to use more accessible or convenient options. Needing extra time is also important as certain activities, for instance, getting on and off transportation, checking in and passing through security at the airports, or catching connecting flights take longer for these travellers. Participants indicated using structural

financial/budgeting and time management negotiation strategies, which have previously been reported in the literature (Daniels et. al., 2005; Hubbard and Mannell, 2001; White, 2008). The time management negotiation strategies reported included allowing enough time for activities and booking flights with plenty of time (to transfer). Participants agreed on the importance of acknowledging the extra time needed before, during, and after activities and that this adds an additional layer to planning their travel.

Having faced financial constraints, participants used the financial/budgeting negotiation strategy to overcome those constraints. Some participants referred to saving money for the next trip as a strategy; Ana admitted “I mostly travel like a backpacker that is really low budget”. She has been travelling on a tight budget using cheaper and less accessible accommodation and options compared to Betty who is using more expensive and more accessible accommodation options but has had to shorten the length of her trips. She said:

If you have a limited budget, your trip can't be as long as you want. There were times that I would have stayed for a longer time if I had found cheaper accommodation.

Although most participants believed participation in tourism would cost more because of their mobility impairments, some participants did not feel constrained due to extra costs and hence, they did not need a negotiation strategy for this. This reflects the characteristics of the sample as relatively privileged due to their socio-economic status (section 3.7). Other participants who felt constrained by financial constraints reported using the financial/budgeting negotiation strategy to overcome those constraints through saving money, budgeting for travel, or changing their travel pattern and cost (for instance, travelling for a shorter time). Similar to equipment, money was also found to play multiple roles in the travel experiences of travellers with mobility impairments. It was a travel constraint (section 4.3.3.3) and a tourism facilitator (section 4.4.3) at the same time and participants considered money as a negotiation strategy that could be used to overcome certain travel constraints. Uncovering certain elements that can play multiple roles in the travel experiences of these travellers is an important contribution of this study which provides insights into how various elements of the travel experience are interrelated.

Successful negotiation strategies leading to participation have been identified. Intrapersonal, interpersonal, and structural negotiation strategies were outlined in sections 5.2.1, 5.2.2, and 5.2.3, respectively. Overall, considering the data analysed and presented in this chapter, participants came across as inquisitive and assertive; they are rarely victims

(helpless victims) of their circumstances, and clearly there are situations where they have options available to them. However, negotiation strategies are not successful at all times and it is not unusual for travellers with mobility impairments to encounter travel constraints that cannot be overcome successfully through the negotiation strategies they use. Before exploring these unsuccessful negotiation strategies in section 5.4, the next section addresses one of the factors found to have an influence on the constraints and negotiation strategies: the type of trip and destination.

5.3. Type of trip and destination

Participants were asked about international and domestic trips and whether they perceived any differences in accessibility when taking pleasure trips, business trips, or visiting family and friends. Participants generally regarded domestic trips in New Zealand as easier with fewer constraints that were also easier to negotiate. For instance, when comparing Samoa to New Zealand, Cathleen reported “legislation in New Zealand has made the environment at least moderately accessible” and Ana said, “New Zealand is quite easy to navigate because I know the rules and the rights, and I am very confident in travelling around the country”. She also indicated international travel was more difficult as it needed more effort and more organising. Here is Ben’s take on domestic and international trips:

I think New Zealand generally, compared to the rest of the world, has a very good situation. It’s generally accessible and domestic trips are rather easy.

Similarly, Sarah said:

Domestic travel is definitely easier because you are travelling in your own country, you understand the culture, people can explain, you can explain what you need, and they understand straightaway.

Most participants regarded domestic trips as easier compared to international trips due to their familiarity with the travel context of New Zealand, the accessibility rules and regulations, and the general uncertainty around travelling to an unknown international destination with different attitudes and structures. Participants indicated New Zealand was more accessible compared to specific destinations such as South East Asia (Ben and Sarah) and older European cities (Christopher, Milo, and Richard). Some participants therefore reported destination as a factor that influenced their participation.

The influence of type of trip on the constraints and negotiation strategies was also explored in the context of pleasure, business, and VFR travel. Participants regarded business

trips as the easiest with fewer constraints that generally were easier to overcome. According to Ben, “business trips have a higher budget than recreation trips” and “most expenses are covered by someone else”. Similarly, Richard indicated that business trips were easier “because they have already been planned, the venues are accessible, and hotels have been sorted out”. As someone else (the employer, the sponsor, or the organiser) was taking care of the expenses in business trips participants were not constrained by financial/extra cost constraints. Here is what Ana said:

Because the business trip is paid for it is a lot easier. They [the employer] pay for a hotel which is accessible, and they pay for taxis which makes moving around the city easier. So, business trips are easier than the trips that I have to rely on my own budget.

Similarly, Betty said:

Business trips have an advantage in that the accommodation is paid for by the company. So, I can stay in hotels which might be too expensive for me if I wanted to pay. These trips are easier because the price doesn't matter so much to you personally.

Visiting friends and relatives was the second type of trip in terms of the perceived constraints and available support to negotiate those constraints. Most participants referred to themes such as being around the people who knew them and their needs and were willing to help. For instance, Cherry said:

Visiting family is easy, because they know what I need, how to approach or if I've got an issue. When you are visiting friends and relatives, there is always a person around to help.

Similarly, Milo said:

When you are visiting your family or friends they know you need help and, more importantly, they are willing to help. They know what you can and can't do, so they probably won't suggest anything that I cannot do. It is usually hanging out with them and not doing attractions and activities, so it's much easier.

In contrast, pleasure trips were reported as the most difficult type of trips where participants had to engage in extensive research and planning, pay for the trip, and deal with the expected and unexpected barriers and difficulties. Individual pleasure trips were regarded as the most difficult type of trip where participants encountered various constraints that were the most difficult to negotiate.

5.4. Unsuccessful negotiation strategies

As indicated in the conceptual framework (Figure 2.5), negotiation strategies are not always successful. Sometimes travellers with mobility impairments are not able to negotiate constraints they encounter and therefore, they cannot participate. Unsuccessful negotiation strategies are considered in the third supplementary question of the study. Unsuccessful negotiation was mostly due to structural constraints and, to a lesser extent, interpersonal constraints. Sometimes structural constraints, especially inaccessibility of nature/built environment, are insurmountable and travellers with mobility impairments are not able to negotiate around them. For instance, Ben emphasized “barriers to physical environment are significant and sometimes there are no ways to overcome”, and Eva admitted “I am stuck if there is no lift access or if the lift is out for whatever reason and the only alternative is stairs”. Betty referred to inaccessible environments as barriers:

Sometimes regardless of what you do it's just not accessible, there is nothing that you can personally do to make it more accessible or to overcome the barriers. The actual environment itself needs to be different.

Christopher reported his unsuccessful negotiation strategies and attempts when he was not able to overcome structural constraints and he could not get help to negotiate around those constraints. He said:

If there is a step you can't get over, there's nothing you can do about it. Sometimes I end up in a situation that I cannot overcome some barriers, I mean physical barriers, and no one is around to help me, and I won't be able to participate.

Richard pointed out the same structural constraints as a major reason for unsuccessful negotiation strategies:

So, if there are only stairs to a place it's a real barrier. Usually I try to find a lift or other way to get around it but if there isn't any, that's not something that I can overcome.

All these participants reported situations in which they were not able to negotiate around constraints, their negotiation strategies or attempts were unsuccessful, and therefore, they were not able to participate in their intended activity. These unsuccessful negotiation strategies related to structural constraints and mostly due to inaccessibility of natural or built environments.

There were other instances of unsuccessful negotiation because of interpersonal constraints. Service providers' attitude was reported by participants as the main interpersonal constraint that could result in unsuccessful negotiation. This is clearly illustrated by Betty: "sometimes no matter of how much you argue with people you just can't change their mind or attitude". Service providers' attitudes and their subjective assumptions about the abilities of travellers with mobility impairments can potentially impose serious constraints for participation of these travellers in any travel experience; constraints that might not be possible to overcome regardless of how much they attempt to negotiate. Ana experienced this unsuccessful negotiation strategy resulting from an interpersonal constraint when a service provider denied service on the basis of her assumptions about Ana's abilities. As discussed in section 4.3.3.8, when visiting the Eiffel Tower, Ana asked to skip the queue, so she would not get tired. Then, a staff member assumed Ana would be a safety risk in an emergency and so she refused to let Ana go further up the Tower:

She had made up her mind and I couldn't do anything else to convince her. That was an attitude barrier that I couldn't overcome.

Ben shared a similar unsuccessful negotiation strategy due to an interpersonal constraint resulting from a service provider's attitudes:

I had arguments with them, but they were not ready to agree on a middle ground. So, I was very much annoyed. That was a barrier that I wasn't able to overcome, it was not a physical barrier, it was an attitude.

Similarly, Betty could not negotiate an attitude constraint Dubai airport staff:

I tried to convince them to let me go out of the special assistance area and come back later but they said no. So, I ended up staying in that area and stuck in there for a few hours. Most of the time you can't overcome these kinds of attitude barriers.

Participants indicated unsuccessful negotiation of structural constraints that resulted in non-participation, which is in line with the literature. Both the initiation and outcome of negotiation processes are dependent on the relative strength of, and interactions between constraints to participation in an activity (Jackson et al., 1993) and if constraints are strong enough, travellers might not engage in negotiation strategies or their negotiation attempts might fail, and participation would not occur (Crawford et al., 1991).

Participants also reported unsuccessful negotiation strategies to overcome interpersonal constraints, which is absent from the literature. Unsuccessful negotiation strategies identified

in this study were either caused by disabling environments or by interpersonal constraints that were too difficult to overcome for these travellers. These unsuccessful negotiation strategies are closely related to non-participation or, in some cases, to partial participation – where travellers try alternative strategies which result in lower levels of participation. According to the conceptual framework of the study, unsuccessful negotiation strategies or attempts might result in a sense of helplessness among travellers with mobility impairments. The next section is focused on this sense of helplessness, various incidents reported by participants, and its relation to constraints and negotiation strategies.

5.5. A sense of helplessness

As discussed in section 2.10, helplessness is “[a] psychological state that frequently results when events or behaviours are perceived as uncontrollable” (Seligman, 1975:82). It is a psychological condition in which a person has learned to believe that they have no control over a situation; in other words, the person’s actions are perceived as making no difference.

The theory of learned helplessness is relevant when studying travellers with disabilities as they encounter many constraints that significantly restrict their opportunities for travel experiences. As an individual’s attempts to control their environment turn out to be unsuccessful, they might perceive negative outcomes (e.g. non-participation in travel) as unavoidable and consequently stop attempting to engage in future participation or, at the very least, gain significantly less satisfaction from the experience (Lee et al., 2012). Therefore, the theory of negotiation and theory of learned helplessness are relevant to tourism and disability. However, there is a lack of research that explores the influence of these theories on different levels of participation. In order to answer the study’s fourth supplementary question regarding the instances of sense of helplessness, during the third interview session, participants were asked several questions about if they had felt a sense of helplessness. If, for any reason, travellers do not engage in negotiation strategies or their negotiation attempts fail, they might feel helpless. However, a distinction should be made between single incidents of feeling helpless caused by inability to overcome certain constraints and the general and constant feeling of helplessness formed due to a series of incidents of feeling helpless. Generalized helplessness refers to situations where a person’s tourism participation diminishes extremely since they stop believing in their personal ability for successful participation in any leisure activity (Iso-Ahola, 1980).

None of the participants displayed any signs of generalized or sustained helplessness towards participation in travel due to the unsuccessful negotiation strategies and their inability to overcome constraints. This, to some extent, relates to the sampling strategy – participants have all travelled in the last five years – as well as the specific characteristics of the sample (section 3.7), for instance, they are all in employment and have some level of financial independence and means for travel. However, single incidents of feeling helpless were reported by some participants when they encountered constraints that were beyond their ability to negotiate. These incidents were grouped into four themes: feeling stuck, feeling dependent, physical issues, and feeling disconnected/excluded.

Most instances of feeling a sense of helplessness were reported for situations in which participants felt they were stuck. Feeling stuck was reported for various constraints including intrapersonal, interpersonal and structural constraints. For instance, Richard reported feeling a sense of helplessness caused by a structural constraint (non-availability of suitable transportation) that made him feel stuck at an airport in Australia when he realised “there was no one to pick me up, I was not able to get hold of any of the tournament organisers, and there was no wheelchair van to book”. He “didn’t know what to do”, “was stuck”, and “felt helpless”. Betty felt stuck when she could not negotiate an interpersonal service provider’s constraint. As detailed in section 5.4, Dubai airport staff did not allow her to go out of the special assistance area; regardless of how hard she tried, her negotiation strategies were unsuccessful, and she “felt like trapped”. She added:

I just kind of felt like I wasn’t being treated as a person and my rights were taken away. I felt stuck and helpless.

Similarly, Ana reported experiencing a sense of helplessness when she was not able to negotiate an interpersonal service provider’s attitude constraint. During a trip to Mexico, she wanted to try a traditional sauna. When a staff member noticed Ana’s prosthetic leg, without giving any specific reason, he told Ana she could not go in. This indicates the service provider had assumptions about what Ana could and could not do, which resulted in a constraint that was not possible for her to overcome and hence, she felt a sense of helplessness:

I feel helpless when someone absolutely tells me I can’t do something, and I know I can. I feel helpless because you are really arguing with someone no matter how many justifications you give them, no matter how you explain something, and they still say no. What can you do then?

Sometimes travellers with mobility impairments feel stuck due to intrapersonal constraints like health-related constraints. For instance, when getting sick during travel, Amy “got sick, felt stuck, and felt absolutely helpless” and Milo noted:

It was a scary situation and a little bit of unknown. I was in Thailand and I got quite sick which was caused due to my disability. I didn't know what to do and I felt helpless.

Feeling dependent or reliant on others was another cause of a sense of helplessness reported by some participants. Christopher admitted “the main source of helplessness for me is reliance”. He added “being reliant on someone who you are travelling with and knowing you have to rely on someone at all times is what makes you feel helpless at times”. Carolyn reported experiencing a sense of helplessness when she had to “be piggybacked up the river bank” because, she said “this was difficult for me, I have been independent in most of my travel experiences and being independent has been a prime thing for me”. Cherry felt she was “a burden” when she had “no other choice but to rely on others”. Joyce and Sarah reported feeling a sense of helplessness resulting from having to rely on others and having to ask for help:

I felt vulnerable going off on my own rather than being with people. The idea of having to rely on others made me feel helpless. (Joyce)

I had luggage, so I couldn't go by myself and I had to ask for help. When you realise you are not able to do it on your own you sometimes feel helpless. (Sarah)

Physical issues were reported by participants as the third reason for feeling a sense of helplessness. These were related to intrapersonal physical constraints resulting from the nature of the impairment and how the impairment impacted participation in tourism activities. Physical issues made Joyce feel a sense of helplessness:

I was walking in Paris and I remember I felt like I couldn't walk anymore, I felt I was pushing myself to the point that I was exhausted, it felt like such a failure and I felt helpless.

The same insurmountable intrapersonal physical constraint was experienced by Ana which, in turn, resulted in a sense of helplessness:

When I was in so much pain like physically because I was so tired and exhausted. I felt absolutely helpless.

Feeling disconnected/excluded was the last source of feeling a sense of helplessness and was reported by Cathleen when she “did not have the social connection or the emotional connection” that she usually had with her friends and family:

I was travelling with people who weren't familiar for me and they weren't familiar with me. They were able to provide my physical support, but I didn't have the social connection or the emotional connection that I usually have with my friends and family, so I felt disconnected, I wasn't able to fully experience like when I had the familiar support of my family and my friends and then I started to feel helpless.

It is evident that if constraints are strong enough or these travellers are not able to successfully negotiate around them, they might feel a sense of helplessness. This depends on the situation, the constraints and negotiation strategies used as well as other factors such as the type and severity of impairments, the past travel experiences, and available support. Through offering help and support, people – companions, service providers, and strangers – play an important role in this context. The willingness of these individuals for offering help in negotiating constraints can prevent travellers from having instances of helplessness. Furthermore, the tension between constraints and negotiation strategies seems to play an important role in experiencing a sense of helplessness among travellers with mobility impairments. It is likely that other factors would be involved in this process as well. This is discussed further in the next chapter.

