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Accessible tourism experiences: the voice of people with visual disabilities

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ABSTRACT

Our research focuses primarily on the understanding of the engagement in tourist activities of people with disabilities. Specifically, we intend to analyze the experience of people with visual impairments, identifying the factors that constrain and the factors that facilitate their decision to travel, seeking to understand how people adapt, negotiate their perceived and real constraints and become active travelers. A qualitative study was undertaken using in-depth interviews, which sought to give voice to people with visual disabilities. Results of a content analysis of the information gathered allow the following main conclusions: The participation in tourist activities by people with visual disabilities results from an ongoing and interactive process, which is shaped by multiple factors, with positive or negative influences, within each individual's very personal context, impairment condition and social environment, with impact on different stages of the process. It is possible to identify patterns of factors influencing the process (constraints and facilitators) as well as of negotiation strategies used for continued participation in tourism. To overcome the barriers they face, people with disabilities rely on negotiation strategies associated with the travel organization process, and on different personal and interpersonal strategies that are systematized in this study

RESUMEN

Nuestra investigación se enfoca principalmente en la comprensión del compromiso en actividades turísticas de las personas con discapacidad. Específicamente, nos proponemos analizar la experiencia de las personas con deficiencia visual, identificando los factores que limitan y los que facilitan su decisión de viajar, buscando comprender cómo se adaptan, negocian sus limitaciones percibidas y reales y se convierten en viajeros activos. Se llevó a cabo un estudio cualitativo utilizando entrevistas en profundidad que buscaban dar voz a las personas con deficiencia visual. Los resultados de un análisis de contenido de la información recogida permite alcanzar las siguientes conclusiones principales: La participación en actividades turísticas de las personas con deficiencia visual es el resultado de un proceso continuo e interactivo que está conformado por múltiples factores, con influencias positivas o negativas, dentro del contexto personal de cada individuo, la discapacidad y el entorno social, con impacto en las diferentes etapas del proceso. Es posible identificar patrones de factores que

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MOTS CLÉS

Tourisme accessible; personnes ayant une déficience visuelle; contraintes; facilitateurs; stratégies de négociation

关键词

无障碍旅游, 视障人士, 制约因素, 促进因素, 谈判策略

influyen en el proceso (limitaciones y facilitadores) así como las estrategias de negociación utilizadas para una participación continuada en la actividad turística. Para superar las barreras a las que se enfrentan, las personas con discapacidad se basan en las estrategias de negociación asociadas con el proceso de organización del viaje y en diferentes estrategias personales e interpersonales que son sistematizadas en este estudio.

RÉSUMÉ

La présente recherche a pour objection principale la compréhension de l'engagement des personnes handicapées dans les activités touristiques. Plus précisément, on a l'intention d'analyser l'expérience des personnes ayant une déficience visuelle, d'identifier les facteurs contraignants et les facteurs qui facilitent leur décision de voyager, de comprendre la façon dont les gens s'adaptent, négocient leurs contraintes potentielles et réelles et deviennent des voyageurs actifs. Les données de cette étude qualitative ont été obtenues à l'aide d'entrevues approfondies visant à donner une voix aux personnes ayant une déficience visuelle. Les résultats de l'analyse du contenu des données collectées mènent à ces conclusions importantes: La participation aux activités touristiques des personnes ayant une déficience visuelle résulte d'un processus continu et interactif qui s'appuie sur de multiples facteurs, avec des influences positives ou négatives sur le plan individuel, en tenant compte du contexte personnel, des conditions de dégradation et d'environnement social ayant un impact sur les différentes étapes du processus. Il est possible d'identifier les modèles de facteurs influençant le processus (contraintes et facilitateurs) ainsi que les stratégies de négociation en usage en vue de s'engager à la participation au tourisme. Pour surmonter les obstacles auxquels elles sont confrontées, les personnes handicapées utilisent les stratégies de négociation associées au processus d'organisation des voyages, ainsi que les différentes stratégies personnelles et interpersonnelles que cette étude a systématisées.

摘要

本研究主要侧重于理解残疾人士参与旅游活动的情况。具体而言，我们打算分析视觉障碍患者的经历，寻找约束因素以及促使他们决定出行的因素，试图了解人们如何适应、越过他们感知的和现实的约束，并成为活跃的旅客。定性研究采用深入访谈，旨在为视障人士发声。研究对收集的信息进行内容分析，分析结果可以得出以下主要结论：视障人士参与旅游活动的原因来自于持续的互动过程，这种过程由多种因素共同决定，当中有正面或负面的影响，这些发生在每个人的个人背景下，障碍情况和社会环境中，在过程的不同阶段的影响下。由此可以识别到影响过程的因素的模式（限制因素和促进因素）以及用于持续参与旅游的谈判策略。为了克服他们所面临的障碍，残疾人依靠与旅游组织过程相关的谈判策略，并依赖于在这项研究里系统化的不同的个人和人际策略。

Introduction

Although accessible tourism is evolving as an emergent field of academic research, the knowledge related to participation of people with visual disabilities in tourist activities is still incipient. In this sense, it is very important to understand the factors that shape

their travel decisions and experiences. This can be an important contribution to the development of more accessible tourist products and destinations, giving tourism professionals a body of knowledge that allows them to respond with more appropriate strategies to address the needs of this group of people, and, thus, promote a more inclusive approach to tourism.

The results may also help to raise awareness among individuals with disabilities, their families and companions, as well as society in general, about the participation context of this group of people in tourism activities. In fact, there seems to be a need to develop new attitudes that encourage and support accessible tourism practices, identified as very beneficial for these individuals' personal development, social inclusion and overall well-being.

In this context, accessible tourism may present itself as a vehicle to promote individual and social well-being, not only for directly benefiting participants – a typically socially marginalized group – and their families, but also for society as a whole, by increasing social and family capital within the aforementioned groups, who in turn may become more empowered and active within the multifold dynamics of society at large. As has been highlighted by McCabe (2009), holidays provide people opportunities for positive change that influence their sense of well-being, their life experiences and horizons and could thus play an important role in promoting a healthy society; these opportunities should be even more relevant for individuals conditioned by an impairment. All these arguments justify initiatives of social tourism representing an investment in more inclusive, socially fair and healthy societies.

