(RE)ENVISIONING THE TOURISM EXPERIENCES OF PEOPLE WITH VISION IMPAIRMENT

VICTORIA RICHARDS

Ph.D. 2013
(Re)Envisioning the Tourism Experiences of People with Vision Impairment

Victoria Richards BA (Hons.), M.A, DipHE (Rehab.V.I.)

This thesis is offered in partial fulfilment of the requirements of the Cardiff Metropolitan University for the degree of Doctor of Philosophy

2013

The research described in this thesis was carried out in:

The Welsh Centre for Tourism
Cardiff School of Management
Cardiff Metropolitan University
Western Avenue, Llandaff
Cardiff CF5 2YB
Declaration

I declare that this piece of work has not been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

I further declare that this thesis is the result of my own investigation, except where otherwise stated (a bibliography is attached).

Finally, I give consent for my thesis, if accepted, to be made available for photocopying, for interlibrary loan, and for the title and abstract to be made available to outside organisations.

Signed: .................................................. Date: ....................
Victoria Richards (Candidate)

Signed: .................................................. Date: ....................
Professor Annette Pritchard (Director of Studies)

Signed: .................................................. Date: ....................
Professor Nigel Morgan (Supervisor)

Signed: .................................................. Date: ....................
Dr. Diane Sedgley (Supervisor)
Abstract

Whilst tourism has been recognised as a tool for tackling social exclusion, disability has been a neglected area of tourism. Moreover, few studies have focused on the experiences of vision impaired people in part due to an assumption that they can derive little from seeing ‘the sights’ and experiencing a place at its full potential. My research aims to gain a profound and in-depth understanding of the tourism experiences of vision impaired people to discover the meaning and significance of tourism in their lives while also capturing embodied experiences in tourism places and spaces. Underpinned by the social, sociology of impairment and affirmation models of disability, the study’s emancipatory disability research philosophy places vision impaired people’s voices at its heart as the study’s co-researchers.

Phase One involved four focus groups of vision impaired people at Cardiff Vale and Valleys while Phase Two is based on in-depth conversations with five vision impaired people and their families in South East Wales. Phase One identifies individual, social and environmental barriers to positive participation while Phase Two highlights the need for effective staff training, universal design, accessible information and illustrates that embodied experiences involve the synaesthesia of the senses connecting with multi-sensory tourism environments. Vision impairment does not necessarily preclude appreciation of visual impressions and my co-researchers have demonstrated from non-vision and low vision perspectives that meaningful tourism experiences are achievable. However, the research also presents a complex and diverse picture of needs and aspirations in tourism engagement. The thesis concludes with a series of recommendations for enquiry, practice and policy. It is suggested that inclusive thinking by the tourism industry, scholars and vision impaired people themselves hold the key to improving rights of citizenship and enabling vision impaired people to find an equal sense of place in the world.
Dedication

In memory of my co-researcher, ‘Nancy’; my father, step-father and grandparents.

To my family, Deiniol, Ffion and Carys.
Acknowledgments

There are many people to thank in the composing of this research. My first appreciation must go to my co-researchers who have played a key role in the process and product of this study. I will always be thankful for their stories as well as their enthusiasm for the project and their kind words of support. Sadly, ‘Nancy’ passed away and therefore I am particularly grateful to her husband in allowing their family experiences to be included. I would like to extend my gratitude to the Cardiff Vale and Valleys, Wales Council for the Blind and Anita, Owen, and Elaine for their help in contacting interested individuals to participate in the study.

I am very grateful to Cardiff Metropolitan University for this opportunity to pursue a PhD. I have been truly inspired by my supervisors, my Director of Studies, Professor Annette Pritchard, Professor Nigel Morgan and Dr. Diane Sedgley. Their immense experience, knowledge, interest in this project and their belief in me has been invaluable. I would like to express my thanks to the Associate Dean (Research), Professor Eleri Jones and her team Robert Roderick and Rhys Pearce. I also owe a huge thank you to my PhD colleagues for their encouragement, friendship and support.

I am indebted to Andrea for her hard work transcribing the interview materials, Sue and Jane for perusing scripts with such enthusiasm and to Kate, Julia and Andy for their kindness and proofreading skills. I have also appreciated the support and understanding of my family and friends who have been so caring and patient, especially my mother, aunt and my sister Sarah.
My daughters, Ffion and Carys deserve a big thank you for encouraging and helping me to work hard. They were only four and one respectively when this PhD ‘journey’ began; their pictures, cards and letters have always brightened up my desk. My final and most heartfelt thanks are for my husband, Deiniol, who has unwaveringly supported me both emotionally and practically, and I would not have reached this point without him.
## Contents

<table>
<thead>
<tr>
<th>Chapter 1: Introduction</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1. Introduction</td>
<td>2</td>
</tr>
<tr>
<td>1.2. Research Background</td>
<td>3</td>
</tr>
<tr>
<td>1.3. Conceptualising Approaches to People with Disabilities</td>
<td>14</td>
</tr>
<tr>
<td>1.4. Research Approach</td>
<td>16</td>
</tr>
<tr>
<td>1.5. Research Aims and Objectives</td>
<td>22</td>
</tr>
<tr>
<td>1.6. Thesis Route Finder</td>
<td>25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 2: Vision Impairment and the Politics of Disability</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1. Introduction</td>
<td>28</td>
</tr>
<tr>
<td>2.2. Defining Disability and Vision Impairment</td>
<td>29</td>
</tr>
<tr>
<td>2.3. Disability Demography</td>
<td>34</td>
</tr>
<tr>
<td>2.4. Models of Understanding Disability</td>
<td>35</td>
</tr>
<tr>
<td>2.4.1. The Medical Model</td>
<td>36</td>
</tr>
<tr>
<td>2.4.2. The Social Model</td>
<td>38</td>
</tr>
<tr>
<td>2.4.3. The Sociology of Impairment Model</td>
<td>40</td>
</tr>
<tr>
<td>2.4.4. The Affirmation Model and the Whole of Life Approach</td>
<td>43</td>
</tr>
<tr>
<td>2.5. Stereotypes and Strategies</td>
<td>47</td>
</tr>
<tr>
<td>2.5.1. Stigma and Stereotypes</td>
<td>47</td>
</tr>
<tr>
<td>2.5.2. Coping Strategies</td>
<td>55</td>
</tr>
<tr>
<td>2.6. Living in a Sighted World</td>
<td>58</td>
</tr>
<tr>
<td>2.6.1. Consequences of Sight Loss</td>
<td>58</td>
</tr>
<tr>
<td>2.6.2. Support Networks</td>
<td>60</td>
</tr>
<tr>
<td>2.6.3. Enabling Environments</td>
<td>61</td>
</tr>
<tr>
<td>2.7. Summary</td>
<td>66</td>
</tr>
</tbody>
</table>
## Contents

### Chapter 3: Tourism, Disability and Citizenship

3.1. Introduction 69
3.2. Tourism, Equality and Citizenship 69
3.3. Marginalisation, Families and Social Tourism 73
3.4. Tourism and Disability 78
3.5. Tourism and Vision Impairment 83
3.6. Summary 89

### Chapter 4: Bodies, Senses and Places

4.1. Introduction 92
4.2. Embodiment, Performance and the Sociology of the Body 93
4.3. Bodies and Sighted Guides 98
4.4. Spatial and Environmental Awareness 102
4.5. The Sensuous and Perceptual Body 104
   4.5.1. Vision 104
   4.5.2. Hearing 106
   4.5.3. Touch 109
   4.5.4. Smell and Taste 110
4.6. The Nature of Places and Servicescapes 112
   4.6.1. Servicescape Environments 113
   4.6.2. Hosts’ Bodies 118
4.7. Summary 120

### Chapter 5: Research Approach and Methodology

5.1. Introduction 123
5.2. The Conceptual Framework 123
5.3. The Emancipatory Paradigm 125
   5.3.1. Emancipatory Disability Research 127
Contents

5.4 Ontology – Being, Seeing, Experiencing, Knowing and Becoming 131
5.5. Epistemology: The Nature of Knowledge 133
5.6. Researcher Positioning 135
5.7. Study Methodology 139
  5.7.1. Qualitative Inquiry 139
  5.7.2. Phase One: Focus Groups 143
  5.7.3. Phase Two: Visiting Families 147
5.8. Analysis, Interpretation and Dissemination 157
5.9. Summary 163

Chapter 6: Experiencing Tourism with Vision Impairment 165

6.1. Introduction 166
6.2. Experiencing Tourism with a Vision Impairment 169
6.3. Not Just About Vision – Embodied Tourism Encounters 171
6.4. In hospitable Tourism Spaces - The Need for Awareness Training for Staff 178
6.5. Navigating Tourism Environments – Moments of Anxiety and Fear 182
6.6. “Specialist” Tourism Environments – Filling the Gap 188
6.7. Summary 190

Chapter 7: Exploring the Meaning of Tourism in People’s Lives: Family Conversations 192

7.1. Introduction 193
7.2. Lisa and her Family: Pen Portrait and Narrative 195
7.3. Lucy and her Family: Pen Portrait and Narrative 216
7.4. Mary and her Family: Pen Portrait and Narrative 227
7.5. Maria and her Family: Pen Portrait and Narrative 251
7.6. Nancy and her Family: Pen Portrait and Narrative 269
7.7. Summary 292
Chapter 8: The Essence of Family Tourism Experiences

8.1. Introduction
8.2. Holidays, Family Life, Pressures and Joys
8.3. The Impact of Disability on Family Holidays
  8.3.1. Holiday Planning
  8.3.2. Travel and Transport
  8.3.3. Sighted Family Responsibilities
  8.3.4. Family Members as Enablers
8.4. Performing Self or Selves and Others
8.5. Negotiating a Non-Disabled World
  8.5.1. The Challenges of the Physical Environment
  8.5.2. The Challenge of Accessible Information
  8.5.3. Staff and Management Practices
8.6. Embodied Encounters
  8.6.1. Internal Environments
  8.6.2. External Environments
8.7. Summary

Chapter 9: Thesis Summary – Reflections and Challenges

9.1. Introduction
9.2. Study Aims and Objectives
9.3. Study Key Findings
9.4. Study Key Contributions
  9.4.1. Contribution to Tourism on Social Justice
  9.4.2. Contribution to Tourism Research on the Family
  9.4.3. Contribution to Tourism on Research Methodology
  9.4.4. Contribution to Tourism Research on Embodied Performance
9.4.5. Contribution to Current and Future Tourism Management Practice
9.5. Study Implications and Recommendations
## Contents

9.5.1. Effective Application and Implementation of Awareness Training 341  
9.5.2. Adoption of a Whole of Life/Universal Design Approach 343  
9.5.3. Stronger Partnership Approaches 345  
9.5.4. The Embodied Tourist with Disabilities 346  
9.5.5. Dialogues with Disability Studies and People with Disabilities 347  
9.5.6. A Whole of Life Approach to the Curriculum 348  

9.6. Study Challenges and Limitations 349  
9.6.1. Employing Emancipatory Research 349  
9.6.2. Researching with Families 352  

9.7. Future Opportunities 352  

9.8. Personal Reflections 356  

Bibliography 358  

Appendices 393  

Appendix A. Types of Eye Conditions 394  
Appendix B. Publications 398  
Appendix C. The Focus Group Checklist 399  
Appendix D. Study Information for Participant Recruitment 400  
Appendix E. The Family and Individual Interview Checklist 402  
Appendix F. Excerpt from an Individual Conversation 406  
Maria Brown 21st June 2010  

Appendix G. Example of an Access Statement 418
Contents

List of Figures

Figure 2.1: The Snellen Chart 32
Figure 2.2: Impressions of Different Eye Conditions 33
Figure 2.3: Sir John Everett Millais, The Blind Girl, 1856. Oil on canvas. Birmingham City Museum & Art Gallery, UK 50
Figure 2.4: ‘Mirror’ by Frances Aviva Blane; Oil on linen; 153 x 153 cm 53
Figure 2.5: Shared Streets – long cane user 64
Figure 2.6: Shared Streets – guide dog user 64
Figure 4.1: The standard position: holding the elbow of the sighted guide 100
Figure 4.2: Vision Impaired Walkers Using Echo Location 108
Figure 4.3: Dans Le Noir Website 112
Figure 4.4: Cardiff School of Management Refectory 117
Figure 5.1: Conceptual Framework: The Medical Model to the Affirmation Model 124
Figure 5.2: Operational Framework: Researching Tourism and Vision Impairment 125
Figure 6.1: The Focus Groups 167
Figure 6.2: Barriers to Participation in Tourism 168
Figure 6.3: Flight of Stairs at a Hotel in Croatia 183
Figure 9.1: Inclusive Tourism Experiences: The Training Continuum 342
Contents

List of Tables

Table 1.1: Examples of ‘Specialist’ Provision 8
Table 1.2: Mapping the Thesis Structure with the Objectives 24
Table 2.1: Applying Social Model Principles 39
Table 3.1: Leisure-Travel Barriers of Disabled Tourists 80
Table 3.2: Summary of Findings 87
Table 4.1: Strategies for Visual Discrimination 106
Table 5.1: The Seven Core Principles of Emancipatory Disability Research 128
Table 5.2: Composition of the Focus Groups 145
Table 5.3: Interview Techniques 150
Table 5.4: Composition of the Families 154
Table 5.5: Number of Interviews 155
Table 5.6: The Framework Approach: The Five Stages of Data 159
Table 9.1: Implementing the Seven Core Principles of Emancipatory Disability Research 350
Glossary of Terms

**Acquired vision impairment**: Loss of sight later in life

**Clues**: Secondary objects/sounds to help piece together information

**Congenital**: Born with sight loss

**Cues**: Critical objects/sounds that trigger instant recognition of location

**Legally blind**: Terminology for 'registered blind' in USA

**Low vision**: Various degrees of vision

**Mobility**: The capacity of facility of movement

**Ophthalmologist**: Eye consultant

**Orientation**: The ability to use one’s remaining senses to understand one’s location in the environment

**Refraction**: The ability of the eye to change the direction of light in order to focus it on the retina

**Registered severely sight impaired**: Formerly known as registered blind

**Registered sight impaired**: Formerly known as registered partially sighted

**Residual vision**: Remaining useful vision

**Servicescape**: a man-made built environment in a tourism space

**Snellen chart**: The medical chart to determine level of vision

**Visual acuity**: Clarity of vision

**Vision impairment**: Term for blind, partially sighted, sight loss

**WWW**: World Wide Web
## Contents

### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIB</td>
<td>Cardiff Institute for the Blind</td>
</tr>
<tr>
<td>CVV</td>
<td>Cardiff Vale and Valleys</td>
</tr>
<tr>
<td>DET</td>
<td>Disability Equality Training</td>
</tr>
<tr>
<td>DW</td>
<td>Disability Wales</td>
</tr>
<tr>
<td>EBU</td>
<td>European Blind Union</td>
</tr>
<tr>
<td>ENAT</td>
<td>European Network for Accessible Tourism</td>
</tr>
<tr>
<td>ICF</td>
<td>International Classification of Functioning</td>
</tr>
<tr>
<td>NFB</td>
<td>National Federation of the Blind</td>
</tr>
<tr>
<td>RNIB</td>
<td>Royal Institute of Blind People</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UK</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>WBU</td>
<td>World Blind Union</td>
</tr>
<tr>
<td>WCB</td>
<td>Wales Council for the Blind</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>ICFDHF</td>
<td>International Classification of Functioning, Disability, and Health Framework</td>
</tr>
</tbody>
</table>
Preface

Ways of Seeing

There are ways I cannot see
In the world of blurring shapes and colour,
But that’s no cause to be sad for me,
It makes my vision all the fuller.

It was a wise teacher who broke the ties
When he said ‘I see through, not with my eyes.’

I see swirling suns and mirrored moon
In the night when dreams seem all the clearer,
And landscapes drawn by the sound and tune
Make the hearing the richer.

It was a wise teacher who broke the ties
When he said ‘I see through, not with my eyes.’

In memory I clearly see
The vibrant rose, the sunflower’s yellow,
The laburnum and the lilac tree,
Still waters that reflect the willow.

It was a wise teacher who broke the ties
When he said ‘I see through, not with my eyes.’

In my mind’s eye are gliding birds,
Fish that dart through the turquoise water,
Pictures conjured by the spell of words,
The ballad and the storyteller.

It was a wise teacher who broke the ties
When he said ‘I see through, not with my eyes.’

xv
There is vision not sensed by sight
An insight born of loss and grieving,
To face the darkness, face the night,
Brings lightness and a heart’s rejoicing.

It was a wise teacher who broke the ties
When he said ‘I see through, not with my eyes.’

Frankie Armstrong (1992)
Chapter 1

Introduction

1.1. Introduction
1.2. Background
1.3. Conceptualising Approaches to People with Disabilities
1.4. Research Approach
1.5. Research Aims and Objectives
1.6. Thesis Route Finder
1.1. Introduction

Canada – I have seen it through the smells of the rivers and lakes, plants and animals. I have heard it through the wind in the trees, the fall of Niagara and through the tongues of the locals and natives. I have felt its beautiful landscape and wildlife by walking trails, hiking the mountains, falling down holes, into ditches and streams, by rafting its rivers and being drenched in other waters.

(Giles, 2008)

This thesis will take you on a journey into the life worlds of those individuals with vision impairment who gave me an insight into their lives and helped me to understand the significance of tourism for them and their families. The research project is concerned with addressing how people with vision impairments participate in tourism, how their experiences can be better understood and with exploring the meaning and significance of tourism in their lives. In particular it seeks to identify the interconnections between different forms of inequality (in this instance disability) and tourism and to provide an alternative perspective from that offered by the tourist gaze (Urry, 1991) by focusing on embodied experiences as well as the practical impact of sight loss.

In this chapter I outline the research background (section 1.2); provide a framework for understanding disability and how it has been shaped by medical and social models of disability (section 1.3);
explain how this has framed the research approach and briefly
describe my embedded position as a researcher (section 1.4); and
present the research aims (section 1.5). The chapter concludes with
an overview of the thesis and a chapter-by-chapter summary (section
1.6).

It is important to note from the outset that there are many terms
associated with vision impairment including blind, partially sighted,
visually impaired and people with sight problems. At the beginning of
the study I chose to interchange between ‘blind and partially sighted
people’ (as this made it easier for others to understand my subject),
and ‘visually impaired people’. However as language is never static,
the term ‘vision impairment’ is increasingly being used by
organisations in the vision impairment sector, therefore I adopt that
term throughout unless an alternative has been cited in other
sources. This term places the emphasis more on the people as
individuals rather than as a homogeneous phenomenon determined
by essentialising terms such as ‘the blind’ and ‘the visually impaired’.
This is not ‘political correctness’ but an acknowledgement of our
individual and collective social responsibility in challenging attitudes
and stereotypes that are reflected in our language (See Talking Point,
“What’s in a Word” NB RNIB, 2009).

1.2. Research Background
According to the Disabled Living Foundation (2012) there are over 10
million disabled people in Britain, of whom five million are over state
pension age. The magnitudes of vision impairment and blindness have been estimated by the World Health Organisation (WHO):

Globally the number of people of all ages visually impaired is estimated to be 285 million, of whom 39 million are blind. People 50 years and older are 82% of all blind. The major causes of visual impairment are uncorrected refractive errors (43%) and cataract (33%); the first cause of blindness is cataract (51%) (WHO, 2010).

Despite a decrease in prevalence from 314 million people (WHO, 2009) vision impairment is still a major global health issue as the preventable causes are as high as 80% of the total global burden. This reflects the fact that 90% of ‘blind’ people live in low-income countries, some of whom are assisted to access eye care treatment and support from charitable organisations such as the international charity Sightsavers.

Every day 100 more people start to lose their sight in the UK and one in 12 of us will become ‘blind or partially sighted’ by the time we are 60, rising to one in six by the time we reach 75 and one in two by the age of 90 (Royal National Institute of Blind People, RNIB, 2003, 2011). Vision loss affects people of all ages but the RNIB predict that by 2020, as the population continues to age, the number of people with vision impairment will rise to over two and a half million; doubling again to nearly four million by 2050. Nearly two-thirds of people living with vision loss are women; people from black and minority ethnic
communities are at greater risk of some of the leading causes of sight loss and as many as three quarters of people with learning disabilities are estimated to have either refractive error (short or long-sightedness) or to be blind or partially sighted (RNIB, 2011).

People with vision impairments come from differing backgrounds and varying lifestyles. Each person is affected by vision loss in a way that is individual to him or her – it is not the same experience for everyone. In essence there exists a range of vision from full sight to no sight at the extremes with a wide range of visual perceptions in between. The WHO states that of the 285 million vision impaired people in the world, 246 million have low vision/partial sight. Thus, the majority of people with vision impairments have some useful vision (termed residual vision) and their loss has been caused by disease, as a result of an accident, through deterioration due to age or by congenital blindness (blind from birth).

The variation of sight loss is rarely acknowledged by the general public and it can also cause confusion and frustration for individuals themselves if they have acquired a vision impairment (adventitiously vision impaired) as both they and sighted people may have preconceptions of what vision impaired people can and cannot do. The situation is further complicated as vision is also affected by other factors including lighting levels, state of mind, lack of colour contrast and the eye condition itself. The most severe sight problems can lead to someone being certified by an ophthalmologist (eye consultant) as ‘severely sight impaired’ or ‘sight impaired’. At this stage, the
individual can then register with their local social services department for support and rehabilitation services.

Research focused on vision impairment and vision impaired people is firmly rooted in health and social care, in the main focusing on prevention and cure and the provision of services that aim to meet individual needs. The third sector (charity/voluntary organisations) also produces extensive research while championing disabled people’s rights through lobbying campaigns. Globally, the World Blind Union (WBU) is the internationally recognised umbrella organisation that brings together major international organisations of vision impaired people. In Europe, the European Blind Union (EBU) represents all vision impaired people and their organisations working “towards an accessible and inclusive society with equal opportunities for blind and partially sighted people to fully participate in all aspects of social, economic, cultural and political life” (EBU, 2012).

In the UK third sector vision impairment organisations such as Vision 2020 UK, Guide Dogs, RNIB, SeeAbility and Wales Council for the Blind (WCB) advocate equal citizen rights through their research, identify gaps in provision, provide solutions and produce guidelines for vision impaired people, consultancy services for businesses and support networks. All of these create an impetus for informed awareness and attitudinal change. Alongside these organisations there are others that undertake research, for example the Thomas Pocklington Trust, a charity which specialises in the housing and social needs of vision impaired people. Their research has included “Improving lighting in your home” (Frisk & Raynham, 2010) and
“Improving vision and eye health care to people with dementia” (University of Bradford, 2010). The Macular Disease Society, which awards grants for research, funds projects led by research teams in eye care units across hospitals throughout the UK, focusing on the prevention and cure of the disease.

While these organisations have targeted health and social issues, including leisure time, only a minority within the third sector provide specialist research and provision in the area of tourism, although leading organisations such as the Guide Dogs and RNIB have produced guidelines for customer service staff or have produced accessible opportunities such as audio-described tours of London (RNIB, 2010). These two organisations have in the past supplied ‘specialist’ accommodation and a holiday that caters for the needs of tourists with vision impairment but has since transferred this role to other third sector organisations (see Table 1.1. for a brief overview of examples of existing ‘specialist’ provision for people with disabilities and/or vision impairment).

Such specialised provision is an integral tourism resource for many vision impaired people and other people with disabilities. Organisations such as Tourism for All, OpenBritain and DisabledGo have set up initiatives and campaigns for mainstream access while also undertaking access audits of accommodation and compiling databases of disabled facilities information.
Table 1.1: Examples of ‘Specialist’ Provision

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action for Blind</strong></td>
<td>Vision Hotels throughout the UK specifically catering for people with vision loss</td>
</tr>
<tr>
<td><strong>Calvert Trust</strong></td>
<td>Outdoor activity holidays for people of all ages and abilities</td>
</tr>
<tr>
<td><strong>Contact a Family</strong></td>
<td>Short breaks for families with children with disabilities/health conditions</td>
</tr>
<tr>
<td><strong>Cruising Holiday</strong></td>
<td>Accessible cruising holiday specialists</td>
</tr>
<tr>
<td><strong>Enable Holidays</strong></td>
<td>Holidays for people with physical disabilities</td>
</tr>
<tr>
<td><strong>Holidays for Disabled People</strong></td>
<td>Provide holidays for people with physical disabilities</td>
</tr>
<tr>
<td><strong>The Royal Blind Society</strong></td>
<td>Hotels located around UK catering for vision impaired people specifically</td>
</tr>
<tr>
<td><strong>Torch Trust Holidays</strong></td>
<td>Specialist Christian holidays for people with sight loss based in a country mansion</td>
</tr>
<tr>
<td><strong>Traveleyes</strong></td>
<td>A commercial company, travel worldwide specifically for vision impaired people accompanied by sighted guides who travel at a discounted rate</td>
</tr>
<tr>
<td><strong>Vitalise</strong></td>
<td>Respite and volunteer accompanied holidays for people with disabilities, particularly vision impaired people and people with dementia</td>
</tr>
</tbody>
</table>

In addition, the European Network for Accessible Tourism (ENAT), a non-profit association, aims to enable organisations “to be ‘frontrunners' in the study, promotion and practice of accessible tourism.
tourism” (ENAT, 2011). As a result of these organisations’ work and the impetus of the disability movement, there has been a greater ‘visibility’ of disability issues in mainstream societies (Richards, Pritchard & Morgan, 2010). This has led to more developed economies increasingly enacting legislation at national and supranational level (such as the European Union) to provide for the needs of people with disabilities.