5.6. Conclusion

The second supplementary question sought negotiation strategies used to overcome constraints identified in chapter four. An established framework based on the literature (Daniels et al., 2005; Moghimehfar and Halpenny, 2016) was used to group negotiation strategies in three categories of intrapersonal, interpersonal, and structural. Then, based on the emerging themes that appeared during data analysis, sub-categories were created within these broad categories. As various constraints had been reported by participants, the broad range of reported negotiation strategies was not surprising, yet it is unprecedented in the literature. Two types of intrapersonal negotiation strategies, five categories of interpersonal negotiation strategies, and six types of structural negotiation strategies were identified. This research is a contribution to the respective literature (constraints, tourism, and disability) by adding interpretative detail to the typology of intrapersonal, interpersonal, and structural negotiation strategies.

Successful negotiation strategies enabled travellers with mobility impairments to negotiate constraints and participate in tourism. These negotiation strategies were considered successful since participants could overcome constraints and participate. In contrast, and answering the third supplementary question, unsuccessful negotiation strategies reported by participants revealed several reasons as why negotiation of some constraints failed or were not

successful and why participants did not end up participating. Answering these two questions resulted in a better understanding of how constraints were negotiated, why negotiation strategies failed in some cases, and how the relation between constraints and negotiation strategies would influence the participation of travellers with impairments and their levels of participation.

After successful and unsuccessful negotiation strategies, the fourth supplementary question of the study was considered and examined instances when these travellers were unsuccessful in negotiating travel constraints and felt a sense of helplessness. These incidents were the result of a broad range of intrapersonal, interpersonal, and structural constraints that were either too strong for participants to negotiate or were combined with other factors that made the negotiation strategies unsuccessful. Regardless of the actual constraints that caused a feeling of helplessness among participants, the incidents were grouped into four themes: feeling stuck, feeling dependent, physical issues, and feeling disconnected/excluded.

The findings revealed that equipment and money could be constraints, facilitators, and negotiation strategies in different travel experiences. This multiple role of equipment and money is absent from the literature. Furthermore, the findings were in line with a few previous studies in the sense that travel constraints were not necessarily negotiated by a negotiation strategy from the same category as constraints (Jackson and Rucks, 1995; Daniels et al., 2005). Some structural constraints were negotiated through interpersonal negotiation strategies rather than structural negotiation strategies. Similarly, this study found multiple instances of using an interpersonal negotiation strategy to overcome an intrapersonal constraint or using interpersonal negotiation strategies to overcome structural constraints.

Some negotiation strategies reported by participants have been found in previous studies; for instance, skill acquisition, time management and financial negotiation strategies were reported by Hubbard and Mannell (2001) and Jun and Kyle (2011). However, the current study has identified many new travel constraints and negotiation strategies for travellers with mobility impairments. The interpretative details added to the typology of intrapersonal, interpersonal, and structural constraints and negotiation strategies are substantial. This is a contribution of the current study (and further discussed in the next chapter) as it has clarified the relation of constraints and negotiation strategies, and the impact of the tension between constraints and negotiation on the levels of participation for travellers with mobility impairments. In doing so, first various constraints were identified and then specific negotiation

strategies for those constraints were explored. The range of negotiation strategies identified (Table 5.1) is unprecedented and therefore, this study is a step forward in the literature on tourism and disability. The current research provides a broader range of constraints and negotiation strategies, identifies specific negotiation strategies used to overcome specific constraints, and portrays a more comprehensive picture of the relation of various negotiation strategies to different travel constraints.

Table 5.1 Various negotiation strategies identified

Tripartite levels of negotiation	Negotiation strategies
Intrapersonal	<ul style="list-style-type: none"> • Physical • Emotional
Interpersonal	<ul style="list-style-type: none"> • Ignoring the attitudes and comments of others • Getting help • Being straightforward with or having a familiar travel companion • Group activity/tours • Explain oneself
Structural	<ul style="list-style-type: none"> • Researching into environmental (structural factors) • Planning to encounter environmental (structural factors) • Working around inaccessible environment • Avoiding inaccessible or difficult to access environments • Using proper equipment to adapt to the environment • Financial/budgeting and time management

Identifying the unsuccessful negotiation strategies, and the underlying reasons, is another contribution of this study which is absent from the literature. These unsuccessful negotiation attempts were related to insurmountable structural or interpersonal constraints that were too difficult for participants to overcome. Unsuccessful negotiation strategies resulted in non-participation or partial participation in which these travellers had to modify their preferences or behaviours in order to be able to partially participate in travel after their negotiation strategies were unsuccessful. Exploring these unsuccessful negotiation strategies provides a better understanding of the interaction between constraints, negotiation strategies, and facilitating or inhibiting factors for the participation of travellers with mobility impairments in tourism.

The next chapter combines the findings of chapters four and five and focuses on the interaction among travel constraints, negotiation strategies used to overcome those constraints, and the impact of the tension between constraints and negotiation on the levels of participation

for travellers with mobility impairments. In particular, chapter six focuses on how this tension results in different levels of participation in travel and what factors facilitate or prohibit participation.

6 Theoretical interpretations of the travel experiences of travellers with mobility impairments

6.1. Introduction

Chapter two revealed that the constraints and negotiation literature has become more sophisticated over time; new frameworks introduced, and additional types of constraints and negotiation strategies noted. The findings in chapters four and five add to the literature as they identify a range of previously unidentified constraints and negotiation strategies and discuss them in relation to other factors such as the type of trip and destination. The findings also reveal the interwoven nature of some constraints. So, the findings make a number of notable contributions and this study advances knowledge. This chapter explores the theoretical interpretations of the findings as examined in the previous two chapters. These interpretations are based on the conceptual framework (Figure 2.5) that guided the research methodology and was the foundation of the analytical framework (Figure 3.3). First, the context of the study and its implications for the findings are discussed in section 6.2. Then, in light of the findings, the study's supplementary questions are revisited in section 6.3 in order to develop a structure that guides the rest of this chapter in explaining the theoretical conceptualizations, synthesizing process, and reporting the final results of the research. This, in turn, results in a comprehensive review of the travel experiences of travellers with mobility impairments. The contribution of this research to the academic literature is outlined through revisiting the main research question:

How are the participation levels of travellers with mobility impairments in New Zealand affected by constraints and negotiation?

Section 6.4 provides an understanding of different levels of participation and other factors that impact the participation of travellers with mobility impairments in tourism followed by the revised conceptual framework of the study.

6.2. New Zealand as the research context

The New Zealand context outlined in chapter one has a significant influence on the travel experiences of travellers with mobility impairments. The literature (section 2.9) indicated that cultural differences interact with some of the elements of tourism experience such as

constraints and negotiation efforts. Culture plays an important role in the evolution of constraints, tourism behaviour, and tourism experiences and constraints vary in different cultural contexts (Chick and Dong, 2005; Gao and Kerstetter, 2016; Godbey et al., 2010; Lee and Tideswell, 2005; Walker and Wang, 2008; Walker et al., 2007). Furthermore, and specifically regarding the tripartite model of leisure constraints, Godbey et al. (2010) acknowledged that social norms are translated into individual values or beliefs that shape the perceptions of constraints. Cultural specifics of New Zealand are reflected in the findings, travel constraints and negotiation strategies identified, and the knowledge this study creates.

The sample of the study was part of the large – and growing – population of people with disabilities in New Zealand. The New Zealand demographic disability data (Statistics NZ, 2018) is in line with international data that indicate disability is more related to unemployment, poverty, and intersectional disadvantage where there is a close link between poverty and disability (Goodley, 2017; Pinilla-Roncancio, 2018). However, the sample is comprised of individuals with mobility impairments who are also privileged, which is not the experience of all New Zealanders with disabilities. Due to its specific characteristics (section 3.7), the sample is not representative of the broader experience of disability. These travellers hold higher education degrees, are employed, and have the opportunity and (financial) resources to travel. Shakespeare (2006) believes that having access to resources – both financial and community – influence an individual's capacity to cope and adapt to a disabling society. This is a result of the complex intersections of social class and disability that influence the social, economic, and cultural status of an individual with impairments (Shakespeare, 2009).

The New Zealand context is also reflected in the findings of this study. New Zealand is perceived as a relatively accessible place for travel – compared to other countries – at least partly due to disability-related legislation. This might be one reason participants found domestic travel as easier with fewer constraints (section 5.3). When asked to evaluate their levels of participation in domestic and international travel, most participants believed they were more successful in domestic trips as they were more familiar with tourism context in New Zealand. The majority of the participants indicated that they were well travelled across New Zealand which meant they were familiar with the constraints and knew how to approach and negotiate them. Therefore, domestic travel was regarded as easier to navigate because participants knew the rules, their rights, and what to expect whereas international travel needed more effort, more organising, and overcoming more constraints in an unfamiliar environment.

Furthermore, New Zealand is an island nation which requires air travel for almost all international trips. This adds to the challenges of international travel and might explain why the accessibility of air travel and airports were so important for participants.

Outdoor and natural environments of New Zealand, their significance, and issues of participation for travellers with mobility impairments are another area where New Zealand context is reflected in the findings. The context of this study is New Zealand which is marked by its unique geographical features. As the main tourism activities in New Zealand are outdoor and nature-based, this study specifically asked about participation of travellers with mobility impairments in those activities as well as other travel. In line with the literature (Chikuta et al., 2019; Lovelock, 2010b), the findings highlighted lower levels of participation in outdoor and nature-based activities compared to other tourism (e.g. visits to urban destinations). Some participants reported engaging in tramping, camping, and other outdoor activities, but the majority of participants did not take part. Although most participants were satisfied with their participation in travel overall, they acknowledged they could not participate in outdoor activities as much as they wanted. The findings indicated these travellers were not satisfied with their participation in outdoor and nature-based activities.

6.3. Building the revised framework

There is a lack of research on levels of participation tourism for travellers with mobility impairments, and there are few empirical studies on the relationships between travel constraints, negotiation strategies, and a sense of helplessness for these travellers (some exceptions are Daniels et al., 2005; Devile and Kastenholz, 2018; Lee et al., 2012). This was the research gap that the current study addresses, and the findings provided evidence for various aspects of the original conceptual framework (Figure 2.5). Additional factors also emerged during data analysis (e.g. the nature and severity of impairment, the type of trip and destination) and the analysis also enabled the relationships in the framework to be clarified. Analysing the empirical data on the experiences of travellers with mobility impairments using the leisure constraints model, the theories of negotiation and learned helplessness, provided an interpretation of those experiences which enabled this research to portray a more comprehensive picture of what had previously been depicted and understood in a more conceptual way.

Figure 2.5 was developed from the literature and can now be revised in light of the empirical data. This enables additional concepts to be included, as well as furthering the

understanding of relationships between concepts (Pearce, 2012). Before revealing the revised conceptual framework (Figure 6.2), the following sections address the modifications to the conceptual framework including tourism facilitators, the relationship within constraints and among negotiation strategies and the relationship between them, the influence of tourism facilitators on constraints and on negotiation strategies and the impact of the interaction of constraints, negotiation strategies, and tourism facilitators on the levels of participation. The type of trip and destination and the type and severity of impairments are also incorporated into the framework.

6.3.1. Travel constraints

Travel constraints is a core concept for this study as identifying travel constraints is a first step towards understanding participation. The original conceptual framework considered a leisure constraints conceptualization to explore the experiences of travellers with mobility impairments through the first supplementary question. Various studies have focused on the importance of physical accessibility for the participation of individuals with disabilities in tourism activities (Burnett and Baker, 2001; Israeli, 2002; Daniels et al., 2005; Ozturk et al., 2008; Sotiriadou and Wicker, 2014). The findings accord with previous studies that reported physical barriers and lack of enabling environments as the most important barriers to participation. However, in addition to the access-related constraints, a range of other structural constraints were discovered in this study (see section 4.3.3). These include financial/extra cost, time, equipment, rules and regulations, omissions, lack of information/communication of incorrect information, and organising care. Structural constraints were reported as the most significant barriers to participation. This confirmed the literature (e.g. Small et al., 2012) that the social construction of the tourism context, mainly structural constraints, and interpersonal constraints to a lesser extent, still acts as the main inhibiting factor for tourism participation. Even though structural and interpersonal constraints have been recognised as the key constraints on participation, the sheer range and depth identified by participants is noteworthy. In addition, the importance of intrapersonal constraints – physical, emotional, health-related, and physical and psychological dependency – have been absent from the literature. Utilizing the leisure constraints model (Crawford et al., 1991), many specific intrapersonal, interpersonal, and structural constraints were identified. The range, diversity, depth, and specificity of tourism constraints identified for travellers with mobility impairments in this study has been absent from the literature.

Most of the available research on the constraints faced by travellers with disabilities tend to categorize tourism constraints and treat them as static hierarchy. Although it is recognised that constraints can become compounded (Daniels et al., 2005, Kong and Loi, 2017), little has been done to explore relationship between constraints and how these affect the travel experience of travellers with disabilities. The analysis of the findings indicated relationships in and among different categories of constraints, with multiple constraints were connected with other constraints from the same or different categories. For instance, some intrapersonal emotional constraints (anxiety) were connected with structural built environment constraints (accessibility) and interpersonal constraints (service providers) (section 4.3.1.2).

The discovered relationships among tourism constraints revealed in this research was in line with a few studies that reported similar relationships. The literature on constraints to leisure has constantly acknowledged that constraints are encountered in a hierarchical manner, moving from the intrapersonal level to the interpersonal level to the structural level (Crawford et al., 1991; Jackson et al., 1993; Jackson and Scott, 1999). However, as indicated in section 2.6, a few studies have suggested that constraints are ongoing and interrelated (Gilbert and Hudson, 2000; Daniels et al., 2005; Kong and Loi, 2017) or circular, with Godbey et al. (2010) emphasizing individuals do not encounter constraints in the order of intrapersonal, interpersonal, and structural and the starting point of the interaction with the constraints is context specific. This study also found constraints are not static or hierarchical; travellers with mobility impairments could be faced with intrapersonal, interpersonal, or structural constraints at any point prior to and during travel. Constraints were not isolated and were interacting at various levels. Multiple occurrences were reported by participants where constraints were connected with others, for instance, intrapersonal physical constraints were connected with intrapersonal emotional constraints (section 4.3.1.2). Some participants expressed several emotional constraints (for example, anxiety and a feeling of stress around travel) which were related to intrapersonal physical constraints (such as a limited physical function due to the nature of a disability). Intrapersonal physical constraints, especially the constraints that originate from physical capabilities, the nature of the disability and the physical function, could provoke intrapersonal emotional constraints. Similarly, intrapersonal constraints (such as anxiety, stress, fear) were found to be connected with interpersonal constraints (such as service providers' attitudes) or with structural constraints (such as inaccessibility of the built environment).

Another example of interrelated constraints are intrapersonal emotional constraints connected to interpersonal constraints (section 4.3.1.2). Most of these interpersonal constraints originated from service providers' attitudes, their unwillingness to serve travellers with mobility impairments, or the inconsistency in the service provided to these travellers. Multiple scenarios were reported by participants where interpersonal constraints were connected with intrapersonal emotional constraints such as anxiety, fear of being treated differently, and fear of damage to or loss of dignity. Yet another set are intrapersonal emotional constraints connected with structural environmental/geography constraints (section 4.3.1.2). Features of geography or the built environment could impose restrictions for travellers with mobility impairments that were expressed in intrapersonal emotional constraints such as feeling less independent, free or flexible. Hence, travel constraints were found to be interrelated, and the interrelationships were related to the specific tourism context. In addition, other factors like tourism facilitators and negotiation strategies played a role in these relationships. As a result, for example, intrapersonal physical constraints were not always connected with the same intrapersonal emotional constraints. The original conceptual framework is revised to reflect the relationships between various constraints.

Although type of disability and its severity have specific consequences for perceptions of travel constraints, participants did not overstate the influence of their impairments and their severity on constraints. This is in line with the literature as studies have shown the majority of individuals with disabilities do not refer to their impairments (intrapersonal constraints) as a reason for non-participation (Daniels et al., 2005; Small et al., 2012; WHO, 2009). The literature indicates that individuals with disabilities, regardless of their disabilities, share some level of restrictions (Burnett, 1996). As McKercher and Darcy (2018), Figueiredo et al. (2012), and Burnett (1996) point out regardless of the type and severity of the impairments, some constraints are common to all individuals with disabilities, for instance, ignorance, attitude, trustworthiness of information, and tourism industry-related issues. Some constraints are related to the impairments, for instance, restrictions unique to a specific impairment (McKercher and Darcy, 2018).

