# An investigation into the socially constructed and embodied experiences of senior tourists with disabilities and their travel companions in Bali

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**Yayu Indrawati**



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# Abstract

This thesis explores the embodied nature of the tourism experience, particularly among senior tourists with travel companions holidaying in Bali. The originality of this research is that the approach draws on a range of data to understand what shapes this context, relationships, and individuals' understandings, of how to create an inclusive environment for senior tourists with disabilities. The research also values the subjective, inter-subjective nature of senior tourists' experiences, with complexities in the personal, relationship, and emotional fields.

Drawing upon qualitative inquiry, this research sought to understand and explore the experiences of senior tourists with disabilities, to see the world from their points of view. An inductive approach was used, beginning with experiences from senior tourists with disabilities. The data were collected using in-depth semi-structured interviews with seven senior tourists, who identified six travel companions. This was then followed with data collected from tourism providers to analyse tourism providers' understandings, familiarity, and espoused values. In order to capture the organisations' understandings, ten individuals from tourism organisations in Bali were also interviewed. Additionally, secondary data analysis was conducted on six tourism organisations' websites using "Identification organisational communication theory" to highlight their espoused values, rhetoric, and assumptions regarding accessible tourism. The interview data from the senior tourists, their travel companions, and tourism providers, were then analysed using thematic analysis, and the secondary organisational data were analysed using Cheney's "Identification theory" for analysing the espoused communication and organisational identification.

The results unfolded three emergent findings: "experiencing tourism as seniors," "relationality," and "insights from tourism providers." The experiences of senior tourists with disabilities holidaying in Bali highlight their relationship dynamics in terms of their embodied emotions, and social interactions. The senior tourists reflected on the various ways they experienced tourism: corporeal, sensuous, and emotional. The experience involved the object and inter-subjective aspects of Bali as a holiday environment. These findings contribute to the development of tourism knowledge in the area of senior tourist experiences, family and care travel, and

accessible tourism. The thesis concludes with reflections on respecting and recognising individual differences to establish an inclusive atmosphere. It also provides recommendations for Balinese local government and tourism providers on what to continue and what to alter, to create an inclusive context for senior tourists with a disability.

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# Chapter One: Introduction

*Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.* (Sontag and Broun (1977, p. 3)

## 1.1 Background

Globally, the world is facing an ageing population. Through the advancement of technologies, medications, and healthy lifestyles impacting on increasing life expectancies, many seniors are ageing successfully with healthy wellbeing. Nevertheless, there are also seniors who experience health problems in their late stages of life, and as seniors are a heterogeneous group, this includes seniors with disabilities (Gladwell & Bedini, 2004; Putnam, 2002). As Burnett (1996) stated, "with increasing age, disability or restricted capacities also increase in a gradual way" (p. 77). Previously, the senior segment was left in the margins and neglected by the tourism and leisure industry, but its presence and significance are now increasing, and it is predicted to be a major source of income in the industry in the coming years (Alén, Losada & Domínguez, 2016; Littrell, Paige & Song, 2004; Oliveira, Brochado & Correia, 2018). The promising prospect of the senior market demands different attention from the industries, regulators, and authorities involved in the development of this sector in regard to creating suitable destinations for the senior tourism segment.

Despite being the source of significant economic contributions, tourism has always been a site of social inequalities (e.g. Cole & Morgan, 2010; Morgan & Pritchard, 1999). These inequalities are becoming prominent, and challenge scholars to find various ways of attaining equal opportunities through tourism educational and behavioural change campaigns, to ascertain paths to the development of inclusivity (Richards, Pritchard, & Morgan, 2010; Small & Darcy, 2010). Having the same human rights to receive equal access to all services and facilities are the tenets of

equality (Hall, 2010; O'Brien, 2011; Oliver, 1996). The term *equality* indicates the notion of treating everybody in society the same way (O'Brien, 2011).

Another aspect of equality highlights the fundamental value of humanity, and respecting people's differences in fulfilling personal achievements and gaining some potency in life (Hall, 2010; Oliver, 1996). Although equality is commonly found in the public arena, unfortunately, it does not necessarily reflect inclusive experiences and subjective experiences, or feelings of belonging and being wanted (Beauchamp-Pryor, 2013). It is important to consider human diversity in terms of age, race, disability, gender and other social attributes, and take a distributive justice view; equity is also seen as a way for people to receive equivalent benefits (Morand & Merriman, 2012).

Campaigns to achieve similar rights and equality for marginalised individuals such as seniors, women, those who are disabled, gays, and lesbians, have become key characteristics of the 21st century (Hall, 2010; Small & Darcy, 2010). Engaging with and within a tourism destination poses challenges and barriers not only for tourists, but also their significant others, locals, and the industry. The attitudes, values, and social relationships communicated by tourism providers shape the experiences and accessibility expectations of tourists. In society, particularly for seniors, certain factors such as decreasing health conditions or loss of their spouse (Nimrod, 2008), have caused impediments and prevented people from taking trips (Kazeminia , Chiappa & Jafari, 2015; Nimrod, 2008),

A report from The World Tourism Organization (WTO) reveals the seniors market dominated the tourism market in 2020 (WTO, 2011). An interesting feature identified within the seniors market is their wealth of experience (Jang & Wu, 2006; Littrell et al., 2004) which make senior tourists more selective (Śniadek, 2006). The World Health Organization (WHO) asserted that "in more developed countries there is predicted to be some 1.2 billion people aged 60 and over by 2025, rising to two billion by 2050—three times as many as today" (2011, as cited in Sedgley, Pritchard, & Morgan, 2011, p. 422). Kazeminia et al. (2015) specifically reported that "one in every nine Americans is old, and people turn 50 every 8 seconds." Likewise, in Australia based on their statistics there will be an increase around 25 per cent of senior age 65 years old in 2061 (ABS, 2013). There is no doubt that by

the year 2030, approximately 50 countries are expected to have minimum of 20% of their total population as 65-year-olds, and "by the year of 2050, Europe will continue to be the world's oldest region with its senior populations increasing more than fivefold, from 40 million to 219 million" (Kazeminia et al., 2015, p. 80).

A similar phenomenon is prevailing in other parts of the world such as in China, India, and Indonesia. These three countries are facing growth in their elderly populations. According to Jones (2015), China expects around 23.9% of its population to be seniors by 2050. Meanwhile, India's senior population is predicted to be 12.7% of the general population by 2050, and in Indonesia, seniors are expected to comprise around 15.8% of the population by 2050. Although the proportion of seniors is higher in Indonesia than in India, in comparison to other countries in the Southeast Asia region such as Vietnam and Singapore, the numbers of elderly in the population in Indonesia are slightly fewer.

Recent statistics (2018) identified 24,490,000 seniors in Indonesia, representing 9.27% of the Indonesian population (Badan Pusat Statistics, 2018). The proportion of elderly in the population has increased (by seven per cent) across the fifty-year period since the first survey in 1971. The elderly population is concentrated in five of Indonesia's provinces; the Special Region of Yogyakarta (12.37%), Central Java (12.34%), East Java (11.66%), North Sulawesi (10.26%) and Bali (9.68%) (Badan Pusat Statistics, 2018). The distribution of elderly in the population in Indonesia changed in 2017, when 50.3% lived in rural areas, and 49.7% occupied urban areas. Contrastingly, in 2018, around 51.6% settled in towns, and 48.4% populated the countryside (Badan Pusat Statistics, 2018). Around 26% of people over 60 years old are living with a disability. This suggests that most disabilities occur among the elderly (Cameron & Suarez, 2017).

Tourism studies have indicated the need to pay attention to the potentialities of the growing senior tourist market as a burgeoning market segment (e.g. Dann, 2001; Faranda & Schmidt, 2000; Fleischer & Pizam, 2002; Patterson, 2006; Sedgley et al., 2011). The rising prevalence of age-related disabilities and chronic illnesses is causing particular impacts and needs in societies (Gladwell & Bedini, 2004; Taylor & Payer, 2017), therefore, facilities, infrastructures, and care requirements are increasingly important to cater for their needs, specifically in terms of their health

conditions (Otto & Kim, 2018; Wang, Norman & McGuire, 2005) and care provision (Getzen, 1992).

Travel has been seen as one way to improve an individual's quality of life, and with the growing numbers in the elderly population, for the tourism industry, seniors represent a primary market (Patterson & Balderas, 2018). In tourism scholarship, research approaches on seniors, particularly in the tourism area, are mostly from positivist points of view using large quantitative surveys (e.g. Nimrod, 2008; Phillimore & Goodson, 2004) or based on consumer marketing literature (e.g. Moschis, 1994). These studies have acknowledged the complex nature of senior tourists and begun to examine travel-related behaviour, preferences, and motivations (Hsu, Cai, & Wong, 2007; Lee & Tideswell, 2005; Littrell et al., 2004; Norman, Daniels, McGuire & Norman, 2001). These studies all suggested one significant finding: the heterogeneity of the senior market (Lehto, Leary & Lee, 2002; Nimrod, 2008).

Realising the diversity of seniors, some researchers in tourism called for greater attention to understanding the value of travel and allowing the voices of older people to be heard (see Sedgley, Pritchard & Morgan, 2006; Small, 2003), with subject-centred strategies allowing seniors to be involved and take greater involvement in the research (Sedgley et al., 2011). Whilst many seniors celebrate life with increasing participation in tourism, nevertheless, there remains a group that is unable to have the privilege to do so for health and financial reasons. Portraying seniors who age successfully "fails to account for particular life trajectories and environmental realities of seniors" and can therefore devalue "those who do not live up to their ideals" (Holstein & Minkler, 2007, p. 16). As seniority is part of the life course, and individuals respond to and interpret it differently, it is crucial for senior to gain an understanding of and insight into what has disappeared, so they can accept and cope with their later life. The group of seniors that remains under- researched in tourism is those with health issues (Patterson & Balderas, 2018) and who need support from others (see Bedini & Gladwell, 2014).

Tourism scholarship has started to recognise the diversity of lived experiences of various participants in tourism (Kim & Lehto, 2013; Small, 2008). With longevity, its impact on the number of elderly who "are becoming informal caregivers of older

family members and friends" is increasing (see Mannell, Salmoni & Martin, 2002, p. 397). It is evident that people with disabilities traditionally travel with someone who can provide assistance and help with their needs (Kim & Lehto, 2013; Lehto, Miao & Ghiselli, 2017), and the provision of care is manifest in the deep relationship between the individuals involved (see Team, Markovic & Manderson, 2007). However, research examining the meaning of relationships and experiences among these participants as travel companions is under-examined (Glover, 2018; Obrador, 2012). While most research in the tourism field has focused attention on tourists with disabilities, little attention has been given to the roles of companions in a shared tourism context. Nonetheless, their perspectives are crucial to gaining further understandings of the experiences of primary research participants. A study by Kim and Lehto (2013) investigated the joint experiences of families with children with disabilities, from the perspectives of the parents. Attention given to senior tourists' experiences and their travel companions will help to promote inclusion, and benefit the wellbeing of these marginalised groups.

Bali is known as a popular destination for young people, nevertheless Bali is also popular for other groups of tourists such as the elderly (Bell, 2015; Erviani, 2012). Consistent with worldwide trends concerning the maturing of the populations, the financial strength and long periods of stay in tourism destinations makes seniors an interesting market goal for the tourism industry in Bali (Utama, 2016). The attractiveness of the senior market is now drawing Bali's provincial administration attention, working together with the Bali Retirement Tourism Authority (BRTA), and organising the development of several villages in Bali as holiday and residential sites for senior markets (Erviani, 2012). It has been reported that significant numbers of pensioners aged 65 and over from Australia have been migrating to this island (Davies & Hoath, 2016). The Bali Department of Immigration released data showing that there are at least 10,000 elderly expatriates in Bali. This clearly indicates the interest of senior tourists visiting Bali (Cassrels, 2012).

Significantly, the Indonesian Government has created robust strategies to encourage approximately around 10,000 foreign pensioners to live in Bali by 2020 (Green, 2015a). The interest of regional authorities and the Bali Retirement Tourism Authority (BRTA) supports the coming of the senior market on the island. The programme itself is in line with the Indonesian Government's Legal Act

Number 31/1998 based on the decree of the Indonesian Republic President. This regulation permits non-nationals who intend to spend their retirement in Indonesia, (specifically Bali), to receive an overseas retirement visa. This visa allows senior tourists to stay for up to one year, a right that may be extended up to five times (Directorate General of Immigration, 1998).

Nevertheless, from the industry perspective, tourism facilities for seniors that meet their specific needs will affect their preferences when choosing a destination and accommodation (Nikitana & Vorontsova, 2015; Ruys & Wei, 1998). Therefore, the tourism industry needs to support enquiries into service adaptation, arranging simple facilities changes (Johann & Padma, 2015; Losada, Alén, Nicolau & Domínguez, 2017), and increasing the attitudinal awareness of service providers (Daruwalla & Darcy, 2005; Sy & Chang, 2019). Despite the growth of the senior tourism market and the maturing population in Bali, and with government enthusiasm to establish Bali as a senior-friendly destination, in contrast, the reality potentially does not indicate any real transformation in tourism facilities provisions, or society's behaviours towards the elderly. In Indonesia generally, but particularly in Bali, as a tourist destination, knowledge of senior tourists' travel experiences, emotional encounters, their value, and how travel impacts their being, still remains unknown, and no research can be found on the seniors' travel companions.

## 1.2 Research aim and objectives

The purpose of this research was to advance understandings of travel for senior tourists with disabilities holidaying in Bali. Accordingly, the objectives of this research were as follows:

1. What is the embodied nature of travel experiences for senior travellers with disabilities?
2. What is the social construction of seniors travelling with disabilities, and the role of travel companions in constructing the experiences?
3. What are the tourism providers' perspectives, understandings, implementations, and familiarity with the espoused values of accessible tourism in Bali?

A social constructionist approach was considered suitable in relation to investigating the socially constructed and embodied experiences of senior tourists with disabilities and their companions in Bali. A social constructionist approach endeavours to not only identify subjective elements, but also consider the impact of the wider social context on the phenomena (Burr, 2015). Broader components such as inter-subjectivity, organisations, and historical interpretations, are considered in this perspective as they all shape an individual's relationships with others, structures and their interpretations of the phenomena (Burr, 2015). Consequently, understandings are socially constructed especially with regards to relationships with people, organisations, structures and the wider environment. For instance, sharing intersubjective experiences with travel companions in destinations as well as with people in tourism organisations will socially construct the experience of that destination and contribute to creating the experiences for the tourist (Bigby, Frawley & Ramcharan, 2014; Burr, 2015). As such, social constructionism provides an opportunity to explore the inter-subjective relationships between senior tourists and their identified travelling companions to reveal how the nature of those relationships, the emotional, identity, social, and cultural aspects of their experiences are interlinked and socially constructed. This approach provides a comprehensive holistic insight by illustrating multiple understandings, context and highlighting individuals and their relational situations (see Pocock, Cockburn-Wootten, McIntosh, 2013).

This research introduces readers to the embodied experiences of senior tourists and their travel companions holidaying in Bali, and how these experiences are socially constructed by the social actors, senior tourists, travel companions, and tourism providers. To advance our understandings of the socially constructed and embodied context, data were collected from both primary and secondary data sources. The primary data first focused on research the senior tourism participants. These were seniors at age 60 years old and above experienced disabilities, from diverse background travelled with their travel companions. The data was gained through interviews with senior tourists, travel companions, tourism providers and secondary analysis of the organisation websites who indicate providing service for tourists with disability. Ten of Bali's tourism providers from the industry volunteered to be involved in this research to communicate their understandings and perspectives of

accessible tourism for their organisation in Bali. In addition to the verbal information gleaned from tourism providers, I felt it was important to analyse their espoused values as these reveal what they consider important, indicate what they do not include and are a greater indicator of underlying assumptions.

Creating and establishing effective organizational communications is an essential task these days. Secondary communications ensure that audiences understand the services, identify with the organisation's values and importantly, to develop relationships with tourists. Organizational communications can range from leadership speeches, websites, newsletters, organizational internal documents, social media and crisis communications. Recent work analysing the New Zealand Prime Minister Jacinda Arden's communications during the Covid-19 pandemic is one example of this type of analysis and the benefits that can be gained from understanding what was effective in the communications for the audiences, particularly in terms of ensuring resilience, calm and in shaping their behaviours, and understandings (McGuire, Cunningham, Reynolds & Matthews-Smith, 2020). In other words the secondary analysis would indicate what they say they do and want to promote their values to the target audience.

To enhance insights from tourism provides' interviews, six tourism websites were analysed using Cheney's Identification theory (Cheney, 1983a). The aim was to identify how the organisations communicate their value for accessible tourism, how they position access tourists. For instance are they positioned as an added extra – an afterthought or fully included in the holiday and the organisation has considered their needs of tourists? Aligning with my perspective, it was appropriate that this research employed different data collection methods, such as interviews with senior travellers and their travel companions, interviews with tourism providers, and secondary data analysis of the websites of tourism provider accessible organisations to understand the phenomena.

## 1.3 Definitions of key terms

To begin this thesis it is essential to ensure that I clarify the key terminologies applied in this research. Peters (1999) noticed discursive features when scholars started to research within the disabilities area. Evidently, the evolutionary perspectives for interpreting disability has influenced the language used when

labelling individuals with a disability, and as such has created ambiguity, generalisation, and exclusion (see Gillovic, McIntosh, Darcy & Cockburn-Wootten, 2018), and social stigmas (see McIntosh, 2020). The next section provides the terms adopted and linguistic expressions used in this thesis to ascertain the scope in determining research participants (Ellingson, 2017).

### 1.3.1 Senior tourist with disabilities

The term *senior* originates from Latin, and means "elderly." Age classifications of the elderly vary within societies, among different nations, and from one field of study to another. For instance, in China, a significant birthday that relates to prestige and respect is the 60th birthday (Hsu, 2007). The literature on seniors illustrates distinct applications of the term "senior," as there is no official description of seniors (Patterson, 2006). Different labels have been adopted to categorise seniors and vary (e.g. "older", "senior," and "elderly").

The way language is applied is reflective of the conceptualising society's views, which result in the social construction of a person's identity. People's attitudes, perceptions, actions, and reactions depend on the labels given. Therefore, managing language use becomes necessary to counter particular meanings, and challenges new ways of thinking in society (Gillovic et al., 2018). In the United States of America (USA) and Europe, "senior" is more common, whilst in the United Kingdom (UK), this word is uncommon, and "older people" is more ordinarily used (Nielsen, 2014). In this research, the word "senior" will be utilised because "senior" most frequently exists in the tourism and leisure literature to denote these individuals (see Nielsen, 2014).

Additionally, the age criterion is mostly applied to define this group. Several studies consider seniors to be at least 55 years old (e.g. Sangpikul, 2008), and a number of scholars apply 60 or 65 (e.g. Jang and Wu, 2006) to identify seniors. Various classifications have been used by different academics, such as "retirement" or "early retirement," in segmenting the senior market (Faranda & Schmidt, 2000). Faranda and Schmidt (2000) stated that regardless of how seniors are characterised, "whatever the cut-off chosen, the decision-maker must ensure it allows them to uncover and not miss relevant opportunities and unmet the needs" (p. 9). Accordingly, this standard is consistent with Indonesian State Law No. 11/1992,

which states that those 60 years and older have reached their retirement (Indonesia State Law, 1992).

Patterson (2006) contended that there are numbers of seniors who are not part of the "new age" elderly; these are seniors with impairments (Putnam, 2002). Oliver, a key theorist within disability studies, argued that *impairments* implies dysfunctions of bodily/physical attributes, while *disability* refers more to social structures (Oliver, 1996). Additionally, Barnes (1991) emphasised impairments resulting from functional restrictions caused by bodily, sensory or cognitive impairment. A *disability* denotes "any restriction of lack as a result of impairments or ability to perform an action in a manner, or within the range, considered normal for a human being" (Buhalis & Darcy, 2011, p. 24). The disabilities literature has highlighted the two different conceptual models to view disabilities, first from the medical, and then from the social approach. The former highlights disability as an outcome of bodily pathology, and therefore, the body needs to be medically treated (Darcy & Buhalis, 2011; Oliver, 1990). Contrastingly, the latter perceives disability as a product of systematic exclusion in society (Oliver, 1990; Patterson & Hughes, 1999). While the disabling nature of environment and behaviour create marginalisation, it is evident that any label given also plays its part, and the inconsistency of the language used causes generalisation of disabilities (Gillovic et al., 2018).

Similar to other studies in critical research that posit individuals as their utmost concern, this thesis applies the term "senior tourist with disabilities" to denote individuals who identify themselves as seniors with disabilities. The positioning of the person before the descriptor puts "emphasis on the person first and foremost and disability whatever that maybe, second. It does not separate the terms, only placing an order to their use" (Darcy & Ravinder, 2012, p. 209), placing people in the humanity rather than in their disability attribute (Harpur, 2012). In this thesis, the term "disability" is used to correlate with the social model approach which highlights accepting impairments and removing the disabling social and environment (Shakespeare, 2014a).

### 1.3.2 Travel companions

The call for more exploration of tourist relationships, emotions, and identities, has gained attention, particularly in critical tourism research (Wearing & Wearing, 2001). The tourist has been portrayed as a disembodied, solitary, and isolated subject position without families or friends (Obrador, 2012). As this research is underpinned by the social constructionist approach, it allows other perspectives to be heard in constructing experiences of senior tourists with disabilities. Relationships with others determine how individuals view themselves, emotions, and perceptions (e.g., Pocock et al., 2013). Further, interactions with others in the tourism and service environment could facilitate in the co-creation of experiences (Prebensen & Foss 2011). In this way, the social constructionist approach offers more depth, provides multiple points of view, and enhances understandings of the primary research participants' experiences (Denzin & Lincoln, 1998).

The theory of relational selves has acknowledged that individuals' emotions are influenced by personal connections with others (Andersen & Chen, 2002). Hence, "others" can be any individual/s who have been significant and influential in a person's life (Pocock et al., 2013). Significant to senior tourists with disabilities experiences, it is also pertinent to consider the influence of travel companions who provide support in travel experiences (Gladwell & Bedini, 2004). In one study of medical tourism, it was revealed that caregivers fulfilling a role as travel companions can provide emotional comfort, safety, and security (Casey et al., 2013).

Tourism scholars have defined *travel companions* as any individual who has been helping someone else who may encounter multiple barriers that hinder tourism participation (Alexandris & Tsorbatzoudis, 2002; Brown et al., 2001). Many reviews in the literature on care and companionship have focused on the relationship with family travel behaviour and decision-making processes (Decrop, 2005; Kang, Hsu & Wolfe; 2003). These studies highlighted the point that the decision to travel with companions may be correlated with certain travel styles or necessity, and based on this, individuals determine with whom and how they travel (Mehmetoglu, Dann & Larsen, 2001). This descriptor may refer to a spouse, relative, friend, or office colleague. In connection to tourism circumstances, caregiving companions constitute those with whom they engage and for whom they provide

companionship, before and during a travel period (Chung & Lee, 2019; Lehto et al., 2017). Accordingly, in this research, the main criteria of caregiving companions are that they must be a person or people who senior tourists decide are important and/or have significant impacts on their tourist experiences context or in their lives and/or are present during their holiday.

## 1.4 Research significance

The topic of the research, research aim, and objectives, was presented in the previous section, including the terminology applied throughout the thesis. This section overviews the significance of this research.

Recognising our vulnerability and interdependency as human beings (Rogers, 2016), together with the change in demographics whereby disability is rising due to increased longevity and reduced child mortality (Bowen, Gibson & Hand, 2002), affects the ageing population significantly, and changes the nature of responsibility (Schumacher, 2010). The United Nations (UN) (2015) stated that "growth in the number and proportion of older persons [is affecting] the size and age structure of the population" (p. 1). It is reported that

> between 2015 and 2030, the number of people in the world aged 60 years or over is projected to grow by 56%, from 901 million to 1.4 billion, and by 2050, the global population of older persons is projected to more than double its size in 2015, reaching nearly 2.1 billion. (UN, 2015, p. 2)

This situation results in an escalating number of people with a disability. Whether permanent or temporary, a disability will naturally affect one's life (WHO, 2011; Phillip, Rogers & Weller, 2012).

The nexus between ageing, needs of access, and rising levels of disability, is well acknowledged (WHO, 2011). Notwithstanding the continuous growth of senior tourists, studies focusing on senior tourists' experiences, especially on those experiencing disabilities, are scant in the tourism literature. While a number of health studies on senior tourists exist, studies have mostly focused on seniors' health self-assessment (Hunter-Jones & Blackburn, 2007), and healthy well-being (Ferrer, Sanz, Ferrandis, McCabe, & García, 2016), forgetting the reality that ageing can potentially create challenges related to health and physical decline (Hislop & Arber, 2006; Morgan, Pritchard & Sedgley, 2015), and significantly

seniors may have had to alter their holiday arrangements because of health problems (Fleischer & Pizam, 2002; Hunter-Jones & Blackburn, 2007), and in some cases, require specific accommodation when they travel (Ruys & Wei, 1998).

As mentioned, senior tourists consume tourism space and the environment differently. Early studies in tourism have inadequately considered seniors who are not competent to participate in tourism activities for health reasons. Scholars have promoted a transformation to view seniors outside the notion of loss, instead encouraging them to look into their capability (Hyden, Lindemann & Brockmeier, 2014). Therefore, it is necessary to investigate the holistic holiday realms of seniors with disabilities' experience through embodiment. Gaining an understanding of the embodied phenomenon can be useful in predicting people's intention for repeat visitation, thus considerably impacting tourism business (Crouch & Desforges, 2003; Sellick, 2004; Pan & Ryan, 2009; Tung & Ritchie, 2011).

Understandably, to enhance a complex understanding of individuals' experiences, seniors should be viewed within the perspectives of their interactions and relationships with others, such as relatives and friends, who contribute to overcome the experience of loss, and help seniors gain a sense of wellbeing (Richards, D'Cruz, Harman & Stagnini, 2015). Tourism scholarship has also started to recognise the participation of seniors and their carers in tourism experiences (Gladwell & Bedini, 2004; Hunter-Jones, 2010). Houston (2010) incorporated a humanistic approach to examine the contribution of carers and the person that requires care, to their holiday experiences. The attendance of carers in the tourism literature has rarely been explicit, but is overt in the medical tourism literature (Casey et al., 2013). Research on senior tourists has examined only the seniors' subjective position, eliminating tourism from the role of caregiving companions (Obrador-Pons, 2012). Undeniably, tourism scholarship has begun to acknowledge inter-subjectivity, which helps in the construction of embodied experiences, as the body encountering others in tourism involves cognitive and affective activities. Therefore, this research sought to acknowledge the notion of the embodied experiences of senior tourists and their caregiving companions in a wider context. Thus, it aimed to contribute to a comprehensive understanding of the socially constructed embodied experiences of senior tourists through the environmental, social, and relational elements in a

destination. Furthermore, the majority of studies on senior tourists tends to ignore the personal account and embodied approach, and fails to hear personal voices.

### 1.4.1 The embodied experiences of seniors travelling with disabilities

The awareness of some researchers of the importance of fore-fronting the perspectives of marginalised populations into the centre of the research, started at the beginning of 2000 (Pritchard, Morgan & Ateljevic, 2011; Schwarzin, 2012; Tribe, 2005). Described as "hopeful and critical tourism," this brought a group of researchers together to search for recommendations for the neglected members of society (Ateljevic, Hollinshead & Ali, 2009; Pritchard et al., 2011). Some of the research, for example, related to exploring the identities, subjectivities, relationships, and mobilities of under-represented populations (Ateljevic & Hall, 2007; Pritchard & Morgan, 2007), to connect, understand, and empathise with them (Swain, 2004). These studies were devoted to "developing more inclusive views of tourism and its impacts" (Poria & Timothy, 2014, p. 95). In the quest to enhance a sense of humanity, dignity, and equal rights within the tourism agenda, it has become urgent to promote inclusivity in tourism (Morgan et al., 2012; Pritchard & Morgan, 2007; Pritchard et al., 2011). Within disability studies, the focus of attention on the structural constraints (Darcy, 1998; Daniels, Rodgers &Wiggins, 2005), overlooked the role of the corporeal in experiencing tourism (Richards et al., 2010; Small & Darcy, 2011). Similarly, there are also groups that remain voiceless in the main research arena (Ateljevic & Hall, 2007). Others of these researchers have investigated the unknown lived experiences of groups or individuals, and significantly for this research, the ageing population of seniors (Gladwell & Bedini, 2004; Sedgley et al., 2011; Sellick, 2004; Sellick & Muller, 2004).

Where an effort to understand an entire senior tourist's life is explicitly premised, there is a need to create a place for seniors not only as a subject in the research but as co-creators in the production of knowledge, and wherever possible, recognise and hear seniors' perspectives (see Sedgley et al., 2006; 2011). This approach is based on participatory approaches, and has challenged conventional qualitative research. Furthermore, Sedgley et al., (2011) argued for the need to explore "a more individualized subjective research that explores the intricacies of older peoples' lives" (p. 433). Whilst ageing is a life course, it is necessary to examine issues in

later life such as health-related problems, and social and cultural structures, without losing the essence of personalised account (Edmondson & von Kondratowitz, 2009). In doing so, research with seniors can bring compassion and empathy which evokes changes in peoples' perceptions, behaviours, and policies in later life (Ray, 2007) and encourage social justice for this marginalised group (Sedgley et al., 2011).

Unfortunately, the lived embodied experiences of senior tourists with disabilities, a neglected group in society, are relatively undiscovered (Fleischer & Pizam, 2002; Gladwell & Bedini, 2004; Hunter-Jones, 2005), and the voices of significant people who accompany their holiday, remain scarce in research (Bedini & Guinan, 1996; Casey et al., 2013; Hunter-Jones, 2010; Mannell et al., 2002).

## 1.5 Originality and research contributions

This research provides insights into senior tourists with disabilities, their embodied experiences, and those of their travel companions in the context of tourism, as elucidated and recognised by senior tourists and their travel companions. The contribution of this research in tourism is the presentation of wider perspectives on the experiences of senior tourists with disabilities, integrating subjective and intersubjective aspects of reality. This research critically examines the traditional ways of understanding embodied experience within tourism and disability. It seeks to understand seniors' embodied experience through integrating the material  into a wider experience, involving the inter-subjectivity of both senior tourists with disabilities and others, as well as local people and travel companions, in the construction of Bali as a holiday destination.

Firstly, the research recognises the voices of senior tourists, by privileging the embodied nature of senior tourists with disabilities, in experiencing tourism. In this research, the nature of senior tourists with disabilities' embodied experiences develops an understanding of the individual senior tourist interacting with the wider environment in Bali. The embodiment literature and disability scholars argue that the intersection of the material body and structure are central to understanding an individual's bodily experiences (Richards et al., 2010; Small, Darcy & Packer, 2012). This research helps understandings of the senior tourists' experience, in particular, the accessible experience.

Secondly, this research presents the central point of the research topic, that is, the social construction of senior tourists with disabilities and their travel companions and tourism providers. Previous research on embodied experience has been presented from the perspectives of the individuals' experience, but significant to this research are the perspectives of others: their travel companions. The individual subjective and intersubjective nature of experiences reveals the nature of relationships, emotions, identities, and the social and cultural aspects of experiences, and further reveals the wider experience of travel in the relational unit. This inter-subjective nature of experience provides a multiplicity of perspectives in illustrating that "different parts of the self are activated in different interactions" (Pullen & Linstead, 2005, p. 9).

Thirdly, tourism has been seen as an agent for social change (Hunter-Jones, 2010) and promoting an inclusive atmosphere (Small & Darcy, 2010). In this way, tourism can be part of a social force to encourage both academia and industry to advocate for accessible tourism in Bali. Examining tourist experiences through the process of acquiring insights into different perspectives could help in understanding, provide knowledge, and evoke real action in social justice. Thus, fresh insights from the embodied experiences of senior tourists may help to increase awareness of how destinations could change to be more accommodating to diverse tourists. While looking at tourism providers' practices, this doctoral study establishes a foundation for an accessible tourism agenda in Bali. In social constructionism, language and human interaction are pertinent in the construction process (Young & Collin, 2004). Insights from tourism perspectives, along with the tourism providers' identification of accessible tourism, presented in organisation communication channels such as websites, discourse and narratives, help to identify their value in promoting accessible tourism and on a wider scale, shape and construct people's understanding of accessibility. Further, this encourages community understandings to move beyond the economic perspective, to understand the underlying value and benefit of adapting an accessible framework in tourism, which may reduce the social, cultural, and economic boundaries through social inclusion concepts and acceptance of diversity (Kim & Lehto, 2013). Additionally, it opens up a more inclusive industry for tourists and residents (Leask, 2010).

## 1.6 Researcher positionality

The critical turn in tourism has set scholarship free from the traditional way of researching that devalues researchers' voices (Ateljevic & Hall, 2007; Westwood , Morgan & Pritchard, 2006), so researchers now position their personal experiences, characteristics, stories, background, and histories (Denzin & Lincoln, 2005). As embodied beings, researchers' "lives, experiences and worldviews impact on our studies" (Tribe, 2006 p. 6) and form our being in the world (Feighery, 2006). Through self-examination and reflection, researchers are able to construct a wider theoretical and epistemological approach in their research (Dupuis, 1999) and look into their selves and the outside world with which they engage within the research (Ateljevic, Harris, Wilson & Collins, 2005).

Before proceeding to the next chapter, I will share my story: who I am, and why I am interested in this topic of research. I am a 43-year-old Indonesian, born to a mother who is Balinese and a father who is Sundanese. I grew up in Bali; I am a female and heterosexual. I come from a middle-class family, was born into the Muslim faith, but am now a Hindu. I am married and have a teenage son and I am a lecturer at one of the public universities in Bali.

My encounters with seniors with disabilities came from what happened to my late father. He was diagnosed with a chronic condition of diabetes type 1, and was an active insulin user. In 2002, the doctor diagnosed kidney failure as a result of his diabetic complications. The doctor suggested he have regular haemodialysis twice a week. A year later he had eyesight issues, and his sight capacity slowly reduced. Although my father received care and support from his children, I noticed that my mother's endless care and assistance was amazing. She always put my father as her first priority and put her own as second. After two years of haemodialysis treatment, on the 4th March 2004, my father gave up and passed away at age 63.

Another heartbreak happened in 2011, when my mother fell and broke her left leg. This accident required surgery and she had to use underarm crutches for a couple of months before she was able to walk again. My siblings and I were responsible for providing her care. To avoid boredom and in an effort to please her, on the weekends we visited beaches and some destinations in Bali. We found it quite hard when the environment was not accessible; for example, we had difficulties using a

wheel-chair around the neighbourhood due to uneven footpaths or in a supermarket where there were no wheelchair ramps. However, with patience, love, support, and compassion from her children and grandchildren, she managed to walk again. I developed a sense of empathy for others through witnessing the hardship experienced by my parents.

These experiences of pain, fear, anxiety, disability, and loss, made me realise that no-one is absent from agony (see Sontag, 2003). These experiences are always present in human life, momentarily or perpetually, experienced personally or indirectly to someone around us (see Kittay, 2005; Philip et al,, 2012). Lipari (2009) observed that "suffering, like alterity, is both unique and universal, both particular and ordinary" (p. 51). As human beings we have hearts that can feel, and as sentient beings who live in this temporary world, we can experience emotional moments in life.

Prior to starting my PhD, I was very ambitious with my agenda to make Bali a barrier-free destination for people with disabilities. Following several consultations with my research supervisors and continuing from my master's thesis which focused on senior tourists' leisure experiences in Bali, I decided to take a critical tourism stance for my thesis with the locus in Bali. Given the fact that seniors' voices are relatively sparse in research (Gladwell & Bedini, 2004; Sedgley et al., 2011), I continued to encourage myself to search the embodied experiences of these marginalised people. I realised that making a change does not necessarily start with a big thing, but through small pieces we can and do build something big.

## 1.7 Thesis outline

The structure of this thesis is organised into seven chapters. Chapter One, Introduction, outlined the research rationale and highlighted the growing senior population and it significant to tourism. It also included a guide to the terminologies applied in the thesis. A brief examination of the tourism literature in connection with the research topic, as well as the gaps in the literature, were provided to clarify the research significance. Then followed a section on the originality and contribution of this research.

Chapter Two, is on the Bali tourism context. This chapter overviews the context and background of the research location. It presents the history of tourism development, Bali's social and cultural aspects, and a detailed description of legislation frameworks around disability, ageing, and the tourism industry.

Following the outline of Bali's context, Chapter Three, the literature review, evaluates the theoretical background of this research. The chapter begins with the debate around the hegemony of mind over the body in Western philosophical thought, followed by an exploration of studies around embodiment within the tourism domain. The chapter also discusses the tourism and disability area, followed by a description of the dominant point of view in researching senior tourists' behaviours and motivations, and how it has been critically challenged by scholars in tourism to incorporate humanist and comprehensive ways of looking at the experiences of senior tourists with disabilities. The last two sections make the connection between the role of tourism providers and organisation communication to create changes in accessible tourism business.

Chapter Four, on the methodology, provides the philosophical stand point undertaken in this study. The first section of the chapter discusses the traditional positivist and hard science approach that has prevailed in research practices. Furthermore, it defends the adopted epistemological and methodological perspectives selected, and relates these to the selected research paradigm and research approach. It continues with a presentation of the research design flow as demonstrated in Figure 2, outlining the multiple phases of collecting data and the analytical stages adopted in the research processes. The other two sections of the chapter describe how this research was guided by the ethical considerations of conducting research with embodiment as the topic of study, and presents the research challenges and limitations.

Chapter Five, the results, presents the research participants' accounts, followed by the findings and key themes that emerged from data from senior tourists with disabilities and their travel companions, as well as from tourism providers. This chapter also presents the findings from tourism provider websites on the espoused values of accessible tourism.

Chapter Six, the discussion presents the main element of social construction of the embodied experience, related with current and wider tourism literature. It also entails with discussion of how the embodied interactions occurred and theories around significance and implications of the key findings.

Chapter Seven, the conclusion, summarises the key findings and key points from the discussions. It includes contributions of this research to wider knowledge, implications, and suggestions for the Balinese tourism industry. The possibility to explore further research directions is also presented.

# CHAPTER 2

# BALI TOURISM CONTEXT

2.1. Bali tourism development

2.1.1. The history of disability conceptualisation in Indonesia

2.1.2. Demographic disability and ageing in Indonesia

2.1.3. Disability and ageing related legislation

2.2. Summary

# Chapter Two: Bali Tourism Context

The context of Bali as a research locus in is presented in this chapter. It presents the history of the key tourism developments and the socio-cultural context of tourism, as well as aspects of the disabled and senior populations, particularly in Bali. The first section of the chapter briefly reports on tourism development in Bali from the early stages until the present time and the Bali tourism context that shapes the current situation of Bali's tourism. In addition a brief information related to phenomenon of senior tourist's arrival in Bali is included. Following this, details of historical concepts of disability in Indonesia, complete with the current demographic characteristics of the senior population in Bali and the disability and ageing related legislation are also provided. Ageing and disability in Indonesia need to be framed, as these provide the context in which the travel experiences in the study happened. Likewise, the tourism providers come from the Bali culture, so it is important, particularly for a non-Balinese reader to understand the situated context, and it is presented in this section. The chapter closes with a brief summary.

## 2.1 Bali tourism development

Tourism is one of the world's major international industries and has become a main focus of economic business. In terms of international exports, tourism is ranked third after oil and chemical substances, followed by agricultural and automotive industries in the fourth and fifth positions (WTO, 2016). Tourism generates currency exchange and holds the top position in many developing countries' exports, with earnings comprising around seven percent of the world's total exports of services and products (WTO, 2016). In 2016 , the World Health Organisation reported a continuing increasing trend in worldwide international tourist arrivals, from 674 million in 2000 to 1186 million in 2015, as well as in revenues acquired by international destinations: from US$494,000 million in 2000 to US$1,260,000 million in 2015. The top markets for international tourism, are France, the USA, Spain, and China, for international and domestic arrivals (WTO, 2016).

In the Asian region, the Bali Province is one of the many islands in the Indonesian archipelago, and has become Indonesia's leading tourist destination, contributing 40% of national foreign exchange from tourism (Badan Pusat Statistik, 2017). As a

result, tourism has become a prominent market sector on the island. Statistics show that Bali's total population is around four million people, and the majority of inhabitants are Hindus (Badan Pusat Statistik, 2017). Prior to the 1970s, the Balinese were an agrarian community depending on the agricultural, forestry, and fishing industries as well as small scale art and crafts production (Mudana, 2018). With the arrival of visitors to the island, massive and continued development in the Indonesian New Order (1966-1998) changed Bali into a modern tourism destination, with accommodation such as the Bali Beach Hotel established in the 1950s and Ngurah Rai Airport established in the 1960s (Mudana, 2005). With support from the state under-development programme, the Balinese have transformed from an agricultural into a tourism location (Hitchcock, 2001).

Comprehensive and nonstop tourism development, such as various tourists' facilities, hotels, restaurants, travel agents, attractions, souvenir shops and other related businesses were established in the early 1980s under Governor Ida Bagus Mantra. In the early 1990s with Ida Bagus Oka as Governor, a large-scale developer, SCETO (a French consulting firm), built a self-contained resort complex in Nusa Dua, in the south-western part of Bali (Hitchcock & Putra, 2007; Putra & Hitchcock, 2006; Mudana, 2017). Geographically located in the middle of Indonesia, Bali has become a hub connecting the western and eastern parts of the country. The island consists of nine Regencies, each headed by a regent (*bupati*). Each local area has a *banjar*, a traditional neighbourhood of a territory, social and cultural unit (Hussey, 1989), with only the Balinese included in the *banjar* system. Within the community, *banjars* have a significant role in communal and decision-making at a local level. Since the Balinese are patrilineal, the head of a *banjar* must be a male (Hussey, 1989).

Class structure has been part of Balinese society since the colonialism era (Vickers, 1989). There are four caste systems: the three highest castes (*triwangsa*) are *Brahmana, Satria* and *Weisya*, while the rest are the *Sudra* (commoners), constituting almost 90% of the population (MacRae & Putra, 2007). Another interesting feature of the Balinese social traditional system is the *subak* (water management system), which functions both as an administrative community and a religious administrator, that conducts ceremonies related to water usage and

preservation (Hauser-Schäublin, 2011); more importantly, "s*ubak"* signifies Balinese cultural identity (MacRae, 2005).

Popular for its tropical landscape, unique culture and social capital, Bali is the most popular destination in Asia, and indeed, worldwide. In 2017, TripAdvisor News awarded Bali the top tourist destination award (traveller's choice), followed by London (UK), Paris (France), Rome (Italy) and New York (USA) (Mudana et al., 2017). According to the Bali Tourism Agency report, the number of international visitors in Bali is increasing. The statistics from 2015-2018 showed international visitor arrivals in Bali reached 4,001,835 million in 2015 and 4,927,937 million in 2016; they further increased to 5,697,739 million in 2017, and by 2018 the total was 6,070,473 million (Badan Pusat Statistik, 2018). Previously, Australians were the main visitors to the island, however, recent statistics indicate that the Chinese were the more recent main visitors, followed by those from Australia, India, the UK, and the USA respectively (Badan Pusat Statistik, 2018).

The growth of Bali's mass tourism has brought problems in the environmental, social and cultural arenas, ranging from inequality of water distribution (Cole & Browne, 2015; Lorenzen & Roth, 2015), land use (Lorenzen & Roth, 2015) and cultural exploitation (Arimbawa, 2011), to creating conflicts. For example, a recent conflict related to the reclamation of Benoa Bay, which was believed to threaten the holiness and ecological system of the bay area. Some Balinese community elements proposed cancelling the reclamation programme, but no decision was made, due to the reclamation decision made under Presidential Regulation No. 51/2014 (Peraturan Presiden RI, 2014) when the sixth President, Susilo Bambang Yudhoyono, governed Indonesia.

Another prominent issue that Balinese face is a security problem. The tourism industry has been seen as a sensitive area, particularly related to security such as terrorism and stability threats, and potential war (Hitchcock, 2001; Richter & Waugh, 1986). In 2002 and 2005, Bali was hit by suicide bombs designed to attack foreigners in the touristic Kuta area. In total, 202 people died, including the bombers; the victims were from 22 countries including Australia, Indonesia, the USA, the UK, and European and other Asian countries (Putra & Hitchcock, 2006). These tragedies put Bali tourism into a downturn, since many of the visitors decided to

depart early and travel agencies received many cancellations (Hitchcock & Putra, 2005; Putra & Hitchcock, 2006). As the rest of the bombers were caught and prosecuted, the national and local governments worked collaboratively to recover the industry through marketing activities at regional and international levels (Hitchcock & Putra, 2005).

Unlike the Pacific Islands (including Fiji), Bali has tourism precincts resulting from central and local product development. The four tourism precincts are Kuta, Nusa Dua, Sanur and Ubud, the major tourism areas, complete with facilities such as restaurants, shops and attractions, and are more integrated and effective compared to Fiji (Mcdonnell & Darcy, 1998). Gunn (1988) argued that "attractions features function best not in isolation but when clustered together" (p. 125). This highlights the importance of having interactions with local people during a visit to a destination. Despite the burgeoning development of tourism facilities and services in Bali, it is evident that some aspects of facilities related to accessibility that provide advantages to the people on the island, have been ignored (Filep et al., 2015).