In the UK the Disability Discrimination Act 1995 brought increased political and economic attention to the tourism sector (Shaw & Cole, 2004) as it required all service providers to plan access for disabled people. Later in 2005 the Disability Discrimination Act required premises such as tourist attractions and accommodation operations to take reasonable steps to ensure that their facilities are accessible to people with disabilities, all of which is now streamlined under the Equality Bill 2010 (Equality and Human Rights Commission, 2010). At the same time, national and local government agencies responsible for tourism development, have also been charged with widening access to tourism opportunities (Richards, Morgan, Pritchard & Sedgley, 2010) most recently as part of a social justice agenda which recognises tourism participation as a right of citizenship (RNIB, 2009).

For instance the Department for Transport in the UK was required to update the code of practice “Access to air travel for disabled people” as a result of the introduction of the European regulation (EC) 1107/2006 which concerns “the rights of disabled persons and
persons with reduced mobility” (Department of Transport, 2008) with the aim of providing legal assistance to individuals with disabilities to pursue cases under the regulation;

The European Regulation (EC) 1107/2006 (2008) imposes obligations on airlines, travel agents and tour operators not to refuse a reservation or booking on the grounds of safety or where it is physically impossible (for further information, see http://www.dft.gov.uk/transportforyou) (Richards, Morgan, Pritchard & Sedgley, 2010).

According to the code of practice (Department for Transport, 2008:23), safety issues are concerned with passengers with disabilities being able to independently fasten and unfasten seat belts, leave their seat and reach emergency exits unaided. Article 4.2. of the European Regulation allows air carriers to require that a disabled person is accompanied by another person to assist that person if they are unable to complete the above safety measures.

Despite this recognition of tourism as a tool to tackle social exclusion, disability remains a neglected subject within tourism enquiry and cognate fields (Aitchison, 2009) and there are few tourism programmes or textbooks that focus on the experiences and needs of people with disabilities (Richards, Morgan, Pritchard & Sedgley, 2010). There is a growing literature on tourism and disability (e.g. Burnett & Baker, 2001; Darcy 2002; Ray & Ryder, 2003; Ozturk, Yayli & Yesiltas, 2007; Darcy & Taylor, 2009; Poria, Reichel & Brandt, 2009, 2011; Darcy & Buhalis, 2010). However, little of this research focuses on the specific benefits of tourism for vision impaired people,
their travel-related behaviours and visitor experiences - with some notable exceptions (e.g. Packer, McKercher & Yau, 2007; Small, Darcy & Packer, 2007, 2011; Poria et al 2009, 2010; Richards, Pritchard & Morgan, 2010; Richards, Morgan, Pritchard & Sedgley, 2010).

One of only a handful of research studies on tourism and vision impaired people is that by Small, Darcy and Packer (2007), which investigates the tourist experiences of those who are blind or vision impaired in Western Australia and New South Wales. The study explores types of holidays, holiday experiences, and the awareness and attitudes of other people. These experiences relate to: preparing and accessing information; navigating the physical environment; knowledge and attitudes of others; and managing the tourist experience. Poria, Reichel & Brandt (2009, 2010, 2011) undertook three exploratory studies concerning the flight, hotel and museum experiences of people with disabilities. In their 2011 book chapter publication, the authors present specific examples of vision impaired people’s experiences in the aforementioned tourism spaces, highlighting diverse physical and social difficulties and the centrality of staff behaviour to the experience. More recently, Small, Darcy & Packer (2011:1) “explored the corporeal and socially constructed experience of tourism” and suggest that feelings of inclusion and exclusion are related to the quality of the tourism experience. They argue that the tourism community “must understand the multi-sensory nature of the tourist experience if quality accessible experiences are to be available for tourists with vision impairment.”
Poria et al (2011:150) are surprised that little attention has been given to people who are ‘blind’ as they constitute a large market and “blind people often travel accompanied by others [whilst the] presence of blind people may affect the travel patterns and itineraries of their fellow travellers.” Richards, Pritchard & Morgan (2010:1099) also ask why the relationship between tourism and vision impairment is so under-researched. They point out that “If one concept can be said to have gripped the imagination of the tourism academy more than any other…it must surely be the tourist gaze.” John Urry’s (1990) seminal work on the tourist gaze has shaped many later studies, although he (2002:146) has since explored the other senses and issues of embodiment, and states that “…in almost all situations different senses are inter-connected with each other to produce a sensed environment of people and objects…” In addition he notes the existence of “not only landscapes, but also associated soundscapes… smellscapes… tastescapes… and geographies of touch.” However, if the tourism organising sense is visual (Urry, 2002) this has implications for understanding how people with sight loss experience tourism encounters.

Arguably, tourism study still has difficulty in looking beyond the gaze and even where vision impaired people’s needs have been explored (Poria et al 2010), the focus has emphasised total sight loss by using the terminology ‘blind’, omitting to explain that vision impaired people have different ways of seeing and thus reinforcing stereotypes. The impact of the tourist gaze on the attitudes of sighted people towards vision impairment became apparent to me when I attended a series
of tourism seminars as a first year PhD student. An academic posed the question “What do people want from a holiday if it isn’t visual?” A similar question was posed by a woman, who had recently lost her sight, to the blind-from-birth poet, memoirist and academic Stephen Kuusisto - “Why travel anywhere if you can’t see?” (Kuusisto 2006: preface x). In his recent memoir, “Eavesdropping”, Kuusisto “makes clear how colourful, even visionary, the sensory field of the blind can be” (Soodik, 2006). He sees slivered fragments and patterns but “in his lyrical memoirs, he adds volumes to the experience of being human and enriches the reader’s appreciation for the manifold aspects of sensory life” (Soodik, 2006).

Visual appreciation is undoubtedly part of the experience, but it is just one element of that experience, impacted upon by embodied experiences and the other senses, including auditory, olfactory and tactile (Small, Darcy & Packer, 2007). Several tourism academics have looked beyond the gaze and focused on, for example, ‘smellscape’ (Dann, 2003); while most recently Dann and Dann, (2011) highlights the sensual nature of personal tourism experiences from the viewpoint of a person with dual sensory loss (hearing and sight). The following extract from Kuusisto (2006:112) encapsulates such embodied experiences:
At Detifoss [Iceland’s most famous waterfall], Gary and Greg held my arms and guided me down a steep path of worn stones that led to a viewing platform. The roar of the falls echoed off the tall cliffs and the reverberation of falling water created a zone of deep silence. Although we were speaking we couldn’t hear each other. Mist fell over our faces and soaked our clothes. I imagined that I’d passed through some portal to the afterlife. I was led by trustworthy men across a narrow bridge of stones in a roar and mist unlike anything I had ever experienced on earth. I couldn’t even hear my own heartbeat, though I could feel the throb of my pulse. My feet skipped on stones and Greg and Gary held me up….we stood on a broad, flat stone and turned our faces in the drenching mist and felt the power of the falls passing through our bodies like sound waves.

1.3. Conceptualising Approaches to People with Disabilities

There has recently been a major shift towards equality, inclusion and social justice in tourism and disability studies (Barnes, 2004; McCabe, 2008, 2009; Minnaert, Maitland & Miller, 2006; 2009; Minnaert, Stacey, Quinn, & Griffin, 2010). Therefore it is appropriate to reflect this in the design, conduct and development of this study. The origins of this shift in approach stem from the emergence of the disability movement in the early 1970s which challenged disability, oppression and exclusion, and produced the politics of disablement (Oliver, 1990). Since then disability activists and academics (mostly people with disabilities themselves) have continually sought to change perceptions of disability. Working alongside them are organisations such as (from a UK perspective) the Royal Association for Disabled Rights, known as RADR and the Disability Alliance who
(amongst others) represent disability groups and campaign for disability rights while also providing support and services. What has emerged from this shift is that societal values and beliefs about disability have been shaped by the shift from the Medical Model to the Social Model. In the Medical Model individuals were regarded as in need of medical attention and welfare, and perceived as people unable to fully participate in society (Barnes & Mercer, 2005). This lack of integration is due to society focusing on ‘compensating’ people with impairments for what is ‘wrong’ with their bodies which is “done through ‘special’ welfare benefits and providing segregated ‘special’ services” (Disability Wales, 2009). However disability activists have challenged this view and developed the Social Model of Disability by demonstrating that it is society which erects barriers (Disability Awareness in Action, 2009). The Social Model of Disability provides an alternative approach to understanding access issues and social exclusion and suggests that the problem is our “disabling world” (Disability Wales, 2009).

In the last decade others have challenged the social model by establishing the Sociology of Impairment Model, which suggests that a framework is required that acknowledges interrelationships between bodies, selves and environments, thus creating an embodiment perspective (Richards, Morgan, Pritchard & Sedgley, 2010). This draws attention to bodies where experiences involve struggling with both social barriers and the effects of an impairment, acknowledging that some of the restrictions are directly attributable to the body and would not disappear with the removal of all disablist
social barriers (Morris cited in Thomas 2002:69). Furthermore this model has developed and created an additional perspective in the form of the Affirmation Model (Swain & French, 2000) that advocates that impairment is part of the human condition and the diversity of life, whether temporarily or permanently. Similarly a Whole of Life approach acknowledges that all of us will have access requirements at any point in time, and most people will have a disability at some stage during their life (Darcy & Dickson, 2009). In essence if a person becomes disabled this should not mean their participation in society is restricted. Therefore “the concept of citizenship is synonymous with the whole-of-life approach, where rights to participation in the arts, leisure, sport and tourism are central to any notions of citizenship” (Darcy & Dickson, 2009:32).

My approach to disability and people with disabilities has been informed by the Social Model of Disability and my professional experiences in the vision impairment sector. However, I have also found value in the Sociology of Impairment Model as it recognises that individuals still have to cope with the effects of their impairment as well as experience the world through their bodies. Our lives transform over the life span and I consider that a disability is just one element of that change just as the Affirmation Model or Whole-of-Life approach recognises that disability is part of the human life course.

1.4. Research Approach

It is not surprising that disability academics assert that disabled people should be considered the experts on their own lives, needs
and feelings, and therefore those who do research with disabled people should allow disabled people to play an active part in shaping the course of research projects (Barnes, 1992). Consequently, my study advocates “a critical and emancipatory disability approach in order to promote people with disabilities’ individual and collective empowerment and their full participation in society as a human right” (Richards, Morgan, Pritchard & Sedgley, 2010: 24). In line with current research in the field of disability and increasingly in critical tourism, my research is associated with interpretivist approaches and methodologically with qualitative research (Barnes, 2004).

I employ a qualitative methodology that utilises direct contact with vision impaired people for a prolonged period of time, which reflects the values of emancipatory research and recognises that seeking meaning and significance is best approached by means other than that of a structured survey (Smith & Hughes, 1999). The study is divided into two phases: phase one is exploratory and seeks to confirm the barriers and constraints to tourism participation and to locate vision impaired people’s wider experiences in a tourism context. This phase consists of focus groups conducted with several vision impaired people’s groups located at the Cardiff Vale and Valleys (CVV) premises (formerly Cardiff Institute for the Blind (CIB)). Phase two seeks to engage with vision impaired people on a deeper level, exploring themes from phase one and extending the focus to the vision impaired ‘body’ and to examine embodiment. Phase two is based on semi-structured interviews and conversations with five families where at least one person is living with vision impairment. I
chose to work with families in order to explore the multiple roles of people with vision impairment and to investigate how vision impairment impacts on the whole family.

It is frequently argued that the principal beneficiaries of social research are the researchers themselves (Oliver, 1997 cited in Barnes, 2004) but to achieve truly emancipatory research, “disability research must be empowering and generate data that have positively meaningful and practical outcomes for disabled people” (Barnes, 2004: 51). Barnes reminds us that “empowerment is not something that can be given; empowerment is something that people must do for themselves.” Another aspect of this type of research is that it recognises that the creation of information itself is empowering and generates both knowledge and power. Of course the dissemination of that information and its presentation play a key role in accessing that knowledge. In the course of my study I have established close relationships with my participants and provided information in accessible formats according to their needs. Thus this thesis reflects these considerations and good practice by not ‘justifying’ the text (as it creates unnatural spacing of the letters and words), by using a recommended font (Arial) and by avoiding italics (which distorts the shape of the letters). This thesis is also in large print.

It is important that, as an emancipatory and interpretivist researcher, I make clear my own positionality as I am aware of the influence of my personal and professional background and the need to be a reflexive researcher. I am a qualified Rehabilitation and Mobility Officer for
people with vision impairments and I have been involved in the vision loss sector for twenty years. My experience with vision impaired people began as a volunteer researcher for Wales Council for the Blind in Cardiff where I undertook research into sport and recreation provision for vision impaired people. This opened a new world to me where I discovered people trying to live their daily lives but facing barriers to social inclusion. This was not solely the result of their sight difficulties but also the consequence of the ignorance of sighted people including myself. After completing the research I designed awareness raising programmes about living with sight loss and trained vision impaired volunteers to deliver the training.

After qualifying as a Rehabilitation and Mobility Officer I worked in social care in the community, a member of a professional discipline aiming to maximise independence and enable and empower vision impaired individuals. A rehabilitation officer visiting vision impaired people mostly in their homes has a complex role and pursues a range of goals requiring different skills throughout the rehabilitation process. He or she has to have the ability to switch between assessor, negotiator, technician, advocate, trainer and counsellor (Dodds, 1993). Significantly, these roles are transferable to a researcher within a tourism framework, adapting varying roles (participant, academic etc) and speaking with different voices (Ryan, 2005; Jennings, 2005). For the past six years, I have been a doctoral student, having received a three-year fully-funded bursary from Cardiff Metropolitan University (CMU) in 2007. My research originates from the research themes of the Welsh Centre for Tourism Research
(WCTR), where a strong emphasis is placed on tourism and social justice. Hence, my research is part of a series of WCTR projects examining: gender inequalities; age discrimination and active ageing; and the tourism and hospitality experiences of people with disabilities.

The experiences, challenges and knowledge derived from this background inform my research and raise issues of reflexivity and researcher embodiment. Therefore, my research takes an empathetic and respectful approach based on my professional and personal values. Hence, my research is imbued with an emancipatory philosophy whereby the key driver is the ‘voice’ of disabled people (Douglas, Corcoran & Pavey, 2007) and my approach has been to work with vision impaired people as co-researchers throughout the research project (Duckett & Pratt, 2001). My commitment to promoting the social inclusion and independence of vision impaired people and the emancipatory and empowering aspects of the project are embedded in the fieldwork with the individuals themselves. At the same time ethical considerations are intrinsic to my research, particularly when seeking in-depth information and participation. These ethical dimensions to the relationships I have with the people I observed and interviewed are particularly salient to the consequences, dissemination and publishing of my research. This is not an argument against ethnographic fieldwork but it is a case of ensuring that we remain reflexive and critical (Coffey, 1999). The whole fieldwork process of making contacts, setting up the sessions and feedback was informed by strong ethical considerations in line with my emancipatory philosophy, in particular with regard to mutual
agreement, accessible communication and information and finally confidentiality and anonymity. These issues are discussed further in Chapter five (Research Approach and Methodology).

Interestingly, Coffey (1999) argues that if consideration of ethics is part of the condition of fieldwork then account should also be taken of the ethics of the body:

Fieldwork is necessarily an embodied activity. Our body and the bodies of others are central to the practical accomplishment of fieldwork. We locate our physical being alongside those of others, as we negotiate the spatial context of the field (Coffey, 1999:59).

This is particularly relevant to research addressing the ‘vision impaired body’, especially when one is interviewing in a vision impaired person’s home, when that ‘bodythereness’ becomes part of your communication skill set. For example, during the focus groups the type and layout of the rooms was significant in creating a positive working atmosphere and in facilitating good communication. I met the Macular Degeneration Group in a large hall; the Dual Sensory Group in a smaller room sat around a large table; the Gardening Club around a small table in a small room and the Pioneers at small tables in a pub. The significance is that in each situation the ability to see and hear each other varied, impacting on the atmosphere that was generated. When I visited the families in their homes I always took direction from them as to where to sit and the vision impaired person
would usually sit with their back to the window and I would sit much closer to them than to other family members.

Since beginning my PhD ‘journey’ I have also had several opportunities to guest lecture on tourism programmes and more recently to teach on a rehabilitation course, informing rehabilitation officers of the future. With my background I am very passionate and dedicated to my research and concur with Brittain (2004:434) that:

...although I personally feel that the struggle for a more just and fairer society than currently exists is a worthwhile one, I also feel it would be arrogant to believe that this research, on its own, could have this kind of effect.

However I believe that this research can be a conduit for awareness in the field of tourism. It sets a challenge for the industry that emphasises pro-active and cognitive understanding from the outset. In particular it urges non-stereotypical thinking about disabled people by embracing and acknowledging the social model of disability and the sociology of impairment and the affirmation/whole-of-life approaches.

1.5. Research Aim and Objectives
The overall aim and objectives of my research are as follows (these objectives are mapped against the thesis structure in table 1.2.).
Aim:
To explore and (re)envision the tourism experiences of vision impaired people to understand the meaning and significance of tourism in their lives.

Objectives:

Objective 1: To critically explore the disability, vision impairment, tourism and body literature in a tourism context, particularly examining the impact of sight loss, perceptions of disability and the engagement of the tourism academy with people with disabilities;

Objective 2: To develop a research methodology based on the primacy of equal power relations, respect and empowerment of vision impaired people; an approach that reflects disability politics;

Objective 3: To explore with vision impaired people the intrinsic, physical, social and cultural barriers to participation that affects their tourism experiences;

Objective 4: To explore embodied tourism experiences with vision impaired people and their families, highlighting the meaning of tourism and its significance to them;

Objective 5: To make recommendations to enhance and maximise vision impaired people’s participation in tourism practice and research.
### Table 1.2: Mapping the thesis structure against the objectives

<table>
<thead>
<tr>
<th>Chapter &amp; Content</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chapter one:</strong> Introduction</td>
<td>Study background; aim and objectives; thesis structure</td>
</tr>
<tr>
<td><strong>Chapters two, three and four:</strong> Vision impairment, disability, tourism and disability, the vision impaired body in tourism</td>
<td><strong>Objective 1:</strong> To critically explore the disability, vision impairment, tourism and body literature in a tourism context, particularly examining the impact of sight loss, perceptions of disability and the engagement of tourism academy with people with disabilities.</td>
</tr>
<tr>
<td><strong>Chapter five:</strong> Research approaches and Methodology</td>
<td><strong>Objective 2:</strong> To develop a research methodology based on the primacy of equal power relations, respect and empowerment of vision impaired people; an approach that reflects disability politics.</td>
</tr>
<tr>
<td><strong>Chapter six:</strong> Phase one findings and discussion</td>
<td><strong>Objective 3:</strong> To explore with vision impaired people the intrinsic, physical, social and cultural barriers to participation that affects their tourism experiences.</td>
</tr>
<tr>
<td><strong>Chapters seven and eight:</strong> Phase two directed conversations, findings and discussion</td>
<td><strong>Objective 3 &amp; 4:</strong> To explore embodied tourism experiences with vision impaired people and their families, highlighting the meaning of tourism and its significance to them.</td>
</tr>
<tr>
<td><strong>Chapter nine:</strong> Summary, reflections and recommendations</td>
<td><strong>Objective 5:</strong> To make recommendations to enhance and maximise vision impaired people’s participation in tourism practice and research.</td>
</tr>
</tbody>
</table>
1.6. Thesis Route Finder

This first chapter has discussed how vision impaired people are not only socially marginalised but are a neglected customer market for the tourism industry. It has contextualised disability, the life world of vision impaired people and introduced the notion of appreciating tourism experiences from non-visual/low vision and embodied perspectives. I outlined the significance of my background in the vision impairment field and how that has led me to an emancipatory view of the research and recognition that there are strong ethical considerations in such a research project that makes research a partnership.

The thesis literature review is presented over chapters two, three and four. Chapter two provides the background to disability and vision loss while it also highlights how the impact of sight loss is affected by language, the medical model and the later more empowering models of disability, stereotyping and stigma. The focus of chapter three is to discuss how the tourism academy and industry has engaged with people with disabilities and vision impairment. Chapter four concludes the literature review and emphasises the embodiment aspect of tourism encounters and its significance for people with vision impairment and the enjoyment of their tourism encounters.

The study’s research approach and methodology are illustrated in chapter five. It provides a discussion of how this study’s research is derived from interpretive and emancipatory paradigms and epistemologically utilises the empowering models of disability as its
framework. The empirical aspects of the research are outlined whilst also stressing the additional considerations required when working with vision impaired people, such as communication skills and accessible information.

The findings and analysis are presented and discussed in chapters six, seven and eight. Chapter six presents the phase one findings and discussion while phase two is presented in chapter seven as five distinct sections representing each individual family’s experiences. Chapter eight analyses and discusses these experiences and synthesises their stories. Chapter nine summarises my research by reflecting on its context, my research journey and my key contributions. Considerations for the future in terms of implications for the industry, policy makers and vision impaired people themselves are presented, as are recommendations for future provision and future research.
Chapter 2

Vision Impairment and the Politics of Disability

2.1. Introduction

2.2. Defining Disability and Vision Impairment

2.3. Disability Demographics

2.4. Models of Understanding Disability
   2.4.1. The Medical Model
   2.4.2. The Social Model
   2.4.3. The Sociology of Impairment Model
   2.4.4. The Affirmation Model and the Whole of Life Approach

2.5. Stereotypes and Strategies
   2.5.1. Stigma and Stereotypes
   2.5.2. Coping Strategies

2.6. Living in a sighted world
   2.6.1. Consequences of Sight Loss
   2.6.2. Support Networks
   2.6.3. Enabling Environments

2.7. Summary
2.1. Introduction

This chapter examines wider understandings of disability and vision impairment in order to contextualise this study. Perceptions of disability and people with disabilities have long been dominated by two models – the ‘medical model’ of disability and the ‘social model’ of disability. As Sapey (2001:278) notes:

We perpetuate the world in which there are just two groups of people, citizens and recipients of welfare, those with rights and those without. Changing the way we think about impairment and disability is therefore an essential co-requisite to institutional and structural change.

As this chapter will demonstrate, this debate is a highly complex one. The rise of the Disability Rights Movement, the establishment of disability discrimination legislation in many countries and the advent of the UN Convention on the Rights of Persons with Disabilities have all contributed to changing perceptions of disability and the increasing removal of barriers to the participation of disabled people in everyday life (Shakespeare, Lezoni & Groce, 2009). Whilst much of this wider debate is beyond the parameters of this study, it is important to rehearse some of it here to contextualise and challenge traditional views of disability and people with disabilities. Using the models of disability as a framework, the chapter discusses: definitions of disability (section 2.2); disability demographics (section 2.3); models of understanding disability (section 2.4); stereotypes and strategies (section 2.5); living in a sighted world (section 2.6).
2.2. Defining Disability and Vision Impairment

Definitions of disability can be discussed according to a number of classifications: legislative, medical and conceptual. In legislative terms, the first enactment of law to place a duty on UK local authorities to make provision for the welfare of people with disabilities was the 1948 National Assistance Act, section 29 of which made the following welfare arrangements for “blind, deaf, dumb and crippled persons…”

(1) A local authority [may, with the approval of the Secretary of State, and to such extent as he may direct in relation to persons ordinarily resident in the area of the local authority shall] make arrangements for promoting the welfare of persons to whom this section applies, that is to say persons [aged eighteen or over] who are blind, deaf or dumb, [or who suffer from mental disorder of any description] and other persons [aged eighteen or over] who are substantially and permanently handicapped by illness, injury, or congenital deformity or such other disabilities as may be prescribed by the Minister (The Office of Public Sector Information, 2010).

It is this Act that established the need to record the numbers of people with disabilities by placing responsibilities on local authorities to hold registers of people’s names; section (g) made provision “for compiling and maintaining classified registers of the persons to whom arrangements under subsection (1) of this section relate”. On the basis of this Act, people with disabilities are still referred to as ‘registered disabled’ in the UK. It is important to recognise that such legislative definitions are reflective of temporally-specific power dynamics and therefore contested. For example, the disability rights movement heavily criticised the World Health Organisation (WHO, 2002) for its ‘International Classification of Impairments, Disabilities and Handicaps’,
resulting in the creation of the current framework the ‘International Classification of Functioning, Disability and Health’ (ICF) (Barnes, 2004). The ICF was reworked to emphasise an inclusive agenda and to focus on social participation; it reframes notions of ‘health’ and ‘disability’ as it acknowledges that every human being can experience a decrement in health and thereby experience some degree of disability. The ICF thus ‘mainstreams’ the experience of disability by recognising that it is not something that only happens to a minority of humanity but is a universal human experience (WHO, 2004).

In the UK, the next major piece of legislation which was significantly concerned with definitions of disability was the Disability Discrimination Act (DDA) of 1995. This Act defined a disabled person as “someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities” (Directgov, 2010). A decade later the DDA 2005 amended the definition of disability, ensuring that people with HIV, cancer and multiple sclerosis were covered by the DDA effectively from the point of diagnosis, rather than from the point when the condition has some adverse effect on their ability to carry out normal day-to-day activities. This Act was important as it promoted equality of opportunity for disabled people; however the disability rights movement argued that it was still flawed in its underpinning definitions and philosophies (Richards, Morgan, Pritchard & Sedgley, 2010). The UK disability discrimination legislation was further streamlined in 2010 when the new Equality Bill became law (Equality and Human Rights Commission, 2010), replacing previous anti-discrimination laws with a single act to make the law simpler and to remove inconsistencies. The Equality Act sets out the different ways in which it is unlawful to treat someone, such
as direct and indirect discrimination, harassment, victimisation and failing to make a reasonable adjustment for a disabled person (Home Office, 2010). In this sense, we can see how each piece of legislation and its underpinning definitions reflects current societal perceptions of disability and people with disabilities.