The type and severity of impairments was an additional factor to the original conceptual framework. Despite being labelled as travellers with mobility impairments, participants in this study had various impairments with different levels of severity. Different disability-related characteristics have been shown in previous studies to be manifested in exhibiting different

needs, requiring different skill levels, and imposing different limitations for individuals with mobility impairments (Kim, 2013; McKercher and Darcy, 2018). Types of impairments and severity of impairments are known to impact the travel behaviours of these individuals which, in turn, result in differences in terms of travel experiences (Darcy et al., 2017). More specifically, mobility impaired travellers and those travellers with severe disabilities have been distinguished in the literature from other types and levels of disabilities in terms of differences in their travel experiences resulting from their impairments (Kim, 2013; McKercher and Darcy, 2018). This, in turn, has significant implications for their perspectives and their perceptions of constraints. The findings of this study were similar to Poria et al.'s (2010) in the sense that differences were observed between participants using wheelchairs, those using crutches, and those with a prosthetic leg. Participants had different physical abilities and functions that resulted in different constraints and access needs, for instance, in the ability to carry luggage, stand in a line, being permitted to do certain rides in theme parks, and being stopped by stairs when there was no lift access. The noted differences could potentially indicate the need to stop making generalizations regarding "people with disabilities", as even individuals who are placed in a specific group such as "travellers with mobility impairment" display significant differences. In line with Poria et al. (2010), participants reported that service providers tend to make assumptions regarding the abilities of individuals with mobility impairments based on what they perceive of the disability and its severity.

The severity of the impairment was reported by participants as creating challenges in managing their participation in activities, interacting with the physical environment and social context, and, sometimes, the satisfaction derived from participation. This is in line with previous research that has shown individuals with disabilities find constraints to be more prevalent and compounded based on the severity of their disability and moreover, the type and severity of an individual's disability play a role in the needs for accessible facilities (McKercher and Darcy, 2018; Packer et al., 2007; Park et al., 2015; Smith, 1987). However, the different types of disabilities and the particular constraints encountered by individuals with various disabilities (based on the body structures and functions and also the ability to perform different activities) are absent from the literature (Agovino et al., 2017; Figueiredo et al., 2012).

The type of trip and destination was another addition to the original conceptual framework. This study found different constraints by type of trip (section 5.3), which is another contribution to the literature. The majority of the participants perceived differences between

pleasure, business, and VFR travel in terms of constraints they expect to encounter or constraints they had previously faced. Most regarded business travel as having the fewest constraints which were also easiest to negotiate around. They indicated that work-related travel was often organised by their employers which meant someone else was responsible for organising the trip, researching, planning, and making sure that everything had been taken into consideration. Money was another important factor as business trips were paid for by employers and so participants were less concerned with financial constraints. Business trips usually involved more expensive (and more accessible) products and services such as accommodation and transportation and therefore, business trips had fewer perceived constraints. This indicates that having resources helps overcome constraints which also reflects the specific characteristics of these travellers who have the resources required to overcome some barriers.

After business trips, visiting friends and relatives was the second least constrained in terms of the travel constraints perceived by participants. These trips were easier due to the familiarity of the host or travel companions with the needs of participants and their willingness to provide support if required. This, to some extent, was related to the supportive environment of these trips, with friends and relatives trying their best to provide the necessary support to negotiate the built environment constraints. In pleasure travel participants were responsible for the research and planning and also paying for the travel which made it the most difficult and most constrained type of trip. Furthermore, and as pointed out in section 6.2, participants found domestic trips easier than international ones as they were more familiar with the domestic travel context.

As the majority of studies have focused on constraints in specific contexts (section 2.7), several areas related to the travel experiences of individuals with disabilities are still to receive appropriate attention in the leisure and tourism literature. The influence of the nature and severity of disability and various types of travel on travel constraints is absent from the literature. Moreover, little is known about the relationships between constraints and therefore, this thesis contributes to a better understanding of the complexities of the travel phenomenon for travellers with mobility impairments through identifying a very broad range of constraints and shedding light onto the relationships among these.

6.3.2. Negotiation of constraints

Constraints can be either prohibitive or limiting in the sense that some of them may prevent travel or preclude people from visiting certain places and others may affect the frequency, type of activities or satisfaction (Darcy and Burke, 2018; Lehto et al., 2018; McKercher and Darcy, 2018). The literature revealed that participation was not dependent on the absence of constraints but rather on negotiation through them (Jackson et al., 1993). Moreover, such negotiation may modify the participation rather than foreclosing it (Deville and Kastenholz, 2018). According to the negotiation concept, when faced with constraints, people try to find ways to participate or sustain the participation in tourism, even if that participation is somehow different from the participation that would have happened if there were no constraints (Hinch et al., 2005; Jackson and Rucks, 1995; Henderson et al., 1995).

According to the leisure constraints model (Jackson et al., 1993), for participation to happen, the hierarchy of intrapersonal, interpersonal, and structural constraints need to be sequentially negotiated. However, the findings did not indicate a hierarchy for constraints (section 6.3.1); rather, constraints seemed to be interrelated and needed to be overcome or negotiated for participation to occur. The original conceptual framework expected participation to be influenced by the process of negotiation and negotiation strategies. However, the tourism literature is yet to provide systematic or comprehensive evidence of the multitude and the range of negotiation strategies that people use to overcome constraints, or how key elements of the negotiation process are interrelated (Jackson and Rucks, 1995). Little is known about the detailed negotiation process and the probable impacts of any external factors on this process, and moreover, it is not clear what makes negotiation strategies successful or unsuccessful.

This research identified various negotiation strategies that were grouped into intrapersonal, interpersonal, and structural categories based on the actual strategy and regardless of the category of the initial constraints that had triggered the negotiation attempt. Most of these negotiation strategies have never been reported in the literature for travellers with mobility impairments. For instance, intrapersonal negotiation strategies of accepting one's limitations, being selective, being cautious, being fit, developing emotional skills, being adaptive, and expressing no desire to do, or lack of interest in, certain activities have not been seen in the literature. Similarly, ignoring the attitudes and comments of others, being straightforward with or having a familiar travel companion, and explain oneself to others were interpersonal negotiation strategies that had not been previously recorded. Finally, research

into environmental (structural) factors, planning to encounter environmental (structural) factors, working around an inaccessible environment, avoiding inaccessible or difficult to access environments, and using proper equipment to adapt to the environment were structural negotiation strategies that are absent from the literature for travellers with mobility impairments. In contrast, several negotiation strategies found in this study have been previously reported in the literature (although they may not be specific to individuals with disabilities): developing physical skills, engaging in group activities/tours, getting help, financial/budgeting/time management, and having a positive attitude (for example, in Darcy, 2010; Gao and Kerstetter, 2016; Daniels et al., 2005; Hubbard and Mannell, 2001; Lyu and Oh, 2014).

The findings were similar to a few previous studies (Jackson and Rucks, 1995; Daniels et al., 2005) that indicated negotiation strategies are not always based on the types of constraints encountered. There were multiple instances that suggested an interpersonal negotiation strategy was used to overcome an intrapersonal constraint. Similarly, interpersonal negotiation strategies were used to overcome structural constraints. For instance, participants used an intrapersonal negotiation strategy (accepting one's limitations) to overcome a structural constraint (rules and regulations).

The findings confirm the literature in that intrapersonal constraints are negotiated by cognitive strategies and interpersonal and structural constraints by both cognitive and behavioural strategies (Lyu and Oh, 2015; Mannell and Loucks-Atkinson, 2005). Moreover, the findings accord with Lyu and Oh (2014) as intrapersonal constraints were found to be negotiated through behavioural strategies. The current study found that both cognitive and behavioural negotiation strategies are used to overcome intrapersonal, interpersonal, and structural constraints.

Negotiation strategies are not always based on the same type of constraint encountered. Although this has previously been reported (for instance, by Daniels et al., 2005), this study provided numerous instances that were new to the literature. For instance, three structural constraints negotiated by other negotiation strategies were rules and regulations negotiated through an intrapersonal physical negotiation strategy (accepting one's limitations, section 5.2.1.1), inaccessibility of the built environment negotiated through an intrapersonal emotional negotiation strategy (being adaptive, section 5.2.1.2), and inaccessibility of the built environment negotiated through an interpersonal negotiation strategy (getting help, section 5.2.2.2).

As was discussed earlier in this chapter, travel constraints are not static or hierarchical; rather, they are ongoing and interrelated. Negotiation seems to be a complex process of identifying constraints, evaluating available negotiation resources, selecting a strategy, and then trying to overcome the constraints. Sometimes, negotiation efforts are not successful on the first try and travellers repeat the process to find alternative negotiation strategies. The process for negotiation strategies has not been reported in the literature and this study contributes by portraying a clearer picture of the responses of travellers with mobility impairments to constraints, how negotiation strategies are formed based on an assessment of constraints, available negotiation resources and other related factors, and how this process is repeated if negotiation strategies are unsuccessful.

Various scenarios were reported by participants where uncomfortable feelings (intrapersonal emotional constraints) were connected with structural constraints that needed to be overcome. Some participants tried to negotiate these constraints through avoiding inaccessible or difficult to access environments, engaging in activities with fewer (structural) constraints, or repeating past successful travel experiences (section 5.2.3.4). Repeating past experiences is in line with the literature in that travellers with disabilities are among the most loyal customers (Burnett and Baker, 2001; McKercher et al., 2003; Ray and Ryder, 2003). It seems that through engaging in activities that have previously been tried and negotiated successfully, these travellers avoid subjecting themselves to (unknown) travel constraints that might turn out to be too difficult to overcome. Negotiation strategies and the negotiation process are related to travel constraints and participation depends on the interaction of negotiation and constraints.

Skill acquisition is established as a negotiation strategy in the literature (Blichfeldt and Nicolaisen, 2011; Hubbard and Mannell, 2001; Jun and Kyle, 2011; Yau et al., 2004) and this study confirmed developing skills as a common negotiation strategy for travellers with mobility impairments. However, this research advances understanding as it provides a broader picture of how various travel constraints were negotiated through developing skills. Two sets of skills were identified, physical and emotional, that helped participants overcome constraints (sections 5.2.1.1 and 5.2.1.2). Developing physical skills was solely used by travellers with acquired mobility impairments. They had to learn new skills to negotiate travel constraints caused by or related to the nature of their impairment. For instance, they needed to practise and develop their wheelchair skills, develop skills to use facilities, transfer to and from their wheelchair, or do

certain activities with a prosthetic leg. Due to the change in their circumstances, these travellers needed to adapt to a new lifestyle which required learning skills needed for both negotiating travel constraints as well as everyday challenges. Participants with acquired impairments indicated travel helped develop these skills as it presents different environments and contexts which pushed them in a way that their everyday lives do not.

Developing emotional skills was reported by participants with both congenital and acquired mobility impairments as a strategy to overcome intrapersonal, interpersonal, and structural constraints. Used to overcome all three categories of constraints, this important strategy indicates the complexity of the interaction between constraints and negotiation. Developing emotional skills included getting more experienced, building up confidence, developing a positive attitude, being adaptive, and expressing no desire to do or lack of interest in certain activities. Although not labelled as negotiation strategies, getting more experience and building up confidence are reported in the literature as factors that influence the decision-making process for travellers with disabilities (Blichfeldt and Nicolaisen, 2011; Yau et al., 2004).

The findings indicated that even experienced travellers with mobility impairments have to engage in extensive decision-making processes. These processes include thorough research and planning to make sure that every element of the travel experience will be as accessible as possible. Travellers with mobility impairments heavily rely on pre-trip research and planning to minimize the likelihood of facing unexpected or insurmountable barriers (sections 5.2.3.1 and 5.2.3.2). This includes looking for relevant information from all available sources, crosschecking information acquired from different sources, researching and planning for all elements and activities that make up the whole travel experience, contacting the providers, and double checking the information. Participants engaged in extensive research and planning because all of them had experienced issues with the accessibility of venues and activities that had been described, marketed, or promoted as accessible. Although the built environment requirements for providing barrier free environments are well-established, the accessibility information is often not accurate, especially the information available before travel. A combination of previous experiences of inaccessibility of otherwise advertised destinations, inaccurate information, and unexpected events and situations, alongside general uncertainty around travel make travellers with mobility impairments emphasize the importance of research and planning prior to an activity in order to minimize difficulties. However, they also believed

even good research and planning would not guarantee smooth participation, and problems should be expected even in a well-researched and well-planned journey due to the inherent characteristics and unpredictability of travel.

Although participants reported getting more experienced and building up confidence as two strategies to better cope and overcome various (unexpected and inevitable) travel constraints, they agreed that travel would never become as easy as it would for able-bodied travellers. Travel experiences, in most cases, require travellers with mobility impairments to go out of their normal and routine lives and step into an unknown and unfamiliar environment full of expected and unexpected constraints and difficulties. They are used to their everyday life, they know the barriers, and how to use the available resources to overcome barriers and navigate through their daily lives. In contrast, the travel environment can turn the smallest issues into serious constraints as these travellers are not familiar with this new environment, the constraints and barriers it involves, and the available resources that can be used to deal with difficulties. In this sense, it can be argued that engaging in tourism can potentially change the status of these travellers from individuals with mobility impairments (who are able to manage their everyday lives independently) into disabled individuals in a travel context where the environment is set up in a way that prevents them from participating. This contradicts the essence of engaging in travel that is seeking novelty, freedom, and independence (section 4.2), and as these travellers have experienced this issue before, they try their best to minimize the chances of it happening in their future experiences.

This study defined and identified negotiation strategies based on the assumption of constraints negotiation literature that negotiation strategies are actor-driven, in the sense that individuals facing constraints must personally modify their cognitions or behaviours (Scott, 1991; Jackson et al., 1993). This approach has significant implications for identifying and more importantly, for categorizing negotiation strategies in this study. Much of the literature sees constraints negotiation as actor-driven. However, Daniels et al. (2005) argued that interpersonal and structural negotiation may also be non-actor-driven, for example, a travel companion negotiating on behalf of an individual with disabilities, or structural changes by a building owner. In this study, I recognise that travellers with mobility impairments are not solely responsible for overcoming constraints; rather, the travel sector must be ready to serve these travellers. This has implications for governments, policy-makers, and tourism industry which will be discussed further in chapter seven. However, I also argue that if a certain facility

or environment has been built accessible or has been made accessible, there are no facility constraints or environment constraints to be negotiated. Therefore, these do not qualify as actor-driven negotiation strategies by the individual with disabilities, as there is not any constraint that needs to be overcome. This position of the current research is in line with Devile and Kastenholz (2018:271) in that “negotiation process is ... implying efforts to change a situation, which will allow a compromise to be found or a problem to be solved, resulting in more positive meanings of the constraints”.

Reflecting the agency of participants in taking action in response to constraints, every negotiation strategy identified in this study involved a personal modification to cognition or behaviour of the traveller. This has been absent from the literature as most studies on negotiation strategies (for instance, Hubbard and Mannell, 2001; Loucks-Atkinson and Mannell, 2007; Lyu and Oh, 2014; Lyu and Lee, 2016; Moghimehfar and Halpenny, 2016) tend to either use a predetermined set of constraints and negotiation strategies or assign corresponding negotiation strategies to identified constraints. Furthermore, these studies are mostly quantitative in nature and utilize questionnaires. So, it is very rare for a study to first identify travel constraints for travellers with mobility impairments and then to explore how those constraints were negotiated by those travellers. Therefore, through discovering the specific negotiation strategies used by travellers with mobility impairments for identified constraints, this study contributes to knowledge. In this sense, the current study is a step forward from the literature as it provides a broader range of constraints and negotiation strategies, identifies specific negotiation strategies used to overcome specific constraints, and portrays a more comprehensive picture of the relationships of various negotiation strategies to different travel constraints.

6.3.3. Unsuccessful negotiation

The previous section provided an account of how travellers with mobility impairments tried to negotiate the travel constraints they encountered, and this influenced participation. However, according to the conceptual framework, negotiation strategies are not always successful. This reflects the literature in that it is not always possible to negotiate all constraints and individuals may instead modify their preference or behaviour to maintain at least partial participation (Henderson et al., 1995; Jackson et al., 1993). However, there is not any specific information in the literature about unsuccessful negotiation strategies and their influence on the levels of participation. So, in supplementary question three this study considered what travellers

regarded as unsuccessful negotiation and why they were not able to negotiate certain constraints. In doing so, the original conceptual framework included the “lack of negotiation” at the beginning of the participation spectrum as one possible outcome of the negotiation process which could potentially lead to non-participation.

Section 5.4 revealed that unsuccessful negotiation strategies had aimed to overcome structural or interpersonal constraints, but negotiation was not successful and did not result in participation. However, unlike the expectations of the original conceptual framework, unsuccessful negotiation strategies were not necessarily limited to a lack of negotiation or instances where failing to negotiate a constraint would result in non-participation at the beginning of the participation spectrum. As was elaborated earlier in this chapter, travel constraints are ongoing and travellers with mobility impairments have to negotiate various constraints as they proceed into and through a travel experience. One or more negotiation strategies to overcome a specific constraint may have failed but they were able to negotiate that constraint in a different manner and proceed towards participation. When a specific negotiation strategy is unsuccessful, these travellers re-assess the situation and available negotiation resources and try to come up with a different strategy that, if turns out to be successful, would move them towards participation or higher levels of participation.