The demographic trend of ageing populations worldwide also has impacts on the senior tourist's arrival in Bali. Some scholars noticed the coming of senior tourists to Bali both as tourists (Bell, 2015; Erviani, 2012) and for migration reasons (Davies & Hoath, 2016). Scholars in Bali have conducted research on senior tourists, but the majority of studies have relied on quantitative methods. Using a positivist approach and a survey method, one study examined the purposes and satisfaction impacts on seniors' loyalty (see Utama, Putra, Nyoman, & Suradnya, 2014). This research revealed the push factors to "visit a new place," "gain new knowledge and experience," and to be "free from daily routines" (Utama et al., 2014, p. 1213) along with pull factors such as "health facilities," "quality of service from the travel agent," and "tour guide quality" which were influences on senior tourist satisfaction (p. 1214).

Bagus and Utama (2012) and Utama (2015) conducted research that examined different type of activities that elderly preferences while on holiday. These are passive and active activities; the former are involved with undertaking social interests such as interactions with other people, or hobby related, such as art, and

examples of the latter include searching for knowledge by joining tours, museums visits, and shopping. Studies of senior tourists' vacations in Bali tend to use a deductive perspective (Guba, 1990b), and over-generalise this market segment. Likewise, it is important to note that elderly experiences may change as they undergo physical changes as they age (Boyd & Bee, 2009; Gladwell & Bedini, 2004). Furthermore, since it is uncommon for the elderly to take a holiday alone, it is important to acknowledge the role of travel companions and examine the relationship between the two, and how this impacts on senior tourists' embodied experiences when holidaying in Bali.

Some researchers have looked into the phenomenon of International Retirement Migration (IRM) (e.g. Davies & Hoath, 2016; Green, 2015a; Gustafson, 2008). Gustafson (2008) examined seniors' migration movement from the UK and some parts of northern Europe to places such as Spain, France, and Portugal. However, Oliver (2011) argued that researchers on elderly migration focus on rules and strategy, and only recently, some scholars started to examine other aspects of elderly immigration, for example, transnational kinship (e.g. Gustafson, 2008) and gender aspects (e.g. Litwin & Leshem, 2008).

Other researchers explored different perspectives to hypothesise the movement of elderly to other countries (Benson, 2011; McHugh et al., 1995). These scholars elaborated on the wider concept and category known as "lifestyle migration" (Benson, 2011). The main reason for moving to different countries is to improve quality of life in terms of health and financial concern (King, Warnes & William, 2000). For the elderly, a warm temperature in a new place may considerably increase health, bringing economic advantages due to lower health-related spending (Gustafson, 2001).

### 2.1.1 The history of disability conceptualisation in Indonesia

Internationally, disability conceptualisation has been influenced by the medical and social models of disability, which construct the definition of impairments and the experience of disability (Aitchinson, 2003). These two models are outlined in the following section along with the historical context of disability, using references

from the two models underpinning disability; a discussion of the concept is then related to the Indonesian context.

Generally in Indonesia, the terminology of disability can be set in two periods; the Old Order Era (1945-1966) and the New Order Era (1966-1998) (Fakih, 2004). There were significant changes in the language used for describing people with disabilities within these two periods. After gaining the country's independency in 1945, Indonesian society introduced various terminologies to label people with disabilities. Dominated by the medical approach, idioms were applied interchangeably for common usage in the literature and legislation. For example, the term "*cacat*" was widely used both in the Old Order Era and New Order Era (Demographic Institute, 2013). *Cacat* means flaw, or a blemish on the human body, and can refer to defects, disfigurements or shortcomings (see Steven and Schmidgall-Tellings, 2004, p. 173). The term "*cacat*" is rooted in stigmas in a society that believes that impairments result from sins, immorality, or the devil's interventions, which cause blemishes on individuals, who therefore have no value as human beings (Thohari, 2012). This traditional stigmatisation of disability has influenced negative attitudes and behaviours towards people with disabilities over decades.

In 1954, a new concept was introduced by replacing the term "*cacat*" (abnormality) with "*orang yang dalam kekurangan jasmani atau rokhani*" (people who have physical/mental deficits). However, the use of "*orang*" (people) emphasises the subject, and is considered to signify the impaired person as odd, which still carries a negative stigma in Indonesian society. In the New Era Order, in 1974, the term "*tuna*" was introduced to replace the impairment, adopted from the Javanese language, and meaning "loss/deficit" (Demographic Institute, 2013 p. 16). *Tuna* refers to an absence or loss; for example, *tunadaksa* indicates a physical deficit. Although the new term indicates appropriateness in a social and political context, according to some scholars it still implies a negative stigma (Demographic Institute, 2013).

The advocacy of disability rights emerged in the 1990s in line with international disability rights movements. The centre of the movement was in Central Java. Activists in this area noticed that local disability terminology commonly used such

as *tuna* (loss/deficit), *cacat* (deficit/invalid) and *kelainan* (abnormality) prolonged the stigmatisation and marginalisation of people with a disability (Maftuhin, 2016; Suharto, 2014; Suharto, Kuipers & Dorsett, 2016). The use of these words refers to classifications in Indonesian society and leads to divisions between groups perceived as "normal" and "abnormal" (defective). Such categorisations leave room for discrimination (see Amundson, 2000). These terms were continuously used until the middle of the New Order Era, with the word "*tuna*" appearing with nouns such as "*penderita/penyandang*". For example, *penyandang cacat* means handicapped, or disabled (Stevens & Schmidgall-Tellings, 2004, p. 173). However, "*penyandang*" still has negative connotations, illustrating human beings as objects; hence, disability activists were encouraged to search for new and more inclusive terminologies (e.g Fakih 2004; Purwanta, 2004).

Introduced in the middle of 1990, the term "difabel" was initiated by an Indonesian social activist, Mansour Fakih, a former commissioner of Indonesian National Human Rights Commission. Encouraged by various aspects of social movements in Indonesia, from justice, to gender equality and human rights, he encouraged communities to avoid using terms such as "*cacat,*" "*kelainan,*" and "*tuna*" that tend to marginalise people with impairments (INSISTS Press, 2004). Having been influenced by the social model of disability and critical analysis, Fakih introduced "difabel" to refer to differently abled people (e.g Fakih, 1995). This terminology reflects the reality that (for example) people with vision impairments can still operate computers using installing screen readers or bigger fonts. He suggested that the term "disabled" should be changed into "difabel" as nobody is completely disabled (Fakih, 2004; Purwanta, 2004). He argued that disability is a highly subjective attribute and should be rejected. He believed this could be done by promoting the new concept of difabel, which acknowledges equality among human beings and creates positive images of people with disabilities (Bazna & Tareq, 2005; Fakih, 2004).

Although the promotion of the concept of difabel started two decades ago, nonetheless it is not nationally accepted in Indonesia. The major challenge to its usage comes from a lack of awareness, since "the dominant world of views is highly institutionalised and widely internalised" (Fakih, 1995, p. 57), and there is a lack of support from leaders with the power to make change. The terminology of disability

in Indonesia continues to be a site of contestation and after Indonesia ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2011, it retained the term "*penyandang disabilitas*" (Edward, 2014). The main reason for this was to support the basis of human rights, value human dignity, and reduce negative implications to people with impairments (Suharto et al., 2016). No single use of disability terminologies has been applied consistently in Indonesia. From a legal perspective, terms such *as "penyandang disabilitas"* are mostly used to indicate all impairments, whereas critical activists maintain the term "difabel"; these various terms show different views of the language used to describe disability in Indonesia.

### 2.1.2. Demographic disability and ageing in Indonesia

Since 2000, Indonesia has conducted surveys to identify the disabled population in Indonesia. The report arising from this survey is comprehensive regarding information on disability in Indonesia, the nature of the disability, and the cause, type and support needed and provided by the government (Cameron & Suarez, 2017). Statistics from the National Socioeconomic Survey 2012 identified around six million people with disabilities (Bella & Dartanto, 2018). A recent disability survey by the Australia Indonesia Partnership for Economic Governance indicated that in Indonesia around 10 million people have some form of disability (Cameron & Suarez, 2017). People with disability are residing across Indonesia, but are mainly stay in Java, South Sulawesi, and North Sumatra. Consistent with the findings of Adioetomo, Mont & Irwanto (2014) most people with a disability were found to be living in rural Indonesia. The most common disabilities were walking, vision and hearing problems (Susenas, 2012).

Among the main five causes of disability are diseases, accidents, congenital disorders and malnutrition (at 60%, 16%, 17%, and 1.8% respectively) (Susenas, 2000). It is also reported that 50% of those with disabilities have deprived health; 30% more than the health problems of people without a disability. This proportion indicates that people with disabilities face greater risks due to a lack of health access appropriate to their needs. In terms of the opportunity to participate in the labour market, involvement is significantly lower among people with disabilities, at only 38%, compared to people without disabilities, at 66% (Susenas, 2012).

In Indonesia, the number of elderly people with disabilities constitutes almost half of the population. Among the types of difficulties the elderly face, are vision problems, hearing difficulties, and walking difficulties (68%, 49% and 48% respectively) (Susenas, 2012). Similar to international demographic trends, Indonesia is also experiencing an ageing population. Official estimates are that there are over 22 million Indonesians aged over 60 years old, constituting 16% of the population (Bappenas, BPS-Statistic Indonesia, and UNFPA, 2013). This age group will likely increase to 48 million by 2035 (Bappenas, BPS-Statistic Indonesia, UNFPA 2013). In general, the rate of disability among women and men is similar, at 4.6% and 3.9% respectively (Cameron & Suarez, 2017).

The survey in 2018 by the Indonesian Central Bureau for Statistics (BPS) identified 24.49 million elderly people, 9.27% of Indonesia's total population (BPS, 2018). By 2045, it is predicted that the elderly population in Indonesia will be 63.31 million, constituting almost 20% of the population. Similar to predictions by the UN are that the elderly in Indonesia will comprise 25% of the population in 2050, at a total of 74 million (BPS, 2018). Looking at the distribution of the elderly population in Indonesia, it is evident that Yogyakarta, Central Java, East Java, North Sulawesi, and Bali, are the regions with the highest elderly populations (12.37%, 12.34%, 11.66%, 10.26% and 9.68% respectively) (Susenas, 2018). It is important to mention the degenerative problems occurring among the elderly. Around 25.99% of elderly people state that they have health problems, and 45.58% of elderly people in Indonesia experience disabilities (BPS, 2018).

In terms of gender, there are slightly more elderly females than there are elderly males, at 52.3% and 47.7% respectively, and contrastingly, labour participation for men was higher at 64.7% than for women at 29.8%, due to high illiteracy amongst females (50.9%) (BPS, 2006); women were mostly working in agricultural sectors characterised by flexible working hours (Arifin & Ananta, 2009). Health services and social benefits for elderly people in Indonesia have become the main concern for legislators seeking to provide financial security in the form of a pension scheme (Arifin & Ananta, 2009). Overall, it is clear from the statistics in Indonesia that there is a significant number of seniors with disabilities. The language used and development of activism around the language used in Indonesia indicates a growing concern for inclusivity and equity.

### 2.1.3 Disability and ageing related legislation

The statistics in the previous section showed the current measure of disability and ageing in Indonesia, so it is also pertinent to consider the legal framework established by the Indonesian government to accommodate people with disability, in national and regional initiatives and policies. Some legal changes have been made, however, in practice, provision for those with a disability is still limited and further changes are needed. In October 2018, Indonesia successfully hosted the Asian Para Games, which made disability in Indonesia no longer considered as something invisible. This occasion forced the Indonesian Government to build accessible facilities and infrastructures, and intensify and advocate changes of perspectives on people with disability.

In many Asian countries, it is the family's obligation to look after the elderly (Chan & Lee, 2006). In particular, with Indonesian culture, the rigid collectivist value in taking care of elderly members in the family lays in the children's hands (Riasmini, Sahar & Resnayanti, 2013). This type of traditional social institution is believed to be able to provide the elderly with love and emotional bonds. In Indonesia, the Government is unable to provide complex assistance. The World Health Organization recommends that older people should not be institutionalised, and countries are encouraged to build up programmes that involve community and family support to provide care and help for the elderly. Following the ratification of the UNCRPD in 2011 with Indonesian Legislation No.19/2011, the Indonesian Government dedicated itself to eliminate discrimination, encourage support, and provide facilities for people with disabilities. However, there are no notable movements to improve well-being for people with disability in Indonesia, as little focus was given to integrate CRPD into various laws such as those relating to employment, health, accessibility, transportation, and education (Bella & Dartanto, 2018).

At a regional level, Bali province started to ratify Bali Regional Legislation No. 9/2015 with the aims of implementing the strategy to provide people with disability equal opportunity, accessibility and rehabilitation. In addition to this regional law, it was mentioned that the range of disabilities included vision and hearing problems, motoric and mobility problems, cerebral palsy, autism, hyperactivity, epilepsy, and

social and emotional problems. Fakih (2004) mentioned the importance of language use in labelling and creating an environment for inclusivity and equity in society. Fakih's involvement in the Indonesian activism movement has shown willingness to change society's views of disability.

Different legislation is directed at the ageing in Indonesia. Based on Indonesia Legislation No. 13/1998, a person can be categorised as elderly when he/she reaches 60 (BPS, 2017). To ensure the health, social and physical well-being of the elderly, the Indonesian Government established legislation which emphasises support programmes for the elderly. Government rule No. 43/2004 sets out a strategic framework for proactively encouraging easy access in terms of public facilities and transportation. At the time of writing, only a small number of elderly were living in nursing homes in Indonesia. However, the Government has created a Strategic Plan (2010-2014) and renews this every five years to improve elderly welfare through coordination amidst government, social institutions, civil society, and the private sector. Following this, The National Commission for Elderly was enacted, consisting of 25 members of a committee from universities, government, and private organisations, who work comprehensively to provide services for the elderly in Indonesia, especially for the neglected or sick elderly.

## 2.2 Summary

This chapter provided the context for this research, with information relevant to the topic of study. The chapter presented a general review of the locus of the research, Bali, as well as relevant information on the history of disability in Indonesia, the current legislation around disability, the ageing population in Indonesia, and the phenomenon of elderly migration to Bali. The development of the national activist movement has challenged a new way of viewing and labelling disability-related issues and signifies a growing concern for inclusion and equity. This has been fore-fronting the idea of inclusiveness and achieving the right to be treated equally. The following chapter reviews the literature on tourism research to establish the topic and contribution of this research.

# CHAPTER 3

# LITERATURE REVIEW

3.1. An introduction to embodied experience

3.2. Disability and embodied experience in tourism

3.3. Seniors in travel context

3.4. Travel companions and social relationships

3.5. Tourism providers: Moving from barriers to accessibility

3.6. Organisational communication

3.7. Summary

# Chapter Three: Literature Review

The purpose of this chapter is to present the theoretical background to this research. It commences with a wide discussion around the initial development of the embodiment concept and how it influences tourism scholarship. The discussion then overviews disability in a travel-related context, examining the various constraints that people with disabilities have to confront, and discussing the accessible agenda for promoting inclusive tourism. The chapter then examines embodiment theory in disability travel experiences, followed by a review of research on the tourism experiences of senior tourists. The social relationships aspects are highlighted, particularly in terms of the provision of care from a travel companion. The chapter closes with a discussion of organisational understandings of attitudes towards disability that create and promote an inclusive environment of accessibility in Bali. This is undertaken by examining organisations' communication on their websites.

## 3.1 An introduction to the embodied experience

To some degree, to gain an understanding of people's experiences, requires thinking of the body as a medium of surface, symbolic and emotional, which is managed through body language, gestures, and appearance (Fineman, 2000). However, in academic debate there is lack of attention to the human body (Leder, 1990), which is a result of traditional perspectives that value the mind over the body (Cadman, 2009; Turner, 2008). Dualist logical thought has long dominated Western philosophies (Ellingson, 2017). This dichotomy always places the human body in opposition to the human brain (Grosz, 1989). Furthermore, "when the system of boundaries or divisions operates by means of construction of binaries or pairs of opposed terms, these terms are not only mutually exclusive but also mutually exhaustive" (Grosz, 1989, p. xvi).

Having been seen as the origin of thought, the brain is considered as the superior entity, leaving the body as an inferior one (Grosz, 1989). Besides that, the human body is considered as a source of weaknesses and cause of distractions to the mind's noble actions (Turner, 2008). The significant involvement of numerous feminist scholars has helped to understand this dichotomy (Bordo, 1993; Grosz, 1989; Le

Dœuff, 1987). Grosz explained that "the mind is closely associated with positivity in terms of aspects such as reason, consciousness, subject, interiority, and masculinity. In contrast, the body is closely associated with negativity because of its involvement with passion, object, exteriority, and feminism" (1989, p. xiv). The body has been seen as reason's "underside," its "negative," and "inverted double" (Grosz, 1989, p. xiv). This conventional Western perspective has created a fundamental distinction amongst the two (Gatens, 1988).

Martin Heidegger (1972) introduced phenomenology to understand how human beings experience places. He wrote that "spaces receive their essential being from particular localities, and not from space itself" (Heidegger, 2010, p. 332). Through the concept of *dasein* – "being in the world," which he further extended to *mitdasein,* meaning "being with," emphasising the role of others in the process of exchange and create meaning. However, Heidegger did not particularly discuss in detail, how the body itself experiences places. Casey (1993) further examined this, describing the experience of the world by proposing the three fundamental elements of body, environment, and perception.

The concept of embodiment began when Michel Foucault (1990) a French philosopher, brought a revolution to ways of viewing the body. Foucault's thought is shaped from social theory; he specifically argued for the body's capacity, not only as a biological force, but viewed from economic, sociological and physical perspectives. This was followed with the introduction of phenomenological approaches to research, which changed the way people perceived the body. Such ways of viewing the body were initiated in the work of Merleau-Ponty (1908-1961), a French phenomenologist. His books, *The Phenomenology of Perception* and *'The Visible and the Invisible,* offered a phenomenological framework, moving the focus away from the body as an object, instead viewing it "as a construction of subjective experience". The body is seen as an active body in connections with its world, interacting in environmental conditions and consciousness; therefore, a human subject can be considered as "in a direct commerce with beings, things and his proper body" (Merleau-Ponty, 1983, p. 189). The body is the origin of subjective experiences of the world, and "we have been thrust into it by our body" (Merleau-Ponty, 2002, p. 164). From the body's interaction with the environment, we gain an

understanding of space characteristics, thus the body is a crucial experiential element (Gallagher & Zahavi, 2008).

Embodiment is a wider conception about culture that acknowledges the integration of body, senses, mind and its essential component of lived experience (Palmer & Andrews, 2019). The body is always in connection with a social and material setting, and this creates embodied interaction (Ellingson, 2017). These close encounters lead to the way human experience the world (Jackson, 1983). Figure 1 provides a visual representation of the concept of embodiment.

*Figure 1 Embodiment Concept*
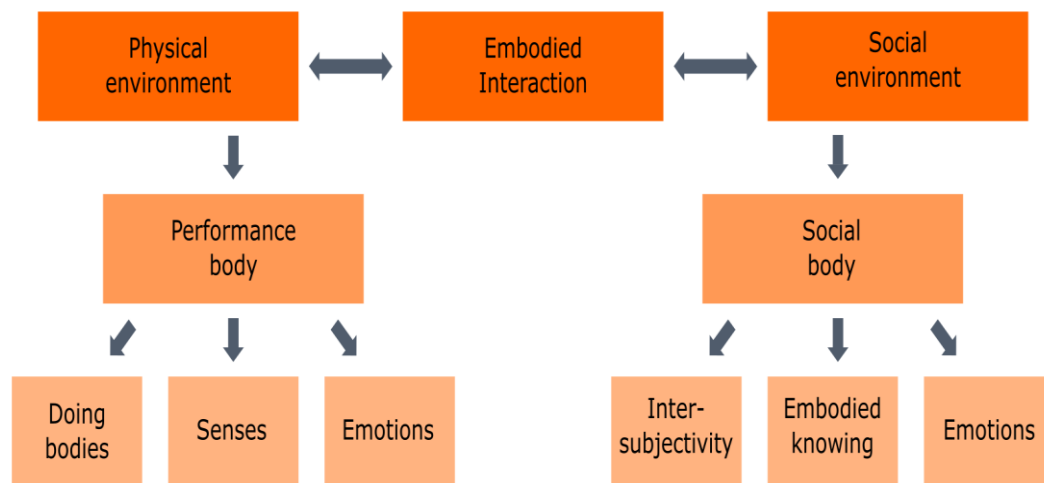


The concept of embodiment has attracted many scholars to examine the daily actions of the human body, and the basis of understanding how the world is constructed through human embodied practices (Ingold, 2002; Macnaghten & Urry, 2000; Thrift, 1999). The body interacts with non-human/objects such as the environment, and the body and these objects affect each other (Shilling, 2012). Through their physical bodies, people connect to the material world and actively engage and perform embodied practices such as movement and sensing, which the body performs (Ingold, 2005), allowing the human body to learn and understand its environment (Edensor, 2006).

Feher, Nadda (1989) also incorporated a wider view of understanding the body, through historical, cultural, philosophical and anthropological lens, to comprehensively understand the notion of bodily experience; it is our body consciousness which becomes the key means of perception to understand the world

we live in, and to which human beings have the capacity to give meaning. Wearing and Wearing (1996) framed embodiment as follows:

> … to the values, perceptions, gestures that are inscribed in and through the body and how we live these experiences through our bodies as men and women. Thus the body is engendered-inscribed with gender-specific meanings that reflect the social, cultural, economic and political milieu of its experiences. (p. 80).

For a time, the body received little interest from tourism scholars. Urry's (1990; 1995) "tourist gaze" emphasised the role of sight in place consumption. Although his contribution to the tourism literature is widely acknowledged, it has received criticisms from other scholars (e.g. Baerenholdt et al., 2004; Haldrup & Larsen; 2010; Veijola & Jokinen, 1994). This began with Veijola and Jokinen (1994), who argued for the need to embrace other embodied elements to examine body experiences in a travel context. Desmond (1999) further suggested "we must have a more fully embodied concept of the tourist, expanding the notion of the 'tourist gaze' to include other embodied aspects of experience (movement, sound, touch and so forth), both in the physical and imaginary realism" (p. xxi). These scholars argued that tourism experiences are dynamic, corporeal, and multisensory in nature. Since then, the body's interactions with the tourism environment have started to be recognised, with particular attention being given to the relationship between the gendered body and tourism (Pritchard et al., 2007), the senses (Dann & Jacobsen, 2002; Waitt & Duffy, 2010), the performance body and tourism (Edensor, 2000; Matteuci, 2014), and tourism and emotions (Buda, 2015; Waitt, Figueroa, & McGee, 2007).

An example of the examination of the body in tourism, is a study that investigated the central role of tourist bodies' experiences performing the flamenco dance (Matteucci, 2014). This study highlighted the performativity of tourists' bodies as well as of the senses. Adding to nuanced views of tourism performance in space encounters, Edensor (2000) investigated the tourist body's orientation in activities such as sightseeing in particular tourism environments, and meanings ascribed through these. In these studies, the embodied experience posited a person as a subject who "actively plays an imaginative, reflexive role, not detached but semi-detached, socialised crowded with context" (Crouch & Ritchie, 1999, p. 12). In this

sense, understanding embodied experience is more focused on the interaction of the environment with the body as the basis of knowledge production.

To gain a more inclusive understanding of embodied experience, scholars have started to consider a sensory approach to understanding experiences (Agapito, Mendes & Valle, 2013; Dann & Jacobsen, 2003; Everett, 2008). Everett's (2008) work foregrounds the concept of bodily encounters with place in destination through other senses which contribute to valuable dimension in embodied tourist experiences for example in culinary tourism. The experience of eating fish by the sea, integrates aspects of taste and smell. From this viewpoint, numbers of studies focusing on various senses in the tourism experience have started to grow (Dann & Dann, 2011; Ellis & Rossman, 2008; Pan & Ryan, 2009).

Researchers have examined embodiment from different dimensions. Buda (2015) called for more attention to examining the role of emotional experience and argued for the importance of exploring feeling and thinking through the body. She argued that to experience place, means having encounters with performance, feelings, and emotions. Tourism experience involves the material body as well as exploring the inner self, which evokes emotion. A study by Johnston (2007) in tourism geographies, explored shame and pride in the gendered and sexual bodies of lesbian performance. Other scholars such as Tucker (2009), focused on feelings of discomfort occurring within tourist activity in a Turkish village, while Waitt, Figueroa and McGee (2007) further explored how tourist travel and active participation such as walking and climbing, produces emotions. Johnson (2015) highlighted that to understand the practice of experience of both physical and cultural environments, requires a complex examination of the function of motoric sensory and affective aspects. He therefore concluded that "understanding is not just an intellectual operation, but rather a series of full-bodied engagements with significant aspects of one's environment" and "is a matter of *experiencing* and *acting*" (p. 3, emphasis in original).

Later research on concepts on embodiment were enriched by Kissel (2001), who argued that "an embodied being is necessarily a being embedded in a social context" (p.2). Previous research on embodiment has explored one dimension of individuals encounter with the physical environment (Dann & Jacobsen, 2003; Matteuci, 2014;

Pan & Ryan, 2009) neglecting the importance of other bodies in tourism. Whilst it is interesting to note that the tourism environment facilitates "human interactions" (Agapito et al., 2013, p. 67), this leads to understanding that the human body is a social body, engaged in particular social settings, and allowing bodily contact with others. The coming together of bodies in social situations provides intersubjective interactions, and this social process defines individual behaviour in specific tourism environments (Andrew & Palmer, 2019). Previous studies on embodied experience have undervalued the social component, and overlooked how the embodied experience phenomenon is formed through social and relational aspects performed by tourists and others. Arguably, this way of looking at the phenomenon provides an extensive understanding of its wider aspects, shaping the meaning of embodiment. The notion of embodiment from this stance, performs a pertinent role in the creation of culturally and socially constructed meanings of place (Palmer & Andrews, 2019). Hence, the social context, relational, and cultural elements of embodied experience and how those elements shape and maintain experience, are left unnoticed.

Haldrup and Larsen (2010) argued that tourism activities happen within a broader society. In addition, the body engages in and constitutes the tourists' world, and establishes relationships with other people such as travel companions, local people, other tourists, and friends. *Being* a tourist also denotes a praxis in which people take actions and movements, as well as think, and have ideas, feelings, and attitudes (Crouch, 2000). These interactions happen in different holiday environments. While *being with* is never performed in isolation, but is "always relational, integrated with several different networks and always in process" (Pons, 2003, p. 59), and involves different encounters (Crouch, 1997).

Further Csordas (1999) highlighted that "embodiment is not 'about' the bodies per se, instead it is about culture and experience insofar as it can be understood from the standpoint of bodily being-in-the-world" (p. 143). Accordingly, embodied understandings are formed or are in construction, related with and sharing intersubjective experience with others. Using this approach offers both subjective and inter-subjective benefits by looking at multiple points of view and how we socialise our relational lives (Pocock, 2011).

## 3.2 Disability and embodied experience in tourism

Disability is shaped by the social context and interpretations of others, but this has not always been the case. Tourism scholarship has challenged "the dominant way of understanding and being in the tourism world" by "creating a hope" (Pritchard et al., 2012, p. 2). The majority of studies in tourism have neglected the lived experiences of marginalised people, and tend to be exclusive (Humberstone, 2004; Kastenholz, Eusébio & Figueiredo, 2015). It is undeniable that the tourism phenomenon is constructed on dissimilarity (Urry, 1990) and the binary positions in tourism are always present, such as "self/other, tourist/host, same/different, young/old, and work/play, and able/disabled, showing that these terms are never neutral" (Johnston, 2001, p. 29). These construct opposition and devaluation. Tourism images are frequently linked to something heavenly; for instance, ideal touristic bodies are on a white sandy beach, creating a paradox and questioning the privilege given to these bodies, as not all bodies match the criteria (Small, Harris & McIntosh, 2008).

In the early 2000s, some researchers of critical tourism took a different view, underpinned by a moral call to examine the points of view of the forgotten groups of society (e.g. Macbeth, 2005; Pritchard et al., 2011; Tribe, 2010), and leaning towards more engagement with and appreciation of marginalised identities, subjectivities, voices and mobilities (Ateljevic et al., 2007; Pritchard & Morgan, 2007). This encouraged a greater commitment to "advancing tourism scholarship and industry knowledge" through "developing a more inclusive view of tourism" (Poria & Timothy, 2014, p. 95). Although there is growing force for issues of social inclusion in tourism (e.g. Morgan et al., 2012; Pritchard & Morgan, 2007, 2011), in practice, some members of society are left unnoticed, as their embodiments are different to the norm, and understanding their different points of views with their intricacies, is crucial to gaining a better understanding of how they experience tourism (Ateljevic & Hall, 2007). Yau, McKercher & Packer (2004) asserted that people with a disability still have intentions for a holiday, however, tourism practices are exclusionary, evidenced by the minimal representation of disabled tourists. Nevertheless, only a small group of people with disabilities travel, in comparison to those whose not have any disability, and few people with a disability travel overseas (Darcy, 2010).

Shakespeare (1994) highlighted the importance for people with a disability to gain their own identity and self-respect. Scholars in tourism have similarly argued for this, acknowledging the importance of "tourism [to] provide space against exclusion" (Eichhorn , Miller & Tribe, 2013, p. 579), offering those with disabilities opportunities to prove themselves as subjects and refine their identities (Brown et al., 2009; Pritchard et al., 2011). Individuals can pose an identity position (Sullivan, 2005) and refuse the identities given by others (Watson, 2002). Accordingly, tourism research, particularly in the disability field, needs to progress from categorisation and aim toward concepts of individualised identity (Richards et al., 2010) that offer self-recognition (Holt, 2008) and result in tourism participation, as those who are disabled have similar motivations and reasons to travel as those who are abled (Small & Darcy, 2011; Yau et al., 2004). In the same way as do other tourists, people with disabilities yearn for a personalised experience reflective of their unique needs (WTO, 2016).

Swain (2004) signified the important of tourism as a useful media promotion to advocate differences between experiences, people, and landscapes; therefore embodiment potentially sets a perspective for how different bodies attend tourism experiences (Small, Darcy & Packer, 2012). Butler and Parr (1999) observed "there are genuine problems and challenges which can attach to having bodies/psyches that are different from mainstream 'norms'" (p. 2). Consequently, individuals with disabilities' participation in tourism will greatly rely on the interaction of those with the impairments, people's behaviour in the destination, and availability of accessibility facilities and information (Darcy & Dickson, 2009; Eichhorn & Buhalis, 2011). In relation to tourist embodied experience, there has been scant attention to the heterogeneity of embodiment of people with disabilities, and therefore, the provision of facilities to fit different types of disabilities (Figueiredo, Eusébio, & Kastenholz 2012). Nevertheless, experiences are characterised as different amongst individuals, and are therefore diverse for tourists, both disabled and able-bodied (Small et al., 2012). So far, the tourism industry has developed a non-disabled orientation, "marginalising those with different bodies and/or minds" (Kastenholz et al., 2015, p. 1262).

In terms of research focus on the experiences of tourists with disabilities, studies have considered the experience of mobility and physical impairment (Darcy, 2002;

Eichhorn, Miller, Michopoulou, Buhalis, 2008; Lovelock, 2010; Ray & Ryder, 2003), and vision impairment (Richards et al, 2010; Small, 2015; Yau et al., 2004). The embodiment and disability literature argues that the material body is central to understanding an individual's bodily experiences (Small et al., 2012). Thus, this helps to increase awareness of the value differences, advancing equality for various individuals' circumstances. Conversely, in tourism, the embodiment phenomenon is still overlooked in the majority of travel and leisure studies (Pritchard & Morgan, 2011).

Connected to the criteria of the research topic, the following studies focus on embodied experiences and disabilities. Small et al. (2012) drew upon embodied ontological conceptions, examining the bodily experiences of people with vision impairments. Their study found that it is the disabling environment that prevents tourists with visual problems from having fun in an activity - problems that relate to wayfinding, attitudes, and availability of information. They concluded that similar aspects of enjoyment should be provided for all tourists without regard to abilities. This can be achieved through embodied understandings from the tourism sectors and the community in a destination.

Darcy (2012) investigated the absence of bodily experience of people with disabilities who use flight services. Underpinned by a social approach, human rights, and a critical approach to disability, this study reported that customers with disabilities experienced various forms of discrimination from pre-flight, during a flight, to arrival. The practices, procedures, and service behaviours of air travel chains affect flight experiences, causing problems such as increased anxiety, disrespect, and embarrassment. The study recommended the improvement of management practices to encourage independent, accessible, and equitable embodied experiences for air travellers with disabilities.

Richards et al., (2010) examined tourists with vision problems' experiences in tourism, and the impacts and challenges of their travel. Guided by the values of good ethics, equality, and alterity, this study revealed how complex and heterogeneous people with vision impairments are. To understand this complexity requires a transformation of how society, tourism academics, and industry, perceive this group.

The aforementioned studies of embodiment and disabilities concentrated on people with disabilities' bodies' interaction with the environment, neglecting the wider interactions of social relationships with others in tourism. Relationships with context, things, and people, are important for making sense of our body; Turner (2008) defined *embodiment* as "the notions of making and doing the work of bodies" (p. xiii). The body in tourism is a social body that connects with others, and is engaged with, constructed, and experienced (Palmer & Andrews, 2019). This research argues that researchers need to notice the complex nature of embodiment in a broader scope, as it entails complexities, and personal, relational, and multidimensional aspects (see Ellingson, 2017).

As the embodiment of disabilities is heterogonous in form, it includes seniors with disabilities and their ageing bodies as part of their embodied identities (Buhalis & Darcy, 2011). As such, the constitution of factors such as ageing bodies, disabilities, support needs, and life experiences, shape the encounters with the physical and social environment, and interpersonal relationships that they come across, affecting their tourism experiences. Furthermore, it is important to consider "at some stage in their lives [they] will have access requirements" (Darcy & Dickson, 2008, p. 32), and "as lifespans increase, the 'disabled population' is very likely to grow substantially in the future" (Nicolaisen & Blichfeldt, 2011, p. 80). Notwithstanding the various studies on embodied experience discussed, the understanding of the embodied nature of experiences of senior tourists with disabilities until now, remains on the periphery.

## 3.3 Seniors in a travel context

Globally, populations are increasing, including those of people who are ageing, and there is a parallel connection between ageing and disabilities (Bloch, 2000; UN, 1990). The United Nations (1993) reported that ageing is commonly accompanied with decreased ability to function well in daily routines. This has been argued to be part of the human developmental process (Grenier, 2012).

There has been increasing attention to the various and complex natures of senior tourists, starting in the beginning of the 1990s (e.g. Alén et al., 2012; Faranda & Schmidt, 2000; Patterson, 2006; Sedgley et al., 2011; Sellick & Muller, 2004). The most common studies of the elderly applied socio-demographics, i.e., age cohort

categories (Chen & Shoemaker, 2014; You & O'Leary, 2000). In addition, several categorisations have been employed to segment the senior tourists' market: the pre-old, "45-59-year-olds; the young-old, 60-74-year-olds; the old-old, 75-89-year-olds; and over 90-year olds" categorised as long life (Pasik, 2005 as cited in Glabinski, 2015). Countries apply different age bands to classify seniors' populations; for example, in Germany people are considered seniors at 60 years old, in the USA at 75 years old, while in the United Kingdom, they are seniors at 50 years old (Glabinski, 2015).

Arguably, most studies on elderly tourists are quantitative and formula-based, and neglect inductive qualitative approaches (Jamal & Hollinshead, 2001; Page, 2005) aiming more at the provision of various tourism services and products. These studies are based on senior tourists' travel behaviours and preferences (e.g. Nielsen, 2014; Nimrod, 2008; Nimrod & Rotem, 2012; Patterson, 2006), motivational views (Hsu, 2007; Jang & Wu, 2006), attitudes (Shoemaker, 2000), and push and pull factors such as novelty-seeking, socialisation, self-esteem, and rest and relaxation (e.g. Sangpikul, 2008, p. 88). Sellick (2004) listed nostalgia as a senior tourist motivation (p. 64), and other pull factors such as cleanliness and safety, facilities, and natural and historical sights (p. 89). These studies agree that the diversity of the senior tourist market, in terms of its preferences, helps the industry forecast senior tourist behaviour, which leads to generalisations about the market itself.

The wider body of literature on senior tourism has examined senior tourists' constraints from various points of view, such as financial (Wang, 2014), intrapersonal (see Zhang et al., 2016), constraints and facilitators (Huber, Milne & Hyde, 2018), destination feature (Khan, Celliah, & Ahmed, 2017). Other studies using statistical analyses present data on how constraints affect senior participation and motivation in tourism (e.g. Fleischer & Pizam, 2002; Lee & Tideswell, 2005). Some have noted significant relationships between ageing and creating barriers for seniors' travel (e.g. Ching-Fu & Wu, 2009; Kattiyapornpong & Miller, 2009). As people age, they have to deal with declining physical functions that affect their everyday situations (Boyd & Bee, 2009). The process of ageing is sometimes accompanied by other cognitive deterioration, such as, for example, memory loss and dementia (Moody, 2009). These intrapersonal barriers are considered crucial

factors preventing seniors from leisure participation (Fleischer & Pizam, 2002; Gibson, 2002).

Significantly for this research, scholars have noted the connections between ageing and impairments (Darcy & Buhalis, 2011; Vila, Darcy, & González (2015). Seniors' interpersonal barriers play a pivotal role in preventing their involvement in tourism, and are caused by changes such as the loss of a partner (Kazeminia et al., 2015; Gao & Kerstetter, 2016; Gibson, 2002). On the other hand, there are structural constraints related to financial matters (Nyaupane & Andereck, 2008) and other issues at destinations such as inappropriate service, and minimal information about services and facilities (Gao & Kerstetter, 2016), which less influential barriers (Kazeminia et al., 2015). In spite of the increasing studies of senior tourists focusing on constraints in relation to travelling, the focus tends to remain on active and healthy well-being, an approach that creates a significant gap in terms of understanding the diverse and complex nature of the health of seniors, and how ageing impacts their personal being, along with the associated "social justice, disenfranchisement and human and spatial marginalisation" (Pritchard & Morgan, 2007, p. 13).

Holstein and Minkler (2007) recognised the minimal tourism participation of elderly around the globe, particularly of those who live in financial hardship and with deficient health conditions. He addressed the topic of successful ageing, noting that it "fails to account for particular life trajectories and environmental realities" potentially undervaluing "those who do not live up to their ideals" (p. 16). In a similar manner, Sakai, Brown and Mak (1997), noted as the greying population increases, it has has negative effects on international travel propensity, mainly due to reducing physical strength of older people and their inability to travel long distances. Although these studies have explored various angles of senior tourists' constraints, they ignore the fact of the individuals' lived experiences, embodied emotions, and interpersonal relations, which are pivotal to understanding senior tourists' holistic experiences of tourism. This produces a gap in knowledge of the subjective embodied experience of senior tourists with disabilities, as factors such as ageing life experiences, form senior embodied encounters with physical and social environments at destinations. This research posits that scholars have undervalued the complex nature of relationships in particular others, such as, for

example, the relationship of hosts and travel companions, which is unique and multidimensional.

It is universally accepted that tourism brings positive impacts to one's life. In the context of senior tourism, few studies have explored the health and wellbeing of elderly travellers. Wei and Milman (2002) emphasised that senior tourists' active participation in tourism could improve people's states of physical and emotional wellbeing (see Sedgley et al., 2011). However, most studies on this group of people tend to draw their findings from a quantitative methodology. Sedgley et al. (2011) critiqued the practices of formula-based studies researching senior tourists that create market-oriented typologies. Ultimately, such ways of addressing senior tourists lead to a silence around the personal aspects of senior tourists' experiences and the meaningful impacts of tourism participation (Nimrod, 2008; Sedgley et al., 2011). It is essential to understand senior tourists' lived experiences in terms of their embodied emotions and interpersonal relations, and how these influence physical and emotional wellbeing (Sedgley et al., 2011).

Of the research on seniors in the field of tourism, few studies have been concerned with the health of senior travellers; although life has been prolonged, this is not always the case with the health of the elderly (Ferrer et al., 2016). One study example from Calma, Halcomb, & Stephens (2018) examined the Australian elderly with chronic diseases who travel on the road. Research participants revealed similarities in health-related travel propensity before travel, and the capability to independently manage their health during travel. In spite of these positive impacts, the study reported some constraints due to segregation in the medical system between Australia's rural and urban areas. Another study by Bauer (2012) examined travel health preparations taken by Australian senior travellers prior to their journey to Peru. Among other regular considerations such as vaccinations and travel advice, it was noted how a travel environment may create reactions to physical functions, for example, by being exposed to malaria or even walking on uneven streets. The study concluded that senior travellers were more resilient than expected, however, maximum preparedness for locality-specific issues and age-related arrangements were necessary for unforgettable travel memories.

Although some tourism scholars have recognised the health-related problems that senior tourists encounter, research on the experiences of people with different embodiments is relatively scant in the tourism field (Darcy & Dickson, 2009; Small et al., 2012). This under-representation of research may occur as a result of the assumption that seniors with disabilities are unable to be involved in tourism. Furthermore, as Small et al. (2012) commented, "it is important to recognise that a person's embodiment shifts over their life course and that most people will experience impairments at some stage of their lives" (p. 942); therefore, some people are confronted with problems specific to their embodiment. In particular for this research, as people age, they have to confront deteriorating health, and reduced capabilities related to mobility, eyesight, and hearing (Boyd & Bee, 2009).

In short, whilst a number of studies have noted the importance of holiday participation for seniors' wellbeing (e.g. Morgan et al., 2015; Sedgley et al., 2011), much of the research on senior tourists has focused on the elderly who are ageing successfully. This leaves a void in understanding the intricacies of seniors' life transitions, particularly for seniors experiencing health problems (Ferrer et al., 2016). Although scholars have highlighted the declining of cognitive and physical functions, these conditions need to be viewed from outside the domain of medical and sickness problems (Bauer, 2012; Calma et al., 2018; Ferrer et al., 2016). If senior tourists are seen only from the perspective of functionality, then the opportunity to view a senior person as a full embodied entity is lost (Gubrium, 1986). Consequently, the lived experience of senior tourists with disabilities is left unheard.

In terms of research on embodied experiences of people with a disability, some studies are relevant to the aim of this research, in exploring the embodied experiences of people with a disability (e.g. Darcy, 2012; Richards et al., 2010; Small et al., 2012). The studies on embodied experiences tend to highlight these as "a series of corporeal, embodied encounters which embraces all the senses" (Richards et al., 2010, p.1100). This perspective of embodied experience has become narrower with particular attention on one element of interaction with the physical environment, emphasised on the individuals experience but unfortunately the value of being with others has been overlooked. This creates a gap in the relational aspect of embodied interactions of people with a disability with others

such as travel companions, who contribute to seniors' holiday experiences. In addition, it is crucial to note that a characteristic of tourism is embedded in "customer service relationships" (Darcy, 2012, p. 92). Hence, tourists' embodied experiences are influenced by the presence of tourism workers (Valtonen, 2009). Therefore, the current research sees the necessity to advance understandings of the complex and multi-dimension nature of social context, in particular, tourism providers' perspectives and their familiarity with accessible tourism where a holiday has occurred. The knowledge of tourism providers in offering quality accessible facilities and services will help research participants have a positive experience.

Significant to the senior tourists' experiences, it is also pertinent to consider the influence of other people who provide support in travel experiences. Gladwell and Bedini (2004) examined senior tourists' travel with their informal caregivers. This study recognised the importance of maintaining leisure for seniors and caregivers as well as the changes in type and patterns of travel, which were more functional than leisure oriented. This study identified obstacles in travel, which included physical, social, and emotional constraints. This understanding encourages all members of society to have equal chances to embrace their basic human right to participate in tourism activities as others do (Higgins, 2006). Envisaging this reality, others in tourism who impact on senior tourists' experience, are important to be addressed (Aberg et al., 2004; Hunter-Jones, 2010).

### 3.4 Travel companions and social relationships

Within tourism scholarship, the examination of travel experiences has shifted from the individual to various subjects (Otto & Ritchie, 1996; Small, 2008). In particular, people with a disability have been recognised as holidaying with attendants, such as family or friends (Darcy, 1998; Lehto, Luo, Miao, & Ghiselli, 2017; Luo, 2014; Stafford, 2001). Researchers have argued for the crucial aspects of family, friends, or a spouse support to enhance full engagement for seniors in tourism activities (Yoo, McIntosh, & Cockburn, 2016). The objectives of this research are consistent with other studies on family holidays that view recreation as an opportunity to escape from daily routine (Cockburn, Friend, & McIntosh, 2006; Schanzel & Yeoman, 2014).