Language and therefore meaning is central to any definition and reflects power dynamics (Morgan & Pritchard, 1998). For example, if we focus on people with vision impairment; there is a multiplicity of terminology, including ‘blind’, ‘partially sighted’, ‘visually impaired’, and the latest term ‘vision impaired’. However, it must be borne in mind that new terminology can only be effective if attitudes to blindness have improved (Kirtley, 1975) and furthermore:

Without a change in attitude about language, without becoming sensitized to the power that language gives us, we will ultimately reapply old notions to new words. And thus the new words will no longer have the effective meanings they set out to have (Lunsford, 2006:15).

In clinical terms, eye consultants define vision impairment on the basis of visual acuity (how clear vision is), including other clinical measures such as field tests and contrast sensitivity. The Snellen chart (figure 2.1) is an eye chart used by eye care professionals to measure visual acuity and the UK Department of Health uses these parameters for registration purposes. Hence a visual acuity of 3/60 would certify a status for registration as ‘blind’ and a visual acuity of 6/60 for certification as ‘partially sighted’. In 2005 the registration scheme was altered in England (later extended to the rest of the UK) so that the new definitions are now: ‘severely sight impaired’ or ‘sight impaired.’
Whilst the Snellen chart produces a medical definition for the degree of sight loss it fails to take into account that there is a continuum of sight loss within the terms ‘severely sight impaired’ and ‘sight impaired’. Moreover, eye conditions can be caused by an accident, be hereditary, age or disease-related and therefore they result in different ways of seeing (figure 2.2).

Age-related macular degeneration is the leading cause of blindness in the UK while glaucoma (an inherited disease, controlled by eye drops if it has been detected early enough) and diabetic retinopathy (caused as a result of diabetes where the disease has not been monitored sufficiently) are two preventable causes of sight loss. Dry macular degeneration is caused by thinning of the blood, starving the macula at the back of the eye, which causes the macula to dry out and leave the person without central vision.
Without central vision it is difficult to recognise people, read or be able to see anything in detail. Some individuals are able to use their peripheral vision (vision on the edges) and have developed the skill themselves or have been taught to use eccentric viewing techniques where the best point of vision is identified. For example, an individual may find it more effective to look upwards to see people more clearly. At present there is no cure. In contrast, glaucoma is a form of tunnel vision which means an individual may be able to read for example, but would find difficulty seeing up, down and to the sides which has consequences for mobility when navigating steps and obstacles in the line of travel (Appendix A provides detailed definitions of the various eye conditions). Although the above images (figure 2.2) are only impressions of what a person with different conditions may see, they do indicate the range and variety of vision impairment and hence challenge the narrow definitions and understandings of what vision impairment is and how it is experienced.
2.3. Disability Demography

There are over 10 million disabled people in Britain, half of whom are over state pension age and 700,000 of whom are children (The Office for Disability Issues, 2008/09). Of these individuals, around nine million people have hearing difficulties, approximately half a million are wheelchair users (Department for Work and Pensions 2006; the European Commission 2003) and around two million people have a sight problem, a figure which includes one in five over 75 year-olds and one in two over 90 year-olds (RNIB, 2011). By 2030 over a third of the general population of Europe is expected to be over 65 years of age (Sedgley, Pritchard & Morgan, 2011), thus the population of vision impaired people is estimated to rise to two and a half million within the next 30 years (RNIB, 2011). Although the number of people blinded by infectious diseases has been greatly reduced, age-related impairment is increasing (WHO, 2009). One hundred new people are formally registered as ‘severely sight impaired’ or ‘sight impaired’ every day in the UK.

In a Welsh context there are approximately 115,000 people who are registered of whom 90% are over 65. The majority of vision impaired people are on low income, 75% of those who are of working age are unemployed and 47% of vision impaired adults live alone. Again, these are the figures for those who are officially registered with their local authority, however, WCB (2008) in agreement with RNIB estimate that for every one person registered, there are three more that could be eligible for registration. Some would question the relevance of such disability statistics - as Freund (2001:693) points out:
At first listing labels and statistics is misleading as impairments and differences are ‘normal’ conditions of humanity and predicting changes in the environment on head counts of ‘special’ populations particularly as a society changes demographically (e.g. the “graying” of society) is misleading.

Importantly, however, statistics are useful in estimating the size of the vision impaired population, although as Charles (2007: 203) points out:

It is important to understand that one fixed or absolute estimate of the size of the visually impaired population does not exist and cannot be found except in the unlikely event that the visual acuity of the whole population is measured.

Despite the problems associated with this, such information is needed in order to draw attention to how many people are potentially affected by issues of citizenship and equal access to services. In terms of this thesis, statistical information is relevant in stressing the numbers of people with disabilities who still remain invisible or misunderstood in many areas of society, including in tourism where emphasis is placed on economic imperatives and a market focus (Sedgley, Pritchard & Morgan, 2011). This also highlights general demographic trends which, as this section has discussed, indicate an increase in the number of people with vision impairment.

2.4. Models of Understanding Disability

Its definitions reflect epistemological and philosophical understandings of disability. As such, approaches have changed historically in terms of how people with disabilities have been perceived; more recent definitions of disability for example, reflect the growing emergence of the disabled people’s movement and its empowerment of people with
disabilities. It is not possible to fully understand such transitions from one dominant model to another without briefly mapping the emergence of the disability movement and the subsequent development of a disability academy. As Davis (2002:195), a disability studies academic, points out “researchers have been encouraged to ask themselves whether their work is relevant to disabled people... and whether it will improve the lives of respondents”. As he continues, the issue of how researchers influence the world in which they work is related to the theoretical approaches to disability. For this reason the following section discusses how these theoretical approaches/models of disability have emerged, changed and shaped disability research and our conceptualisation of disability.

2.4.1. The Medical Model

Until relatively recently, the medical model dominated how people with disabilities were treated by society. In this model, people with disabilities were seen as ‘ill’, in need of medical attention and welfare, people who were unable to fully participate in the world and therefore needed to be excluded from it (Barnes & Mercer, 2005). This model draws on ‘the personal tragedy view’, a cultural expression of the medical model (Cameron, 2010). It pervaded non-disabled people’s thinking and was reflected in irrational fears of the daily possibility that they could become disabled. An individual who loses their sight later in life may succumb to the dominant social view that “normality is good and abnormality is bad” (Cameron, 2010:10) as that person may have conceptualised disability as a tragedy:
To become visually impaired... may be a personal tragedy for a sighted person whose life is based around being sighted, who lacks knowledge of the experiences of people with visual impairments, whose identity is founded on being sighted, and who has been subjected to the personal tragedy model of visual impairment (Swain & French, 2000:573).

In utilising the medical model it is not surprising that health care professionals such as doctors and therapists focus on the functional deficits in the person and regard them as ‘not normal’ (Goble, 2004). The return to normality becomes the professional goal and the response is technical intervention by the ‘expert.’ For example, this expert concentrates on the problem of being unable to walk or to see and some individuals experiencing sight loss report that once their vision is beyond cure or treatment the ophthalmologist proclaims that nothing else can be done. In this example the professional’s medical conception of disability leaves the person disempowered and potentially exposed to trauma and dependence. This view also shaped social and sociological research on disability over most of the last century (Barnes, 2006). These projects were underpinned by the belief that disability is solely accredited to an individual’s impairment and tended to disregard the impact of economic, social and environmental exclusion as well as any notion of rights and citizenship.

Thus in the medical model, disabled people were de-personalised, institutionalised and hidden away from a society which saw no real imperative for change. During the 1970s however, disability activists began to challenge such views and focus their attention on what the disability movement termed a ‘disabling society’, which excludes people with disabilities (Richards, Pritchard & Morgan, 2010). They began to
confront discrimination by shifting the emphasis in disability away from the person and onto the environment and society – thus developing a social model of disability.

### 2.4.2. The Social Model

In 1976 the Union of the Physically Impaired against Segregation became the first disability liberation group in the UK. This group argued:

> In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from participation in society. Disabled people are an oppressed group in society (cited in Finkelstein, 2004:14).

This challenge to ableist oppression and exclusion produced the disablement movement (Oliver, 1990) which has been at the forefront of “the struggle to redefine citizenship and social justice with reference to embodiment so that civil rights can be exercised by human beings with all kinds of bodies” (Kitchen & Law, 2001:288). This politics of disablement found intellectual expression in the social model of disability, a model ‘owned’ by people with disabilities and grounded in analysis from their own perspective. In essence, “by providing a different way of looking at ourselves and others, [it] establishes everyone is equal and demonstrates that it is society which erects barriers” (Disability Awareness in Action, 2009). Here disability is defined as “the restriction imposed on top of our impairments by the way our society is organised – a form of oppression to which all disabled people are subject” (Sheldon, 2006). Sheldon emphasises that although all disabled people are oppressed we must recognise that disabled people will have different
impairments and varying experiences undermined by other forms of structural disadvantage.

This model has had many positive outcomes, one of which has been to confront disabled people’s “own internalised oppression” by suggesting that “it is not, after all ‘their own fault’ that they face discrimination and social exclusion” (Tregakis, 2002:457). Table 2.1 illustrates how the social model philosophy can enable people with disabilities to participate equally in society, in contrast to the medical model.

Table 2.1: Applying Social Model Principles

<table>
<thead>
<tr>
<th>Medical model problem</th>
<th>Social model solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Painful hands, unable to open jars, doors</td>
<td>Better designed lids, automatic doors</td>
</tr>
<tr>
<td>Difficulty in standing for long periods</td>
<td>More seats in public places</td>
</tr>
<tr>
<td>‘Housebound’ or ‘Confined to a wheelchair’</td>
<td>Badly designed buildings – need ramps and lifts in all buildings, also accessible transport/parking spaces</td>
</tr>
<tr>
<td>Other people won’t give you a job because they think you couldn’t do it</td>
<td>Educate people to look at disabled people’s knowledge and skills rather than looking for problems</td>
</tr>
<tr>
<td>Can’t hear or see</td>
<td>Recognition and use of sign language and Braille/raised letters.</td>
</tr>
</tbody>
</table>

Source: Disability Wales

In terms of sight loss the social model underlines that ultimately vision loss can affect anyone regardless of age, gender, sexual orientation, employment status, ethnicity and disability. It argues that managing the tasks and emotions of daily life (living independently and productively; reading and writing; forming relationships; raising a family; having a social life; travelling; having a career; enjoying leisure and recreation;
Chapter 2: Vision Impairment and the Politics of Disability

profundely living an independent life) can be achieved with the right support and understanding, and by addressing the specific areas of: independent living; communication; mobility and strategies for low vision. For example:

You may have been told that there is nothing that can be done to improve the medical condition of your eyes. However, people with low vision have useful sight that they can use in their daily lives. There may be a lot that you can do to improve the way you use the sight that you do have (Eye Care Wales, 2010).

This quote emphasises that the medical model concentrates on the medical condition and is reductionist and flawed. It also introduces the notion that when adopting the social model, hope and opportunities can be put in place to improve the quality of life for vision impaired people. In this case, where there is no medical cure for the condition, Eye Care Wales have initiated new low vision clinics across Wales that work alongside high street optometrists who have been up-skilled to deliver low vision training (for example, in the use of magnifiers and reading strategies).

2.4.3. The Sociology of Impairment Model
During the 1990s a growing debate emerged over the limitations of the social model of disability, mostly driven by feminist writers who contended that the social model of disability had a tendency to ‘absent’ the body from its interpretations (Finkelstein, 2004) and that “alone... [the social model of disability] leaves insufficient space for exploring the socially integrated nature of the personal effects that impairment might have for an individual” (Robertson, 2004). As a result, support has grown for a ‘sociology of impairment’ which recognises the relationship
between our bodies, selves and environments (Freund, 2001). The feminist writer Liz Crow (1996) argues that excluding the impairment from the experience is problematic and she criticises the social model. She even goes so far as to say that impairment must be reclaimed and reinserted into the disability debate.

Interestingly, it is largely feminist researchers who have challenged the social model, partly because the majority of disabled people are women but also because it is feminists who have been examining the nature of “oppression and social disadvantage of marginalised and excluded people for longer and on a larger scale, than have disability theorists and writers” (Thomas, 2001:48). Ironically, several feminist writers (e.g. Chovinard & Grant 1995; Sheldon 2004) have commented that some non-disabled feminists have added to the oppression of disabled people by taking a stereotypical stance to disability that women with disabilities are helpless and victimised. Thomas (2001) asserts that feminists believe an essential part of understanding disability is to engage with personal experience in the ‘social’. In their critique of the social model, Shakespeare and Watson (2001) argue for an ‘embodied ontology’ (sociology of impairment) that would “create a space and place for embodiment in the paradigm” (Small & Darcy, 2011). That is to say that extending the social model to include the body would recognise that disability is more complex than viewing the medical condition and the social barriers as two distinct parts. This approach is in contrast to Oliver (1996) and Finkelstein (2004), who are concerned that undue focus on the personal experience will re-assert the medical model. This is not to say that Oliver sees no place for the sociology of impairment model, however he argues that the priority is to work with the social model of
disability in its aim of challenging society’s disablist practices, created and enforced by non-disabled people.

Howe (2009:493) agrees, suggesting that “Once attention has been drawn to the body, either through illness or impairment, it can become a focal point for the personal analysis of social interaction.” One example is that of Sally French, a lecturer and vision impaired person from birth whose parents denied her impairment by encouraging her to act as ‘normal’:

Some of my earliest memories are of anxious relatives trying to get me to see things. I did not understand why it was so important that I should do so, but was acutely aware of their intense anxiety if I could not. They would position me with great precision, tilting my head to precisely the right angle, and then point to the sky saying ‘Look, there it is: look, there, there, THERE!’ As far as I was concerned there was nothing there, but if I said as much their anxiety grew even more intense; they would rearrange my position and the whole scenario would be repeated. In the end, despite a near lack of colour vision and a complete indifference to the rainbow’s whereabouts, I would say I could see it. In that way I was able to release the mounting tension and escape to pursue more interesting tasks (French, 2004:81).

In this instance, French’s parents have not only denied her impairment but they have possibly been influenced by social reactions to her vision impairment. No amount of social manipulation could help her see the rainbow as her vision impairment in this instance dictates what she can and cannot see. In addition, her experience was enacted through her body; forcibly having her head tilted created physical discomfort as well as the emotional strain that it created. Thus bodily experience involves struggling with both social barriers and the effects of impairment and the difficult realities of living with impairment cannot be ignored (Thomas,
Chapter 2: Vision Impairment and the Politics of Disability

2002). Here, one can start to appreciate the connection between a social impairment model and the significance of embodiment where the body is a site of meaningful expression (Merleau-Ponty, 1962 in Marks, 1999) and the acknowledgement that impairment is a lived experience.

The embodiment perspective urges us to create space for the corporeal, embodied nature of experiences in the social paradigm (Shakespeare & Watson, 2001). Subsequently we cannot ignore the body in our research with people with disabilities as lived experience is a bodily experience (Small & Darcy, 2011). Hence in tourism the tourists’ experience and embodiment happens in space or in relation to space; it is a means through which encounters in the world occur as a tourist but also as part of everyday existence. Spaces of life overlap, not forgotten but taken with us on holiday, that tourism includes aspects of everyday life that we take on holiday with us (McCabe 2002; 2010).

2.4.4. The Affirmation Model and the Whole of Life Approach

A further addition to the disability debate involves a more positive philosophy and approach. Built on the social model and directly challenging the medical model Swain and French (2000) developed the affirmation model. They argue that the affirmation model is:

… essentially a non-tragic view of disability and impairment which encompasses positive social identities, both individual and collective, for disabled people grounded in the benefits of lifestyle and life experience of being impaired and disabled. This view has arisen in direct opposition to the dominant personal tragedy model of disability and impairment, and builds on the liberatory imperative of the social model.
Essentially what distinguishes the affirmation model from the other models of disability is that the model is a declaration of positive identity developed by people with disabilities to challenge the notion that being impaired is a tragedy. Not only does it reject personal tragedy, the affirmation model provides a vehicle through which people with disabilities assert this positive identity by rejecting the dominant value of normality and the model is an assertion of the value and validity of life as a person with impairment. According to Swain and French (2000:578) “Disabled people… are creating positive images of themselves and are demanding the right to be the way they are – to be equal, but different.”

Furthermore, the affirmation model questions the social model’s calls for structural change and the tackling of oppression. Certainly the shift to the social model of disability has redefined the concept of disability and there is no doubt that disability is socially constructed by the dominant non-disabled population that restricts and ignores people with disabilities and their rights to inclusion in all daily aspects of life. Yet Davis (2000) argues disability activists such as Barnes (1992) created a discourse of ‘them and us’, ‘oppressed and oppressors’, depicting ‘them and us’ as homogenous groups by “ignoring the diverse ways in which individuals and social groups relate to and resist such structures” (Davis, 2000:196). Additionally we cannot assume that people with disabilities will identify with a disability identity or with other people with different disabilities (Wendell, 1996), as people who use wheelchairs for instance may have differing needs to a vision impaired person.

How a person lives with a particular impairment depends on their social, economic and environmental context and their levels of inclusion will vary. However, anyone who has impairment may still be subjected to the
Chapter 2: Vision Impairment and the Politics of Disability

‘personal tragedy view’ of people with disabilities. Swain & French (2000) speculate that non-disabled people can appreciate the social model on a basic level and suggest it is obvious for a non-disabled person to conceive that a person in a wheelchair is unable to use steps or stairs as that person is disabled by the barriers in the environment. However they (2000:570) suggest that the affirmation model recognises that people with disabilities “could be pleased and proud to be the person he or she is”, a notion that could be more challenging for non-disabled people, whereas the social model does not go so far as to offer such a positive viewpoint. A very recent and appropriate example here would be the sportsmen and women of the London Paralympics who despite achieving great sporting triumph on a par with the Olympians, were regularly referred to by the media as ‘inspiring’ and ‘courageous’. And yet on a wider scale the London Paralympics may have left a legacy in changing attitudes towards disability:

…the abiding legacy of London 2012 is the fundamental change in the way much of the world looks at disability…the Paralympics have swiftly taught us to look beyond disability towards achievement (Bahrain’s Gulf Daily, BBC 2012).

The affirmation model addresses this discourse as its main proponents, Swain and French (2000) argue that disability is a normal form of human diversity and impairment should not divide non-disabled and disabled people as the former have impairments such as short and long-sightedness. Impairment then becomes a human constant but disability need not be (Barnes 2008). Thus:

…any person reading the words on this page is at best momentarily able bodied. But nearly everyone reading them will, at some point, suffer from one or more chronic
diseases and be disabled, temporarily or permanently for a significant part of their lives (Zola, 1982:242, cited in Freund, 2001).

In a similar fashion, both disabled and non-disabled people experience multiple oppression and discrimination through poverty, racism, sexism and ageism, just as disabled people can also be oppressors. Disabled people not only look towards a society without structural, environmental or attitudinal barriers, but also “a society which celebrates difference and values people irrespective of race, sexual preference, gender, age or impairment” (Swain & French, 2000:580).

In essence the affirmation model requires us to recognise that disability is part of the human condition and that societies are not divided between non-disabled and disabled people since the former are simply temporarily people who through accident, illness or ageing, will join the ranks of the latter from time to time or permanently. It is important to recognise that the affirmation model advocates a rejection of the personal tragedy view of impairment by positioning disabled people as individuals who can have positive social identities.

In a tourism context the affirmation model is closely aligned with the ‘whole of life approach’ advocated by Darcy and Dickson (2009). It is concerned with the whole life span of a person which is ever changing and interconnected and affected by all aspects of the environment and society. They argue that some 30% of the community has some form of disability or access need at any one time. This figure includes families with young children and those experiencing temporary disabling sporting injuries and other medical conditions (Small & Darcy, 2010). A whole-of life approach to tourism participation is significant in that its central tenet
argues for creating and planning for accessible tourism by utilising the concept of universal design (see section 2.6).

The different models of disability are important in helping us as researchers to conceptualise disability, especially when undertaking research with people with disabilities. Failure to recognise or understand the principles of each model means we can ourselves become part of the social oppression. Debates will continue to be expounded by disability activists and scholars as our society continues to challenge dominant thinking. Initially my philosophical position was committed to working from the foundations of the social model of disability and although these principles remain part of the conceptualisation of disability, I found that the more I explored the disability literature the more I empathised with the principles of the sociology of impairment and affirmation models as well as the whole-of-life approach adopted in some of the tourism and disability literature.

2.5. Stereotypes and Strategies

The next section will examine, how despite the emergence of the more empowering models of disability, non-disabled people are still influenced by misrepresentations caused by stereotyping and have to adopt a range of coping strategies.

2.5.1. Stigma and Stereotypes

Whilst the emergence of the emancipatory models discussed above has changed the nature of the debate around disability, people with disabilities continue to be stereotyped and stigmatised by the media and society at large. Stigma is socially constructed and refers to an
individual trait that creates a negative reaction as it is associated with
deviance from social and cultural norms (Goffman, 1963). Typically on
first meeting someone we develop a perceived social identity based on
our assumptions and if these are negative, we may actively discriminate
against that person (Goffman, 1963). This perceived social identity is
inaccurate and far removed from the person’s actual identity but such
assumptions can impact on the individual’s life chances since this
discrimination occurs at a macro and micro level. People with disabilities
are stigmatised in this way as they do not fit in with social norms and this
in turn impacts on their role and functions within society. Goffman’s
(1963) seminal work introduced the notion that it is society’s responses
to the person that disables them and not the functional difficulties they
experience (Susman, 1994). Thus he greatly influenced the disability
movement by drawing attention to these negative responses relating to a
deviance from the norm:

For some there may be a hesitancy for touching or
steering the blind [sic]... so that the individual shouts at the
blind as if they were deaf or attempts to lift them as if they
were crippled. Those confronting the blind may have a
whole range of belief that is anchored in the stereotype.
For instance they may think they are subject to unique
judgement assuming the blinded draws on special
channels of information unavailable to others (Gowman,
1957:198).

Stigma directly influences the use of stereotypes where the use of
language and the use of nouns categorises people according to their
attributes e.g. ‘the blind’ (Zola, 1972).
Here the individual is lost as their disabled identity takes over, yet the identity and sense of self is not an isolated part of the individual’s personality but it is developed in relation to the roles and parts that a person plays in different social interactions (Scambler, 2009). It can be argued that a person with vision impairment cannot separate themselves from their disability and their sense of self becomes directly linked to a stereotype.

The general public, in the presence of very limited exposure to people who are vision impaired in workplaces and in the wider community, draw many of their perceptions and expectations from stereotypical representations in the media, the arts, historical and religious texts (Gentle, 2008). Typical of such depictions is the 1856 painting by Sir John Everett Millais “The Blind Girl” (figure 2.3). In his reflections on the below artist’s painting, Dodds (1993:6/7) argues that while the whole scene appears beautiful and emotional, ultimately the observer is left feeling pity for the girl:

Although the picture does evoke the positive feeling of compassion for the girl, since she is beautiful and wears an expression of tranquillity, the over-riding emotion is that of an infinite sadness for someone who can never see what we viewers can: the rainbows, the birds, the stream, and most poignant of all her own beauty… a potentially good emotion is therefore turned into a patronizing one as far as the object of the emotion is concerned… instead of admiring her or even envying her, we thank our lucky stars that we are not like her.
Figure 2.3: Sir John Everett Millais, *The Blind Girl*, 1856. Oil on canvas.

![Sir John Everett Millais, The Blind Girl, 1856. Oil on canvas.](image)

Birmingham City Museum & Art Gallery, UK

Millais’ painting has also been included in Leicester University’s Department of Museum Studies ‘Rethinking Disability Representation’ project (The University of Leicester, 2008). The project was initiated with the aim of developing new approaches to the interpretation of disability in museum and gallery exhibitions in collaboration with artists with disabilities. The project set out to challenge the perceptions of the limitations of disability, questioning attitudes about experiences and barriers and covering key themes of stereotyping, discrimination, and the use of visual language. In response to “The Blind Girl”, one of the project artists focused his/her response on the image of pity and disability:-
The blind girl is labelled with a sign around her neck, ‘Pity the blind’. We feel that the label is requesting pity to encourage charity… Today, most people with visual impairments, and other disabilities, certainly don’t want pity. Instead, we want understanding and full access.” (University of Leicester, 2008)

At the other end of the scale, a similarly popular stereotype of an independent and empowered vision impaired person is that of someone hugely brave in the face of adversity. The result of this is twofold. Firstly other vision impaired people may not have the same aspirations, resources or desire to, for example climb mountains or complete multiple marathons. Secondly, the media continually publicise such feats so fuelling the stereotype. For example, recently UK magazines characterised the travels of Cath, a woman who lost her sight shortly after the death of her husband, as “an epic motorbike journey to India” (Real Lives, 2010) whilst the woman herself emphasised that the purpose of the trip was to “raise awareness and change people’s perception of visual impairment and what a visually impaired person can do” (In Touch Radio 4 programme, 7th June 2009). Whilst such individuals are spotlighted by the media, the reality is that a large proportion of people who lose their sight rarely venture from their home. Indeed, Bridget Warr, then Chief Executive of the Guide Dogs Association, commented that 180,000 vision impaired people in the UK do not go outside of their homes alone (Radio Interview You and Yours Radio 4, October 2009).