An enhanced understanding of the process that makes persons with disabilities more active and satisfied travelers is, in this context, crucial for developing effective public policies that yield more inclusive tourism opportunities, especially in the domain of social tourism programs. These could in fact help overcome many barriers and enhance this group's access to leisure and tourism, a sphere of life that is frequently taken for granted by most citizens in the developed world and considered fundamental to the quality of life, but which is still not equally accessible to all (Kastenholz, Eusébio, & Figueiredo, 2015).

Our approach is in line with the emerging paradigm of hopeful tourism scholarship, 'a new perspective which combines co-transformative learning and action to offer a distinctive approach to tourism knowledge production' (Pritchard, Morgan, & Ateljevic, 2011, p. 942). It advocates that knowledge, pedagogy, and action must be articulated in a way that promotes social justice (Richards, Pritchard, & Morgan, 2010), encouraging tourism research to focus on socially relevant themes that may result in more inclusive tourism practice.

Framed by these principles, the purpose of this paper is to understand the travel experiences of blind people, identifying the constraints and the facilitators that shape their travel participation as well as their decision-making process, forms of adaptation to and negotiation of travel constraints.

The paper begins with a discussion of the conceptual framework regarding the main themes discussed here: constraints and facilitators of participation in leisure and tourism faced by people with disabilities, and negotiation strategies used. It proceeds with explaining the methodology used in our empirical study, and then presents and discusses the main findings. The article ends with some conclusions and practical

implications to policy-makers and tourism agents in order to develop conditions for more inclusive tourism initiatives, specifically considering the group of individuals affected by visual impairments.

Conceptual framework

Constraints to leisure and tourism

The research in the field of leisure constraints seeks to study ‘factors that are assumed by researchers and perceived or experienced by individuals to limit the formation of leisure preferences and to inhibit or prohibit participation and enjoyment in leisure’ (Jackson, 1997, p. 461). Several authors have been calling attention to the advantage of using the theoretical advances from the leisure constraints field to better understand the mechanisms of participation and decision making in tourism activities (Hinch & Jackson, 2000; Nyaupane, Morais, & Graefe, 2004).

The theoretical sophistication achieved by leisure constraints studies should, indeed, be a valid contribution to deepen the knowledge about the participation of people with disabilities in tourism. On the other hand, as several authors argue (Daniels, Drogin Rodgers, & Wiggins, 2005; Packer, Mckercher, & Yau, 2007; Yau, McKercher, & Packer, 2004), to better understand this market it is important not only to know the barriers and factors that prevent people with disabilities from traveling, but also to understand how they become active travelers, how they adapt to and negotiate the diverse constraints that emerge in that context.

According to the leisure research literature, there are three types of constraints: structural, interpersonal and intrapersonal, that have been consistently supported by empirical studies published in the field. Structural or environmental constraints intervene between the phases of forming preferences and effective participation (Crawford & Godbey, 1987). Constraining structural factors are associated with the broader, external context of the individual, which includes the lack of available time, financial constraints, transportation difficulties, lack of suitable infrastructures, among others.

According to Nyaupane and Andereck (2008), the main structural constraints identified in tourism literature may be classified into three sub-dimensions: time (Bialeschki & Henderson, 1988; Hung & Petrick, 2010; Nyaupane & Andereck, 2008; Pennington-Gray & Kerstetter, 2002; Williams & Fidgeon, 2000), financial resources (Bialeschki & Henderson, 1988; Fleischer & Pizam, 2002; Hung & Petrick, 2010; Nyaupane & Andereck, 2008; Pennington-Gray & Kerstetter, 2002; Williams & Fidgeon, 2000) and destination attributes (Blazey, 1987; Daniels et al., 2005; Fleischer & Pizam, 2002; Gilbert & Hudson, 2000; Hinch & Jackson, 2000; Nyaupane & Andereck, 2008; Pennington-Gray & Kerstetter, 2002; Williams & Fidgeon, 2000).

Interpersonal constraints can occur during interactions with an individual’s social network, service providers or strangers, or because an individual lacks a partner with whom to engage in leisure activities (Crawford & Godbey, 1987). Studies have shown that many interpersonal factors can prevent people from participation in tourism activities. The most often cited include no companion (Bialeschki & Henderson, 1988; Daniels et al., 2005; Gilbert & Hudson, 2000; Hinch & Jackson, 2000; Hung & Petrick, 2010; Nimrod, 2008; Nyaupane & Andereck, 2008; Pennington-Gray & Kerstetter, 2002) and

the influence of family and friends (Gilbert & Hudson, 2000; Nyaupane & Andereck, 2008; Pennington-Gray & Kerstetter, 2002).

Intrapersonal constraints are related to a person's psychological state, physical functioning or cognitive abilities (Crawford & Godbey, 1987; Smith, 1987), and include factors such as stress, anxiety, lack of knowledge, health related problems and social ineffectiveness. The most common intrapersonal constraints found in the tourism literature include health condition (Bialeschki & Henderson, 1988; Hung & Petrick, 2010; Nimrod, 2008; Nyaupane & Andereck, 2008), age (Bialeschki & Henderson, 1988; Fleischer & Pizam, 2002; Nyaupane & Andereck, 2008), personal fears (Gilbert & Hudson, 2000; Hung & Petrick, 2010; Nyaupane & Andereck, 2008; Nyaupane et al., 2004; Williams & Fidgeon, 2000), personal skills (Daniels et al., 2005; Fleischer & Pizam, 2002; Pennington-Gray & Kerstetter, 2002) and lack of interest (Nyaupane & Andereck, 2008).

In addition to the above mentioned constraints, people with disabilities are affected by many other factors that can influence their tourism decisions and experiences. In this paper, we focus only on those factors that have an increased importance in the context of the travel experiences of people with disabilities, leaving aside all others that are common to the population at large.

Although only the research conducted by Daniels et al. (2005) and by Small, Darcy, and Packer (2012) use the leisure constraints construct when analyzing tourism participation of persons with disabilities, the literature review allowed the identification of a set of constraints that seem appropriate in this context. However, most of the studies on this subject focus mainly on the population with physical disabilities, while the research on people with visual disabilities is still very scarce.