Scholars in tourism have noted that the majority of individuals with disabilities travel with people who are able to provide assistance, particularly children with disabilities, who often travel with their relatives (Gladwell & Bedini, 2004; Kim & Lehto 2013; Lehto et al., 2017; Mactavish et al., 2007; Sedgley, Pritchard, Morgan & Hanna, 2017), and individuals with cancers and severe illnesses who travel with attendants (Hunter-Jones, 2003; 2005). Most of the studies explored the implications of providing care during travel (Gladwell & Bedini, 2004), motivation and travel activities (Kim & Lehto, 2013), and the advantages of holiday for their physical and emotional wellbeing (Hunter-Jones, 2007).

In tourism studies too, there is increasing recognition of the needs of persons who provide help for the ageing group (Bedini & Gladwell, 2014; Hunter-Jones, 2010; Hunter-Jones & Blackburn, 2007). Specifically in the accessible tourism arena, it has been identified that tourists with disability frequently travel with carers most of whom are relatives or colleagues (Lehto et al., 2017; Luo, 2014). In addition, some conducted research on the role of family members in providing care for other relatives such as parents caring for their disabled children (Gillovic, 2019; Shaw & Yeoman, 2014; Topia, 2015). However, the research still misses the variety of family members who provide care, and the opinions of spouses who become companions, are rarely discussed (Hunter-Jones & Blackburn, 2007), despite in the area of family tourism, where spouses are companions at travel conferences (Yoo, 2014).

Although research on carers is beginning to flourish, most takes a singular perspective either of the care recipients (e.g., Gladwell & Bedini, 2004; Hunter-Jones & Blackburn, 2007), or of the carers (Hunter-Jones, 2010; Kim & Lehto, 2013; Whitmore et al., 2015). In these cases, when one position becomes an active participant in a study, the other person is treated as passive (Gillovic, 2019). Bondi (2008) and Lehto et al., (2017) critiqued the scarcity of shared experiences in care giver relationships within disability studies. Although previous studies had investigated travel experiences of tourists with visual impairment with their guides (Richards, 2013; Small, 2015), none of the studies reviewed the sighted guides' experiences either as carer and/or companion, or the nexus between two. Accordingly, Small (2015) advocated the necessity to integrate interaction in understanding mobility, as "each person will impacted by the other, guiding and

being guided are social matters" (p. 78). In the senior tourism literature, Gladwell & Bedini (2004) and Hunter- Jones (2007) investigated the complexities of the caring role in travel, as this creates vulnerability for the carers themselves. Each of these studies confirmed that providing care during a holiday is a unique role, multi-tasking in a diverse environment, in a situation where the care recipient is not only old, but also beset with other health issues, such as a disability, Alzheimer's, or cancer (Hunter-Jones, 2010).

It is undeniable that the provision of care is founded on a trusting deep relationship between individuals and their informal caregivers (Team et al., 2007). In many countries, the act of caregiving has been considered part of the family's role, and is mainly conducted by women who undertake roles as mother, spouse and/or wife (Atkin & Ahmad, 2000; Jones & Meleis, 2002; Kabitsi & Powers, 2002). In a study of medical tourism, it was revealed that caregivers were fulfilling a role as a travel companion, providing emotional comfort and security (Casey et al., 2013). Instead of looking at share experiences, most of these studies focused on a single subject either from the perspective of caregiver or care receiver. However, the nature of care, specifically in tourism, involves intricate issues that need to be explored from both perspectives. Indeed, this echoes demands for the importance of understanding co-creation in meaning-making of experiences (Lehto et al., 2017; Ramanayake, Cockburn-Wootten, & McIntosh, 2019) and how others influence our perception of self and emotions (Pocock et al., 2013).

Tourism has been seen as a facilitator of social networks and emotional connections among people holidaying in group, so it is interesting to take account of the interpersonal aspects of people who travel with a companion to see the impact of the individuals' interrelationships (Pocock et al., 2013). The creation of a holiday experience might occur through the presence of travel companions. However, only a few studies in tourism focus on the relational lives (e.g. Glover, 2018; Obrador, 2012). The companionship of others in tourism, specifically travel companions, is likely to grow due to maturing populations, significantly changing the health support system and situating home as a place for elderly care (Hunter-Jones, 2010).

From a postmodern viewpoint, Wearing and Wearing (2001) highlighted that people's attachment to others has helped the construction of "I". The construction

of "I" is never formed solo, but is influenced by others; Andersen and Thorpe (2009) confirmed that "people are emotionally invested in their significant others and they are motivationally linked to them as well" (p. 2). In this research, travel companions who accompany senior tourists may vary and are not limited to spouses, friends or any other person considered important to the key participant. Being with persons who can provide care enhances the possibility of overcoming illness (Casey & Stone, 2010). Therefore, travel companions in this study, are individuals with feelings and compassion, willing to assist senior tourists and primarily use their familiarity with the care recipients, to provide help (see Aberg et al., 2004).

People who dedicate their life to provide care for others, can experience stress, tiredness and anxiety (Sheehan & Nutall, 1988; Wilson, 1990). Examples of this are in the studies by Hunter-Jones (2010) and Gladwell and Bedini (2004). These studies concluded that carers face considerable emotional, social and physical conflicts when trying to participate in tourism. This has created exclusion for the carers due to the high intensity of the caring role, which leads to deficiency in travel planning and tends to modify travel patterns to suit the needs of the dependents. These studies provide suggestions to the industry to focus and re-evaluate accessibility and staff responsiveness, in order to ease the travel process.

Recreation for people who provide care for a close friend or family member, is starting to gain attention in the tourism field. Care provision has been investigated in the context of tourism, specifically in respite care and tourism (Hunter-Jones, 2006) and in medical tourism (Kingsbury et al., 2012; Whitmore et al., 2015). Most of these studies explored motivations rather than focusing on the experiences of people with disabilities and of their caregivers (see Dodd et al., 2009). Tourism research has overlooked both seniors and their travel companions; therefore this research seeks an understanding of their relational aspects in a holiday environment. Gladwell et al., (2010) argued that research on the perspectives of carers, tends to "lose both the individual with disability as well as their caregiver" (p. 30). However, it is crucial to note the values of "physical and interpersonal act between two bodies" (Richards, 2013, p. 98). Similarly important to this, within tourism, the care given and received is essential, as "the relationship is the site for and context of experiences of care, and as such the relationship is always central" (Forbat & Henderson, 2003, p. 1454). Forbat and Henderson (2003) identified the intersection

of the nature relationships in travel experience (Yoo, 2014), specifically in the care experiences of senior travellers (Gladwell & Bedini, 2004; Hunter-Jones, 2007).

## 3.5 Tourism providers: Moving from barriers to accessibility

Darcy (2010) and O'Neill and Knight (2000) reported that tourism organisations do not recognise individuals with disabilities as a market, so provide less information that would allow them to participate freely in tourism activities. Such a way of thinking and understanding people with disabilities has created discrimination, so this group is not benefiting from tourism participation, due to existing physical, environmental, social, and other related obstacles that affect tourists' with disabilities' participation (see Bizjiak et al., 2011; Gillovic & McIntosh, 2015). These various forms of obstacle come from internal and external factors, which can limit levels of participation or reduce the fun of activities (Lee, Agarwal, & Kim, 2012).

Many studies on accessibility review the barriers (e.g. Singleton & Darcy, 2013; Small et al., 2012; Stumbo & Pegg, 2005). These can be classified into three categories: intrapersonal, interpersonal, and structural (see Jackson, Crawford, & Godbye, 1993). The first (intrapersonal) mostly appear to be psychological barriers, such as a lack of motivation to travel, religious beliefs, or lack of abilities. Interpersonal barriers are in connection with the social environment or lack of companionship from family or friends; structural examples include the absence of opportunity to travel, such as financial and time problems (see Sedgley et al., 2011). As most of the barriers are intrinsic, arguably, the extrinsic features such as the tourism environment also hinder tourism participation (McKercher, Packer, Yau, & Lam, 2003; Poria, Reichel, & Brandt, 2009), such as a lack of awareness and/or negative attitudes of staff that hinder tourism experiences.

The major obstacles to access are derived from structural barriers such as poor physical access, minimum information, and unsupportive behaviour in a tourism environment (Eichhorn & Buhalis, 2011). Similarly, "inaccessible buildings and public transport, demeaning stereotypes, prejudice and ignorance and negative social ascriptions, undermine and deny the many capacities of disabled people" (McFarlane & Hansen, 2007, p. 89). Scholars have argued that most of the tourism industry lacks endeavours to eliminate these barriers (Robinson et al., 2007).

Daruwalla and Darcy (2005) pointed out the importance of education for students and staff, to increase understandings of disability and determine appropriate services to different embodiments of customers with a disability. The availability and accessibility of information is also considered important; a lack of reliable and sufficient information is also considered to impact the industry (Darcy & Daruwalla, 1999; Robinson et al., 2007). Service providers tend to promote their businesses as accessible with availability of facilities (Shaw, Veitch, Coles, 2005), even though little attempt has been made to make the necessary changes (Bizjak et al., 2011).

The majority of the current tourism industry has been established without considering accessibility requirements in developing businesses, ignoring those who have different embodiments (Kastenholz et al., 2015). The literature on disability studies has been dominated by economic points of view from the supply aspect. The economic discussion on developing tourism products, services, and facilities that can cater to all access needs has the capacity to increase benefits and bring value to organisations (Card, Cole, & Humphrey, 2006; Shaw et al., 2005), and it is evident that it is necessary to deliver accessibility to increase customer satisfaction, prolong loyalty and activity, elevate this market segment, and increase benefits to both tourism and senior tourists. Additionally, on the distribution side, much of the orientation is around the idea of providing better services in hospitality, infrastructures, and attractions (Chang & Chen, 2012; Poria et al., 2009), putting the constraints as the focus of attention in tourism participation, for example, minimised opportunity to travel due to environmental and societal challenges (Blichfeldt & Nicolaisen, 2011; Eichhorn & Buhalis, 2011; Robinson et al., 2007). Some challenges depend on the social construction of the holiday environment (McKercher & Darcy, 2018).

Despite overly prioritising the economic perspective, Small et al. (2012) identified the merit of embodied experiences of people with disability. Although studies have examined accessible tourist experiences, these are largely from the point of view of people with mobility needs (e.g. Eichhorn et al., 2008; Lovelock, 2010; Small & Darcy, 2010) and eyesight problems (e.g. Richards et al., 2010; Small, 2015).

Embodiment impacts on the inclusion or marginalisation of people with disability's interactions with the wider physical and social environment, and interrelationships

in a destination (Eichhorn & Buhalis, 2011). This in itself point out the differences of subjective experiences (Yau et al., 2004). It is understood that social and historical background shapes tourism experience, and this includes age; therefore, age may influence people's holiday experiences (Small, 2003). Perhaps, taking into account the various needs in tourism experiences, an accessible agenda is needed to accommodate heterogeneity. *Accessible tourism* as described by Darcy and Dickson (2009), is tourism 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 design tourism products, service, and environments. (It is) inclusive of all people including those travelling with children in prams, people with disabilities and seniors. (p. 34)

It is understood that the provision of accessibility in tourism creates positive impacts on the lives of people with disabilities (Pagán, 2015; Shaw & Cole, 2004), and presents interpersonal and intrapersonal advantages, including both physical and psychological benefits on overall wellbeing, as well as enhancing social inclusion (Kastenholz et al., 2015; Shaw & Cole, 2004; Yau et al., 2004).

Yet, as identified by Packer, McKercher, & Yau, (2007), there is an established nexus between individuals, and the physical and social environment in a tourism setting. For people with disabilities, for instance, the premise of having tourism experiences relies on finding suitable rooms (Darcy, 2002) and the accessibility of tourism destinations (Israeli, 2002). Reportedly, many people with disabilities constantly confront issues during planning and travel, particularly in assessing the accessibility of accommodation (Darcy, 2010; Darcy & Dickson, 2009). Overall, for people with disabilities, ascertaining tourism sites' and hotels' accessibility involves careful consideration as a part of the decision-making process, but the majority of industry information availability is inadequate (Darcy, 2010; Eichhorn & Buhalis, 2011).

To date, research has shown that some people with a disability refuse to participate in tourism practices due to "socio-spatial inequalities associated with disabilities" (Biddulph & Scheyvens, 2018; Eichhorn et al., 2013, p. 583), illustrating the failure of tourism organisations to create a supportive tourism environment. Relatedly,

tourism activities require space for interactions, and on this point, the industry has a responsibility to ensure tourists with a disability are able to interact with the broader physical and social environment in a destination (Freund, 2001; Richards et al., 2010). The engagement with activities or objects determines how individuals experience the visited place. For example, in a destination dominated with stairs, some tourists with disabilities may feel excluded and insecure. Therefore, tourism providers understanding of the socially constructed environment and embodied experiences are important, these provide insights what are elements that exclude people with disabilities participation (Oliver, 1990). To understand how tourists with a disability respond and engage with problems, helps tourism providers identify what is relevant in enabling or preventing individuals with a disability to fully participate in tourism. Thus, in a wider context, there are implications for social responsibility in relation to how tourism providers could embrace inclusivity and encourage their industry's operation, benefiting all tourists, regardless of any disability (Eichhorn et al., 2013).

## 3.6 Organisational communication

Promotional materials communicated in holiday advertising are strongly correlated with communication strategies (e.g. Stoian, 2015, 2018). Communication is a crucial part of every organisation's strategies to establish relationships with its stakeholders. It is also particularly important, since communication functions as a tool to present an organisation's identity and issues of advocacy. Cheney and Christensen (2001) described the functional aspect of *communication* as "a set of process[es] through which organisations create, negotiate and manage meaning" (p. 234). The act of communication can be achieved through identification, which leads to creating a unified organisational position. To varying extents, corporations have various ways of establishing the image of a company and creating distinctiveness from competitors. This process is both internal, involving human resources, and external, with business partners and the target market (Muchina et al., 2014). Organisations shape their environment and endeavour to persuade external stakeholders to gain positive responses, for example, in reputation for profit, or to legitimise organisational practices and decision- making.

Organisational communication is crucial to include in this research, as organisation communication has the power to shape society's perspectives. An organisation is a powerful medium with vested interests in shaping contexts and the customers' minds, and cab accrue benefits when actively involved (Mumby, 1987). The purpose of organisational communication is to form and strengthen the relationships of organisations and their public by using rhetoric and strategies to attract public attention, and persuade external stakeholders to gain positive responses (Conrad & McIntush, 2003). The involvement of wider stakeholders is believed to be able to create alteration to both tourism scholarship and practice (Fullagar & Wilson, 2012).

George Cheney (1983b), a scholar in organisation communication, developed a theory and contributed to the analysis of examination of individual relationships and identification. He defined his theory of identification as "intentional and unintentional attempts by organisations to convince [stakeholders] to accept the organisations' interest and values as [their] own or reinforce existing identification" (DiZansa & Bullis, 1999, p. 355). His theory has been adopted for analysing various contexts of organisations, non-governmental organisations, organisation reports, websites, and stakeholders' identifications (Benoit, 2000; Henderson et al., 2015). Although the application of Cheney's theory has been applied in the aforementioned forms, his approach has not yet been applied to tourism organisations.

A communication perspective for tourism opens up opportunities to examine and connect individuals, environments, and organisations. This perspective becomes especially significant, as the tourism environment has changed; the tourism promotion medium has changed from physical to online (see Stoian, 2015). One of the popular online media used in the tourism industry is a website; this form of communication allows flexibility of multidirectional interactions to encourage users to collaborate actively by presenting information related to their experiences to organisations that can benefit others (Xiang & Gretzel, 2010). Websites also allow greater use of emotional communication connection through the use of sound, colour, and images. Various forms of communication are available, from online to offline channels, all having the same purpose of providing relevant sources of information. In the current digital era, it is common to use the internet to distribute

tourism information, so potential customers can search for information and plan their holiday (Buhalis & Law, 2008).

The content of tourism organisation products on websites carrying information, pictures, and images, is strongly correlated with the organisations' and customers' images (Muhcină et al., 2014). Likewise, maintaining a positive image and reputation in website features can be used as marketing tools to construct customers' expectations of tourism organisations (Dion & Woodside, 2010), as customers' choices are more likely to be based on language, rhetoric, and images on websites that corroborate with their value systems (Muchina et al., 2014). The intention of such a discourse is that it "informs, promotes, persuades using multiple semiotic resources" (Crisan, 2013, p. 943) and combines with visual cues to guarantee a better delivery messages to consumers (Stoian, 2015).

Biddulph and Scheyvens (2018) argued that in several events, tourism and hospitality products and services are advertised as an "exclusive activity" (p. 2), ignoring marginalised groups of people, such as people with a disability. The availability of information on tourism organisation websites increases opportunities to search for services and facilities that accommodate the demands and expectations of embodiment (Alén et al., 2012). Communication in organisations has helped to create emotions and feelings of inclusiveness through the use of rhetoric. Tracy (2000) examined how the role of emotions in organisations helps in creating how tasks are done by employees in the organisations. Employees as organisation actors, commodify their feelings and emotions to generate benefits for their organisation. All this helps in the construction of a tourism organisation's identity that involves perceptions and interactions between shareholders (Cheney, 1983a, 1983b; Christensen & Cheney, 2004). Some research focusing on tourism websites' functional and operational aspects has been carried out (e.g. Bastida & Huan, 2014; Dion & Woodside, 2010; Michopoulou & Buhalis, 2013), but findings indicate a lack of availability of information for people with disabilities. Kim and Fesenmaier (2008) noted the urgency of examining the function of tourism organisation websites in providing persuasive and impressive data that leads to customers' decision making.

The promotion of tourism, in particular accessible tourism, is not as extensive as promotion of other tourism products, because disability issues and disabled travellers are considered a taboo theme in tourism discourse (Gandin, 2018). Studies on websites and social media have examined their functions and comparative persuasive designs (e.g. Bastida & Huan, 2014; Dion & Woodside, 2010), comparing social media applications and activities of destination management organisations (Roque & Raposo, 2016). However to date, the majority of tourism discourse in tourism promotional material from tourism organisations has been dominated with medical approaches, neglecting aspects of communication needs and the expectation of disabled travellers. This ignores one type of organisational communication –websites – that provides information as part of a wider process of identification with organisations.

Burgeoning numbers of studies in tourism have discussed the disability topic, ranging from the economic implications of accessible tourism and accessibility to destinations (Darcy, Cameron, & Pegg, 2010; Shaw & Coles, 2004), to management implications of certain tourist destinations (Small et al., 2012; Shaw et al., 2005). However, inadequate studies have been undertaken on the communication aspect and analysis of accessible tourism, terminology, and language used to define the disabled (Goodwin, Thurmeier & Gustafson, 2004; Iwarsson & Ståhl, 2003). In a wider context, organisations have a moral obligation to the public and other organisations to proactively become agents of transformation through their business environment (Delios, 2010), specifically adding tourism organisation value by incorporating disability needs in their organisational policies, planning and development (Dominguez, Fraiz & Alen, 2013), which can provide advantages for the wider community.

### 3.7 Summary

This chapter presented an overview of the literature in the area of tourism and disability, with a particular focus on senior tourists. Research on seniors has largely focused on the behavioural and motivational aspects of their travel, was confirmatory in nature, and used an applied quantitative approach (Sedgley et al., 2011). The overview of the literature has identified gaps on how ageing impacts on senior tourists' bodily experiences of tourism. The literature in tourism pinpoints

how a relationship with others can be both significant and entangled during a holiday (e.g. Pocock et al., 2013). The review also identified the wider aspects of senior tourists' experiences in destinations, such as the role of tourism providers' communications around accessible tourism in constructing senior tourists' experiences.

# CHAPTER 4

# METHODOLOGY

4.1. The research paradigm

4.2. Paradigm in tourism research

      4.2.1 Social constructionism

4.3. The research design

4.4. Research methods

      4.4.1. Interviewing

      4.4.2. Phase 1. Tourism provider interviews

      4.4.3. Phase 2. Joint interviews

      4.4.4. Phase 3. Secondary data

4.5. Presenting research participants

4.6. Data Collection

4.7. Data analysis

      4.7.1. The thematic analysis procedure

      4.7.2. Secondary data analysis

4.8. Ethical considerations

4.9. Lessons learned

4.10. Summary

# Chapter Four: Methodology

> *... not ruling out knowledge that is gained from personal narratives, fiction, poetry, film, qualitative investigations, philosophical inquiries, participatory action research and any other method of inquiry we may discover that yields insights into fundamental questions about how, and why, we experience old age in very particular ways. We need to worry less about large-scale generalisations and more about getting the story right.* (Holstein & Minkler, 2007, p. 22)

The objective of this methodology chapter is to present the ontological, epistemological, and methodological approaches undertaken in this research. For the purposes of the research, I created a research design and adopted various methods of data collection, analysis and interpretation. The debate over the major paradigmatic methodologies in the social science research is described, followed by a discussion about the paradigms that dominate in tourism studies. The chapter considers several possible paradigms for this research, such as positivist inquiry and critical inquiry. It continues with a discussion on the fundamental philosophy of social constructionism and considers the selection of social constructionism as an appropriate approach to frame this research, to explore the socially constructed and embodied experiences of senior tourists and travel companions. The flow of research design is illustrated, complete with details of the research participant sampling, recruitment process, stages in collecting data, and procedures of analysis. The last section presents ethical considerations, the limitations of the study and concludes with a chapter summary.

## 4.1 The research paradigm debate

*Paradigms* are fundamental sets of beliefs (Guba, 1990; Sarantakos, 2012), forming understandings and perceptions of how the nature of the social world works (Ayikoru, 2009). In research, it is essential to determine a research paradigm, because it establishes the basis upon which the research can be built. In the process of gaining this understanding, questions regarding what is knowable in the structures of reality (ontology) (Blaikie & Priest, 2017), how we determine what we know (epistemology) in connection with the genesis of knowledge (Hughes, 2007), the role of values in research (axiology), and the relevancy of researcher and

the researched (Lincoln & Guba, 2003; Schwandt, 2003) are considered. The *methodology* is concerned with questions that seek knowledge (van Manen, 1990), the framework to direct the inquiry, the methods used, and the analysis employed (Guba, 1990). In any effort of this knowledge production, researchers need to clearly state their philosophical stand points and describe the appropriate paradigm and methodology to explore a phenomenon and make research inquiries. Paradigms are not static entities (Kuhn, 2012), but provide alternative methods to answers research questions, thus have the opportunity to overlap the ontology and epistemology. Subsequently, changing paradigms in order to provide a justification for research inquiries, is common for researchers (Oakley, 1999).

Positivism and interpretativism are the two major paradigms commonly adopted in the social sciences (Denzin & Lincoln, 2011), and are overviewed in this chapter. Thomas Kuhn (1962) introduced the concept of a paradigm in the philosophical and scientific field; it is a Greek word meaning "pattern,". His seminal text *The* Structure of Scientific Revolutions' (1962) emphasised how positivism has been present and dominated in the natural and social sciences over time. Kuhn (1970) further stated that some scientific researchers introduced paradigms which were a series of theoretical frameworks consisting of a set of concepts and systems to answer questions in research. Patton (1990) argued that paradigms also provide scholars "guidance in terms of what is crucial, legitimate and reasonable" (p. 37). Other researchers have defined the term "paradigm," as overviewed in Sarantakos' work. He summarised the ideas from Kuhn (1970), Patton (1990), and Guba (1990).

> A paradigm is a set of proportions that explain how the world is perceived; it contains a worldview, a way of breaking down the complexity of the real world, telling researchers and social scientists in general what is important, what is legitimate and what is reasonable. (Sarantakos, 2012, p. 29-30)

Positivists search for a single objective truth, consisting of mechanisms and structures, and characterised by a detached researcher's position (Dupuis, 1999). Positivist research holds the view that phenomena in the world are determined with figures and measurements, and everything can be observed and predicted empirically (Patton, 2002a). Positivist researchers rely on rigorous process, and prioritise rationality over affective thinking (Dupuis, 1999). The objectivity and neutrality of researchers in positivist approaches are highly valued (Gergen, 2001),

detached themselves from the subjects of their research and primarily applying quantitative methodologies to gain answer of research questions (Lincoln, Lynham & Guba, 2011). Positivism applies a top-down approach, is deductive in nature, and researchers begin with an hypothesis or assumption, then design and set research questions linked to research objectives. Positivist research is based on researchers' perspectives as they are considered to have the privilege and ability to explain certain phenomena based on their knowledge and expertise (Blaikie & Priest, 2017).

Positivism has received numerous criticisms, as it largely ignores research participants' voices (Phillimore & Goodson, 2004) and neglects the various natures of human experience (Kolakowski, 1993). In opposition to positivism, Immanuel Kant introduced the interpretive paradigm (Henwood & Pidgeon, 1992). Interpretivist paradigms highlight social action, value relativism and socially constructed meaning, and emphasise *verstehen* or "understanding" (Neuman, 2006); they offer "a variety of ways of understanding the contemporary complexity and dynamics of lived experience" (Gubrium & Holstein, 1997, p.vii). Max Weber (1864-1920) contributed to the development of interpretivist inquiry, and emphasised that social sciences search for meaning, action, and understanding instead of explaining (Blaikie & Priest, 2017; Outhwaite, 2015). Different disciplines of study have acknowledged the importance of the interpretivist paradigm, which has also been applied in other studies, such as phenomenology and anthropology (Denzin & Lincoln, 2013).

Jamal and Hollinshead (2001) created clear distinctions related to the word "interpretive." In general, *interpretivism* in qualitative research is a method that uses interpretation such as "analysing the meaning of and constructions of various text" (Jamal & Hollinshead, 2001, p. 67). To find themes and patterns to answer research questions, a combination of methods such as observations and interviews, as well as research tools such as content analysis are deployed. The other meaning of *interpretivism* as a research paradigm covers wide ranges of paradigms in social inquiry. Universal truth and objectivity are denied in all of these paradigms, and encourage researchers to think that to understand the world, it should be as experienced by participants (Collins, 2010).

Several paradigms fall under the interpretative approach: phenomenology, participatory, critical, and feminist research, social constructionism, and postmodernism. Interpretative inquiry focuses on social life events and is in-depth and descriptive in nature (Coles, Duval & Shaw, 2013). Within the interpretative point of view, people, along with their cultural background and historical experiences, make sense of the world (Scotland, 2012), and therefore, the existence of multiple realities is acknowledged (Hammersley, 1998). Each individual has the opportunity to share and construct their reality differently (Hammersley, 1998). In this, both the researcher and the researched have their role in knowledge construction (Greene, 1990), while in terms of methods, interpretivists apply inductive, bottom-up approaches (Denzin & Lincoln, 2003; Marshall & Rossman, 2006).

Guided by the framework of the chosen paradigm, the researcher can decide on approaches applicable to the whole research processes.

## 4.2 Paradigms in tourism research

The traditional historical domination of positivist inquiry is commonly found in tourism research. It applies a heavy quantification approach borrowed from the hard sciences, and the positivists' belief that the social world is organised by universal laws and truths – thus, using one's senses, reliable knowledge can be gained (Jennings, 2010; Tribe, 2009). Consequently, tourism as a phenomenon in the social world, can be approached with a positivist's paradigm (Phillimore & Goodson, 2004).

Several studies on senior tourists relevant to this research have been conducted using positivist inquiry (e.g. Javalgi, Thomas & Rao, 1992; Phillimore & Goodson, 2004; Patterson, 2006; Wang et al., 2013), quantitative methods and large sample sizes (Nimrod, 2008). Arguably, this approach tends to marginalise and homogenise the voices and experiences of seniors and focuses on market segmentation (Alén, Losada & Carlos, 2015; Le Serre & Chevalier, 2012), resulting in studies positing seniors as objects, with a study approach *on* seniors rather than *with* them (see Cockburn-Wootten, McIntosh, Smith & Jefferies, 2018; Edmondson & von Kondratowitz, 2009; Sedgley et al., 2011). Consequently, the study of seniors by

positivists using large sample sizes, frequently result in models, grand theories, and predictions around seniors' behaviour (Nimrod, 2008).

To predict the senior market segment and measure future demand, positivist approaches have been frequently used in tourism research (Norman et al., 2001; Sellick, 2004; Zimmer et al., 1995). The application of such approaches results in generalisations, because positivists analyse data using scientific measurement (Jennings, 2010). Guba and Lincoln (1989) considered that

> positivist research commonly uses the quantitative approach and so is certainly associated with a particular view on the production of knowledge; namely, that researchers are value-free and neutral and can be substituted for one another without having an impact on findings. (as cited in Jennings, 2010, p. 75)

Recognising the flaws of this reality-oriented practice, positivist paradigms were excluded for this study for specific reasons. Firstly, positivism searches for objectivity (Lincoln & Guba, 1985), one truth (Gergen, 2001), and generalises and homogenises the phenomenon under study (Tribe, 2009). This results in shallow and undetailed findings. This research sought to gain both the depth and breadth of the experiences of seniors and their travel companions. Senior tourists' personalised accounts of tourism experiences are related to their health status and experiences in later life. Embodied agency can be unique, differing by context and individual, so therefore, it is difficult to generalise (Sedgley et al., 2011). Secondly, using positivist inquiry would restrict the opportunity to examine the emotional and personal lived experiences of senior tourists. Thirdly, a positivist paradigm would diminish the voices of participants, privileging the researcher in an absolute position in the research inquiry.

In light of the purpose of the study to explore the subjective nature of the research topic, I decided the positivist was unfit for this study inquiry. This is because it would limit any chances to reveal the essence of multiple realities, stories, and opinions about the experiences of the various research participants. Therefore, I adopted a participatory and collaborative approach to generate deeper understandings and convey the meaningful information needed to meet my research aims and objectives (see Crotty, 1998).

The interpretivist researcher critiques the application of positivist approaches (Denzin & Lincolb, 2005). In interpretivist research, some concepts are available, and one such is critical theory, but they all have one thing in common; they all use critique. While advocating for investigation and understanding of phenomena in society, critical theory supporters go further with critique, to search for emancipation and transformation in the wider community. Cockburn-Wootten et al. (2008) for instance, examined the ways gendered power relations in grocery shopping have replicated and situated females into the traditional roles of mother and housewife, limiting their leisure time. Robertson (2014) and Sabat (2005) argued that critical theory supports changes based on insights from the individuals subjected to oppression.

The characteristic of critical theories is to achieve positive value and bring justice, especially to those stigmatised in society (Jennings, 2001). Ontologically, the world is complex, and consists of power structures, creating suppression and exploitation of marginal groups (Jennings, 2001). Epistemologically, research can be a tool to change the knowledge values and situations of these marginalised people. The researcher's value then is in contributing to changing a social situation (Cockburn-Wootten et al., 2018). Research adopting critical theories has been applied in tourism studies, for example, in the work of Causevic and Lynch (2011) questioning the role of tourism in the post-conflict area of Bosnia and Herzegovina. Their study found that although tourism does not necessarily make any significant economic impact, it can be a useful medium for accelerating reconciliation in a post-war area through enacting social dialogues.

Similarly, some studies have applied critical theory to researching the experiences of people with obesity, when travelling on airlines (e.g. Small, Harris & Wison, 2008). Small et al.'s (2008) paper illustrated the core of critical theory, questioning those controlling the travel rights to fairness for passengers with obesity. The study concluded with data on the increasing number of obese people, and the possibility that airlines may lose passengers. Several actions were recommended by the researchers to solve this problem, such as limited inflight seating enlargements, presenting a diverse range of people in their advertisements, including people experiencing obesity, conducting pre-market studies prior to designing airline amenities and facilities, and introducing the diverse features of passengers into staff

training. The application of critical inquiry in tourism studies provides insights into how the industry dominates and creates assumptions that can ignore or marginalise groups of people.

Another approach that draws from critical perspectives, which might be implemented to examine the social construction of embodied experiences of senior tourists with disabilities, is feminist theory. Feminist researchers bond with the common imperative, having a "strong commitment to changing the status of women in modern societies, to studying women, and to employing female feminist researchers" (Sarantakos, 2012, p. 54). There is potential for tourism research to use a feminist perspective, for example, with research into senior womens' participation in senior positions in the hospitality and tourism business (Jennings, 2010), or female tourists' experiences (Small, 2016). Instead of emphasising the biological aspect, feminist theory simply focuses on the construction of gender (e.g. Cockburn-Wootten, et al., 2008; Figueroa-Domecq et al., 2015). Several feminist researchers have undertaken collaborative and participatory approaches in their work. For example in leisure studies, Wearing and Wearing (2000) studied discriminations and gender disparities in leisure activities (Foley et al., 2007).

Using a feminist lens, Cockburn-Wootten et al. (2006) critically analysed the languages that shape female traveller intentions and understandings of the meaning of experiences. Similar methods have been applied to investigate the promotion of modern travel books to female travellers, particularly looking at how text influences female travel experiences, as well as how text presented in travel books can create conflicting messages (e.g. Wilson, Holdsworth & Witsel, 2009). Reviewing these feminist theories and in consideration of the embodied nature of the experiences of senior tourists, I considered that a feminist perspective could be applied to research gender issues and the experiences of senior tourists. Although the nature of feminist research is in value differences (Olesen, 2005), in this research, gendered aspects such as emancipation would not be discussed, therefore, I concluded a feminist perspective was not suitable for examining the social construction and embodied experiences of senior tourists with disabilities.

Participatory and postmodern paradigms also fall under the interpretative framework. These two paradigms embrace the multiplicity of realities to obtain

intense understandings of the topic under research (Heron & Reason, 1997). Both the knower and the known are involved in the process of co-creation of knowledge, through dialogues and collaborations. The essence of participatory research is "research is done by people with each other, not by researchers on other people or about them" (Heron & Reason, 1997, p. 284). Within participatory frameworks, research participants' motivations and involvement are highly acknowledged, and the participatory research seeks change (Westwood et al., 2006). The participatory paradigm in tourism research might be useful in the areas of native communities (Tobias, Chantelle, Richmond & Luginnah, 2013), and research into improving local residents' life's quality (Jennings, 2010). An example from Cockburn-Wootten et al. (2018) highlights the importance of transformational changes in developing inclusive sustainable partnerships involving different stakeholders from academic, private, and non-profit organisations to overcome issues such as economic disadvantages and social exclusion.

In the same way the idea of heterogeneity applies to feminist perspectives, postmodernism values various definitions and meanings that can be applied to different research areas. Academics with postmodernist perspectives principally concentrate on performance, and how this is constructed through particular discourses and narrative accounts (Alvesson, 2012). In contrast to a positivist stance, postmodernism supports the diversity of realities and offers opportunities for researchers to understand various explanations of tourism phenomena (Jennings, 2010, p. 56). Postmodern views that there is no connection between the past and the future, and that the world is evolving, and the only thing that relevant is the present time (Neuman, 2006). Postmodernism was deemed inappropriate in examinations of senior tourists' embodied experience, since the postmodernist approach only focuses on the contemporary situation, whereas this research also sought the lived experiences of research participants that connected with experiences in the past. Guided by the aim of this research to explore how the embodied experiences of senior tourists with disabilities is constructed, and to gain an understanding of how senior tourist experiences are constructed by broader contexts, social relations, and the environment of their holidaying, and to explore the contribution of families/friends and others, social interactions between research participants and

their meaning played a significant role. The social constructionist paradigm and its implementation is therefore outlined in the following section.

### 4.2.1 Social constructionism

To create transparency, and clearly illustrate how we do research and what we learn about the phenomena in the world, researchers must justify the research paradigm chosen (Dann, 1996). The social constructionist paradigm is commonly adopted to examine phenomena in tourism, in particular; host and guest relationship, travel, and hospitality experiences (Pritchard & Morgan, 2005; Tribe, 2005). As a social phenomenon, tourism is a social activity that occurs within various multi-cultural environments. Hence, all aspects such as geographical, cultural, and social, should be considered, and since tourism environments are perceived beyond places/sites, it embraces place for the construction of socio-cultural experience (Crouch, 2000).

Known as the founder of "social construction," following their book *The social construction of reality*, Berger and Luckmann (1966) developed a new way of observing, understanding and making claims of knowledge. Central to this theoretical understanding was "the tenet that human experience of the world is always mediated by the socially inherited meanings actors actively confer upon it" (Weinberg, 2009, p. 285). Symbolic interactionism is the basis from which this paradigm draws the sub-discipline (Clarke, 1990; Star, 1989). Schutz and Natanson (1973) acknowledged that people construct their reality through everyday life practices. Understanding among people in the community group is gained through socialisation processes in which they have share common knowledge and language (Berger & Luckmann, 1966), with particular interests in communication, deconstruction, and discourse (McNamee, 2004). Therefore, the major focus of social constructionism is to disclose how persons or groups of people are involved to construct realities, and how these phenomena are established, institutionalised, identified, and become people's traditions.

There are two ways of viewing the social construct; the first is social constructivism. Rooted in developmental and cognitive psychology, Lev Vygotsky emphasised the crucial aspect of interactions in human cognitive development (Vygotsky & Cole, 1978). Known as *constructivism* or "Piagetian theory," it explains how individuals construct their world image based on their experience, and that the real world is a

different place for each of us (von Glasersfeld, 1995). This led to the understanding that every person through cognitive practice, conceptually constructs their own experiences based on their senses or nature, and we have to accept this, as psychological and social phenomena result from situations that occur at a neurological level (Young & Collin, 2004). This differs from the views of positivists, believe that that the world cannot be known directly, as knowledge construction happens in the mind. For example, children, tend to have the ability to construct their world image (Piaget, 1955). Gergen (1994) challenged this way of thinking and argued that seeing the behaviour as a result of neurological processes, creates difficulties in recognising the cause of phenomena in the social world. This approach ignores social relations and performances in knowledge creation (Burr, 2015).

Research underpinned by social constructivism extends into the area of education (Bruner, 1966). Focusing on the mind and emphasising how individuals actively construct their worlds is an extraordinary feature of social constructivism (von Glasfeld, 1984). As Burr (2004) elucidated,

> constructivism shares some basic assumption with social constructionism but it differs from it in the extent to which the individual is seen as an agent who is in control of the construction process and in the extent to which our constructions are the product of social forces. (p. 185)

The second view is *social constructionism*, which is rooted in the social sciences with particular attention to interactions. *Constructionism* recognises the complexity of community interactions, which are the principles of social constructionism (Berger & Lukmann, 1967). Social constructionism acknowledges the different social processes of externalisation, objectivation, and internalisation. *Externalisation* refers to a situation in which individuals perceive and accept what already exists in society. *Objectivation* refers to the product of activity that is "available to both to their producers and to other men as elements of a common world" (Berger & Lukmann, 1967, p. 49). The last, *internalisation*, relates to individuals that are gifted with cognisance, and can easily adapt and socialise in various environments (Berger & Lukmann, 1967). In addition, Berger & Lukmann (1967) stated that individuals, through dialectical practices and interactions, establish actions, and once these are accepted in the larger group, they are

legitimised. Hence, when the actions are legitimised and well established in society, reality has been socially constructed. Berger & Lukmann (1967) illustrated the important of sociological perspectives with a particular focus social construction processes:

> A 'sociology of knowledge' will have to deal not only with the empirical variety of 'knowledge' in human societies [i.e., *historicity*], but also with the social processes [i.e., *sociality*] by which *any* body of 'knowledge' comes to be socially established as reality [i.e., *reflexivity*]. (p. 3).

Social constructionism is widely used in the contemporary tourism studies (e.g. Bottterill & Platekamp, 2012; Hollinshead, 2004; Jamal & Everett, 2004). Tourism researchers Botterill and Platenkamp (2012) defined social constructionism as "a philosophical position whereby the meaning of the social world is not discovered but is constructed by history, society, ideas and language" (p. 25). From this perspective, tourism is perceived as a concept that embraces cultural diversities and multiple worldviews, and at the same time appreciates the heterogeneity of positions, and the insights of researchers (Ren, Pritchard & Morgan, 2010). Therefore, the essence of social constructionism lies in people's interconnections, language, dialogue, community and narrative (Gergen, 1999) and "knowledge is seen as a product of activity and purpose" (Cromby & Nightingale, 1999, p. 6), in which human continuously explore it. Truths are constructed and negotiated in dialogue and interactive processes. In this way, social constructionism as Slife (1995, p. 1135) described, is

> principally concerned with explaining how people experience and describe the world in which they live. Social constructionism looks for common forms of understanding, common "constructs", or views of the world that are created and shared by most people in a society.

Although both constructivism and constructionism hold the similar perspective that the "human world is socially constructed" (Cromby & Nightingale, 1999, p.5), constructivism merely focuses on the mind, whereas this research seeks to understand the socially constructed realities of experiences and personal histories in relation to a particular social activity – the embodied experiences of senior tourists. Accordingly, social constructionism is the paradigm for this research.

Epistemologically, in social constructionism, researchers take account of the participants' points of views in explaining how participants perceive the topic under study (Patton, 2002a). This study entailed interactions with senior tourists and their travel companions in a convenient conversation (Patton, 2002a), thus enabling them to share their experiences, and perceptions of bodily experiences. Further, through social constructionism, the researcher can gain an appreciation of research participants' understandings of a phenomenon, how it is constructed, and reconstruct their meanings (Gergen, 1999). Social constructionism focuses not only on subjectivity, but emphasises the wider aspects of a social context (Burr, 2015). Reflexivity is required to understand how the wider elements such as history and culture, construct people's understandings of a certain phenomenon (Burr, 2015). Researchers need to reflect on how the wider elements, cultural, historical background, and social interactions, all constitute individuals' relationships and understandings of a particular phenomenon (Burr, 2015). Methodologically, to understand the research participants' points of view, the researcher draws from the data inductively, and centres attention on the "individual's role in the active construction and reconstruction of reality through interaction with others and the meaning attached to various aspects of tourism" (Phillimore & Goodson, 2004, p. 40).

Both paradigms, social constructionism and social constructivism, similarly accept that human interactions are the results of social constructions of the real world, thus generating personal understandings of their experiences. *Social constructivism* foregrounds peoples' interactions and actions individually or with others, and creates their knowledge. In contrast, *constructionism* is emphasised in social interactions, relationships, and the places where activity occurs. Burr (2015) pinpointed the difference between the two "in the extent to which the individual is seen as an agent who is in control of this production process, and in the extent to which our constructions are the product of social forces either structural or interactional" (p. 22). Therefore, knowledge is dynamic and evolving (Aitchison, 2003), as it interaction based, and human beings are actively involved in and establishing larger social organisations to manage their existences (see Lock & Strong, 2010).

## 4.3 Research design

Underpinned by the social constructionist paradigm, the research design presented in Figure 2 acknowledges the plurality of ontological points of view, highlighting the philosophical principle that humans are socially and culturally constituted. Complex phases and multiple sources of data were needed to validate the research findings.

| | • Approach | Description |
|---|---|---|
| **Paradigm** | • Social constructionism | • Research question directs the design and researcher is part of research process |
| **Episteamology** | • Acknowledge multiple realities | • Reality is only on true findings based on social interactions |
| **Ontology** | • Subjectivity - value laden | • Probability of true finding valued equally |
| **Method** | • Inductive, qualitative inquiry | • Exploration and understanding experiences of senior tourist with disabilities |
| **Research site selection** | • Bali, in collaboration with travel agent and accommodation provider | • Methodological, theoretical, and pragmatic criteria |
| **Sampling Recruiting** | • Purposive sampling using gatekeepers | • Enables and provides access to senior tourists with disabilities |
| **Data Collection Phase 1** | • Interviews with research participants from tourism providers | • To have insights of policy, experience, and future of accessible tourism in Bali |
| **Data Collection Phase 2** | • Initial meeting and follow up with interviews senior tourists and travel companions | • To gain understanding of embodied experiences of senior tourists with disabilities and of their travel companion |
| **Data Analysis 1** | • Thematic analysis combined with narratives of personal stories | • Data processing and conceptualisation, combined with development of individual stories |
| **Data Collection Phase 3** | • Contact NZ Age Centre & Social Club to access potential senior tourists who have visited Bali | • Initial meeting to explain purpose of the research, and when they agree arrange the next meeting for interview |
| **Data Analysis 2** | • Secondary data retrieved from Tourism Organisation's Website | • To explore how language, rhetoric and discourse is used in tourism organisations' media |
| **Data Collection 3** | • Critical analysis using Cheney's Identification. | • To understand how organisations' identification communications tactics shapes customers' expectations |

*Figure 2 The flow of research design*

## 4.4 Research methods and sampling

The ultimate aim of this research was not to generalise or hypothesise, but to develop an understanding of human travel experiences in holiday destinations with a specific focus on the lives of seniors who experience disabilities. The distinction between quantitative and qualitative research is that in quantitative research, accurate categories are determined prior to the data collection stage. Contrastingly, in qualitative research, categories are developed based on the data collected and participants' lived experiences (Denzin & Lincoln, 2005). The advantage of qualitative research is that it can "describe phenomena in rich details when only little is known" (Johnson & Onwuegbuzie, 2004, p. 20).

The increasing demographic changes to senior populations have become a driving force for studying the elderly (Patterson, 2006). Many senior tourist studies are quantitative in nature, positioning older people as a homogenous group (González et al., 2009). This approach has received criticism from scholars, as it restricts the ability to understand how individuals ascribe meanings in tourism (Nimrod, 2008; Patterson, 2006; Sedgley et al., 2011). Therefore it was important for this research to get first hand insights from senior tourists. A small number of studies have adopted qualitative inquiry, examining senior tourists' travel behaviour (Blichfeldt, 2007; Nimrod, 2008; Sedgley et al., 2006).