These polarised and simplistic stereotypes of vision impaired people are exacerbated by symbolic indicators of vision impairment. The typical symbolic indicators of vision impairment are the symbol cane (a short
white stick to hold) a long white cane (to use on the ground), a guide
dog, an electronic aid such as a GPS navigation system and dark
glasses. These aids are very noticeable resulting in a mixture of
reactions from sighted people. However, aids such as white canes have
important functional roles to play in vision impaired people’s
independence. People with vision impairments are entitled to an
assessment of their needs by the local authority social services and as a
consequence an individual may request mobility training from a
rehabilitation officer to enable him/her to regain independence out and
about, entailing learning how to use a white cane and/or a guide dog. In
addition, the use of dark glasses can be misunderstood by sighted
people. People with vision impairments wear dark glasses for a variety
of reasons, for example, out of necessity to disguise scarring of the eyes
or the lack of eyes and to block out glare from the sun or bright lights.
The painting below by Frances Aviva Blane (2005), an artist with vision
impairment offers a representation of a symbolic signifier of vision
impairment.
Figure 2.3: ‘Mirror’ by Frances Aviva Blane; Oil on linen; 153 x 153 cm

Source: BlindArt “Sense and Sensuality” 2005

The picture is a vibrant, colourful, and real portrayal. The overall image is more positive than that by Sir John Everett Millais and yet undeniably demonstrates the power of emblematic symbols such as dark glasses. The artwork is part of a revolutionary contemporary travelling art exhibition ‘Touching Art Touching You & Sense & Sensuality’; containing multi-sensory, interactive art experiences “that break through traditional hierarchies & barriers in the arts by actively encouraging all works to be explored through touch” (BlindArt, 2005). Since July 2009, there has been a permanent exhibition at the Royal National College for the Blind, Hereford.

Overall, identifiers of vision impairment (canes, guide dogs and dark glasses) are a functional necessity that can empower individuals to be independent. Simultaneously, however, these identifiers become in themselves part of the ‘spectacle’ and the stereotype of blindness. As
Kussisto (2006:85) claims in ‘Eavesdropping’ “blindness is a travelling exhibit” as people stare, make judgements and want to ‘cure’ you. He continues, explaining how as a blind person himself, who uses a guide dog, his everyday interactions with sighted people reveal their prejudices and lack of understanding that vision impaired people ‘do normal things’ like buying coffee:

In Starbucks waiting for coffee, queue forming. Greeted with silence, I’m smiling. I’m looking in what I imagine is the proper direction. I’m wearing dark glasses. I have a dog with a harness…the cashier must think that blind men don’t travel alone or don’t drink coffee or don’t have money.

Reactions by sighted people to people with vision impairment are affected by stereotypical portrayals and misunderstandings around the use of symbols of sight loss. As a result, sighted people’s lack of understanding, awareness and education influence how individuals with vision impairment live their daily lives. For this reason many people with vision impairments either become isolated or develop and employ coping strategies.

Being visually disabled gives rise to many difficulties when attempting to communicate with sighted people. These range from obvious problems, like being unable to recognise people, to more subtle matters like failing to share similar experiences and being unable adequately to describe one’s own reality. Conflicting discourses arise when sighted people define what “acceptable” and “normal” behaviour is for a visually disabled person and use these definitions to contest that person’s identity (French, 1999:2).
Thus, rather than debating about disability and normality perhaps “we should try and view the world as being populated by a wide range of human diversity, as such normality is essentially a social construct” (Sapey, 2001:270).

2.5.2. Coping Strategies
The absence of symbols of vision impairment creates misunderstanding and draws unfavourable reactions from sighted people which can in turn mean that many vision impaired individuals employ a range of coping strategies. A well known example is that of the former British Prime Minister Gordon Brown who was criticised for his body language in the 2010 televised UK election debates. He has no sight in his left eye and as a result he needs to employ a coping strategy to make the most of his low vision, known as maximising remaining vision (Apple, Apple & Blasch, 1980). The following extract from the Guardian newspaper explains:

His sight problems help explain some of his awkward public manner, both on a podium and before a camera. When he reads, he needs to look slightly to one side of the paper in order to focus; when speaking to an audience or into a camera lens, he must remember to correct what would normally be an automatic tendency to look slightly askew in order to see clearly with his good eye (www.guardian.co.uk/politics, 2010).

Some vision impaired individuals choose not to ‘advertise’ their sight loss difficulties by using covert strategies to undertake everyday activities or by just making a conscious effort to not look ‘blind’. For example, the legally blind (to use the American term) Governor Paterson of New York State recently commented in a radio interview:
You know it’s very interesting the only time I ever made a conscious effort not to look blind was after some terrible depictions of me on a national comedy show. I was so anxious about being portrayed that way that I became afraid that I would fall or bump into something which I knew the media would immediately cause to be a bigger story…afterwards I was being very careful, tried to look in the direction that I thought was where the camera was…And I think that reflects what happens to so many people which is that when there is an excess focus on their disability they can’t be the individuals who they have been all their lives… (In Touch, 2010).

Such strategies of appearing as ‘normal’ as possible are described by Barnes (1996), a prominent disability scholar and activist, as minimisation, overcompensation and openness. Minimisation is using various techniques of information control to make his impairment less obvious; overcompensation is the deflection of attention away from his “limitations” for example by replacing his thick glasses with less effective contact lenses; and openness is simply openly communicating his impairment-related needs when required. The disabled writer Tom Shakespeare (1993) has likened this openness of a disabled identity to the process of ‘coming out’ for lesbians and gay men.

In contrast, some vision impaired people may develop other strategies in response to the inability to cope with the effects of sight loss and adopt a ‘learned helplessness’ (Seligman, 1972) approach by ‘blinding up’, a recognised psychological condition related to asking for and accepting help (In Touch, 2009). This strategy is illustrated in the following description from a radio interview:

Rob Crossman’s column a couple of weeks ago, about so-called “blinding up” has caused a good deal of debate. Rob’s piece basically took the form of a confession: that he
actually sometimes pretends to be blinder than he really is, because it almost seems to be expected of him when, for instance, he presents a disabled person’s rail card, or needs some kind of help. Rob argued that it was often the only way to get people to understand the vagaries of his sight loss (In Touch, 2009).

‘Blinding up’ can also be a consequence of internalising the negativity of sight loss, particularly where the individual has lost sight later in life, so that in some cases:

The blind man himself usually succumbs sooner or later to the attitudes and assumptions of society…. In the typical case the newly blind person… begins soon to see himself as others see him, as an indigent and a misfit, unworthy of independence and incapable of normal association (Jacobos tenBrock, 1952:3).

A further coping strategy employed by some vision impaired people to combat stigmatisation is the use of language. For example, Marks (1999) describes how disabled people defiantly self-name and have reclaimed the uncomfortable language used by some non-disabled people. She gives the example of disabled people calling themselves ‘crips’ and I know visually impaired people who refer to themselves as ‘blinds’ and talk of how they go into ‘blindy mode’:

Language is productive, it constitutes and reproduces reality, but it also seems to be the case that attempts to change terminology will not break the negative chain of disabling associations. Language both produces and disguises meanings. As such, language is both a cause and symptom of a disabling society (Marks 1999:151).

The Social Model of Disability has provided a framework for exerting non-prejudiced ways of thinking about disability and yet despite the developments in disability theory, it can be argued that the social
mainstream still only recognises impairment as a personal tragedy and that disability is not 'normal'. This is reflected in the representations of disabled people in stereotypical fashions and to avoid further discomfort, vision impaired people in this context utilise coping strategies to deal with each situation.

2.6. Living in a Sighted World

Whilst these misrepresentations are unhelpful in understanding vision impairment the following section discusses how vision impaired people live their lives. It examines the consequences of vision impairment and how more positive approaches such as support networks and solutions to barriers (enablers) can create a more socially inclusive world.

2.6.1. Consequences of Sight Loss

The impact of sight loss or deterioration of sight can manifest itself in various ways depending on the individual’s perception of vision impairment, their personal circumstances and the cause of their vision impairment. Therefore sight loss is not a linear process and there are often periods of deterioration, improvement and daily variations. On the one hand sight loss can lead to depression, loneliness and anxiety (Hinds et al., 2003) and have a negative impact on people’s emotional well-being and mental health (Stephens, 2007). On the other hand there are individuals such as Taylor (1993:14) who describe how she took as her foundation for the future the phrase “Accept, adapt, achieve.” Despite positive approaches suggested by Taylor, sight loss has wide-reaching and long-term effects on people’s lives with a close association between declining visual function and reducing quality of life (Thetford, Robinson, Knox, Mehta & Wong, 2009).
Family and friends play a vital role in the lives of vision impaired people and the impact of sight loss on family and friends can be profound. Loss of vision can seriously affect relationships with partners, family and friends, especially as some people find it challenging to relate to the person with vision impairment (Cruse, 1999). Research suggests that family members take on the burden of providing personal care and responsibility, including provision of emotional support (Thetford, et al. 2009). The consequences can involve role reversals, where partners become carers or the only wage earner. In addition, familial reactions to sight loss can be denial, refusal, acceptance, and overprotection. Overprotection “is the most frequent, but also the most counterproductive, insofar as it reinforces the patient’s objective physical and financial dependence on others” (De Leo, Hickey, Meneghel & Cantor, 1999:341). Finally, a compounding factor is that family and friends may have very little awareness of vision impairment and its impact on the person, particularly at the first onset of sight loss.

There are a host of additional consequences of sight loss, including: loss of identity; feelings of isolation; changes in relationships; work-related issues; depression and anxiety; limited travel and mobility; feelings of anger and rage, shame and uselessness (Dale, 2008). It has been argued that vision impairment poses a greater risk to mental health in working age adults than older people as they live with vision impairment for longer and the ability to remain socially included, to contribute to the workforce and to perform care-giving roles may well be compromised (Nyman, Gosney, & Victor, 2010). At the same time, older people also experience serious impacts on their lives; many are already vulnerable to isolation and depression, both of which may be compounded by sight
loss. No matter the age of the individual, all of these factors potentially undermine self-confidence and self-esteem:

Coping with visual impairment is not confined to persons who have low vision or blind. It is a social matter. That is, an individual’s visual impairment may have a profound impact on the assorted networks of social interaction and relationships in which the person is involved (Nixon, 1994: 329).

2.6.2. Support Networks
Communication, information, and mobility are central to living an independent life. Vision impaired people require a range of person-centred support systems in order to negotiate daily life, including advice, equipment, services or opportunities to learn, information and new skills. These support networks are provided in the UK by statutory and third sector organisations and agencies. A range of services are provided by local authorities and registration with the local authority can make it easier to access support and certain benefits. Local authority provision is directed by duties of care by relevant legislation, particularly the National Assistance Act (1948), the Chronically Sick and Disabled Persons Act (1974), the NHS Community Care Act (1980), the Disability Discrimination Act (1995) and (2005) and the Equality Act (2010). How support is organised depends on location and organisational systems, for example services can exist in a dedicated sensory disability team, provided within an adult and older persons’ team or directly from a local vision impairment organisation. Ideally individuals are provided with a variety of information, including: information about their eye condition; welfare benefits; rehabilitation services; access to work government schemes; emotional support; aids and equipment.
In addition to local authorities, support and services are provided by third sector organisations. The main national ones operating across the UK are: Vision 2020 UK; Guide Dogs; Royal National Institute of Blind People; National Federation of the Blind. At a Welsh level, the umbrella agency is the WCB, with a membership drawn from a range of regional and local societies such as CVV. There has been a concerted effort over the last decade or more for improved co-ordination and co-operation between public and voluntary sector organisations, producing interdisciplinary projects across health, social care and the voluntary sector.

2.6.3. Enabling Environments
The disabilities study literature (e.g. Hales, 1996; Swain et al., 2004) seeks “to change disabling environments to enabling environments by focusing attention on the lived experience of people with disabilities and the barriers that they face in everyday life” (Small & Darcy, 2010: 5). For those with mobility impairment (physical impairment) there are three categories of access enablers: adaptive/assistive technology; environmental and structural; and attitudes/behaviour of others (Small & Darcy, 2010). For those with vision impairment, access enablers can be classified as: environmental; information (including adaptive technology); and attitudes/behaviours of others.

Environmental Enablers
Whilst the provision of ramps, for example, are useful for vision impaired people, it is often the case that issues such as décor, colour contrast, good lighting, clear edging of steps and stairs, handrails and tactile enablers such as texture contrast (underfoot as well as through the hands), tactile diagrams/models, tactile surfaces etc. are more
important. Research into the perceptual impact of environmental factors in sighted and visually impaired individuals suggest that outside the home, “... for a person with impaired sight wayfinding through a complex environment is fraught with dangers actual and imagined... and thus [they] may not attempt to be independently mobile” (Gustafson-Oearce, Billet & Cecelja, 2005: 25). Hence, “the ability to move about, orientate oneself and travel safely without assistance is one of the cornerstones of independence for people who are blind or visually impaired” (Augusto, 1993:vii).

The built environment includes not only buildings, but also other parts of the urban environment such as: pedestrianised precincts; hotel and airport concourses; pavements and footpaths with street furniture, freestanding signage and street lighting. The same is true in the countryside and public parks where footpaths, highway, gates, stiles and bridges all pose potential hazards; although at the same time some obstacles become environmental and particular cues for mobility. Hence, the built environment is often regarded as “a series of hostile, exclusive and oppressive spaces for vision impaired people” (Imrie, 1999:25). The impact of the environment has major consequences for the freedom and safety of movement of individuals attempting to go about their daily business. If access is denied then disabled people are excluded from being members of society, from working, connecting with the community, meeting people and enjoying leisure experiences.

Universal design has been described as a new paradigm that recognises the nexus between ageing, disability and lifelong mobility (Small & Darcy, 2010). Universal design advocates a process whereby access for all is central to a design rather than an add-on:
... environments designed to be inclusive of mobility would be of assistance to people using wheelchairs, those with mobility challenges, families with prams, travellers with heavy luggage, shoppers with trolleys and workers safely going about their duties. Signage and lighting would be informed by the needs of people with low vision, rather than just aesthetics as dictated by the tradition of architects and designers (Darcy & Dickson, 2009:34).

In addition to academics, many third sector organisations and agencies supporting people with different disabilities have endorsed the universal design concept. Its features:

... have been clearly called for in the United Convention on the Rights of Persons with Disabilities, but it is imperative that attention is given at every stage of conception and design of new products and features to ensure that the principles of universal and inclusive design are maintained (The World Blind Union, 2008)

It should be noted that the concept of shared space is not without its critics, especially amongst disability groups where specific needs can conflict. For example, the introduction of shared surface streets (where kerbs are removed and traffic and pedestrians use the same space, see figure 2.5 and 2.6) poses significant risks for all vision impaired people and other vulnerable groups (Guide Dogs, 2008).
Information Enablers

The second access enabler is access to information. Here there are very specific issues for people with vision impairment as information is a point of access to the outside world and is evident in all aspects of daily life. For instance, 85% of people with sight problems in Wales cannot read their own post (Wales Council for Blind, 2010). By comparison to other people with disabilities, vision impairment creates an additional barrier in that information is often not in an accessible format. Moreover, many sighted people assume that the provision of information in Braille is the
standard alternative to print and yet Braille is only used by approximately 4% of the vision impaired population, usually by those who were born with very little or no vision at all. Provision in other formats is unsatisfactory although service providers are legally obliged to provide information in alternative formats such as large print and audio. Access to information is a central feature of independent living and new technologies (such as screen readers and large print magnification) are important enablers.

Attitudes and Behaviour of Others
As discussed above (section 2.5), vision impaired people face a number of stigmas and are often stereotyped. Staff awareness and understanding of the needs of people with vision impairment is often of even more importance than the physical constraints of the environment and therefore awareness training has been and continues to be a primary enabler:

The real problem of blindness is not the loss of eyesight. The real problem is misunderstandings and lack of information that exist. If a blind person has proper training and opportunity, blindness can be reduced to a physical nuisance (www.nfb.org, 2009).

In research, people with vision impairment repeatedly emphasise the need for more awareness-raising of vision impairment and appreciation of how this impacts on their lives, while also underlining the need to provide assistance that is appropriate for the person and the situation presented at any one time.

One way of raising the awareness of service providers and staff while also enhancing the understanding of the needs of people with vision
impairment is through Disability Equality Training (DET). In the Welsh context, DET is designed to: promote disability as an equality issue; examine the root causes of exclusion and discrimination; question stereotypes, myths and misconceptions about disability; promote communication between disabled and non-disabled people; and promote change both in policy and practice (DisabilityWales, 2008). However, WCB’s manifesto states that some issues are common to all people with disabilities but that there are additional concerns for people with vision impairment such as appreciating the different ways of seeing and the practical techniques of communication and guiding skills.

2.7. Summary

This chapter has explored and contextualised the meaning of disability and vision impairment in contemporary society. It has defined the terms disability and vision impairment and briefly outlined the demographics of disability. It has also demonstrated how perceptions of disability and people with disabilities have been framed by two models – the ‘medical model’ of disability and the ‘social model’ of disability. It then introduced and evaluated the emergence of later models of understanding, namely the social impairment model and the affirmation or whole of life approach model, both of which have informed the approach taken in this study.

Whilst the chapter has provided evidence of considerable stereotyping and misunderstanding of vision impairment, it has also discussed the role and impact of the Disability Rights Movement, the establishment of disability discrimination legislation and the increasing removal of barriers to the participation of disabled people in everyday life. These developments have helped to promote new ways of understanding
people with disabilities and approaches to enhancing their social inclusion. However, stigmatisation and stereotyping remain. Many of these issues require increased public awareness and understanding across every sector of service provision. Chapter three will discuss how the tourism industry has engaged with these issues and how disability and vision impairment has been addressed by the tourism literature.
Chapter 3

Tourism, Disability and Citizenship

3.1. Introduction
3.2. Tourism, Equality and Citizenship
3.3. Marginalisation, Families and Social Tourism
3.4. Tourism and Disability
3.5. Tourism and Vision Impairment
3.6. Summary
3.1. Introduction
Disability research remains on the margins of tourism scholarship, although in recent years there have been attempts to address this, with notable works being Buhalis and Darcy (2011) and Cole and Morgan (2010). Yet despite the important efforts of a few academics in this field, particularly Simon Darcy (e.g., Darcy, 2002; Darcy & Taylor, 2009; Darcy & Small, 2010; Buhalis & Darcy, 2011), there remains a need for increased engagement with people with disabilities to expand tourism knowledge. The purpose of this chapter is to synthesise work on tourism and citizenship, equality and social tourism in order to contextualize my study. This also justifies my choice of research topic and makes a contribution to the tourism and disability literature. The chapter discusses: tourism, equality and citizenship (section 3.2.); marginalisation, families and social tourism (section 3.3.); tourism and disability (section 3.4.); tourism and vision impairment (section 3.5.).

3.2. Tourism, Equality and Citizenship
Individuals are motivated to travel by a range of factors. Crompton (1979) identified nine socio-psychological and cultural motives: escape from the perceived environment; exploration and evaluation of self; relaxation; prestige; regression; enhancement of kinship relationships; facilitation of social interaction; novelty; education seeking. In affluent societies like the UK, tourism is regarded as such an essential part of contemporary life that to be excluded from it is to be excluded from everyday norms (Cole & Morgan, 2010, p. xvi). Today many governments and supranational organisations such as the European Union and United Nations recognise tourism participation as a right of citizenship (Minnaert, Maitland & Miller, 2009). In fact, as early as 1948
article 24 of the Universal Declaration of Human Rights stated “everyone has the right to rest and leisure” (United Nations, 2011). More recently the charitable organisation Tourism for All UK has become prominent in campaigning for accessible tourism:

A break or a holiday, or a simple day trip is important to our lives, giving us something to look forward to, time to enjoy our families, a chance for adventure, or perhaps some time to ourselves, to recover, and acquire memories of happy times. In the past, some of us have encountered barriers to our participation in tourism - disabled people, older people, carers of young people or disabled or older relatives - Tourism for All works to overcome these (Tourism for All UK, 2009).

These factors highlight the importance of leisure and tourism for all and thus the need for further study exploring the needs of all groups within the population, including people with disabilities.

More recently, the European Union affirmed Regulation (EC) 1107/2006 which stipulates that: “disabled people and people with reduced mobility have the same right as any other citizens to free movement” (RNIB, 2009). Likewise, the United Nations 2006 ‘Treaty on Rights for the Disabled’ draws specific attention to the role of cultural activities in promoting citizenship, well-being and quality of life:

Cultural life, as defined by the United Nations Convention on the Rights of People with Disabilities (2006), is an important part of any person’s citizenship... whether it be recreation, leisure, the arts, sport or tourism, it is the enriching part of people’s lives where they strive to express themselves away from the everyday reality of their existence (Darcy & Taylor, 2009:419).
Holidays are no-longer regarded as a luxury and despite them often being a socially exclusive activity reflecting clear inequalities they play an important part in contemporary life (Quinn, Griffin & Stacey, 2008; Franklin & Crang, 2001).

It is clear from the literature however, that a divide exists between those tourism scholars who take a business and marketing approach and those who are more concerned with social justice and inclusion. The dominant approach in tourism reflects the market ideology of the private sector and much of its research is embedded in neo-liberal philosophies, which prioritise the market, promoting performance, consumerism and profitability over all other values (Darcy, 2003; Tribe, 2009). Huh and Singh (2007), firmly located in the business and marketing camp, are dismissive of the recommendations of social inclusion-focused work as “ideals and dictates.” The business and management approach focuses on the potential spending power of ‘the disabled market’ which it regards as profitable enough to pursue; as Huh & Singh (2007) comment, the numbers of people with disabilities and their families necessitates research on how the tourism and hospitality industry can attract and serve them.

For this reason, the tourism industry is increasingly regarding people with disabilities as an emerging niche market. Burnett and Baker (2001) discuss “the disabled” as a market segment and evaluate the usefulness of creating a customer-related profile. From the marketing perspective the numbers of people with disabilities is certainly attractive, particularly as in more economically developed countries between five and 20% of the population have a disability (Yau, McKercher & Packer, 2004). The business case for targeting people with disabilities as a growing ‘niche
market’ has become quite powerful, for example a recent Tourism for All Summer newsletter (2010) proclaimed on its front page: “Disabled market for tourism worth £2 billion!” Similarly, the Department of Culture, Media and Sport’s tourism department claims that it is “vital that our tourism industry is in a position to cater for specific needs of anyone travelling with a health condition or impairment” (VisitEngland, 2010). The VisitEngland CEO recently suggested that:

Tourism businesses should view accessibility in its broadest sense, as fundamentally it is about understanding and catering for the individual needs of all visitors and in doing so providing a high quality and memorable experience which in turn will generate repeat bookings and visitor loyalty (VisitEngland, 2010).

Other organisations and agencies are also putting forward the business case for accessible tourism in order to promote a more socially inclusive agenda. Thus, the European Network for Accessible Tourism (ENAT) declares that accessible tourism is not a niche market, as its President Lilian Müller explains:

Enabling access to tourism is our priority.... Accessible tourism is not a niche market; it's a demographic explosion and we will all feel the effects. We have to improve access now (ENAT, 2010).

It appears that the size of the ‘disabled’ market has been the carrot for the industry more than their requirement to comply with legislation such as the DDA 1995. Despite this, little progress has been made over the last decade as the following suggests:
Chapter 3: Tourism, Disability and Citizenship

The current standard of provision for disabled people vary enormously from company to company... on the whole though, the present standards of service provision for disabled persons are far from satisfactory and there is much to be done to address this...They will have to start to take an active interest in the needs of disabled people and begin to work towards improvement (Campbell 2000:A115 cited in Miller & Kirk 2002:83).

Such use of the business case for accessibility perhaps explains Tribe's (2005) calls for a turning point in tourism enquiry. Indeed there is evidence that tourism research has now developed beyond that business boundary and has become more innovative by exploring areas of the body, gender, social tourism and marginalised groups, low income families and the emerging position of people with disabilities (Pritchard, Morgan & Ateljevic, 2011).

3.3. Marginalisation, Families and Social Tourism
The marketisation of tourism as an industry has “overshadowed awareness of the transformative capacities of tourism as a social force’ (Higgins-Desbiolles, 2006: 1206). The business and marketing model continues to come from a very different philosophy than that of the social justice tourism scholars and thus does not truly engage with the issues around tourism for all. Neither tourism researchers nor the tourism industry have a strong understanding of marginalised or under-empowered groups including older people and people with physical disabilities, and “there are still marginalised groups who have not been considered... [and] Neither have the multi-subjectivities of tourists been considered” (Small, Harris & McIntosh, 2008:4).
Over 20 years ago Hughes (1991:196) commented that “there is relatively little special consideration of the plight of those who are unable to neither afford a holiday nor provision for them” and this remains the case today. In contrast, leisure studies have a longer history of engagement in this area and participation is considered to play an important part in personal development. In fact, leisure plays a crucial role in promoting cohesive, healthy relationships between partners, and between parents and children (Crouchman, 1982; Dodd, Zabbriski, Widmer & Eggett, 2009). However, despite both disability and leisure studies being influential subject fields in their own right, there have been little discursive exchange between the two fields (Aitchison, 2003) or between them and tourism.

One particular area requiring study is that of the family and its complex relationships, particularly when a family member has a disability. The ‘Counting the Costs’ research report conducted by Contact a Family (2010) found that families with disabled children live under extreme financial pressures and that “these families have always had financial difficulties due to the combination of extra costs raising a child, holding down a job as well as caring.” It argues that they feel socially excluded as basic leisure activities like swimming can be unaffordable as it may be necessary to have a carer to support everything (transport, carrying specialist equipment etc). The report argues that lack of leisure activities and days out lead to poor well-being and health as well as to pressure on family relationships. Of the 1,100 families who took part in the survey, 73% are going without leisure and days out and 68% are going without food.
These findings may be unexpected in a more economically developed country such as the UK and highlights the need for social policy to incorporate some provision for people with disabilities to engage in activities and leisure. It is also noted that families who have a member with a disability are less likely to travel than those with a member without a disability (Huh & Singh, 2007). Mactavish, MacKay, Iwasaki and Betteridge (2007:128) examine the role of family vacations and the extent to which it contributes to quality of life and conclude: “holidays taken by the family as whole or smaller sub-groupings within the family – offer a unique and intensive microcosm for further study.” Thus family studies, disability, leisure and critical tourism all have comparable areas of interest. My study makes a contribution to research and practice by synthesising this interdisciplinary literature and by reflecting it in my research design.