As far as structural constraints faced by people with visual impairment are concerned, the main issues identified in the published research are associated with: a lack of reliable information (Mesquita & Carneiro, 2016; Miller & Kirk, 2002; Small et al., 2012); rules and regulations (Small et al., 2012; Smith, 1987); lack of support services and of tourism providers' knowledge (Baker, Stephens, & Hill, 2002; Miller & Kirk, 2002; Richards et al., 2010; Small et al., 2012); lack of information; physical constraints encountered at natural and cultural attractions (Mesquita & Carneiro, 2016; Pearn, 2011; Richards et al., 2010), at restaurants (Small et al., 2012) or accommodation units (Baker et al., 2002; Small et al., 2012).

Interpersonal constraints result from interactions with an individual's social network, service providers or strangers. The main interpersonal factors affecting tourism participation of people with disabilities include: lack of encouragement from the family (Packer et al., 2007; Yau et al., 2004); dependence on others (Blichfeldt & Nicolaisen, 2011; Packer et al., 2007; Smith, 1987); negative attitudes from tourism providers (Smith, 1987; Yau et al., 2004) and from other tourists (Smith, 1987). Although their impact and intensity may vary according to the type of impairments, the interpersonal constraints identified in the scientific literature appear to be transversal to different disability groups. In fact, the few studies which analyze the travel experiences of people with visual impairment reinforce the significance of negative social attitudes, which often result from a lack of awareness and ignorance about disabled people's needs (Daruwalla & Darcy, 2005; Small et al., 2012). These stereotyped perspectives are also based on the assumption that people with disabilities are a homogeneous group with similar needs and characteristics (Daruwalla & Darcy, 2005; Richards et al., 2010).

In respect to intrapersonal constraints, the literature emphasizes the following factors: personality, motivations, emotions, personal fears, self-esteem, individual beliefs, perception of results from participation and previous tourist experiences. These factors seem to influence people with disabilities more deeply, resulting in feelings of vulnerability, anxiety and stress (Daniels et al., 2005; Darcy & Dickson, 2009; Packer et al., 2007; Richards et al., 2010) that also affect satisfaction with the tourism experiences and may prevent the desire to travel in the future.

Facilitators to leisure and tourism

According to Raymore (2002), it is most important to understand the nature of participation in leisure activities to comprehend not only the factors that constrain it but also the facilitating factors and how they combine to foster participation, or non-participation, as well as the resulting experiences. In this sense, the systematic approach distinguishing and analyzing the nature and interaction between leisure facilitators and constraints may significantly contribute to a better understanding of the dynamics of participation or non-participation in tourism.

In line with Raymore (2002), facilitators and constraints are not alternative explanations for justifying participation but rather complementary approaches to understanding involvement in leisure. On the other hand, the relevance of the various dimensions of facilitators and constraints varies from activity to activity and from individual to individual; in this sense, people face different constellations of facilitators and constraints which, when combined, will determine the decision to travel.

Similar to constraints, facilitators may also belong to one of three dimensions: interpersonal, intrapersonal and structural, promoting the formation of preferences and encouraging participation. Specifically, regarding the factors that influence the decision to travel for people with disabilities, research has focused mainly on restrictive factors. Nevertheless, it is possible to also highlight a set of facilitating factors, although they have not been, to date, studied in the light of the above mentioned leisure participation framework.

In terms of interpersonal facilitators, it is possible to identify the following factors: stimulus and support from an individual's social network, interaction with tourism sector professionals, travel companions, and positive attitudes of others. According to Packer et al. (2007), the encouragement and support of family and other people in their social network play a decisive role, supporting the decision-making process and helping to overcome some structural barriers. Additionally, well-trained, attentive and helpful staff can be a facilitating factor in the tourist experience of people with disabilities, as opposed to negative attitudes. In this regard, Packer et al. (2007) emphasize the role of positive and attentive attitudes of professionals as a significant facilitator which can, to a large extent, overcome some of the structural barriers affecting participation of this group of people in tourism activities. Travel companions are one of the most cited facilitators in published research, assuming a significant role in the travel decision process (Devile, Kastenholz, & Santiago, 2012; Packer et al., 2007; Yau et al., 2004).

As for intrapersonal facilitators, several studies emphasize the role of personal characteristics for the way people with disabilities overcome the adversities associated with a disability condition. Acceptance of a disability and a person's self-confidence thus emerge as facilitating factors that enable them to cope with difficulties, whether in their daily life or

when they intend to travel (Daniels et al., 2005; Devile et al., 2012; Packer et al., 2007). The study conducted by Blichfeldt and Nicolaisen (2011) suggests that there is a strong interdependence between an active life and the participation of people with disabilities in tourism activities. On the other hand, a person who travels regularly becomes a more experienced tourist, which fosters confidence in their tourism consumption decisions (Blichfeldt & Nicolaisen, 2011; Yau et al., 2004). As a result, previous tourist experiences and the accumulated knowledge about tourism allow the individual to deal with obstacles in a more positive and knowledgeable way, which increases their feelings of safety and stimulates their motivation and desire to travel.

Structural facilitators encompass a set of factors related to the availability of accessible tourist services, which can encourage people with disabilities to participate in tourism. Research in this area focuses mainly on issues associated with accommodation. Nevertheless, it is possible to deduce from the identified constraints that these are not restricted to accommodation but to the overall accessibility of tourism services – attractions, transportation and restaurants, among others.

The existence of proper accommodation with adequate accessibility conditions emerges as a critical factor in the tourism decision-making process for people with disabilities (Daniels et al., 2005), being crucial to ensure a comfortable stay and to allow their independence from other people. Another important facilitating factor is the availability of reliable and accurate information in order to meet tourists' differential requirements and allow them to make informed travel decisions, thus avoiding unpleasant surprises and unnecessary risks (Bieger & Laesser, 2001; Cavinato & Cuckovich, 1992; Daniels et al., 2005; Eichhorn, Miller, Michopoulou, & Buhalis, 2008; Packer et al., 2007).