This research used the social construction paradigm, and was exploratory and inductive in nature, to increase opportunities to gain better understandings of the lived experiences, by allowing participants in this study to talk about their experience from their own perspectives and contexts (see Jamieson & Victor, 1997). The analysis was conducted inductively with the purpose of developing theories or general conclusions on the research topic (see Cockburn-Wootten et al., 2008). *Establishing concepts* means to "delve into underlying processes so as to understand the systematic reasons for a particular occurrence or non-occurrence" (Sutton & Staw, 1995, p. 378).

Three research objectives and a sampling approach were adopted to help understand the phenomenon under investigation. Using a social constructionist paradigm, I

realised that one set of data would not suffice for understanding different perspectives, experiences and assumptions. Accordingly, since the main focus was to understand the embodied experiences of senior tourists, I also sampled tourists. Accordingly, acknowledging other voices in the construction of the experiences and the multiple nuances in travel experience noted in the literatures, I sampled travel companions, to help meet the second research objective. To understand the wider social context of Bali in terms of what was happening in the perception of tourism providers' understanding of the value of accessible tourism, I also sampled tourism providers, and completed an examination of tourism provider websites, showing organisations' identification with the implementation of accessible tourism.

Individuals may respond differently to similar events and places, so giving research participants a voice to express their experiences, allowed viewpoints to be heard that might otherwise be excluded (Larkin, Watts & Clifton, 2006). Adopting qualitative tools in this research gave flexibility to the researcher to draw deep and detailed conclusions (see Denzin & Lincoln, 2003; Patton, 2002a). To gain understandings of the construction of experiences of senior tourists with disabilities and the meaning provided by research participants, this research also looked at different parts of the phenomena, such as travel companions, who provided a wider context of social relations, contributing to inter-subjective constructions of the experiences. Trustworthiness in this research was gained through the application of a multiplicity of data collection methods (see Shenton 2004). In addition, employing different research approaches helped overcome the study's weaknesses and benefited each other (see Guba, 1981).

The research began with identifying the organisations that could help gain access to prospective research participants. Purposeful sampling was employed (see Patton, 2002a). Abrams (2010) pointed out the necessity of having agencies as an entry point during research, as they can enable access, meeting locations, and research participants. Prior to the data collection process, I contacted through email, one of Bali's travel agents and one specialised accommodation provider who provided services for tourists with access needs. This email intended to ask for the organisations' assistance with recruitment and provide the opportunity to ask for the tourism providers' involvement in the study. The initial contact and negotiation with the two organisations was considered significant, as they acted as

intermediaries or gatekeepers, identifying and having direct contact with potential research participants (see Russell, 1999). It was crucial to maintain connections and know each other's' tasks and responsibilities (Nicholson, Colyer & Cooper, 2013). In this research, the managers acting as gatekeepers, distributed the invitation leaflets to potential research participants. When they showed interest, the manager contacted me and mentioned the time options given by the prospective participants for an initial meeting.

To determine the eligible potential participants in this study, the following criteria were applied: senior tourists had to be over 60 years old, have disabilities be/had been in Bali for a holiday, and be willing to participate in the study. For their travel companions, the following criteria were applied: they had to be identified by a senior tourist participant as providing support for them, and be present during the data collection process. In addition, travel companions had to be appointed by seniors and be in relationship personal/professional, willing to participate, and have known the main research participant for at least one year.

In total, 23 research participants took part: seven senior tourists with disabilities, six travel companions, and ten tourism providers. In addition, six tourism provider websites were analysed to understand their views of accessible tourism in Bali. To determine research participant eligibility, I applied criteria linked with the descriptors outlined in Chapter One. As noted in section 4.4, the recruitment of research participants faced challenges due to a volcanic eruption that caused travel cancellations. This indirectly influenced the research process, as only a limited number of research participants were found to take part in the research.

Although the number of participants was considered small, as this qualitative research had the purpose of gaining in-depth insights of seniors with disabilities on holiday, a small sample was deemed realistic. Despite developing general findings in relation to a specific phenomenon as in quantitative research, this qualitative study sought for elucidation and understanding of the holistic embodied experiences of senior tourists with a disability while on holiday; therefore a few research participants were considered to be able to provide valuable insights (see McIntosh, 2020, Sedgley et al., 2017). Furthermore, Fennel (1990) commented that, "we may learn more from in-depth interviews with only a handful of older people"

(p. 65). A qualitative study focused on the embodied experiences of women with multiple sclerosis, based on three participants (e.g. Vicks, 2013), and other research on the travel experiences of people with epilepsy, had just one to seven participants (e.g. Collard & Marlow, 2016; MacCosham, 2017; McIntosh, 2020).

Using multiple approaches (e.g. interviews) and the analysis of secondary data applying Cheney's Identification Theory. In addition, this study applied multivocality, which, much like triangulation, acknowledges different sources of information (see Tracy, 2010). The essence of *multivocality* is to seek different opinions to search for a better understanding of the phenomenon under examination. In this research, I sought the voices of senior tourists, travel companions, and tourism providers. Despite the focus on one aspect (i.e. the embodied experience of senior voices) [see Small, 2003; Sedgley et al., 2011] and accompanying others [see Ross, 2005]), I have elaborated on the tourism providers' perspectives (see Gillovic & McIntosh, 2015; Page et al., 2014) and organisation communications identification (see Cheney, 1991; Cheney & Christensen, 2001). As such, these combinations enabled an understanding of the social construction and lived embodied experiences of senior tourists.

During the research process, I tried to remain open to different types of disabilities in older people lives. I did not exclusively search for senior tourists with physical disabilities, since I value diversity in disability. For example, one of the senior tourists participating in this research experienced a cognitive issue (mild memory loss). It was interesting to note that senior tourists' disabilities/impairments arose from ageing related illnesses, such as in the case of the senior tourist who suffered from stroke, which impacted his daily performance. The detailed research approaches are presented in the following section.

### 4.4.1 Interviewing

In qualitative inquiry, interviews are a common data collection method. Some examples of the application of interviews as a data collection method can be found in countryside tourism in the UK (Alexander & McKenna, 1998), tourism business corporate responsibility (Miller, 2001), and health and travel (Voigt, Brown, & Howat, 2011). Whether researchers realise it or not, embodiment is an essential elements of interviews and begins from the moment we choose our research

participants, and as this selection is foregrounded by particular attributes; age and sex are among the examples of embodiment (Ellingson, 2017). In the practice of interviewing, bodies engage with each other. Researchers define *interviews* as "a conversation with a purpose" (Ryan, 1995, p. 209) and "one of the many ways in which two people talk to each other" (Benney & Hughes, 2017, p. 176). The active communication throughout the conversation process helps researchers gain an understanding of people and their social nature (Holstein, 1995). This means interviewing is an instrument applicable to conducting an investigation into social constructions of individuals' understandings (Burr, 1995).

Fontana and Frey (2000) differentiated between three types of interviews: structured, unstructured, and semi-structured interviews. To delve into the deeper meanings of answers to questions in research, semi-structured and unstructured interviews are usually adopted. For this reason, semi-structured interviews were employed in this study, as these widened opportunities to prompt with additional questions, depending on the answers given by research participants (see Neuman, 2006). Applying semi-structured interviews allows researchers to directly research participants' responses into the specific context of inquiry and allows researchers to follow up with other questions (McIntosh & Morse, 2015).

In the process of meeting the aim of the research and writing the research questions, a review of disability and tourism scholarship was conducted to explore related questions (see Whitmore et al., 2015). I was mindful that the responses of interviewees may differ from the plan, so as needed, follow-up questions, probes, and clarifying questions were employed to gain more understanding and confirm responses (see Berry, 1999; Bryman, 2012; Dupuis, 1999).

### 4.4.2 Phase 1: Tourism provider interviews

To identify how tourism organisations responded to accessible tourism, Buhalis and Darcy (2011) and Gröschl (2011) recommended examining how the sector engaged, accommodated, and provided systems to support accessible tourism. This approach provides insights into the challenges, practicalities, and policies in the tourism industry. With ethical approval granted by the Waikato Management School's Human Research Ethics Committee, participants were invited to participate in the interview process. Initially, 20 tourism organisations were contacted, ranging from

Bali tourism organisations to various businesses and personnel such as travel agents, tour leaders, and hotel and destination managers, who were included in the profile organisations. Twenty invitation letters were sent to each organisation and followed up with several courtesy telephone calls to ascertain the connection to a representative of the organisation. The profiles of people approached varied from those at the top levels of organisations to those at operational levels, and were as follows: two from accessible tourism organisations, six from destination organisations, ten from mainstream accommodation, and two travel agents.

Ten tourism industry groups voluntarily participated in this research, representing 50% of the responses from those approached. The venues and times of the interviews were based on the participants' choices, and were mainly in the offices and restaurants of the organisations, to minimise time disruption for participants (see Legard, Keegan & Ward, 2003). Those who agreed to participate, were two from accessible tourism organisations, three from destination organisations, four from accommodation providers, and one travel agent, representing 50% of participants. This low number was not seen as a limitation, especially once the point of saturation had been reached (see Fusch & Lawrence, 2015; Patton, 2002a). All participants were directly involved in the tourism industry, with two working in organisations specifically catering to the accessible market; the remaining eight were in mainstream organisations that did not identify their business as serving accessible tourism. To protect their confidentiality, the names of tourism industry groups are not presented, as the participants were in professional roles, so their participation needed to incur minimal risk to them.

### 4.4.3 Phase 2: Joint interviews

To investigate the experience of senior tourists' holidays and further investigate the views of their travel companions in the construction of the experiences, joint interviews were utilised. Frequently used in health research, joint interviews involve an interviewer and two interviewees (Polak & Green, 2016). Joint interviews are "interviews with two people who have a prior relationship and who are interviewed at the same time" (Polak & Green, 2016, p. 1639). Joint interviews as a method of data collection bridge the gap between one-to-one conversations and group discussions. Gaining information by interviewing other members of family

or friends of key participants, overcomes the drawbacks of singular methods, and thereby generates reliable information, which can be useful for data interpretation (Tracy, 2010),

Joint interviews were employed in collecting data to provide direct observations of the relationships, and the dynamics and negotiation of meanings between senior tourists and travel companions. Responses offered "insights into the process of storytelling and interpersonal relationships" (see Riley, 2014, p. 245). According to Taylor and de Vocht (2011) joint interviews can "provide particular insights that are not achievable in individual interviews because they provide a window into the couple worlds of shared experiences and meanings" (p. 1584).

Prior to each interview, an informal meeting was established to gain trust, get to know each other, and answer any questions raised by participants. At this time, I also asked the main participants to identify their travel companion. I have provided the descriptions of senior tourists with disabilities and travel companions in Chapter One. Using an *ethic of care* in which concern and respect needs to be shown towards others in order to avoid harm and distress (Black, 2005; Fine, 2004), intervals of time were provided to research participants before the interviews. The time between informal meetings and interviews ranged from three to four days, to allow senior tourists and travel companions to have a break following their visits to tourism sites in Bali. Longer times were not possible due to time restrictions, and some left Bali within seven days of the initial meeting.

Almost all senior tourists appointed their travelling companion participant. Five came with their spouse and one with a carer as a travel companion. In the initial meeting I asked participants if they wanted to be interviewed together or separately, and all decided on joint interviews, and refused to participate individually (see Gysels et al., 2008, Johansson et al., 2014). This option was particularly pertinent to reduce negative impacts resulting from interviewing participants together, for example, with domination of one over another (Matheson, Hartcourt, & Hewlett, 2010) or a spouse affected with sadness or frustration, or love (see Ussher, Wong & Perz, 2011). One senior tourist participant who had a weak memory, mentioned that he needed his wife in the interview, as he had a poor memory, and required help from his wife to recall some events; her presence helped him remember (see

Kendall et al., 2010). Additionally, from a methodological perspective, interviewing couples or individuals with travel companions helps to develop credibility of information, and leads to informant triangulation (Morris, 2001). This means the data in this study were derived from multiple informants' sources and looked at similarities, differences and overlapped between what was said by the informants related to the topic of research, which also helped the comprehensibility of the study result (see Decrop, 1999). The application of joint interviews might cause tensions in the couple interactions (Sakellariou et al., 2013), fortunately during the interview process participants seemed to be enjoy the conversations and comfortable.

The information pack consisted of information sheets and consent forms for both senior tourists and travel companions (Appendices C to H), and which were provided at this stage. Due to the nature of the topic, which had the potential to remind participants of uncomfortable experiences and upsetting situations, being accompanied by someone close (i.e. travel companion) was considered to help the process of interviews, as the senior tourists could feel comfortable and enjoy the interview. This approach also liberated me from the responsibility of having a therapeutic role, particularly in interviewing participants who had experienced illness, as a partner's companionship is valuable for providing a sense of security (see Sohier, 1995, p. 99), and minimising pressures in problematic circumstances (see Norlyk, Haahr, & Hall, 2016).

Because one of aims of this research was to gain an understanding of the relationship between two or more persons who have an intimate connection and to further validate the main participant's story (see Baldassar, 2008), the research foregrounded human experiences by listening to senior voices (Barbato, Graham, & Perse, 2003). Referring to the nature of human experience is a shared experience and values the dependability on each other in the construction and making sense of the experiences (Jackson, 2012). The joint interviews provided an opportunity for sharing individual life-worlds which are rudimentary in human interactions (Moran, 2000). Through various aspects in life, such as those that are financial, biological, social, and emotional, human beings are linked to each other, thus situations serve as the foundations of interconnectedness in human experience (Arendt, 2013).

Therefore, jointly interviewing senior tourists and travel companions who had an influence on shaping the senior tourists' experiences, was applied in this research.

Interviews with travel companions focused on their relationship with the senior travellers. The interview questions were developed to explore the travel companions' points of view regarding the travel experiences of seniors with disabilities while holidaying in Bali, and how they provided support for the main research participants.

At the time of the data collection, from August to October 2017, the biggest volcano in Bali Island - Mount Agung, started to show volcanic activity along with tectonic earthquakes, these natural activities strengthen until the end of 2017. Since the situation became uncontrolled, forced the Indonesian National Disaster Management Authority (BNPB) to increase the alert level to the highest level, around 122,500 villagers who lives near the volcano were evacuated (IFRC, 2017). The ash plume was seen for couple of times, the authority decided to clear the area started on the 24th September 2017. Consequently, this emergency condition brought a significant implication to the regional tourism business. Many bookings were cancelled, those who had made reservations changed their holiday destinations. Indirectly, this situation affected the continuity of my research. I consulted with my research supervisors, I was encouraged to finish what I had done so far and pursue other New Zealand research participants.

The next data collection was held in New Zealand. I contacted two social clubs (The Link and the Hamilton Cosmopolitan Club), one church (Cathedral of Blessed Virgin Mary), and the Age Centre in Hamilton, New Zealand. After explaining the purpose of the research with the person in charge in each location, I was allowed to put the invitation letter on their notice boards. Similar criteria were applied to the New Zealand based research participants for both seniors and travel companions, except for the changed criterion, that they needed to have been to Bali for a holiday in the last two years. The two year time frame was to provide ease of capturing accuracy and closeness in their reflection (Pocock, 2011).

After two months of waiting from April to May 2018, I received a call from a senior tourist who had been to Bali for two weeks' holiday in June 2016. We then arranged a time to meet for introductory and interview.

### 4.4.4 Phase 3: Secondary data

Multiple sources of data can be gathered in qualitative research, and incorporated to elucidate the phenomenon under research (Sohier, 1995). The major sources of data in this research were observations and interviews. In qualitative research, secondary data are also considered as valuable sources of information (Decrop, 1999). Secondary data are accessible from various media. The aim of using secondary data in discovering the espoused values, discourse and language of the organisations (see Pritchard & Morgan, 2005). Among other tourist discourses, are brochures, travel guides, and websites (Scarles, 2012).

One readily available source of secondary data is the internet, which plays a significant part in information provision around the world. Internet usage in destination marketing is the main communication medium with prospective tourists. Online services for bookings and advertisements are offered by the majority of tourism providers (Kim & Fesenmaier, 2008). According to Zach, Xiang, and Fesenmaier (2007) the information provision and usability of a website are strategies to attract prospective visitors to purchase a product. Brochures, travel blogs, and online commercials, are among the examples of open access information. Hence, with the availability of online tools, tourism businesses have the opportunity to sell their products internationally, as they can be easily accessed by people worldwide.

The text, language, discourse, and visual images presented in websites, are secondary data created for identity construction, promotion, recognition, and acceptance (Hallett & Kaplan-Weinger, 2004). These are made for both parties, the organisation and audience, as no-one is absent from the effect of the discourses, and both parties are involved in the identification process. In organisations, employees show their commitment to and membership of the organisation through websites, while audiences observe and interpret the content presented, as this determines their decision-making processes and the choices made (DiSanza & Bullis, 1999).

Attaining a sample of tourism organisations providing services for people with a disability was challenging, but the Google search engine helped to establish samples for analysis. Although there are no strict guidelines in relation to the quantity for secondary data samples (Creswell & Miller, 2000; Patton, 2002a), Patton (2002a) suggested that reliance on a small sample in qualitative studies is expected, because the nature of the studies is to explore the detail and depth of the datas.

Seeking information from the internet consists of three phases: search, primacy, and elaboration (Kim & Fesenmaier, 2008). In the first stage, I used the Google search engine to find organisations identifying themselves with accessible services. Using the key words of "accessible tourism," "travel with wheelchair," "disability travel," "accessible accommodation," "accessible destinations," and "Bali" interchangeably, 14 tourism organisations were found (two travel agents, three villas, and nine accommodation providers). Since secondary data in this research were used to analyse organisation websites, organisation identification was cross-checked against the content of its website. Some of the websites displayed general information about the services and facilities available in the organisations. Also, since the purpose of secondary data analysis in this research was to examine the organisations' identification from their language, rhetoric, and discourse (see Cheney, 1983a) on accessible tourism, websites that did not provide this information were omitted from the list. For example, Nusa Dua Bali Hotel presented a picture with the text "premier room disabled bathroom" in the room facilities section without additional information. This website was excluded as there was no text to be analysed.

**Table 1**. *Illustration of secondary data retrieved*

| First Stage: | Second Stage: | Final Stage: |
|---|---|---|
| Using keywords: "accessible tourism" "travel with wheelchair" "disability travel" "accessible accommodation" "accessible destinations" "Bali" | Fourteen tourism organisations correlated with the keywords were cross-checked against the websites' information to determine eligibility for inclusion as secondary data - for example, to ensure they presented accessible related information on the website. | Six websites were identified for further secondary data analysis. |

Implementing purposive sampling (Lindlof 1995), helps researchers determine their criteria. In this study, service providers who identified organisations with accessible tourism on their websites were selected. As a result, accommodation providers such as travel agencies and villas were selected, as these organisations had websites and consistently adopted concepts and guidelines, and applied strategies, policies, and practices of accessible tourism as the foundations for operating their organisations.

In academic research, information available online benefits researchers. Analysing data that are available publicly, allows researchers to develop new hypotheses and/or additional interpretations (Sherif, 2018). Heaton (2004) highlighted that secondary data analysis is a methodology "for conducting free-standing studies using pre-existing data originally collected for other purposes" (p. 9). A large data-set can be obtained from text assessments, observations and interviews (Kaufman, Guerra, & Platt, 2005). Therefore, the incorporation of qualitative secondary data can deepen and widen understandings of phenomena under study and bring understandings of the issues under investigation and uncover the stories of specific issues (Broom, Cheshire, & Emmison, 2009).

Bishop (2007) and Bishop and Kuula-Luumi (2017) argued that in qualitative research, the application of secondary data is relatively new. Various sources of secondary data collected from different sites have advantages, especially for researchers with limited time and financial resources. For researchers who experience issues in data collection or require flexibility during data collection

processes, secondary data increase opportunities for them to conduct research (Smith & Smith, 2008). The use of secondary data also has some drawbacks, such as the risk of using information that is not updated (Sherif, 2018).

## 4.5 Presenting the research participants

This section outlines the number of participants - senior tourists with disabilities and travel companions - but the names of people and organisations are not presented, to protect their privacy.

**Table 2**. *Summary of the senior tourists and travel companions*

| Name | Age | Time in Bali | Residency | Occupation | Gender | Travel companion | Relationship with senior tourist | Time known | Occupation | Age |
|------|-----|--------------|-----------|------------|--------|------------------|-----------------------------------|------------|------------|-----|
| Simone | 68 | Two weeks | Australia | Retired | Female | Samantha | Friend/informal carer | 15 years | Carer | 65 |
| George | 75 | Three weeks | Australia | Retired | Male | Liz | Wife | 10 years | Librarian | 62 |
| Eddie | 85 | Two weeks | Australia | Owner of small business | Male | Floral | Wife | 57 years | Owner of small business | 82 |
| Victor | 76 | One month | Australia | Retired | Male | Leonni | Wife | 36 years | Housewife | 64 |
| Patricia | 65 | Two weeks | Australia | Retired | Female | William | Husband | 41 years | Retired | 74 |
| Tom | 72 | Ten days | Australia | Farmer | Male | Cristy | Wife | 24 years | Housewife | 64 |
| Mike | 63 | One month | New Zealand | Retired | Male | N/A | N/A | N/A | N/A | N/A |

Table 2 presents the demographic characteristics of research participants, with the aim of providing the reader with information about who they were. Participants comprised seven senior tourists: two females and five males, aged between 63 and 85 years old. The majority were from Australia, and one was from New Zealand. The length of holiday ranged from ten days to a month. Five of the participants were retired, one owned a business, and one owned a farm. Three had had a stroke and suffered related problems, one had spinal osteoarthritis, one was diagnosed with severe rheumatic arthritis, one had a fibromyalgia, and one experienced osteoarthritis and had had a knee replacement.

Five of the travel companions were the spouses of the senior tourists, one was a friend/informal carer, and one senior tourist would not identify his companion for personal reasons. The time they knew each other ranged from 10 to 57 years, and all were over 60 - from 62 to 82 years old. Two were housewives, one worked as a librarian, one was retired, one ran a small business, one was a carer, and details of one's occupation were not available. In terms of their visits to Bali, six had been to Bali more than once - there was only one first timer.

Seven participants may seem a small number, however, a small number can produce rich data and detailed results and present clarity on the topic under research by (for example) shedding light on the embodied emotional experiences of seniors with disabilities (see McIntosh, 2020). This method creates a strong presentation of research participants as the main social actors in their own right (see Sosulski, Buchanan & Donnell, 2010) and further enhances the visibility of under-explored subjects (see Gray, 2003).

## 4.6 Data collection

This research was inductive, exploratory qualitative research. Consistent with the purpose of the research to explore the social construction and embodied experiences of senior tourists with disabilities and to examine the significance of their travelling companion, joint interviewing was applied. This method has been deemed suitable for data collection in research that investigates how people co-construct and interpret social reality (Racher, Kaufert & Havens, 2000; Reczek, 2014), provides

richer data (Valentine, 1999) and insights into the process of co-narration, and more importantly, interrelationships (Riley, 2014).

The research process took approximately three months from August to October 2017. I started the research process with interviewing tourism providers first (Phase 1), and this included interviewing the two gatekeepers who connected me to the main research participants. For the tourism organisation managers, semi-structured qualitative interviews were employed to gain depth and breadth related to the issue of accessible tourism in Bali. "The purpose of qualitative interviewing is to capture how those being interviewed view their world, to learn their terminology and judgments, and to capture the complexities of their individual perceptions and experiences" (Patton, 2002a, p. 348). In addition, eight tourism business were interviewed later. Although these eight organisations did not identify themselves as organisations who specifically catered to the access market, they acknowledged their experiences with the access market. The duration for interviews with the industry ranged from 60 to 80 minutes. One-to-one interviews were applied to gather information from tourism organisations. In seeking information in novel areas of research, interviewing persons from the industry is considered more effective for collecting data, than using a quantitative survey (Bogner, Littig, & Menz, 2009).

After the first phase of interviews, the process continued with interviewing the main research participants (Phase 2). The process of interviews began with an initial meeting, to introduce the researcher, gain trust, and build relationships with the research participants. At this time, I provided information sheets and explanations to the potential research participants. These sessions ended with leaving the information sheet as well as consents for the senior tourists and their travel companions. In the three days after the initial meeting, I visited the research participants (both senior tourists and travel companions) in their hotels, and obtained written consent following the formal consent practice. The interview locations were at accommodation identified as accessible villa and one hotel. I interviewed my senior tourists in the hotel room, dining area in a villa, to a room terrace. Conducting interviews in situ provides opportunity for researcher to fully immersed and observed the interactions of senior tourists with physical and social

environment in the destination. Times for the joint interviews with senior tourists and their travel companion ranged around 90 to 120 minutes. All interviews were audio recorded with research participants' approval.

When interviewing senior tourists together with their companions, I had the impression they felt it was more convenient sharing their experiences with the attendance of their spouse or carer. The dyadic interaction between participants provided insights into dynamic forces which may invisible when interviewing solo (see Valentine, 1999). From a practical perspective, this method emphasised particular circumstances and subjects which both were familiar with (Morgan et al., 2013). In each interview I asked the same question to two people simultaneously, and the dynamic of interactions between couples was observed to enrich the findings in terms of their relationships.

In carrying out the interview process, I used conversational dialogue to let participants share their stories and allow me to gain valuable information (see Holstein & Gubrium, 2004; Patton, 2002b). In this way, the research participants had the freedom to share their opinions (see Jennings, 2010). There was an occasion when participants changed the subject, and instead of describing experiences of their holiday in Bali, participants told stories of other holiday experiences; in this situation, I needed to listen first and re-guide my participants back to the primary conversation to seek relevant meanings in connection to the study. Another challenge occurred with one participant, who had a physical issue as well as a poor memory, and the presence of a travel companion was really supportive in jogging his memory about some experiences.

To guarantee the flow of interviews, I avoided interruption and allowed participants to describe their experiences as much as they could, as this enabled me to establish a rapport. If I felt I needed to ask additional questions, improve clarity in my interpretation, or ensure that I had collected information accurately, I used probing questions such as "my understanding is that your experiences, particularly with the social environment, shaped your overall experiences, is that right?". I developed key questions around participants embodied interaction with the physical and social environment. Follow up with asking their feeling as a result of the interaction. I

realize the sensitivity to ask about feeling, but I deliberately avoid any kind of judgement in asking their feeling.

Additionally, to collect secondary data from tourism organisation websites, a list of several accessible service provider organisations that provided services and adhered to the concepts of accessible tourism, was compiled through a web search. Cheney's (1983a) Identification Theory was adopted to analyse the information provided in accommodation websites to understand their language, rhetoric, and espoused values. Any form of tourism promotion is permeated with language and discourse that functions to deliver a positive image, and contains beautiful images, and/or attractive services and facilities. As sources of information for potential visitors, these websites used symbols, language, and common ground ideas related to text and visual information, to convince people and create identification based on customers' accessible needs. Through this process of identification, customers were then able to discuss their expectations and make effective travelling decisions.

## 4.7 Data analysis

Universally, there are two techniques for analysing data: the systematic and standardised one is quantitative, and the experimental and creative approach is qualitative (Creswel, 2009). Tesch (1990) argued that qualitative analysis is characterised by a repeated reflexive process. Using systematic and complex procedures, data are grouped into different meaningful units which are connected to the whole.

Innovation, imagination, reflexivity, and rigorous structures and methods are the key to integrative qualitative data analysis (Coffey & Atkinson, 1996). Perhaps the major obstacle in the analysis of qualitative data was data interpretation (Boyatzis, 1998) and, second, manageably sorting amounts of data, or as Patton (2002a) explained, "sifting trivia from significance, identifying significant patterns, constructing the framework for communicating the essence of what the data reveal" (p. 432).

The themes' identified are connected to the data being analysed (Patton, 2002a). As the nature of this study was exploratory, the themes emerged from the data rather than from the researcher's theoretical understanding, and it was not difficult to

disengage from theoretical perspectives (see Braun & Clarke, 2006). The inductive process encompasses the interactive involvement of construction and co-creation between researcher and participants (Dupuis, 1999), until meaningful unit of interpretation established (Locke et al., 1993; Lincoln & Guba, 1985).

The analysis of qualitative data consists of "entails classifying, comparing, weighing, and combining material from the interviews to extract the meaning and implications, to reveal patterns, or to stitch together descriptions of events into a coherent narrative" (Rubin & Rubin, 2005, p. 201). Thematic analysis is a method that provides

> a way of seeing, a way of making sense out of seemingly unrelated material, a way of analysing qualitative information, a way of systematically observing a person, an interaction, a group, a situation, an organization, or a culture. (Boyatzis, 1998, p. 4)

Further, the elucidation of data requires "immersion in the details and specifics of the data to discover important patterns, themes, and interrelationships" (Patton, 2002a, p. 41).

Data for this research were retrieved from interviews with tourism providers, senior tourists and travel companions, as well as from website communications, and the data were analysed separately. Because I was looked for what each data had, whether they overlapped, similar or different. Different sources of data contributed to each phase of analysis. The data from audio recordings were transcribed into textual data. The process of listening, transcribing, noting, and reading all the interview transcripts is a frequent research practice (Veal, 2006). Pope and Mays (2006) suggested a systematic and linear approach in data analysis, however, during the process I realised that the analysis was not always linear, but was flexible back and forth between the phases (see Bryman, 2012). This procedure provided an opportunity to be immersed in and familiarise myself with the data (see Bryman, 2012; Legard et al., 2003). Each analytical stage focused on a specific objective in the research. For example, the central attention of analytical Phase 1 on the context of Bali was specifically on people from the industry's understanding of the accessibility related environment, facilities and service in the destination. The key themes were identified and interpreted in line with the objectives of the research.

As stated earlier in this chapter, one single method of analysis was deemed inadequate to explore the wider phenomenon of the Bali social context. Therefore, the analytical process was also combined with analysis as in Data Analysis Phase 3, a critical analysis adopting Cheney's Identification Theory in the examination of Bali's tourism provider websites. The application of Cheney's strategy offered a deeper format for analysis of tourism organisations' discourses around what the differences, overlapped, commonalities on what was communicated on the websites and was stated by the tourism provider's.

Similar process of data analysis continued, however, this time data were compiled from data collected in Phase 2 and Phase 3. The analytical process attention was on extracting data from the main research participants: senior tourists and their travel companions. As previously noted, multiple perspectives were accommodated to provide a more nuanced understanding of the embodied experiences of senior tourists, highlighting individual practices as well as the coming together of other bodies in a social environment (see Palmer & Andrew, 2019). Framed with embodied approach for examining the bodily experiences of senior tourists, the analysis in this stage incorporated bodies' practices in terms of interactions with the physical environment and social relational context (see Ellingson, 2017). Data analysis started when I listened to recordings, wrote the transcripts, created notes, and marked important ideas, as all these acts involved whole body practices using sight, hearing, hands, and so on. Qualitative inquiry requires the immersion of a researcher's body, since human bodies are "analytical terrain, not simply vessels for the mind" (Daza & Huckaby, 2014, p. 801). As I read and continuously analysed my data, I could feel the mixed emotions, tensions, disappointments, acceptances, happiness, and difficulties of the senior tourists that came from their embodied encounters with the physical and social environment. In this, I found the key points and meanings in my data that become an integral part of knowledge construction.

Following Lofland et al. (2006), the process of interpretation involved searching for meaning and the significance between themes, underpinned by the aims and research objectives. To reveal themes from the data, different strategies can be conducted, and despite presenting only semantic data, I applied a more rigorous level of analysis by classifying themes in combination with a theoretical approach

to the data. This level of analysis provided a depth of meaning in themes resulting from complex engagement in the data analysis (see Braun & Clarke, 2006). In addition, to demonstrate the themes, quotations were added to illustrate "the respondents' depth of emotion, the ways they have organised their world, their thoughts about what is happening, their experiences and their basic perceptions" (Patton, 2002a, p. 21) affecting participants' embodied experiences in tourism.

The heart of analysis in qualitative inquiry is the coding procedure; Gibbs (2007) *coding* is "how you define what the data you are analysing are about…. coding is a way of indexing or categorizing the text in order to establish a framework of thematic ideas about it" (p. 38). Results can take a bottom-up or top-down approach, and the themes become available from either direct recognition or indirect observation (Boyatzis, 1998). Boyatzis (1988) identified five procedures for coding analysis: "a) reducing the raw information, b) identifying themes within subsamples, c) comparing themes across subsamples, d) creating a code, and e) determining the reliability of the code" (p. 45). Following these processes enabled the exploration of embodied experiences and resulted in an abundance of qualitative data important to the construction of relevant primary concepts and sub themes (see Boyatzis, 1998).

### 4.7.1 The thematic analysis procedure

For the thematic analysis procedure, I followed the stages advised by Braun and Clarke (2006): Stage 1 - familiarising with data, Stage 2- generating initial codes, Stage 3 - searching for themes, Stage 4 - reviewing themes, and Stage 5 - defining and naming themes. Commitment is needed in qualitative data analysis, as it relies on accuracy and detailed processes (Boyatzis, 1998). Patton (2002) provided an explanation of qualitative data analysis:

> The analysis of qualitative data involves creativity, intellectual discipline, analytic rigor, and a great deal of hard work. Computer programs can facilitate the work of analysis, but they can't provide the creativity and intelligence that make each qualitative analysis unique. (Patton, 2002, p. 442)

Once each interview had been transcribed (see Nierse & Abma, 2011), I double-checked the transcription to ensure details and presentation were correct, then the

analysis began with reading the entire transcripts numerous times before examining the compositions of the parts (see Kleiman, 2004). Through this process, I gained a preliminary understanding of "what's going on?" "what are people doing?" and "what is important according to the research participants?" (see Charmaz, 1995), related to the participants and research context (see Patton, 2002a). During re-reading, and checking back and forward, I started to note interesting thoughts as foundations for coding development. The word selections were based on Owen's (1984) three rules: *recurrence,* signifying notions that emerged two times during one or more interviews, *replication,* defined as "similarity of key words, phrases and expressions" and *persuasiveness*, meaning "vocal inflections, volume or dramatic pauses" (p. 275). "Persuasiveness" was recognised in the interviews with senior tourists with disabilities when participants described their positive experiences excitedly.

To find visual codes, I wrote words on blank paper and gave codes to each line (Figure 3). As I went through again, I found similar codes that related to each other, so the data not only had value due to commonality, but more importantly, the unique nature of the data contained "vagaries, uncertainties and ambiguities" (see Patton, 2002, p. 437). After the preliminary codes become evident, I looked at the text, and enhanced and established units of meanings (see Kleiman, 2004).

*Figure 3 Example of initial codes*
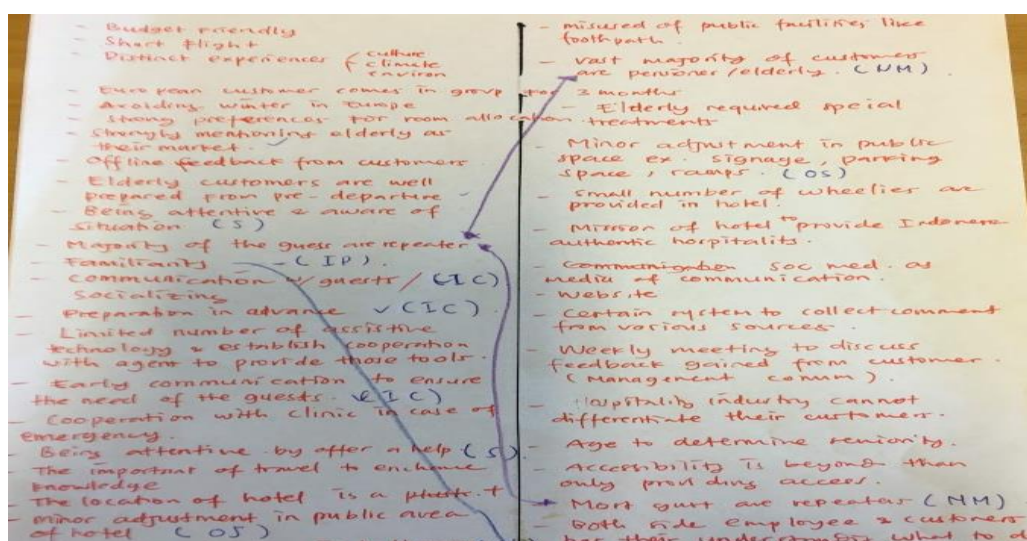


I typed my units of meaning in word documents and created three columns: "names of participants," "units of meaning," and "key code." In some conversations, I

noticed that the senior tourists addressed the same subjects, so I underlined the important material in italics and coded it to provide illustrations and confirmations of the themes (Table 3).

**Table 3**. *Example of units of meaning*

| Pseudonym [senior tourists and travel companions] | Unit of meaning | Key code |
|---|---|---|
| Victor | I like Balinese temples but if you go to temples you find *many stairs*, and to get inside you have to *walk a way around*. | Holiday challenge |
| George | I often take my wheelchair when I am on holiday. With my wheelchair I can walk fast at the airport especially with new airports you have *to walk down through many shops*. It is also because you know the wheelchairs provided in the airport are usually so old fashioned, the seat already drops and is worn and when you sit on it and put your bum on it *you feel so uncomfortable*. Those wheelchairs need to be *maintained regularly.* The people at the airport did not think about that. | Unsupportive facilities |
| Floral | People here *they looked after us so well.* We were here two years ago, and *they still remember us* and yes they looked after us a lot. We like interacting. | Socially interact |

Subsequently, based on the units of meaning and key codes, I identified the similarities and interconnections across the interviews relating to embodiment, interpersonal relations, emotions, reflections, and the social and physical environmental experiences of senior tourists. Then, I created a table for key ideas that emerged into tentative themes for senior tourists' embodied experiences (Table 4).

Similar procedures were applied to interview data from the travel companions and tourism providers. The tentative thematic spread of each interview is presented in Table 5 and Table 6.

**Table 4** *Representation of tentative themes for senior tourists*

| Senior tourists | Body | Senses | Emotion | Me time | Connection to space | Holiday challenges | Feeling welcome | Reflections | Friendship | Social interaction | Support SO |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Simone | ✓ | | ✓ | ✓ | | ✓ | ✓ | | | ✓ | ✓ |
| George | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Eddie | ✓ | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Victor | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Patricia | ✓ | | ✓ | ✓ | | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Tom | ✓ | | ✓ | | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ |
| Mike | ✓ | ✓ | ✓ | ✓ | | | ✓ | ✓ | ✓ | ✓ | |

**Table 5** *Representation of tentative themes of travel companions*

| Travel companions | Main source of support | Togetherness | Ongoing care | Connection |
|---|---|---|---|---|
| Samantha | ✓ | | | |
| Liz | ✓ | ✓ | ✓ | ✓ |
| Floral | ✓ | ✓ | ✓ | ✓ |
| Leonni | ✓ | ✓ | ✓ | ✓ |
| William | ✓ | ✓ | ✓ | ✓ |
| Cristy | ✓ | ✓ | | |

Based on the results from determining the tentative theme of each interview, following Braun and Clark (2006), I created a thematic map. Using different colours of paper, I differentiated the three sets of data; based on the sources in this research, they were tourism providers, secondary data from websites (written on white paper), and senior tourists and their travel companions (white and blue paper). This established the mode of presentation of the findings in the results chapter.

The process of determining key themes from the tentative thematic diagram continued, along with interpreting what was considered important by research participants. Five tentative key themes emerged, which I wrote on yellow coloured paper. The tentative key themes were: meaning of travel, body, emotion, holiday challenges and social relations. I wrote the key themes and tentative themes on a white-board and started to find the ideas, write connections, and see the correlations between the themes.

*Figure 4 First thematic map*
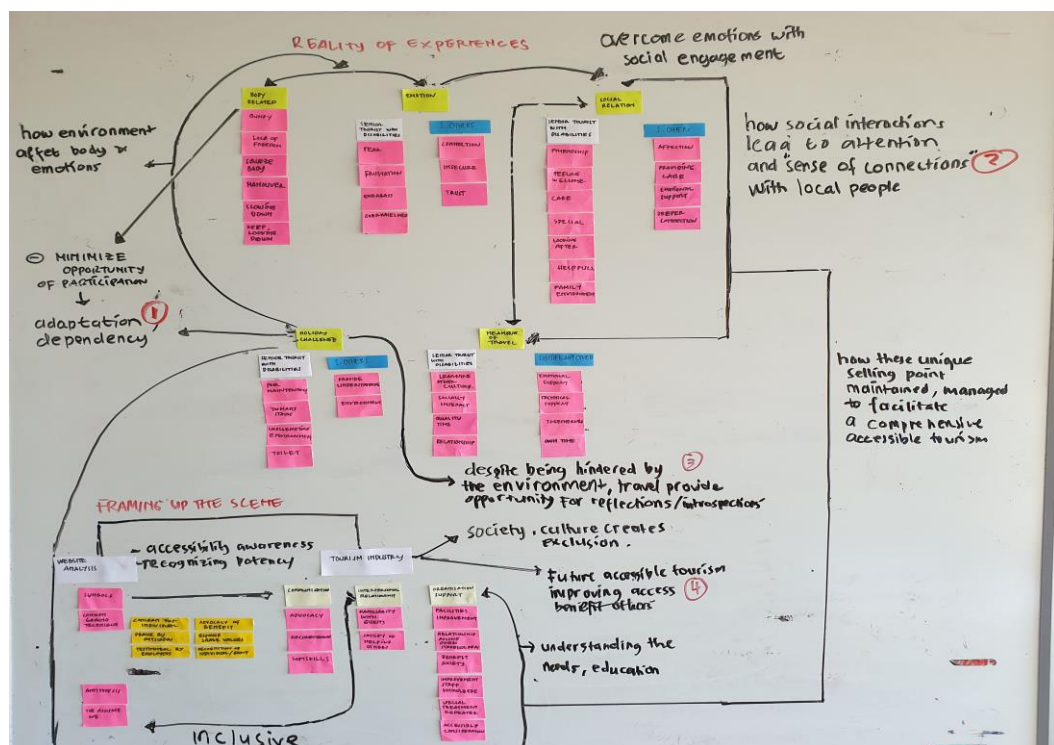


The map provided flexibility for me to interpret and clarify meanings in the data, a crucial process needed to reveal the social construction of senior tourists and the embodied experiences of the tourists and their companions. In this stage of interpretation, the themes were only loosely related to the text itself, as the process

of interpretation was influenced by participants' meaningful reflections together with my interpretations. I began to clarify my interpretations through a sense making process. I was guided by Schwandt's (2003) observation: "meaning is negotiated mutually in the act of interpretation; it is not simply discovered (p. 302). From this, the themes started to be named, and I was able to establish solid conceptual themes, supporting them with explanations and quotations.
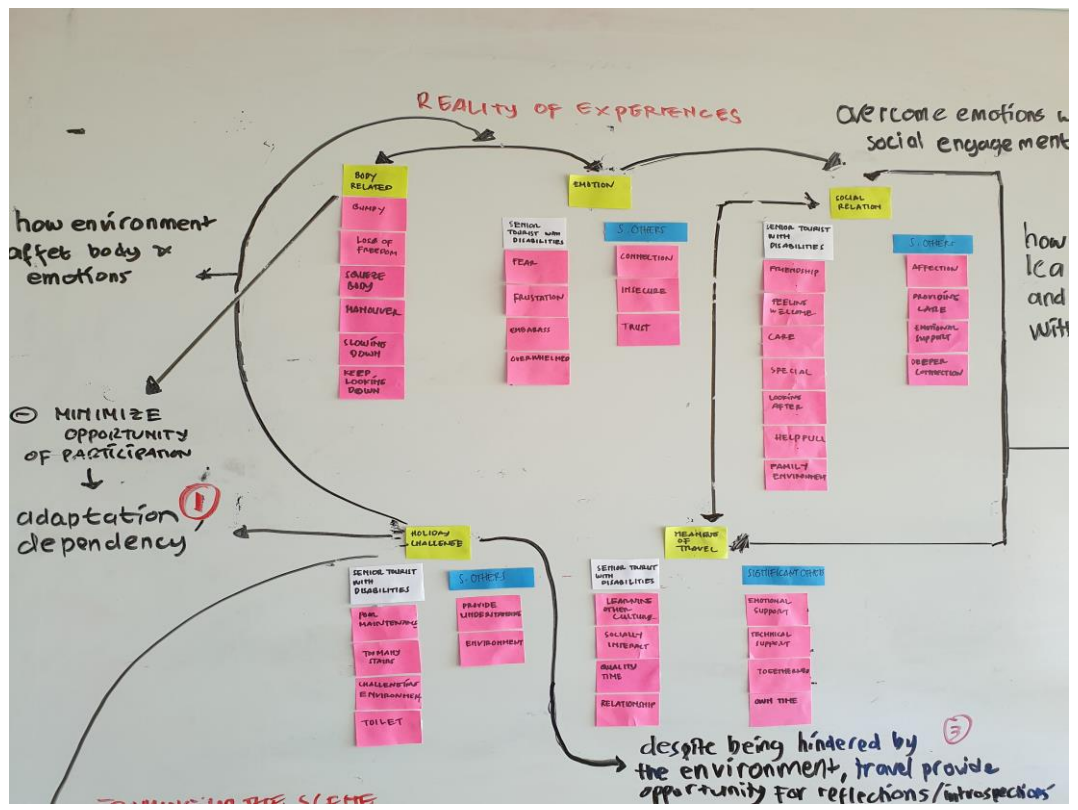


*Figure 5 Second thematic map*
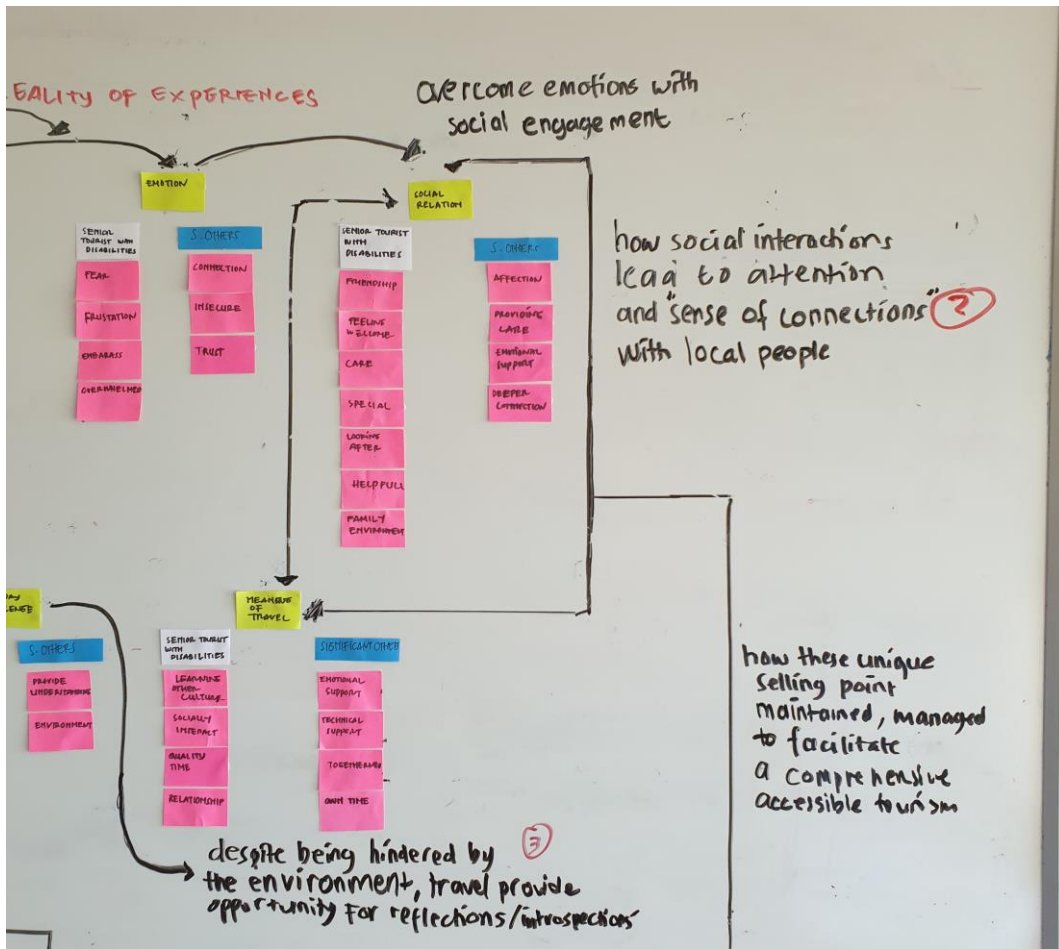
*Figure 6 Initial version of themes*

**Table 6** *Thematic analysis of organisation interviews*

| Tourism Organisation | Legislative | Promising market | Organisational support | Relationship between stakeholders | Positioning organisation | Remembering past experiences | Challenges | Benefit society |
|---|---|---|---|---|---|---|---|---|
| Accessible tourism organisation (1) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Accessible tourism organisation (2) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Tourist destination (1) | ✓ | ✓ | ✓ | ✓ |  | ✓ | ✓ | ✓ |
| Tourist destination (2) | ✓ | ✓ | ✓ | ✓ |  | ✓ | ✓ | ✓ |
| Tourist destination (3) | ✓ | ✓ | ✓ | ✓ |  | ✓ | ✓ | ✓ |
| Accommodation (1) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Accommodation (2) | ✓ | ✓ | ✓ |  |  | ✓ | ✓ | ✓ |
| Accommodation (3) | ✓ | ✓ | ✓ |  |  | ✓ | ✓ | ✓ |
| Travel agent (1) | ✓ | ✓ |  |  |  | ✓ | ✓ | ✓ |

### 4.7.2 Secondary data analysis

The website data were analysed based on Cheney's (1983a) principles, using Cheney's identification strategies and tactics. Cheney's theory of organisation identification is a useful method for analysing the process of identifying the decision-making process. Several features of the Cheney's theory helped me understand how individuals linked to the elements in the setting. The major conceptions of Cheney are: common ground techniques, identification by antithesis, the assumed "we" (inclusive language), and symbols. In addition, "global recognition of individual" was discussed, as some websites mentioned collective contributions to their organisations (see DiSanza & Bullis, 1999).