Reviewing the instances reported by participants as unsuccessful negotiation strategies revealed that in all of those cases, the success was evaluated based on the final outcome of the participation or non-participation. If participants had one or more unsuccessful negotiation strategies but were able to eventually negotiate that specific constraint, they would regard this as a successful negotiation strategy. So, the fact that they had tried different unsuccessful negotiation strategies before the last successful negotiation attempt would not make the whole negotiation process unsuccessful in their eyes.

Section 5.4 also revealed a common characteristic among all these instances of unsuccessful negotiation strategies that resulted in non-participation. Participants felt stuck as their negotiation processes failed and they could not proceed any further towards participation. All unsuccessful negotiation strategies involved one or more constraints that were too strong or too difficult to be overcome and resulted in non-participation. Instances of unsuccessful negotiation strategies were related to two categories of travel constraints: interpersonal and structural. Non-participation due to unsuccessful negotiation of structural constraints is in line with the literature that reports if structural constraints are sufficiently strong, travellers might

not engage in negotiation strategies or negotiation attempts might fail and the outcome will be non-participation (Crawford et al., 1991). The literature also indicates the initiation and outcome of the negotiation process are dependent on the relative strength of, and interactions between, constraints to the participation in an activity (Jackson et al., 1993). Unsuccessful negotiation strategies reported by participants were related to structural constraints produced by the inaccessible nature/built environment. In these cases, the environment was set up in such a manner that there was no way around the constraints. This is why structural constraints still act as the major barrier to the participation for travellers with mobility impairments. It should be noted that many environmental issues are being addressed via statutory changes to the building codes and the promotion of Universal Design principles. However, this does not guarantee accessibility and a huge number of accessibility requirements remain unmet (Daniels et al., 2005; Israeli, 2002; Packer et al., 2008). Travellers with disabilities are able to negotiate some of the accessibility constraints but some of the accessibility requirements are non-negotiable, such as the disabling barriers that are recognised as socially constructed barriers in the social model of disability. Although travellers with mobility impairments in the current research indicated agency and negotiated some of the constraints, they were not be able to overcome non-negotiable social barriers.

Unsuccessful negotiation strategies to overcome interpersonal constraints are absent in the literature. Interpersonal constraints (for instance, service providers' attitudes and their assumptions regarding the abilities of travellers with mobility impairments), in some cases, might be too strong for these travellers to overcome. This clearly shows the importance of the facilitating or inhibiting role of service providers for the experiences of travellers with mobility impairments. Whether caused by disabling environments or by interpersonal constraints that were too difficult to overcome, unsuccessful negotiation strategies seemed closely related to non-participation or in some cases to partially participation in which these travellers were not able to have their intended level of participation.

6.3.4. A sense of helplessness

The literature revealed that the theory of learned helplessness is relevant when studying travellers with disabilities as many intrinsic, interactive, and environmental barriers restrict their opportunities for travel experiences (Lee et al., 2012). Encountering unavoidable and unsurmountable obstacles may reduce enjoyment of the overall travel experience. Subsequently, some travellers may completely give up the desire to travel, thereby learning

helplessness from previous negative experiences; other travellers might become more cautious with pursuing future engagement with tourism, but still maintain their interest in travel (Lee et al., 2012). As individuals experience repeated unsuccessful efforts to control the environment, they might perceive the negative outcomes (e.g., non-participation in travel) as unavoidable and consequently stop attempting to participate in the future or, at the very least, gain significantly less satisfaction from the experience. Smith (1987) suggested that the impact of constraints on the final decision to participate in travel might depend on a range of personal characteristics, including perceptions of helplessness. However, in spite of the relevance of the theory of negotiation and the theory of learned helplessness to the field of tourism and disability research, there is a lack of qualitative research that explores the influence of a sense of helplessness in relation to negotiation strategies, decision-making process, and possible effects on the participation. Therefore, supplementary question four addressed a sense of helplessness in relation to travel.

As suggested in chapter two, a sense of helplessness is related to travel constraints and might influence the negotiation process which, in turn, would influence the levels of participation. Therefore, instances where travellers with mobility impairments felt a sense of helplessness were included in the original conceptual framework. A sense of helplessness was expected to be present at the beginning of the travel participation spectrum and was expected to explain the reason some travellers with mobility impairments did not participate in tourism. However, the findings (section 5.5) revealed that none of the participants displayed signs of generalized helplessness or reported non-participation that could be explained by generalized helplessness. Instead, several instances of feeling a sense of helplessness at specific points during travel were reported that resulted from unsuccessful negotiation strategies to overcome the perceived/experienced travel constraints. It should be noted that the current study only interviewed travellers and hence, those for whom a sense of helplessness resulted in non-participation would not have been included in the study. The conceptual framework was revised as feeling a sense of helplessness and the application of the theory of helplessness were not exclusive to non-participation at the beginning of the participation spectrum. Rather, these instances of helplessness occurred over the spectrum at various levels of participation.

The moments of experiencing a sense of helplessness were typically followed by a negotiation attempt rather than evidence of a general, sustained state of helplessness. These instances were divided into two categories. In the first category, participants felt a sense of

helplessness when they were not able to negotiate certain constraints. However, despite experiencing that feeling, they kept trying different negotiation strategies until they managed to negotiate the constraint. For instance, when a participant felt a sense of helplessness after realising that the arranged transportation had not shown up at the airport, they tried several strategies to negotiate that constraint. After a couple of unsuccessful negotiation strategies, they managed to overcome the constraint by sorting out transport after getting hold of the tournament organisers. The second category is similar in that participants felt stuck and helpless as they were not able to negotiate a specific constraint. However, although they tried to overcome that constraint, all of their negotiation strategies were unsuccessful, and they could not negotiate the constraint. For instance, another participant felt stuck and helpless when they could not negotiate an interpersonal constraint – a service provider's assumptions and attitudes resulting in denying service. Despite feeling a sense of helplessness, they did not give up and tried several other negotiation strategies. However, all those strategies were unsuccessful, and they were not able to overcome the constraint. It is noteworthy that interpersonal help and support was important in negotiating constraints for participants. As was seen in section 5.2.2.2, getting help was the most cited negotiation strategy reported by participants which, in turn, demonstrates agency on the part of participants who are willing to ask for help, and action/agency on the part of those who are willing to offer help. This interpersonal helpfulness could prevent unsuccessful negotiation strategies and instances of feeling helplessness.

These two categories of feeling a sense of helplessness had different impacts on participants. For participants who were eventually able to negotiate the constraint (category one), experiencing a sense of helplessness made them more cautious in the decision-making process for future participation. In contrast, participants who experienced a sense of helplessness and were not able to negotiate the related constraint, reported that their future participation had been impacted by previous experiences of helplessness. Although none of them expressed generalized helplessness, they mentioned they had decided not to participate in the same activity (during which they had felt a sense of helplessness) in the future. This is in line with the literature that acknowledges two possible outcomes for helplessness in travel (Lee et al., 2012) where some travellers abandon the future participation, and some are more cautious in their decision-making about participation.

Lee et al. (2012) argued that due to its inherent characteristics such as loss of control and confidence, feeling a sense of helplessness reduces the willingness and motivation to

participate in the future. They concluded those who feel helpless stop participating in activities that they have engaged in before and would abandon new activities. However, none of the study participants were found to be generally helpless in travel according to the definition of learned helplessness in the literature. All were engaging in travel and feeling a sense of helplessness reported by some participants was limited to single moments in their travel experiences.

6.4. Contributions of the revised conceptual framework

The knowledge from the findings on the four supplementary questions now enables the study to address the main research question: How are the participation levels of travellers with mobility impairments in New Zealand affected by constraints and negotiation? The participation in travel was a complex phenomenon impacted by a broad range of factors. Figure 2.4 provided the theoretical basis of the study through depicting the factors, identified in the literature, that were expected to have an influence on the levels of participation. Figure 6.1 is an expansion of Figure 2.4 in light of the findings and portrays a more comprehensive picture of the relationships and interactions between factors and the contribution of different factors to various levels of participation. The research location (New Zealand) impacted the levels of participation through setting the context and influencing characteristics of the sample (section 3.7), by informing the travel-related behaviours of participants, shaping the individual and societal beliefs and attitudes towards travel, disability, and travellers with disabilities. Due to the impact of the research context, the relationships and interactions of factors influencing the levels of participation may not necessarily be applicable to other contexts. Nevertheless, it emphasizes the importance of considering the home context when researching travellers with disabilities. New Zealand is the home for participants hence, domestic trips were reported as the easiest. However, the travel experiences were not limited to New Zealand context which indicates a difference between home and destination for these travellers.

Figure 6.1 depicts the movement of a potential traveller with mobility impairments through the participation spectrum. It confirms many of the factors in Figure 2.4 (the potential traveller with motivations and preferences, travel constraints, negotiation strategies, a sense of helplessness, tourism facilitators, and levels of participation). However, Figure 6.1 also includes other factors that were found influencing based on the findings: the type and the severity of impairments and the type of trip and destination. Some of identified factors impact the whole participation spectrum whereas some of them that are more specific to certain

elements. For instance, tourism facilitators were found to influence preferences, constraints, and negotiation. However, the influence of the type of trip and destination on the levels of participation was through constraints and negotiation.

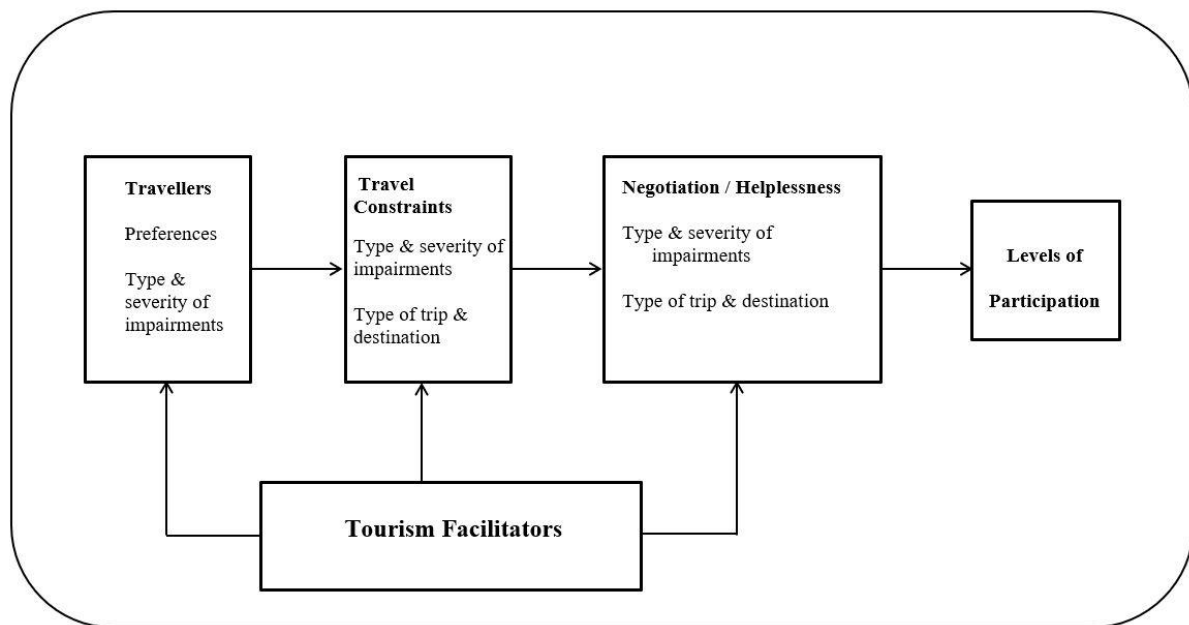


Figure 6.1 Travellers with mobility impairments: from constraints to participation (re-used)

Starting from the left, there is a person with mobility impairments who is contemplating participation in a travel. At this point, the potential traveller has preferences which, according to the literature (Crawford and Godbey, 1987; Jackson, 1997), are developed based on individual characteristics and might be influenced by some intrapersonal constraints. It was found that preferences were influenced by two factors: the type and severity of impairments, and tourism facilitators (including motivation). Different types and severities of impairments resulted in various physical and health capabilities among participants which, in turn, had significant implications for their perception of constraints and negotiation strategies they used. This reflects the literature in that the type and the severity of disabilities impacts travel behaviours of travellers with disabilities (Burnett and Baker, 2001; Kim, 2013; McKercher and Darcy, 2018). As the type of disability in this study had been narrowed down to mobility impairments, the type and severity of the impairments were not included in the original conceptual framework. However, the findings revealed participants with different (self-assessed) severity of mobility impairment and with congenital or acquired mobility

impairments had some different travel preferences. Hence, the revised conceptual framework includes the type and severity of impairments.

Tourism facilitators were the other factor that influenced the preferences. Three sub-dimensions of intrapersonal, interpersonal, and structural tourism facilitators were found to impact travel preferences among travellers with mobility impairments. Various tourism facilitators were identified to affect the shaping of preferences including motivation that plays a pivotal role in encouraging participation (Carroll and Alexandris, 1997; Hubbard and Mannell, 2001) and is the starting point of the decision process leading to the intention to participate (Alexandris et al., 2002; Crompton and McKay, 1997). This study regarded motivation as an intrapersonal tourism facilitator that influenced preferences; participants were highly motivated to participate, and their preferences and intentions reflected the influence of motivation.

After preferences have been shaped and the decision to participate has been made, travellers with mobility impairments face travel constraints. Constraints were ongoing, interrelated, and interacting at various levels within and across the categories of constraints. They were not static or hierarchical (as the literature had suggested) and these travellers were faced with intrapersonal, interpersonal, or structural constraints prior to and during travel. The traveller with mobility impairments faced an array of interrelated constraints that needed to be overcome in order to proceed towards participation. Three factors influenced the travel constraints: the type and severity of impairments, tourism facilitators, and the type of trip and destination. The type and the severity of impairments had implications for both physical and health-related capabilities. This, in turn, influenced the perception of constraints as well as the actual constraints encountered in travel. The findings also indicated a relationship between tourism facilitators and travel constraints. If tourism facilitators were present, participants perceived fewer travel constraints and reported fewer – and weaker – constraints.

The type of trip (pleasure, business, and VFR) and destination (domestic or international travel) was another factor that impacted constraints for travellers with mobility impairments. These were absent from the literature on tourism and disability hence, not considered in the original conceptual framework. However, the findings indicated different constraints for different types of trips and destinations which was another contribution of this study. Participants reported pleasure and international trips both had more constraints which resulted in more instances of partial participation for these trips and destinations. Conversely,

business and domestic trips each had fewer constraints that were also easier to negotiate, and participants indicated higher levels of participation, or full participation, in these trips.

When encountering travel constraints, participation in the intended activity relies on negotiation which is a complex process of identifying constraints, evaluating available negotiation resources, selecting a strategy, and then trying to overcome the constraints. Three factors were found to influence the negotiation process: the type and severity of impairments, tourism facilitators, and the type of trip and destination. The type and severity of impairments influenced the negotiation process through determining the capabilities of these travellers which, in turn, impacted the available resources to develop negotiation strategies. The influence of the type and severity of impairments on the negotiation process was more significant for constraints related to physical function and constraints that needed to be overcome through physical strategies. Travellers with severe impairments relied on getting help to negotiate constraints more than travellers with mild or moderate impairments. Besides impairments and tourism facilitators, the negotiation process was also influenced by the type of trip and destination. Participants indicated different types of constraints in different types of trips which required different negotiation strategies for pleasure, business and VFR trips and for domestic and international travel.

Sometimes negotiation efforts are not successful and travellers with mobility impairments repeat the negotiation process with alternative negotiation strategies. When a negotiation strategy is unsuccessful, these travellers re-assess the constraint and available negotiation resources and try to come up with a different strategy that, if turns out to be successful, moves them towards participation. However, if the constraint is too difficult to be overcome, the negotiation process might fail in a way that further progress towards participation is not possible, and the outcome of this unsuccessful negotiation strategy is non-participation. Sometimes unsuccessful negotiation strategies result in getting stuck which, in turn, makes these travellers feel a sense of helplessness. However, despite experiencing that feeling, they keep trying different negotiation strategies and if one of their negotiation attempts is successful, they move towards participation. The findings (section 5.5) revealed that none of the participants displayed any signs of generalized helplessness or reported instances of non-participation that could be explained by generalized helplessness. Instead, several moments of feeling a sense of helplessness were reported by participants that happened during the course

of travel. Therefore, the conceptual framework was revised as feeling of a sense of helplessness appeared in partial participation, not just non-participation.