Negotiation strategies

The concept of negotiation was introduced by Jackson, Crawford, and Godbey (1993) in leisure studies, based on the underlying idea that people develop efforts to overcome constraints, through cognitive or behavioral strategies that further leisure participation. That is, people often adopt innovative strategies to mitigate the effects of constraints, either by modifying leisure habits or by changing other aspects of their lives (Henderson, Bedini, Hecht, & Schuler, 1995; Jackson & Rucks, 1995). According to Jackson (2000), the strength of leisure motivations, and the perceived importance of anticipated benefits, encourages people to try and succeed in this negotiation.

The idea of negotiation of constraints is consistent with the socio-cognitive perspective, whereby people respond to conditions that prevent them from achieving their goals rather than accepting them passively (Loucks-Atkinson & Mannell, 2007). According to Jackson and Rucks (1995), negotiation may, for example, involve cognitive strategies that alter the perceived value of leisure activity, or behavioral strategies such as adjustment of schedules, reassessment of priorities in terms of money, time, energy, and information strategies. So, the negotiation process is different from constraints acceptance, implying efforts to change a situation, which will allow a compromise to be found or a problem to be solved, resulting in more positive meanings of the constraint and recognition of new opportunities, within a wider social context (Hutchinson & Kleiber, 2005). On the contrary, if a person chooses to avoid an activity, for instance due to a missing companion, this would lead to accommodating to the situation and not to a constraint negotiation.

Table 1. Summary of negotiation strategies used by people with disabilities identified in the scientific literature.

Constraints		Negotiation Strategies	Authors
Structural	Accommodation Transportation Tourist attractions	Travel Preplanning	Daniels et al. (2005), Blichfeldt and Nicolaisen (2011)
		Information search on service providers	Daniels et al. (2005), Blichfeldt and Nicolaisen (2011), Yau et al. (2004)
	Lack of information	Rights argumentation	Richards et al. (2010)
		Help from strangers	Daniels et al. (2005)
Intrapersonal	Feelings of vulnerability	Use of multiple strategies to confirm the information	Packer et al. (2007), Yau et al. (2004)
		Mental fortitude	Daniels et al. (2005), Richards et al. (2010)
		Self-determination	
		Self-reliance	
Interpersonal	Dependence on family and friends	Concentration and mental memory	Daniels et al. (2005)
		Help from strangers	
	Negative social attitudes	Travel companion	Yau et al. (2004)
		Traveling with other people with disabilities	
		Traveling with friends and family	
		Traveling with other people with disabilities	

Negotiation strategies used by people with disabilities in the tourism context constitute an underexplored research area with scarce information on how constraints are related to participation or how different constraints are balanced with negotiation efforts. From our literature review, Daniels et al.'s (2005) qualitative study stands out as the only approach focusing on constraints to tourism participation, seeking to understand how individuals with disabilities react and adapt to different constraints. The authors identified six intrapersonal, six interpersonal and eight structural constraints, suggesting the need to use negotiation strategies to overcome each of them. Despite the important findings of this research, some of the negotiation strategies identified are facilitators rather than negotiation strategies, insofar as they refer to existing conditions both in the individual's personal sphere and in their external environment. This is the case where, for example, positive attitudes of the staff are identified as a negotiation strategy, but seem rather classifiable as a facilitating factor, which, at best, may lead to the adoption of a negotiation strategy (for example, asking for help) to overcome a constraint.

Other studies have contributed to the understanding of different mechanisms used by people with disabilities to overcome barriers in their tourism activities, even though not adopting the negotiation construct explicitly. Table 1 summarizes the constraints and main negotiation strategies identified in the literature review in this field. Most of the studies focus on trip organization issues, emphasizing the importance of rigorous and detailed planning of a trip, and the selection of service providers.

Methods

The empirical work employed a qualitative methodology, which sought to give voice to people with visual disabilities. This research intends to contribute to a deeper understanding of the feelings and perceptions of tourists with disabilities. For this purpose, the most suitable technique of data collection was the in-depth interview. This is the right tool to create a

space for dialogue as it favors a natural environment of communication and sharing of the interviewees' ideas and opinions. On the other hand, it also has the advantage of obtaining information on the meaning that the actors attribute to their practices and the events with which they are confronted, allowing a high degree of depth of the data collected. Conversations with the individuals in the target group reveal the reflections of these actors on their own tourism behavior, uncovering what it means to be a disabled tourist, as well as why and how they make their travel choices, within the individual context and lifestyle.

Several authors have drawn attention to the need to 'give voice to people with disabilities' (e.g. Blichfeldt & Nicolaisen, 2011; Kitchin, 2000; Richards et al., 2010) in order to achieve a more in-depth understanding of their feelings and perceptions during their tourist experiences, beyond physical accessibility conditions of the places they visited (Blichfeldt & Nicolaisen, 2011). According to Richards et al. (2010), researchers should seek to explore new ways of understanding accessible tourism by giving a central role to people with disabilities in the research process, and thus promote positive social change. This line of thought, framed by emancipatory disability research, is situated in the paradigm of so-called hopeful tourism research. Recognizing the close articulation between theory, action and practice, this paradigm assumes that ethical obligations are intrinsic to research, yielding knowledge that can be translated into socially inclusive and fair tourism practices (Ren, Pritchard, & Morgan, 2010; Richards et al., 2010; Sedgley, Pritchard, & Morgan, 2011).

In order to obtain a holistic understanding of the tourist experiences of people with disabilities, respondents should be allowed to explain how their disability influences their tourism decisions, in a relatively unconstrained manner. For that reason, a semi-structured questionnaire was developed which explored several main concepts through brief questions (mainly regarding the travel context and conditioning factors for travel decisions), and which conferred considerable freedom of speech to the interviewees who were encouraged to explore the suggested topics referring to their own complex and idiosyncratic experiences (Quivy & Campenhoudt, 1992).

The identification of the interviewees was initially based on our personal contacts, resulting from our previous work in this field, linking us to the interviewees and to other social actors who mediated additional contacts. The selection of participants yielded diversity in terms of travel patterns, type and degree of disability, age, income and gender. These selection criteria allowed us to identify different factors and analyze patterns according to different situations and lifestyles. Individuals were assured anonymous data treatment and presentation, were previously briefed on the objectives of the study and were totally free to respond – or not, if they were uncomfortable about a topic – in any manner they considered appropriate. In total twelve adults of varying ages (between 32 and 80 years) with visual impairment agreed to share their views and travel experiences. Most respondents had acquired blindness as a result of progressive congenital disease (macular degeneration), two individuals were blind from birth, and in one case blindness resulted from a war accident. Of the twelve blind people interviewed, eight used guide dogs. As for their family situation, eight respondents were married and the remaining four were single or divorced and lived alone. All the respondents, except for two retired individuals, were professionally active.