To gain an understanding of how tourism providers in Bali viewed accessible tourism, I examined tourism providers' websites, as the information there offered valuable sources of qualitative data (see Decrop, 1999). Identification within organisation members is seen as a dynamic practice in which the constituents link to components in a public setting (Cheney, 1983a). Tourism organisation websites are not only beneficial as media promotion tools for selling services and marketing products, but also for seeing organisations' identification with the services they offer to customers. It is important to recognise how organisations dedicate, persuade and strengthen projected images of themselves, their identity, and strategies to enhance the policies, advocacy, and concerns about particular issues in society.

Six tourism organisations associated with the research phenomenon of accessible tourism in Bali were identified, based on the previously outlined process (see Section 4.4). They consisted of two travel agents specialised in accessible tourism, three mainstream accommodation operations, one specialised villa, and one rental facility for mobility equipment. Cheney's identification strategies were used on six tourism providers' websites that provided disability and accessible information. From these six organisations, two of the managers (from specialised service providers) took part in the Phase 1 interviews. Initial findings and the analysis of websites using Cheney's identification theory, are presented in Chapter Five.

## 4.8 Ethical considerations

In most Western countries, there are standardised ethical guidelines researchers need to follow. The ethical procedures concern ethical codes and conduct, informed consent, trust and participants' confidentiality (Ryen, 2016). The process of knowledge production in research may bring harm, but at the same time, advantages (Reinharz, 1992). Hence, it is crucial to follow standard ethics procedures, defined as follows:

> Ethics refer to that complex of ideals showing how individuals should relate to one another in particular situations, to principles of conduct guiding those relationships, and to the kind of reasoning one engages in when thinking about such ideals and principles. (Smith, 1990, p. 141)

Before the data collection stage, I submitted an ethical application to the Waikato Management School Ethics Committee, which was approved. By the time I received ethical approval, I had commenced the communication process with my gatekeepers through emails, to obtain access to potential research participants. This early process of communication enabled me to explain my interest in the accessible tourism research area, describe the process I was going to apply, and how I was intending to manage the research project. After approval was granted, arrangements were made to meet with prospective participants, based on the gatekeepers' advice of a convenient place and time.

In particular research such as that on embodiment issues, the aim of the research is to gain an understanding of a materiality related phenomenon. I ensured the whole research process was prepared, conducted and completed in an ethical manner, and all potential ethical risks that could appear, were anticipated. Researching an embodiment topic increased the opportunity for the vulnerable to represent their stories from their own viewpoints (Preissle, 2007), so in the research practice, I was aware of the need for the safety and wellbeing of my vulnerable research participants. I provided three days' interval between initial meetings and interviews, as I was concerned for the health of my participants, so needed to provide time for them to recover from their tour programmes. In other situations during interviews, I noticed seniors' gestures as they tried to find comfortable sitting positions or tried to shift from a lying to a sitting position. When this occurred, I paused the interview, offered help, and allowed the travel companion to provide assistance.

During data collection, there was no additional ethical considerations required because although there was one senior research participant who has a weak memory, however it did not considered as the primary disability as it was a result form his stroke and other related health issue. Conducting interviews with senior participants, travel companions and tourism managers, involved intersubjective encounters, intermingled with situated relational moments, which required an ethic of "being-with." La Jevic and Springgay (2008) explained this notion:

> Being-with constitutes the fabric of everyday life and the ethical encounters. Through bodied encounters, body/subjects create lived experiences together and nurture one another's ethical relationality. In other words, all bodies/subjects involved in the research inquiry are active participants whose meaning making exists in the moment of encounter. (p. 70)

I valued the notion of being-with to conduct my research with transparency. In the first meeting with research participants, I introduced myself and was open to providing further explanations in connection with the research as needed.

Embodied ethics are concerned with how to present the private body in public, which creates a dilemma (Coffey, 1999). When research participants' (particularly the senior tourists) embodied beings were detailed, I was mindful of providing descriptions without judgment. The researcher has responsibility to make decisions about selecting what should be excluded or included, in relation to participants' wellbeing. In this research, participants' identities, senior tourists with disabilities, travel companions, and people from tourism providers, all had their privacy and identities protected (see McDonald, 2012). Instead of using their actual names in this thesis, I used pseudonyms "at the expense of making convincing, nuanced arguments" (Guenther, 2009, p. 413).

During data collection, at the initial meeting, participants were given information sheets (Appendices C, E, and G) to be read and understood, and after three days, at the actual interviews, I checked their understanding. When this was confirmed, I handed them a consent form to be signed. The given period allowed enough time to make a voluntary decision to contribute to the study. Participants were also given flexibility to withdraw or decline to participate up to two weeks after their interview.

## 4.9 Lessons learned

I realised the crucial aspect of developing trust and connections with my research participants. Thereby, the initial meetings were established to familiarise the senior tourists and travel companions with me as the researcher. This proved fruitful, as both parties had opportunities to be involved in light conversations. On these occasions, I also communicated the appropriate time to come for interviews (see Altinay & Paraskevas, 2008). This was considered pertinent, as the elderly are categorised as vulnerable and may easily tire, which would affect their mood in the interview process (Russell, 2000). The days for interviews chosen by research participants, were those when they had no scheduled trips. Four seniors chose to be interviewed after breakfast, and the rest were interviewed in the afternoon.

Undertaking research with participants during their holiday raised some challenges. For example, three participants were staying for three weeks and I received confirmation of their involvement just one week before their departure. Arranging the time and place of interviews was based on the convenience of the participants; places they chose were often on their room's terrace or the bedroom at their hotel. The process of interviews in their private spaces provided benefits for the senior tourists as this helped them feel relaxed and secure. This also minimised exposure to mobility problems that may have occurred if interviews were conducted in unfamiliar environments to the seniors.

During interviews with seniors and their travel companion, at first I was worried of the power imbalance, and that one participant would dominate the other. However, in practice this did not occur, as both parties provided time to their partner to talk about their experiences. For example, Eddie's spouse, Floral, only came into the conversation when Eddie needed help, such as remembering particular events or guiding him when he repeated or forgot answers.

Interviewing the managers from tourism providers created different challenges due to the managerial and operational roles participants held; time allocations for their interviews were no longer than one hour, and they were conducted in their offices.

Another lesson learnt from this research was that of gaining secondary data (see section 4.4.4), as the nature of the internet is that information continually changes,

which can be a problem for collecting online materials. Websites can disappear or web content change, which may lead to the problematic situation of searching for similar information after the first phase of data collection. Printing materials from a webpage may be one options, but this proved wasteful, so the Print Screen function was used to save information from websites as a snapshot for later analysis.

## 4.10 Summary

This chapter provided the paradigms, methodology, and methods related to the research. In particular, it included the research design, approach, data collection, analysis, and how the data were interpreted. This research applied multiple research methods, from interviews with different tourism providers' representatives, to analyses of tourism providers' communications about accessible tourism on their websites, as these provided more depth in the research. All approaches provided contributions to understanding the embodied experiences of senior tourists in the wider social environment of Bali. The data collection in this study used semi-structured interviews. First, I conducted interviews with personnel from the tourism industry, who then put me in contact with senior tourists and their travel companions. Then the data were analysed with the thematic analysis technique, to identify key themes which could be explained and discussed. This chapter also presented the ethical considerations. Chapter Five, the results chapter, presents the research participants' profiles and findings. When introducing research participants, it is important to incorporate information relevant to the research aims.

# CHAPTER 5

# RESULTS

5.1. Knowing the participants

    5.1.1. Senior tourists and travel companions background

    5.1.2. Tourism providers

5.2. Findings

    5.2.1. Experiencing tourism as seniors

    5.2.2. Relationality

    5.2.3. Insights from tourism providers on accessible tourism

    5.2.4. Tourism provider's communication on accessible tourism

5.3. Summary

# Chapter Five: Results

## 5.1 Knowing the participants

Prior to proceeding to the research outcomes, it is crucial to familiarise the reader with the three different backgrounds of the research participants. They were: senior tourists with disabilities, their travel companions, and the managers of tourism providers in Bali. This helps the reader to understand how each participant socially constructed the senior tourists' embodied holiday experience.

This chapter starts with by introducing the research participants' profiles and personal information. It is important to present the research situation and context, to further assist understandings of the interpretations and findings from the data. Underpinned with research ethics conditions and to protect the privacy of research participants, it is important to keep research participants' confidentiality (Coolican, 2017; Roberts, 2015), especially with a sensitive research topic and vulnerable research participants (Crowther & Lloyd-Williams, 2012). Presenting a detailed social life, background of the research participants, while protecting their privacy, creates an issue (Allen & Wiles, 2016). Besides, taking into account the research participants' health status and sensitivity of topic under study, the use of fictitious names rather than abbreviations or numbers was considered applicable to prevent "unnecessarily distancing" (see Allen & Wiles, 2016, p. 154) and sustain personhood. Assigning pseudonyms become the researcher's responsibility (Creswell, 2013), and minimises the possibility of using similar names to those of the participants, or redefining their character (Ogden, 2008).

Overall, there were 23 participants in this research. The seniors and their travel companions were interviewed at the same time, and tourism providers interviewed separately. The arrangements of place and time of interviews were based on the convenience of the participants, and private terraces and hotel rooms were used as interview locations for seniors. Offices, restaurants, and cafés were preferred by the managers as interview sites.

### 5.1.1 Senior tourists and travel companions background

**Simone**

A single mother in her middle sixties with one child, Simone was very friendly and chatty. She had been working as secretary since she was 25 years old and stopped working in her sixties. She usually travelled domestically in Australia. Simone was suffering from spinal osteoarthritis and used wheelchairs to help her movement. She preferred to travel with her carer because according to her, her carer knew the details of Simone's circumstances and abilities. She loved writing her diary and took it to every place she visited. Each time she met someone new and had a chance to talk with the person either in a restaurant or hotel during her holiday, Simone asked them to write something in her diary. Simone loved to socialise. This was her first holiday in Bali, and she mentioned her intention to have another holiday in Bali in the future.

**Samantha [carer]**

Samantha was 60 years old, female, and a professional caregiver. She was a friend of Simone and had known her for 25 years. She often spent a holiday together with Simone, both as a friend and carer. The initial plan was for Simone to go on holiday to Bali with a younger carer, but unfortunately, the younger carer was diagnosed with diabetes and could not go. Therefore, this time Samantha accompanied Simone to Bali. Although she knew that Simone was capable of doing things on her own, she was concerned about letting Simone go without her. This view was not to undermine her, but more likely was because she knew Bali was not accessible and wanted to ensure Simone would not encounter accessibility obstacles in Bali.

**George**

George was in his mid-seventies, with three adult children and a step-daughter. He loved travelling to different places and had travelled since he was young and healthy. He used to be a travel companion for his late wife, who had an impairment and had used a wheelchair. His first wife passed away 15 years prior, and he met his second wife (Liz) in Melbourne; they had been married for 10 years at the time of the research. George had had a stroke three years ago in his early seventies, which had caused weakness on the left side of his body, so he needed a walking frame to help with his balance. When travelling a long distance, he always provided himself

with a manual wheelchair. His trips at this age were mostly for relaxation, and he usually arranged his own trips using information from the internet.

**Liz [wife]**

Liz was 62 years old, female, and a full-time worker. She had been married for almost 10 years. She liked travelling, particularly to be relaxed and free from the stress of normal life. She travelled frequently, once a year, and her main reason to travel with her husband was to accompany him and to spend some quality time together. Since she was still working, being together for her was important for strengthening their relationship.

**Eddie**

Eddie was in his middle eighties, an owner of a small business, and had been married for 57 years; he had four children and six grandchildren, all of whom lived independently. He was an experienced traveller, had travelled to the USA, Asia, Europe, and Dubai. Travelling had always been his passion; he believed travel provided opportunities to see new cultures, different things, and most importantly, connect with other people in the destination. When he was young, he loved to join adventurous activities on his holidays. He had had by-pass surgery at 65 years old, and a stroke at 70 years old, which consequently impacted his ability to move. Eddie said that this time, he did not really go to many places, and his main activities were now relaxing by the pool, reading books, playing cards, and having tea at a café near his hotel.

Travelling together had become necessary for Eddie and his wife Floral, and they always had a holiday at least once a year. Eddie said that whenever he travelled, he was always randomly picked to be interviewed for television or magazines, and he thought this may be because he was a very outgoing and approachable person. When he was in Australia, he always went to bed late at night and woke up late in the afternoon. Whilst on holiday he sometimes needed to get up early if he wanted to go on a particular holiday programme.

**Floral [wife]**

Floral was 82 years old, female, and together with Eddie, owned a small business. She had similar hobbies to those of her husband, and they both sought holidays a lot, and had travelled together each year for 29 years. Their travel preferences were

as free independent travellers, since this increased the chance of seeing everything in a destination and provided opportunities to interact more with the locals. Floral admitted that travelling together had become habitual, and her role as Eddie's wife was more to do with organising things, although they discussed everything before making any decisions.

**Victor**

Victor was in his middle seventies, retired, with three adult children. With increasing age, he was experiencing decreased muscular strength. Before visiting Bali, he and his wife (Leonni) had always gone somewhere else in Asia and Europe, and had travelled together ever since they got married. With increasing age, Victor had become travel conscious, and preferred short distance destinations. When he was required to travel to Europe or somewhere further, he would modify his itinerary to allow longer stop-overs and longer transit times, to make his journey more comfortable. Following a friend's recommendation, he came to Bali for the first time in 2007. Since his first visit, he had had a regular holiday at least every two years. He loved making a good connections with the locals, which was a part of the holiday he loved the most.

**Leonni [wife]**

Leonni was 64 years old, female, a housewife, and mother of three adult children. She visited Bali for the first time was in 2007 and it had been 11 years since she was last there. Leonni and Victor had been travelling together for 43 years, and she remembered well the places that she had visited. Previously she had travelled with her parents and other family as well, but since her father had passed away and her mother was in a rest home, she now travelled just with Victor. Leonni indicated that travelling together was a positive opportunity for maintaining their relationship.

**Patricia**

In her middle sixties, Patricia was working in education, and had recently retired in 2015. Her doctor had diagnosed her with moderate rheumatoid arthritis when she was in her sixties, and she suffered from high cholesterol; sometimes her legs were swollen, which affected her ability to walk around. She had two adult children who lived with her. Patricia had previously visited Bali more than three times, always staying at the same hotel in the same room. Sanur (Bali) was her favourite place to

stay because she was familiar with it. She categorised herself as a "new middle ager," referring to a group of people who in their retirement travel frequently to see the world outside their home country. She preferred a luxurious and comfortable holiday in a resort.

### William [husband]

Patricia's husband was a 74 year old male pensioner working as a public accountant. He enjoyed spending time with Patricia and saw the main advantage of travelling with his wife as their ability to take care of each other while away from the family.

### Tom

Tom was in his early seventies, owned a farm, had three adult children, and always travelled to Bali in the Australian winter. He had had a knee replacement in 2016 and regularly visited his physiotherapist. He recalled that the year when he had his holiday in Bali, was just three months after he had had a knee replacement. He preferred to travel to Bali because it was a short distance from Perth, so required a shorter travel time. For him, this provided flexibility if he unexpectedly needed to return home for any reason, such as poor health. Due to his current health condition, he was unable to undertake some physical tasks, such as carrying luggage.

### Cristy [wife]

Tom's wife, Cristy, was 64 years old, female, and a housewife and had been married to Tom for 24 years. She loved the holiday but did not really like to go too often. Cristy loved to spend her time reading books and gardening. Overall, as Cristy said, they took care of each other and she could ensure Tom felt comfortable even when they moved to different places while on holiday.

### Mike

Mike was in his late sixties and he retired three years prior to the interview. He had four children: two adults living independently, and two teenagers. As a pensioner, he had flexible time and therefore was able to visit Bali regularly once a year. Mike's health concerns meant he needed to make sure he knew how to access medical care in a destination, which was the major influence on his destination choice. Although he understood the risks of travel, particularly for people of his age, this did not limit his travel intentions. He was similar to Tom, in that choosing holiday places not too far from his country was a consideration, so if something

urgent occurred it would be easier to manage. He was also conscious to avoid very hot climates and instead went to Bali during the mild weather period in low season, to avoid crowds.

## 5.1.2 Tourism providers

**Table 7**. *Profile of tourism providers*

| Name | Age | Gender | Years working | Occupation |
|------|-----|--------|---------------|------------|
| Arinata | 42 | Male | 22 | Human Resources Manager |
| Dewi | 39 | Female | 9 | Operations supervisor |
| Erlangga | 41 | Male | 1 | Director of Operations |
| Fery | 40 | Female | 2 | Operations Manager |
| Suandi | 57 | Male | 20 | Destination Supervisor |
| Wibawa | 45 | Male | 24 | Front Office Supervisor |
| Sutirtayasa | 34 | Male | 3 | Destination Manager |
| Adnyana | 54 | Male | 6 | Destination Manager |
| Rika | 38 | Female | 3 | Human Resources Manager |
| Sindu | 45 | Male | 3 | Recreation Manager |

The following are brief descriptions of the industry participants in charge of the ten tourism organisations in Bali. Two of research participants from tourism providers that I interviewed were also included in the websites organisation communication analysis.

**Arinata**

Arinata was 42 years old, male, and had been working in the tourism industry for 22 years. He had held his current position as human resources manager at an accommodation provider since 2012. The hotel itself was part of a national hotel chain under the same management as the Indonesian airline, Garuda Indonesia. The hotel had been established under a different name and the new name launched in 2014. As part of a national hotel brand, this hotel had its own mission to provide authentic Indonesian hospitality based on the Indonesian culture.

**Dewi**

A 39 year old female, Dewi was the operational manager of a specialised travel agent. She had become part of the company in 2008 as a part-time employee. At that time, she was also working for a non-governmental organisation related to empowering people with a disability. She had been in charge in the specialised travel agency since 2011, and her roles were various, from correspondence to organising and taking customers on tour. This specialised travel agent was a small company with eight employees, operating two fully equipped vans with portable ramps, and hired out various items of medical equipment to people with physical impairments.

**Erlangga**

Erlangga was 41 years old, male, and had worked for an international hotel chain until the year prior to his interview. He had had several experiences of working in the hospitality industry in Kuta, Legian, and Seminyak. His current task was to look after the operation, and ensure all departments were well coordinated. He supervised the front office, housekeeping, engineering, quality, spa and recreation, and food and beverage departments, etc. This hotel chain had received a green hotel award, as the hotel had implemented electricity-friendly, and environmentally-friendly design concepts. This award was from the Ministry of Tourism in Indonesia.

**Fery**

Fery was a 46 year old female, and had worked in a specialised villa since 2009. The villa complex contained three bedrooms, and a swimming pool equipped with a hoist. The villa claimed to be the only accommodation offering accessibility. According to Fery, as they had a small accommodation unit, the opportunity to

interact with guests was very open. The business was seeking long term guests and therefore wanted to make guests feel at home.

### Suandi

Suandi was 57 years old, male, and had been the destination manager in a Balinese Temple for 20 years. This temple site employed 45 staff, mostly from villages nearby. It was visited by almost 500 tourists a day, so Suandi had a major role to ensure the attraction was well operated, from the availability of the entrance ticket, to maintaining the cleanliness of the site and arranging employee rosters.

### Wibawa

Wibawa was 45 years old, male, and had been working in a hotel for almost 20 years, having started his career in the hotel industry in 1992 in another hotel in Kuta. The hotel opened in 1989, employed 98 staff, and had 75 rooms. Wibawa's main task was to ensure all processes such as check-in and check-out ran effectively, and conduct good communication and coordination with various departments such as housekeeping. Along with the long operation of the hotel, it had an excellent location, and its architecture was a combination of traditional building styles in Bali and Java, reflecting the diverse interests of the owner.

### Sutirtayasa

Sutirtayasa was a 34 year old male, who had started as the operations manager at one of tourist destinations in Bali. The management of the destination site was under the jurisdiction of the mayor of the Tabanan Regency. The main task of the operations manager was to manage the site, which included various activities such as prospecting and assessing the potential of activities that could be developed at the site. This destination had 50 staff to take care of activities such as ticketing, security, and administration.

### Adnyana

Adnyana was 54 years old, male, and manager of a large temple in the north west part of Bali, located in Tabanan Regency, and close to the beach. This site is one of the most famous tourist destinations in Bali, attracting visitor numbers of approximately 10,000 daily, increasing on weekends and public holidays to 15,000. This destination offered a different way of promoting the site, by conducting annual events such as inviting tour guides that had been their partners for many years. This

entertaining event was way to show appreciation to stakeholders for their support and commitment in promoting the destination.

**Rika**

Rika was a 38 year old female and had been working at a travel agency in Sanur for almost three years. This agency employed 35 staff in various departments and positions. Rika explained that the positive environment was what made her love to work at her current office. Every day she had to face new challenges, work on these, and solve and learn from the problems she faced. This travel agent was aware of disability issues, and the company had hired some disabled employees to work in the accounting and human resources departments. The company also showed awareness of and addressed sustainability issues by promoting gardening around the office and instilling a recycling habit in every member of staff.

**Sindu**

Sindu was 49 years old, male, and had worked at a traditional Balinese style villa for almost three years. He had had work experience in another hotel before finally deciding to join this villa, which was owned by local people in Sanur, and employed around 250 staff. Sindu's main tasks were to manage the recreation areas, which included the beach, pool area, and children's playground. He explained that he and his staff provided special attention to senior customers by checking in with them regularly when they were spending time in the recreation areas.

## 5.2 Findings

It was clear from the overall analysis of the data that the nature of embodied experiences of seniors were multi-layered, relational and socially constructed. The aim of this chapter is to present the findings on the socially constructed and relational nature of the embodied nature of the experiences of senior tourists with disabilities holidaying in Bali. Three themes emerged from the data analysis: "experiencing tourism as seniors," "relationality," and "insights from tourism providers." To present and discuss these themes, this chapter is divided into four main sections. The first section aims to address objective one regarding how the wider context of a social environment constructs the embodied experience (see section 5.2.1). In the next section, the relational aspect of seniors with people in the destination and with their travel companions is presented (see section 5.2.2).

Following this section, a discussion of the findings that explore tourism providers' understandings, implementation, and familiarity with accessibility issues as evidenced in their interviews (see section 5.2.3) is presented. In this section, the organisations' interview data and analysis of the tourism providers' organisation website communications are discussed to illustrate the tourism providers' espoused values, assumptions, and rhetoric around accessible tourism in Bali (see section 5.2.4). In the third section, the theme of relationality is examined to illustrate the link between self, companion, organisation, and wider social environment, and further draws together the key points with the literature, to discuss the socially constructed environment of Bali (see Chapter 6). Before discussing the findings, a caveat is in order. I recognise that these themes are not necessarily exclusive, as they are related, impacting, supporting, and overlapping, and linking with the aim of the research.

### 5.2.1 Experiencing tourism as seniors

Across the participants' data, it was evident that seniors perceived their changed embodiment resulting from the passage of time, and were conscious of the increasing risks of travelling with health conditions. Most were aware of the needs for insurance and precautionary activities such as the ability to repatriate home, , and ensured they kept up to date with information about the level of medical care in Bali.

Like other tourists, despite the health issues and disabilities, seniors revealed their intention to travel and involve themselves in tourism activities. Victor and Tom, two of senior tourists, described their interests in travel.

> Despite my disabilities, I still love travelling to see the world. Well I don't worry much particularly as I know there are international hospitals on the island, so if something happened to me I could always go there. (Victor)

Tom illustrated this further.

> Well, it doesn't really upset me, because it's a natural progression. I just have to be careful as I'm getting older, especially because I have health issues and had both knee replacements and my body is slowing down. (Tom)

What is inferred from these quotes is the senior tourists' self-acceptance, making sense of their physical changes and intrapersonal state as an inevitable part of the ageing process. Similarly, two senior tourists reflected on a characteristic of disabilities as having a gradual onset, developing slowly from symptoms to a persisting disability. As Patricia illustrated:

> How I got arthritis, well I actually don't know. I lived a healthy life, physically active both at home and work. I still remember in the early stage, I felt morning stiffness in my legs and hips, and I thought it must be because I was too tired working. Well, I am still on medication and I use a wheelchair to help my mobility. (Patricia)

This situation, with all the health-related concerns, encouraged the senior tourists to make peace with their bodies and normalise their experiences of disabilities. Therefore, their priorities changed, with more focus on adjusting their bodily functions to their abilities. Other senior tourists mentioned interrelated health issues such as the following:

> I got a stroke in 2013 and my left side body is weak, my sight gets impaired I need big writing, even my emails. It's in big writing and I highlighted it. (George)

In similar manner, Eddie described his condition.

> The doctors said it's the wear and tear of my body over the years and it affects my hip. It;s slowed me down and I also had a (coronary artery) bypass five years ago. I do forget a lot. I haven't got Alzheimer's or anything; the doctor said I've got a lazy memory. (Eddie)

In similar vein, Victor described his situation.

> I am not flexible as I used to be. Things like bending down, I can't do that sort of thing, or getting in or out of bed and dressing up. (Victor)

Overall, senior tourists reported that when health deteriorates it is a normal life function and experience for their age group. This decrease in health, they noted, usually influenced their bodily capabilities, affecting travel related interests and locations. Morgan, Pritchard, and Sedgley (2015) asserted that seniors are a group

that are marginalised, and when they get older they often experience health deteriorations and disabilities. This makes seniors become a group that experience twice the marginalising experiences (Sedgley et al., 2011). Despite seniors' bodily functions declining, this does not impede their intention to travel, but instead, only changes the length of holiday taken (Fleischer & Pizam, 2002).

### 5.2.1.1 Seniors' bodily encounters

The findings in this research provided the insight that tourism activities for seniors are much more dependent on and have an intimate relationship with and between body and space than they do for other tourists. The longer people live, the more likely they are to be accompanied by chronic bodily restrictions which cause disabilities, thus making the elderly confine their physical space (Hillyer, 1998). Consistent with previous research on the embodied experiences of tourists with disabilities (e.g. Andrew & Palmer, 2019; Small et al., 2012), an embodied experience among travellers with disabilities was that bodily experiences are influenced by engagement with the physical and natural surroundings. Research participants talked about their experiences, and despite any negative barriers, they still mentioned their intentions to continue travelling. They explicitly expressed exclusion practices at certain points. Participants illustrated that exclusion barriers started from the moment of travel preparation, such as when trying to access tourist information. Accessing information prior to travel is essential for seniors, and participants recalled the difficulty of gathering complete information, as described by George.

> I can use my hands a bit, both hands, so I am struggling. Also, problems with my eyes, with computers, so in travel preparation to check websites, I need bigger fonts otherwise it's difficult for me to read. Other things like contacting reliable agents, accommodation, it's intensive communication, emailing with questions. Not all information are there and you need to ask. (George)

On arriving at a destination, other exclusion factors came in different forms, such as when they were forced to stand for a length of time, as Mike explained.

> Bali's got a new beautiful airport, and you're sort of enjoying it before you reach the immigration point big long queue, and that is the last thing you want,

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because it's been a big day after the flight, especially
when you can't stand for a long time you know and
the immigration, they're a bit more intimidating.
(Mike)

Other research participants explained that since their corporeal functions had
deteriorated, they had modified their holiday activities, and some senior tourists
with disabilities often avoided activities that demanded physical tasks. As Eddie
explained:

At this age, I am slowing down you know, and I am
not allowed to do other tough things. Well, I can't do
many things that I can do 10 years ago. You know I
have to do soft activities like glass bottom tours
where I can watch fishes from the boat. (Eddie)

Eddie was an adventurous tourist; he loved doing activities in the natural
environment and in contact with animals. However, since he had had a stroke that
affected his mobility, he had deliberately chosen other moderate tourism activities,
such as a glass-bottomed boat tour, turtle conservation, and bird watching. Two
other seniors recalled their memories of visiting tourism sites. Tom illustrated this
further, explaining that:

a couple of years ago, we have had organised tours
and we went to different places. (Even) at that time
we didn't find it quite easy, and especially now if you
want to go to a temple or waterfalls, we don't think
we can do it. (Tom)

Similarly, William explained his experience.

I was on the dolphin trip, and they've got a lot of
steps and they were almost dangerous at the stage
you're not sure where your feet are going to go
through – it's like going into the woods. I was on the
other side looking at my wife and it was scary
because I was sort (of) like supposed to (be)
supporting her, and I put my foot down, and I thought
what happens if we all fall? (William, travel
companion)

The participants expressed a series of complex ageing, health, and structural
barriers that restricted their participation. For example, although Simone had

chosen a gentle activity, she still experienced difficulty accessing and moving around in one of the tourism attractions, as she explained.

> I wanted to see the coffee plantation and the local coffee roasting process, so my travel agent arranged a visit for me. We managed to get to the place, but the entrance was so small, and we had to find another way to get in with my wheelchair. Well we did it…. well the pathway, it was winding and gravel and it's shaking my wheelchair and I'm being thrown away to different directions. (Simone)

Another participant revealed their point of view in regards to exclusion, in terms of time allocation. Victor explained that he needed more time in a tourism activity. Because agents were quite rigid with the times, he chose to arrange his own activities, as he explained:

> Well, the way we spend my holiday now is different. We used to join package tours, but the thing is their schedules were tight while for people like me, I need more time to for preparation, to walk around in one site. So now we decided not to join one. Well it's good to have no programme, nowhere to be at any particular time, just doing what we feel like going to do, eat what we want to eat, do what we want to do. (Victor)

This finding is unlike those in previous research that noted senior tourists' preferences for taking all-inclusive tours that provide comfort and are hassle free (Huang & Tsai, 2003). Senior tourists in this research talked about their need for flexibility of time for tourism participation, as a fixed schedule was not designed to accommodate seniors' demands and conditions.

In addition, three senior tourists revealed that bodily encounters in an unfamiliar environment created fear and frustration because they had lost the ability to undertake practical and basic activities. Being in an unfamiliar environment impacted significantly on their physical and psychological states.

> I always find trouble with public toilets here. It's annoying because you can't find accessible public toilets, so if I need to go to the toilet, we usually go to restaurants. Once I found toilet near Tanah Lot. It was quite wide I can navigate my chair easily, but it's frustrating as they don't have toilet paper and they

> put tissues stacked up there near the window. Because it was like three steps away from me and I have to get up like that to be able to reach the paper while you know because it was tiled and a bit slippery you know, I could fall off. Also, the fact that I could do that, and I should be very careful, not because I can't do it by my own, but it's annoying too, especially with the tiles and it's a wet toilet, and I realised I don't have my freedom. (Simone)

For senior tourists with disabilities, simple tasks became a challenge when they were performed in an unsupportive environment. The foregoing quote from Simone clearly indicated that she was feeling exhausted and emotionally drained when she had no choice but to adapt to her new surroundings. Mike illustrated this point further.

> I can say that when you get older, the more physical (impairment) - I would not say the more handicapped - you have, I would say the more physical impairment you could have, especially if you were in a foreign country and you're unsure of yourself and unconfident with your surroundings, yes, that's probably when you start feeling you are threatened by the environment you're in and not in control or probably not able to control for whatever reasons for instance, physical reasons, or even maybe you're just not a good traveller. (Mike)

Similarly, as Eddie explained:

> Well, I just want to make sure I have something to grab on if I fall you know. I don't want to be in a critical condition while on holiday, (you need) the handrails to make you feel safe and that's for security reasons. (Eddie)

Another form of exclusion came from community ignorance, which caused inconvenience and was sometimes a threat for the safety of the seniors. Seniors described how some people had unintentionally created barriers for others, particularly in the physical environment. Eddie described his experience:

> I don't understand why people have to park their motorcycle on the footpaths, and they just park everywhere. We could not pass, and we have to squeeze our body between them. It's dangerous for a pedestrian like us. (Eddie)

Eddie's experience illustrates society's ignorance around accessibility and consideration of other people in public spaces. From the data, it was evident that the senior tourists felt overwhelmed by the lack of consideration from people who failed to appreciate the intimate and private space thresholds of seniors.

Patricia described one of her experiences.

> When I go into local shops, I found it so hard because people were trying to sell the stuff and they were approaching me, oh my God, everyone, I couldn't move my chair, and you don't have your privacy. (Patricia)

The examples from Eddie and Patricia revealed the insensitive, negligent behaviour of other people in a destination, who obstructed their sense of privacy and security. These experiences illustrate that wheelchair users experience a

> …disabling organisation of space, have difficulty moving through and using public space. Their lack of access and mobility are, at least to some extent, a function of the design of space, the rhythms of social time, the available material culture (technology), the way the use of the material culture is organised. (Freund, 2001, p. 690)

In addition to the dysfunctional physical spaces, senior tourists described the inappropriate social behaviours of others (including vendors) within their private space, which created a negative embodied experience. Previous studies on the interaction of people with disabilities, and the industry itself, have also noted the negative attitudes of people toward those with disabilities (e.g. Daruwalla & Darcy, 2005; Small et al., 2012). These attitudes range from ignorance, to a lack of awareness, and negative assumptions.

These findings provided evidence of seniors' embodied encounters with the social construction of an environment resulting in exclusionary practices. Scholars of critical disability research have argued that both the social material construction of environments, along with the space-time organisation, is responsible for such problems. "Poor pedestrian signals, short traffic lights, the designs of transport platform (e.g. roadways) materialise an organisation of space-time that favors the 'quickly' and the 'spry', and disables those who are not" (Freund, 2001, p. 697).

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These types of exclusions result in seniors' reduced participation in tourism and public spheres, compared to that of their younger and abled-bodied counterparts (Brown et al., 2005; Sun et al., 2013). Previous studies of people with a disability have illustrated how standardised travel products with limited time allocations, influence travellers with a disability to opt out and change the way they holiday (McKercher et al., 2003). Participants in this research also disclosed that being away from familiar home environments creates challenges and risk, because they have less control over unfamiliar spaces, and may have trouble manoeuvring in different environments. This echoed the findings of a study by Richards et al. (2010), investigating people with vision impairment experience when interacting with a holiday setting. It is no surprise that fear and anxiety are reported as negative feelings commonly found in the experiences of travel among people with disabilities (Richards et al., 2010; Luther, 2013).

In this research, seniors described the difficulties they had in negotiating physical objects while on holiday and indicated how this encouraged them to rely on other aspects of embodiment, such as smell and taste experiences. As one of the seniors with disabilities described:

> When we're in Bali, we love to move to different hotels - we can relocate to different accommodation three times. We love the breeze, smell of the salty sea, and enjoy the freshness in the mountain. It offers a different atmosphere … (in each) visit. We could stay in the mountain or by the beach. (Victor)

Their needs and relationship with the environment became shaped by their bodies as well as by their senses. Victor made the point that embodied experience was not only about corporeal factors, but was something that could be experienced through other aspects of the body, such as sense, smell, and taste. Earlier research confirmed that senses can be included as part of understanding a landscape in tourism and experiencing a place such as a town or rural area (see Dann & Jacobsen, 2003). Illustrating the importance of how the senses were employed in tourism, George explained:

> I avoid physical activities like hiking or walking for too long. No I don't do those kind of activities anymore. I know my limit and if I go for a walk too long, I would easily tire and would have a problem

> with my ankle. Then my wife and I do different things for our holiday. Coming to Bali is an opportunity to have different tropical fruits. We love tropical fruit, it's so refreshing (and) although we can find it in Australia, I think it tastes different. (George)

In a similar vein, Eddie explained:

> We have one favourite restaurant down the street. The place is small but their steak is the best, the meats are tender, and it accompanies with (sic) thick sauces. (Eddie)

Seniors travelling with disabilities require their senses to experience tourism. When one part of the body fails to function, the other parts of embodiment undertake to act, hence seniors employed heightened senses to experience the atmospheres of different spaces in the destinations. Sensing has been previously recognised in the experience of people with disabilities' leisure experiences (Richards, et al., 2010; Small et al., 2012). Senses such as smell and taste are important components involved in experiencing tourism (Dann & Jacobsen, 2003; Everett, 2008; Hjalager & Richards, 2003).

### 5.1.2.2 Positive emotions

The sub-theme of "positive emotions" emerging from bodily encounters was around positive emotions associated with travelling. Participants revealed that travel provided an opportunity to have time conducive to focusing on their selves and on their happiness. For example, as Patricia explained:

> Being away from home for me also means I can enjoy my time, literally, "me time." I don't need to think about the domestic tasks. It is just relaxing, going to cafés, reading books. When I want to eat, I just go to restaurants nearby - they have a wide selection of foods and the price is affordable. (Patricia)

Patricia confirmed that she took responsibility for some of the domestic duties, such as cooking and laundry. Therefore, a holiday provided her with an opportunity for a break from this routine and enjoy what she called, "me time."

Research participants explained that holidays enhanced their ability to have a good rest, get away from any worries, and gain adequate sleep. Eddie recognised this.

> When I was in Australia, I went to bed very late, like
> 2 am. But when I'm on holiday I can sleep early at 9
> pm. Perhaps I feel much (more) relaxed here and
> focus on doing something that I like (Eddie).

Changes in environment to something different from everyday activities, enabled seniors to detach themselves from their routines, impacting on their subjective wellbeing. Alongside positive reactions from corporeal encounters with the environment, positive emotions were also present from other aspects of social encounters.

The sub-theme of "positive emotions" was also evident in the engagement of seniors with tourism personnel. As a social space, tourism involves social agents, for example, in the performative act of giving and receiving service during encounters. Some participants reflected on their holiday experiences in Bali where they experienced sincerity and attention from staff.

Illustrating this, Patricia described her experience.

> We utterly found no trouble with our holiday, you
> know. We went to a restaurant down the street and
> they're always so attentive to us. Just small examples,
> like warning us – "be careful with the steps" – they're
> just so attentive. Not everyone's like that, but those
> guys in the restaurant treated us very softly. (Patricia)

Seniors described how attentive and helpful staff were, offering assistance to ensure they could navigate around their holiday environment.

> I made friends with the hotel's staff. She always
> helps us like asking me how you want this and that,
> eagerly helping us. (Victor)

Liz, George's wife, mentioned support they received from staff during a visit to a safari.

> We visited a Safari park. They were so helpful.
> George and I could not lift the chair to the bus and
> they politely asked and offered their help. (Liz, travel
> companion)

Similarly, another senior tourist described his experience of a sense of familiarity with the social environment.

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> The best part if you walked through a restaurant, everybody knows you and looked after you so well. Not like in Australia, if you go to a restaurant the waiter/waitress comes to you, takes your order and when you're served with the food, they ask you is everything alright and they are not so friendly you know, and we just say "yes thank you." (George)

These explanations illustrate the ability of people in the tourism industry to provide comfort to seniors, consider their requirements, and offer a sense of familiarity to them. Other seniors described their experiences.

> Bali is different compared to other places we have been to, it's very relaxing. People are great and they look after you. (Tom)

Mike also commented on this.

> What I like to be in Bali, is the people. They're always willing to help and that's how you relate one to one. That's a huge thing in Balinese' favour, and the other thing, is they respect elderly. (Mike)

The presence of another support person was considered important, not only for seniors, but also for their travel companions. Travel companions illustrated their appreciation of holiday experiences in which they received help with transport. Having a specialised travel agent who provided transport enabled their travel companions to relax and become more efficient with their time. Samantha and Simone were first-timers to Bali, and therefore, support from tourism organisations who could manage the requirements of their holiday was essential to their experience of Bali. Samantha illustrated this.

> If we wouldn't have Bali Access it would be a nightmare, they are so fantastic. You know the transport; they have an electric lift for wheelchair users. Simone's electric chair is so heavy - it's about 130 kilos - we are not going to be lifting that into the car and everywhere. So, it's brilliant it's much easier. (Samantha, travel companion)

Samantha further described their experience:

> I'm happy that Made (staff member) has helped us a lot when Simone insisted to go to the beach. Well, it's not because I don't trust her, like here in Bali, the

footpath you just can't take an electric wheelchair, you just can't. So, we arranged the transport and they drove us and stopped not far from the beach. He got out and carried her on his back so she could dip in the water. (Samantha, travel companion)

Research participants illustrated how tourism encounters created positive emotions for the embodied experiences of seniors. Giving help and ensuring they got what they needed was an integral part of any service, all of which created a positive impression for the senior tourists' experience. Unlike previous disabilities studies that noted negative embodied encounters with people from the industry (e.g. Daruwalla & Darcy, 2005; Small et al., 2012,), in this research, senior tourists revealed positive experiences in the form of warm welcomes and attention that gave them a feeling of being cared for, looked after, and respected.