Social tourism opportunities have been created for people who would otherwise not be able to participate in tourism through the activities of organisations such as the Family Association and Contact a Family. However, the UK has nothing like the same level of engagement with or commitment to social tourism as many other European countries, such as Belgium, Spain, France and The Netherlands (Hazel 2005; McCabe, 2009; Minnaert, Maitland, & Miller, 2006, 2009; Minnaert, Stacey, Quinn, & Griffin, 2010; Quinn & Stacey, 2010). Social tourism is defined as ‘helping people travel who would not otherwise be able to do so’ (European Commission, 2010:2). Such people include families under financial or other pressures, underprivileged younger and older people, and people with disabilities. Social tourism extends the benefits of holidays (such as increased well-being and life satisfaction) to more
marginalised groups and is particularly important for the children in those groups (Gilbert & Abdullah, 2004; Small, 2008).

There has been relatively little tourism research focusing on families and people with a disability and almost none which explore the perspectives of parents with disabilities and how such marginalisation impacts on their family life. In my professional experience, a child or parent with vision impairment affects all the family members and the dynamics within that family. Where vision loss is acquired later in life, there is a particular need to understand the impact of sight loss and to take account not just of the family dynamics but also of their family history and to understand how the family is coping and adjusting (Dodds, 1993). It has been argued that families that include a child with a disability face added demands, stress and constraints (Singer, 2002):

> The combined effects of the relative poverty of disabled people and their families, plus extra costs associated with a disability, make leisure participation on an equal basis unlikely (Cavet, 1998:99).

There are a few studies, which have examined the holiday experiences of young people with ill-health. For example, Hunter-Jones' (2004) study of young people with cancer emphasises their fears of being unable to cope and their lack of confidence and self-belief. She emphasises the significance of the adolescence stage which represents “a period of transition, time of changing relationships with family and peer groups, changing physical appearances and changing of mental attitudes” (Hunter-Jones, 2004:249). All of these aspects indicate the complexities surrounding research with people with ill-health and disability and the challenges of conducting research across the family life cycle. They also
highlight the essential requirement that more research needs to be
designed which reflect the views and needs of marginalised groups.

As discussed above, marginalisation impacts in a number of ways,
reflecting human diversity and tourism researchers have examined how,
for example, people who are obese (Small & Harris, 2011) people who
are gay and lesbian (Pritchard, Morgan & Sedgley, 2000) and who are
lone parents (Sedgley, Pritchard & Morgan, 2011) have been and are
marginalised. People with disabilities are also ‘members’ of these and
other groups and therefore could be subject to multiple oppressions.
Certainly there is a literature which argues that heterosexual,
conventionally beautiful, healthy and able-bodied bodies have
dominated spaces, forcing certain groups of people to feel ‘out of place’,
awkward in spaces or driven into participation in segregated places and
times (e.g. Cresswell, 1996).

Just as people with disabilities are gendered, sexed, from a racial group
and so forth, they are members of families and families can include
disabled adults, older persons, adolescents or children. The nature of
the family has changed dramatically over the last half a century and
today, the nuclear family no-longer dominates UK demographics. Family
units may now consist of: single parents, half- and step-siblings, gay or
lesbian parents, parents at different stages of the lifecycle and parents of
mixed race. Today, more than ever, families are diverse with a wide
range of needs, resources and family members. Byrne (1988) has
highlighted that despite these family variations, the image of the “cereal
packet” family persists (Leach 1968 in Byrne 1988); where families differ
from this image they are likely to be subjected to stereotyping and
discrimination. There is long history of study of the family focused on
issues such as family dynamics, including power relations, structures, boundaries, communication patterns and roles (Rothbaum, Rosen, Ujiie & Uchida, 2002). This literature emphasises the importance of understanding family behaviour holistically rather than as individual parts (Dodd et al., 2007) and this is an element of my study.

3.4. Tourism and Disability

Comparatively little research has examined tourism and disability even though researchers discussed it as a neglected area of research as early as the 1980s and 1990s (Yau, McKercher and Packer, 2004). Since the turn of the century, however, it has undoubtedly developed as an emergent research area (Richards, Pritchard & Morgan, 2010). Now there are a number of studies including:

- Miller & Kirk (2002), discussed disability legislation;
- Hunter-Jones (2004) examined the barriers to holidaying for young cancer patients;
- Shaw & Cole (2004) examined disability and the UK tourism industry;
- Daruwalla & Darcy (2005) explored personal and societal attitudes towards disability;
- Ozturk, Yayli & Yesiltas (2008) assessed the Turkish tourism industry’s ability to meet the needs of people with disabilities;
- Shi 2006, Williams & Rattray (2005), and Williams, Rattray & Grimes (2006) evaluated the accessibility of the WWW to individuals with disabilities;
- Burns, Paterson & Watson, (2009), examined disability and countryside access;
• Darcy (2007) and Poria, Reichel & Brandt (2010), explored airline practices and disability;
• Luther (2010) presented a narrative explanation of the non-participation in leisure and travel of people with cervical spinal cord injury.

It is widely accepted that the travel motivations of people with disabilities mirror those of people without disabilities and that every tourist has the same diverse needs (Yau, McKercher & Packer, 2004), however, statistics suggest that people with disabilities are not travelling at the same rate as non-disabled people (Packer, McKercher & Yau, 2007). One of the earliest advocates of expanding tourism and disability research was Smith (1987:376) who identified that:

Tourists, especially those with disabilities experience barriers to leisure participation that undermine their sense of freedom and feelings of personal control… barriers that disproportionally affect disabled tourists.

It is the combination of such barriers that influences the amount of satisfaction derived from tourism. As Smith (1987:377) states “because of the numbers [of people with disabilities] who do travel and those who would like to, consideration should be given by the tourism industry to the ‘plethora of barriers.’” This seminal work has been widely accepted by tourism academics and identifies three main participation barriers for people with disabilities, namely intrinsic, environmental and interactive barriers (Table 3.1.).
Table 3.1. Leisure-travel barriers of disabled tourists

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Constraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intrinsic</td>
<td>Lack of knowledge, health-related problems, social ineffectiveness, physical and psychological dependency</td>
</tr>
<tr>
<td>Environmental</td>
<td>Attitudinal constraints, architectural constraints, ecological constraints – international air regulations</td>
</tr>
<tr>
<td>Interactive</td>
<td>Skill-challenge incongruities, communication barriers – language</td>
</tr>
</tbody>
</table>

Source: Smith (1987)

Smith’s barriers were extended by Daniels, Drogen-Rodgers & Wiggins (2005) who termed them intrapersonal, interpersonal and structural constraints in order to emphasize the complexity of barriers. It was McGuire (1984 cited in Darcy 2003) who differentiated between constraints and barriers, suggesting that constraints are factors that affect a person’s predisposition for participation in an activity, and barriers are those impediments encountered while attempting to participate or whilst participating. Since these studies, these factors have been investigated by research addressing relationships and the interplay between constraints, participation, negotiation, tourist behaviour, motivations to travel, disability and the environment (Daniels et al, 2005; Ray & Ryder, 2003; Burnett & Bender-Baker, 2001; Packer, McKercher & Yau, 2007) all of which confirm Packer et al’s (2007) assertion that there is indeed a complex interplay between the individual, the tourism context and the environment (Darcy, 2010).
Over time it has been noted that the notion of discussing constraints is a complex one. Darcy (2003) for example found that the barriers of intrapersonal and interpersonal were largely structural, thus creating a socio-spatial tourism segregation of people with disabilities. In this case, it reflects the paradigmatic nature of all of his research as it is based on the social model of disability which rejects the medical model where the problem is directly attributable to the individual. More recently, research has shifted the emphasis away from barriers and constraints to highlighting participation and integration manifested in the whole-of-life approach (Darcy & Dickson, 2009). As discussed in chapter two under universal design, this approach emphasises inclusion and accessible tourism for the whole population, acknowledging that older people, families (people using pushchairs etc.) and people with disabilities are part of the life course and the changing nature of our socio-cultural world. This shift in approach resonates with McCabe’s (2002) assertion that tourism scholars who regard tourism as getting away from everyday life have in fact ignored tourists’ experiences of everyday life and that these everyday experiences are:

sustained in tourist experiences… and that asking questions such as what are tourists doing and what are they talking about, can provide insights into the everyday life worlds of members of society (McCabe, 2002:62).

A whole-of-life approach and attention to the ‘life world’ of people is just as relevant to non-disabled people as it is for people with disabilities. This whole-of-life approach takes into account the enormous adjustments an individual and/or their family have to make when they have an acquired disability; such adjustments may include their tourism activities. Becoming and remaining travel active is important as being a
tourist involves exploring new interests, taking risks, managing daily lives and seeking social support networks (Packer, McKercher & Yau, 2007). It is society that must accept the diversity of people and change its attitudes towards tourists with disabilities. This not only applies to tourism providers but also to academics and researchers as they too often adopt a medical model approach to disability which views people with disabilities as a separate entity and re-enforces negative stereotypes, as the following illustrates:

Research suggests that many disabled people want to feel normal...Related to this is the question of whether non-disabled consumers would be offended or made uncomfortable with an increase of disabled persons at their favourite destinations. Despite the attempts of the non-disabled to be accepting and helpful, the typical internal comfort level is often quite low (Burnett & Bender-Baker, 2001:11).

It is widely agreed that participation in tourism is more than an access issue (Yau, McKercher & Packer, 2004). However, the foundation of any tourism experience is an accessible destination (Israeli, 2002), appropriate accommodation (Darcy, 2010) and accessible and appropriate information. This provision of an accessible infrastructure is also the basis for tourism participation (Eichhorn, Miller, Michopoulou & Buhalis, 2008). For example:

Destinations must have knowledge management in place that presents information in a way that allows individuals with access considerations to make informed decisions for their needs (Darcy & Dickson, 2009:41).

In addition, appropriate accommodation and transport are two tourism products that are essential for an individual with mobility difficulties as
they have wider consequences for the tourism experience. To book what a tourist thought was accessible accommodation and to discover on arrival that it does not suit their needs can be devastating, while other hotel examples include segregated entrances, additional charges, and lack of access to all areas (Darcy 2010; Poria et al, 2011), whilst there are a plethora of serious airline access issues (Darcy, 2007: Poria, Reichel & Brandt, 2010).

3.5. Tourism and Vision Impairment
The previous section explored studies primarily focused on the experiences of people with physical and mobility difficulties. Other studies have widened tourist perspectives by including people with vision impairments as well as people with mobility impairments. For example, Poria, Reichel & Brandt (2010) embarked on a series of in-depth interviews with people with physical disabilities and vision impaired people to identify the physical and social hurdles that they may face when flying. They targeted these individuals according to their view that their disabilities are ‘visible’ to providers. Thus providers would be able to easily recognise them. The study also included ‘blind travellers’ as they are often ignored in tourism studies. The boarding and disembarking process caused most problems for wheelchair users, often causing physical pain, particularly when moving from the wheelchair to the seat. All of the respondents commented on the lack of staff awareness and understanding, for example the participants found that staff were either patronising or only spoke to their non-disabled companion. The vision impaired participants reported no problems in flight as they are usually accompanied, however they did report a fear of missing announcements and that they wanted to avoid unnecessary contact with other passengers due to their fear of stumbling. Hence, they
concluded that “the findings point to the clear differences between those using wheelchairs, those using crutches, and the blind participants” (Poria et al, 2010:222).

These same researchers also explored the dimensions of the hotel experience for those who use a wheelchair, crutches or who are vision impaired (Poria, Reichel & Brandt, 2011). The focus here was upon the experience with the hotel room, restaurants, hotel public areas and hotel staff. They found that in general challenges arose due to the physical design of the environment and the behaviour of staff, again reiterating that there are differences between the diversity of people with disabilities. Differences in access requirements were prevalent for example in the restaurants where for wheelchair users the main issues were the height of tables and stairs. For the vision impaired people in the study, issues related more to the reading of information and menus, the location of plates and other dining utensils on the table and an overall difficulty with buffet-style serving. Vision impaired people reported challenges in navigating hotel spaces which presented difficulties in finding the reception desk and other areas of the hotel.

In many of the tourism studies where people with vision impairments are discussed, their experiences and needs have been secondary to those of people with other disabilities and thus vision impaired participants were not specifically differentiated from the whole group (Small, Darcy & Packer, 2011). A good example from the field of leisure where this is not the case is a research study conducted by Burns, Paterson and Watson (2009), which examines disabled people’s experiences of countryside leisure services. The aim of their study was to explore the barriers affecting disabled people. The researchers comment that participants
were grouped into impairment specific groups as they “may encounter specific barriers and therefore to engage with the experiences of the group [allows] more focused and productive meaningful discussion” (Burns et al, 2009: 407). Therefore within the tourism literature, studies which examine the holiday experiences of people with vision impairment are not common and even more elusive are experiences of families where a family member lives with vision impairment. As discussed in chapter one, this may be due to tourism scholarship struggling to overcome the lure of ‘the gaze’ or to a lack of knowledge of vision impairment resulting in the marginalisation of the experiences of vision impaired travellers. Hence, the following section discusses research which has solely focused on the tourism experiences of vision impaired people, primarily the study by Small et al (2007; 2011) in Western Australia and New South Wales and that of Poria et al (2011) in Israel. In the case of the latter, the authors amalgamated their three exploratory studies as discussed previously and presented the findings only relevant to the experiences of the vision impaired participants.

As discussed so far, the experiences of people with mobility disabilities is becoming more widespread however, as Small, Darcy and Packer (2007) point out there have been virtually no studies conducted with tourists who are ‘blind or partially sighted.’ Similarly, Poria et al (2011) suggest that it is surprising that ‘blind’ people’s experiences have not received much attention. The research undertaken by Small et al (2007) is the first to develop an understanding of how vision impaired people experience tourism and resonates with the study in this PhD. Not only are these experiences differentiated from those of other disabled people but the research also adopts a social constructionist view that frames the people of the study within the social model of disability thus recognising
that barriers are socially constructed rather than the result of the individual's impairment. By utilising a qualitative approach the research employed focus groups and in-depth interviews in New South Wales and Western Australia, in partnership with the Association for the Blind of Western Australia and Vision Australia to seek a further understanding of the travel experiences of vision impaired people. The exploratory study was conducted with groups of vision impaired people and through individual interviews.

Discussions in the research focused on positive and negative experiences of some of the core elements of tourist activity (accommodation, transport, attractions, restaurants/eating experiences/shops, organised tours). The emerging themes highlighted issues of inclusion and exclusion in the context of accessing information, safely navigating the physical environment, the attitudes and knowledge of others and specific issues related to travelling with a guide dog. Table 3.2 briefly summarises these findings.

Although direct quotations from the participants are not included in the paper, the vision impaired individuals' voices are heard in the recommendations for the tourist industry, vision impairment organisations, the community, the government and researchers.
Table 3.2. Summary of Findings

<table>
<thead>
<tr>
<th>Theme</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessing information</td>
<td>Difficulty accessing information at planning and destination stages</td>
</tr>
<tr>
<td>Navigating the physical environment</td>
<td>Wayfinding in unfamiliar environments; Tactile surface indicators useful; spatial relationships important between tourism spaces; significance of lighting and its impact on orientation</td>
</tr>
<tr>
<td>Others’ attitudes &amp; knowledge</td>
<td>Dependent upon whether person identified they had a vision impairment resulting in positive and negative assistance; treated as second class citizen. All based upon assumptions</td>
</tr>
<tr>
<td>Travelling with a guide dog</td>
<td>Additional requirements for feeding, toileting and equipment. Ignorance about legal rights or even ignored</td>
</tr>
</tbody>
</table>

Source: based on Small, Darcy and Packer, 2007.

The overarching recommendation was for the tourism industry and community to be educated and for tourism information to be produced in accessible formats. The vision impairment agencies, identified as the educators, were urged to use their position to lobby and campaign. Recommendations also urge the government to enforce legislation and researchers to investigate alternative formats of information, undertake access audits of firms and establish best international practice.

The authors discuss how tourism has failed people with vision impairments as it has privileged “the visual over other senses in its understanding of the tourist experience” yet “a major part of the tourist experience is the auditory and tactile experience” (Small et al, 2007: 4-6)
which in their view contradicts Urry’s tourist ‘gaze’ and that research must look ‘Beyond the Gaze’. This finding resonates most profoundly with my research and indicates that looking beyond the gaze must include all the senses in the vision impaired individuals’ tourism experience. Therefore it contributes to a wider focus on experiences that gathers in-depth knowledge about living with vision impairment and placing those experiences in the tourism context. Small, Darcy and Packer (2011) also focus on the embodied tourist experiences of people with vision impairment in line with the emerging work on the ‘body’ (see chapter four) and identify the management implications of taking into account the multi-sensory experiences of individuals. They argue that the body is socially constructed and that tourism predominantly eulogises the body in paradise, rejecting bodies that do not conform (Small, Harris & McIntosh, 2008). As a result Small et al (2011:7) state that “It is through the body that the holiday is experienced…it is the presentation of the body that affects other’s perceptions.” I will endeavour to follow a similar path to this study by scholars who are particularly aware of the real meanings and subsequent actions associated with social constructionism and emancipatory research (which foregrounds people with vision impairment and conducts research based on creating partnerships).

The second set of findings for the tourism experiences of people with vision impairment is that of Poria, Reichel and Brandt (2011). As part of a series of exploratory studies that concerned the experiences of wheelchair users, people who use crutches and vision impaired people, these academics then published a book chapter which extrapolated the findings regarding vision impaired people and specifically wrote about the experiences of accommodation, restaurant, airline and museum
services. Their approach is based on a qualitative methodology and aims “to provide an unheard population with a voice” although the methods and interpretation are reminiscent of more traditional approaches (Poria et al, 2010:151). This study is based on 15 structured interviews with contacts known to them in disability organisations. Thematic content analysis produced two main themes of a) difficulties and barriers (types of environment, human and physical), and b) difficulties and barriers linked to emotions.

The findings assert that the people in their studies contend with diverse physical and social difficulties but as with their previous studies, it is the behaviour of tourist staff that is the most crucial element in their experiences. The authors found it surprising that a few of the ‘blind’ people were interested in museums. This highlights the authors’ own perceptions and tendency to stereotype by pre-judging what people with vision impairment may or may not enjoy. However one of their participants reflected this view, stating that “with all due respect, art museums are not for us, as concerts are not for the deaf.” This in itself highlights the individualist nature of experience whether living with vision impairment or not and the fact that the participant implies the notion of ‘us’ and ‘them’. Perhaps this view reflects that some individuals with vision impairment have low expectations due to their internalised oppressions of disability.

3.6. Chapter Summary
Tourism researchers and educators have barely scratched the surface of disability in comparison with other areas of tourism study such as marketing, destination development and sustainability and consumer behaviour. This chapter has brought together issues concerned with
tourism as a tool for promoting equality and citizenship. It has also examined how academics have approached people with disabilities from marketing and business perspectives and how this contrasts with a social policy agenda of rights and access for all regardless of status. Examples were provided of marginalised groups in our society particularly children with disabilities and families on low incomes.

The purpose of the chapter was also to contextualise the existing literature surrounding the study of people with disabilities, the approaches taken, patterns of findings and to demonstrate that far more research is required. The literature review has confirmed that there is very little research focusing on vision impaired people and it has discussed in some depth the key findings of the two main studies of the travel experiences of people with vision impairment. These have shed light on aspects of tourism participation experiences for vision impaired people. Chapter four will now build on this discussion to explicitly explore the role of the ‘body’ in a disability and tourism framework.
Chapter 4

Bodies, Senses and Places

4.1. Introduction
4.2. Embodiment, Performance and the Sociology of the Body
4.3. Bodies and Sighted Guides
4.4. Spatial and Environmental Awareness
4.5. The Sensuous and Perceptual Body
  4.5.1. Vision
  4.5.2. Hearing
  4.5.3. Touch
  4.5.4. Smell and Taste
4.6. The Nature of Places and Servicescapes
  4.6.1. Servicescape Environments
  4.6.2. Hosts’ Bodies
4.7. Summary
4.1. Introduction

The tourist gaze is a dominant concept in tourism enquiry, one that has ignored the sensuous tourist (see Crouch & Desforges, 2003; Johnston, 2001). It is a mistake to marginalise the sensuous embodied tourist experience as “any tourism experience is a constellation of tiny, individual and collective experiential moments and emotions which build into an overall impression” (Richards, Pritchard & Morgan, 2010:1100). Visual appreciation is a significant element of a tourist experience, but it is just one aspect of those encounters and its impact is entwined with those of the other senses. Hull (1990) refers to the “art of gazing with my hands” as an alternative sensuous exploration as a result of becoming totally blind. His fingers may be doing the exploring but within the haptic system touch is not restricted to the fingers but encompasses the whole body (Rodaway, 1994:41). Inevitably this requires us to engage briefly with the sociology of the body and its role in creating inter-corporeal experiences in tourism places.

In recent years there has been an emergence of tourism work focused on embodiment, which has unpicked the intimate corporeal nature of the tourist experience and foregrounded its emotional and sensual aspect (e.g. Jokinen & Veijola, 2003; Veijola & Jokinen, 1994; Small, 2007). This chapter discusses body theory in relation to vision impaired people in the context of their negotiation and appreciation of hospitality and tourism spaces. The chapter examines: embodiment, performance and the sociology of the body (section 4.2); bodies and sighted guides (section 4.3); spatial and environmental awareness (section 4.4); the sensuous and perceptual body (section 4.5); the nature of places and servicescapes (section 4.6). The chapter also highlights practical
considerations as actions and initiatives are identified which can enhance vision impaired people’s experiences.

4.2. Embodiment, Performance and Sociology of the Body

Turner (1996: xiii) describes the term ‘embodiment’ as “the notions of making and doing the work of bodies – of becoming a body in social space.” In a tourism context a holiday is concerned with bodily movement, the appearance of the body and sensual and emotional experiences (Small, 2007). This embodiment perspective fits with the sociology of the body as “the term ‘embodiment’ is used to describe the way in which the bodily basis of individuals’ actions and interactions are socially structured; that is embodiment as a social as well as natural process” (Osbourne, 2002:51). Feminists such as Valentine (2001) and geographers such as MacPherson (2009) and Imrie (1996) have increasingly embraced the social theories of the body. As discussed in chapter two, this ‘turn to embodiment’, has proved controversial amongst disability activists and academics, who consider this attention on the body to undermine their fight to steer the debate away from the medical model (Hall, 1999). Analysing the ‘body’ from this perspective can be useful in talking afresh about disability in a non-polarised fashion, by connecting the sociology of impairment theory in disability studies with the emergent embodiment focus in tourism literature.

“Embodiment denotes the ways in which the individual grasps the world around her/him and makes sense of it in ways that engage both mind and body” (Crouch, 2000:63). Tourism research has only recently begun to engage with sexuality, emotion and embodiment and much of this work has had a gender dimension. As Small, Harris and McIntosh (2008: 5) comment, the tourism experience is now considered as more than...
simply a “cognitive experience understood through cultural interpretations but as multi-sensual and emotional bodily experiences”. Thus, “the body senses as it moves… that sense of movement, the ‘mechanics of space’ is that of touch, of the feet on the pavement… the hands on the rockface” (Lewis, 2001, quoted in Urry, 2002: 152). Therefore, it is apparent that vision impaired ‘bodies’ have access to their own sensual capabilities influenced by the environments created and presented by the tourism industry. Tourism as it is commonly understood and practiced is a form of commoditised pleasures and these – whether tastes, touches, smells and sounds are sensual and embodied (Richards, Pritchard & Morgan, 2010). We experience and enjoy the world through our sense organs “…because there is the anticipation… of intense pleasures, either on a different scale [or] involving different senses from those customarily encountered” (Urry, 1990:3). Warm summer sunshine, the sounds of nature, the smell of food, the sights and sounds of a bustling marketplace, the tastes of unfamiliar foodstuffs or listening to unfamiliar voices are all common memories of holidays. Peter White, a BBC radio journalist, veteran traveller and totally blind person describes one aspect of how he ‘sight sees’ on a bus trip around the multi-cultural areas of Istanbul:

...you travel on these buses and you actually hear yourself go through them [Chinatown, Italian and Spanish areas], listening to the languages and the nuances and the voices that are getting on and off the bus. So while other people are looking out of the window, no doubt, I’m listening to conversations...There is a whole world out there of other people’s conversations, not necessarily directed at you but directed at each other, and it never ceases to amaze me (The Independent, 12th January 2011).
We also embark upon the bodily practices associated with tourism, for example by carrying luggage, sitting in confined spaces or by wearing different clothes which may cover or reveal our bodies. Similarly bodies are passive when awaiting assistance, sitting around or standing still where there can be limited visual stimulation for a vision impaired person. Bodies in general are restricted in certain situations such as in the aeroplane cabin and in toilets, in queues or in tightly packed restaurants, cars, trains and buses. For someone with limited vision and restricted mobility this lack of space is intensified as one may be unable to escape the confines of a car journey by looking out of the window or one may be confined to sitting at a restaurant table if the furniture layout leaves little space for manoeuvre. An RNIB (2009:4) report indicated that vision impaired shoppers found the shopping experience both difficult and humiliating. “Instances where people reported being made to feel uncomfortable include having to get on their hands and knees to read pricing information on supermarket shelves [and] being unable to read labels and packaging information.” Similar situations for vision impaired people can present themselves in tourism environments whether it is buying sun cream, searching the bargain holiday merchandise at home and abroad, reading the information points at airports or attempting to read menus.