Figure 6.1 illustrates the theoretical foundation of this study in terms of different theories used as well as influencing factors on participation. However, Figure 6.1 does not indicate the tension between constraints and negotiation and how it results in various levels of participation from non-participation to partial and full participation. Therefore, now that the levels of participation are known to be influenced by various factors (travel preferences and motivation, constraints, negotiation strategies, a sense of helplessness, the type and severity of impairment, the type of trip and destination, and tourism facilitators), a revised conceptual framework (Figure 6.2) can be developed in light of the findings in order to portray the levels of participation. As with the original conceptual framework, it is also made up of a series of horizontal lines, each one depicting a different level of tension between constraints and negotiation and other factors that influenced the levels of participation (as depicted in Figure 6.1). The levels of participation in this study were not objectively measured; rather, they are participants' self-assessment of their participation in travel that reflects their satisfaction from their participation. So, participants labelled their participation based on what they deemed acceptable and appropriate to them. This study did not seek to objectively link various factors with the actual levels of participation or to measure how much the tension between constraints and negotiation strategies contributed to the final levels of participation. Similarly, the contribution of any unsuccessful negotiation strategy to a partial level participation was not gauged. This means that unless participants reported an unsuccessful negotiation strategy resulting in partial participation, this study did not assume that final level of participation to be partial as a result of that unsuccessful negotiation strategy.

Figure 6.2 is still a spectrum from non-participation on the left to partial participation in the middle and full (desired) participation on the right. Starting at the top left corner, there are travellers with mobility impairments who are willing to participate in travel and are facing travel constraints. They need to use negotiation strategies to overcome these constraints in order to participate. In some cases, participation will not occur if travellers are not motivated enough, constraints are strong, there are not enough tourism facilitators, negotiation efforts are not initiated or do not suffice, or the individuals feel a sense of helplessness. As indicated by Figure 6.1, the type and severity of impairments and also the type of trip and destination influence the constraints and the levels of participation (non-participation) at this point.

If there are enough or strong enough tourism facilitators or if travellers with mobility impairments manage to negotiate the constraints to some extent, they will move toward the right side and they will have a partial participation. This means that some constraints had not have been negotiated and in compensation, travellers were forced to modify their preferences or the actual activity, to be able to at least partially participate rather than giving up the activity. Partial participation is variable and can be located at any point between non-participation and full participation. The fewer tourism constraints present, and/or the more efficiently negotiation strategies are used, and/or the more tourism facilitators are available, the more the travellers will move towards the higher levels of partial participation or full participation. Any specific level of partial participation depicts a tension between constraints and a sense of helplessness on one hand and negotiation and facilitators on the other hand. As is seen in Figure 6.2, constraints and helplessness prevent the travellers from moving towards full participation and they need to use negotiation strategies and tourism facilitators to counteract the effects of constraints and a sense of helplessness. Finally, full (desired) participation happens when enough tourism facilitators are present, all constraints have been negotiated, and a sense of helplessness is not present or has been overcome.

To summarize, if the prospective participant decides to participate in travel, they enter the tourism context encountering various constraints that need to be negotiated. Therefore, the traveller is subjected to the tension between constraints and negotiation which, in turn, is influenced by a broad range of other factors. Some of these factors facilitate and some of them inhibit participation. The type and severity of impairment, the type of trip and destination, the nature and strength of the constraints, negotiation strategies used, the feelings of helplessness, and tourism facilitators are factors that influence the outcome of the tension between constraints and negotiation which, in turn, determine the levels of participation in the activity.

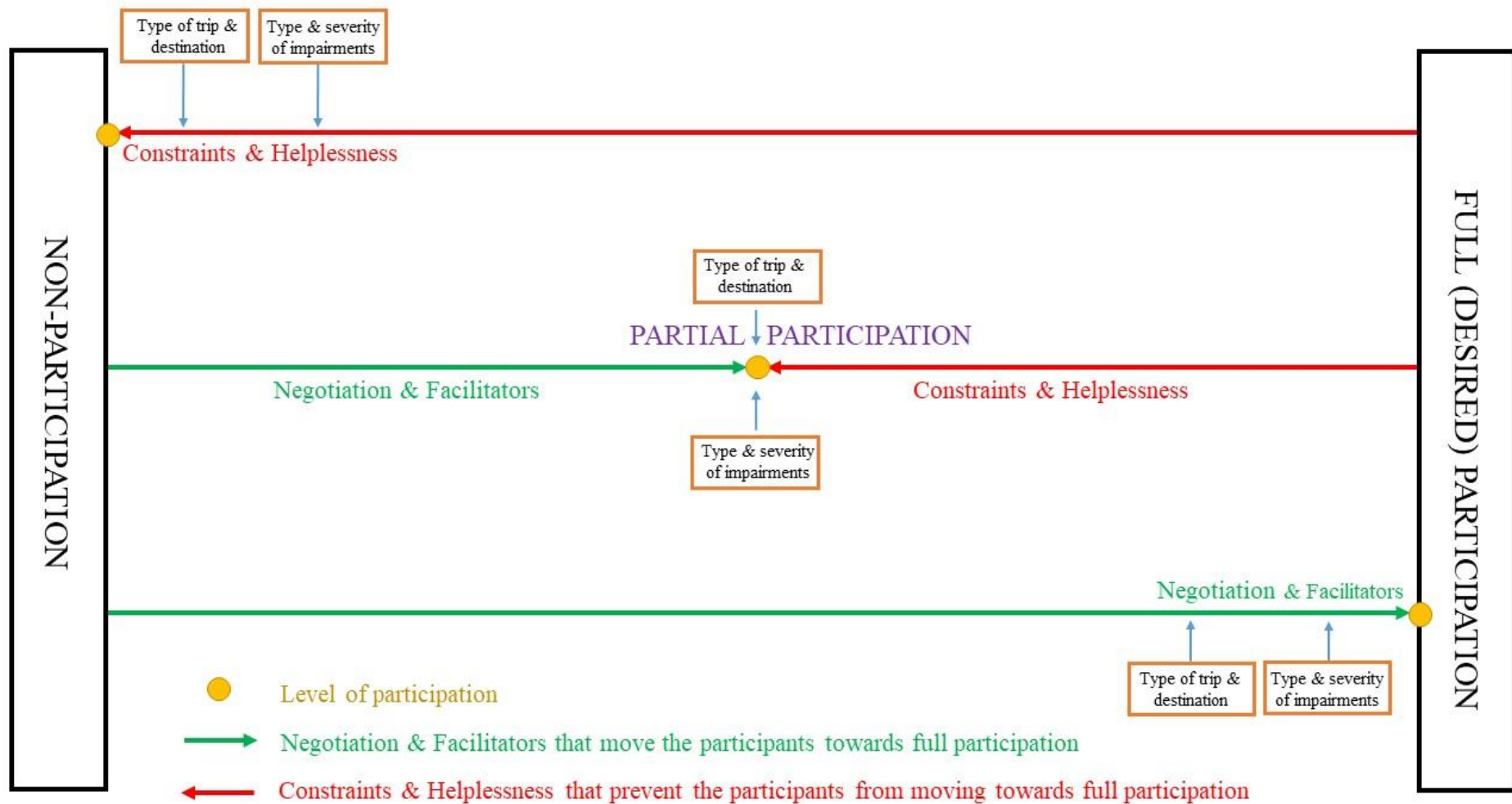


Figure 6.2 Revised conceptual framework for travel participation

6.5. Conclusion

This chapter has outlined the main contributions of this research to the academic literature. These contributions were elaborated on through integrating the findings into a revised conceptual framework. The revised conceptual framework delivers a continuous spectrum of participation, from non-participation to partial participation to full participation, that outlines the tension between constraints and negotiation and how the final levels of participation is impacted by that tension. Moreover, other factors that might influence the levels of participation have been illustrated. Although previous research has provided insights into the travel experiences of individuals with disabilities, this research is a step forward in delivering a more comprehensive overview of factors influencing the levels of participation and the relationships and interdependencies within the phenomenon of tourism for travellers with mobility impairments. This revised conceptual framework is therefore offered as a starting point for others seeking to advance research that explores constraints and negotiation strategies used by travellers with disabilities. The implications of the research are discussed further in chapter seven.

7 An exploration of travel experiences of travellers with mobility impairments

7.1. Introduction

The first chapter of this thesis covered the background and context of the study and set out the research questions. It argued that travellers with disabilities face disproportionate travel constraints compared to able-bodied travellers and hence, the necessity of studying the travel experiences of travellers with mobility impairments was established. Next, a review of the literature in chapter two indicated that although much research has been done on travel constraints for travellers with disabilities, most studies have focused on identifying constraints and little attention has been paid to negotiation strategies that these travellers develop and use in order to overcome constraints and participate in tourism. A dearth of research on the interaction of constraints and negotiation and their influence on levels of participation was identified as the research gap that the study intended to address. The conceptual framework (Figure 2.5) highlighted the current understanding of these concepts. The research methodology was explained in chapter three, including approaches to disability research and the position of this study in focusing on the role of the travellers in the accessible tourism scene, the research paradigm, sampling, data collection, and the analytical framework. The findings on travel constraints and negotiation strategies were presented in chapter four and chapter five, respectively. Chapter six provided an integrative account of the findings and a revised conceptual framework explored the interaction of travel constraints and negotiation strategies and other factors that influence the levels of participation.

Building on the findings, this chapter concludes the thesis. First, the research questions are revisited (section 7.2). The findings were largely in line with the literature however, there were some variances and new knowledge to contribute to understanding of experiences of travellers with mobility impairments. Section 7.3 highlights the methodological and the theoretical contributions of the research. Section 7.4 details the limitations and strengths of the study and opportunities for future research are then outlined in section 7.5. The implications of the study for the tourism industry and policy-making are discussed in section 7.6 before providing a conclusion to this final chapter in section 7.7. The thesis closes with my personal reflection.

7.2. The research questions revisited: Factors influencing the travel experiences of travellers with mobility impairments

In order to answer the main research question of “**How are the participation levels of travellers with mobility impairments in New Zealand affected by constraints and negotiation?**” the previous chapters portrayed a thorough picture of the ways the travel experiences of travellers with mobility impairments in my study are influenced by various factors and how the levels of participation are determined by the interaction of these factors. In doing so, four supplementary questions were considered.

Supplementary question one: **What are the constraints encountered by travellers with mobility impairments?**

Although there has been some research on travel constraints, most studies tend to categorize constraints and treat them as static hierarchy (Daniels et al., 2005). The academic literature has remained silent on the dynamics and the interaction of travel constraints for travellers with disabilities. Through identifying an extensive range of constraints (chapter four) and, more importantly, via showing the relationships and interaction of various travel constraints, this study was able to provide an insight into the potential influence of constraints on participation. As argued in section 6.3.1, and unlike the general assumptions of the original constraints literature (Crawford et al., 1991; Jackson et al., 1993; Jackson and Scott, 1999), travel constraints are neither hierarchical nor static; they are not isolated from each other and they interact. Therefore, the findings confirm the results of a few more recent studies that constraints are ongoing and interrelated (Gilbert and Hudson, 2000; Daniels et al., 2005; Kong and Loi, 2017) or circular (Godbey et al., 2010). Multiple instances of constraints found in this research that suggest intrapersonal, interpersonal, and structural constraints are present prior to and during travel and interconnected (section 4.3.1.2). Therefore, this research adds interpretative details on how constraints are interrelated and how the participation is influenced by constraints.

Structural constraints were reported as the most significant barriers to participation, which is in line with the previous studies that reported physical barriers and lack of enabling environments as the most important barriers (Burnett and Baker, 2001; Israeli, 2002; Daniels et al., 2005; Ozturk et al., 2008; Sotiriadou and Wicker, 2014). In addition, the multitude and the depth of intrapersonal constraints – various physical, emotional, health-related, and physical/psychological dependency constraints – and interpersonal constraints – travel

companion, service provider, other visitors/strangers, and communication constraints – identified expands understanding. The sheer range and the depth of these constraints together with structural constraints reported – such as transportation, facility, financial/extra cost, environmental/geography, the built environment, omission, lack of information/communication of incorrect information, rules and regulations, time, equipment, and organising care – confirms that the social construction of the tourism context still acts as the main inhibiting factor for tourism participation (Daniels et al., 2005; Small et al., 2012; WHO, 2009). Furthermore, the findings revealed a relationship between different categories and inside each category of constraints. Some constraints were interconnected; for instance, intrapersonal physical constraints (such as limited physical function) were connected with intrapersonal emotional constraints (such as anxiety, stress, and fear), structural constraints related to accessibility were connected with intrapersonal emotional constraints, and interpersonal constraints (such as service providers' attitudes) were connected with intrapersonal emotional constraints (section 4.3.1.2). Recognising the complex interrelated nature of constraints is a further contribution of this study to tourism and disability research.

The findings confirm the literature in that individuals with disabilities share similar restrictions such as ignorance, attitude, trustworthiness of information, tourism industry-related issues, and in addition, some restrictions are specific to their impairments (Burnett, 1996; Figueiredo et al., 2012; McKercher and Darcy, 2018). Participants also reported different constraints based on the type and severity of their impairments, which is in line with Darcy et al. (2017), Kim (2013), and Poria et al. (2010). In addition, this study makes an important contribution by recognising the influence of the type of trip and destination on the constraints which, in turn, impacts the levels of participation (section 5.3). In terms of perceived and previously experienced constraints, there are substantial differences for pleasure, business, and VFR as well as domestic versus international travel. Travellers with mobility impairments indicated fewer constraints for business trips, more constraints for VFR trips and the greatest constraints for pleasure trips. Participants also indicated domestic trips – compared to international ones – were easier to participate in terms of fewer constraints and the ease of negotiation around them.

Supplementary question two: **What negotiation strategies do travellers with mobility impairments successfully employ to address the constraints they encounter?**

Negotiation strategies were the second element that influenced participation. When encountering constraints, travellers developed and used various strategies to negotiate those constraints in order to participate in travel. Sometimes participants had to modify their preferences and travel behaviours to be able to participate, resulting in different participation than if constraints had not been present. However, the tourism literature is yet to provide systematic or comprehensive evidence of the multitude and the range of negotiation strategies that travellers with disabilities use to overcome constraints, or how key elements of the negotiation process are interrelated (Jackson and Rucks, 1995). Few studies have identified as many travel constraints and negotiation strategies for travellers with mobility impairments as this research. Many interpretative details were added to the typology of intrapersonal, interpersonal, and structural constraints and negotiation strategies, which clarified the relationships between constraints and negotiation strategies.

This study departs from the literature as it indicates that participation is determined by the tension between constraints and negotiation strategies as well as the influence of various factors. Moreover, this study identifies a broad range of negotiation strategies used by participants to overcome travel constraints. Unlike previous studies (for instance, Hubbard and Mannell, 2001; Loucks-Atkinson and Manell, 2007; Lyu and Oh, 2014; Lyu and Lee, 2016; Moghimehfar and Halpenny, 2016), it did not assume a pre-determined list of specific constraints and negotiation strategies; rather, this research first asked travellers with mobility impairments to identify travel constraints and then explored the negotiation strategies specifically used to overcome those identified constraints. This approach enables the study to establish a clearer picture of how participation is influenced by negotiation strategies and their interaction with travel constraints.

The findings are similar to a few previous studies (Jackson and Rucks, 1995; Daniels et al., 2005) that indicated negotiation strategies were not always based on the types of constraints encountered. Various travel constraints were found to be negotiated with strategies from different categories. For instance, some structural constraints were negotiated through interpersonal negotiation strategies (rather than by structural negotiation strategies) and there were multiple instances of intrapersonal constraints negotiated through interpersonal strategies. Although this has previously been reported in the literature (Daniels et al., 2005), this study provides numerous new examples that are new to the literature (section 5.2.1.1, 5.2.1.2, and 5.2.2.2). The findings confirm that developing skills is a popular negotiation strategy (Hubbard

and Mannell, 2001; Jun and Kyle, 2011). However, this research furthers knowledge as it provides a broader and more in-depth understanding of how various travel constraints are negotiated through developing skills, and how travellers with mobility impairments were able to negotiate constraints through developing their personal skills.

This study contributes to the knowledge as it provides insights into the response of travellers with mobility impairments to constraints. It also explains how negotiation strategies are formed based on an assessment of constraints, available negotiation resources and other related factors, and how this process is repeated if negotiation strategies are unsuccessful. The findings confirm that experienced travellers with mobility impairments still need to engage in extensive decision-making processes (Darcy, 2011; Woodside and McDonald, 1994).

