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Article *in* Annals of Tourism Research · October 2004

DOI: 10.1016/j.annals.2004.03.007

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Annals of Tourism Research, Vol. 31, No. 4, pp. 946–960, 2004

Printed in Great Britain
0160-7383/$30.00

doi:10.1016/j.annals.2004.03.007

TRAVELING WITH A DISABILITY
More than an Access Issue

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Abstract: People with disabilities have the same needs and desires for tourism as others. However, travel in a context designed primarily for people without disabilities poses unique challenges. A qualitative study was conducted employing indepth interviews and focus groups to explore the tourism experiences of individuals with mobility or visual impairments. The results revealed that they experience five different stages in the process of becoming travel active: personal, re-connection, tourism analysis, physical journey, and experimentation and reflection. Better understanding of these stages will facilitate more awareness of the tourism needs of people with disabilities. **Keywords:** disability, accessibility, barriers, culture. © 2004 Elsevier Ltd. All rights reserved.

Résumé: Voyager avec un handicap: pas seulement une question d'accès. Les personnes handicapées ont les mêmes désirs et besoins quant au tourisme que les autres. Pourtant, un voyage dans on contexte qui a été conçu surtout pour les gens non handicapés présente des défis uniques. On a mené une enquête qualitative en employant des interviews en profondeur et des groupes de discussion pour étudier les expériences de tourisme des personnes avec des difficultés de mobilité ou des handicaps visuels. Les résultats montrent que ces personnes perçoivent cinq étapes dans le processus de devenir des voyageurs actifs: l'étape personale, la remise en contact, l'analyse du tourisme, le voyage physique et l'expérimentation et la réflexion. Une meilleure connaissance de ces étapes facilitera une plus grande conscience des besoins dans le tourisme des personnes handicapées. **Mots-clés:** handicap, accessibilité, barrières, culture. © 2004 Elsevier Ltd. All rights reserved.

INTRODUCTION

Living with a disability poses unique challenges and can influence participation in many activities. Tourism is one activity that many people with disabilities feel must be sacrificed as it requires an orchestrated cooperation of physical, mental, and social capabilities, which are often adversely affected or compromised by a disability. Nevertheless,

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it is widely accepted that desire to travel is the same for persons with or without a disability.

While some people with disabilities never travel, many others enjoy a full, active, and varied travel career. To become active, though, is not an automatic process for such people. They face many practical and social obstacles that can inhibit their full participation in tourism, which involves more than simply purchasing a ticket, booking accommodation, or paying for a package tour. People with disabilities have more things to consider and more challenges to face before and during a trip than those without. Indeed, it is sometimes a challenging personal journey.

This paper reports part of a larger study focusing on issues associated with tourism and disability. It provides insight into the tourism experiences of people with disabilities, in particular those with mobility or visual impairment. With better understanding of their experiences, it is hoped that the society at large will be more aware of their needs, especially those from an Asian background. It is also anticipated that the tourism industry through this insight, will be better able to provide inclusive and barrier-free services tailored to the needs of people with disabilities (Germ and Schleien 1997).

TOURISTS WITH DISABILITIES

Disabling conditions are either congenital, or acquired with either acute or insidious onset. They may be characterized by a single event or a degenerative over time. Disabling conditions involve hearing, vision, mobility, intellectual, and psychiatric disorders. Between 5% and 20% of the population are disabled (UNESCAP 2000); reported incidence and prevalence of disability varies depending on definitions of disability, data collection strategies, and survival rates. Based on self-report, in Hong Kong, 4% of the population of 6.7 million have at least one type of mental or physical disability, and another 1.5% an intellectual handicap. A further 13% of the populace is affected by chronic disease (Census and Statistics Department 2002).

Importantly, the number of people with disabilities is expected to increase as a result of increasing life-span, decreases in communicable diseases, improved medical technology, and improved child mortality. In the United States, for example, the number of people with disabilities is expected to double to around 100 million people by the year 2030 (cited in Burnett and Bender-Baker 2001:4). Together with family and friends, they create a potentially significant, but often ignored market (McKercher, Packer, Yau and Lam 2003; Murray and Sproats 1990; Ray and Ryder 2003).