We may therefore consider that, in a first phase, a purposeful sampling technique was applied, oriented by the objective of covering a diversity of situations in the studied

universe. At a later stage, the ‘snowball’ technique was used to identify other potential participants, that is, as we were doing the interviews, we asked our interviewees to provide us with contacts of people who could collaborate in this study. Respondents were very receptive and available to collaborate, which allowed an atmosphere of empathy and trust creating a positive environment for conducting interviews. It became clear that the actors considered their opinion important to eventually introduce changes in a domain of their personal relevance (Quivy & Campenhout, 1992).

The interviews were tape-recorded with the participant’s permission and fully transcribed. This process, although very time consuming, allows for greater interaction and flexibility in conducting the interview and provides a more accurate record of the information given by the interviewees (Jennings, 2005; Silverman, 2000). Transcription of 15.5 hours of interviewing resulted in a total of 398 pages of transcribed text. The transcripts were emailed to each participant to obtain feedback, generally aided by an intermediary. Based on their responses, a few changes were made, including the elimination of some details to ensure confidentiality.

The data was treated via content analysis identifying major themes and categories in the discourses. This process involves three phases: (a) pre-analysis (organization of the material and definition of procedures); (b) exploration (identification of categories and intersections, with narrow amplitudes and connections); (c) treatment of results (the data is interpreted and gains meaning). A software supporting qualitative data analysis, namely WebQda, was used to create categories, codify, control, filter, search and query the data.

The process of information codification, i.e. the production of a system of categories, was based on a mixed method, resulting both from the conceptual framework and the empirical material constituted by the discourse of the actors, in a dynamic, hybrid deductive and inductive process of confrontation between theory and evidence flowing from the discursive material (Silverman, 2000). As new themes emerged, new fields were added or dismembered in order to capture the richness of the discursive material relevant to the present research purpose.

Findings and discussion

Major constraints and negotiation strategies used

In our study, structural constraints were the most often mentioned, with nine structural constraints identified. The meanings of each one as well as the negotiation strategies used to overcome them are summarized in Table 2.

Lack of knowledge of tourism providers emerged as an important constraint across all narratives, being reflected in different ways as distinctly impacting on travel experience and satisfaction. Some interviewees recognized that, in most cases, this constraint reveals a lack of training and ignorance on how to deal with blind guests and help them, as described in the following quote:

They have goodwill, but much ignorance. ... They do not know how to help ... sometimes they have sensitivity, they are willing to welcome the blind passenger, but then they do not know how to help! Usually people tend to push the blind person in front of them, but it is not the blind person who has to go ahead; the blind person needs to go behind the guide ... They put the hand on my back, they push me. Now, if I have to

Table 2. Structural constraints and negotiation strategies used.

Structural constraints	Meaning	Negotiation Strategies used
Service providers	Lack of attention to customers with disabilities Lack of training of professionals, considering people with disabilities as a homogeneous group.	Mental fortitude
Tourist attractions	Lack of equipment and services to improve sensory or communication accessibility: audio guides, tactile experiences, Braille publications and labeling.	Selection of service providers Information sources Notice in advance Travel companion Adaptation ability Information sources
Information availability	Lack of information on accessibility Lack of accessible websites Lack of information in Braille	
Restaurants	Difficulty in buffet services Lack of menus in Braille Difficulty in handling the food served Resistance to guide dogs	Travel companion Help from strangers Rights argumentation
Rules & regulations	Barriers to the use of guide dog, especially in air transportation, either forcing the transport in the aircraft hold or requiring the use of a muzzle	Rights argumentation
Accommodation	Disposal of facilities and furniture in the bedrooms	Notice in advance Adaptation ability Rights argumentation Travel companion
Transportation	Difficulties in moving in the metro and train stations; Resistance to the use of guide dogs Difficulty of using automatic ticket machines	
Lack of support services	Lack of tourist guides	not identified
Public space	Lack of accessible routes Lack of uniform standards	not identified

fall, I am the one to fall first, so they do not know. They have a lot of goodwill; they have pity; they have this curiosity, this whole goodwill, but they have no training. They show a lot of ignorance. (A1)

The narratives also confirm that it is common to consider people with disabilities as a homogeneous group with similar needs, as recognized in previous studies (Daruwalla & Darcy, 2005; Richards et al., 2010). The negotiation strategy used to deal with this involves a positive attitude and mental fortitude when trying to face adversities in a proactive way, adapting to situations and not letting them negatively affect the tourist experience. *With my humility, with my simplicity. There, that's how I do it, and that's how you learn, you see? Because it's not with arrogance, it isn't with bad manners, no, it's not like that; it's really just simplicity* (A8).

The other structural constraints identified are mainly associated with the lack of services and equipment in the tourism offer, which affects people in different ways, depending on whether they travel alone or with a companion or other people with similar impairments, as is the case with eight participants. In these cases, the main negotiation strategy is rigorous travel planning, undertaking a huge travel information search to verify the service conditions necessary to meet their needs. This includes anticipating and preventing problems in advance, especially regarding accommodation and transportation, as one of our interviewees notes:

When I make a trip, I say, 'attention, I'm visually impaired; I'm going to need help and I'm accompanied by a guide dog' ... Even if I have problems, I do not want to be stressed when I

arrive at the hotel, so if I have problems, I want to be prepared with all the relevant documentation, and I want people to be informed so that there is no confusion. (A10)

Doing this can also be a test to verify the attitude and sensibility of service providers. For instance, one traveler reports, *First I contact, I say 'I am a person with visual impairment, do you think there are conditions for . . . ' and I see if they have that sensitivity* (A3).

It is also important to note that despite the legislation on the use of guide dogs, there are still some barriers, especially in air transportation. In these cases, the main negotiation resource is for the traveler to defend and assert their rights in order to resolve the situation they face and also to draw attention to discriminatory practices.