Supplementary question three: **What negotiation strategies are unsuccessful for addressing the constraints encountered by travellers with mobility impairments?**

The findings confirm Jackson et al.'s (1993) statement that it is not always possible to negotiate all constraints and individuals may instead modify their preference or behaviour to maintain some level of partial participation. Moreover, empirical evidence was found for unsuccessful negotiation strategies aimed at overcoming structural or interpersonal constraints (section 5.4) which is absent from the literature on tourism and disability.

The literature has indicated that unsuccessful negotiation of structural constraints can result in non-participation. If structural constraints are sufficiently strong, travellers might not engage in negotiation strategies or their negotiation attempts might fail, and the outcome will be non-participation (Crawford et al., 1991). The findings confirmed this for certain activities. Furthermore, both initiation and outcome of negotiation processes are dependent on the relative strength of, and interactions among, constraints to the participation in an activity (Jackson et al., 1993). However, unsuccessful negotiation strategies to overcome interpersonal constraints are absent from the literature. In some cases, interpersonal constraints (for instance, service providers' attitudes and their assumptions) are too strong for travellers with mobility impairments to overcome and result in unsuccessful negotiation strategies. However, unsuccessful negotiation strategies were not limited to a lack of negotiation or instances where failing to negotiate a constraint would result in non-participation. Travel constraints are ongoing and interrelated, and so unsuccessful negotiation strategies can occur at any point during a travel experience and contribute to different levels along the participation spectrum.

Exploring these unsuccessful attempts to overcome travel constraints separates this study from previous research and enables it to uncover the process which these travellers go through in order to participate in travel. Sometimes travellers with a disability are forced to try various strategies or modify their preferences or behaviours and participate in a different manner. If a specific negotiation strategy is unsuccessful, alternative strategies are tried. In doing so, there is a re-evaluation of the constraints, available resources that can be used in the negotiation process, and other factors that can assist the move towards participation. These travellers, at times, are able to negotiate constraints that were originally preventing them from participating. Acknowledging the occurrence of unsuccessful negotiation strategies and exploring their influence on participation enables this study to better understand different levels of participation among travellers with mobility impairments.

Supplementary question four: **Under what circumstances (if ever) do travellers with mobility impairments consider themselves helpless when travelling?**

In addition to constraints and negotiation strategies, a sense of helplessness influenced levels of participation. Rather than a sustained condition, this study positions helplessness as isolated incidents of feeling a sense of helplessness. None of the participants reported generalized helplessness (section 5.5) or non-participation that could be explained by generalized helplessness; instead, single moments of feeling a sense of helplessness were reported during participation in certain activities. The findings confirm Lee et al.'s (2012) study in that perceptions of helplessness can influence the perceived constraints, the negotiation processes, and the final decision to participate. However, the relation of a sense of helplessness with participation has not been demonstrated in the literature, nor has it been shown how a sense of helplessness influences the current or future participation for travellers with disabilities. The findings demonstrate, for the first time, how a sense of helplessness might be related to the negotiation process, developing negotiation strategies, perceptions of constraints, and to different levels of participation. Unlike the general assumption of the literature (for instance, in Lee et al., 2012) that feeling a sense of helplessness results in non-participation, this study shows a feeling of helplessness is not exclusive to non-participation at the beginning of the participation spectrum, rather, these instances occur at various levels of participation. Any specific level of participation (non-, partial, full) can potentially be influenced by instances of a sense of helplessness. A sense of helplessness, if felt during a specific tourism activity,

can be associated with decisions about future participation in the same activity (e.g. avoiding the activity) and can also make travellers more cautious about any future participation in travel.

The knowledge resulting from answering the four supplementary questions means the main research question can now be addressed:

How are the participation levels of travellers with mobility impairments in New Zealand affected by constraints and negotiation?

According to the findings, participation is a complex process comprising travel preferences, constraints, the constraints negotiation process, and instances of feeling a sense of helplessness. Levels of tourism participation are influenced by the tension between constraints and negotiation which, in turn, is influenced by a range of other factors including the nature and severity of the impairments, tourism facilitators, and the type of trip and destination. These factors influence the outcome of the negotiation process which, in turn, indicates the levels of participation in the activity. Some of these factors impact the whole participation spectrum whereas some of them are more specific to certain elements. For instance, tourism facilitators influence preferences, constraints, and negotiation, whereas the influence of the type of trip and destination on the levels of participation is focused on constraints and negotiation.

Preferences, constraints, and negotiation strategies differ depending on the type and severity of a person's impairments. Preferences are also influenced by intrapersonal, interpersonal, and structural tourism facilitators. Travellers who decide to participate face constraints that are ongoing and interrelated. This is a different position from the earlier presentation of constraints as static and hierarchical that recognises travellers are faced with constraints prior to and during the activities. Constraints are not isolated and are interacting and interconnected, including across different categories. Several constraints are connected with other constraints from the same or different categories of constraints and travellers are faced with an array of interrelated constraints that need to be overcome to proceed towards participation. Several factors are found to influence the constraints. First, the type and the severity of impairments has implications for both physical and health-related capabilities. This, in turn, influences the perception of constraints as well as the actual constraints encountered. Second, tourism facilitators are also found to influence travel constraints and if tourism facilitators are present, participants perceive and report fewer travel constraints. Third, in addition to the literature on tourism and disability, the type of trip and destination (domestic

versus international, as well as pleasure, business, and VFR) were found to have significant implications for travel constraints. The familiarity of the domestic travel context means fewer constraints than international travel, and there is a hierarchy of business–VFR–pleasure in terms of increased constraints for those trips, and the type of constraints faced.

Participation is subject to successful negotiation of the constraints faced by a traveller with a disability. Constraints negotiation is a complex process of identifying constraints, evaluating available negotiation resources, selecting a strategy, and then trying to overcome the constraints. As with constraints, three factors influence the negotiation process. First, the type and severity of impairments influence the negotiation process through determining the capabilities of these travellers which, in turn, impacts the available resources they can use to develop negotiation strategies. The influence of the type and severity of impairments on the negotiation process is more significant for constraints related to physical function (walking, standing in lines, and pushing one's wheelchair) or constraints (inaccessibility of the built environment) that need to be overcome through physical strategies. Second, tourism facilitators provide resources for negotiation and facilitate developing strategies for successful negotiation of travel constraints. Third, participants expect different types of constraints in different types of trips and they develop different negotiation strategies in relation to business, pleasure, and VFR trips.

Negotiation efforts are not always successful, and travellers may repeat the negotiation process to find and use alternative negotiation strategies. Travellers may be able to develop a different strategy that, if it turns out to be successful, moves them towards participation. However, if the traveller encounters a constraint that is too strong or too difficult to be overcome, the negotiation process can fail in a way that further progress towards the participation is not possible. The outcome of this unsuccessful negotiation strategy is non-participation. Reviewing the instances reported by participants as unsuccessful negotiation strategies reveals that in all cases, the success is evaluated based on the final outcome of the participation or non-participation. If participants have one or more unsuccessful negotiation strategies but are able to eventually negotiate that specific constraint, they regard this as a successful outcome of the negotiation strategy; from their perspective, trying different “unsuccessful” negotiation strategies before the last successful negotiation attempt would not make the whole negotiation process unsuccessful. Therefore, negotiation can be a multistage process with a single outcome (participation or non-participation) of the collected negotiation

strategies. Unsuccessful negotiation strategies can sometimes result in instances of a sense of helplessness during a specific tourism activity. This influences the level of participation including additional caution, giving up or avoids the activity; however, importantly, these are isolated instances of feeling helpless, not an ongoing sense of helplessness.

In summary, the levels of participation are found to be impacted by six factors; namely, travel constraints, negotiation strategies, a sense of helplessness, tourism facilitators, the type and the severity of impairments, and the type of trip and destination. The interaction between these factors determines the levels of participation for these travellers with mobility impairments.

7.3. Methodological and theoretical contributions

This study moves beyond the quantitative inquiries and the narrow focus of the literature on identifying barriers and constraints to participation. It provides interpretative depth which leads to a better understanding of the phenomenon of the travel experiences of travellers with mobility impairments. This study recognises this phenomenon to be multifaceted and influenced by various factors. Using a qualitative methodology and an established framework of tripartite categories of intrapersonal, interpersonal, and structural constraints, different levels of participation were associated with the tension between constraints and negotiation strategies and a range of other influencing factors. The theoretical knowledge gained from the literature turned into a conceptual framework (Figure 2.5) that informed both the methodological approach and the analytical framework (Figure 3.3). These frameworks provided the theoretical foundation required to analyse the data through content analysis which, in turn, allowed a conceptualization of travel experiences of travellers with mobility impairments.

Through adopting the leisure constraints model, the theory of negotiation, the theory of helplessness, and seeking out other influencing factors, this study is able to link the disciplines of leisure, tourism, and disability. As participation in travel was expected to be a complex phenomenon, influenced by a variety of factors, a research instrument was developed that could capture unknown factors and analyse their influence on participation. This, in turn, not only provides a more comprehensive insight into the complexities of travel experiences, but also is a move away from the dominant approach of the literature that focuses on constraints that travellers with mobility impairments encounter, without considering how they are negotiated or their influence on participation. This is significant for the current study as it shifts the focus from constraints to negotiating of constraints, participation, and most importantly, to

participants' agency in shaping their travel experiences and what they achieve, rather than just focusing on barriers.

This study is informed by an interpretive social sciences paradigm that appreciates the importance of human experiences as well as the subjective meanings of these experiences (Creswell, 2013). This paradigm is relevant to studying travel experiences of travellers with mobility impairments as it considers the phenomena – such as disability – being socially, culturally, and historically constructed (Ponterotto et al., 2005). Conforming to the objective of the study, through an interpretive social sciences paradigm, a voice was given to travellers with disabilities who have traditionally been excluded. This study contributed to the first and most basic dimension of inclusion – visibility (Cloquet et al., 2018, UNDESA, 2007) – through communicating the needs and wants of individuals with disabilities, as collected within an empirical study. The construction of reality under this paradigm is based on the interaction of the researcher and the participants and hence, the researcher influences the research process and the findings. Through providing a reflexive account of my position both as an insider (a traveller with mobility impairments) and outsider (an expert with a background in tourism and disability, not originally from New Zealand), I engaged with the influence and intersectionality of my background, identity, beliefs, and assumptions on the research, data collection and analysis, and the findings. My reflexive account also elaborates the similarities of my lived experience of disability – including travel experiences – to the participants' (this will be returned to in section 7.8). This is particularly important considering the specific characteristics of the sample (section 3.7) and their somewhat privileged lived experiences which are not representative of the broader lived experience of disability, that are often characterized as being marginalized and excluded.

Applying a staggered interview approach – three interview sessions with each participant – allowed me to build the trust necessary for participants to share their personal experiences and speak about sensitive issues. The staggered approach made it possible to cover a broader range of questions than in a single session. This approach also provided an opportunity to transcribe and review the data at the end of each session and ask follow-up questions and seek clarification on points raised by participants. This also gave me insight into emerging themes and patterns which could then be included in subsequent interview sessions which, in turn, improved the robustness and efficiency of data analysis.

An important contribution of this thesis is its framework (Figure 6.2) that conceptualized the understanding of travel experiences of travellers with mobility impairments based on the tripartite leisure constraints model, the theory of negotiation, and the theory of learned helplessness. The framework illustrates a degree of agency for travellers in their approach to constraints, their negotiation process, and most importantly, in the outcome of the negotiation. The participants took individual responsibility for improving their travel experiences and achieving better participation through developing their negotiation skills and overcoming instances of a sense of helplessness. The agency displayed by participants in encountering the travel constraints and utilizing their resources to negotiate those constraints reflects a distinct meaning of the disability for the cohort. This individual impairment-focused meaning of disability is similar to my own experience of disability (section 3.7) but does not represent the broader meaning of disability. However, the meaning of disability for these travellers accords with the individual focus of this study on understanding how people with the means to travel, as this cohort have, can develop better negotiation strategies and improve their skills to increase their participation in tourism. In line with Shakespeare's (2006) position, this agency challenges the social model which argues disability is a complex form of social oppression resulting from disabling social barriers rather than individual impairments. These people with a disability were clear in their desire and ability to take control of their situation and actively take the identity of travellers. Nevertheless, the socially constructed barriers – interpersonal and structural constraints – remained a significant part of their narratives. The social aspects of disability as well as participants' agency to negotiate constraints are therefore critically influencing participation in travel. Conforming to Buhalis and Darcy's (2011) necessity of addressing socially constructed barriers, the findings of the current study recognise the important role of travellers with disabilities in removing various social, attitudinal, and physical constraints.

A recognition of unsuccessful negotiation strategies and their outcomes are a contribution of the study that indicated the unsuccessful negotiation attempts were related to interpersonal and structural constraints and how they can result in non-participation or partial participation. This finding illustrates how the disabling environment makes these travellers modify their preferences or behaviours in order to be able to partially participate in an activity. Unsuccessful negotiation of structural constraints can also result in non-participation which is in line with the literature that reported if constraints are strong enough, travellers might not

engage in negotiation strategies or their negotiation attempts might fail, and participation would not occur (Crawford et al., 1991).

The thesis makes a number of theoretical contributions, namely the multistage nature of negotiation, and various outcomes of unsuccessful negotiation, a sense of helplessness as an occasional instance rather than ongoing condition, as well as the trade-off between resources and accessibility. As discussed in section 7.2, negotiation is a multistage process that might include multiple negotiation strategies leading to a single outcome of participation or non-participation. When faced with a constraint, participants evaluated the circumstances, the constraint, available resources, and tourism facilitators in order to develop or use a negotiation strategy to overcome the constraint. If unsuccessful, they re-assessed the situation and tried to develop a different negotiation strategy. They continued this process until they negotiated the constraint, or all their negotiation strategies were unsuccessful and hence, they stopped the negotiation process.

Exploring the instances where unsuccessful negotiation strategies result in a sense of helplessness enabled this research to portray a more comprehensive picture of the interaction between constraints, successful, and unsuccessful negotiation strategies and how participation was influenced by that interaction. This study further contributes by identifying other factors that influence the participation of travellers with mobility impairments in travel. In line with the literature (Burnett and Baker, 2001; Packer et al., 2007; Poria et al., 2010), participants with moderate or severe impairments reported different travel-related behaviours than those with mild impairments. The findings indicated the type and the severity of the impairments might influence preferences, constraints, and negotiation.

The trade-off between money and accessibility contributes new insights to the disability and tourism literature. Although travellers with disabilities have been reported to be willing to spend more money for accessible tourism products and services (Lyu, 2017), this study found that travellers with mobility impairments are aware of trade-offs between money and accessibility. So, if they are not financially restricted, these travellers know they can buy accessibility beyond the minimum legal requirements which comes with a substantial extra cost. Furthermore, money and equipment play multiple roles in the travel experiences of travellers with mobility impairments. They act as travel constraints, negotiation strategies, and tourism facilitators at the same time. This provides insights into how certain factors assume multiple roles in the travel experiences of travellers with mobility impairments and how various

elements of travel experience are interrelated and their interaction impacts the levels of participation.

7.4. Limitations and strengths

A research project has both strengths and limitations. Section 3.12 identified a number of limitations, mostly related to the research methodology and data collection. First, by limiting the sample to travellers with mobility impairments, other types of disabilities were excluded and therefore, this research does not claim to provide a comprehensive picture of the travel experiences of all travellers with disabilities. Second, the relatively small size and specific profile of the participants – they were privileged in having access to resources and opportunities – mean that the sample is not representative of all travellers with mobility impairments. There were differences observed between the travel behaviours of travellers with congenital and acquired impairments. However, because of the sample size it was difficult to say how these would impact more generally. Although some differences were identified, especially for certain negotiation strategies (section 5.2.1.1 regarding the skills negotiation strategy), further research on a larger sample with both congenital and acquired impairments would shed light on the implications of disabilities on the tourism experiences of these travellers.

Third, research is guided by the paradigm adopted (section 3.3) and this shaped decisions around the research method. In taking a social sciences interpretivist approach, and within the time and funding constraints, a more participatory approach – in an inclusive manner as per paradigms such as emancipatory, participatory, and critical theory – was not pursued. The travellers with mobility impairments were participants in interviews rather than driving the research process, data collection, and co-authoring of the outcomes (as would be in an approach recommended by Nind (2017) and Oliver (1992)).

Fourth, the findings are reflective of the specific settings where this study was conducted. As the travel-related behaviour has been shown to be culture specific (Chick and Dong, 2005; Gao and Kerstetter, 2016; Walker and Wang, 2008), the findings reflect the New Zealand context and culture and are not necessarily transferable to other cultures or tourism settings. Travellers with mobility impairments living in other countries may exhibit different travel behaviours and may have different travel experiences informed by their home setting, and their destinations.