The moments of encounters with professionals in tourism services and the positive attitudes of others provided positive results. Staff that were assertive and helpful, ensuring individuals felt comfortable and safe, had an impact on participants' emotional states. Previous tourism studies of elderly tourists also indicated positive impacts on their emotional wellbeing (e.g. Hagger & Murray, 2013; Hunter-Jones & Blackburn, 2007; Morgan et al., 2015; Nimrod, 2008), which encouraged social interactions (Sellick, 2004; Tung & Ritchie, 2011). While the findings around positive emotions overlap with the next theme of relationality, this section highlights the positive emotions that come from intersubjective encounters between senior tourists with disabilities and tourism staff.

### 5.2.2 Relationality

The theme of "relationality" comes from data in which seniors illustrated the role embodied travel played in their social lives. In terms of relationality, Donati (2016) identified (using a critical social theory framework) that a "human individual is relational by nature, but relations are created in time and space, that is, in a situated sociocultural context" and that each individual "is constituted by relations with other human individuals" (p. 356). In tourism, relationality becomes significant, as it highlights the personalised and unique context of an experience from multiple points of view, acknowledging the reciprocal nature of relationships involved in the co-creation of the experience (Marques & Matos, 2020). Therefore, the relationality concept is important to understanding the physical experience of seniors in a social

context, and is manifested in the nature of friendship with 1) people in a destination, and 2) travel companions (e.g. partner or other carer). The detail of the findings is presented in the next sections.

### 5.2.2.1 Friendship

The first sub-theme of relationality is that of friendship. Research participants disclosed that one aspect that encouraged seniors to continue to visit Bali was the opportunity to develop their encounters with old friends. In the relaxing holiday environment, seniors on holiday were happy to spend their time having conversations with local people. The majority of senior tourists in this research mentioned that previous encounters developed into ongoing relationships that they established with others in the destination. Eddie illustrated the friendship accrued from travel, saying "we've known our friends here for eight years or nine years.".

The relationships between senior tourists with others were developed over years. Other research participants described this experience.

> We've got so many friends here in Bali, we get along very well with the people here. We met so many friends. You see the flower in the corner of the room, it comes from the girl we've known for a long time. We know so many people and if they know we are here, they often send us flowers and we do in return. When they had a birthday we gave them a gift and they were so happy and thankful. They are just so beautiful. They are just easy to get along with. We are always excited to come to Bali because we can meet them again. (Victor)

One participant mentioned getting more involved and connecting with people, as described here.

> For older people like me, I do things differently. Well I still wake up early, then lay down by the pool and stay most of the time in the hotel. Well I do a lot of interaction with hotel staff and people outside hotel. They said I'm very chatty. (Tom)

Interactions in travel formed friendships that emerged from the leisurely social spatiality of a holiday environment (see Foley, 2017). In contrast with previous studies on elderly behaviour, which noted that ageing and disability result in

disengagement and reduce social connections among seniors (Boyd & Bee, 2009), this research revealed that senior tourists holidaying in Bali were enthusiastic about nurturing their relationships with others. Participants mentioned that their decisions to holiday in Bali were influenced by the social familiarity they found in the destination, as Mike illustrated.

> The opportunity to opt for the holiday in Bali also has special meaning for me. I got a chance to meet my buddies, practise my Indonesian, and learn about Balinese culture right away from the first hand, (and) they also learn English from me. (Mike)

The findings showed that the nature of a relationship is voluntary and reciprocal (see Lynch, 2005), and the senior tourists asserted that the relationships they formed on holiday allowed them to explore the authentic Balinese culture. On several occasions, senior tourists visited their friends' home villages. This provided meaningful experiences through a different way of enjoying a holiday and contributed to their understandings of Balinese culture and traditions. The following quote illustrates Eddie's experience.

> Our Balinese friends sometimes took us to their village during a certain religious ceremony. We love that sort of stuff and we feel connected with the Balinese. (Eddie)

Clearly, for senior tourists visiting a Balinese traditional village this was an interesting part of their holiday. It provided a different opportunity for understanding Balinese traditional culture, rather than from commercially staged events. In addition, these encounters offered a chance for the tourists to learn about other people at a personal level and to hear other people's stories. The dynamic interactions of relationships provided clearer perspectives of the world outside their home environment, thus elevating the degree of their knowledge to a new dimension. As George described, it provided a deeper understanding of locals' ways of life and how they perceived reality.

> We loved the people, you know… In the morning we go down to the beach or go to the market and they started to offer us morning price or afternoon price and sometimes I ask for the ridiculously low price you know and they started to say "oh no I'm going to bankrupt" and we laugh. Everybody laughs… So that

> interaction with the locals, it's a part of the holiday
> we loved and those people they're just lovely people
> and they don't give up easily. We learnt a lot. It's not
> an easy life. You have to fight to survive. (George)

Research participants' observations and interactions enabled them to understand the complexities of local life and gave them insights into another side of the world. This current knowledge of Balinese life widened their perspectives by allowing them to see through a different lens. Looking at other cultures created understandings about differences and similarities. Eddie illustrated this.

> We like interacting with the Balinese' beautiful heart.
> They work so hard practically for nothing and they
> never complain. Down in the restaurant we always
> had the girls. They're always happy and laughing.
> Well they've got so little busy but still, they are
> happy. You know you go to Australia, you know,
> they've got everything but they are not happy and
> they want more and more. I don't know. When we
> get back home to Australia, we always said people
> have a plush house, car and they still want more. Well,
> I can say from Balinese we learn acceptance, and I
> have a new way of seeing life. (Eddie)

Looking at the contrast between Western and Eastern countries provided a broad perspective that brought a valuable lesson to the seniors and led to greater appreciation of their lives.

These findings revealed a similarity with previous research on seniors, that found travel can be an opportunity to widen social connections (e.g. Morgan et al., 2015; Sedgley et al., 2011) by re-connecting with friends (Foley, 2017; Sellick, 2004). In contrast, Thomas and Butts (1997) observed that senior tourists' holiday motivation was not to develop relationships or extend friendships. However, participants in this research identified a genuine intention to develop and maintain relationships with local people. Furthermore, engagement with locals provided occasions for "empowering knowledge" (Roberson, 2003, p. 129) and taught a valuable lesson of gratitude and self-acceptance.

### 5.2.2.2 Accompanying for care

This sub-theme illustrated further the relational aspect among seniors, and how their travel companion shaped their holiday experience. Of the six travel companions in

this study, five were female and one male, five were the spouse of the person needing care, and one was a non-familial carer. From the interviews, it was clear that the senior tourists relied on their travel companions for both emotional and functional support. The travel companions displayed a deep concern for the seniors' general safety and global security issues were a key concern during their travel. Although they did not identify one place as safer than another, the travel companions were aware of the importance of common sense, such as always staying together to minimise risks such as those caused by criminal activity.

As William explained:

> I could be extra overprotective towards her, not because I doubt her, I trust her ability, but sometimes you also need to consider other aspects in the unfamiliar environment. (William, travel companion)

Similarly, Leonni described her feelings on global security issues such as terrorism.

> Other things that I am worried about is a safety issue. It's not about you, Vic. It's about safety issues in Bali. Our prime minister says it on TV, that Australians should not travel alone, like you can't swim alone, you know, that sort of thing. Actually, it's not the Balinese that we are worrying about, but the issue is more about other people. It's not the Balinese you have trouble with but it is a similar issue like in Europe and all over the world, the terrorists. So more like you cannot go by yourself. Even in Melbourne, you will not go to football even by yourself these days. (Leonni, travel companion)

Aside from security concerns, the findings revealed different degrees of dependency on their companions among the seniors. For the carers, travel provided an opportunity for the person being cared for to have freedom in making decisions. Illustrating this point, Samantha, a carer, articulated this.

> You want to have a holiday as good as you can, so I let Simone to decide what she wants to do and where she wants to go for this holiday. However, I thought it's going to be hard especially if there is no access. So I contacted a travel agent and started to arrange things. It's brilliant the service we have - accommodation - the transport - . (Samantha, travel companion)

Travel companions who were also family friends, encouraged the seniors to increase their independence, and supported such a decision as a form of responsibility. This could increase the sense of confidence, and the seniors' capacity to make important decisions in their life generally.

Travel companions and seniors mentioned that the length and stability of their relationships resulted in deeper understandings of their partners. These also resulted from the conventional perspectives of the role of a wife to take care of domestic tasks, which continued during travel. In other tourism and leisure research this finding was not unusual, as studies have also found that female partners undertake gendered household tasks in other environments (e.g. Cockburn-Wootten et al., 2008; Mottiar, & Quinn, 2012; Wilson & Little, 2005; Yoo et al., 2016).

For example, Floral, the wife of Eddie, explained:

> We've been married for 57 years. Our relationship is solid and I know him well. So, when it comes to my role in travelling, it's everything I guess, from organising, well (to Eddie) you just follow me, don't you? I organised everything, literally everything. I usually asked him where do you want to go and he answered "I don't know, you do it." So yes, I do it because he always says "you know where I want to go." Well sometimes, we have small discussions like "do you want to go here, or there?" and he will say "no, you do it." (Floral, travel companion)

When asked about why he let Floral decide, Eddie responded:

> I've got a lazy memory, and I know I can trust her managing everything and she always helps me. Well, I think it also depends on where you go first time and you go somewhere else and you find that they are not so good as the first place, so you can always go back to the first place. (Eddie)

It was evident, as illustrated in these quotes, that travel companions played a significant role in the travel decision-making process. Seniors put their trust and reliance on their travel companions, since their spouse knew of their requirements, and the travel companions that were also the spouse, gave a little room for the seniors to have some independence.

Other participants highlighted the notion of togetherness as a fundamental aspect that could increase a senior tourist's holiday participation. Research participants expressed the sense of sharing that was gained from doing activities together.

> Vic always says he would not go without me. We both pretty like the same things don't we? And we decided what we want to do, and if we have something that we like to do then we do it, doing something that we both agree, don't we? I think that's what makes Victor more relaxed, because we do everything together. (Leonni, travel companion)

Spending more time together, focusing on each other as well as emotional support provision from their spouses, all helped to develop feelings of being closer and strengthening their relationship as a couple. As Liz highlighted, togetherness was important for their relationship.

> I love being together alone with George. We feel even closer during this time. With his condition, I'll make sure (of) this and that and I'm more involved with him. I know we are on holiday but I should keep doing it. As I said, I just enjoy it. (Liz, travel companion).

The seniors also expressed a similar view.

> We don't spend much time outside. Most of our time we stay at the hotel, having coffee. During the night we go for dinner in the hotel or sometimes outside. It's very relaxing you know. (George)

Assured they were always present for their partner, provided peace of mind and a sense of safety for both seniors and their companions. Another point that became clear in this research was the notion of value in their relationships. Senior tourists and their travel companions preferred to focus their time on an intimate couple's relationship while on holiday, as Cristy reflected.

> We previously travelled with family, for example with my sisters, but I think from five years ago, more or less, we always enjoy travel together as a couple. We love each other's company. Many of our friends love to go with someone, whereas we just want to chill out. It's just the two of us. (Cristy, travel companion).

William, the husband of Patricia, indicated how his presence minimised trouble and increased happiness. He illustrated this as follows.

> It's a lot more work on my side, but we've never been this happy. We have more intense communication, we talk a lot, actually not we, but she [laughs] she won't let me finish my sentence. So, we laugh on silly things like that. (William, travel companion)

Patricia responded, saying "yes, he's been really great with everything. Packed things up in the suitcases, pushed my chairs" (Patricia).

Participants reported that accompanying seniors means focusing on each other as their priority for later life. Therefore, spending quality time with their spouse or people they were close to was significant for this group, as they appreciated that their time was limited. William shared his opinion on this.

> It is always nice to get away and have quality time together and it is just nice to get away from everything, you know... we discovered how much we're deeply in love with each other and it makes you even closer. (William, travel companion)

Additionally, the relational aspect of travel companions and seniors covered practical matters such as providing care. Apart from one travel companion who was a non-familial carer, the majority of seniors and travel companions agreed that seniors relied on the presence of their travel companions for care. The travel companions did not like to be labelled as "carers," as they saw their role more as a relational one. Cristy made this point clear.

> I never think that I am a carer, no. I think we support each other. I think he would do the same if I was in his position. (Cristy, travel companion)

Disability scholars too, have acknowledged that the role of supporting and understanding needs is a significant tool that gives control and empowerment to people who receive care (Keyes, Webber & Beveridge, 2015). In this way, placing seniors and travel companions at the centre, without dominating one another, is important. Other travel companions mentioned their responsibility in a conventional family relationship, taking charge with practical assistance and medication, as described in the following quotes.

Eddie relies on me too much, and he's on medication for blood thinners. Because Eddie, he doesn't think about anything, he just can ask me. Because you know he also has a lazy memory and we are, we are a kind of old school people, back to those days, (when) the wife always made sure (of) everything for her husband, not like people now. (Floral, travel companion).

Agreeing with Floral's statement, Eddie asserted that "Floral, my wife, she totally supports me, and she's my backbone." These statements reflected the spouse's ability to measure the basic psychology and safety underlying the condition of the person they were caring for.

Differently, Leonni described providing care involving practicality.

Victor needs my help in sort of, getting in or out of bed, because the bed is quite low, and things like dressing up, because he's not as flexible as he used to. (Leonni, travel companion)

In responding to this, Victor showed gratitude that his wife was taking care of him: "Yes, I am glad she always helps me."

Some of the travel companions described how they gained support from somebody else – in particular, tourism providers. For example, the travel companions described the benefits of having others to provide help for daily chores, as this provided time to focus on the seniors, as one commented.

George is my central point now, and I guess it's just natural instinct to give sort of protection, and for this holiday we booked a villa with a butler service, so I can focus with him. Well, talking about accompanying, when you go on holiday you also want to have a good holiday as you can. (Liz, travel companion)

It was also mentioned by the carers, of the importance for the senior tourists to have their own time, to create space and become responsible for themselves. Illustrating this further, Samantha commented.

Definitely, I understand that she needs to spend some time for herself. She only needs support like going up in the bathroom, something like that. It's because of

> the slipperiness, so I need to help her in the bathroom
> too, but it doesn't mean that I have to be there all the
> time. (Samantha, travel companion)

Travel companions who were carers provided more flexibility for the seniors to determine activities and make decisions. The relationships between seniors and their travel companions indicated an inter-dependency in emotional aspects, as they encouraged emotional closeness and strengthened their relationship.

These findings described how participants experienced relationality, and their preferences for spending time in terms of quantity and quality, with their spouses. Both seniors and travel companions illustrated how the nature of accompanying had become a strategy to increase confidence, and provide peaceful and positive energy for an elderly life (see Avlund et al., 2004; Dupuis-Blanchard et al., 2009).

The discussion in this section provided examples of the nature of accompanying for travel companions and seniors. For people with a disability, travel with someone they know can avoid feelings of insecurity and ensure appropriate help is delivered in a timely manner (Yau et al., 2004). In addition, in this research, participants also focused on shared activities for happiness. This echoed findings in previous studies that noted the purpose of travel with companions, for people with disabilities, was to pursue enjoyment (Chung & Lee, 2019), strengthen relationships, and gain a sense of togetherness (Chung & Lee, 2019; Lehto et al., 2017).

In addition, travel companions who travel with senior tourists can become a source of power for facilitating senior tourists' practical support and independence. Interestingly, the spouses who provided care, objected to being labelled as carers, viewing their role as supporting. One spouse stated that this was achieved through the way they facilitated support, and was reminiscent of the ethic of care (see Bedini & Guinan, 1996), and the interdependent and empowering nature of the relationship (Keyes et al., 2015) as a part of the marital condition (Habermann, 2000).

### 5.2.3 Insights from tourism providers on accessible tourism

The third part of this chapter addresses research objective three: to understand Bali's tourism providers' perspectives on the contemporary and future development of accessible tourism. I would like to make a caveat here, although the broader sample of tourism provider's in this research did not identified their business as

accessible tourism providers, however it was revealed from the interview that they had been or have the experiences engaging with access market, in particular, that of seniors. Two of organisations that the websites been analysed were also the gatekeepers that participated in the interviewed. Three main themes emerged from interviews with tourism providers. These themes are integral elements of how this potency can be maximised in welcoming the prospective access market and at the same time, eliminating the issues of accessible tourism. The themes were: "market-side -increasing demand," "initiating the value of accessibility," and "tourism providers' emerging approach."

### 5.2.3.1 Market-side - increasing demand

All research participants from tourism organisations held similar views on the growing market of accessible tourism. Tourism providers who worked at the operational level mentioned they had been in contact and seen a group that required access in tourism. They described their experiences of dealing directly and indirectly with tourists with access needs, and in particular, with senior tourists with disabilities. The following quotes illustrate this.

> Over the last two years we started to receive enquiries from disabled and senior customers from other cities in Indonesia like Surabaya and Jakarta; they were the Indonesian Chinese family with their elderly parents. (Operations manager, specialised accommodation)

One accommodation manager commented:

> Our senior customers are varied in terms of the country of origin and the time when they travel. Senior customers from Europe usually come in January, February and March, when the weather in their country was cold, while our Australian senior customers, in June, July and August. Most of them were long stay guests especially the Europeans, and they were fanatics on the certain room number. (Director of operations, accommodation)

Consistent with findings from previous research, the Bali tourism organisations viewed the senior market as a group influenced by the season in their home country (e.g. Alen et al., 2012). Despite the seasonality, one provider described senior tourists as loyal repeat customers. As one accommodation provider explained:

> Most of our customers are repeater guests. They have been staying with us for more than ten times. It is likely they know the hotel well and prefer to stay in the same room every year during their visit. As the accommodation providers, we encourage our staff to fulfil the guest request. (Accommodation manager)

> Our elderly customers they are different, they are very chatty, nice, and they would like get up early and most of the time they want to stay at the villa and they're happy about it. They're also very organised, so we play our part with arrangements, transportation and things like that. (Villa manager)

The increased engagement between senior tourists with disabilities and tourism providers, created loyalty and repeat visitations. The inherent value of making connections and building relationships with customers made this group visible for tourism providers. The tourism providers also developed knowledge and increased the possibility of integrating accessibility aspects into their tourism services and offerings. This helped tourism providers set up a plan for reducing barriers and increasing the positive impact of tourism participation.

> We often received enquiries from our guests with special needs. They tend to communicate early in advance, and yes, we surely try to accommodate their requests, from room location, accessible room requirement, complete with detailed information on what's inside, bed height, accessible bathroom and toilets, transport arrangement and sort of stuff. We ensure our guests are free from barriers if they want to go around the hotel. (Accommodation provider)

Increased, repeated contact with people with access needs had opened up the opportunity for reciprocal benefits for both service providers and the access market. Tourism providers received comments, feedback or concerns from this group, which were valuable for increasing their knowledge and constructive understanding for their companies' improvements. The collaborative efforts made through open communication between the tourism providers and the access market, benefits the quality of tourism providers' planning process (Cockburn et al., 2018; Nyanjom et al., 2018).

### 5.2.3.2 Awareness and understanding

Tourism providers commented on efforts to implement government requirements, such as compliance with accessibility policies, and following minimum standards established by government. They certainly understood that travelling is a basic human right and at the international level, is supported by the United Nations Convention on the Rights of People with Disabilities (Darcy & Buhalis, 2011; Darcy & Dickson, 2009; Jaeger & Bowman, 2005; Singleton & Darcy, 2013).

> We're following government rules and at the same time adopting company guidance which has been standardised from the main company. (Director of operations, accommodation)

Ideas of access provision are considered a human right, and tourism providers have now started to think about access provision for people with disabilities. Two tourism providers illustrated their awareness of the need to address specific issues around access requirements.

> We are genuine people, we're taking care of our guests. We treat them like friends so it's not about guests and what you have paid but it also about the feelings and giving them pleasure. (Front office supervisor)

Another tourism provider illustrated this point further.

> Every time before leaving our guests in the room, we always make sure (of) everything and (that) they would be able to manage the situation in the room. How he or she would reach, for example, washbasin, how to turn on and off electric switch. (Specialised accommodation manager)

It is evident that the pursuit of changes, not only comes as a result of complying with government policies, but more importantly, it comes from the heart and emotional concerns, and from care about other people who have different abilities.

In a similar vein, one operations manager described:

> It's a feeling when people care about accessibility and how we perceive people with disabilities. When I talked to myself and asked who will please these people, even I know that the market is small, and we

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have limited ability and capacity. We will not always (be) capable of doing this, but we always have the willingness to make it true. (Director of operations, accommodation)

While the examples of awareness came from encounters with people with disabilities, alternatively, knowledge of disability also resulted from personal experience, or experience with a family member or friend. Tourism providers revealed that apart from encounters within the tourism environment, personal experiences tended to make them more sympathetic and aware of the importance of an appropriate attitude for approaching people with a disability. As the manager of a travel agency commented, "I personally have disability and we have some staff who (are) disabled. They work in the back office as an accountant, so we actually know how hard it is."

This revealed that the attitude of tourism providers or staff may change when they have experience personally or through contact with people with disabilities in their daily life. When people in organisations appreciate, value, and perceive people with disabilities positively, they present themselves as an inspirational industry role model to others. The initiative to act should come from a willingness to make change and achieve something different. Gillovic and McIntosh (2015) and Cardena et al. (2015) discussed the idea of taking ownership of the implementation of accessibility and being excited to be involved in the changes, as engagement from industry leads to more development of accessibility. As such, they become seeds of change by benefiting the way people view disability and accessibility as a social force, and not as an economic matter (Higgins-Desbiolles, 2006). As illustrated by the participant from specialised accommodation:

When we can show to other people that we can provide access and other company do the same, then we grow together and maybe some other café or restaurant started to have accessible entries and next when they renovate they will have another entries, so this slowly changes our environment. (Specialised accommodation manager)

In addition, participants from the tourism organisation had started to welcome the diversity of people with disabilities.

> Talking about accessibility, ideally it means all part of the area can be reached by different tourists, from children, adult, elderly and everyone can benefit from the friendly environment. (Destination manager)

The villa manager described her experience.

> Like the washbasin in the main villa, is not suitable for people with access needs. Last time we had a very short guest and the washbasin is quite high, so it's a shame since we haven't renovated and adjusted it well. (Villa manager)

As a disability may be acquired at any stage of life, it is clear that the probability of needing support and consideration in the physical space is increasing, as population's age. Defining disability as a homogeneous construct is simply ignorance of the diversity of disabilities (Blichfeldt & Nicolaisen, 2011; Burns et al., 2009; Figueiredo et al., 2012).

### 5.2.3.3 Emerging actions

Tourism providers who were more familiar with access market requirements, showed a more responsive and sensitive approach, in particular with access provision, through various proactive actions. Some service providers had started to modify facilities by investing small capital in the provision of accessibility.

> We do provide manual wheelchairs, previously we had three, but two are broken, and currently we only have one. The thing is, our guests usually bring their own wheelchair, and if there is any case of emergency, for example, the guest's chair is broken, we usually contact Bali Access Travel. This company hires various equipment for disabled people. (Accommodation provider)

The changes they made were varied and required creativity, and were generated by their intention to eliminate constraints. As one accommodation manager emphasised:

> Our previous table was not like this, it was lower than this (showing the dining table outside). Then we make an adjustment. We consider those in wheelchairs so they could get their knees underneath. It may look not so beautiful but it does its job. Other things like the lights in the right place, the doors are

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wide and open so people in a wheelchair can do 95%
things by themselves so they don't have to rely on
people, for example, to open the door for them.
(Specialised accommodation manager)

Various efforts to overcome this issue included adjusting room settings, providing
wheelchairs, and changing the height of a table. Although finance was a significant
issue for access provision, it was interesting to note that once tourism providers
were enthusiastic, the changes became more advanced. Tourism providers become
mediators of access provision through support and positive reinforcement. As one
participant, an accommodation providers, mentioned in the interview,

Fifty per cent of our ground floor rooms are provided
with showers and handrails. (Accommodation
provider)

This quote shows how service providers endeavoured to change into being a more
welcoming organisation. Undertaking serious work such as investing in building
renovations, was a form of action for change that had started to attest to their
commitment.

Different approaches to access provision could also be enhanced through
engagement and cooperation with other tourism providers, which improved access
to tourism sites. One destination manager provided an example.

The specialised travel agent usually contacted us
when they had a tourist with disability who wants to
visit our place. We usually ask the security to open
the west gate so the transport can directly go to VVIP
parking area that is not far from the temple, so they
do not have to walk far from the public parking.
(Tourism site manager)

Offering possible compromise options to tourists, even when service providers
thought they could not handle some requests, was sometimes needed, as one
tourism provider indicated.

We do sometimes receive requests to handle guests
with access needs and we always make sure we
recommend (that) hotels that can provide their
mobility needs are five star hotels with lift and other
supporting facilities. (Travel agent)

Tourism providers reported that access provision should go hand-in-hand with other establishments to generate cooperation, to achieve holistic support for the accessibility agenda in Bali. This cooperation could benefit people with disabilities, as solutions could be simplified to avoid barriers, while for the tourism providers it could increase the positive image of their establishments. Despite operating a business, tourism providers also ensured they performed a social role by implementing corporate social responsibility values, as one tourism provider described.

> The existence of temples in Bali serves multiple functions from religious, environment, social aspects, and now it has become a destination for visitors who want to see Balinese traditional architecture. As a place for spiritual and social gathering, we have made some adjustments to reduce barriers for the people (and) community, as you can see how we provide ramps in every section of temples, and I think this impacts on positive image of this place and benefits local people who come for praying. (Destination manager)

Tourism managers agreed that access provision should not be limited to only one stakeholder, but instead, embrace a broader community, which could directly help the appeal and awareness of the importance of accessibility. This emphasised the notion of accessibility to the public, helping to increase society's awareness of the fundamental issue of access provision.

While it is pertinent to focus on adequate accessible infrastructure, if the needed information is unavailable to senior tourists with disabilities, then these infrastructural changes will lose their point. Minimal access to information created problems, and sometimes the information displayed on websites failed to consider the different features of disability. As one tourism organisation described about receiving a booking enquiry:

> Providing detailed information, listening carefully to what they required for is important, definitely with sending emails back and forth with to answer their questions. We know catering the needs for this market is different kettle of fish to run. We are not looking for one-time guests, it's for long term, so they would come back every two years at least. (Specialised accommodation manager)

It can be inferred from this quote, that tourism providers need to present crucial information that matches the communication needs of people with disabilities. Follow-up information was often deemed necessary when the senior tourists found the information given did not meet their needs or indicate how the provider could support their requirements. Darcy (2010) also confirmed that consistent and clear formats are necessary when communicating messages to disabled customers, as these help them to make travel decisions.

### 5.2.4 Tourism providers' communication on accessible tourism

As mentioned, while accessible provision is fundamental for full tourism participation, another significant aspect of enhancing participation, is the availability of information. The social model of disability identified that minimal information may constrain participation and inclusion in an activity or environment, for people with disabilities (Eichhorn, et al., 2008; Stumbo & Pegg, 2005). Presenting effective information to people with disabilities requires tourism providers to be aware of the diversity of disability, so potential customers can connect themselves to the values service providers espouse (Mouffe, 1999).

Organisational communication researchers have examined the language, symbols, images, and rhetoric used in organisational communications, to understand how these reflect an organisation's espoused values, assumptions, and power over the social context. As Cheney and McMillan (1990, p. 108) stated, examining organisation communications "can help us to better comprehend not only how we conduct work but also how we conduct our 'life space,' structure our interactions, and exercise control over one another" through the work of the organisation. Undertaking an analysis of organisation communications such as that on websites, helps to understand the familiarity of tourism providers' with, and awareness and knowledge of, disability issues (Cheney, 1983b; DiSanza & Bullis, 1999). Similarly, tourism scholars have also argued that language, labelling, and communication, project certain meanings and values that may or may not support disability requirements (Gillovic et al., 2018). Additionally, these also indicate the understandings, assumptions and values reflected in the way they communicate. As such, this shapes service providers' identity in terms of considering, accepting, and integrating inclusion (Sy & Chang, 2019).

**Table 8**. *Summary of websites espousing the values of accessible tourism*

| Cheney's Identification Theory | Villa G Ellora | Bali Access Travel | Accessible Indonesia | Ramada Bintang Bali Resort | Legian Beach Hotel | Bali Dynasty Resort |
|---|---|---|---|---|---|---|
| **Strategy 1 Common Ground Techniques:** | | | | | | |
| *Expressions of concern for the individual* | Acknowledged the contribution of the staff | Assistance by tourism provider staff | Collaborated with other tourism providers

Praised a member of the company | | Staff hospitality | Staff hospitality |
| *Recognition of individual/group contribution* | Mentioned particular staff | Mentioned other tourism providers' names | Recognised other providers such as a diving instructor certified to assist people with disabilities | - | Mentioned the contribution of a staff member | Mentioned corporate social responsibility with Bali-based organisation charity |
| *Espousal of shared value* | The only real accessible accommodation for a disabled person's holiday | Wheelchair accessible travel | Bali for All

Active participation of disabled people in different tourism activities | Disability room | Physically challenged guests, handicap-friendly rooms, spacious, suit every leisure lifestyle, ultimate privacy | Special-need rooms with wheelchair access, fully integrated resort, and unique resort layout |

| Cheney's Identification Theory | Villa G Ellora | Bali Access Travel | Accessible Indonesia | Ramada Bintang Bali Resort | Legian Beach Hotel | Bali Dynasty Resort |
|---|---|---|---|---|---|---|
| | | | Affiliation with community to include their voice in access design | | Environmentally friendly resort<br><br>Concerned for employment of people with disability | A family environment resort |
| *Advocacy of benefits* | Shows complete physical and machinery disability support equipment | Various assistive technologies | Tailor-made tours<br><br>Provided other equipment for access<br><br>Cooperated with accessible airport and destinations in Indonesia | Strategic location close | Various on-site activities for wellness therapeutic and rejuvenation concepts | Division between couple and family sections<br><br>Strategic location close to other tourism precincts |
| *Praise by outsiders* | Testimonials on staff hospitality | Support from guests through narrative on the experience | Positive comments | | Awards from Travel life Gold Certificate from the UK (2018) and Thomas Cook Silver Sunny Heart Award in (2018).<br><br>Testimonials from guests regarding the services they received | Awards in 2019, from TripAdvisor, No 1 in Holiday with Kids' choice awards, Best International Hotel and Resort from Out and About with Kids |

| Cheney's Identification Theory | Villa G Ellora | Bali Access Travel | Accessible Indonesia | Ramada Bintang Bali Resort | Legian Beach Hotel | Bali Dynasty Resort |
|---|---|---|---|---|---|---|
| **Strategy 2**<br>*Identification by antithesis* | Hospital images Lifeless tourism activities Excluded significant others Exclusion of other disabilities and focused on wheelchair users only | Exclusion on any other type of disability. | Disassociation with the name of travel agent Excluded other disabilities, and focused on mobility related issues and seniors only | One disabled room | Lack of information on levels of accessibility<br><br>Five wheelchair access rooms<br><br>Exclusive for wheelchairs only | Lack of information about specific facilities and number of access rooms available<br><br>Missing location of disability rooms on the map<br><br>No indication of availability of disability rooms. |
| **Strategy 3**<br>*Inclusive language* | Provided detailed information on technical facilities to persuade customers about services and facilities the organisation offered | Identified their target market as wheelchair users | Inclusive language, for example: "Conduct accessibility survey for every destination and hotels **ourselves** and provide detailed level of accessibility to our guests" | _ | Showed a wider sustainable discourse embracing local community in the area, for example: "We strongly encourage others to follow suit, so that we all can have a sustainable living space" | Shared similar values and goals with customers in social actions |
| **Strategy 4**<br>*Unifying symbol* | Combined disability symbol | Disability symbol of active moving (on three pictures with | Despite using the accessible icon, pictured a traditional | The symbol of Bintang Bali in bold red | Used symbol of person surfing, | The name *Dynasty* in italics, underlined in green |

| Cheney's Identification Theory | Villa G Ellora | Bali Access Travel | Accessible Indonesia | Ramada Bintang Bali Resort | Legian Beach Hotel | Bali Dynasty Resort |
|---|---|---|---|---|---|---|
| | with letter G in the name of villa

Displayed eight pictures on the main webpage, consisting of combination of services and activities of guests in the establishment | outdoor scene) and different activities

Grey background on the website page

Blue and red for the company name, with italics for the word *access* (highlighting the major distinction from other travel agents and their specialisation in accessibility tours and travel) | Indonesian house (*Tongkonan*) from Toraja, Sulawesi. The house is built on stilts and has a ramp at the front, so is not accessible

Accessible website symbol

The main webpage displayed tourists' activities in three major tourist destinations in Indonesia: Bali, Java and Sulawesi

In line with the target customer market, illustrated two different pictures of customers, both as individuals and in groups | The main web page showed a holiday environment with large pool, white sandy beach, tropical garden, and wide lobby without adding the human element in the background, either of guests or staff | illustrates the fun aspect of holiday

Pictures mostly focused on the resort layout with facilities such as pools, restaurants, bungalow, and bars, neglecting the element of people, resulting in a lack of interaction between staff and customers, or activities by guests.

To illustrate the facilities of the accommodation for special needs, used a picture of a bedroom with toilet and steel handrail behind | Showed the hotel large swimming pool, a couple in a beach club, and rooms with standard facilities

Minimal displays of activity on the main webpage, in four pictures. Three illustrated the hotel facilities and only one showed guest activities on the beach |

### 5.2.4.1 Common Ground Technique

This first of Cheney's strategy is the "Common Ground Technique." The purpose of common ground is to create and use common everyday discourse and ideology that provides commonality with stakeholders, with the aim of connecting organisations with others in an open way. This helps readers and customers identify the organisations' values through example: for example, the tourism providers' position (e.g., tourism for all), collaborative work (e.g., cooperation with external organisations), and praising staff (e.g. staff hospitality). The analysis of six espoused values on Balinese tourism providers' websites revealed that common ground tactics were repeatedly used. Images and rhetoric on disability-related physical access was noticeable on all six websites (i.e. "disabled," "wheelchair," "access," "wheelchair friendly," "disabled holidays," "disabled room," "handicapped," "physically challenged guest," and "special need room with wheelchair access").

*Expression of concern for the individual*

The analysis showed tourism providers' concern for the individual tourists and how team members enacted this in the services provided. Employees' engagement was featured both textually and in images. Tourism providers highlighted their value of staff commitment as a foundation of the operational of organisations. A specialised travel agent, Bali Access Travel, provided the statement "Our staff are more than helpful" (see Figure 7), to illustrate the strong appreciation of staff providing assistance, conveying the tourism provider's core business value of providing services for people with disabilities.

*Figure 7 Example of concern for individuals*



Source: www.disabledholidaybali.com. Used with permission.

The literature on accessible tourism confirms the importance of awareness and attitudes of helpfulness and sensitivity to the needs and desires of people with disabilities. Employees' engagement is described as the "harnessing of

organisations' member's selves to their work roles, in engagement, people employ and express themselves physically, cognitively, and emotionally during role performances" (Kahn, 1990, p. 694). The primary goal of this text is to illustrate their identification with disabled guests who planned to come and who needed their services. Support for employees is deemed crucial for encounters with people with a disability. One tourism study focused on carers, showed that senior tourists are included into two of the vulnerable groups who require extra attention (Hunter-Jones, 2010).

Tourism activities are not accessible to everyone (Figueiredo et al., 2012), as some activities are more challenging for people with disabilities, especially those who have illness and physical issues (Fleischer & Pizam, 2002; Zimmer et al., 1995). Being in a different situation might be perceived as a threat for guests because of their unfamiliarity with new surroundings. Therefore, the presence of staff able to provide time and support to guests, is important for determining guests' experiences.

The website of Accessible Indonesia illustrated a feeling of dignity in its staff's capability to work collaboratively as a team that dynamically participated in producing an unforgettable holiday experience for customers. Furthermore, the organisation acknowledged its local partners who also supported the tourism providers' efforts in delivering local and authentic holiday experiences, as well as the host's effort in helping customers, as seen in Figure 8.

*Figure 8 Example of helping and guest contact*

Figure 8 shows that the roles of employees and their partners are recognised. Tourism is a site of interaction, where service activities occur. Being organisation members, employees play significant roles in engagement with customers, giving assistance and connecting with them (Nyanjom et al., 2018). When organisations have the ability to provide benefits to their staff, in return, the employees respond with affirmative attitudes and performance in the organisation (Kim at al., 2018).

A different method of providing appreciation to members of an organisation is showing images on the organisations' websites. Several actions undertaken by Bali Access Travel and Accessible Indonesia staff were presented on their websites. These pictures illustrated the activities and processes of the organisations for tourists. Active engagement was demonstrated by giving assistance to customers, dynamic participation, and cooperation, all of which helped to develop a positive organisational environment that communicates, cares, recognises, and fosters human values, and recognises the centrality of their employees' lives in the organisation. This may create effective feelings of closeness that reinforce the economic and hierarchical ties that bind employees to their organisations (Ouchi, 1980). In the tourism industry, the existence of employees is crucial in the process of developing trust between customers and tourism providers.

*Recognition of individual/group contribution*

This tactic relates to the employees and their contribution to providing excellent service, and to their contribution and dedication to the organisations' purpose, service, and customers. From the secondary data analysis of six tourism organisations' websites, it can be seen that the organisations acknowledged individual employees for their ability to provide excellent and caring customer service to tourists.

One of the six tourism organisations in this study explicitly praised their staff's efforts in the context of providing service to clients. The hotel's website explained their staff members' contribution to the success of programme activities offered by the hotel. It is important to note that the Legian Beach Hotel reported that exciting

activities began with exploration of the traditional markets and continued with other activities such as cooking lessons and luncheon. The organisation highlighted the individual's role (chef) and portrayed pictures of the employees who ran the cooking class. The employees' consideration in taking on additional responsibilities, added to the organisation's activities for tourists. In the tourism and hospitality industry, when an organisation is able to offer a high level of hospitality, it encourages a solid emotional bond between customers and the organisation (Ariffin, 2013).

It was interesting to note that staff appreciation was not just provided by the organisation's management, but also communicated by customers. A website example of this came from Villa G Ellora, whose clients clearly mentioned the employees' contribution in creating a great holiday for them: "The hosts are perfect, and Made is extraordinarily helpful." The clients expressed their belief in the role of employees in the organisation as doing more for customers, which impacted on the positive image they held of the organisations. In the tourism industry, staff's work ethics and behaviours are crucial for managing and supporting organisational goals (Kim et al., 2018).

*Espousal of shared values*

Cheney's (1991) work draws on Burkes' (1969) Rhetoric Theory of Identification to illustrate how the sender of a communication tries to persuade the receiver that the organisation's values are legitimate, and to create identification with those values. This legitimises both the organisation and its actions. This type of communication persuades the receiver that the work of the organisation is good, and reduces resistance (Stohl & Cheney, 2001). This tactic is one way of saying to others that the organisation holds the same interests as you, associating one to the other, and presenting things in common. This tactic offers a relational aspect (Ariffin, 2013) to audiences and connects both employees and guests to an organisation's values. The values that organisations adopt and communicate reflect organisational practices and expectations shared amongst a large proportion of the organisation's members (Trice & Beyer, 1993). Of the six tourism organisations analysed, one of the organisation's websites, Accessible Indonesia, used the tagline

"Bali for All" (Figure 9). This tagline had strong implications for the organisation's willingness to stand up for the inclusivity of various types of customers. Overall, it illustrated the organisation's espoused values, expectations, and practices that appealed to customers' decision-making and set expectations for customers and employees.

*Figure 9 Example of inclusive language*

**Bali for All**

Source: www.accessibleindonesia.org. Used with permission.

The notion of inclusiveness embraces other meanings as well. For example, the Bali Dynasty Resort centred organisational attention on the family, with its claim to be "A resort that offers family environment combined with Bali hospitality." This clearly stated the aim of the organisation not only for individuals and couples, but more broadly, that they accommodated the family market. Reflective of this, the organisation offered programmes that were particularly for families (see Lehto et al., 2009). Interestingly, to be able to see various attractions and activities for a family with children, users had to navigate within the website to the facilities section, as there was no single image on the main webpage appealing to families.

On the websites, several features were communicated using tactics to illustrate how the organisations could accommodate those with a disability. For example, there were a number of disability rooms of 42 m$^2$ size with the additional facilities of handled shower hoses, and an accessible light switch. These were stated as available, but interestingly, this information was not integrated with other aspects of social capital (i.e. care-related aspects). The text in these websites mainly focused on the facilities' descriptions, neglecting the value of staff roles and relationships that could provide assistance or services. While websites communicate through text, language, and discourse, images are also crucial to consider when analysing organisations' communication channels.

The next findings are drawn from Bali Access Travel, Accessible Indonesia and Villa G Ellora's websites. All three of these organisations espoused values promoting the organisation's value of inclusiveness, embracing marginalised people with disabilities and of seniors (see Figure 9). The context of identification in these examples evolved around similarities that contributed to similarity of interests and feelings of uniformity, with typical tourists seen portraying amenities and activities in the websites. These websites espoused the shared values of establishing tourism providers' specialised care in providing services for people with access needs, in particular, those who had mobility issues, and seniors. The efforts of tourism providers was to create Bali as an accessible destination with support in the availability of products and services that met specialised requirements. Different features such as specially customised vans, wheelchairs, bathrooms with hoists, and flat access accommodation, were clearly evident, and emphasised the organisations' abilities to meet specialised needs. However, the detailed representations of appliances reflected a medical perception of disabilities and eliminated the fun aspect of a holiday environment. This representation of images may reduce people's intentions to travel, due to the focus on hospitals and passive aspects in the images.

Accessible Indonesia's tactics showed several amenities that customers may need, and its website illustrated the nuances of a holiday with different locations where customers were actively participating, assisted by staff from tourism providers (see Figure 8). Although some pictures indicated the complexities of assessing a destination's environment, with the teamwork of the staff it became manageable for clients.

A contrasting example of shared espoused values of the tourism providers Accessible Indonesia and Legian Beach Hotel, was how they offered collaborative services with other providers to assist people with disabilities. Such organisational cooperation can empower and increase senior tourists' active participation in their holidays. These two tourism providers facilitated engagement between their customers and a local disability organisation, as a way to exchange ideas on disabilities and their challenges in Indonesia. They later established a programme

that recruited people with disabilities, based on a collaboration with a primary school in Bali (see Figure 10 Example of collaboration).

*Figure 10 Example of collaboration*



**Legian Beach Hotel discovering the value of a diverse workforce.**

In September 2019, Legian Beach Hotel are make an agreement with one of the Primary School for Exceptional (Special Needs) Children in Bali which implementing a plan to develop their student by offering training opportunities in some areas such as House Keeping and or Kitchen Department.

Source: www.legianbeachbali.com. Used with permission.

These activities reaffirmed the tourism providers' attention to and espoused values of inclusivity and equal access to employment. More importantly, adding corporate attention through a corporate social responsibility programme of employing people with disabilities differentiates an organisation from its competitors and more importantly, helps reduce social inequalities (Kuo & Kalargyrou, 2014). In addition, it was also recognised in another study (Chen et al., 2012), that guests receive exceptional service beyond their expectations, from employees with disabilities.

*Advocacy of benefits and activities*

Enhancing the next, the common ground technique of Cheney's identification tactics, relates to the benefits and activities promoted by tourism organisations to cater to different customers' varying needs. Most tourism organisations point out their selling point as located strategically, close to the airport, city centre, and major tourist attractions in Bali. For people with a disability, having an accessible and a strategic location is fundamental to supporting movement within the area. Choosing

appropriate accommodation is therefore essential in determining their tourism experience (Darcy, 2010; Israeli, 2002).

The importance of access is also a characteristic of the seniors' market, as it is evident that there is a strong connection between ageing and increasing levels of disability (WHO, 1993). According to Wei, Ruys, and Muller (1999), particular segments of the seniors' market have access requirements, and their study identified some features considered crucial for senior tourists: safety, convenience, service, security, comfort, and recreation. Of the seven tourism providers in this research, three tourism organisations emphasised their convenient access to the beach. For example, the website of Ramada Bintang Bali explained "the resort is conveniently located just ten minutes' drive from Ngurah Rai International Airport and within walking distance of the biggest shopping centre." The strategic location is a strong selling point in terms of time efficiency for customers who have recently arrived from their overseas travel.

Rooms were another example of advocacy benefits and activities under the fourth common ground technique indicated by these six companies. One example came from the Legian Beach Hotel, which mentioned the size of the room, linking this to the benefits of having a spacious area for a holiday experience (see Figure 11 The benefits of a spacious room).

*Figure 11 The benefits of a spacious room*

Our 5 handicapped-friendly rooms are categorized as deluxe room located on the ground floor, with the same facilities as the superior rooms, in addition to wheelchair access and spacious floor areas for wheelchair maneuverability. All of the bathrooms feature wheel-in access, handheld shower hoses, and steel handrails positioned beside the toilet and beside the shower, wide doors, non-slip tiles and accessible light switches.