Little research has been published examining tourism and disability (Burnett and Bender-Baker 2001; Darcy 1998, 2002). A number of researchers mentioned this idea in the late 80s and early 90s (Driedger 1987; Muloin 1992; Murray and Sproats 1990; Smith 1987), but then this area of study fell quiet until quite recently (Burnett and

Bender-Baker 2001; Darcy 2002; McKercher et al. 2003; Ray and Ryder 2003).

Existing literature tends to suggest that persons with disabilities face a number of barriers to participation (McGuire 1984; Murray and Sproats 1990; Smith 1987) and that, because of these barriers, they enjoy less access to tourism opportunities than people without (Turco, Stumbo and Garncarz 1998). Smith's (1987) work represents the first and, to date, most comprehensive assessment of barriers and obstacles to participation. He identified three main types of barriers: environmental, including attitudinal, architectural, and ecological factors; interactive barriers relating to skill challenge incongruities and communication barriers; and intrinsic barriers associated with each participant's own physical, psychological, or cognitive functioning level. Of these, intrinsic barriers are felt to be the greatest obstacle (McGuire 1984; Murray and Sproats 1990; Smith 1987). Feelings of incompetence in leisure activity may, over time, lead to feelings of generalized helplessness resulting in reduced future participation. It has also been suggested that the first tourism experience is a major hurdle determining whether an individual with a disability will continue to travel or not (Murray and Sproats 1990).

The underlying assumption behind much of this work is that if barriers could be eliminated, participation rates would increase. Over the past 20 years, however, much progress has been made in removing barriers, so that today the transport, accommodation, and attractions sectors are largely accessible. Yet, a disproportionately small number of people with disabilities participate fully in mainstream tourism (Darcy 1998). In fact, the tourism industry in general, and the accommodation sector in particular, apparently see little demand for accessible facilities (AHLA 2000). They are actually lobbying governments in the United States (Elliott 2000) and the United Kingdom (Financial Mail 2000) to reduce requirements for the provision of accessible accommodations.

The World Health Organization's International Classification of Functioning argues that a linear, cause and effect relationship between disability and participation, based primarily on disability, is both incorrect and limiting (WHO 2001). Instead, it recognizes that participation in life situations involves complex interactions (including social attitudes, natural and man-made structures, family attitudes, policies, etc.), with disability being only one of many contributing factors and possibly not even the key one in people's ability to participate in daily activities and life situations such as tourism. Thus, the elimination of physical barriers to access may only address part of the issue. Unless appropriate enabling environments are facilitated and the individual is empowered to take advantage of these environments, people may still not have access to tourism.

Indeed, the individual's own tourism career is a subject that has not been examined in a comprehensive manner. A number of authors have written first-hand accounts of their experiences, but their papers usually adopt an editorial style, rather than presenting empirical studies (Kaufman 1995; Parry 1995; Patching 1990). What is unknown is

how those with disabilities become travel active; how they view their options; or how they negotiate environmental barriers and capitalize on environmental facilitators. This paper seeks to contribute to the body of knowledge on the touristic experiences of people with disabilities.

Study Method

In order to capture the lived experience of participation in tourism, naturalistic inquiry using indepth interviews and focus groups was chosen. Participants with either a mobility disability or a visual impairment were recruited through the investigators' clinical and community networks and subsequent personal referrals (snowball technique) and invited to participate in either individual interviews or focus discussion groups. These occasions canvassed a wide range of issues.

Indepth interviews were first conducted with key informants from various organizations of or for people with mobility (wheelchair or nonwheelchair users) or visual impairments. Key informant interviews were used to generate a basic understanding of the issues. Focus session's were subsequently conducted with participants, many of whom were also members of the groups identified above. Interviews and discussion groups were conducted in Cantonese, and full Chinese transcripts and English translations were produced. During the preliminary stages of the research, parts of these transcripts were back-translated into Cantonese to verify the accuracy of translation. Each of the authors read the transcripts independently. Emerging themes from the content analysis of the transcripts were discussed, elaborated, and validated through continuous dialogue among the three investigators.