Sometimes, when a situation cannot be resolved, respondents admit to filing a complaint, calling the police or even resorting to the courts; as one respondent, who was prevented from entering a restaurant with their guide dog, stated: *Simply, they did not want the dog to come in. I explained, I don't know if they realized or not. The truth is I couldn't convince them; I had to call the police* (A9). Another respondent, whose dog a taxi driver refused to transport, had the same attitude,

And then I said that I'll call the police and he said 'then call, I'll stop'. But he didn't. I leaned against the door and he drove away. Somebody took the license plate number and I took him to court. (A5)

The most emphasized interpersonal constraints, presented in Table 3, are: negative social attitudes, dependence on family and friends, attitudes of staff, erroneous perception of disability, fear of disturbing others and constraints resulting from family context.

The prevalence of negative attitudes of others is often associated with social preconceptions and stereotypes, resulting in large part from the lack of information and knowledge about the reality of people living with disabilities (Daruwalla & Darcy, 2005). Virtually all study participants indicated that they face various kinds of negative attitudes, both from social interaction with other tourists as well as from tourism staff. The discourses revealed a certain discomfort regarding the way other people interact with them, either by adopting a paternalistic attitude, or reflecting some social inhibition by opting to ignore them,

Table 3. Interpersonal constraints and negotiation strategies used.

Interpersonal constraints	Meaning	Negotiation Strategies used
Negative social attitudes	Paternalistic Actions Lack of spontaneity in social interaction Avoid direct social contact Attitude toward the guide dog	Mental fortitude Positive attitude Adaptation ability Rights argumentation
Dependence on family and friends	Difficulties in moving at unfamiliar surroundings Need for someone to provide personalized information	Help from strangers Selection of services providers Travel companion
Negative attitudes from tourism staff	Social inhibition Unhelpful attitude	Mental fortitude Positive attitude Notice in advance
Erroneous perception of disability	Consider people with disabilities as a homogeneous group Social stereotypes about blind person	Mental fortitude Positive attitude
Fear of disturbing others	Psychological discomfort Feeling of vulnerability Increased burden for caregivers at holiday time	Help from strangers selection of services providers Travel companion
Family context	Fears expressed by the family	Mental fortitude Positive attitude

addressing the companion instead; this behavior is also found in other studies (e.g. Daruwalla & Darcy, 2005). *When we are with another person who does not have any type of impairment, generally, no matter how many times we ask the question, the interlocutor is always the other person. This annoys me a lot (A12).*

An erroneous perception of disability refers to the assumption that people with disabilities are defenseless, depressed and victims of a personal tragedy (Daruwalla & Darcy, 2005), highlighting the existence of frequent social stereotypes about blind persons. Sometimes curiosity is aroused, especially regarding their interest in traveling, with one interviewee commenting:

Because they always see [the travel motives of] a blind person like: 'oh, he goes out of curiosity; he goes because he has nothing else to do, he goes because he has been dragged there, because he can go here as much as to any other place'. This is ... not believing in the maturity and intellectual component that a blind person may have. Because she said it with all the spontaneity, in fact she didn't say that to offend. (A1)

To avoid the negative impact of these episodes on the tourist experience, our interviewees use strength of mind (or mental fortitude) and self-esteem to overcome adversity, as identified by Daniels et al. (2005), as an emotional negotiation strategy. This attitude of self-confidence is also reflected in the way they interact with others, how they try to understand what underlies certain negative attitudes, as emerges in the following account,

I understand that it is an unusual situation for them. I think it makes them think, something, probably it's not necessarily bad, you see? I think this is a confrontation with human fragility and eventually they think, poor him, and the luck he has, and that's it. I'm not poor, I feel fulfilled and therefore I do not let myself be affected by it. (A12)

The dependence on family and friends is associated with a lack of autonomy (intrapersonal constrain) and a need for assurance and for practical help during a trip (Yau et al., 2004), mostly expressed by people who do not use a guide dog.

I cannot go abroad alone. I have to be accompanied by someone who is willing to help making trips and finding places, service locations, hotels, moving in hotels, moving on walks. These are completely unknown spaces and therefore a blind person does not have autonomy, if they are alone; so they have to go with someone who is available, not only to do this work as a guide, but also with another characteristic that I think is fundamental, and here I have been lucky enough to meet people . . . some of whom have somehow lent me their eyes, described landscapes to me, perceived my tastes, what I like. (A1)

As illustrated in this narrative, the travel companion selection is one of the strategies used to overcome this constraint. Although those who use guide dogs recognize the importance of having a non-disabled travel companion, they do not stop traveling when they have none.

Some of the interviewees express fear of disturbing others, resulting in psychological discomfort and feelings of vulnerability. *Sometimes I feel disconsolate. I say, I could go alone; I'm always bothering those persons, it's a bit like that, it costs me! (A8).* In order to avoid being an increased burden for caregivers at holiday times, the actors try to get help from strangers or select the service providers that best meet their needs.

Familial context emerged sometimes as an interpersonal constraint in so far as the lack of encouragement, or the fear expressed by a family about the risks of traveling may cause some apprehension and discourage travel. According to former research (Packer et al., 2007; Smith, 1987; Yau et al., 2004), a family's lack of incentive to travel can result

from an overprotective role in relation to the person with disability. However, this family context can also function as an important facilitator as we will discuss later. This is most strongly felt when it comes to a newly acquired disability or to early tourist experiences: *The family said 'but you're going to travel? But how do you go alone? You cannot go, you have to go with your wife!'* *That's a burden, it's a very big weight* (A4).

As suggested by Loucks-Atkinson and Mannell (2007), our analysis also seems to show that people with high negotiation effectiveness, that is, with confidence in their ability to use negotiation strategies and resources, are more motivated to participate in travel, overcoming barriers through negotiation. In this sense, the use of the self-efficacy construct in negotiation helps to explain how those more motivated to participate will have a lower constraints perception, stimulating the negotiation efforts which indirectly positively influence participation (White, 2008).