Room size in total : 45 m2 including bathroom/terrace/balcony/garden (if any)

Source: www.bintang-bali-hotel.com. Used with permission.

Spacious bedrooms and bathrooms increase the ability to navigate easily around accommodation. It is important for people with a disability to move independently, so choosing rooms that provide adequate space is a crucial aspect of travel plans (e.g. Chang & Chen, 2012; Darcy, 2010; Kim et al., 2012).

A slightly different way of communicating the benefits and activities stated by tourism providers, was seen on the website of Bali Access Travel and Accessible Tourism. These organisations used pictures depicting tourists with accessibility needs. For example, Bali Access Travel recommended different types of tourism activities, such as accessible diving and two-week-long tours across another island in Indonesia. Thus, they illustrated how diverse people with disabilities are, with various interests, rather than clustering those with disabilities into one homogeneous group. These tactics enhanced organisational values by presenting a wide range of inclusive activities that could be offered to potential customers with disabilities, and to seniors.

Additionally, Accessible Indonesia provided customised tours based on individual discussions with customers, fore fronting their wishes, needs, and conditions. Moreover, these websites contained details of accessible destinations across Indonesia, the degrees of accessibility, and guidance to use of the four major airports and airlines in Indonesia. Inaccessible places were highlighted, as were distances from one place to another, in particular, from airport terminals to parking areas. Chang and Chen (2012) noted critiques from people with disabilities regarding the impractical locations of terminal and parking spaces for the disabled. Providing these overviews helps customers to gain insights into what to expect in a destination.

*Praise by outsiders*

The last aspect of common ground strategies in organisation identification is the use of affirmative statements from outsiders and other non-members of an organisation. Within organisations, consumers and the organisations themselves, established relationships that significantly affected consumers' perspectives on the organisations. The relationships between customers and organisations impact on

the way customers identify with an organisation, significantly contributing in a dynamic and positive way by providing support to organisations through comments or testimony (Brown & Dacin, 1997; Morsing, 2006).

Of six tourism providers, only one did not provide any information or comments from guests, or display the awards they had received. Praise from clients of Bali Access Travel, Villa G Ellora, Accessible Indonesia, and Legian Beach Hotel was presented on their websites, illustrating in testimonials how guests collaboratively shared their experiences. Interestingly, the travel agents provided special guest pages to illustrate appreciation from their customers. For example (see Figure 12 Example of a compliment from customers), a statement from one customer explicitly described their satisfaction with the service provided, and based on their positive experiences, they promoted and introduced Bali Access Travel to other people they knew.

*Figure 12 Example of a compliment from customers*

**Tod & Sherry Santee from LA**

We wouldn't hesitate a moment to recommend Bali Access Travel to our family, friends knowing what they can expect.

We would love to come back to Bali sometime and certainly hope we can do so sometime soon.

Best wishes to all of you,
Tod & Sherry Santee

Source: www.baliaccesstravel.com. Used with permission.

A similar way for consumers to support tourism providers was found on the other five tourism organisations' websites. Most of their customers viewed the services provided by the staff as excellent and wonderful. This was evident on the guests' review section on each of the websites. The majority of evaluations were constructive comments on accommodation, performance, and facilities, all of which contributed to their holiday satisfaction. These examples showed how customers give compliments when organisations, through their employees, were able to perform well. In the hospitality industry, staff and guest relationships are an important aspect of success, and are central to the organisations. Customers'

satisfaction relies not only on the facilities of organisations, but also on people, and their relationships with those who deliver the service itself (Ahmad, Ariffin, & Ahmad, 2008; Choi & Chu, 2001; Markovic & Jankovic, 2013).

Another way of encouraging positive identification with a tourism provider is through awards or other credible recognition the organisation has received. On their websites, the Legian Beach Hotel and Bali Dynasty advertised their recognition in the Travel Life Gold Certificate from the UK, and the Thomas Cook Silver Award, both received in 2018. Similarly, the Bali Dynasty won three awards from TripAdvisor in 2019. These awards were an indication of the credibility of these tourism providers and could enhance trust, and increase the reputation of the organisations. This showed advocacy and confirmation of their reputation and services by others.

### 5.2.4.2 Identification by antithesis

This research also revealed some examples of identification by antithesis. This tactic of Cheney's (1991) identification concept is a dissociative feature that occurs when an organisation excludes others or rejects particular ideas, discourses, or values in their communication. Based on the examinations of the content on the websites, seven tourism providers in Bali were found to produce 14 examples of identification by antithesis. Identification with the organisation is visible when the "members of the organisation have to unite and face a perceived threat from the environment outside their organisation" (Cheney, 1983, p.148). However, disassociation may come unintentionally from the organisation itself, which excludes people outside their environment (Cheney, 1991). Burkes (1969) highlighted the social role of identification by stating that "identification is compensatory to division" (p. 22). This can be communicated by explicitly stating (which is rare) any risks, or activities the organisation is against, or negativity, but tends to instead not be mentioned, or even underplayed in an organisation's communications.

In this research, identification by antithesis was evident on two tourism providers' websites: those of Villa G Ellora and Bali Access travel. Their organisations

depicted various items of equipment, services, and facilities, specifically offered to people with mobility issues, but as these neglected other types of disabilities, they did not demonstrate inclusivity. For example, equipment was presented on their websites, and although the websites presented positive comments from guests, none of the pictures illustrated the positive experience of a holiday atmosphere, and the concept that tourism itself is a form of pleasure (see Figure 13).

*Figure 13 Hospital-style equipment*



Source: www.disabledholidaybali.com. Used with permission.

Villa G Ellora, Bali Access Travel, and Accessible Indonesia, provided illustrations of staff interacting with guests undertaking various activities in different holiday environments. Such images are usually effective for persuading prospective tourists. However, this was not always the case, as some images represented divisions between people. In tourism, social and economic inequalities of hosts and guests are inevitable, and represent "cultural stereotypes that illustrated the privilege of some groups of people at the expense of less dominant others" (Caton & Santos, 2006, p. 8). As Buzinde, Santos, and Smith (2006) noted, "images used to market tourism rely heavily on ethnic/racial pictorial symbols in order to attract tourists to particular destinations" (p. 707). Although images showed various kinds of facilities, and the wide range of activities on offer, nonetheless, some illustrated locals with a servile attitude. The embodied images in promotional material may affect how people in a destination are perceived and interpreted by other groups. As

such, this can have an impact on the positioning of locals' and guests' "legitimate imbalance of power distribution" (Caton & Santos, 2008, p. 8). As a result, these representations evoked expectations of how certain social groups, locals and tourists, were perceived and treated.

Another interesting aspect that needs to be examined further in terms of antithesis, was the tourism providers' names, for example, that of Accessible Indonesia. The word choices or language applied may create expectations and perceptions (Augoustinos & Every, 2010; Gillovic et al., 2018). In the case of tourism providers, the word choices unintentionally show dissociation with specific values, and move away to inclusive perspectives. The word "accessible" is supposed to cover a wide range of needs of people with disabilities (Buhalis & Darcy, 2011). However, Accessible Indonesia mainly focused on mobility-related clients and senior tourists (see Figure 14). Furthermore, the majority of tourism organisations overlooked other types of disabilities, such as vision impairments, hearing problems, and cognitive impairments. This was evident from the facilities they provided.

*Figure 14 Example of contradictory word choice and service orientation*



Source: www.accessibleindonesia.org. Used with permission.

The other three websites of the Legian Beach Hotel, Bali Dynasty and Ramada Bintang Bali, revealed no textual or visual indication on the main webpages indicating that these hotels provided accessible rooms. Potential customers needed to search carefully in the sections containing information about the availability of disability rooms, for example, in the services and facilities, or rooms sections. Hidden information may reduce the intention of people with disabilities to use or book services with organisations. This finding is consistent with suggestions from previous research, that tourism organisations should consider more accessible ways of helping users navigate and find information easily (see Domínguez, González &

Darcy, 2018). On the other hand, this lack of information may have been because most people without disabilities are unwilling to use the unfamiliar amenities found in rooms for the disabled (Darcy, 2010; Poria et al., 2011).

Although detailed information on in-house facilities is crucial, the availability of other information on public areas is also important to guarantee the holistic enjoyment of barrier-free experiences. Studies have noted that being on holiday for people with disabilities offers an opportunity to increase confidence, and enhance understandings of a different environment (Chudyk et al., 2015). A lack of information on the degree of accessibility around the accommodation areas could therefore result in reconsideration when choosing these organisations. A clear example was found on the Bali Dynasty website, which presented the layout of facilities in the hotel on a map. However, the exact location of accessible rooms was not mentioned (see Figure 15). Furthermore, text or language describing distances from public areas to each facility was unavailable.

*Figure 15 Example of incomplete information on a layout map*
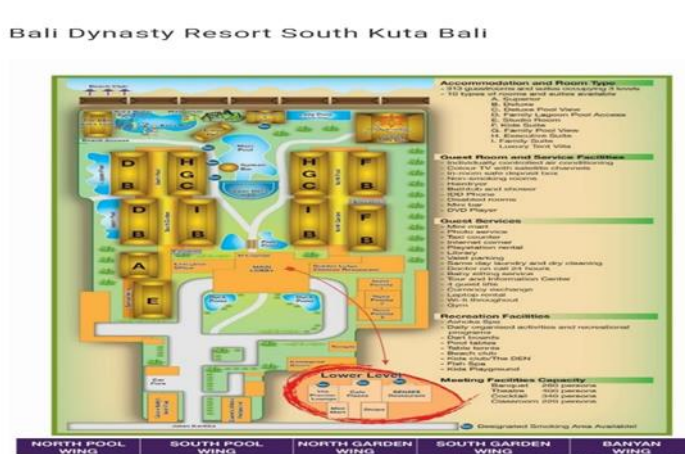


Source: https://bdr.pphotels.com. Used with permission.

The number of rooms allocated to accessible rooms was limited. For example, Ramada Bintang Bali had only one disabled room out of 402 rooms. A greater number of rooms (five out of 236) was available at the Legian Beach Hotel (see Figure 11),  whereas Bali Dynasty only mentioned disabled rooms, without advising the numbers.

### 5.2.4.3 Inclusive language

The third tactic from Cheney's theory was the use of inclusive language devices to create connections with an audience and make them feel a part of the organisation, its values, and mission. Inclusive language rhetoric illustrates who is included and excluded by an organisation. The discourse framing and rhetorical tactics work at both conscious and unconscious levels (Paterson et al., 2016) and may affect how tourists react towards an organisation and its employees, and impact on overall experiences. The choice of language applied in media to describe a particular group of people, for example, those with a disability, determines and shapes attitudes, perceptions, and actions towards that group (Augoustinos & Every, 2010; Paterson et al., 2016). It has been argued that people with a disability have to deal with many attitudinal constraints (Daruwalla & Darcy, 2005), which is evident in the way they are labelled and stigmatised in language. For example, on the Legian Beach Hotel website, the term "handicapped" was used in their list of services (see Figure 16 Example of negative language). This term highlights tragedy and abnormality, and portrays restrictions, limits, and negative images to people given the label (Buhalis & Darcy, 2011; Oliver, 1996). The medical model approach highlights the notion of loss. Careful consideration of the language used for a descriptor is important to forming the identity of people with disability, and further shaping society's perspectives (Gillovic et al., 2018).

*Figure 16 Example of negative language*



Source: www.disabledholidaybali.com. Used with permission.

A supplementary example of language application found in tourism provider websites came from Villa G Ellora, who employed the terms "disabled" and "accessible" interchangeably. The word "disabled" states deficiency and the

personal feature of impairment resulting from an unaccommodating society. On further examination of the Villa G Ellora's website, and it was found that the term "accessible" encompassed a comprehensive array of access requirements (see Buhalis & Darcy, 2011). In spite of offering a wide range of equipment for guests with different needs, for example, guests with hearing impairments, sight problems, or intellectual or mental health concerns, Villa G Ellora only emphasised their services for guests with mobility issues. This seemed in conflict with text on their website, referring to a range of accessible accommodation types, which ideally would cover a range of access requirements.

An analysis of Bali Access Travel's website revealed that the language on its website included the words "access," "accessible," and "wheelchair." Bali Access Travel's language was ambiguous and inconsistent with its word choices. For example, the main webpage mentioned "wheelchair" when referring to the central activity of the organisation (i.e. assisting people with mobility access), before using the word "accessible." In this case, the concept of accessibility seemed in contradiction with the use of a wheelchair, and limited the significance of the word "accessible."

The use of various words related to identification was also apparent on the websites. In their websites, tourism organisations clearly declared commonalities among members of the organisation. The application of the pronouns "we" and "our" illustrated connection, and arguably provides an organisation with the opportunity to show similarities amongst organisation members; they assume "we is a powerful identification strategy that sometimes goes unnoticed" (Cheney, 1983b, p. 149). Accessible Indonesia used "our" to reflect its close associations with guests, for example, writing that they "conduct accessibility survey for every destination and hotel ourselves and provide detailed levels of accessibility to our guests."

Another example of inclusive language was on Bali Dynasty's website. In an effort to create a position among organisational competitors, inclusive language using the assumed "we" and "our" was used to connect with and acknowledge guests' contributions to a social charity programme conducted by the hotel. The text

explained that choosing to stay in the accommodation contributed to the continuity of less fortunate people.

> It offers you not only rooms with the views but with the support of you, our guests we have been able to contribute to the well-being of more than 100 disadvantages men, women and children across the island. (https://bdr.pphotels.com)

A sharing commitment between organisations and guests is believed to create mutual trust, add value, and increase an organisation's reputation (Kuo & Kalargyrou, 2014).

*Figure 17 Example of shared commitment*



Source: www.balidynastyresort.com Used with permission.

### 5.2.4.4 Unifying symbol

In contemporary management, the use of symbols and images is pertinent to understanding and communicating the essence of organisations (Muhcină et al., 2014). Therefore, tourism providers rely on the use of images, symbols, and signs, to explain, market, and add meaning to the organisations (Echtner, 1999; Tresidder,

2010). Therefore, in marketing and promotion, organisations adopt and advance semiotics of the language of tourism, as signs and language are applied in various characteristics of tourism. While the audience can vary depending on their background, many signs use common fixed symbols, such as a red rose to symbolise love.

In an effort to show organisation identity, tourism organisations use various forms of images, logos, pictures and colour to differentiate their organisation from others. This kind of strategy also helps clients to easily remember and become familiar with them, and influence customer decisions to buy certain services. Specifically with tourism providers, the use of symbols is considered as a representation of organisation identification demonstrating trust, product quality, facilities, amenities and reliability (Glavor & Koncul, 2012).

In this study, six tourism providers' websites displayed various symbols and names. Of these six providers, Villa G Ellora and Bali Access Travel presented different symbols using pictures on an accessible icon. The symbol of a wheelchair was used by Bali Access Travel, and showed active movement. This icon is consistent with their italicisation of the word "access" in red to further emphasise the word. Clearly, Bali Access Travel intended to differentiate their tour and travel services from other organisations in the tourism industry (see Figure 18 Example of a symbol). Looking further into the disabled symbol that tourism providers used, showed active movement, which was also reflected in the three pictures of various outdoor scenes.

*Figure 18 Example of a symbol*



Source: www.baliaccesstravel.com. Used with permission.

In a similar manner, Villa G Ellora's unifying symbol was a wheelchair icon which was slightly different from that of Bali Access Travel. Using the tagline "the only real accessible accommodation in Bali", this villa maintained its services by

upgrading some of its facilities. For example, it had installed pool hoists and various items of hospital equipment, and displayed eight images on the main webpage illustrating a combination of services and activities for tourists.

Different symbols were depicted on the Accessible Indonesia website. Despite using an accessible icon, this provider used one of Indonesia's traditional houses, a *Tongkonan* from Toraja, Sulawesi (see Figure 14). The images showed a house built on stilts with a ramp at the front. The main webpage consistently displayed tourists' activities in three major tourism destinations in Indonesia. Accessible Tourism's website presented two different pictures of customers, one of an individual, and one of a group tour, consistent with the content of the text. Thus, the tourism provider's symbol reflected the organisation's personality and image to its external and internal publics (see Varey, 1998). All the organisations' symbols espoused by the tourism providers were part of key competitive strategies for organisations' promotional tools which can be used to shape tourism providers' images (Table 8).

The three mainstream tourism organisations, Bali Dynasty, Legian Beach, and Ramada Bintang Bali, provided pictures of facilities such as swimming pools, restaurants, and beach clubs, but showed a minimal element of human activity, either of staff, or guests, or of interactions between the two. This neglected the important element of social capital in tourism industry.

So far, this section has provided key findings emerging from participants' data. These were: "experiencing tourism as seniors," "relationality," and "insights from tourism providers." To summarise, it is posited that senior tourists experience embodiment in three different contexts. The section began by presenting findings on seniors' bodily encounters while experiencing tourism, including their emotional experiences. Second, the construction of relational aspects when seniors and their travel companions encountered social environments in tourism was presented, followed by findings on the attitudinal and espoused values of tourism providers to promote accessible tourism.

The key findings presented the individual experiences and subjective meanings provided by participants. A discussion of the significance of these themes is provided in the following final section of this chapter.

## 5.3 Summary

This research pursued an understanding of the holistic embodied experience of senior tourists with disabilities and of their travel companions. The chapter adopted the main principles of social constructionism as discussed in Chapter Four. Being guided by the epistemology of social constructionism, it was apparent that one aspect of individuals' experience was not going to be enough to understand perspectives, understandings, and experiences, and needed to acknowledge other factors, specifically in this research, travel companions' and tourism providers' perspectives on the travel context. Secondary data from tourism organisations' websites complemented the primary data sources. The combination of different sampling and the application of Cheney's identification strategy allowed me to understand the phenomenon under investigation.

This chapter presented the results of the data analysis, starting with the profiles of participants involved in this research: senior tourists, their travel companions, and tourism providers. Three key themes emerged from the data analysis: "experiencing tourism as seniors," "relationality," and "insights from tourism providers." This chapter also demonstrated how tourism organisations identified and communicated their businesses' accessible tourism principles. The findings of this research emphasised the personal values of individual experiences, but should not be generalised. The next chapter, Chapter Six, presents the discussion derived from the themes within the data.

# CHAPTER 6

# DISCUSSION

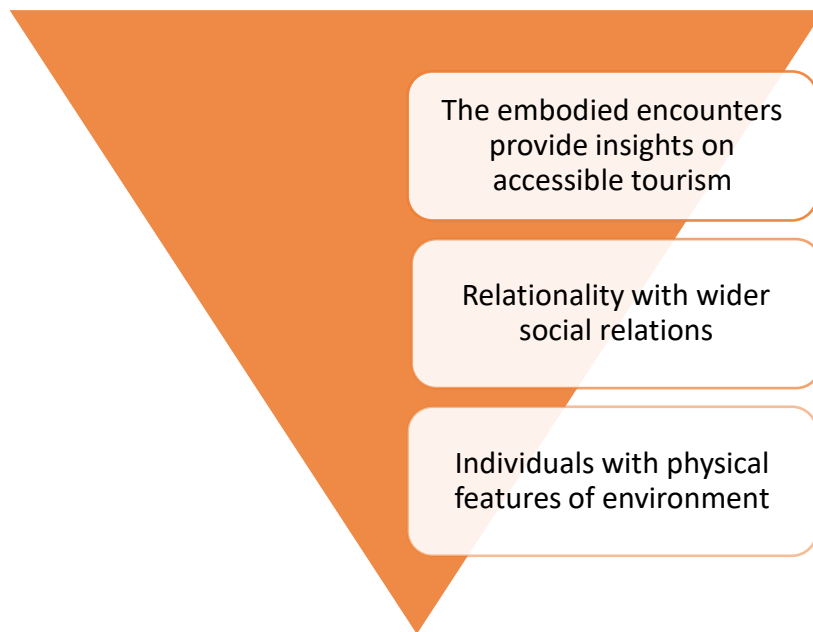6.1. Socially constructing the embodied experiences

6.2. Summary

# Chapter 6. Discussion

## 6.1 Socially constructing the embodied experience

Underpinned by a social constructionist ontology and epistemology, this research sought to understand the co-creation of experience in the multiple realities of the tourism phenomenon and of human interactions among the research participants. Further, the broader context of understanding how tourism providers construct and shape accessibility in a destination was also sought. Therefore, in this chapter, I present the themes that were correlated, and provided a contribution to tourism studies, along with implications of the findings. Guided by the aim of the research, the first research question around embodied experience followed Shakespeare (2014), who suggested an interactional approach to include embodiment within the social model of disability, which offers a model that connects agency not only with structure, but also with interactions among people.

The findings of this research are presented under three topics, and summarised in Figure 19. The research revealed that the embodied experiences of senior tourists were socially constructed in three different ways, these are; 1) between individuals and the physical environment; 2) in further interactions with others such as travel companions and people from the industry, creating relationality; and 3) in encouraging understanding and widened perspectives of tourism providers implementing and communicating accessibility in Bali. This last way promotes the United Nations' goal to advance inclusivity and equality, and value diversity.

*Figure 19. The social construction of senior tourists' embodied experiences*

Research participants revealed that their embodied experiences were intimately connected with intrapersonal issues such as health, disabilities, and structural issues that created barriers to tourism participation, excluding their participation, and providing recognition of other senses and emotions while experiencing tourism. Firstly, the embodiment of senior travellers interacting with the physical environment involved the bodily sensations of emotion, such as fear and frustration with tourism providers due to their lack of concern with older individuals' experiences. Previous studies on senior bodies and aging suggest an intersectionality between corporeal, age, health, and disability factors (see Clarke & Korotchenko, 2011; Husser & Roberto, 2009). Scholars have emphasised vitality, health reasons, and fears of getting hurt as primary concerns of seniors (McGuire, 1984), portraying senior tourists with disabilities as less active than their healthy counterparts (Brown et al., 2005; Sun et al., 2013). The findings of the current research are consistent with those in previous works that show the complexity of senior tourists' embodied disabilities, and their responses to living with a disability. The findings echo those of previous disability research, highlighting the point that "a person's embodiment shifts over their life course and that most people will experience disability at some stage of their lives" (Small et al., 2012, p. 942). This addresses the different nature of experience, as people have different embodiments

and interpretations of experiences. For senior tourists' intrapersonal status, which is closely related to ageing impacts on their health, this becomes more complex, especially with other health-related matters such as mobility, visual, and cognitive problems.

For senior tourists, for whom health problems are prevalent with age, structural barriers become prominent (e.g. Morgan et al., 2015; Rowiński et al., 2017). In terms of the social model of disability, the findings in this research provide insights that seniors were excluded from full tourism participation due to a series of structural constraints, from difficulties with travel preparation, to limited travel options, restricted entrances, and society's ignorance.

Experiencing tourism requires the body to move around in a destination (Gibson, 2010). Evident from in this research, ageing has an impact on senior tourists' capability, such as slowing body functions and losing flexibility, which to some extent, results in disabilities. The findings in this research suggest that the embodied experiences of seniors with disabilities are potentially more intense, and more complex than other travel for the disabled, because they have to negotiate or otherwise reduce their intention to travel. Similar evidence of complicated situations for elderly tourism participation was found in previous research (e.g. Morgan et al., 2012; Rowiński et al., 2017) showing seniors experience anxiety due to the complexity of health factors and mobility issues, which are unlikely to stop them from visiting a destination (McKercher et al., 2003). My findings echoes those in previous research, highlighting seniors' necessity to confront both physical and emotional issues when navigating space in a tourism environment. For example, seniors explicitly mentioned that they faced challenges undertaking basic activities, such as moving around in destinations, entering toilets, or choosing tourism activities, and if service providers failed to address these issues, they create exclusionary barriers for seniors.

Participants made valid points around their dependence on the accessibility of information, appropriate time travel allocation, and a supportive environment. The availability of information may help seniors to plan, choose and/or decline tourism

participation. Senior tourists with disabilities in this research also noted that when taking a package tour, they needed to have flexibility around times for getting ready and spending time in a destination. Taking a regular break was also considered important for seniors, as they mentioned difficulties with sitting in a car for a length of time.

Although other scholars (e.g. Batra, 2009; McKercher et al., 2003) have explored travel agent performance in facilitating holidays for people with disabilities, this research shows divergent results. Rather than enabling travel for senior tourists with disabilities, travel agents unintentionally became an impediment, because they offer limited times, and assigned standardised and busy holiday programmes. Indeed, these findings are consistent with those in the literature on the travel experiences and behaviours of senior tourists who choose "a slow pace and flexible travel" (Lehto et al., 2002, p. 68). It is also evident from this research, that once the travel had occurred, seniors had to face an unsupportive environment, challenging topography, and poor facilities provision. Senior tourists preferred to modify their travel activities into gentle nature activities, such as turtle conservation, visiting a coffee plantation, dolphin watching, glass-bottomed boat tours, and safari park visits. In this way, this research revealed that simple modifications of leisure activities allowed a greater opportunity to experience leisure as a tourist.

However, scholars have also noted the role of emotions in tourism studies (e.g. Buda, d'Hauteserre & Johnston, 2014; Johnston, 2005; Pritchard et al., 2011; Tucker & Shelton, 2018; Waitt et al., 2007). While travel purports to produce a positive emotional response, (Krippendorf, 1987), it was revealed in this research, that seniors experience negative emotions such as fear and frustration when navigating and moving in an unsupportive environment. Body movements in unfamiliar environments created anxiety, fear, and an inability to manoeuvre. In geography studies, this has been noted as the role of body as a place for emotional experiences, lived through various feelings such as pain, fear, fun, happiness, and so forth. Waitt et al. (2007, p. 249) wrote of "the spatiality of emotions," in a study that focused on how tourists' emotions respond when their bodies tour around and relate with tourism sites. Despite the fact that some spaces potentially created

negative emotions, to some extent, the attitudes of others in a destination also determined whether an experience would be negative or positive (see Packer et al., 2008; Small, et al., 2012), either from service providers' insensitivity, or community ignorance (see Small, et al., 2012).

Previous embodied experiences studies have examined individuals' interactions with the physical tourism environment (e.g. Crouch & Desforges, 2003; Darcy, 2010; Johnson, 2015; Richards et al., 2010; Small et al., 2012; Tucker; 2009). While scholars have emphasised that embodied experiences occur within a wider social context, society in general is less concerned with the emotional effects on people with disabilities as experienced when interacting with others (Blackman, 2008). The finding of this research revealed that poor understandings of seniors and their bodies created anxiety for them when there was no appreciation of the their private space. For senior tourists, being in public spaces is a major concern because community attitudes unintentionally create threats and inconvenience, such as approaching them too closely, and inappropriate vendors' attitudes. This finding is consistent with the literature on embodied experiences, as people with disabilities' experiences are also "controlled by the action of others" (Richards et al., 2010, p. 1107).

Apart from negative emotions, the other most frequently mentioned impact of tourism and travel related activities, was that of positive emotions. Previous studies have discussed positive emotions in mature tourists, such as contentment, happiness (see Fredrickson & Cartensen, 1990; Mroczek & Kolarz, 1998), and fun and relaxation (e.g Sharpe, 2005; Yarnal & Kerstetter, 2005). These studies suggested that interesting activities in groups sustain positive feelings. However, some researchers, for example, Mitas, Yarnal, and Chick (2012) and Graburn (2001), critiqued the absence of studies on how destinations can contribute to positive emotions among senior travellers (Mitas et al., 2012). The findings of the current research provide new points of view from senior tourists' embodied experiences. It was revealed that being in different atmospheres outside home, provided time for them to focus on themselves, relax, and balance their sleeping patterns, increasing their happiness. Frederickson and Cartensen (1990) explained that positive

emotions in seniors increase with age, as their time is restricted, which changes their behaviour in travel, encouraging them to pursue emotional satisfaction in pleasurable activities (Sharpe, 2005). Interestingly, participants in this study reported that positive emotions came from encounters at service providers' locations. Indeed, most of the positive affirmations resulted from helpful and respectful staff who exceeded seniors' expectations of satisfaction. In the tourism literature, tourist experience is framed as coming from encounters in a specific context (McIntosh, 1998), and interactions impact on familiarity with a place (Trauer & Ryan, 2005). As such, space and relationship provide opportunities for how service work can be delivered in embodied encounters (Bell, 2011).

Geography tourism scholars have also noted the other aspects of embodiment, such as sensuality, which have provided a wider perspective on understanding embodied experience (Dann & Jacobsen, 2003; Edensor, 2000; Markwell, 2001; Kastenholz et al., 2012). To be able to experience a destination, a tourist's body encounters the creations of the senses (Crouch, 2002), Sense creation such as "olfactory via smell" (Dann & Jacobsen, 2003, p. 18), occurs by smelling different environmental settings; "touching, feeling, smelling [is] something unhomely, uncanny" (Carolan, 2009, p. 1). As mentioned in Chapter Five, senior tourists in this study discussed their reliance on sensory experiences, especially tastes and smells. This revealed through that when encounters were difficult in unsupportive physical environments, seniors chose embodied encounters involving other senses. The most obvious example was taking holidays in different landscapes, in the mountains or by the sea. Experiencing a different ambience during a holiday provided a sense of freshness. Victor talked about how he relocated to different accommodation just to feel the distinctive atmosphere of the outdoor environment. In addition to the sense of smell, taste can also be pursued in embodied experiences. It was evident in this study that seniors challenge the exclusionary practices of physical tourism spaces through holiday appreciations of tasting different cuisines or tropical fruits in situated places to advance their experiences. This full immersion of body and sensual dimensions activates the experience of a destination (Crouch, 2000). Indeed, studies by Game (1991), Poon (1993), Everret (2009), and Armesto Lopez and Martin (2006), emphasised that food and taste can be used to experience a destination in which

"food-related tourism offers a plethora of indulgent multisensory experiences" (Everett, 2009, p. 339).

Although the results of this study are consistent with the aforementioned research on tourists with disabilities' emotional and sensory dimensions resulting from embodied encounters with the physical environment (e.g. Darcy, 2010; Richards et al., 2010; Small et al., 2012), this study highlighted the deeper relational aspect of the construction of inter-subjectivity amongst senior tourists encountering others' bodies, such as those of tourism staff and travel companions. This encompassed the aspect of mutual construction in a performative relationship (Haraway, 2003). Human bodies have an "intersubjective capacity, the ability to become centered on other bodies" (D'Hauteserre 2015, p. 80). Tourists as social actors, interact with others in a destination, and encounters with people both from the industry and the community, potentially impact on how tourists perceive their connections to others, for example, in the act of giving and receiving services. Tourism scholars in disability studies have confirmed that tourists with disabilities experience discrimination and inappropriate assistance from people in the industry (e.g. Darcy, 2012; Small et al., 2012). This research underlines the fact that senior tourists also perceive positive interconnections, in the form of attention and care. Yau et al. (2004) confirmed that people with disabilities often have positive experiences when members of society are helpful. It was evident in this research, that being respected and assisted were integral parts of seniors' intersubjective experiences during their holiday in Bali.

Secondly, this research contributes to explorations of relationality in tourism scholarship. It is important to incorporate the role of corporeal travel with social life (Urry, 2003). As argued in Chapter One, travel provides embodied encounters in a more relaxing environment than at home, and a tourist's body is a social body that engages with other bodies (see Palmer & Andrews, 2019), obliging us to connect ourselves to others (Nodding, 2002). Prior tourism research has addressed the individualistic experience, and while this experience was present in this study, this was not the case for people with disabilities. Dann (2001) suggested that relationality in tourism experience (and notably in this research) offers a chance to

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have a better approach to embodied encounters of senior tourists' experience. The first layer of relational experience of senior tourists with disabilities was derived from the relational aspect with people in the destinations. The construction of the experiences formed from embodied encounters with others in a destination, established friendships, and opened up new perspectives on other cultures.

Whilst visiting friends is not the main motivation to travel, this research revealed that relationality between seniors and people in the destination, manifested in the construction of friendships. Gibson (2010) emphasised "that hosts and guests find themselves with a range of moral decisions that extend well beyond the potential of their individual experience and cultural knowledge" (p. 521). Previous research has suggested that seniors establish the inner relationship with family and close friends and reduce distant friendships (Frederickson & Cartensen, 1990). However, and interestingly, the findings in this research were different. Seniors' social relations varied, and not limited to family and intimate friends. On this point, "tourism provides opportunities to promote social inclusion, extend limited social realms, and facilitate social interactions and networks" (Morgan et al., 2015, p. 3). Furthermore, it was found in this research, that previous interconnections in tourism spaces in a performative context created ongoing relationships between senior tourists and tourism staff. A study of friendship among seniors indicated that the behavioural aspects of friendship such as everyday support and trust, were important (see Adams, Blieszner & De Vries, 2000). This research finding was helpful for integrating another aspect of empathetic understanding and assistance, as a similarly important key to determining the form of relationship, which was evident in this research.

Previous tourism literature has provided insights into how tourism supports interactions between hosts and tourists (e.g. Mansfeld & McIntosh, 2009; Tucker & Lynch, 2004; Vogt & Fesenmaier, 1995; Zhang, Inbakaran & Jackson 2006). The interaction between host and tourist bodies create an embodied narratives between the body who receiving service and the body who giving the service (Andrew & Palmer, 2019; Ellingson, 2017). The involvement of body in work in particular for catering people with disability requires physical and emotional communication

implemented in body reactions such as actions, attitudes, gestures and body language (Dyer, McDowell & Batnitzky,2008). During encounter in service exchange environment, when the expectations met, results in positive emotions. For instance, senior tourists made comment on how seniors received help from tourism staffs such as; lifting wheelchairs, being carried to the beach. On the other side, tourism staffs too commented that engaging with seniors increase awareness and knowledge of disability. Thus creates sympathetic and understanding of appropriate behaviour towards people with access needs. Accordingly, looking at the tourism websites, five of the organisations acknowledged the important of staff's support when accommodating people with access needs as illustrated in their common ground techniques. Despite organisations provision in terms of accessible facilities, however to a certain degree, staff actions implies embodiment and performance practices helps organisation in delivering their services. It is clearly evident in this context, the important of interactions to reach the expectations both sides.

Whereas the nature of host and guest relationship has met the expectation, results in the positive emotions. However this is not always the case, as tourism developed, the nature of the host and guest relationship begin to change. Previously the relationship were influenced by local values and far from economic motives (Berno, 1999). The Balinese culture which is *collectivism*, highly value togetherness and people are expected to look after other member of society (Reisinger & Turner, 1997). Whereas, nowadays most of the host and guest relationship driven by the market economy (Dann & Cohen, 1991). As senior tourists mentioned the economic discrepancy between host and guest and also raised economic aspects such as the inequalities that exist between countries, and how these can influence the attitudes of industry personnel. As the senior tourist participant Tom commented, "maybe because not too many millionaires here, most people are down to earth, and respect you." This aligning with previous research in regards to imbalance position of host and guest in tourism (Zhang, Xu & Xing, 2017). This is further supported with an interesting example from the websites, depicted the service attitudes from the hosts privileging some groups of people in the service environment (Caton & Santos, 2008; Gillespie, 2006). Hence, showing a reproduction of hierarchical practice and creates division in the society (Lugosi, 2014).

Despite the imbalance and exploitation of host and guest relationship, however both parties hold responsibility to one another (Lashley & Morrison, 2000). Tourism staff responsible for taking care of senior wellbeing, on the other hand senior honour the local norms. In this sense "involving the lowering of certain psychological, social or physical boundaries, which enables the interaction to occur and for a closer relationship to operate" (Lugosi, 2014 p. 78). In this research for example revealed the interactions and ongoing relationship embedded to a deeper relational aspects, symbiotic and reciprocal in nature. Thus, provide a creation of social bond and form a new relationship (Selwyn, 2000). Although the connection was based on differences in terms of culture, ethnicity, social and economical however the affective moments of connection potentially established a friendship between senior and tourism staff. Yu & Lee (2014), identified that aspects and meanings of cross cultural interactions can boost tourists' satisfaction and the experience of travellers. It was evident in this research, that seniors experienced transformational knowledge and attitudinal changes through interpersonal relationships. They illustrated how the encounters influenced their perspectives on life, in particular, by experiencing feelings of gratitude and acceptance. Similarly, tourism providers revealed more sympathetic attitudes and assertiveness towards people with disabilities, which in this research, were the seniors. This reciprocal nature of embodied encounter offered a more equal relationship. Furthermore, friendship is considered crucial in relation to human adult development as it can offer practical help and emotional support (Vitaro, Boivin & Bukowski, 2009). As such, from a broader perspective, these exchanges increase mutual cultural awareness and influence the development of harmonious relationships worldwide (see UNWTO, 2001).

Similarly, the research findings revealed that when seniors focused on social interactions, learning was a meaningful experience in their inter-subjective encounters. McKercher and Du Cros (2002) argued that opportunities for learning in travel are various, from small interactions with locals, to joining tours at historical sites. Hence, interactions provided an opportunity for learning in the wider context of tourism, resulting in new dimensions of knowledge, for example, of the character and complexities of peoples' lives in the destination. There were similarities in the present research to the work of Roberson (2003) on learning

experiences; the commonality was in fulfilling the inter-personal needs of people in later life. However, while there were similar intentions in the studies, both highlighted the differences in a situational context of learning. It was clear for senior tourists in this research that the process of learning occurred around the accommodation in a casual environment, irrespective of contextual settings such as museums, historic sites, or a zoo (see Falk & Dierking, 2000; Packer, 2006).

Some scholars have shown that tourism is meaningful for people living with restrictions (e.g. Shaw & Cole, 2004; Smith & Hughes, 1999). Social tourism scholars have also indicated the benefits for those in marginalised groups, of taking a holiday (e.g. Minnaert, Maitland & Miller, 2011; Sedgley, et al., 2011). The notion of seeing tourism as an inclusive initiative to advocate for the rights to travel for certain groups of people such as the elderly and low income families (McCabe & Diekmann, 2015), highlights the "added moral value" for visitors and hosts (Minnaert et al., 2011, p. 414). There were two benefits of social tourism attested to in this research. Firstly, it was evident that the notion of social tourism enabled senior tourists to increase their quality of life, improve sleeping patterns, and experience positive impacts on their wellbeing. This was consistent with findings in previous studies that showed how social tourism can alleviate the problems of older people with disabilities and health problems (e.g. Hunter-Jones, 2010; McConkey & McCullough, 2006). The second significant benefit of social tourism was its influence on senior tourists' mental wellbeing, for example, by recalling memories, particularly of a previous holiday, for those who had memory loss or dementia (Mullins, 2017). It is likely that holidays enforce memory recall (Coleman, 2005), consistent with "the salience of the nostalgia factor as a tourist motive for seniors" (Dann, 2001, p. 9). To this extent, a trip could enhance seniors' positive memories and indirectly increase their quality of life.

A relational aspect found in this research was that between the seniors and their travel companions. Generally, people with disabilities take holidays accompanied by others who can help with travel information and preparation (Daniels et al., 2005; Yau et al., 2004). The research on accessible tourism has identified that the role of travel companions contributes to lessen the nervousness of people with disabilities

(Darcy, 2002; Gladwell & Bedini, 2004; Small et al., 2012). Seniors have also identified their preference to go on holiday with family members or a spouse (Bai et al., 2001; Batra, 2009). Consequently, those who have a role as a companion, spend extensive planning time, aiming at easy and effective travel (Mactavish et al., 2007; Sedgley et al., 2017). Within the travel process, communication and the involvement of people with disabilities is deemed crucial to the decision process, and therefore, their engagement is central to travel decision-making (Hunter-Jones, 2010). Scholars of disability research have observed the significant opportunities for people with a disability to have an "interdependent relationship in realising goals" (Keyes et al., 2012, p. 240), which creates empowerment in relation to the final result. In this research, both seniors and companions were involved in dialogues to determine their travel decisions, although in the end, it was the travel companions themselves who made decisions, while in the case of the senior with a carer, it was the senior herself who made the final decision. A study of the dynamic interactions of elderly couples provides evidence that commitment to their spouses decreased the potential for disagreement in any roles of elderly couples (Walker & Luszcz, 2009).

Understandably, in the attempt to lessen worry for those with disabilities, they often travel with someone who provides care (Bedini, 2000; Sedgley et al., 2017; Yau et al., 2004). From this research, it was evident that women were still holding dual roles outside the home environment, as they also provided support in a tourism setting; this corresponded to findings in previous studies on gender roles in tourism settings (e.g. Wilson & Little, 2005; Yoo et al.,2016). In this research, travel companions acted in various capacities, from functional to more personal support, and in two contexts: low and high companionship. In the low companionship context, travel companions focused on the practical aspects of planning and arranging, placing priority on the needs and preferences of the senior tourists with disabilities. In this research, travel companions' prominent concern was around how a holiday could bring positive impacts to senior tourists with disabilities. In this respect, they had a fundamental commitment to ensure practical, safety, and basic personal requirements were met, and functional support was provided (see Nodding, 2002).

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In a high level of companionship, travel companions provide emotional and social support. In this research, individuals who participated as travel companions, revealed that they perceived accompanying their spouse as something private, natural, and family related. As such, they devoted their time to this, and saw their companionship role as inseparable from that of a wife, husband, or friend, which manifested in selflessness in the form of companionship. They valued the fact that holidays increase opportunities for togetherness, create memorable experiences, and strengthen emotional bonds. Lehto et al. (2017) also noted that "a striking finding is the selflessness exhibited on the part of the [carers]" (p. 182). This is contrary to findings that highlight the burden of the caregiving experience (Dupuis & Smale, 2000; Seltzer & Li, 1996), and a study of carers by Bedini and Guinan (1996) that noted the "carer viewed leisure as a privilege rather than as a right, often placing their it low on their priority lists" (p. 236), because the care recipients were over reliant on their carers. None of the travel companions in this research indicated issues of companionship as a burden or heavy task, but perceived their role as providing support in a marriage or to a friend. Robinson, Clare, and Evans' (2005) ageing study suggested that through collective processes, the detrimental outcome of ageing can be easily accepted and adjusted.

Some scholars have confirmed that being together socially, creates an enjoyable tourism experience (e.g. Baerenholdt et al., 2004; Carr, 2011; Larsen, 2008). Furthermore, Kyle and Chick (2004) argued that shared experiences and interactions are significant elements of a meaningful experience. Although other research on senior travellers showed that seniors prefer travelling with a group rather than alone or in a couple (Faranda & Schmidt, 1999), this research presented different findings. Both seniors and travel companions chose to travel only with their travel partner (i.e. spouse or friend), as they then had the opportunity to focus on each other and value their relationship, strengthening their connections through involvement in shared activities. Some scholars of accessible tourism have pointed out the constructive results of this kind of travel, particularly in social development from sharing memorable experiences that further influence the partnership (Kim & Lehto, 2013; Lehto et al., 2009; Luo, 2014).

Additionally, in terms of a trouble-free journey, this research revealed a dependency on the party that facilitated assistance during holiday. Scholars of accessible tourism have argued that tourism organisations, in most cases, build with a non-disabled orientation, and to some extent may be unsure about what sort of help they can offer and how to deliver it (Aitchison, 2009; Small, 2008). The findings in this research, revealed that travel companions created space for others to provide practical help, for example, in the form of transport to facilitate mobility for seniors in wheelchairs, or butler services for more personalised service to help with daily tasks.

Thirdly, the data from tourism providers and websites communication analysis is provide better understanding of the wider social context of Bali in terms of what is happening in their perception. The role of tourism providers and organisation communication findings to the senior tourist's experiences, these findings can create understanding of wider social context of Bali in terms of what is happening in their perception and thinking about how to strategize tourism. Tourism that is not only for the young mature travellers, nor this is about independent travel, it is about a massive shift to bring forward a solution and ideas of making tourism experiences and providers more inclusive for Bali.

Drawing from the perspective of accessible tourism, as mentioned in Chapter Two on the Bali Tourism Context, Indonesia in general and Bali specifically, adopted the United Nations' Convention Ratification for People with Disability (UNCRPD) in 2011, ratified as Legislation number 19/2011 (Erviani, 2012). The Indonesian Government is committed to increase participation for people with a disability in the public sphere, by reducing barriers to enhance equal participation in every domain. Consistent with the Balinese Government's plan to develop Bali tourism for seniors, local organisations view the possibility of developing the access market in Bali.

Tourism scholars have advised that tourism organisations need visible evidence of the advantages of accommodating accessible markets prior to involving their organisations in access provision (e.g. Bizjack et al., 2011; Card et al., 2006).

However as revealed in this research, Bali as a tourism destination is gradually becoming visible to the access market, and numbers are relatively small; however, one market that consistently visits Bali for holidays, is the seniors' market that travels during the shoulder season (Rodriguez, 2010).

The tourism industry is aware of the benefits of accommodating the accessible tourism market and the economic benefits that accessible tourism can offer (Buhalis et al., 2005; Domínguez et al., 2013). Significantly, it is important in considering the development of accessible tourism, to acknowledge the supply side as well. In this research, although tourism providers who did not identify their industry as accessible tourism providers, however in practice they often accommodate people with access needs, in particular, that of seniors. Each organisation has a role to provide access within its environment and people from the industry need to change their points of view when looking at the access market. In this research, tourism providers revealed the value of engagement with this segment, of raising awareness, and understanding the needs of access provision at tourism premises. As Gillovic et al. (2015) explained, the industry and the access market are co-dependent.