Fifty-two participants were recruited for the study, 28 (18 male and 10 female) with mobility disabilities and 24 (17 male and 7 female) with visual impairment. Data were collected via six individual interviews with key informants and nine focus groups. The focus groups had an average of five persons participating and were composed of those with either mobility or visual impairments. Four indepth interviews and five focus groups were conducted with people with mobility disabilities, while two indepth interviews and four focus groups were conducted with people with visual impairments. Study participants included both men ($n = 35$) and women ($n = 17$), ranging in age from 24 to 72.

In order to ensure broad representation, purposive sampling was used and participants were selected to include those with both congenital and acquired disabilities, those who travel regularly, those who do so less frequently, and some who are just beginning their posttrauma tourism careers. Participants with visual impairment comprised those who had acquired their disability earlier and later in life. The groups with mobility limits included some with congenital disabilities, but most had acquired theirs through injury or illness.

Study Results

All participants reported that their disability affected their tourist behavior. Participants with acquired disabilities also acknowledged that their type, severity and nature of onset played critical roles in determining the length and difficulty of rehabilitation and, subsequently, whether they developed an interest in tourism. Most respondents felt it was preferable to have a sudden rather than a slow, progressive deterioration of a condition: for a sudden onset, while traumatic, forces the individual, and his or her family and friends to begin the adjustment process immediately. They also suggested that interest in travel and tourism is essential and that it, in turn, is influenced by the individual's desire to explore new interests, take risks, manage daily living tasks, seek social support networks, and accept the disability.

This study focused on the process of becoming travel active, rather than on disability itself. Participants identified five stages along the path to becoming active. They have been labeled as: personal—acceptance and reintegration; reconnection—exploration for future traveling; analysis—searching for information; physical journey—compensation and compromise; and experimentation and reflection—experiencing different tastes of traveling. Participants indicated that the nature of the journey is highly personal, with many needing to progress through each step sequentially, while others tackled them in parallel and in certain cases indicated that some stages had to be revisited.

Personal Stage—Acceptance and Reintegration. Participants reported that "coming to terms with the disability" is, at least to some extent, necessary before tourism is seen as even a hypothetical possibility. In general, acceptance of the disability, particularly if is acquired, is a necessary part of becoming an active member of the family, the community, and wider society. Viewing oneself as a person who happens to live with a disability is the first step in the process. These findings corroborate other research that suggests people often perceive that their future hopes and aspirations have been dashed after acquiring a disability, particularly in later life (Bee and Boyd 2002). The participants expressed the opinion that those who cannot accept their disabilities tend to avoid public places and consequently travel rarely, if ever. Some participants also expressed the opinion that, travel as a leisure pursuit, was not a priority during the rehabilitation process and/or when learning to be independent in their daily living tasks. Instead, the focus was, first and foremost, one learning to look after oneself. Rehabilitation was lengthy, and lasted far longer than the time spent in hospital or in active treatment. Many respondents suggested it could last several years.

As noted earlier, personal acceptance is influenced by the empathy and support within the family. In Hong Kong, where many traditional Chinese family values still prevail (Tseng, Lin and Yeh 1995), individuals are still locked into a hierarchical and cohesive family structure

(King and Bond 1985). Family interest and harmony supersede individual interests. As a result, each family member seems to lose his/her individuality and idiosyncrasies (Yang 1995). Thus, without the family's financial, physical, and/or psychological support, it is difficult for a person with a disability to travel despite personal acceptance of it. The following is a good example of how family members can influence desire, as expressed by one of the participants with a mobility impairment:

> Once I needed to travel for a long distance and it involved taking a flight. My mother tried to stop me from going and said it was very dangerous. I had to persuade her many times even till the last day before my departure. She insisted that it would be dangerous and she worried that there would be no one to help me. She was so worried that she could not sleep for a few nights. Eventually, I did not go, as she had influenced my decision.

The same participant was later able to make his first trip, which has since motivated him to do more. He stated, "As I could make it the first time [traveling], I then went for a second trip. I came across a nice experience." In contrast to the overprotective nature of some parents, other participants particularly those with congenital disorders, stressed that parental or family expectations and support were the very thing that gave them the confidence to become travel active.