The tourist experience should be seen as a series of corporeal, embodied encounters which embrace all the senses and there are “genuine problems and challenges which can attach to having bodies/psyches that are different from mainstream ‘norms’” (Butler & Parr, 1999:2). Tourism has yet to seriously engage with the disabled body and writing from a feminist perspective Falconer (2012: 9) challenges tourism researchers to investigate its “embodied and
emotional complexities...” This is not to deny that several authors have sought to embody tourism theory, conceptualizing: sensuousness and embodiment (Veijola & Jokinen, 1994; Johnson, 2000; Franklin, 2003; Scarles, 2009); performativity (Edensor, 1998; Desmond, 1999); the senses (Dann & Jacobsen, 2002); mobilities and materialities (Hannam et al., 2006). Rather tantalizingly Veijola and Valtonen (2007: pp. 15-16) note how tourism business environments provide “a set of spatial and social inscriptions of the ideal or normal body.”

What is clear is that there are potential avenues for vision impaired people to realise the sensual resources of their bodies, especially if a vision impaired person has regained some confidence, has perhaps received new skills from rehabilitation training and is enabled to mobilise around an environment with a sighted guide. Franklin and Crang (2001:13) suggest that tourists in general have become “bored by the gaze” and “that a trend has developed for ... doing something in the places they visit rather than being endlessly spectatorially passive.” It seems that they are more interested in searching for exhilarating and transcending tourism experiences, to embrace a “sensory otherness” (Edensor 2006: 2). This, together with an exploration of how the disabled body is spatially and socially inscribed and performed in tourism offers the potential to widen options for vision impaired people, no longer restricted by the visual tourist gaze. These more bodily opportunities, if made accessible, could for instance include access to those very “other” sensory experiences such as adventure tourism (e.g. skydiving, climbing, speed boating). The aforementioned Peter White quite likes to be terrified in what might seem intimidating places. He describes an enjoyable event in Istanbul watching a football game:
It was like going back in time in England by about 25 years: walking over discarded burger boxes and plastic cups, which is exactly how I remember going to football matches in my youth. I was crunching along on broken boxes and cups, and then climbing up the steps and discovering that we were absolutely shoulder to shoulder on the terraces…for me the more vivid the experience is the more I am likely to enjoy it…and in the end got one of them [a supporter] to more or less commentate to me (The Independent, 12th January 2011).

Embodiment concerns making sense of the world through the body and understanding how all the senses combine to create tourism experiences. However, the challenge remains for vision impaired people to expand their immediate space (around their bodies) to a wider environment by mobilising independently, assisted by others or by the use of tactile maps, GIS systems and other types of information (Butler, 1994). For instance, for vision impaired individuals who use a long cane for mobility, access to a wider space is limited to the length of the cane itself:

It is not easy for the sighted person to realise the implications of the fact the blind person’s perception of the world, sound apart, is confined to the reach of the body, and to an extension of his body which he can set up, such as using a cane (Hull, 1990:28).

The cane is not only a device to guide a vision impaired person; it also facilities and signifies the performance of the vision impaired body for oneself and others. This body is performed in tourist spaces, as is its more feted ‘other’, Veijola and Valtonen’s (2007) ‘normal’ body.’ Concepts of performance (Goffman, 1971) and performativity (Butler, 1990, 1993, 1997) offer researchers the opportunity to explore how travel spaces facilitate and possibly disrupt performances of vision
impaired bodies. As Edensor (2000: 322) notes: “Metaphorically, tourists ... enact a range of performances on distinct stages.” How we manage ourselves, how we speak and dress and our demeanour and behaviour are performances, which we and others understand and expect. In this sense tourist bodies are “subject to the disciplinary gaze of co-participants and onlookers” (Edensor, 2000: 327).

The disciplining tourist gaze is even more in evidence in the performance of the disabled body. There are certain rituals and performances associated with being a tourist. Yet we know little about how the vision impaired body engages with the disciplined rituals and performances of tourism; rituals which are highly ocular-centric (such as taking photographs and posing and framing the tourist sight/site). We know little about how the vision impaired body figures within and disturbs tourism’s “particular dramaturgical landscapes” (Chaney, 1993: 86). Similarly, we know little of how the vision impaired body ‘learns’ to be a tourist and, given that many vision impaired tourists were once sighted tourists, how the sighted self interacts with and shapes the experience of the vision impaired self. These and other questions remain unanswered in tourism studies.

4.3. Bodies and Sighted Guides

Tourists not only experience their own bodies but also those of others as tourists engage visually and bodily with other tourists in the destination (Small, Harris & McIntosh, 2008). I would argue that for vision impaired people where visual contact is limited, the bodily experience with other tourists is more intense as some vision impaired tourists, depending on their degree of sight loss, may rely on being guided by other tourists or tourism staff, whether constantly or intermittently. Being guided is a
physical and interpersonal act between two bodies which concerns primarily the senses of touch and hearing between the sighted guides, the vision impaired person and their surroundings. This connection creates embodied experiences for vision impaired people as they are able to connect with a wider space by the guide, physically and socially. Guides (be they family, friends or tourism staff) are relied upon to assist vision impaired people to mobilise around their environment as a functional task but also as an enabler of tourism experiences, effectively ‘seeing’ through the guide’s description of the surroundings and through the movements of their body. The following section provides more detail on the act of guiding to emphasise its importance in terms of: understanding how other people’s bodies play a crucial role in enabling access to tourism environments; improving tourism staff attitudes and awareness; social interaction and guiding as part of an embodied and sensuous experience for the vision impaired person.

While its primary role is to assist in navigating spaces, guiding also conveys information about the guide to the vision impaired person. One can ascertain details about a person’s height and weight, their smell, the sound of their shoes on the surface, their breathing, and the temperature of their skin and so on. The guiding technique, officially referred to as ‘the sighted guide technique’ is a particularly relevant issue as the variation of the technique can involve two bodies touching in close proximity and is influenced by the vision impaired person, the (un)familiarity of the environment, the structure of that environment and the skills of the guide. The technique can take various forms including: the complete interlocking of arms, holding the elbow, placing the hand on the guide’s shoulder or walking closely behind the guide (Figure 4.1). The guiding arm keeps the person close, “tensing it slightly and bringing
it closer to the body in tight situations or relaxing and moving it slightly out from the body under normal conditions” (Jacobson, 1993:48).

Figure 4.1: The standard position: holding the elbow of the sighted guide

Source: Guide Dogs Australia (www.guidedogs.com.au)

When you are guiding someone, it is important to consider not only one’s own space but also the space of the vision impaired person. We are all used to our own walking space and we do this automatically, however a guide must also protect the vision impaired person and consider the two of them as ‘one body’, traversing the walking space (Stone, 1995). The space can be a complex one to negotiate for the sighted guide as he or she needs to concentrate on all of the elements in the environment as the following demonstrates:

It is a very different thing to be aware of the space to one side of us, both the ground surface, such as any obstacles or any changes in level, and the space above, such as overhanging trees, or road signs. It takes a conscious effort to do so (Stone, 1995:19).

In a tourism space, a guide needs to consider for example: walking through narrow spaces (such as aircraft and train gangways and theatre rows); through doorways; walking on different surfaces (e.g. sand and
marble floors); changes in levels (e.g. stairs, kerbs, slopes); overhanging objects (e.g. vegetation, signs, bins on lamp posts); and negotiating ground level obstacles (e.g. people, ‘A’ boards, furniture); all of this needs to be done whilst simultaneously providing a description or conversation and by using the correct sighted guide technique.

Relying on other people to cross a very busy road, to show you around your hotel or to pass through security at the airport depends on a “human guide” being present which is not always possible (Stone, 1995:19). Often, non-disabled people are uncertain of how to be of use, and therefore hesitate and make assumptions; it is unlikely that they will know how to guide and may therefore ‘push’ the vision impaired person along. This can involve being touched by an unfamiliar person or being forced into an unfamiliar space. To avoid this awkward scenario vision impaired people are taught the guiding technique by their rehabilitation officer. The technique includes the grip (figure 4.1) and also an assertive move - the “Hindes manoeuvre” which involves physically adjusting the helper’s arm position. This aims to empower the vision impaired person by retaining control of their situation. However it is not unusual for a vision impaired person to accept inappropriate assistance so as not to offend the sighted helper. Vision impaired people may also guide other vision impaired people. What is crucial is that these partnerships are based on trust:

If efficiently done, the use of a sighted guide can be a very safe method of travel. In addition, the guide can give information on the environment which aids the traveller’s understanding of space and orientation within it and also adds to the enjoyment of travel. Yet another advantage of human guiding is that it guarantees social contact and the importance of this should not be underestimated (Stone, 1995:18).
Bodily touching is an important means of communication for vision impaired people, however on occasion, touching may not be appropriate. For example, some individuals are more tactile than others or touching might be inappropriate for vision impaired children, vulnerable adults or in different cultural contexts. Thus, Rodaway (1994) discusses touch behaviour in Europe, Japan, the Middle East and North America. He explains how these haptic geographies demonstrate a variety of touch behaviour so that, for instance continental Europeans are more openly tactile and likely to easily hug and kiss, whilst the British may be more reserved in public spaces. In Arab countries body-contact is a vital part of interpersonal relationships, in establishing business relationships, and the ability to smell the other person is part of the exchange. One should not generalise about these touch behaviours, however this behaviour could present a challenge to staff in different cultural settings in creating inclusive experiences for vision impaired customers. Since touch is an important communication medium for vision impaired people cultural traditions that govern appropriate behaviour may impact on ways of assisting. These boundaries of appropriateness can sometimes imprison a person by creating a “social space bubble” (Muir, 2010:51) where the individual is isolated.

4.4. Spatial and Environmental Awareness

Vision impaired people can widen their space through a ‘sighted guide’, mobility aids and the environment itself. However, for an individual with no sight and/or for a person moving into an unfamiliar environment, there are also spatial and environmental issues to consider. “The character of space in tourism practice is a combination of the material and the metaphorical” (Crouch, 2002:208); thus “the body encounters space in its materiality, but space is also apprehended imaginatively –
places are imagined and performed” (Cuthill, 2007: 65). For some vision impaired people, such is their fear of negotiating the outside environment, that it can prevent them from leaving their homes (Gustafson-Pearce, Billet & Cecelja, 2005). The development of spatial concepts and environmental awareness is a key factor in the development of a vision impaired person’s mobility and orientation. Orientation is the ability to use one’s remaining senses to understand one’s location in the environment at any given time (Jacobson, 1993:3); it involves having an awareness of space and an understanding of the situation of one’s body within it (Stone, 1995); orientation and mobility specialists regard this discipline as a science as well as an art (Jacobson, 1993).

Research into spatial awareness and cognitive abilities for vision impaired people has been heavily rooted in the medical model. Studies have been concerned with: spatial awareness (Golledge, 1992); cognitive mapping (Jacobson, 1998); navigation systems such as the global positioning system (Loomis, Marsten, Golledge & Klatzky, 2005); and the efficiency of walking speed (Clark-Carter, Heyes & Howarth, 1986). Jacobson (1993) explains that to address environmental concepts the vision impaired person needs to understand objects (such as wheelchair ramps, ceilings, floors, hallways, rooms, stairs, light switches and elevators) so that they can move around the environment efficiently. The body is moving within its environment, in touch with its surroundings through its sensual perceptions, according to shape, temperature, texture and location. According to Jacobson (1993:27) “because concept development depends mainly on visual input, people who are blind or visually impaired have greater difficulty understanding concepts in their abstract forms.” Golledge (1992:71), who studied the
spatial problems of blind and partially sighted people from a geographer’s perspective, concluded that vision impaired people may live in a transformed space and notes that “visual experience has been deemed to be of critical importance in the development of abilities to understand, comprehend and use complex spatial environments.” While this view may be partially true, the depth of information from the other senses must be acknowledged where vision impaired people are concerned (Butler, 1994).

4.5. The Sensuous and Perceptual Body
This section discusses the senses to illustrate how vision impaired people ‘paint a picture’ of their experiences. It highlights how some people may draw upon their sensual resources and how polysensual tourism environments as ‘constructed places of visibility’ can increase and enhance these resources (MacPherson, 2009; Dann & Jacobsen, 2003). Blackman (2008:84) asserts that in body theory there has been a reconsideration of the importance of the senses in order to better understand bodies, resulting in a consensus that “the senses work in combination and communication with each other rather than as isolated forms of bodily awareness.” This synaesthesia, described by Kuusisto (2006:5) as “the strange suffusion of one sense with another”, challenges the Cartesian dualism which assumes the mind and body are separate entities (Blackman, 2008). There are three main sensory perceptions that affect the orientation of a person with vision impairments, namely vision, hearing and touch (Jacobson, 1993).

4.5.1. Vision
Research in geography and related disciplines in the case of vision impaired people has focused primarily on non-visual experiences
including auditory and tactile perceptions and ignored the effect of useful remaining vision (MacPherson, 2009). In chapter two it was established that there is a continuum of vision (impairment) where what can be seen depends on the medical condition, its stage of progression, light conditions in the external environment and a complex set of socio-cultural conditions. In other words, each person’s panorama of the landscape, environment, information, people or whatever is being gazed upon is affected by these sets of conditions:

Visual impairment brings into awareness the contingency of sight, the significance of visual memory to perceptual experience [and] the difficulties of negotiating these lived and symbolic elements of the visual world when you occupy a relatively marginal and marginalised embodied subject position (MacPherson, 2009:1044).

The fact is that the vision continuum is rarely comprehended and the capacity to use vision or to experience visual appreciation seems to be ignored and dismissed by the general population. This is not to suggest that the tourism academy and the tourism industry should be knowledgeable of low vision strategies but it is important to acknowledge that if someone is vision impaired, their sight loss may not necessarily preclude their appreciation of visual impressions.

Jacobson’s orientation and rehabilitation manual for rehabilitation and mobility officers (1993) devotes only half a page to tactile perceptions and yet five pages consider the more complex facets of utilising vision - thus highlighting the importance of residual vision. This is referred to as the advanced perceptions in visual discrimination, concerned with assessing levels of functional/residual vision as “eventually the student must be able to use her vision efficiently to walk safely through the
environment while visually noting where she is… what she is passing or coming upon along the way” (Jacobson, 1993:25); table 4.1 describes the strategies a mobility and orientation instructor would pursue.

Table 4.1: Strategies for Visual Discrimination

<table>
<thead>
<tr>
<th>Visual Discrimination</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual fixation</td>
<td>How quickly and easily one can locate and focus on an object or target</td>
</tr>
<tr>
<td>Identifying objects</td>
<td>Identify the object in terms of its size, shape, colour, location or a previous visual memory of it</td>
</tr>
<tr>
<td>Visual scanning &amp; tracking assessments</td>
<td>While walking a route, visually scanning (moving eyes back and forth to find stationary objects); track moving objects (such as traffic, people)</td>
</tr>
<tr>
<td>Assessing visual fields</td>
<td>Determining use of remaining vision, optimum use of field via nasal (closest to the nose), temporal (off to the sides), superior (upper) and inferior (lower) fields</td>
</tr>
<tr>
<td>Non-optical low vision aids</td>
<td>Sun-glasses, caps, reading lamps, contrasting colours (indoor and outdoor)</td>
</tr>
<tr>
<td>Optical low vision aids</td>
<td>Magnifier to read small print, monocular for distance etc. Prescribed by a low vision specialist</td>
</tr>
</tbody>
</table>

Source: Adapted from Jacobson (1993:22-26)

4.5.2. Hearing
Contrary to popular myths, vision impaired people do not possess an elevated sense of hearing, however audition is one of the senses integrated into the orientation skills of a vision impaired person. Sounds are constantly around us, providing information about what is happening.
For instance a milkman jangling milk bottles indicates it is early morning; the sound of footsteps might indicate a familiar person coming along the corridor; the sound of a hotel water feature may indicate the location of the reception desk and so on. For instance, Kuusisto (2006:71) used the hum of the hotel escalators to locate them, “Standing in the cavernous lobby of the hotel, I could locate the escalators by means of their hum...when I drew closer I could hear the whisper of rolling metal, a feverish sound.”

What is required for a vision impaired person is to discriminate and localise sounds in order to process the relevant and most useful information. Referred to as the “Doppler Effect”, Pick (1980) explains that sounds are also approaching and receding, that is increasing and decreasing in pitch as the sound approaches and then moves away. Jacobson (1993:20) says that a vision impaired person “…needs to learn to discriminate and localize the myriad of sounds around her to extend her knowledge away from her body. These ambient sounds are either informational or extraneous.” For blind and vision impaired from birth children they need to be introduced to sounds and to learn to identify the source of the sound, associating it with an object. Sounds also have distinctive features, tone and pitch and can be clear or muffled. To be affronted by a harsh or loud sound may be frightening. On rainy days sounds can be muffled by wearing a cap or a hood, and distorted in the wind so that:

Going out on windy days is more difficult. The wind makes a noise which obscures the small auditory cues which, though rarely appreciated until they are absent, are so helpful when walking around (French, 1999:21).
Pedestrians in a city may confuse the direction of the traffic sounds because of the echoes created by the tall buildings as described below:

This corner creates an audible anomaly, wind pours through the streets running west to east and as it pushes through the gaps between buildings it makes white noise…as you stand there the traffic vanishes as if by magic…The street corner had once again mashed its traffic sounds (Kuusisto, 2006:80-81).

The term ‘echolocation’, once thought of as a sixth sense, and regarded as “facial vision” (Rodaway, 1994; Jacobson 1993) is where a person creates their own sound. Jacobson (1993:21) describes it thus: “…as a student approaches a wall directly in front of her, she learns to note the echoes emanating from the wall that are created by her footsteps.” More recently, Daniel Kish (President of World Access for the Blind), pioneered the use of clicking sounds off the tongue to receive messages from the environment (see figure 4.2). These echoes are then interpreted by the vision impaired person as “surfaces close to a percipient will reflect self-generated sounds such as footsteps or cane noises and accurate interpretation of these echoes will build up a picture of an immediate environment” (Gardiner & Perkins, 2005:85).

Figure 4.2: Vision impaired walkers using echo location

4.5.3. Touch

The sense of touch is the first reliable and constant impression of the world for young people with vision impairments since our first impressions of the world come through our sense of touch - picking up objects, touching a parent’s face and placing things in our mouths (Jacobson, 1993). As the sense develops it becomes an awareness of presence and locomotion and is described as the tactile, haptic sense (Rodaway, 1994). Touch literally entails contact between a person and the world as “skin is not simply a protective covering, it is an instrument of communication that allows us to sense and feel the world” (Blackman, 2008: 86). Touch or the haptic system, provides information about objects in the environment and “by definition our relationship to them and our participation in that environment” (Rodaway 2005:44). Mobility experts have argued that this is a difficult concept to define. For instance, Pick (1980:89) states that tactual perception “will include both perception as it occurs when stimulation is imposed on a person’s skin” and haptic perception “when a person actively touches something else”.

Rodaway (1994) and Gardiner and Perkins (2005) talk of touch as being both passive (tactile) and active (haptic). It has also been described by Montagu (1971 cited in Rodaway, 1994) as “the most reciprocal of the senses, for to touch is always to be touched.” For vision impaired people they may physically and actively touch an object but passively they can also ‘feel’ the presence of an element of their surroundings by actually hearing the presence through echolocation or ‘passive touch sensing’ (Gardiner and Perkins, 2005).
Subjects always recognized sounds arising from their personal interaction with their surroundings, and so were able to gain some precise information about where they were, especially when those sounds were reinforced by sensations arising from touch... People usually identified path construction materials by touch, through their feet, but often confirmed their tactile impressions through noises made by stamping on, or scuffling over different surfaces. (Gardiner & Perkins, 2005:88).

It is important to point out the significance of this to vision impaired people’s mobility in the environment and their bodies’ abilities to react to and sense the world. Jacobson (1993) highlights this in his discussion of temperature and texture. He explains that temperature (on the skin) is important for planning travel, whether it is hot and muggy, cold and icy: “If it is cold and icy, she may plan her route to walk along the sunny side of the street or to start in the afternoon when the ice has had a chance to melt.” Similarly, textures provide clues to one’s surroundings, enhancing the experience and surfaces such as the pavement, snow, wet leaves, ice, gravel, marble, etc. can often affect the type of cane skills the ‘traveller’ uses.

4.5.4. Smell and Taste
There is very little information about the senses of smell and taste in the vision impairment literature, although there is an emerging literature on the senses in cultural studies (Korsmeyer, 2005) and some well known studies in the tourism literature (e.g. Dann & Jacobsen, 2003). Smells both orientate and evoke memories. For example, identification of some objects detected by odour can provide some information about where one is or about where particular objects are if they emit a distinctive odour (Pick, 1980).
However, when vision impaired people have no knowledge of where they are, each smell can come as a surprise; moreover few vision impaired people seek out information through their sense of smell, yet “although aromas are ephemeral they can enhance understanding of other sensory stimuli by association” (Gardiner & Perkins, 2005: 89). For instance, Gardiner and Perkins (2005) they found that although some of their participants perceived a block of trees through echolocation, they could not recognise what it was until the woodland smells helped them to interpret the sound signals.

‘Tastescapes’ can be an attraction for tourists and can enhance the experience if one sense is impaired (Quan & Wang, 2004). Thus, the ‘Dans le Noir’ experience which involves eating in a darkened restaurant, served by individuals who are vision impaired seeks to elevate taste and smell by denying guests the use of their sight as its webpage describes (figure 4.3). In one of the very few tourism studies which highlights taste, Elizabeth Dann (2011) discusses her ‘sightless’ and ‘soundless’ experiences and explains in 18 taste narratives how foods are associated with places she has visited; for example, how spremuta di limone is associated for her with Udine, Italy and how sausages and chips with skins on is associated with Wroclaw in Poland.
The following section turns its attention to practical examples in tourism spaces - servicescapes, a physical environment controlled by a service organisation (Nguyen, 2006) and service encounters, “a period of time in which a consumer directly interacts with the service” (Shostack 1985:243). The service literature includes many examples of how these spaces - both artificial and natural - can provide good quality and enhanced experiences for customers and employees alike. I have utilised these service encounters to demonstrate how these spaces have the potential to enhance the experiences of vision impaired people.

4.6. The Nature of Placescapes and Servicescapes
Crouch (2000:64) argues that when people are “doing” leisure they often find themselves in a place such as a park, field, historic site or a beach, a place where there is atmosphere. His description resonates with the
sensuous nature of places as he suggests that when friends touch each other, they feel the ground, memories are triggered, that even adjusting one’s body by bending down can create a different impression of the scenery. Naturally, sighted and vision impaired people have different views of space, so that there is a ‘close up’ space immediately around the body and a distant “reached only in vision” space that for the former operate together. Some vision impaired people can only see close up space and this reduces their capacity to ‘make knowledge’ through their surroundings. To illustrate this point, this section utilises examples of servicescapes, such as those in the hospitality and tourism industry, in particular where people eat, but also hotels, attractions and transport. Bitner (1992:57) suggests that these service encounters are part of the built environment and in contrast to the natural environment are human-made. The nature of these spaces is also influenced by the employees working in them who play a key role in creating the essence of that servicescape experience. Hence, the following section concentrates on the servicescape environments, employees’ bodies and emotional labour and how they impact on the experiences of vision impaired people.

4.6.1. Servicescape Environments

Quan & Wang (2003) note that there are two approaches to the study of tourist experiences, the social science approach and the marketing/management approach. However, they also recognise that these approaches are not homogeneous as they are multi-layered. Thus, eating in public is multi-layered and it involves formal and informal settings. Formal settings include weddings and eating in restaurants, while informal settings include eating at work, with friends and at home (Zdrodowski, 1999). Formal settings pose greater challenges to vision
impaired people both in terms of accessing these environments and also during the meal experience, as this includes being able to identify and locate food, co-ordinate hand to mouth, and deal with spillages and possible embarrassment.

There has been little research focus on the impact of servicescapes on customers’ perceptions and evaluation of those settings (Lin, 2004). Bitner (1992) explains that servicescapes can influence the consumers’ degree of satisfaction with the experience. She describes airport environments where crowds, high temperatures and confusing signage can cause disorientation and distress. In this case, a vision impaired person could potentially become more vulnerable because of the lack of visual cues:

The effect of the atmospherics, or physical design and décor elements on people is recognised by managers... Yet particularly in marketing there is surprisingly a lack of empirical research addressing the role of physical surroundings in consumption settings. Managers frequently plan, build, change…but the impact of design change on the ultimate users of the facility is not fully understood (Bitner, 1992:57).

Bitner divides behaviours in the servicescape into environmental conditions, individual behaviours and social interactions. Environmental conditions are sub-divided into: a) ambient conditions such as temperature, air quality, noise, music and odour; b) space and function in terms of layout, equipment and furnishings; c) signs, symbols and artefacts such as signage, personal artefacts and style of décor.
The following discussion, although focusing on the environmental elements of particular relevance to vision impaired people, recognises that these aspects are just one part of the overall servicescape encounter and its relative influence on customer satisfaction. If “the servicescape provides a visual metaphor for an organization’s total offering” (Bitner 1992:67) then the ocular remains the prime sense. Similarly decor and signage (for orientation, to convey rules etc) are regarded as the primary symbols creating atmosphere, setting boundaries and assisting customers during their stay in the servicescape (Nguyen, 2006). Very often, vision impaired people are excluded from these visual cues and therefore, these enablers for sighted customers can exclude vision impaired people completely or make their stay less comfortable.