In addition, organisations conveyed the importance of integrating the voice of people with access needs, as they are substantive stakeholders, and the development of access needs to proceed, surpassing any structural issues (Stumbo & Pegg, 2005; Yau et al., 2004) and prioritising the underlying value of concern for people with disabilities (Bizjak et al., 2011). Scholars of accessible tourism have noted that people with access needs are loyal customers of organisations that are able to provide for their needs (Burnet & Baker, 2001; Ray & Ryder, 2003). This is particularly true, as tourism providers revealed their responsiveness when receiving enquiries, comments, and feedback, that was valuable to increasing their understanding of people with disabilities' needs and wants. Indeed, with this proactive approach, tourism providers were able to have a trusting relationship with clients, which manifested in repeat visits to the same service providers. This finding was consistent with findings from earlier studies, on the importance of appropriate and relevant services to guarantee people with disabilities satisfaction (e.g Fallon & Kriwoken, 2002), and validating their loyalty (see Stumbo & Pegg, 2005).

Aside from the exposure of tourism providers to the accessible market, particularly seniors with disabilities, information availability related to accessible tourism is still marginal (McKercher, et al., 2003; Ray & Ryder, 2004). Accessible information has been more focused on general information or prices (McKercher, et al., 2003), and based on basic categories (Vogt & Fesenmaier, 1998). In addition, accommodation providers present information that is sometimes ambiguous and inaccurate (Darcy, 2010; Ray & Ryder, 2003). However, "disabled" is a heterogeonous construct, therefore, comprehensive information on the different needs of a person with a disability becomes significant.

Tourism providers connect themselves to particular values and interests that enable emotional interrelatedness (Mouffe, 1999). It was evident in this research, that the six tourism providers studied valued the access market, as evidenced on their websites. However, different approaches were applied to communicate this, varying from a medical to a social approach (see Oliver, 1990), and which contributed to different positions and the development of access facilities by each service provider. For example, the accommodation provider, Villa G Ellora, took a clear position in identifying service provision related to accessibility, while Ramada Bintang Bali, Legian Beach, and Bali Dynasty, were very careful on their websites to mention the facilities they offered.

Drawing from the social model approach, Villa G Ellora's communication strategies used the rhetoric of "the only real accessible accommodation," providing a strong commitment and straightforward message to differentiate their service from others and emphasise their value of different types of access requirements (see Darcy & Dickson, 2009; Eichhorn & Buhalis, 2011). Contrastingly, other accommodation providers such as Bali Dynasty, Legian Beach, and Ramada Bintang Bali, took a different approach. They applied terms such as "disabled room," "physically challenged guests," "handicapped rooms," and "special needs rooms with wheelchairs," showing a less holistic approach to accommodating various people with a disability. Furthermore, the discourse was drawn from the medical model, highlighting the type of individual with a disability, through their impairments and abnormalities (see Darcy & Buhalis, 2011; Oliver, 1990). This

corroborates studies on the implications of language used when labelling people with disabilities, which creates stigmas and marginalises people with a disability (e.g Bedini, 2000; Gillovic et al., 2018).

It was also interesting to note the espoused values of two travel agents in this research, Bali Access Travel and Accessible Indonesia. The former mentioned "Travel assistance for all," and "Indonesia for travelers with disabilities and seniors," leading to a value position that highlighted the human approach and essence of care as the basis of their service, focusing on the relational aspect, and having a human service orientation. Travel experience involves multi-layered encounters, and is inter-subjective and intertwined (Hunter-Jones, 2006; Sedgley et al., 2017), fundamentally involving emotion, which "is intricately intertwined with the fabric of our lives" (Bondi et al., 2007, p. 13). Less different in their espoused values, Bali Access Travel, mentioned "wheelchair accessible travel," referring to medical equipment first, and placing the people with a disability as an object, and de-humanised (see Nicolaisen, Blichfeldt & Sonnenschein, 2012). This approach to labelling people with disabilities may therefore create negative emotive responses from potential clients.

Although the increased awareness of valuing access provision was in line with the views of Bali's regional authority, surprisingly, tourism providers' offers were more proactive in implementing the agenda of accessibility. Bali Access Travel and Accessible Indonesia, the two travel agents studied, provided evidence of the support of service providers to their internal and external stakeholders. Bali Access Travel showed two images of staff assisting people with disabilities, and despite working only with internal stakeholders, Accessible Indonesia explicitly described its collaborative work with other stakeholders, service providers, and local people, to ensure inclusive practices and social cooperation that would benefit all the community (see Butler, 1999; Misener & Mason, 2006). Transforming tourism development into more open collaboration with various stakeholders and disciplines, is sought as an effective way to create an "inclusive sustainable space" (Cockburn-Wootten et al., 2018, p. 1485).

Consequently, how service providers perceived, communicated, and espoused their shared values, potentially changed the organisations' image both internally and in the public sphere. For example, a critical analysis of the espoused values showed a difference between "accessible room" and "disabled room"; strategic communication may be constrained in tourism organisations. Discourse that portrays people with disabilities may create barriers, and sometimes be unintentionally exclusive, as indicated in the espoused values of service providers.

Aside from the rhetoric used in the tourism providers' website communications, a significant role of the communications was to present symbols in terms of employees representing the images of the companies. The employees were portrayed as eager to satisfy customers through various acts of service. Employees presented in the tourism providers' communications displayed professionalism and skill through their equipment, uniform, and advice (see Cobb-Walgren & Mohr, 1998). This portrayal allowed the tourism providers to create a human connection between their organisation and their customers. The following paragraph provides illustrations of how tourism providers used employees to create images of their organisations. These examples provided evidence of different visual messages explicitly presented.

First, Accessible Indonesia used scenes of employees in various performative roles, assisting tourists with disabilities in different environments and linked into many themes, such as quality service, caring, the readiness of employees to provide assistance in different conditions, and the value they placed on their guests. Similarly, Bali Access travel presented the performance of staff in caring, warm, and friendly environments, with a variety of tourism activity preferences for tourists with disabilities. However, the lack of service and hospitality was evident on Villa G Ellora's website, which depicted cold, clinical, and hospital-style images of its organisation. Although several facilities such as swimming pools and beaches were illustrated, the traditional depiction of holiday environments was less influential and failed to recognise the embodied relations of staff involvement in the construction of holiday experience.

Critical examinations are therefore needed of the identification and communications of tourism providers, to understand the tensions inherent in developing strategies for communication (see Meisenbach & Feldner, 2011). The rhetoric applied in their communications had the function of shaping and constructing people's understanding of accessibility in their life. Regardless of the nature of the business's orientation, tourism providers' identification through communication strategies, contributed to advocacy and awareness of accessibility issues in Bali. Similarly, irrespective of the category of service providers, information should offer inclusivity, and barrier-free, accessible tourism for all tourists. On a wider scale, understanding the socially constructed embodied experience helps tourism providers gain wider perspectives of implementing accessibility as a way to promote inclusion in the wider community.

## 6.2 Summary

The embodied nature of experience of seniors was not limited to bodily performance, as it encompassed the wider aspect of the material, multi-sensory, relational and emotional experiences. Embodied encounters are not only about experiencing the environment in a destination, described through the experience tourism of seniors, but also facilitates social relations in the form of relationality, involving performative and emotive actions. Consequently, the embodied experience of seniors with disabilities is a reflection of their dependency on the wider social environment of tourism personnel and of their travel companions.

In addition, it is important to consider how this embodied experience of seniors with disabilities can change the perspectives of tourism providers in constructing accessible tourism in Bali. The current insights from tourism providers have started to acknowledge the flourishing of the accessible market coming to Bali. Indeed, organisations' awareness started to be visible, and various efforts have been enacted to cater to this market, but it is equally important as well, to consider the espoused values of tourism organisations in viewing people with disability, in particular, in the essence of how we perceive and portray people with disability will show our sensitivity to and value of this market.

# CHAPTER 7

# CONCLUSION

7.1. Overview of thesis

7.2. Limitations of research

7.3. Reflections on the research

# Chapter 7. Conclusion

The purpose of this last chapter is to provide concluding comments to address the research aim and questions, drawing from the findings and discussions in the previous chapters. Following the social constructionist and embodiment literature, this research investigated the nature of embodied experience, interacting with the broader social environment of a destination. Consistent with the social constructionist paradigm underpinning this research, human beings actively constructed social objects through social interactions and practices involved in creating experiences, and therefore, socially constructed them (see Burr, 2015). Numerous tourism studies have applied the social constructionist paradigm to underpin their work, as it highlights an understanding of the wider contextual and subjective tourism experiences, as well as the relationships between them (Hunter, 2016; Iwashita, 2003). This research investigated the embodied nature of travel for seniors with disabilities. Tourism research has noted the importance of integrating aspects of corporeal experience as a powerful approach to gain a more holistic appreciation of the tourism experience (Crouch & Desforges, 2003; Edensor, 2002; Small et al., 2008; Small & Darcy, 2011; Swain, 2004) and in particular for this research, seniors with disabilities' involvement in tourism participation when travelling.

## 7.1 Overview of the research

Overall, the embodied nature of experiencing a holiday in Bali interacts with the wider social environment of the destination. Looking from epistemological and ontological perspectives, this research foregrounds a critical approach and contributes to hopeful, as well as critical, relational, and emotional tourism (see Ateljevic et al., 2007; Caton, 2012; Pritchard et al., 2011). This research encourages us to transform the potency of tourism through the co-creation of experience, and "embodies the connection of multiple worlds to speak truth to power not to excuse it" (Pritchard et al., 2011, p. 953).

The aim of examining the embodied experiences of seniors who experience disabilities, emphasises the intricacies of ageing and deteriorating health, which

affects seniors' experiences in tourism, and how the embodied nature of travel for senior tourists with disabilities is socially constructed by the wider environment. This chapter seeks to emphasise that the key experience of seniors' embodied experiences is dependent on the wider aspects of the physical and social environment in the destination. This research revealed that seniors' embodiment in experiencing tourism as seniors is diverse in terms of activities and the way they experience tourism. The research also provided understandings of seniors' focus on the relationality that results from active engagement in the social domain. The presentation of insights from tourism providers showed an increased awareness of access provision in Bali's tourism. This chapter also includes a discussion of this research's contribution to current tourism scholarship, along with methodological understandings and the wider implications of the research.

As noted in Chapter Five, the results of interviews with seniors, companions, and tourism providers, produced three key themes: "experiencing tourism as seniors," "relationality," and "insights from tourism providers." These all provide perspectives on an integration of wider aspect of social context; how to relate, respect, listen and value the different elements that shape us as human beings. The findings also highlight the significance of tourism providers in recognising senior tourists' embodied encounters with physical and social environments associated with holidaying in Bali. The difficulties senior tourists had to encounter during holiday, such as entering and navigating movement in unsupportive environments, going to the toilet, taking care of basic safety and security, allocating tour and travel time, encountering ignorance related to accessibility in public areas, and a lack of consideration of the intimate and private space thresholds. Through ascertaining the travel related concerns of senior tourists, this study can offer recommendations for the industry. Tourism providers need to be mindful and increase the awareness of their employees related to accessibility issues, and how these affect travel experiences. This suggests the potential to offer a diverse holiday package, such as staying in various environments to experience different atmospheres and scenery, and providing a flexible travel time, expanding environment layouts, providing clear information and communication related to access, and cooperating with other organisations. Other matters such as assertiveness from tourism staff can be

addressed, such as the need to pay attention to ensure seniors' can move around, offering help, and looking after, respecting, and connecting with seniors. These initiatives could increase senior tourists' self-confidence, comfort, and security, minimise anxiety, avoid uncertainty (Allen, 2003), and enhance interpersonal social connections with family and wider society in different settings to promote inclusion (Devine & Wilhite, 200). Therefore, this research complements the area of embodiment (Darcy, 2010; Richards et al., 2010; Small et al., 2012), and senior tourism literature (Morgan et al., 2015; Mullin, 2011; Ross, 2005; Sedgley et al., 2011).

Whereas studies of the embodied experience of people with disabilities has explored the interactions of single subjects, positioned in the environment in a destination (e.g. Richards et al., 2010; Small et al., 2012), this research offers an original contribution around a wider understanding of embodied experience. The integration of broader aspect of social context of others, to be specific in my research are tourism providers and organisation communications. It offers holistic understandings how this socially constructed environment related to social, relational, language, rhetoric, interpretation of the environment and how the interpretation shaped understanding how we should be, act and feel in the environment. Embodied experience is not only related to how corporeal experience interacts with physical space in a destination, but is also relational and multidimensional, so when seniors are eager to connect socially in different situations and contexts, they sustain connections with other people in broader society.

This research further contribute to senior tourism literature and enhance senior tourists wellbeing. As such, increased opportunities for social interactions and companionships would benefit seniors' emotional and psychological wellbeing (Morgan et al., 2015). The research findings suggest that the level of disability is increased with age, and there is a fine line by making a contribution to accessible tourism literature but also looking at seniority in positive ageing and the role of tourism providers within that. This research has found that senior tourists with disabilities depended on someone else (i.e., service providers in relation to practical,

functional aspects and travel companions for emotional support), this illustrated how the component of others is fundamental for senior tourists with disability. Although structural and intrapersonal issues exist, these may reduce when there is support from a wider social network, in particular, with people from tourism organisations. Following the social model of disability, highlighting the social environment, specifically with support from attentive and helpful staff, can be a facilitator to a certain degree, minimising the constraints that affect tourism participation. To date, research focus on the embodied experiences of people with disabilities has focused mainly on structural constraints, neglecting the aspect of social embodiment that interacts and connects with the social environment, in particular, with tourism providers' staff in a destination.

This study also revealed how senior tourists' positive emotional experience were established by relationships with tourism staff. It can be argued that previous embodiment research has ignored the deeper inter-subjective aspect of embodied encounters between tourists and people from tourism providers. This research provides a new platform to highlight the fundamental aspects of the value of relationality, in which people embed their social connections. An important element of the embodied experience of seniors, is the inter-subjective encounters established in performative acts of giving and receiving service, resulting in relationality. Travellers, local people, and others interact, so tourism become an assembly point where "different individuals with different biographies from different cultures and life-spaces viscerally collide" (Caton, 2015, p. 1). This interaction impacts on the way we think, act, and speak, as "we are always affected by and affecting others" (De Schauwer, de Putte & Davies, 2018, p. 10). For example, senior tourists' interactions with local people offer the opportunity to understand the complexity of other lives, learn self-acceptance, and appreciate differences. These interactions impact on tourism providers' perceptions and understandings, and increase the sensitivity of how we treat differently embodied tourists. As such, tourism itself can be a site for us as humans, to grow and appreciate diversity.

The current disability research in tourism views disability as constraining and limiting leisure participation. However, this research offers opportunities by

facilitating deeper social interactions with travel companions, and from this perspective, tourism provides a space for support in care relationships, and is not limited to the private domain, as it extends into the public sphere of tourism practice. Indeed, the experiences of accompanying were practical, emotional, and interactive, as they involved a shared understanding between both parties. Disability scholars have encouraged the positing of people who receive care as well as those who provide it, at the centre of attention, emphasising relations, dialogue, and partnership, which leads to empowerment through care (Keyes at al., 2015).

Tourism, as the leading sector of the Balinese economy, has been viewed as bringing economic development to the destination (Vickers, 2011). Aligned with the direction of the Government, initiatives to attract the seniors' market in the first place (see Chapter One), and to facilitate more inclusive environments, tourism providers have started to show their awareness of the need to provide accessible services. However, implementing accessibility should go beyond physical access, into how service providers can build trust and provide assistance, forefronting the human approach in the provision of service. While Bali's society in general has been known for its welcoming nature (Vickers, 2011), this research found that in some cases, people with disabilities were still viewed as passive, stationary, and lifeless, as reflected in tourism organisations' communications.

The communication strategies in tourism providers' websites revealed exclusionary practices, and although it was not intentional, they showed how rhetoric can sustain and develop negativity, oppression, and "otherness" (Hughes, 2007; Paterson & Hughes, 1999). For example, the words "physically challenged guests" present the impairment first and guests' attributes later. Tourism providers espoused their values of disability-related concern that determined peoples' understandings of accessibility. It is evident that organisation communications in relation to access-related issues should be presented affirmatively. Indeed, tourism providers need to advance their knowledge into a more appreciative, attentive and inclusive approach to the diversity of tourists' embodiment. If tourism organisations can embrace inclusivity, starting from the information presented on their communication channels, tourists with access needs would prefer to use their services, or those of

similar providers in time. Studies on accessible tourism have noted that people with access needs are loyal to organisations who can meet customers' needs and expectations (Burnet & Baker, 2001; Ray & Ryder, 2003; Stumbo & Pegg, 2005).

In the efforts to implement accessible tourism, it is important to note that accessible tourism is "an essential facet of ethical tourism practice, and should rightly be seen not as a theoretical choice or niche topic, but rather as a universal value system to which all tourism development and management needs to be held accountable" (Suntikul, 2014, p. 102). Identification is a how tourism providers communicate their value, creating certain inclusions and/or divisions from others in their contact. Relevant with the critical turn in tourism (Ateljevic et al., 2007), this research highlights the notion of empathy (Tucker, 2016), as this was found in tourism providers' practices to present economic discourses as a method to create the organisation's position. Service providers that can "empathise with the needs and desires of their customers" are more likely to attract the targeted market (Pedwell, 2012, p. 287). This relies on the ability to imagine other people's experiences (Deturk, 2001) and project service providers' practices, for example, by showing accessibility related images and the discourses implied by them. Hence, empathy provides "an emotional context for what the empathiser imagines about others' experience" (Hollan & Throop, 2011, p. 2).

Drawing from social constructionism, it has been argued that our understanding of certain phenomena in our social world, in this case tourism and accessibility, has the power to transform society into a better understanding society (Wilson, Harris & Small, 2008), and help "societies changes, grow, renew and reproduce(d) themselves" (Selwyn, 2000, p. 34). With this in mind, the tourism providers' values around accessibility that they espouse to the public, have the capacity to construct and shape our contemporary and future understandings of, and perspectives on, accessible tourism. Accumulating a depth of understanding and valuable knowledge will help tourism providers optimise current services and create a formula to establish a comprehensive accessible tourism destination in the long term.

Critiques have been addressed in relation to the use of various conventional qualitative methods such as observations and interviews, together with others' visual methods, such as photographs. However, these methods are considered less appropriate when representing the nature of the construction of reality (Liamputtong, 2007). This research has made an important contribution to tourism research by applying Cheney's (1993) identification theory. I particularly sought to understand the power of tourism services in constructing and shaping the value of accessibility. Applying Cheney's (1993) theory provided an opportunity to critically examine a wide array of common everyday discourses, ideologies, commonalities, interests, and symbols of tourism providers used to communicate their values of accessible tourism. As such, the social constructionist paradigm allowed me to reveal how service providers construct reality through language used in human phenomena.

In practice, this research contribute to Bali's management and policy making in the effort to change tourism providers' images by showing their espoused values on accessibility. Thus, tourism contributes to developing the ways knowledge production processes are socially constructed, transforming and impacting on how we perceive self and others (Pritchard et al., 2011). To be able to change the image, an organisation needs to change its way of looking at and thinking about the strategy in tourism to communicate disability and accessibility. This research has contributed to knowledge by examining the tourism providers' websites on how their espoused values, rhetoric, and symbols applied in presenting the images of people with disability makes any different through communication in making experience accessible or not and shape public behaviour around what to do. Organisations in general, and specifically tourism providers in this research, have long been recognised as having the power to determine the construction, and maintain our understanding, of a specific image in society. In this research, the images of people with disabilities as passive customers, would change if they were portrayed actively involved in different tourism environments and engaging in various tourism activities.

In the current competitive Bali tourism environment, a distinct approach presented by tourism providers, both from their visual and verbal messages, is considered a determining factor that can be used in an effort to attract and maintain customers to come back and purchase services. In this way, a tourism provider's communication is extremely important in shaping potential customers' assessments of organisation services. I would therefore argue for a more inclusive point of view, using a social constructionist approach to present images of people with disabilities in tourism, bringing the value of people with disabilities into the centre, and creating a humanist approach (Hazan, 2009) in tourism providers' communications with their customers. Moreover, the value of relational experiences such as in embodied encounters between people with disabilities and staff in tourism encounters, enables the construction of images that contribute to quality, value, and satisfaction outcomes.

## 7.2 Limitations of the research and future research directions

I was conscious of the limitations of this research. Multiple interviews were conducted in this study, and secondary data from websites drawn to gain a deeper understanding of the phenomenon under study. The multiple interviews including travel companions and tourism providers, were considered a way to deepen understandings of the main participants' experiences and the co-creation of the experience. A mixture of methods, theory, and analyses of various types of data supported the validity of the results (Tracy, 2010). Drawing from a wide range of data sources such as interviews with seniors, and others such as family friends of the main participants and people from tourism organisations, as well as secondary data from websites, may have increased the reliability of data. This research did not intend to generalise the phenomenon of seniors with disabilities, but sought to gain an understanding of their deeper experiences. However, as the study relied on a small number of research participants, future research needs larger numbers and more samples, particularly from different cultural settings. For example, being both Asian and elderly may influence the embodied nature of an experience.

While the research participants in this research were international travellers, particularly senior tourists from Australia and New Zealand, it is equally important

to explore the leisure experiences of domestic tourists with disabilities from an Indonesian perspective. I would like to enhance the future direction of this research trajectory by advising that this could be conducted through collaboration with non-governmental disability organisations in other tourism destinations in Indonesia. This would offer a more collaborative approach, encouraging transformation (see Cockburn-Wootten et al., 2018), and recognising human agency in knowledge creation (see Sedgley et al., 2011).

In terms of the travel companions included in this research, only one was a formal carer, and also a friend; the other five were informal (spouses of senior tourists). Therefore, this research mostly provided relational aspects from a spouse's perspective rather than that of a carer's. Only two of the senior tourists were female, and there was only one male travel companion. It would be interesting to acknowledge the voices of male travel companions in future research, whether in the role of a father, husband, or professional carer. It is also important to look at the domestic market in Indonesia, with the increasing number of seniors in Indonesia and people with disability within the country (see Chapter Two), and explore the nature of family (particularly children's) obligations to take care of parents, as travelling with parents is an expression of gratitude to the elderly (Anissa, 2013). This situation has perhaps opened up the opportunity to conduct research on the perspectives of children who travel with parents and see the value of family bonding while travelling, from the perspectives of children who provide care for their parents.

This research has examined the embodied experience in the context of the travel of senior tourists. Embodiment theory was applied in this research, and has provided an understanding of how ageing and disability affect people's tourism activities. The interviews with senior tourists and travel companions provided an insight into how their embodied experience was constructed during their holiday, and gave the participants voice, allowing them to describe their embodied experiences in terms of interactions with the wider social environment in Bali. Furthermore, the tourism provider interviews and the analysis of tourism provider websites provided an

understanding of how people with disability and accessible tourism are depicted within the tourism industry in Bali.

## 7.3 Reflections on the research

Towards the end of my doctoral journey, I felt that I needed to reflect on my journey as a researcher and academic and how this experience haf impacted on me personally as a human being. In the earlier stages of my doctoral journey, I intended to apply a phenomenological approach to examine the embodied experiences of senior tourists in Bali. However, I also acknowledged the necessity of understanding tourism providers' perspectives on the visibility of the access market in Bali. This would enable me to explore the current situation of the access market, and act as a foundation for future research on accessible tourism. I therefore applied the social constructionist paradigm to examine how the wider social environment of tourism in Bali constructed experience.

One of the push factors for conducting the research in the disability domain was to enhance social justice, and evoke change in society. With the increasing engagement of the tourism industry with the access market, I hope this research will open perspectives on the potential to develop better accessibility in Bali. The tourism industry has the power to become an initiator of access provision, encouraging greater movement in society and consequently providing greater opportunities for people with a disability in Bali to have equal access, in education, employment, and leisure.

Furthermore, with the increasing demand of people with disabilities' participation in tourism, education too, needs to play its role in creating sensitivity and awareness of disability. Universities' curricula should add the long-neglected concept of inclusivity in tourism, which is currently limited by the view of tourism studies as vocational rather than connecting tourism to social perspectives (Aitchison, 2003; Liasidou et al., 2019). Students in tourism and hospitality education have the capacity to become tourism entrepreneurs and professionals, so it is important to include disability and social inclusion in the curriculum and establish accessibility awareness firmly in the students' minds.

In reflecting on what has happened along my PhD journey, I realise it has opened up my understanding of how, through applying embodiment theory, I have attempted to encourage the visibility of the body. In promoting embodiment research, I have facilitated a greater embracing of the notion of body in research practice generally. Within the research process I determined the embodiment of research participants that met the category and/or experience of a particular situation. I acknowledged the body that met research participants, interacted in the modes of greeting, speaking, listening, interviewing, analysing data, writing, and feeling pain, stress, and worry – and I came to realise that I am the body that is trying to make sense of other embodied experiences in our social world. As a researcher, I was aware that "being present in the telling of research participants' stories can heighten the capacity of the researcher to portray people experiences with empathy and a deeper level of understanding" (Warr, 2004, p. 581). This helps to increase a researcher's ability to become empathetic and evoke compassion in understanding and connecting with research participants' stories. Additionally, through the research process, recognising others' embodied emotions and needs, helps us relate to other people, encourage us to act or be more proactive in helping others, and enact opportunities to create change and foster social justice in society.

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## List of Appendices

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## Appendix A: Invitation Leaflet

**Appendix A**

THE UNIVERSITY OF
WAIKATO
*Te Whare Wānanga o Waikato*

**Waikato Management School**
Te Raupapa

### Invitation Letter

### Greetings seniors travelling to Bali

The University of Waikato
Private Bag 3105
Hamilton 3240
New Zealand

---

**Welcome to Bali**

Are you in Bali for holiday ?
Are you in the age of over 65 ?

If you answer "Yes" to all these questions would you like to have an opportunity to share your experiences?

Yayu Indrawati, a student of Waikato Management School the University of Waikato, would like to hear from you regarding your holiday experiences in Bali. Our aim for this research study is that we hope to help make your Bali holiday as a senior easier and suited to your needs.
If you are interested to be a part of this study, please contact Yayu Indrawati on yi57@students.waikato.ac.nz or 081237772347

---

**Greetings from Yayu :**

Thank you for spending the time to read this invitation and for considering getting involved in this study about seniors' holiday experiences in Bali.

I would like to hear your story, your experiences regarding your visit to Bali, and if the holiday was accompanied with your family and friends.

I hope that outcomes of this study will form recommendations for changes. These recommendations will be made to various Bali tourism providers, tourism authority to create accessibility in Bali.

If you are, willing to share your experiences please contact me directly on yi57@students.waikato.ac.nz or 081237772347

---

THE UNIVERSITY OF
WAIKATO
*Te Whare Wānanga o Waikato*

**Waikato Management School**
Te Raupapa

### Invitation Letter

The University of Waikato
Private Bag 3105
Hamilton 3240
New Zealand

---

**Dear Sir/Madam**

Are you working in tourism organisations in Bali?

If you answer "Yes" to this question, would you like to have an opportunity to share your experiences?

Yayu Indrawati, a student of Waikato Management School the University of Waikato, would like to hear from you regarding your experiences as tourism expertise in Bali.

Our aim for this research study is that we hope to gain insights from your experiences that would help us understands the company policy, actions and plans regarding senior tourists in Bali.

---

**Greetings from Yayu :**

Thank you for spending the time to read this invitation and for considering getting involved in this study about seniors' holiday experiences in Bali.

I would like to hear from the expert's side regarding the company policy, previous and future plans and insight from tourism providers in relation with the senior tourist existence in your establishment.

I hope that outcomes of this study will form recommendations for changes. These recommendations will be made to various Bali senior holiday tourism organizations, related departments in order to create better experience for senior tourist in particular and senior citizen in Bali in general.

If you are willing to share your insight please contact me directly on yi57@students.waikato.ac.nz or 081237772347

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**Appendix B: Information Sheet**



## Waikato Management School

Te Raupapa

Hillcrest Rd, Hillcrest, Hamilton 3240

Phone : 07 – 838 4477

Dear Sir/Madam

My name is Yayu Indrawati, I am a PhD student of Tourism Management at Waikato University New Zealand.

My research focuses on the experiences of senior tourists with disabilities. I would like to gain a deeper of the experiences of senior travel with disabilities, and the experience are potentially hindered/aided by wider social environment of their visit. I hope the outcomes of my research will enhance the understandings. I also aim to contribute to academic research around disability.

Your insights, experiences, and opinions will be very important for this research and to contribute to issues of accessible tourism especially within tourism industry in Bali.

I do hope that you will kindly give up your time and share your experiences, by participating in an interview. The interview will take around 60 – 120 minutes.

 The interview seeks to hear your experiences, suggestions and experiences of tourism.

If possible, I would also like to interview the main person who has assisted and helped you the most during this holiday in Bali.

I would highly appreciate your participation in this study and I do look forward to hear from you soon.

Kindest regards,

Yayu Indrawati

Phone Number :081238138867

Email : yi57@students.waikato.ac.nz

*Waikato Management School*

Te Raupapa

THE UNIVERSITY OF
**WAIKATO**
*Te Whare Wānanga o Waikato*

Hillcrest Rd, Hillcrest, Hamilton 3240

Phone : 07 – 838 4477

**Dear Participants,**

**Re: Embodied Nature of Experiences of Senior Tourists with Disabilities and their travel companions in Bali, Indonesia**

My name is Yayu Indrawati, a PhD student of Waikato University, New Zealand. I would like to hear from you about your experiences during your holiday in Bali. I believe that sharing your experiences would be very valuable for expanding both the tourist providers and academic sector's understanding on senior tourists with disabilities.

**Why are you interested in me?**

I would like to ask you to share your ideas, experience and knowledge about your experience during holiday in Bali. The project aims to gain better understanding of the experiences of senior travel with disabilities and the experience are potentially hindered/aided by wider social environments of their visit.

**What's expected of me?**

The aim of this study is to explore your experiences during holiday in Bali, therefore I hope you will be interested in sharing your knowledge and opinion through an interview. The study will be used to expand an understanding from your individual perspective regarding embodied nature of experiences. The interviews will allow for the opportunity for your views be heard and help to be identified.

**What will happen to my information?**

I expected to develop from the research data at least two conference papers and two - three academic journal articles. Only myself, chief PhD supervisor and co-PhD supervisor will have access to the information you provide in the interview notes and tapes. Five years after the research is completed, the thesis has been submitted, and publication has been finalised, all notes will be destroyed, tapes erased.

You, the participants and tourism organisations in Bali will be offered a brief report regarding the research findings on the completion of the study. Participants however will not be mention in the publications and every effort will be made to disguise your identity.

**<u>Our declaration to you</u>**

If you take part in the study, you have the right to refuse to answer any particular question and to withdraw from the study within 12 days after the interviews. You are very welcome to ask any further questions about the study that occurs to you during your participation. You will be offered access to your transcript and final summary of the findings from the completed PhD study.

If you have any questions about this research project, please do not hesitate to contact me on the email address or phone number below.

Thank you for considering participating in this study and I hope to hear from you soon.

| | |
|---|---|
| Yours sincerely, | Chief Supervisor |
| Yayu Indrawati | Dr Cheryl Cockburn-Wooten |
| Waikato Management School | Waikato Management School |
| The University of Waikato | The University of Waikato |
| Private Bag 3105 | Private Bag 3105 |
| Hamilton, New Zealand | Hamilton, New Zealand |
| | |
| Telephone: 081238138867 | Phone : +64 7 838 4962 |
| Email yi57@students.waikato.ac.nz | Email : cheryl.cockburn-wootten@waikato.ac.nz |

**Appendix D: Consent for Research Participant**

**Waikato Management School**
Te Raupapa

THE UNIVERSITY OF
**WAIKATO**
*Te Whare Wānanga o Waikato*

Hillcrest Rd, Hillcrest, Hamilton 3240

Phone : 07 – 838 4477

**Research study title: An investigation into the socially constructed and embodied experiences of senior tourists with disabilities in Bali Indonesia**

**Consent Form for Participants**

I have read the **Information Sheet for Participants** for this study and have had the details of the study explained to me. My questions about the study have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I also understand that I am free to withdraw from the study at any time within 12 days after interview, or to decline to answer any particular questions in the study. I agree to provide information to the researchers under the conditions of confidentiality set out on the **Information Sheet**.

I agree to participate in this study under the conditions set out in the **Information Sheet** form.

I am happy my interview will be recorded                    Yes                    No

Signed: _____

Name: _____

Date:    _____

**Researcher's name and contact information:**

Yayu Indrawati

Waikato Management School

The University of Waikato

Mobile : 081238138867

Email: yi57@waikato.ac.nz

**Chief Supervisor :**

Dr Cheryl Cockburn-Wootten

Waikato Management School

The University of Waikato

Telephone:  +64 7 838 4962

# Appendix E: Information Sheet for Travel Companion

**Waikato Management School**
Te Raupapa

THE UNIVERSITY OF
**WAIKATO**
Te Whare Wānanga o Waikato

Hillcrest Rd, Hillcrest, Hamilton 3240

Phone : 07 – 838 4477

## Information Sheet for Travel Companion

Thank you for your time to participate in this study. Please be noted that all responses and data collected are confidential.

You are welcome to withdraw from this study up to 12 days after the interview or decline to answer any particular questions in this study. I agree to provide information to the researcher under the condition of confidentially stated on the Information Sheet.

The purpose of this study is to investigate the embodied nature of experinces of Senior Tourists with Physical Impairments during holiday in Bali. The aim of the research is **to gain better understanding of the experiences of senior travellers with disabilities visiting Bali and how these experiences are potentially hindered/aided by wider social environment.**

A crucial part of understanding a senior travel experiences is their connection with travel companions. The travel companions are more likely to be family members, friends, and work colleques, person or staff in tourism site who have help them during holiday process. This is because our travel experiences are connected with how we interact with other person and how comfortable we feel in a certain atmosphere. Therefore, when a senior travel with physical disability travels for holiday, the important people in their lives have a significant impact on their embodiment experiences. Since senior tourists particularly those who have physical disability may not be able to travel alone and they need assistance for their mobility.

This interview is not a test on how deep you know the senior tourists, just your perspectives on his/her experiences and helping them overcome some of the barriers while holidaying in Bali.

During the research please feel free to raise any additional topics  regarding experiences that you find during your holiday. These may relate for examples to your impression about Bali's culture. The insight that you shares will help me to interpret accurately regarding your personal experiences may help me to gain understanding of your personal experiences and contribute  the future senior's tourists abilities to overcome the barriers to their holiday activities in Bali.

 This study will produced  as a PhD thesis. You are welcome for the summary of the thesis result, I will send you through an email if you email me on yi57@students.waikato.ac.nz. A copy of the summary may also be sent to the Ministry of Tourism in Indonesia.

Yours sincerely,                          Chief Supervisor

Yayu Indrawati                            Dr Cheryl Cockburn-Wootten

Department of Tourism Management          Department of Communication

Waikato Management School                 Waikato Management School

The University of Waikato                 The University of Waikato

Private Bag 3105                          Private Bag 3105

Hamilton, New Zealand                     Hamilton, New Zealand


Telephone: 081238138867                   Phone : +64 7 838 4962

Email yi57@students.waikato.ac.nz         Email  : cheryl cockburn-wootten@waikato.ac.nz

**Appendix F: Consent for Travel Companion**



*Waikato Management School*
Te Raupapa

THE UNIVERSITY OF
**WAIKATO**
*Te Whare Wānanga o Waikato*

Hillcrest Rd, Hillcrest, Hamilton 3240

Phone : 07 – 838 4477

**Research study title: An investigation into the socially constructed and embodied experiences of seniors tourists with disabilities and travel companions in Bali**

**Consent Form for Travel Companion**

I have read the Information Sheet for Travel Companion for this study and have had the details of the study explained to me. My questions about the study have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I also understand that I am free to withdraw from the study within 12 days after the interview, or to decline to answer any particular questions in the study. I agree to provide information to the researchers under the conditions of confidentiality set out on the Information Sheet.

I agree to participate in this study under the conditions set out in the Information Sheet form.

I am happy my interview will be recorded            Yes                No

Signed: _____

Name:          _____

Date: _____

Researcher's name and contact information:

Yayu Indrawati

Waikato Management School

The University of Waikato

Mobile : 081238138867

Email: yi57@waikato.ac.nz

Chief Supervisor :

Dr Cheryl Cockburn-Wootten

Waikato Management School

The University of Waikato

Telephone:  +64 7 838 4962

# Appendix G: Information Sheet for Tourism Providers

## Waikato Management School
### Te Raupapa

THE UNIVERSITY OF
## WAIKATO
*Te Whare Wānanga o Waikato*

Hillcrest Rd, Hillcrest, Hamilton 3240

Phone : 07 – 838 4477

**Dear Managers**

**Re: An investigation into the socially constructed and embodied experience of seniors tourists with disabilities and their travel companions in Bali.**

Thank you for your time to participate in this study. Please be noted that all responses and data collected are confidential.

You are welcome to withdraw from this study up to 12 days after the interview or decline to answer any particular questions in this study. I agree to provide information to the researcher under the condition of confidentially stated on the Information Sheet.

The purpose of this study is to investigate the embodied nature of experiences of Senior Tourists with Physical Impairments during holiday in Bali. The aim of the research is **to gain better understanding of the experiences of senior travellers with disabilities visiting Bali and their experiences are potentially hindered/aided by wider social environment in Bali.**

Recently, providing high quality experiences for people with different embodiment become attention in tourism sector. Almost thirty percent of the population benefits from universal design of principles and inclusive organisational practices, this include disability, ageing and accessible environments must become the core within the government, business and non profit organisations discourse.

However, poor of actions and reactions sometimes happened as a result of failure to understand these issues from consumers perspectives.

Therefore, we would like to hear from you regarding how your establishment implement the policies and practices on accessible tourism. During the research please feel free to raise any additional topics regarding your experiences in providing access for seniors tourists with physical impairments.

The insight that you shares will help me to gain understanding on how the challenges and barriers in relation with providing service in your establishments.

This study will produced as a PhD thesis. You are welcome for the summary of the thesis result, I will send you through an email if you email me on yi57@students.waikato.ac.nz. A copy of the summary may also be sent to the Ministry of Tourism in Indonesia.

Yours sincerely,                                    Chief Supervisor

Yayu Indrawati                                      Dr Cheryl Cockburn-Wootten

Department of Tourism Management                    Department of Communication

Waikato Management School                            Waikato Management School

The University of Waikato                            The University of Waikato

Private Bag 3105                                     Private Bag 3105

Hamilton, New Zealand                                Hamilton, New Zealand


Telephone: 081238138867                             Phone : +64 7 838 4962

Email yi57@students.waikato.ac.nz        Email : cheryl cockburn-wootten@waikato.ac.nz

**Appendix H: Consent for Research Participants**

**Waikato Management School**
Te Raupapa

THE UNIVERSITY OF
**WAIKATO**
*Te Whare Wānanga o Waikato*

Hillcrest Rd, Hillcrest, Hamilton 3240

Phone : 07 – 838 4477

**Research study title: An investigation into the socially constructed and embodied experience of senior tourists with disabilities and their travel companions in Bali.**

**Consent Form for Tourism Providers**

I have read the Information Sheet for Industry Experts for this study and have had the details of the study explained to me. My questions about the study have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I also understand that I am free to withdraw from the study within 12 days after the interview, or to decline to answer any particular questions in the study. I agree to provide information to the researchers under the conditions of confidentiality set out on the Information Sheet.

I agree to participate in this study under the conditions set out in the Information Sheet form.

I am happy my interview will be recorded                        Yes                 No

Signed: _____

Name:  _____

Date:_____

Researcher's name and contact information:


Yayu Indrawati

Waikato Management School

The University of Waikato

Mobile : 081238138867

Email: yi57@waikato.ac.nz


Chief Supervisor :

Dr. Cheryl Cockburn-Wootten

Waikato Management School

The University of Waikato

Telephone:  +64 7 838 4962

*Waikato Management School*

Te Raupapa

THE UNIVERSITY OF
**WAIKATO**
*Te Whare Wānanga o Waikato*

Hillcrest Rd, Hillcrest, Hamilton 3240

Phone: 07-838 4477

## Introductory

- Can you tell me about yourself?
- Describe what is the meaning being seniors/elders?
- How do see yourself in this stage of life? Follow up :
  - Is there any significant changes that influences your everyday activity?
- Can you remember what has changed since you were 60 years old? Follow up : How does it changes?
  - How do you feel about the changes?
  - What do you think about the changes? Follow up :
  - How do you try to manage the situations?

## Key Questions:

### Knowledge of the experience and feelings:

- Other environment such as home and other travel experiences have influenced on present situation. Follow up :
  - How does your previous travel experiences have shaped you present holiday experiences?
- Physical impairments has various degree of impact on the experience, how does your present situations affect the type of activities for instance your holiday experience?
- What sort of decision process did you go through in thinking whether to go on holiday or not to go ? Follow up :
  - Do you find that your holiday activities is limited now? Follow up : How and to what extent.
- Can you tell me what has been your experience in this regards?

o What particular feeling do you have in regards with this experience?
o What is your opinion about this issue/s ?

**Technology : Extending the body**

- With the presence of assisted technology that attached with you, to what extent does it give helps? Follow up :
    - o Is this encouraged you to do more tourism activities? Why-why not?
    - o If I followed you through a certain activities, what would I see you doing?

- How do you sense your experience through assisted technology that helps you?
- How do you see yourself appearance with the helped of technology ?

**Interaction with wider social environment**

- Decision making pre-holiday
    - o Can you tell me how you find information regarding your holiday destination ?
    - o How do you determine specific accommodation criteria when planning a trip?

- Barriers faced during holiday
    - o Is there any particular problems/issues that you faced during your holiday in Bali? For instance; in the destination, hotels, public facilities.

- Can you tell me how your interaction with the environment formed your holiday experiences? Follow up :

    - o To what extend does the physical environment in Bali allow you to experience your holiday? Why-why not ?

- If you go to certain places, for instance to the beach or other destination that you have visited in Bali, how would you describe your experiences? Follow up :
    - o How do you feel about the situations?
    - o How do you find yourself manage the    situations?
    - o What is your opinion in regards to those experience?

**The significant of travel companion**

Facilitators/helpers during holiday :

- o Do you have family/acquaintances/friends accompany you during your holiday?
- o How does your family/acquaintances/friends support you in regards with your holiday activities?
- o To what extend do you feel happy/unhappy with their presences on your holiday?
- o Can you describe what sort of assistance do they provide? Is this encourage you to do more tourism activities? Why – why not?

**Summary and Conclusion Questions : End of questions**

Is there anything I haven't mentioned today that you consider important to the holiday experiences ?

**Appendix J: Interview Questions for Travel Companions**



# Waikato Management School

Te Raupapa



THE UNIVERSITY OF
# WAIKATO
*Te Whare Wānanga o Waikato*

Hillcrest Rd, Hillcrest, Hamilton 3240

Phone: 07-838 4477

**Background :**

**Getting to know questions:**

1. Can you tell me about your background?
2. Could you think back how long have you know Mr./Mrs (primary participants) ?
   Probe : To what occasion do you know him/her?
3. How have you been involved as travel companion for Mr/Mrs (primary participants) ? Probe : what kind of decision process did you go through in thinking to accompanying Mr/Mrs for a holiday ?

**Key questions :**

**The essence of companion:**

o  What accompanying means to you ?
o  How would it like to be accompanying Mr./Mrs _____during their holiday?
o  Do you believe that your presence give influence to the holiday experience of Mr/Mrs (primary participant) ? Follow up :
o  To what extend does the influence provides significant meaning to Mr/Mrs _____?
• How do you see Mr/Mrs _____ holiday's experiences ?
• What was it liked for you to experience holiday like what been experienced by Mr./Mrs. _____ ? Follow up :
• Would you feel any distress or uncomfortable situations?
• What do you think the challenges/barriers Mr/Mrs _____ faced during his/her holiday?
• How does it affect their interaction with the environment ?

**Summary and Conclusion Questions : End of questions**

Is there anything I haven't mentioned today that you consider important to Mr/Mrs. holiday experiences ?

**Appendix K: Interview Questions for Experts**



Waikato Management School
Te Raupapa

THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

Hillcrest Rd, Hillcrest, Hamilton 3240

Phone: 07-838 4477

- Can you tell me about your establishment background?
- Does the company have general or specific guidelines regarding service provision for people with disabilities
- How do you promote your establishments/organizations in appropriate manner? Follow up :
     o        In terms of reliability and richness of information?
- What are the challenges in implementing practices of accessible tourism in your establishment?
- How do you see the future trend of accessible market? Follow up :
     o   How the company policies and actions regarding upcoming trend?
- Have you seen any barriers or challenges that faced people with disabilities during their holiday in your establishment? Follow up :
     o   Do you have any recommendation or actions to overcome this issues?
- How do you see the advantages/benefits for your establishments to provide the service for people with access needs? Follow up :

  o   In terms of small scope within tourism and wider society ?
- **Summary and Conclusion Questions : End of questions**

    Is there anything I haven't mentioned today for you as an expert consider important in improving the service for people with disabilities?