Societal attitudes to disabilities further complicate acceptance of disability in Hong Kong, where traditional viewpoints teach that disability represents a form of punishment from "the gods" somehow deserved for misdeeds in this or a prior life. According to one respondent, "If a person is injured and becomes disabled, very often, they'll [the public] say it's because they [the person with the disability] did something wrong and they must be bad. [The disabled person will then say] this is the punishment that I have, so I must accept it." A woman who acquired a visual impairment added, "neighbors might say that you must have done something wrong in a past life."

It is perhaps not surprising that people with disabilities are supposed to play the role of victim and not to live full, independent lives. Instead, they are expected to become passive members of the family and society. This attitude is also prevalent among some members of the healthcare community. Another participant suggested that "Occupational therapists actually give the message that people with disabilities can't make it outside of Hong Kong. They stress too much daily living and don't think we have a chance [or deserve] to relax, to have recreation, or to have some leisure activities."

Availability of travel partners appears to be a catalyst to encourage people with disabilities to engage in tourism; it can be the factor that motivates them to participate. Very often, they prefer family members or friends without disabilities to be their traveling partners. This provides a sense of security, but also practical help during the trip. If relatives or friends are not available, participants felt they must rely on busy tour guides, those in the hospitality industry, or volunteer

helpers on tours organized by disability organizations. However, respondents frequently noted that the desire to travel with family and/or friends was not based solely on the need for assistance. The trip experience itself is one of "fun" and "leisure" that is best shared. This, they pointed out, is not different from people who do not have a disability.

Participants also commented on the impact of public acceptance (specifically in the hospitality sector). It was often mentioned that the tourism industry in Hong Kong is too "commercialized", and profit driven, and thus not prepared to cater to their needs. One participant explained that "perhaps they believe that we will create more troubles, particularly when there are different disabilities in the group. The travel agents are often hesitant to take us on a package tour as there may be more caring tasks for the guide, unless we charter the tour, but that would be expensive", as detailed by McKercher et al (2003).

Although both perceived and actual independence does vary from culture to culture, increasingly communities are becoming more aware of and sensitive to the rights of all. With continued vigilance and provision of appropriate services, more people with disabilities are able to actively participate in the community, creating an environment within which acceptance is easier. One of the focus group participants with visual impairment shared his joy at acceptance and "coming out":

> My eyesight deteriorated gradually. It was hard for me to accept in the beginning. Frankly, I tried to hide myself away. Later, I was introduced to the Society for the Blind and I started to participate in their activities. Whenever they took me out for picnics, I was accompanied by a volunteer helper as I had had a few serious falls. And now, I like to travel and taste different food but I still need to be accompanied by others.

Reconnection Stage—Exploration for Future Traveling. The second stage in the process of becoming active represents an integration where the individual begins to establish him or herself fully in community life. This task is challenging, for as one participant observed "moving back home from the hospital was a big step as home is now an unfamiliar environment." Reconnection can be a period of self-discovery, personal empowerment, and growth. But, generally, little tourism occurs as the individual focuses on learning to live independently. Importantly, the person must confront the imposed "role" that a person with a disability is expected to play. A prevailing social attitude exists that those with disabilities are not worthy of having or wanting anything but the sheer basics of life. They are expected to be sad, feel like a burden on their families, and be inactive. As one key informant stated, "In Chinese culture, a luxurious lifestyle doesn't go with a disability. If you're disabled, you should live a simple life." This also means, as was claimed,

"[people] should sacrifice self-enjoyment rather than giving work, extra worries, or burdens to family members."

This attitude is so prevalent, and so well entrenched within Hong Kong society that many with disabilities accept this role without question. One key informant stated sarcastically, "if you are disabled, you're expected to be dependent. If you're dependent, you better not do too much, expect too much, or want too much. Just sit there." Elsewhere he added,

> Amazingly enough, some people who have acquired disabilities in the late stages of life, accept being charity cases. They just sit there and wait for people to provide for them. They don't work, even if they have the opportunity to work. . . . Once they become part of the system, they play the role of the disabled person.