Nguyen (2006:230) states that ambient conditions in particular “have an impact on the customers’ five senses, which influence their perception as well as their response to the environment.” Lin (2004) demonstrates this by addressing the environmental components of the servicescape as: visual cues of colour, space and function, and lighting; auditory cues of music and non-musical sounds; olfactory cues. Colour contrast is important to vision impaired people as it can help individuals distinguish between surfaces, recognise and manoeuvre around furniture, identify and read signage, move around obstacles and so forth. In general, in addition to structuring the servicespace, different colours in certain settings can evoke an emotional response from customers; for example, Bellizzi and Hite (1992) found that consumers react more favourably to a blue environment in retail settings. Arguably vision impaired people can benefit similarly to sighted people in their emotional reactions to certain colours, but the tone and hue of some colours (where there is too little
colour contrast or light) may also impinge on the effective use of residual vision.

Lighting is of prime concern to vision impaired people and is a key factor in accessing servicescapes. Lighting in an environment directly influences an individual’s perception of the definition and quality of the space (Kurtich & Eakin, 1993). For a vision impaired person, lighting not only illuminates space but also influences the residual vision of the individual and how that person mobilises around the servicescape. Good even lighting enhances the use of residual vision and some totally blind individuals can still sense the presence of dark or light settings. Similarly lighting can determine the success or failure of interpersonal communication whether between friends and family or with the service host. For example, Gifford (1988) researched the influence of lighting, indicating that general communication was more likely to occur in bright environments whereas more intimate conversation occurred in softer lighter ones. Certain servicescapes such as restaurants employ low lighting to create an atmosphere of closer intimacy, however when a vision impaired customer is within this space intimacy is potentially more difficult, as is their sense of isolation as they are unable to see their companion’s face, to read the menu and so forth. For design to be successful there needs to be a balance between visual impact and the functionality of the space, as in the inclusive design philosophy (Rutes, Penner & Adams, 2001).

In terms of the design of service spaces and their functions, the position of furniture can define and enclose space, communicate and define boundaries and dictate the flow of people within those spaces (Lin, 2004). High ceilings create a sense of space and light, whilst low ceilings
are associated with places of intimacy. The colour, texture, size, weight and placing of furniture has direct consequences for vision impaired people in terms of how they can appreciate their surroundings (soft or hard chairs; carpets or wooden flooring) and also dictate how they physically negotiate the servicescape. For example, the Cardiff School of Management’s refectory (figure 4.4) consists of a wide open area with low soft seats designating the informal areas and high-backed chairs and tables indicating its more formal spaces. As the space is large and the ceiling open to the top of the building it is quite cold with echo-like acoustics. The approach to the refectory is a wide open space that may be difficult to negotiate for a vision impaired person as there is little colour contrast, the white walls may cause glare and there is a complicated route to locate the food counter and pay tills. To learn this route (as taught by a mobility officer) an individual would utilise various strategies such as good cane technique, trailing walls, locating cues and clues and echo-location.

Figure 4.4: Cardiff School of Management Refectory

Source: Victoria Richards (personal photo image)
Like vision, audition and smells are also a means of enabling orientation and mobility as they enable individuals to distinguish and localise sounds and smells. In many servicescapes the aim is to provide a balance of loud and constant sound (such as background music) to create a pleasant sound environment (Kryter 1985). For vision impaired people to reap the benefits of this, more thought is required since if the music is too loud it can cause distinguishing and localising sounds to become blurred and diminish contact with other people as conversations cannot be easily heard. The use of scents can be a powerful tool as smells can influence a customer’s desire to make a purchase (Lin, 2004). The smell of a servicescape also contributes to the perception of the place and aids recognition and negotiation in environments. For example, the smell of the buffet food in the hotel restaurant and the smell of the hotel kitchen are both aids in mobility and perceptual recognition. Dann and Jacobsen (2003:3) state that “over-emphasis on the tourist gaze tends to disregard the fact that the unique character of a place can additionally be imparted by its aromas”. For vision impaired people this can sometimes be overwhelming as they can be bombarded by smells. For example, Peter White has described how in the Spice Bazaar in Istanbul, he felt that “it’s great when you first go in there but there comes a point when you feel that you have been overloaded” (Calder 2011:17).

4.6.2. Hosts’ Bodies
In chapter two, employees are identified as enablers of environments. The hospitality and tourism literature recognises that employees’ performance and quality of customer service is also influenced by the environment of their workspace/servicescape (Bitner 1990:1992). Hence their behaviour, personal satisfaction and ability to interact effectively
and willingly are influenced by the environmental conditions just as these elements are significant for customers. Boom and Bitner (1981) add two new elements to their original framework: i) physical surroundings and tangible cues; ii) human actions between personnel and customers. These new additions provide a better understanding of how servicescapes are organised and how interactions between personnel and customers may influence customer evaluations of the service encounter. Their part in influencing customers’ satisfactions has been likened to being an actor in a play (Gibbs & Ritchie, 2010), playing a part emotionally as well as being technically skilful in delivering the service; this is referred to as ‘emotional labour’ (Seymour, 2000).

Staff, when interacting with vision impaired people, are presented with an added dimension to their role in that they require specific interpersonal skills to communicate appropriately - such as using the person’s name and touching them gently on the arm. In addition, if the staff member is acting as a guide they will need to be able to describe the surroundings and be able to use the correct sighted guide technique. In instances when a vision impaired person wishes to communicate a message, the lack of eye contact and difficulty in seeing people’s faces or expressions, attracting attention or knowing the identity of personnel or other people around them, can become moments of frustration and dissatisfaction for vision impaired people.

Naturally for sighted people, a smile, eye contact or a gesture such as waving are signals of initial contact and attention. In their discussion of female cabin crew, Veijola and Valtonen (2007:20) refer to “smiling bodies” and assert that “Smile… is not only a visual image. Smile is an attribute of the entire convinced and convincing body that relates to
another person” and that for the flight attendant smiling is part of her work. This visual smile is often absent for vision impaired people but if a smile “lingers in the voice, gestures and bodily positions” it may be more detectable ” (Veijola & Valtonen, 2007:21). A ‘smiling voice and body’ where the tone, pitch, and the detail of the words spoken, can convey an alternative smile while bodily touching confirms the direction of attention (where appropriate a touch on the arm). The use of the individual’s name is another useful technique, assuming that staff are interacting with the vision impaired individual directly as well as with their family and friends (should they be accompanied). Work performance in servicescapes, is one “in which the emotional style of offering the service is part of the service itself…emotional labour is hence connected to work performances by ‘the management of feeling”’ (Hochschild 1983:5/6). Whilst recognising that staff both provide a service and are expected to perform to further quality and satisfaction it is also true that there is the prospect that their emotional labour (pressured by pay and long working hours) may be transformed into a “commercialisation of human feeling” (Urry, 2002:62), particularly for cabin crew through the formalisation of emotion in their training.

4.7. Summary

This chapter has examined how, despite the attention to the tourist gaze and the privileging of vision over the other senses, vision impaired people can access tourism places and spaces by using all their senses, including remaining vision. The senses have been discussed in relation to vision impaired bodies and we have seen how, by combining information from the senses, it is more likely that an individual can make useful and more accurate deductions about his or her environment. In the case of vision impaired people the synaesthesia of the senses is the
key to mobility, orientation and conceptualisation as well as providing the option of moving in and out of close and distant spaces. I have argued that interactions with the environment also often require other bodies to be there and hence the importance of tourism staff to enhance their service encounters with customers, enabling customers to easily access and enjoy the tourism or hospitality experience.

Generally the public are unaware that the majority of vision impaired people have some residual vision and that they can learn to develop their senses while also being more self-aware of the potentialities of their sensuous bodies. In addition, the senses are awakened by the environment in which one is placed as “The senses are not merely passive receptors of particular kinds of environmental stimuli but are actively involved in the structuring of that information and are significant in the overall sense of a world achieved by the sentient” (Rodaway, 1994:4). Hence the other key element is optimal or universal design where the design of environments enhances “individual approach behaviours and encourage appropriate social interactions” (Bitner, 1992:61). To accomplish the full embodied tourist moment the vision impaired person needs to be aware of their own sensory perception, to be able to use sighted peoples' bodies to improve access and to be stimulated by the sensorial environment. This chapter, together with chapters two and three constitute the study literature review and have presented the context for the overall study. Chapter five will next describe, discuss and evaluate the research approach and methodology for the study fieldwork.
Chapter 5

Research Approach and Methodology

5.1. Introduction
5.2. The Conceptual Framework
5.3. The Emancipatory Paradigm
   5.3.1. Emancipatory Disability Research
5.4. Ontology – Being, Seeing, Experiencing, Knowing and Becoming
5.5. Epistemology: The Nature of Knowledge
5.6. Researcher Positioning
5.7. Study Methodology
   5.7.1. Qualitative Inquiry
   5.7.2. Phase One: Focus Groups
   5.7.3. Phase Two: Visiting Families
5.8. Analysis, Interpretation and Dissemination
5.9. Summary
5.1. Introduction

In their routine use to render the world perhaps more humanistic, perhaps more holistic, and perhaps more relevant to the lives of certain disenfranchised populations, qualitative research methods are thereby commonly tied to issues of societal consciousness and emancipation. They tend to have an inherent ontological connection to forms of emancipatory or remedial action empowering ‘voices that were previously silenced [to] speak as agents of social change and personal destiny’ (Denzin & Lincoln, 1994:2000) (Hollinshead 2004:78).

This chapter begins by setting out the study conceptual framework, developed from the preceding three literature chapters (section 5.1). It then discusses the emancipatory paradigm, which is the focal point of the research (section 5.2). It next discusses ontology (section 5.3), epistemology (section 5.4) and positionality (section 5.5). The second part of the chapter presents and justifies the study methodology, specifically: qualitative research (section 5.6), focus groups (section 5.7.1); interviews and conversations (section 5.7.2.) analysis, interpretation and dissemination (section 5.8.).

5.2. The Conceptual Framework

In order to provide a comprehensive theoretical framework, conceptual and operational models were developed from a disability perspective based on the three literature review chapters and my personal experience. These models were developed to provide enhanced understanding of vision impaired people’s tourism experiences. Figure 5.1 illustrates the relationships between the four main approaches to understanding and conceptualising disability (the medical, social, sociology of impairment and affirmation models). As described in chapter two, these understandings have evolved from the medical model, which tended to regard people with disabilities as ‘Other’ and
placed the onus for the disability on the individual (Barnes, 2004; Mercer, 2005).

As a researcher and vision impairment practitioner I find the medical model extremely limited and offensive in its scope and intent but I am conscious that the social model fails to address bodily issues and concerns. This leads me to embrace the sociology of impairment model’s focus on the body and its recognition that the body cannot be separated from the social world. The body is firmly embodied in the affirmation model and its central premise that impairment should not divide disabled and non-disabled people and their life worlds. It sees impairment as a ‘normal’ part of the human condition and recognises our multiple ways of being (Swain & French, 2008). It is central to this study as is the whole of life approach suggested by Darcy and Dickson (2009) which identifies the commonality (as opposed to the separateness) of our shared life world.

Figure 5.1: Conceptual Framework: From Medical Model to Affirmation Model
The conceptual framework is operationalised in Figure 5.2., which illustrates the scope and intent of the study. It presents the four key concepts of citizenship, identity, embodiment and embodied performance, and illustrates how these are influenced and shaped by social and individual stigma and stereotypes and locates the affirmation model (with its emphasis on researcher ethics, knowledge, values and experience) at the centre of the framework. The remaining sections explore how this framework is implemented in the research design.

5.3. The Emancipatory Paradigm
Just as light is reflected through the lens of the eye, along the optic nerve to the brain to provide us with a view of the world, researchers see the world and knowledge through another set of lenses, that of paradigms, often described as a net and a “basic set of beliefs that guide actions” (Guba, 1990:17). A paradigm can be viewed as “representing a
set of beliefs about how the world operates and is therefore ontological, epistemological and methodological” (Jennings, 2005:103). The importance of being aware of one’s paradigmatic stance is emphasised by Avramidis and Smith (1999) in their criticism of special needs researchers who tend to concentrate more on the methods of research rather than their underlying research approaches. They state “…it is their paradigmatic assumptions which guide the whole [research] process, and not the methods and techniques.” Finn, Elliott-White and Walton (2000:7) concur, saying: “All too often students begin with a preference for a style of research and they propose to carry out that investigation, without some consideration of how one’s philosophical stance can impact on how the research is carried out.” Thus further explanation of how my theoretical perspective informs my methodology follows.

The emancipatory paradigm assumes “knowledge is the outcome or consequence of human activity, rather than an entity that is out there” (Kraus and Allen 1996:22). It is the logical choice for my study as it fits with my “settled theoretical orientation” (Silverman, 2005:39) and my view that disability is not something fixed and deeply rooted in the individual, as suggested in the medical model. It also resonates with my experience as a rehabilitation officer, following anti-discriminatory practice in working closely with people with varying degrees of vision impairment (see section 5.5). I followed a person-centred approach, which took account of an individual’s medical, personal, social and economic circumstances, itself essential in ensuring positive, nurturing and equal relationships with my service users. This experience has informed my theoretical perspective and thus directed the methodology.
5.3.1. Emancipatory Disability Research

Emancipatory disability research (Oliver, 1992) emerged in 1991 following a series of Joseph Rowntree Foundation (an independent development, social research charity and major funder of disability research) seminars. These seminars identified seven core principles of emancipatory disability research (Table 5.1.). Stone and Priestley (1996:10) consolidate these into six point principles for what they term an emancipatory research paradigm for non-disabled researchers within the field of disability studies. These are: (i) the adoption of the social model of disablement as the epistemological basis for the research; (ii) the surrender of claims to objectivity through overt political commitment to the struggles of disabled people for self-emancipation; (iii) the willingness only to undertake research where it will be of practical benefit to the self-empowerment of disabled people and/or the removal of disabling barriers; (iv) the evolution of control over research production to ensure full accountability to disabled people and their organisations; (v) giving voice to the personal as political whilst endeavouring to collectivise the political commonality of individual experiences; (vi) the willingness to adopt a plurality of methods for data collection and analysis in response to the changing needs of disabled people.
Table 5.1: The Seven Core Principles of Emancipatory Disability Research

<table>
<thead>
<tr>
<th>Principle</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>Must fully involve disabled people throughout the research process. Non-disabled researchers must be accountable throughout to research advisory groups run by disabled people.</td>
</tr>
<tr>
<td>Accountability</td>
<td>To all involved. Findings and implications of research must be disseminated in appropriate formats to all relevant audiences, especially disabled people.</td>
</tr>
<tr>
<td>Empowerment</td>
<td>Must attempt to leave disabled people in a better position to confront the disabling barriers in their lives – meaningful practical outcomes.</td>
</tr>
<tr>
<td>The Social Model of Disability</td>
<td>Demand for a more holistic approach to the problems more commonly associated with disability. Research focuses on the economic, environmental and cultural barriers.</td>
</tr>
<tr>
<td>The Need for Rigour (Data collection, Barnes:2004)</td>
<td>Ensure research methodology and data collection strategies are logical, rigorous and open to public and academic scrutiny.</td>
</tr>
<tr>
<td>The Choice of Methods</td>
<td>Generally been associated with qualitative rather than quantitative data collection strategies; choice must adequately reflect the needs of the project. It is the use to which they are put.</td>
</tr>
<tr>
<td>The Role of Experience</td>
<td>Discussions of disabled people’s experiences, narratives and stories should be couched firmly within an environmental and cultural context in order to highlight the disabling consequences of a society organised around the needs of a mythical, affluent non-disabled majority.</td>
</tr>
</tbody>
</table>

Source: Disability Awareness in Action (2009)
These comprehensive principles shape my theoretical and methodological approach. Here, individuals with vision impairment are the co-researchers, iteratively guiding and informing the research and analysis. As such I aspire to conform to Barnes’s (2004) test of truly emancipatory research, namely that it is empowering and creates knowledge that has meaningful and practical outcomes for people with disabilities. It is worth mentioning here that there is a distinction between participatory research and emancipatory research. In the former “it is sufficient that disabled people are included in the design and execution of the research project and are consulted on the analysis and dissemination of the findings” (Duckett & Pratt, 2007:7). However:

Emancipatory research goes beyond the mere inclusion of disabled people… [it] transforms research into a political enterprise that works to identify and eliminate the structural barriers that disadvantage disabled people both within the research project itself and beyond.

Undertaking emancipatory disability research also requires an awareness of the potential of bias and unequal power distribution (Jordan & Gibson, 2004). In order to achieve this, the ‘respondents’ are viewed more as partners and co-researchers in the same way that Morris, Woodward and Peters (1998) worked with women in their feminist research study:

A concern to make the formerly invisible visible by focusing on women’s lives; a commitment to doing research for women and not just on them; a rejection of hierarchical relationships within the research process by making those being researched into partners and collaborators; a commitment to reflexivity based on notions of openness and intellectual honesty. (Morris, Woodward & Peters, 1998:220-222):
Such an approach is particularly appropriate for marginalised groups, including people with disabilities who are “often overlooked by the tourism industry” (Jordan & Gibson, 2004:220). Adopting this approach challenges the neutrality of the researcher as participants become equals rather than objects and subjects. Indeed the issue of power and relationships is a pertinent one when working with people with disabilities and with vision impaired people in particular as they have far too often been reduced to passive roles in clinical settings and have not been fully informed of their situation (Pratt & Duckett, 2001). Pratt and Duckett emphasise this and state that relationships between researchers and participants in vision impairment research should not mimic the power dynamics of a ‘doctor-patient relationship.’ Instead the atmosphere should be such that participants feel empowered to “question researchers and satisfy their own informational needs” (Pratt & Duckett, 2001:827/831).

To enable and sustain this approach requires constant reflexivity and self-reflection on how we communicate with our co-researchers and how we manage the research process. Herz (1997: viii) describes this as having “an ongoing conversation about experience while simultaneously living in the moment.” As part of this process of reflection should be a consideration for the emancipation of participants and how they can gain empowerment. As Veal (2006:3) explains “people can be aware of the research being conducted about them and are not therefore purely passive subjects; they can react to the research and change their behaviour accordingly.” In this sense co-researchers should be empowered to react to the research by promoting a mutual exchange of information and experience. To echo the words of Coffey (1999:130-131), this exchange aligns with ethnography, since “ethnography relies
on the exchange of lives, selves and voices. It is about personal communications, face to face interactions and encounters.” Thus, these ethnographic and emancipatory techniques pave the way for a study which foregrounds the co-researchers’ voices alongside that of my own.

5.4. Ontology – Being, seeing, experiencing, knowing and becoming
This section borrows its title from Hollinshead (2004:67) as his chapter is concerned with ontology as a craft, calling for researchers of any discipline to “indulge in what must admittedly be recognised as the longer reflective and necessarily deeper reflexive effort that the logic of qualitative methodologies is inclined to demand.” My ontology draws on the social model of disability (as discussed in chapter two) by rejecting the individual/personal tragedy view of disability, where the individual is perceived to be the problem. There was a time when people with disabilities were confined away from the world in institutions and restricted from being, seeing, experiencing, knowing and becoming in the world. In fact they were positively excluded. However, despite the shift in emphasis through the disability movement and work of the Joint Committee on Human Rights (2008) (which recommends applying the medical model only in the context of illness), there remains an inclination to address disability as problem-centred.

If one’s choice of paradigm is based on one’s ontological view of the world (Finn et al, 2000), then it is logical that in terms of people with disabilities, the principles of the social model of disability are adhered to as it is the political, economic and environmental disabling practices that marginalise people. Indeed all ontological views are influenced by
ideology, a set of ideas associated with a particular set of social arrangements (Thompson, 1997). Thompson for example, states there are various ideologies at work in society but it tends to be the ideas of powerful groups which become dominant:

Setting up “norms” is part of ideological devices, therefore an ideology will set up what is “normal” and therefore by extension what is “abnormal”, e.g. Heterosexuality can be seen as normal in so far that the majority of people are heterosexual (Thompson, 1997: 25).

I would argue that the ideology of being non-disabled remains ‘the norm’ and dominant ideology, despite the impetus from the disability rights movement and legislation. Addressing this requires anti-discriminatory practice to reduce, undermine or eliminate discrimination and oppression (Thompson, 1997:33).

Social science research must also be anti-discriminatory as it deals with people and their behaviour. Thus it is imperative that any researcher is aware of the values and ethics in dominant research practice (axiology). Unfortunately, Belsky (2004: 274) states that tourism researchers “rarely speak directly about the values that influence their choice of topics and research methods they employ.” Botterill (2001:205) argues that although his PhD students said they followed value free approaches to their research, he acknowledges that they have “a rich stock of subjective experience that has influenced their choice of study.” This reflects the position of many second generation tourism scholars whose work is guided by “the search for intellectual enrichment, social justice, and social equity” (Pritchard & Morgan, 2007:21), words that resonate with anti-discriminatory practice. Such perspectives are much more prominent in the disability literature and although the last decade has
seen an increased interest in the tourism literature one writer who is clearly positioned as an advocate of social equity is Simon Darcy (2002, 2003, 2007).

5.5. Epistemology: The nature of knowledge

I locate my research within the epistemological framework of the social model of disability, the sociology of impairment and the affirmation model, all of which have been conceptualised and applied in current research in the field of disability. Furthermore this study also reflects one of the principles required within the emancipatory approach of taking the social model of disability as its main principle. Stone and Priestly (1996: 4) discuss the choice of epistemology by suggesting that “disability research has been condemned where it has conceptualised disability as an individual pathology.” This means where research has conceptualised disability using the medical model (chapter 2). They also argue that academics have worked “within the dominant paradigms for disability research [which are] positivist and interpretative…casting themselves in the role of expert and ‘knower’” (Stone & Priestly, 1996: 4).

From the very beginning I have refused to position myself as an expert on disabled people’s lives and yet the very nature of undertaking a PhD defines the researcher as an ‘expert’. I have shied away from this label and in so doing I have been determined to adopt a sharing approach with my co-researchers in this study. The subject itself tempers a medical view by addressing the physical and social disabling barriers while at the same time focusing on the body (embodiment) as part of individuals’ lived experiences. Darcy’s (e.g. 2002, 2003, and 2007) theoretical approach is consistently underpinned by recognising social
structures and the ‘essence’ of experience. The idea that social constructs disable people emphasises the importance of approaching such research in a transformative way that involves co-researchers at all stages of the study. Hence, the co-researchers are empowered to share experiences albeit recognising the personal, embodied, social and environmental constraints.

Douglas, Corcoran & Pavey, (2007:33) see the WHO’s International Classification of Functioning, Disability, and Health Framework (ICF) as useful in conceptualising the focus on impairment and social barriers together as this updated classification emphasises an inclusive agenda and social participation. Studies by Duckett and Pratt (2007:5) have confirmed that vision impaired people want “greater inclusion… in research and [that] participatory, empowering and emancipatory research was a priority for them.” In order to fulfil these aspirations this research seeks to listen to the participants' voices and endeavours to make them heard; “if we are interested in visually impaired people’s experiences of why they may or may not be participating in some social activity… then a crucial source of evidence is their views and opinions” (Douglas et al, 2007;34). The interpretivist researcher should foreground participant voices with minimal researcher interference in order to portray their experiences of reality, as significant voices at the margins of social power (Chovinard, 1996; Pernecky, 2007). Treating the people in this study as co-researchers is the first step but then one needs to consider how their voices will be heard and I have tried to do that throughout the thesis and during the entire research process.
5.6. Researcher Positioning

As a result of my professional background I am deeply committed to this research and I have a fundamental sense of responsibility towards the co-researchers and the outcomes of the research. I chose a qualitative approach and I knew that my positionality would ensure that my research would be conducted ethically, morally and with respect to each co-researcher. The following section acknowledges my embedded role in the research. Positivism has tended to emphasise the researcher as something to be erased and separated from the project, therefore it is still less common to see considerations of the researcher as an active agent in research. I would hasten to add however that this is not a moment of individual indulgence but an opportunity to foreground my experiences which have undeniably influenced my research approach (Dunkley, 2007). As Denzin and Lincoln (1994) quoted at the beginning of this chapter, the interpretivist researcher is influenced by a set of beliefs and recognises that she exerts a great influence over the research approach. Each researcher has their own philosophical stance, a view of the world through their own lens of experiences which in turn governs their choice of research approach (Finn et al, 2000; Jordan & Gibson, 2004). Furthermore, it is essential to understand the researcher’s location of self as the researcher imposes their own positions and interests at each stage of the research process (Herz, 1997).

Although born in Manchester I grew up from the age of four in the English seaside town of Torquay with my parents and sister. It was ironic that resenting the tourists invading my ‘home’, I directly benefited from lucrative summer holiday jobs, as a chamber maid and as catering staff at a local attraction. At the same time, I have
no memories of being aware of disabled people or people of different ethnic origins; I therefore suggest my early years were somewhat sheltered. As a Catholic from birth, my foundational values have derived from living a Christian life, to love and respect our fellow human beings. Some of my views have obviously been influenced by different people; situations and opportunities presented to me and indeed have contradicted some of the fundamental teachings of the Catholic faith.

In my professional background, as a rehabilitation/mobility and development officer adhering to anti-discriminatory practice was essential. Thus I have arrived at this juncture through my commitment to disabled people and particularly vision impaired people. In 1992, while I was studying for my Masters in sport and leisure management, I undertook some research for WCB into vision impaired people’s sports experiences. Twenty years later I have now worked with and for vision impaired people, some of whom have become part of my circle of friends. Since then and during the course of my PhD I have remained in touch with several people and organisations. Over the last two years of my PhD I have been teaching on the Rehabilitation (Visual Impairment) foundation degree at Newport University and I have also been working on an agency basis back in the community as a rehabilitation officer, all of which has enabled me to remain in these networks.