In respect to intrapersonal constraints, our research identifies the following categories: perception of physical disabilities, risk perception, discomfort, stress and lack of autonomy (Table 4). While admitting that disability does not prevent them from traveling, most interviewees recognize that they would travel much more and differently if they did not have the limitations imposed on them by disability.

I would really love to do trekking in the Himalayas; it's something I would very much like to do. But I cannot do that. Neither can I do it with my dog; I do not know if my dog could adapt to the altitude. I cannot do it. But this kind of travel I would very much like to do. (A11)

Therefore, visual impairment, yes, conditions me, because I have no doubt that if I could see, I would naturally have a driving license and would move much more autonomously and much more to where I liked to go and how I liked to do it. So, I am always conditioned, as you see, I always have to be touching ground, and organizing, circumscribing contexts and organizing spaces and evaluating. For me it's more complicated. (A3)

Besides the inability to enjoy visual experiences from journeys, the main problem identified by our respondents is related to orientation in unfamiliar spaces. As noted by Small et al. (2012), an unfamiliar travel environment creates feelings of anxiety and insecurity due to a lack of sense of control. The risk perception is then a cause of discomfort and stress, mainly resulting from anticipating problems and – out of necessity – having to concentrate when navigating in new surroundings.

Table 4. Intrapersonal constraints and negotiation strategies used.

Intrapersonal Constraints	Meaning	Negotiation Strategies used
Perception of disability	Limitation on travel choices Inability to enjoy visual experiences Impossibility to drive Orientation difficulty at unknown spaces	Travel companion Help from strangers Mental fortitude Positive attitude
Risk Perception	Feelings of insecurity at unfamiliar environments	Travel companion Sources of Information/ preplanning travel
Discomfort and stress	Constant necessity of concentration and adaptation in unfamiliar surroundings Feelings of anxiety and concern resulting from anticipation of problems in unfamiliar environments	Selection of places to visit Selection of service providers Travel companion
Lack of autonomy	Lack of freedom and independence Orientation problems in unfamiliar environments Impossibility of using mental schemes to guidance	Selection of services providers Travel companion Ability to adapt

The travel companion selection is once again one of most common strategies used to overcome this constraint. The participants who travel alone or with other people with visual impairment negotiate these situations in different ways: preplanning travel (information search), selecting the places to visit and the service providers to use.

Before traveling, if I go with a group of blind people, I will first do research on everything that is around, which is for later, when we arrive, [I try to] get to know everything there is to do and how we can go. ... I'm a person who always asks where and how to get there. ... I'll have to choose very well the hotel I want: first, if I want to go walking, it has to be as central as possible; then if the hotel allows me to travel daily in their transports, because sometimes they have certain routes but they have no other type of transport, and also public transportation is not accessible to this hotel other than the taxi, so I will always think of this when choosing a hotel. (A10)

I really prefer quieter [destinations]. We always choose places that are as calm as possible, because it makes it easier for us to orient ourselves, then after a day or two, we'll also get to know the space better and we'll have more autonomy. (A9)

Major facilitators to travel

The decision to travel also results from the interaction of the facilitating factors, which, in contrast to constraints, promote and encourage participation in tourism. Table 5 presents the categories and themes identified in our study.

Table 5. Facilitators to travel.

Intrapersonal facilitators		Meaning
Acceptance of disability	Proactive attitude	
	Self-reliance	
Determination	Perseverance to achieve their goals	
	Ability to overcome adversities during travel	
Previous travel experiences	Influence of travel experiences during childhood	
Personality	Pleasure of learning and discovering new places	
	Spirit of adventure	
Curiosity	Pleasure of knowing new cultures	
	Openness to new experiences	
Interpersonal facilitators		Meaning
Interactions with tourism staff	Assertiveness and helpful attitude	
	Spontaneity in social interaction	
Travel companion	Assistance during travel meandering	
	Suitable personal traits towards people's needs	
	Desire to visit family and friends living abroad	
Encouragement and support from the social network	Incentive for autonomy and encouragement to travel	
Positive attitudes of others	Support on travel planning & organization	
	Helpful attitude from strangers	
Structural facilitators		Meaning
Touristic attractions	Equipment to improve sensory accessibility (audio guides, models of monuments and replicas of works of art)	
	Availability of personalized services	
	Existence of Braille information	
	Possibility of tactile experiences	
Transportation services	Support services at airports and during flights	
	Exemption from payment by the accompanying person.	
	Proper functioning of trains services	
Accommodation	Differentiated floors and elevators with sound system	
	Information in Braille in the elevators and in the rooms doors	

Intrapersonal facilitating factors, such as acceptance of disability, determination, previous travel experiences and personality, influence, to a large extent, the way respondents perceive constraints and how they choose to cope with them. The way people represent themselves has a significant influence on their tourism practices, adopting proactive and assertive attitudes that allow them to deal with and overcome the constraints they face.

In this context, the acceptance of disability, as Yau et al. (2004) point out, is of crucial importance. This often involves a lengthy process of personal learning, self-discovery, self-confidence and trust based on the recognition of difficulties and, above all, on the belief in their capacities and not in being a burden to others. The following testimony is a good example:

First notes of autonomy can, in the course of a person who is blind, be the autonomy of eating, dressing, going to a hotel. A blind person cannot be a burden to himself or to the family, so it is necessary to invest ... It was not easy at the initial stage, it was a long process ... I have to work, I have to be a father, I have to be a husband, ... and I also have to be myself. (A4)

Most of the respondents assume, without complexes, their differences, continuously seeking to develop a greater autonomy, and trying to change the disability prejudices and social stereotypes.

And that is why I tell you that is important for us to show that we are able, and that it isn't as difficult as people think, but it is also necessary to have a little calm and to help people understand, isn't it? (A8)

I think there is also an aspect whereupon I feel some responsibility: if we want society to better understand blind people we have to have an active attitude to contribute to this change. (A1)

The person's determination, curiosity and the meaning attributed to the pleasure of discovering new cultures positively influence people to travel and to overcome the many obstacles they still face.