Some at this stage begin to travel again, but efforts are tentative, especially if the person has an acquired disability. First experiences expose the person to confronting stereotypes regarding how those with disabilities are expected to behave. To avoid this, many travel with family members or close friends or join a specialty tour organized for people with disabilities. Some with newly acquired "hidden" disabilities, such as visual impairments may even try to disguise their disabilities. One participant with a deteriorating type of visual impairment explained how he joined a package tour:

> Whenever I make my booking, I always have this thought that I better not disclose my visual problem. But once I get to the airport I will tell the guide my problem, so that he can help me to go through the customs quickly as a person with a disability. I usually ask for a single room as I worry that the other co-traveler may not like to share the room with me because of my disability. So, I have to pay more and that can be a big concern, particularly in this difficult economic time.

Others with obvious disabilities suggest that travel may be a positive experience as they find the public is more willing to help, even to the extent of disrupting their routines and ignoring wishes to be left alone. At other times, though, it can be negative, especially when they receive curious looks from others, or are ignored or discriminated against when receiving services. One thing annoying to those with less severe or less evident disabilities is that they are expected to behave or receive the same treatment as those without disabilities. In this case, if they declare their disabilities, it may bring favorable treatment at the expense of embarrassment, or it may arouse jealousy among others. The following quote from a participant with a mobility disability is an example.

> You know, I often walk without my walking aid. I just can't ask people to give me their seats. Every time when I get off a bus, I just worry I may have blocked other people behind. When I use the public toilet, I am just concerned people waiting outside may say, "Oh, what takes you so long!" I just feel embarrassed.

Travel Analysis Stage—Search for Information. In this stage, the process changes from tourism as an abstract concept to resolving the practical concerns relating to ensuring a safe and enjoyable experience. At this stage, the tourist must consider and resolve a range of issues. For some, the task is too daunting and the prospect is abandoned. As one participant commented, "[You have to ask] whether it is worth it. I have to consider whether the process of achieving this goal is difficult or not. If the process of achieving this task causes too much inconvenience, I would say it's not worth it." Fortunately, participants reported that with more experience the type and magnitude of considerations grow smaller.

In order to minimize potential problems, detailed preplanning is often required. Respondents invariably indicated that they must do far more of it, at a much deeper level, than their nondisabled counterparts. They need to identify information on accessibility to scenic spots, toilets, hotel accommodation, and transportation, as well as availability of assistance and presence of travel partners. Even if the actual scenic spot or hotel is accessible, routes and connections between them must also be investigated and found to be accessible. Moreover, participants reported the constant need to verify the accuracy of published information, as it is often wrong or misleading.

As noted above, those who travel alone or join a package tour want the tourism industry to provide information about whether the tour is suitable for their needs or not, providing information on the accommodation, transport arrangement, availability of accessible amenities, availability of assistance, etc. Literature indicates that people with disabilities are more likely to be disproportionately loyal to businesses (such as specific travel agents and hotels) that best serve their needs or provide them positive experiences (Turco et al. 1998), further supporting the lack of preparedness of most of the industry.

Physical Journey Stage—Compensation and Compromise. People with disabilities must make many compromises and adopt a number of compensatory strategies to manage the experience. Some of the compromises relate to adjusting to unsuitable accommodations, dealing with architectural and ecological barriers, forsaking certain activities in order to allow extra time to return to an assembly point, and not visiting attractions with others in the group due to inaccessibility. In addition, respondents indicated that international caliber hotels usually have better facilities, but they come at a premium price.

In extreme cases, tourists with disabilities are forced to adopt drastic coping strategies. Some respondents indicated that they dehydrated themselves on long-haul airline flights so that they would have to go to the toilet less frequently. One participant with quadriplegia also indicated he would eat less food before a trip so that he would be less likely to defecate during the journey.

Some participants accept their exclusion from some activities with a degree of humor rather than resignation: they accept this as being part of the price they must pay for tourism activities. Instead, they seek innovative strategies to visit sites that are high on their priority

list. This includes (in developing countries) paying local residents to carry them to the site, doing additional research for other ways of participating, or relying on friends to temporarily leave the tour group to give them assistance.

Compromise is not always by choice. Tourists with disabilities may be excluded from certain attractions, especially if the degree of physical exertion is beyond their capabilities or access to the attraction is impractical given their disabilities. They must often rely on the advice of others regarding which places are accessible or are not accessible. For the most part, they adhere to the advice even if their abilities are under estimated. If the tourism industry regards participation in a specific event as impossible, it is just not worth the risk. Regardless, a level of disappointment or frustration can occur if the tourist was looking forward to visiting a certain attraction and was advised not to make the trip. Being shown a photograph by other members of the tour group is small compensation.