Fifth, the post-visit nature of data collection meant that participants had to recall their travel experiences over a five-year period. Although this is a common approach in tourism research (Porta, 2014), recalling of experiences might have consequences in terms of the accuracy of the data provided and participants' reliance on their memories to recall constraints and negotiation strategies.

Turning to the strengths, the first is my insider position as a traveller with mobility impairments which has benefits for this study. Having a shared experience of disability with participants made it easier to establish a relationship and build trust (Taylor, 2011; Wilkinson and Kitzinger, 2013). My insider position gave me a prior knowledge of travelling with a disability that contributed to a deeper understanding of the phenomenon under study. I was able to consider the social factors that are central to the lived experience of disability. Considering the dominance of non-disabled researchers in disability studies (Brown and Leigh, 2018; Kitchin, 2000), disabled researchers should recognise and embrace the benefits and insights they bring to the research.

The second strength is the fulfilment of my aim to have the travellers with mobility impairments as the centre of this study and having their voices heard. Through collecting individual voices and combining them into a louder collective voice, valuable insights and suggestions are provided that can potentially contribute to better outcomes for these and other travellers.

The third strength is related to the research context and the selection of participants. New Zealand has comparatively advanced disability related rules and regulations, accessibility frameworks, social awareness and acceptance of people with disabilities. Although New Zealand has specific societal demographic and cultural characteristics, there are valuable lessons that are applicable for future studies in similar contexts. Furthermore, the selection criteria for the sample required 18 to 44 years old participants who had travel experiences in the past five years. These were travellers who had matured in the era of availability of mass tourism and – compared to the older age cohorts – were less likely to have developed age-related mobility impairments. This was significant for the current study as I wanted to examine the impacts of mobility impairments that were not age-related.

Acknowledging these limitations and strengths provides an opportunity for designing future research that eventually results in a better understanding of travel experiences of individuals with disabilities. The next section outlines the major avenues for further research.

7.5. Further research

Due to the inherent complexities of the travel experiences of individuals with disabilities and the limitations of the study, there is still room for further research in theoretical, methodological, contextual, and practical directions. However, the foundations set in this study can be used in future research – with a larger sample, other impairments, different approaches, and perhaps beyond disability – to better illustrate a holistic picture of the negotiation process, influencing factors, and levels of participation based on the framework of this study.

In order to explore travel experiences of travellers with mobility impairments, the current research used the negative concepts of constraints, barriers, unsuccessful negotiation, helplessness, and the hostile environment, which are in line with the literature and the leisure constraints framework as the foundation of this study. However, the findings indicated the study sample was privileged in having the opportunity and resources for travel to an extent that most participants considered themselves frequent travellers. This indicates their positivity and abilities around access to travel experiences. Other terminology might better fit these travellers, and this could be explored in future studies that are based on positive concepts such as embodiment, strategies, and resilience.

The levels of participation presented in Figure 6.1, alongside the revised conceptual framework in Figure 6.2 will be useful for similar research in different settings or contexts. It works as an initial framework for seeking influencing factors, making comparisons, and identifying general aspects that are not context-specific. The conceptual framework of this study enhanced the awareness of the dynamic process of constraints negotiation which is useful for tourism and leisure scholars. The subsequent empirical examination of the relationships among diverse elements in the negotiation process has provided a valuable framework for future research in similar areas.

The relevance of this research to the tourism industry can be enhanced through further research on the impact of tourism products and services on the participation of travellers with mobility impairments. New Zealand's access market has arguably remained underserved and misunderstood (Gillovic and McIntosh, 2015) and the findings indicate the shortcomings of

the tourism industry in providing a satisfactory experience for these travellers. Further research is necessary to understand the roles of the tourism industry in providing products and services that encourage the participation of travellers with disabilities. Furthermore, research is needed to explore the supply side and the demand for accessible tourism, as well as the perspectives of service providers on various elements of the travel experience including constraints and negotiation.

There should be further research on the impacts of skills and experience on the travel experiences of individuals with disabilities. According to the findings, participants who were more experienced travellers had different travel behaviours and experiences. There is scope for further research on the influence of travel career on the levels of participation.

Despite being popular in the New Zealand, nature-based and outdoor activities are often inaccessible for individuals with disabilities (Chikuta et al., 2019; Lovelock, 2010b). The findings in this study indicated a negotiation strategy in relation to nature-based and outdoor activities among travellers with mobility impairments. They admitted the desire for participation and previous experiences of taking part in outdoor activities where nature was accessible but immediately communicated their disinterest in those activities. Further research should be conducted on the interest for nature-based and outdoor activities among travellers with mobility impairments. This should also examine how the tourism industry and policy can accommodate individuals with disabilities in nature-based and outdoor activities.

Money was identified as a powerful negotiation strategy so that the participants indicated a trade-off between accessibility and money. Although it has previously been shown that travellers with disabilities are willing to pay extra money for more accessible options (Lyu, 2017), this requires further research to explore the implications of disability and more accessible options on a more socio-economically diverse sample including in a range of budgets.

While there has been a growth in the disability-related research within tourism, the ethical and methodological considerations of such research have barely been critically discussed. This research echoes earlier calls for conducting exploratory qualitative studies on travel experiences of people with disabilities, especially research that goes beyond the study of constraints and accessibility (McKercher et al. (2003), Daniels et al. (2005), Shaw and Coles (2004), and Kastenholz et al. (2015)). So, the current research also calls for tourism scholarship

to engage in critical discussions around how to design and conduct more inclusive and co-creative disability-related research where participants have a role in shaping the research. There is also scope for a future study to explore during-visit experiences of travellers. Furthermore, future research could focus on different travellers with other impairments, different age, people without disabilities as well as non-travellers.

Other researchers who wish to conduct research on tourism and disability need to be aware of the requirements of ethical disability research (section 3.8) in various stages of the research process. Future studies should be designed with those requirements in mind in order to avoid the traditional shortcomings of research on disability. One important aspect of disability research is the use of language. Throughout this research and thesis, I have been mindful of the language used to refer to people or travellers with disabilities; this fits with ultimately emphasising facilitators and opportunities for travel, rather than barriers, constraints and helplessness. Researchers should be mindful of the language they adopt and how they can utilize the research language as a tool to progress towards removing barriers and creating enabling environments for people with disabilities (Gillovic et al., 2018b). Giving back to participants is also important as it can alleviate non-acceptance from participants and also communicate and acknowledge their contribution to the research findings. In doing so, a summary of the findings (personalised for each participant) will be shared with all participants.

Finally, the levels of participation in this study was based on participants' self-assessment of their participation. This study did not measure actual levels of participation or the contribution of the tension between constraints and negotiation strategies to the final levels of participation. Future research is needed to objectively measure the levels of participation in specific travel experiences in order to establish a clearer picture of the relationships between various factors and different levels of participation.

7.6. Implications for the tourism industry and policy

Tourism provides an opportunity for enhancing participation of individuals with disabilities in society which requires a collaboration between tourism industry and policy-makers that acknowledges the social role of the tourism industry and then supports that role through public policies. In doing so, the high cost of providing accessibility and investing in special equipment and devices (Kastenholz et al., 2010) need to be considered. However, tourism, by definition, is an activity limited in time and space and therefore, should not bear the sole responsibility of promoting the participation of individuals with disabilities (Kastenholz et al., 2015). Disability

is a multidimensional and complex phenomenon and requires various mechanisms to provide access to tourism for everyone, regardless of their (dis)ability and specific conditions. This, in turn, requires commitment and active contribution of various social, political, and economic agents. In light of the findings of this study, a series of implications and recommendations are provided for the tourism industry and policy-makers in order to improve the travel experiences of individuals with disabilities and move towards more inclusive tourism products and services that enable all travellers to enjoy high levels of participation.

7.6.1. Implications for the tourism industry

The findings indicated tourism operators refer to different health and safety considerations, best practices, and codes of conduct in serving individuals with disabilities. Moreover, some operators do not have specific guidelines and when it comes to serving individuals with disabilities. The industry therefore seems to be suffering from inconsistency of service which is often combined with misconceptions, misunderstandings, and individual assumptions about the abilities of individuals with disabilities and how to serve a customer with disabilities. In several examples reported in this study, this led to denying service based on the assumptions of a service provider. To tackle this, the tourism industry needs to work proactively to increase disability awareness through guidelines, campaigns, training courses, and awards (for instance, the social change initiatives and accessibility frameworks by Be. Accessible in the New Zealand, The European Accessibility Act, initiatives and trainings for accessible tourism by The European Network for Accessible Tourism, Accessible Tourism Destination programme by United Nations World Tourism Organisation, and Lonely Planet's accessible travel online resources).

There are several specific issues that require training for tourism providers and their staff. For instance, not all customers with disabilities are the same (Darcy et al., 2017); and they should not be considered the same. It is acknowledged in the literature (Buhalis and Darcy, 2011) that the tourism market for individuals with disabilities is heterogeneous, meaning that although categorized in one consumer group, these customers have very different access needs. This study confirmed this and also provided evidence for different wants and needs even among individuals with the same category of impairments. Special assistance and access needs should not be assumed and need to be individually considered for each customer.

Participants indicated that most tourism providers only provide the minimum legal requirements of accessibility, which was insufficient. Social responsibility should be

encouraged to provide accessibility beyond the minimum requirements. This requires developing business mentorship plans where guidance provided by experienced accessibility experts help tourism operators to develop Universally Designed inclusive products and services. There are a few organisations operating in the area of accessibility mentorship in New Zealand, for example, Be. Accessible and Access Advisors.

A common concern of participants was related to accessible rooms in hotels and other accommodation. Although in New Zealand the current regulations require accommodation providers to have accessible rooms, a range of room types and bed configurations are not offered. Accessible rooms are often small, with no view, and only sleep two people (Darcy, 2010). Individuals with disabilities also require accessible rooms that accommodate families and larger groups.

Inaccuracy of information provided to travellers with disabilities is a common complaint, including in this study. Despite all the advancements in the ways of generating, storing, and accessing information, this particular issue has remained significant (Domínguez Vila et al., 2017; Michopoulou and Buhalis, 2013). Travellers with disabilities are still being given inaccurate and misleading information, especially about the accessibility of venues, products, and services. The tourism industry needs to improve the accuracy of information. Consistent with the literature (Dickson et al., 2016; Michopoulou and Buhalis, 2013), travellers with mobility impairments in this research prefer visual modes of information, such as photos or video footage, in order to evaluate the accessibility of destinations and tourism sites and businesses (section 4.3.3 and 5.2.3.1). This study also confirms previous studies reporting false marketing and advertising as an issue for travellers with disabilities (Poria et al., 2011a; Gillovic and McIntosh, 2015), who often find places and services to be inaccessible even when they have been advertised as accessible. There is scope for consumer advocacy organisations to scrutinise the authenticity of advertisements, the adequate resolution of complaints, and contributing to government policies and decisions. In addition, the tourism industry needs to develop guidelines to prevent inaccurate and incomplete advertisements. Both the literature (Poria et. al., 2010; Ray and Ryder, 2003) and the current study indicate that individuals with disabilities value advice provided by other people with disabilities, considering this information to be more reliable. However, such information is not readily available and therefore, there is a long overdue need for the tourism industry to develop platforms where individuals with disabilities can exchange their insights, tips, and recommendations (similar to

the existing Traveling with Disabilities Forum on TripAdvisor, but in a more advanced and comprehensive way).

The findings also indicated the tourism industry needs to address two other concerns for travellers with mobility impairments: time constraints and damage to assistive devices. This study found time played an important role in travel experiences of participants. These travellers generally needed to allow extra time for participating in tourism activities. This needs to be considered by the industry when designing products and services for these customers. The study also confirmed a previously reported concern among travellers who use assistive devices, such as wheelchairs. In line with Darcy (2012), mishandling and potential damage to the equipment were major concerns that need to be addressed by the tourism industry, for instance, through training programmes for staff on handling techniques.

7.6.2. Implications for policy-makers

Policy-makers play a critical role in creating meaningful change to enhance participation of individuals with disabilities in society, including travel. Shakespeare (2006) pointed out that research alone, without collective will and work, will not create significant change. Therefore, the knowledge obtained during this study will be shared through publications, seminars, and workshops to make it available to tourism organisations, businesses and policy-makers in order to help them understand the problems, issues, needs and requirements of travellers with mobility impairments. This might help tourism operators and policy-makers adjust their policies towards more inclusive and fair tourism. This contribution results from the two levels of findings in this study: the micro level which are the participants' stories and the macro level which is the way the findings can be used to change the society. Through sharing the findings and engaging with different tourism operators and stakeholders, this study relates these micro localized findings to the bigger question of facilitating a change in the society. Therefore, there are practical implications for policy-making both at national and local levels.

Despite various codes and regulations being in place, the built environment constraints have remained significant and individuals with disabilities are frequently excluded by environmental barriers (Hirschmann, 2016; Michopoulou et al. 2015). These constraints prevent individuals with disabilities from accessing or using the physical environment where services and opportunities are offered, and cultural, social and recreational activities happen. As a result, travellers with mobility impairments are effectively being excluded from these activities due to the built environment constraints (Foggin, 2000; Steinfeld and Maisel, 2012).

Some of these constraints are more general and some are context-specific. For the latter, the relevant agencies of the New Zealand government need to strengthen the measures set in the respective rules and regulations, such as New Zealand Standard – Design for Access and Mobility – Buildings and Associated Facilities (NZS 4121:2001) and adopt policies and best practices that ensure the built environment constraints are removed over time. This will benefit both domestic travellers with disabilities as well as promote New Zealand as an accessible tourism destination for international markets.

The findings confirm the literature in regard to the significant implications of information-related constraints for the travel experiences of individuals with disabilities (Michopoulou and Buhalis, 2013, Daniels et al., 2005, Darcy, 2010, Dickson et al., 2016). Although the necessity of the availability and easy access to information have been recognised in the NZ Disability Strategy 2016-2026 (New Zealand Office for Disability Issues, 2016) and the Disability Action Plan 2014-2018 (New Zealand Office for Disability Issues, 2014), the information-related constraints have remained significant. Government needs to develop and support policies for providing accessible, up-to-date, and reliable information required for travel experiences of individuals with disabilities.

There are still many areas that need to be improved in terms of accessibility. Some modes of transportation, such as intercity buses, light rail and boats, were found to be largely inaccessible for individuals with disabilities. Moving towards a seamless chain of transportation requires government's commitment, policies, and initiatives to fund, legislate, and facilitate implementing the required changes. This, in turn, can be encouraged through community organising and consumer advocacy in order to generate collective power for individuals with disabilities and to influence decision-makers over time. Increased cost of travel is another implication of disability and individuals with disabilities need to pay more for accessible products and services. Considering the benefits of tourism for the participation of individuals with disabilities in society, government is encouraged to introduce measures to facilitate tourism for these travellers; measures such as travel subsidies, equipment, and discounts for companions.

Based on the findings, the participation of individuals with disabilities in travel is a complex phenomenon beyond what these individuals can control. Most of the constraints are socially constructed which indicates disability and tourism are social constructs. Society needs to provide and support the required conditions that enable these travellers to overcome

constraints and participate. A social change is required to address socially constructed constraints in order to make tourism accommodate disability rights and facilitate “full and effective participation and inclusion of these individuals in the community according to the United Nations Convention on the Rights of Persons with Disabilities” (Frawley and Bigby, 2011:27). This reflects the primary assumption of the social model of disability that socially constructed barriers turn individuals’ “impairments” into “disabilities” and hence, those barriers need to be recognised and removed. Individuals with disabilities will not feel included unless tourism policy-makers and industry practitioners promote and observe the principles of Universal Design and take the necessary measures to remove the barriers and provide these individuals with opportunities to enjoy a fair and inclusive travel experience.

7.7. Conclusion: A personal reflection

To conclude the thesis, I return to the personal reflection on the research and my experiences in undertaking this study. The PhD research was an important chapter in my intellectual and personal journey in the fields of tourism and disability. While reviewing the literature, I became familiar with a broad range of materials that were new to me. I learned about different approaches to disability, different models and conceptualizations of disability, and developments in disability studies, which broadened my knowledge on disability studies and tourism. As a learning experience, the PhD study changed me and my views on the phenomenon of disability and how it should be studied and addressed. During my research I started re-evaluating my own travel experiences that seemed both similar to and different from participants’ experiences. We shared similar constraints, but I had a different view about a partial or full participation in an activity.

I encountered several challenges in undertaking the PhD research and completing the thesis including participant recruitment, sensitivities around the topic, the specific characteristics of the sample that were not representative of the broader experience of disability, and most importantly, engaging with debates on disability in order to frame the study in relation to the models of disability, my insider and outsider position, and my reflexive account.