I really enjoyed this trip, we went to Switzerland, Germany, Austria, then returned to Italy. It was a trip that I really enjoyed, and then it awakened me a lot more for the trips. I found, that in fact, if we are at home we hear a kind of thing, but [what we find] is very different ... I like human contact, to know how people live, this for me is, in fact, enticing. ... But I did not content myself to be told ... no, I want to be shown everything that I keep in my mind, the detail of the perspective. (A8)

I want to know things, I want to see what it's like, I want to go and feel it. (A10)

In the domain of interpersonal facilitators, the findings point out several factors – interaction with professionals in the tourism sector, travel companions, encouragement and support from the social network, and positive attitudes from others – that exert a positive influence on participation in tourism. Although some of these factors have also been identified as constraints, some respondents clearly acknowledge, for instance, the assertiveness and helpful attitude of tourism staff and other people as a relevant facilitator.

For example, when we request assistance for blind people at the airport, it turns out that they know how to guide a blind person, what they can do, what they cannot do; therefore, I think they have some training there. (A11)

The role of the family in encouraging the respondent's autonomy and sense of discovery is also a facilitator in the decision to travel. *I try to face things naturally, a lot because since I was a little kid, my parents have been trying to encourage me to do this autonomously (A12).*

With regard to structural facilitators, our study highlighted mainly accessibility in touristic attractions, such as tactile experiences, audio guides, personalized services, access to information in Braille. *Some interesting things have been done, such as providing differentiated floors for the visually impaired, Braille information, and having audio devices to support the exhibition (A11).*

There are already many lifts with sound systems, a Braille system on each floor, both in the elevators, inside and outside, and even in the room numbering itself. (A10)

Also accessible transportation services and inclusive accommodation were highlighted, with differentiated floors and elevators with sound systems, or with information in Braille. Transportation was also focused, mainly regarding support services at airports and during flights, exemption from payment for the accompanying person and proper functioning of train services.

Conclusions and implications

The findings of this study underline the dynamic and interactive nature of tourism participation by people with visual impairments who face different, interacting factors, which arise from their individual context, the social environment and the tourism context. It was possible to systematize the factors that constrain participation in tourism, revealing the prevalence of structural factors, mainly related to a lack of proper tourism services and awareness from the tourism industry regarding these people's needs. In fact, the predominant constraint reported was a lack of knowledge of tourism providers, having a strong impact on travel experience and satisfaction. Additionally, negative attitudes of others seem to be the interpersonal constraint that was most felt in the tourist experiences of people with visual impairments, apparently associated with prejudice and ignorance about the disability and its contours (Daruwalla & Darcy, 2005).

On the other hand, travel skills acquired by experience allowed for more confidence in tourism participation (Blichfeldt & Nicolaisen, 2011; Yau et al., 2004). Our research suggests that most travel constraints are perceived as a learning opportunity, thus enabling people, after successful coping, to make more informed decisions in the future and to avoid potentially risky situations.

Our research also permitted an understanding of the facilitating factors that influence travel decisions and satisfaction. Previous research in this field has clearly given more attention to the constraints factors. Our study shows that there are a set of facilitating intrapersonal, interpersonal and structural factors that are decisive in encouraging travel and should therefore be considered when designing accessible tourism strategies. Besides the influences of the personal sphere (personality, previous travel experience, determination, curiosity, self-confidence, acceptance of disability), our findings identified as relevant interpersonal factors: encouragement and support from the social network, travel companion, tourism staff awareness, as well as structural factors associated with accessible information, proper services and attractions that meet the needs of persons with disability.

People with disabilities use different mechanisms to overcome constraints that may occur at any phase of the tourism experience (Daniels et al., 2005). Our study revealed a set of negotiation strategies used by persons with disability, not previously considered in the literature, which were further systematized into personal strategies, travel organization strategies and interpersonal strategies. These strategies need to be understood, since they permit a more sophisticated understanding and targeting of this group, promoting more confident travel decision making and more fulfilling experiences.

This study additionally corroborated the lack of the tourism industry's knowledge of the quality of accessible tourism experiences for people with different disabilities (Figueiredo, Eusébio, & Kastenholz, 2012), drawing attention to the importance of the responsibility shared by the actors in the tourism system to promote and implement inclusive tourism. This requires a thorough knowledge about the different dimensions of the disability, also considering diversity within this group, and suggests the need for general training and awareness in this field at different levels. Unlike most studies on accessible tourism, we focus here on a specific group, namely people with visual impairment, reporting specific needs, constraints, facilitators and negotiation strategies.

In this sense, we hope to have added relevant insights into a complex specific reality, the understanding of which is crucial to improve tourism suppliers' capacity of attending to this group's needs and addressing their particular conditioning context, so as to help them overcome barriers and effectively become more active travelers. As several studies point out, this market may indeed become a particularly valuable target group due to its high levels of loyalty toward those who may best address its conditions.

Additionally, our results should be important to policy-makers concerned with the development of a more inclusive society (Kastenholz et al., 2015), who may identify relevant issues so as to ensure public policies and effective action allow quality tourism for all. Indeed, as we have seen, part of the difficulty involved in the full participation of people with visual impairment in tourist activities is due to the lack of compliance with legislation. However, more than regulatory mechanisms, there seems to be a need to mobilize collective responsibility, in tourism and other sectors, to promote a more just and inclusive society.

The implications for tourism policy drawn from our results include the need to promote disability awareness programs. For tourism providers, our results suggest the concrete need for more and better training of tourism staff regarding accessible tourism requirements and specific disability conditions. From a different perspective, it is also essential that the educational sector, at all levels, includes disability subjects on its curricula, creating awareness and sensitivity regarding each person's role in creating a more inclusive society. More specifically, it could be very useful to foster interaction with people with disability. As documented by Daruwalla and Darcy (2005), the contact could be very effective and powerful regarding an attitude change and, in this sense, tourism could be an enabler to attitudinal and behavioral change. There seems to be much room for developing social tourism programs targeting diverse groups of people with disabilities, with differentiated initiatives, staff training and inclusion of experiences that were identified as most appealing and gratifying, while also addressing the needs of those accompanying persons with visual impairment.

In the end, we hope that our work can contribute to more inclusive tourism practices and encourage a greater involvement of tourism researchers on disability issues,

promoting social inclusion, human dignity and human rights of people with disabilities, thereby recognizing their differences and the need to integrate human diversity into the tourism system.

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No potential conflict of interest was reported by the authors.

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