There are limits in the range of activities that some can participate in comfortably. Most participants expressed an unwillingness to participate in adventure tourism while some felt they could not participate in certain experiential pursuits. In extreme cases, the ability to participate can adversely affect the enjoyment of the trip. One of the informants observed "if you go to Thailand and others go swimming, then what are you going to do? There are many limitations on my participation."

All participants identified the need for these altered strategies when planning and taking a holiday of any kind. They also acknowledged the impact these strategies had on their own enjoyment. Some seemed to accept these inevitable facts hesitantly. Others strongly voiced their protest or grievances and, in particular, felt since their disabilities were not due to their own short-comings, they should not be required to make so many compromises in order to access public and private services. Relatively inexperienced tourists or those who were just beginning their tourism career felt that compromises significantly impaired their enjoyment of travel. As one participant indicated, "To travel, you want to experience different things, to do different things. But we cannot do it. Undoubtedly, I can be in Thailand physically, but I cannot enjoy the programs."

A constant theme of self-reliance was revealed in the narrative responses throughout the interviews and focus groups. Perhaps this is a culturally relevant issue within the Asian context. It is perceived to be breaking the cultural code when one has to ask for or receive assistance outside the family. In Western cultures, self-reliance is based on the individual, whereas in Asian cultures it extends to and includes the family, and this includes the responsibility not to make demands on others. Particularly among the Chinese, families are expected to internally cope with and overcome difficulties and not burden or impose these on others (Tseng et al. 1995). Thus, there is reluctance among the families and people with disabilities to ask for help, as it is thought that it will undermine self-reliance and/or create burdens or problems for others. "Not to bother others" is

taught to Chinese when they are young. Even when paying for a service, assertive behavior is still difficult to engender. In a relation-oriented culture like China's, one avoids creating troubles for others so that a harmonious and courteous relationship can be maintained between the two parties. The non-assertive behaviors that influence the desire for traveling seem to be even more obvious among people with disabilities. This may be partly due to their self-concept of not being a "whole person", leading to the belief that they do not deserve others' help.

Experimentation and Reflection Stage—Different Tastes of Traveling. Although traveling may be a-matter-of-fact event for people without disabilities, it can be a challenging task for people with disabilities. The different but unique experiences can be described as diverse tastes. If the person has a positive tourism experience, he or she will be motivated to do it again. On the other hand, as was speculated by Smith (1987), if the experience is negative or if the individual is not ready to travel, future touristic activities will be affected. As the person becomes a more experienced tourist, he or she will learn appropriate strategies to maximize enjoyment. However, first trips usually provide a mixed experience. The following examples display the array and intensity of the menu experienced.

A bitter experience seems to be an inevitable consequence if problems with mobility or ambulation aids occur during the flight or tour. People may not stop traveling, but their overall enjoyment is diminished and their enthusiasm for future trips lessens. Many tourists who use wheelchairs report on the perils of travel, as airlines require their chairs to be stowed under the plane for security and safety reasons. While some have encountered the misfortune of lost luggage, losing one's wheelchair is much more distressing. A few participants complained that their wheelchairs had been improperly reassembled, arrived with missing parts, or that the airlines had lost the batteries. Very often flight crews are not trained to handle wheelchairs properly.

Tourists with disabilities are often faced with limited choices or access problems, which can leave a sour taste. They are often forced to accept more expensive arrangements than the rest of the group. In addition, in order to have companions, they may have to make many compromises, in terms of destination, time, and date of traveling. Such impositions may decrease the propensity or frequency of travel.

The public often does not realize that people with a disability develop other senses and select different foci to experience, which can produce a sweet, memorable taste. Many participants expressed the opinion that by "having been there or being able to do that," and by exploring the places through descriptive words, smells, touch, and sound, they could achieve the same satisfaction as anyone else. For example, one of the participants with a visual impairment described his recent experience of a trip to the Yellow Fruit Tree Fall in Guizhou, one of the provinces in Mainland China.