The travel and tourism experiences of participants in this research reflect my own experience as an individual with mobility impairments. Like them, I have found myself constrained by various intrapersonal, interpersonal, and structural constraints which have actively made me change or modify my behaviour in order to participate in multiple aspects of

society and social life. Like Christopher, I have struggled to find accurate and reliable accessibility information. Similar to Joyce, fear of the unknown and uncertainty around travel have been constant companions when I travel. I have first-hand experience of service providers' assumptions about my disability, my abilities, and what is in my best interest, reflecting Cherry's experiences. Similar to Milo, I have had to book accommodation or make travel arrangements based on the proximity and accessibility of attractions.

These shared experiences enabled me to empathize with participants, and my education especially the Master's programme provided me with the frameworks to systematically understand these everyday life experiences as well as the broadness and impacts of constraints on individuals with disabilities. The findings of the current research mirror some of my own experiences in terms of constraints I encounter and negotiation strategies I use. I too have had single instances of helplessness, but I have never felt helplessness around travel as a constant ongoing state and therefore, it was not surprising to me when none of the participants expressed any general helplessness. My study cohort occupied a middle territory between encountering debilitating barriers and possessing access to opportunities; and so did I. My sample and I have a degree of access(ibility): access to travel through personal resources and opportunities. I identified a degree of agency among participants in the way they were dealing with constraints and how they tried to approach and overcome barriers and adapt themselves to the environment in a manner that they thought was helpful. This resonates powerfully with me, as did some of the facilitators; for instance, negotiation strategies (or facilitators) I adopt including having an open mind, positive attitude, and adaptive mindset (intrapersonal facilitator), having helpful people around (interpersonal facilitator), and, more importantly, the accessibility of the built environment (structural facilitator).

As was discussed in chapter three, my insider position as a researcher with a disability had implications for the research. Although some limitations could arise from it, my insider position was central to the research and acted as an asset that provided me with an opportunity to better understand the experiences of travellers with mobility impairments. Being an insider enabled me to hear the voices of participants, empathize with them, and provide a picture of the barriers and changes required to realise better outcomes for these individuals.

Like all participants, I have been mostly constrained by structural barriers and, in particular, accessibility. These constraints reflect the societal aspects of disability and tourism, and how the tourism industry assumes that travellers are able-bodied and therefore, individuals

with disabilities are excluded from tourism activities. Being excluded from society has been an inseparable part of my life and I have never felt able to fully participate in society. Participation of individuals with disabilities in social life will not be achieved unless socially constructed barriers are recognised and addressed. This was reflected by participants when they emphasized the significance of the structural constraints and how those constraints were preventing them from participation in society. This accords with the social model of disability that calls for recognition and removal of socially constructed barriers that turn individuals' "impairments" into "disabilities".

New Zealand has made progress in increasing disability awareness and improving accessibility through legislation, guidelines, standards, and campaigns. This is evident in more recent initiatives such as the newly released guideline of "Buildings for everyone: Designing for access and usability" and the Access Alliance, a campaign that urges government to introduce "The Accessibility for New Zealanders Act". Although these have contributed to providing a society that now offers better opportunities for participation of individuals with disabilities, there is still a long way to go to realise full participation for these individuals. This applies to the New Zealand tourism industry where there is a lack of awareness and consideration of the needs of individuals with disabilities.

As an individual with mobility impairments, I have experienced travel constraints and I have tried to negotiate them. Sometimes I have been successful, and sometimes my negotiation efforts failed. I have even felt a sense of helplessness at times but none of these have put me off travel. This is why I strongly identify with the findings of the current research and my participants who, despite being constrained by a variety of constraints, maintain their motivation, negotiate constraints, and participate. This research is important, and I hope it will result in positive outcomes not only for me but also for other individuals with disabilities. My story does not end here; during the PhD research, I have undertaken two advocacy roles that help me contribute to better outcomes for people with disabilities as well as developing my own advocacy. As a traveller with impairments, I will continue travelling. I will always encounter barriers that need to be overcome if I am to pursue my love of travel and the experiences it brings.

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Appendices

Appendix A: Information sheet

Appendix B: Consent form

Appendix C: Interview schedule

Appendix D: A page of researcher's diary

Appendix A: Information sheet



From Constraints to Participation: A Study of Travellers with Mobility Impairments

Information Sheet for Participants

I would like to thank you for expressing interest in my study. As a doctoral candidate in the School of Management at Victoria University of Wellington, I am studying the tourism experiences of travellers with mobility impairments. My project aims to find out more about your travel/tourism experiences, the constraints you have been facing, the ways you have managed to overcome those constraints and any possible factors influencing this process. Therefore, I will need to interview individuals with mobility impairments who have had travel experiences involving at least one overnight stay, whether domestic or international, in the past 5 years. As I have mobility impairment myself, we may end up discussing experiences familiar to the two of us. The interviews are composed of two or three one-on-one, face-to-face interviews with the option of using the telephone or Skype for some of the sessions. I have broken up the questions into two or three sessions in order not to make the interview too onerous. Each interview should take 45 to 60 minutes. However, the duration may vary depending on how much information you provide or how much information has been communicated during the previous interview sessions. You will find some general guidelines below which will be observed in the conduct of this research:

(i) What is the aim of the project?

This project aims at exploring the different ways in which travellers with mobility impairments overcome – or develop strategies in response to – the constraints they encounter to participate in tourism activities. In other words, the current study will focus on travellers with mobility impairments, how they overcome barriers to participate in tourism and what factors influence this process. This research has been approved by the Victoria University of Wellington Human Ethics Committee with approval number 23292.

(ii) How can you help?

If you agree to take part, I will interview you at one of the CCS Disability Action premises or in a public place, such as a café, or wherever is more convenient for you. I will ask you questions about tourism/travel barriers and how you try to overcome those. The interview will be conducted in two or three sessions. Moreover, your answers and the information you provide in the first interview will be analysed prior to the second or third interview. I will record the interviews. You can stop the interview at any time, without giving a reason. You can withdraw from the study before completing sessions you have scheduled. If you withdraw, the information you have provided will be destroyed or returned to you.

(iii) Privacy Rights of the participants

You do not have to accept this invitation if you do not want to. If you decide to participate, you have the right to:

- choose not to answer any question;
- ask for the recorder to be turned off at any time during the interview;
- ask any questions about the study at any time;
- receive a copy of your interview recording;
- read over and comment on a written summary of your interview;
- select another name for me to use rather than your real name;
- access the findings of this research by emailing the researcher to request a copy

(iv) What will happen to the information you provide?

This research is confidential. I will not name you in the research findings, and I will not include any information that would identify you. Only my supervisors and I will read the notes or transcripts. The interview transcripts, summaries and any recordings will be kept securely and destroyed 3 years after the research ends.

(v) What will the project produce?

The information from this research will be used in my PhD thesis. You will not be identified in my thesis. I may also use the results of my research for conference presentations, and academic papers. I will take care not to identify you in any presentation or paper.

(vi) If you have any questions or problems, who can you contact?

If you have any questions, either now or in the future, please feel free to contact either:

Student:

Solmaz Nazari
Doctoral Candidate in Tourism Management
School of Management
Victoria University of Wellington
Phone: 04 463 5141
Solmaz.nazariorakani@vuw.ac.nz

Supervisor:

Dr. Adam Weaver
Senior Lecturer in Tourism Management
School of Management
Victoria University of Wellington
Phone: 04 463 5375
Adam.Weaver@vuw.ac.nz

(vii) Human Ethics Committee information

If you have any concerns about the ethical conduct of the research, you may contact the Victoria University HEC Convener: Associate Professor Susan Corbett. Email: susan.corbett@vuw.ac.nz or telephone +64-4-463 5480.

Appendix B: Consent form



Thesis Title:

From Constraints to Participation: A Study of Travelers with Mobility Impairments

Interview Consent Form

This document confirms that I have been briefed about this study and the implications of my participation. I had the opportunity to discuss my concerns with the researcher and I am satisfied with the responses provided. Therefore, I hereby agree to take part in this research according to the following guidelines:

- I have received a copy of the "Information Sheet" and I have understood the nature and objectives of this research project. I have had the opportunity to ask questions and have them answered to my satisfaction.
- I understand that I will be interviewed and I am giving my voluntary consent to participate in this project.
- I understand that the interview will be conducted in two or three sessions
- I understand that interviews will be recorded as described in the information sheet, a copy of which I have retained.
- Based on my answers and the amount of information I provide, each interview session will take about 45 to 60 minutes which also depends on previous sessions and the questions and the discussions.
- I understand that I do not have to answer any question I do not want to and I do not need to provide a reason for this.
- I may withdraw from this study before completing interview sessions that have been scheduled for me and any information that I have provided will be returned to me or destroyed.
- This consent form as well as information I have provided will be destroyed 3 years after the research is finished.

- Any information I provide will be kept confidential to the researcher and the supervisors. I understand that the results will be used for a PhD thesis and a summary of the results may be used in academic publications and/or presented at conferences.
- My name will not be used in the thesis/any publications, nor will any information that would identify me.
- I would like a copy of the transcript of my interview: Yes ☐ No ☐
- I would like a summary of my interview: Yes ☐ No ☐
- I would like to receive a summary of the thesis findings and have added my email address below. Yes ☐ No ☐

Signature of participant: _____

Name of participant: _____

Date: _____

Phone: _____

Email address: _____

Appendix C: Interview schedule

Interview schedule – First interview session

Interview Schedule

First interview session

The main objective of this session is getting to know the participants and also gaining their trust. At this stage, general questions will be asked regarding their travel patterns as well as their mobility impairments.

- Do you have any questions for me about this research or the questions I might ask?
- Can you tell me about your mobility impairment? How did it happen? Is it congenital or acquired? Is it progressive? If it is, how long has it been at the current stage?
- In your opinion, what words would you use to describe the severity of your mobility impairment? Are you using any assistive devices? What are they?
- Are you generally satisfied with your participation in tourism/travel activities? If not, with what experiences are you dissatisfied?
- If you were to compare some good travel experiences with bad ones, what would you consider as the causes of those good and bad experiences?
- Are there travel/tourism activities that you want to do but cannot engage in for any reason?
- When was the last time you spent at least one night away from home on a trip? Where did you go? What was the main reason of that trip? Pleasure, business or visiting family or friends? How long was the trip?

Now, I want to ask you some questions about your overall travel career – that is, trips you have taken over the years.

- What makes you want to travel? What motivates you to travel? What are you looking to gain out of a travel experience?
- How often do you travel? Do you consider yourself a frequent traveller?
- How many international trips have you taken/can you recall?
- How many domestic trips have you taken/can you recall?
- What was the main reason for these trips? Pleasure, business or visiting family or friends?

- What aspects of travel do you find most difficult – finding information, using transportation, using accommodation, moving around attractions, or dealing with the attitudes of people (other visitors or employees)? Do you encounter other difficulties?
- What aspects of travel do you find easiest – finding information, using transportation, using accommodation, moving around attractions, or dealing with the attitudes of people (other visitors or employees)? What else do you find easy?
- How difficult or easy do you find using facilities in attractions, modes of transport and accommodation – the toilets, movement within buildings, hallways and aisles, the height of counters and so forth? Are there places or facilities you deliberately avoid? Do other places or facilities pose challenges?
- What kind of travel/tourism activities do you find easier to participate in? Can you think of some reasons for that?
- What kind of travel/tourism activities do you find more difficult to participate in? Can you think of some reasons for that?
- Have you noticed any difference in your travel/tourism experiences with the passing of time? Has anything been improved or worsened? Do you think you have made any progress?
- Do you think the industry as a whole has made any progress?
- Can you think of a travel provider that caters effectively to travellers with mobility impairments? Why do you feel this way?

Interview schedule – Second interview session

Second interview session

The main objective of the second interview is to collect more data regarding the participants' travel patterns, specifically constraints encountered and the negotiation strategies used.

- What do you consider a successful participation in travel?
- What do you consider an unsuccessful participation in travel?
- During travel, have you ever encountered barriers that made you doubt your own skills? What types of personal thoughts or opinions do you have when you encounter barriers? Did you manage to overcome those barriers? How? If not, why were the barriers too difficult to overcome?
- During travel, have you ever encountered barriers related to the nature of your impairment in relation to travel? Did you manage to overcome those barriers? How? If not, why were the barriers too difficult to overcome?
- During travel, have you ever experienced barriers resulting from other peoples' attitudes – for instance travel companions, service providers or strangers? Did you manage to overcome those barriers? How? If not, why were the barriers too difficult to overcome?
- During travel, have you ever encountered barriers resulting from facilities used in a particular area such as a hotel, dining area, bathroom, lift, aisle, stairwell, high counter or the physical layout of a site? Did you manage to overcome those barriers? How? If not, why were the barriers too difficult to overcome?
- During travel, have you ever encountered barriers resulting from transportation? Did you manage to overcome those barriers? How? If not, why were the barriers too difficult to overcome?
- During travel, have you ever encountered barriers resulting from the environment or geography such as outdoor areas, streets, sidewalks, access to tourist sites or buildings? Did you manage to overcome those barriers? How? If not, why were the barriers too difficult to overcome?
- During travel, have you ever encountered barriers resulting from a lack of money or time? Did you manage to overcome those barriers? How? If not, why were the barriers too difficult to overcome?

- During travel, have you ever encountered barriers resulting from regulations and rules? Did you manage to overcome those barriers? How? If not, why were the barriers too difficult to overcome?
- This question is about facilitating factors which are factors that help you overcome barriers. During travel, have you ever encountered any conditions or factors that facilitated your participation?
 - Do you think you need a particular mindset or personal traits to overcome barriers?
 - Do you recall particular people who were helpful?
 - Do you think the physical features, or the structure of a site can help you overcome barriers?
 - Can you think of any other factors that might help you overcome barriers? Can you give some example?
- If you have had overseas travel experiences, have you experienced any differences between international and domestic trips with respect to accessibility?
- Have you experienced any differences with respect to accessibility when taking pleasure trips, business trips, or visiting family or friends?
- In general, how do you assess your efforts in overcoming barriers: successful or unsuccessful? Why do you assess yourself this way?
- Are you particularly proud of one (or more) of your efforts to overcome certain barriers? Could you give me an example?
- With respect to those barriers you could not overcome, what else would you have needed to be able to overcome them? What additional help or support would have helped?
- Do you think you need better personal skills for traveling? If yes, what are these skills? Do you think you could develop them?

Interview schedule – Third interview session

Third interview session

The final interview focuses on participation and feeling a sense of helplessness. Moreover, any follow-up questions from previous interviews will be asked during the third interview.

- What is the meaning of travel for you? Do you associate it with personal freedom or with burdensome challenges?
- Have you ever felt any of the followings?
 - I cannot handle a single constraint while traveling
 - I cannot handle multiple constraints while traveling
 - Traveling is not an experience I enjoy
 - Traveling only gives me a pain
 - Comfortable traveling does not exist for me
 - It is impossible to eliminate many constraints faced while traveling
 - Traveling is not right for me
- Have you ever had moments during a trip when you felt a sense of helplessness? If you have felt helpless, could you describe this sense of helplessness for me? When did it happen? How did you try to resolve it? Were you successful?
- Have you ever had to give up a tourism/travel activity due to barriers? Why do you think you gave up?
- Considering that the main tourism activities in New Zealand are outdoor or nature-based activities, how would you assess your participation in these activities? Do you partake in them? Do you think you have been successful in overcoming barriers to participate in outdoor or nature-based tourism? Can you give me some examples?
- Do you have plans to travel in the future? To where? Who is going to accompany you? What activities do you intend to participate in? Tell me more about this potential trip. What types of transportation and accommodation will you use?
- What is your ideal trip/vacation/tourism activity? Why is that?
- Do you have any advice for service providers in tourism? (accommodation, transportation or activity providers)
- Do you have any advice for other travellers with mobility impairments from your age cohort (18 to 44 years old) who might be in similar circumstances?
- Do you have any advice for other travellers with mobility impairments from other younger people or senior citizens) who might be in similar circumstances?

Appendix D: A page of researcher's diary

Ben : 12 April

- * very confident
- * Responses seem different from other participants

more Travel experience?

attitude?

- * doesn't like to get help at all

likes to be treated the same

→ fear of being treated differently

- ★ trade-off between money & accessibility

→ Spending more for ↑ access

↓ follow up needed !

چون که هزینه بیشتر برای دسترسی بیشتر است ؟

- ★ 8th participant who is satisfied with full participation

↓

full-participation with so many barriers ?

↓ why? how come?

↓ lower expectations?

→ meaning of travel?