> They [family members] held my hands and told me how deep the water was. They took me walking over the Seven Star Bridge and I could feel every brick under my feet. There are bends on the bridge! Everyone was holding hands one by one, including the tour guide. We walked across those ponds under the falls. Actually, they were not very deep, but we all got wet. We also walked into those caves behind the falls. What a memorable experience for my entire life!

CONCLUSION

Tourism for people with disabilities entails a significant element of individual risk. By its nature, it involves leaving familiar places and venturing into unknown physical and psychological space. This study suggests that the process of re-entry into tourism involves five stages that may be taken sequentially or in parallel. The stages ranged from constant reference to participants' understanding and acceptance of themselves as individuals (or families) with a disability, to those decisions and tasks undertaken in order to travel, and to the actual experience. As the first stage, the personal stage is intense by individual and, for the most part, hidden from others. It is often linked to early experiences soon after onset of a disability and/or during rehabilitation. Tourism is seen as impossible. Instead, priorities rest on recovery, rehabilitation, and learning to accept life with a disability. Indeed, some studies suggest that the perceived loss of opportunity to travel represents an additional real loss that the individual must adjust to (Lindgren 1996; Mumma 1986).

The prospect of tourism emerges as a possibility during the reconnection stage when the person begins to connect with the outside world and explore his or her potential to participate in a wide range of activities. This stage often involves a conscious process of weighing perceived and real risks against possible rewards. The risks vary depending on the nature and severity of the disability. For example, people with visual impairments felt vulnerable in new and unfamiliar surroundings and worried about their personal safety. Those with spinal cord injuries voiced concerns about pragmatic issues, such as bladder control and the risk of personal embarrassment should they soil themselves in transit. They also felt vulnerable about the prospect of airlines losing their wheel chairs. If the risks are felt to be too high, no travel will occur. But, if they can be overcome, the individual will move to the next stage.

During the analysis stage, the person gathers information, plans the trip, and determines possible strategies for coping with the physical act of travel. Next, the physical journey stage involves the actual trip. When this coincides with the person's first trip as a tourist with a disability, the individual must test out the strategies developed, modify them if needed, and learn new strategies to make that and subsequent trips more enjoyable.

The final stage in the process, the experimentation and reflection, provides an opportunity to consider the experience. These reflections, perhaps more than the trip itself, determine whether the indi-

vidual will try again, with experience playing a crucial feedback role in determining future interests. A positive trip experience builds confidence and motivates the person to travel more frequently. Planning and organizing the trip, getting visas, even doing mundane things like checking in at a hotel or clearing customs, are new skills that some individuals must learn. On the contrary, a negative experience may inhibit future tourism activity, especially if the person is not physically or psychologically ready. For example, according to an individual with a visual impairment, "very few people will persist despite repeated failures. Many people will withdraw. It's normal that [they] would not tour again." If they try again, they may need to go through the earlier stages and re-resolve issues.

The findings of the study clearly suggest that the process of becoming travel active for those with disabilities is more than just removing physical barriers. For many, tourism represents a metaphor of recovery. The complex process of being a tourist with a disability involves personal initiative, accurate evaluation of one's own capabilities, the ability to collect reliable information, managing the trip, manage oneself, and reflect on experiences. Being able to travel is a meaningful task through which a person with a disability can demonstrate to others that they have recovered or started to regain their control over destiny and to assert their future quality of life. Overcoming self-doubt and the hesitation of burdening others in the initial stages helps people come to terms with their disability. Courage and ability to reconnect to the outside world make travel become an attainable goal. Family and the tourism industry's support by providing accurate information are likely to hasten the progress through this stage. The success in managing the trip and gaining positive experiences provides fun and leisure, but also facilitates self-confidence and future tourism interests. The tourism industry certainly can play an important role in enhancing this process. A

Acknowledgements—The study was funded by an Internal Competitive Research Grant from The Hong Kong Polytechnic University. The authors would like to thank Patrick Lam for his assistance in preparing the manuscript.

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Submitted 25 June 2003. Resubmitted 16 December 2003. Accepted 14 March 2004. Final version 1 April 2004. Refereed anonymously. ***Coordinating Editor: Lars O. Nyberg***