I am fortunate to have entered the tourism research community at a time when the dominant positivist approach is being challenged through a range of methodologies and approaches (Ateljevic et al., 2007). My doctoral experience is in stark contrast to that at Masters Level, where the research focus was heavily quantitative, allowing little scope for researchers’ or respondents’ voices. How refreshing then to become
part of a research community that embraces a variety of qualitative approaches recognising the subjectivities of the researcher, their position in the research process and one which acknowledges that knowledge is created collectively by forming relationships with the people in the study. Indeed anything other than this would conflict with the values I held in my working life, where issues of equal power relations, equal exchange and respect for others were intrinsic to my practice as a rehabilitation officer with vision impaired people.

In spite of my professional background I felt trepidation reading the disability literature, a sighted person delving into the experiences of people with sight loss. It came as a great relief to read the work of Berger (2004) whose interest in wheelchair basketball was inspired by his daughter’s diagnosis of cerebral palsy. He says “Reading the disability literature, dominated these days by writers who have disabilities, I was confronted with the question ‘what are you doing here?’” I too have regularly asked the question of my legitimacy to undertake the research. However, like Berger I too have a reason to be here, not because I have low vision but as a result of learning from vision impaired people themselves of the day-to-day struggles, emotions and overt discrimination that they experience. I have had a privileged position in being part of some of their lives as a rehabilitation officer, visiting homes, problem-solving, undertaking independence and skills training, and advocating on their behalf. I have seen many of those people flourish, open new doors and inspire others not to give up.

The issue of being a non-disabled person researching with people with disabilities is not one to be ignored, particularly as for almost two decades disability researchers have been debating how disability research should be framed and conducted (Kitchin, 2002). Kitchin
observes that researchers such as Barnes (1992), Stone & Priestley (1996) and Oliver (1992), have claimed that disability research is not representative of disabled people’s views when overly dominated by non-disabled researchers (particularly in the scientific field). Hence Kitchin undertook in-depth interviews with disabled people to ascertain their views on disability research and how it should be conducted. The research findings concluded that the role of non-disabled researchers was not a problem as long as the researcher was approaching it from a ‘disabled friendly position’:

“…We are all individual. I think it doesn’t matter as long as they [non-disabled researchers] aren’t out for themselves, that it’s going to be worked on, and that they do get feedback from the person with a disability…” (Kitchin, 2002:6).

Kitchin also makes the point that alienating non-disabled people would hinder the disability cause, and leave the field to a small number of disability academics who have their own agendas. He suggests elsewhere:

This field of enquiry should be open to all. They ask only that researchers approach the topic from a ‘disabled friendly’ point of view – that they empathise with people with disabilities, not misrepresent the experiences of the disabled, and use their research to advance the principle of equality for the disabled (Kitchin, 2000:36).

One other aspect of respecting and valuing disabled people in the conduct of research is to acknowledge that fieldwork also reflects the researcher’s position and power dynamics in the fieldwork space. Thus “fieldwork involves placing our physical, embodied selves among the
lives, selves and bodies of others” and “fieldwork is concerned with the spatial location of bodies, also with the interaction, regulation and management of the body in everyday life” (Coffey 1999:131). Thus, I am aware that I asked a lot of my co-researchers and intruded into their lives and spaces simply by undertaking the research, stepping briefly into their lives, which “illuminates further understanding of identities, emotions and social relations” (Riley, 2010:652). My co-researchers’ encounters do not exist in a timeless vacuum, for example, some of the visits in Phase Two, although timetabled in advance still intruded as they impacted on children being put to bed, meals being prepared, favourite TV programmes being recorded, domestic chores and coincided with visits from family members.

5.7. Study Methodology

The chapter so far has discussed my research approach, which is framed by my paradigmatic stance underpinned by emancipatory disability research and my positionality. The following section discusses the study methodology.

5.7.1. Qualitative Inquiry

As stated in chapter one, this is a qualitative study as it is concerned mainly with meaning, interpretation and emancipation rather than a focus on statistics and objectivity. The research particularly emphasises the meanings of tourism for vision impaired people and thus seeks to create in-depth knowledge by listening to the individuals’ experiences. Therefore, a qualitative approach employing interviews and focus groups with a small number of vision impaired people will create a deeper and richer understanding of the issues being studied (Veal, 2006). This is in contrast to a positivistic approach which has in the past dominated the
leisure and tourism literature. A positivist researcher regards people as phenomena to be studied objectively and determined by the researcher’s theories, models and observations (Veal, 2006). In contrast this study attempts to conform to the emancipatory research paradigm, which is often regarded as synonymous with the use of qualitative data/material (Stone & Priestly, 1996). Hence I chose an appropriate qualitative method that reflected both the principles of the emancipatory approach and my paradigmatic stance, taking heed of Avramidis & Smith (1999:31) warning that “it is not the method per se [that is] of importance, but how it is being employed and this is determined by the researchers’ paradigmatic stance.”

My “settled theoretical orientation” (Silverman, 2005:39) rejects positivism as it would be mismatched with the above perspectives and would make the research process uncomfortable for the participants and for myself. Moreover such a reductionist approach would not generate adequate data thereby missing vital richness and depth from the stories and experiences. My orientation embraces qualitative methods in line with interpretivism, critical theory in tourism, emancipatory research and my own experiences of working with the reality of the impact of vision loss. To date according to Veal (2006) the majority of research in leisure and tourism has been driven by academics with particular interests, in disciplines such as sociology, geography, and economics. Sociology in particular, he suggests has been one of the main contributors to the field of leisure but less so in tourism. Sociologists, in seeking to explain and understand social behaviour have posed a challenge to quantitative methods which concentrate on statistical data to determine participant numbers.
In tourism, where researchers have sought to capture lived experiences and embraced the epistemological stance of the social model of disability, qualitative methodologies of enquiry have been adopted. For example, Darcy’s (2007) study of airline practices and the experiences of people with disabilities employed a qualitative approach that sought to understand the experiences of people with disabilities in their own words by using in-depth interviews. Similarly, Daniels, Drogen and Wiggins (2005) sought to expand the understanding of constraints to travel by using an interpretive analysis of the “Travel Tales” of people with physical disabilities. The shift toward the use of qualitative study includes Yau, McKercher and Packer (2004) who conducted in-depth interviews and focus groups with individuals with mobility or vision impairments. More recently Poria et al (2009) undertook exploratory research highlighting the experiences of tourists with disabilities focusing on flight experiences using focus groups and in-depth interviews. Finally, Small, Packer and Darcy (2007) were the first to explore the experiences of vision impaired people in an Australian context using qualitative research design by establishing focus groups directly with vision impaired people.

This study is designed in two stages to address the research objectives (see Chapter one) and is based on the experiences of people within South-East Wales. Phase one was designed as a scoping exercise to contextualise the experiences of vision impaired people living in South-East Wales and to confirm whether or not the earlier vision impairment tourism research findings were applicable to this part of the UK. Results from this research subsequently add to the body of knowledge around vision impairment and tourism from a local perspective and thus prevent the risk of assumptions and generalisations being made. Furthermore, I
wanted to discover whether the general barriers to social inclusion for vision impaired people have changed since my time working in the sector. Finally, I anticipated that phase one would enable me to identify individuals willing to take part in the family research phase.

The purpose of phase two was to explore in more detail the themes arising from phase one with the additional perspective of the families and to introduce and explore the focus on the vision impaired body in tourism. By reminiscing about previous holidays and discussing the real time planning and actual holiday experiences, the whole family experience was examined. This research has therefore contributed to the tourism literature by exploring the tourism experiences of people with vision impairment and their families. The tourism sector regularly categorises potential and existing tourists into categories, known as market segments. My research has highlighted the fact that vision impairment is only one aspect of a person’s identity and that a person’s multiple roles as a vision impaired member of a family need addressing.

Phase one involved four focus groups with people with vision impairment at Cardiff Vale and Valleys (CVV) and addressed the extent to which physical, social and cultural barriers and constraints inhibit and limit tourism participation. I chose focus groups for this phase as they are an ideal vehicle for exploring and confirming existing issues and collective experiences of barriers and constraints in the tourism experience. Phase two explored the embodied experiences of vision impaired people and their families in tourism spaces and environments, placing emphasis on how vision impaired ‘bodies’ interact with people and spaces while simultaneously investigating how these experiences can be improved. I recruited five families where at least one member of the family is a vision impaired person. The following section maps out the research tools used
in the research in terms of focus groups (section 5.7.2.) and visiting families (section 5.7.3.) The discussion of the methods serves to highlight how research can include the voices of its participants.

5.7.2. Phase One - Focus groups

Focus groups have proved to be a popular method in social science and health research as their main purpose is to focus discussion on a particular issue amongst people unknown to each other or where there exists a similar interest (Bell, 2005). Most common in marketing research, focus groups are where individuals are brought together and discussion is facilitated by the researcher. The aim is similar to that of in-depth interviewing but in this case the participants also interact with each other (Veal, 2006). Gibbs (1997:4) suggests that focus groups have many benefits for participants in that “there is the opportunity to be involved in decision-making processes; to be valued as experts and to be given the chance to work collaboratively with researchers”, all of which resonate with sentiments of involving and respecting individual experiences found within emancipatory practices. The literature suggests that there is no ideal number of participants for focus groups as numbers of between five and 12 participants are typical (Veal 2006; MacIntosh 1993 in Gibb 1997; Finn et al, 2000). My research included four groups of between five and 12 people with vision impairment. The relatively small numbers created a safe and trusting atmosphere, just as in Longhurst’s (1996) study where three of her focus groups only involved two women thus reducing any anxiety they may have felt.
My research endeavoured to gather rich, in-depth insights by accessing small trusting groups of people who were committed to participating. Such agreement is more likely if focus group members are recruited from places where people meet routinely to talk and socialise (Holbrook & Jackson, 1996). I recruited focus group members by contacting the local organisation for blind and partially sighted people in Cardiff with whom I had had a professional relationship. The fieldwork was conducted before the University’s current ethics procedures were introduced and therefore an ethics application was not required. However, it is expected and essential when working with people who are classed as vulnerable to complete an enhanced criminal records check with the Criminal Records Bureau, which I completed and after confirmation, I was introduced to four existing support groups, organised under the auspices CVV.

These groups consisted of individuals with vision impairment who met together to socialise, share experiences and provide mutual support. They were: a group of individuals experiencing a particular eye condition (macular degeneration); a group experiencing dual sensory loss; a group of gardening enthusiasts; and a group of younger people (the ‘Pioneers’) all experiencing some form of vision impairment (table 5.2.). Brown’s work (1993, cited in Holbrook & Jackson, 1996:140) on group processes suggests that “groups play a vital role in establishing social identities, providing a sense of comparison, a way of defining ourselves in relation to others” and that therefore a sense of mutual participation, consensus and comparisons can be generated amongst the group members.
Table 5.2. Composition of the Focus Groups

<table>
<thead>
<tr>
<th>Focus Group</th>
<th>Number of vision impaired people</th>
<th>Number of sighted volunteers</th>
<th>Gender Balance</th>
<th>Age Range</th>
<th>Vision impaired people’s employment status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macular Degeneration Support Group</td>
<td>11</td>
<td>1</td>
<td>2 male, 10 female</td>
<td>60-79</td>
<td>All retired</td>
</tr>
<tr>
<td>Dual Sensory Loss Support Group</td>
<td>5 (4 of whom dual sensory loss)</td>
<td>2 (plus an organiser)</td>
<td>3 male, 5 female</td>
<td>30-89</td>
<td>Mixture of retired and not working</td>
</tr>
<tr>
<td>Gardening Social Group</td>
<td>5</td>
<td>2</td>
<td>4 male, 3 female</td>
<td>40-65</td>
<td>Only 1 in paid employment (for voluntary sector organisation)</td>
</tr>
<tr>
<td>Youth Social Group “The Pioneers”</td>
<td>5</td>
<td>0</td>
<td>2 male, 3 female</td>
<td>30-59</td>
<td>1 in paid and 1 in voluntary employment, 3 not working</td>
</tr>
</tbody>
</table>

As the members of each group were co-researchers, I simply introduced the topic, facilitated the interaction and interjected with open questions to probe deeper and further (Gibb, 1997). General conversation elicited some experiences namely: what issues have you faced when travelling/holidaying; what would help you overcome them; what are your views on other people’s perception of you and your needs when on holiday; what examples do you have of good and bad practice in the tourism industry? To guide discussion I prepared a checklist of specific themes (Appendix C) based on existing tourism research and my experience of facilitating awareness training with sighted groups and development work. The themes to explore were: physical access; staff
awareness; accessible information; health concerns; sight issues; transport; finances; attitudes; identity.

All co-researchers were part of pre-existing support and social groups which are organised by CVV. I met the macular degeneration group, dual sensory group and the gardening group at CVV’s premises and the Pioneers in a local public bar which they frequent. In total 26 adults of varying ages with vision impairment (and in some cases with additional disabilities such as hearing loss) agreed to share their views and experiences, together with five sighted volunteers who support them (table 5.2.). The initial and follow-up focus group sessions were conducted with the four groups between January and March 2008 and each session lasted approximately one hour (thus there were eight focus groups in total). Having been granted permission from the co-researchers to tape the sessions, I later transcribed the recordings to produce a transcript for each focus group discussion, the details of which are discussed in section 5.8.

As the research is imbued with an emancipatory approach which recognises and values the situated researcher (Westwood, Morgan & Pritchard, 2006), I also felt it appropriate to at times place myself within the group and to contribute to the discussions, sharing my own knowledge about vision impairment. The process of contacting the groups and setting up the sessions was informed by ethical considerations, in particular with regard to mutual agreement, accessible communication and information and anonymity. Each session was taped with the permission of each member of the group and transcribed in full. The tapes and transcripts were analysed group by group, to identify the most commonly discussed areas. After the transcripts were analysed, I
met the groups again in order to obtain feedback on my interpretations, an approach which elicited a very positive reaction.

The individuals’ given names have been replaced with pseudonyms to guarantee anonymity, although this raises a number of questions over the co-researcher’s voice and the ownership of co-produced research material. Grinyer (2002) contends that academics underestimate the extent to which research participants wish to be acknowledged in published research. Such acknowledgement enables participants to retain a sense of ownership of their stories and this became a more focused issue in the second phase of the study.

5.7.3. Phase Two: Visiting Families

The aim of this phase was to explore the embodied experiences of vision impaired people and their families in an attempt to discover the meaning and importance of tourism in their lives, including gaining a sense of how their ‘bodies’ interact on a sensory level in tourism spaces and environments. The family unit has also been considered an under-researched area in tourism (Shaw, Havitz & Delemere, 2008) and this study recognises that vision impaired individuals can also be part of a family and the wider community. As Kitchin (2002:6) reminds us: “disability issues extend beyond disabled people to include carers and family members.” In addition, the focus on families offers the chance to shift emphasis away from the disabled person as ‘other’ and underline that a person with a disability has roles and relationships just as other family members have. For the purpose of my study, I sought five families where at least one member of the family has sight loss.
As the aim of this phase was to gain a further insight into tourism experiences and to elicit new knowledge of the embodiment of vision impaired people, I embarked on a series of in-depth interviews with each family. I chose semi-structured interviewing, also known as the in-depth interview or an exploratory interview (Finn et al, 2000), as an appropriate means of attempting to understand and make sense of people’s lives and to fit with the principles of emancipatory research. This choice was based upon an understanding of the different types of interviews that are used to gather information and by the qualitative nature of the methodology. Interviewing styles range from a structured interview which is designed more as a question and answer tool that provides quantitative data; the semi-structured interview which, although asking specific questions is more flexible and allows for probing and clarification; and the unstructured interview which is conversation-like, subjective and reciprocal (Finn et al, 2000; Jennings, 2005). Finn et al (2000) suggest that an interview has to have some structure and therefore I decided to use an informal checklist as a guide (Appendix D). However I posed questions in relation to the topic of holiday experiences that generated spontaneous discussion and became more of a conversation (Roulston, 2010). This style of ‘interviewing’ reflects the principles of emancipatory disability research in that they are subjective, reciprocal and based on an equal partnership.

To undertake an unstructured interview requires practice and skill on the part of the researcher. The aim is not only to generate good in-depth material but to enable participants to feel comfortable about talking about their experiences. This requires good communication skills and awareness. For instance, Jennings (2005) emphasises that the social interaction of face-to-face and voice-to-voice interviews involves a
method of active listening (interacting and exchanging, providing feedback for encouragement); interpretive listening (seeking clarification of words used, why was that ‘interesting’); and process listening (monitoring where you are, what needs to be done and follow-up). The voice of the researcher is a prime source of establishing contact with the vision impaired person as a result of the lack of eye contact and the difficulty for the vision impaired person to see the detail of facial expressions. In addition, there is also the dimension of ‘body to body’ (sitting much closer to the person) when conducting interviews with vision impaired people, as this is often one of the appropriate communication skills. As happens with assessment techniques in social care and creating equal partnerships, the co-researchers were encouraged to shape the interview even though I had prepared a check-list. I was guided by the principles suggested by Seidman (1991), which were adapted by Jennings (2005:106). Table 5.3 shows these guidelines on the left hand side while on the right I have related these to interviewing with vision impaired people.
Table 5.3: Interview Techniques

<table>
<thead>
<tr>
<th>Text Guiding Principles</th>
<th>For this study</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Listen more than talk</strong></td>
<td>Include such as yes, no, really, ah ha etc.</td>
</tr>
<tr>
<td><strong>Ask for elaboration</strong></td>
<td>For example, &quot;why do you say that?&quot; Do you mind if we go back to something you said earlier?</td>
</tr>
<tr>
<td><strong>Refrain from using leading questions</strong></td>
<td>Avoid “are the airports a terrible experience”</td>
</tr>
<tr>
<td><strong>Use open-ended questions</strong></td>
<td>E.g. what are your impressions of the hotel you stayed in?</td>
</tr>
<tr>
<td><strong>Try not to interrupt</strong></td>
<td>Only to reassure interest and presence and use number one above</td>
</tr>
<tr>
<td><strong>Give of yourself, it is an interaction</strong></td>
<td>Be aware of embodied and equal power relations; be polite and respectful</td>
</tr>
<tr>
<td><strong>Check non-verbal interactions</strong></td>
<td>Sometimes necessary to verbalise, nodding of head, pointing etc. with a verbal response such as “oh yes”, “please carry on.”</td>
</tr>
<tr>
<td><strong>Ask interviewees to explain laughter, hesitations and emotions</strong></td>
<td>Adopted and also observed body language</td>
</tr>
<tr>
<td><strong>Trust instincts, know when to probe and ask hard questions</strong></td>
<td>Be sensitive to issues of sight loss and personal circumstances</td>
</tr>
<tr>
<td><strong>Feel comfortable about silences</strong></td>
<td>Used to some extent – limited vision necessitated verbal presence</td>
</tr>
<tr>
<td><strong>Be genuine</strong></td>
<td>Agreed, voice, words you use and your body language reflect this. Positioning of body is also a factor (observing where the person prefers to sit, closer proximity so my voice is not distant). Emphasize my commitment to the research.</td>
</tr>
</tbody>
</table>
The in-depth interview checklist and technique was piloted in March 2009, with a family of four already known to me. I felt it was appropriate to begin with a pilot study due to the personal and interventionist nature of the research and to test the individual structure of each interview and the checklist guiding the session. Some have argued that qualitative pilot studies are not necessary (e.g. Holloway, 1997) while others like Frankland and Bloor (1999:154) argue that “piloting provides the researcher with a clear definition of the focus of the study.” The names I use are not the family’s real ones; this is discussed later in this chapter. I had direct contact with Lisa (a mother and a vision impaired person from birth) with whom I explained the purpose of the research and how I intended to undertake it. She was very happy and comfortable for me to visit them (her partner Geraint, son Jack and daughter Carys who also has vision impairment). Background information was provided for them in large print (Appendix E). The initial interview with the whole family was guided by a loose checklist (Appendix D) focused on getting to know each other, hearing about their lives in general and then specifically discussing their holiday experiences.

The second interview was conducted with Lisa and Geraint separately following feedback from the first interview. This was due to Lisa highlighting the difficulty of discussing sensitive issues in the presence of other family members; “some people may feel uncomfortable about what they should and shouldn’t say because of people expectations” (Lisa by email, March 2009). As a result of the pilot interview with Lisa’s family and resultant feedback I decided that the second visit would involve a one-to-one discussion with Lisa, followed by an individual conversation with Geraint immediately afterwards. This arrangement could potentially provide an opportunity for Lisa and Geraint to openly talk about
emotions and experiences relating to holidays and disability without unintentionally offending or worrying the other person.

Lisa was an acquaintance during the time I worked for WCB and an additional outcome of the initial interview was that Lisa volunteered to approach some of her friends, telling them about the research and asking whether they would like to participate. Thus, in effect this was the beginning of recruiting other interested people, akin to the snowballing method, as she was able to approach another family (Nancy) with whom I made contact. Snowballing is where further participants are identified from the existing ones (Cresswell, 1998: Phoenix & Smith, 2011). In a similar vein, I then approached WCB and some of the rehabilitation officers in South Wales asking if they knew of any families who might be interested in taking part in the research as they knew me through my previous work and could confirm my trustworthiness and credibility. One rehabilitation officer recruited Lucy and family, while the information technology officer at WCB recruited Maria and Mary.

Once I established contact with each family, we communicated via telephone calls, emails and text messages. Advancements in information technology in general have afforded some vision impaired people access to information through the WWW with the help of assistive technology devices such as screen readers and large print magnification programs. Hence, my co-researchers were able to use the WWW and email with the help of assistive technology on their computers. For example, Mary, Fiona and Lisa are able to magnify the screen to read an email in large print. They are also able to use mobile telephones if the screen has large text to read text messages. Each
family have their own set of circumstances and interests and participation patterns. Table 5.4: depicts the composition of the family units. This sampling occurred from snowballing and resulted in a focus on the experiences of four women who are mothers and one teenage girl. This raises the point of gender issues in this study and in research in general and this is discussed in study limitations in chapter nine.

The visits to undertake the interviews took place during the period from March 2009 to September 2010. During that time I consistently kept in touch, mostly by email, to follow up issues that arose from the interviews, to arrange other visits and to generally stay in touch. I designed the number of visits and interviews to consist of one interview with the whole family, followed by a second visit for an individual interview/conversation with the vision impaired person, and then with the spouse/partner/parent, depending on the makeup of the family. Any further arrangements to visit again were based on the enthusiasm and commitment from the co-researchers to continue with sharing their stories. Moreover additional visits were arranged when a family was preparing a holiday and wished to discuss the holiday experience on their return. This was the case for Mary and Lucy/Dawn who were planning holidays at the time and for Maria who wished to meet me again to discuss a business trip. Consequently there were five family interviews followed by ten individual discussions or 15 visits in total (table 5.5.). Each interview was digitally recorded with the permission of the co-researchers and lasted from an hour up to two and half hours (see Appendix F for an example of the transcript). It is pertinent to mention here that sadly Nancy passed away over the Christmas period in 2009. During my conversation with Martin, her husband, he remained
agreeable for me to continue to disseminate the family’s holiday experiences.

Table 5.4.: Composition of the Families

<table>
<thead>
<tr>
<th>Family</th>
<th>Composition</th>
<th>Vision status</th>
<th>Age</th>
<th>Employment status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hughes</td>
<td>Lisa</td>
<td>Vision impaired (congenital)</td>
<td>30s</td>
<td>Full time (self-employed/voluntary sector employee</td>
</tr>
<tr>
<td></td>
<td>Geraint (partner)</td>
<td>Sighted</td>
<td>50s</td>
<td>Full time self-employed</td>
</tr>
<tr>
<td></td>
<td>Jack (son)</td>
<td>Sighted, Occasional wheelchair user</td>
<td>12</td>
<td>Full time education</td>
</tr>
<tr>
<td></td>
<td>Carys (daughter)</td>
<td>Vision impaired (congenital)</td>
<td>4</td>
<td>Full time education</td>
</tr>
<tr>
<td>Williams</td>
<td>Lucy</td>
<td>Totally blind (congenital)</td>
<td>15</td>
<td>Full time education</td>
</tr>
<tr>
<td></td>
<td>Dawn (mother)</td>
<td>Sighted</td>
<td>30s</td>
<td>Housewife</td>
</tr>
<tr>
<td></td>
<td>John (father)</td>
<td>Sighted</td>
<td>30s</td>
<td>I.T. consultant</td>
</tr>
<tr>
<td></td>
<td>Mark (brother)</td>
<td>Sighted</td>
<td>18</td>
<td>Student</td>
</tr>
<tr>
<td>Hall</td>
<td>Mary</td>
<td>Vision impaired (congenital)</td>
<td>40s</td>
<td>Full time (health profession)</td>
</tr>
<tr>
<td></td>
<td>Martin (son)</td>
<td>Sighted</td>
<td>20s</td>
<td>Full time</td>
</tr>
<tr>
<td></td>
<td>Adam (son)</td>
<td>Sighted</td>
<td>14</td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td>Glenys</td>
<td>Sighted</td>
<td>80s</td>
<td>Retired</td>
</tr>
<tr>
<td>Chapman</td>
<td>Nancy</td>
<td>Totally blind (Acquired)</td>
<td>40s</td>
<td>Housewife</td>
</tr>
<tr>
<td></td>
<td>Martin (husband)</td>
<td>Sighted</td>
<td>40s</td>
<td>Carer, not working</td>
</tr>
<tr>
<td></td>
<td>Sydney (daughter)</td>
<td>Sighted</td>
<td>17</td>
<td>Full time education</td>
</tr>
<tr>
<td></td>
<td>Dermot (son)</td>
<td>Sighted</td>
<td>13</td>
<td>Full time education</td>
</tr>
<tr>
<td></td>
<td>Charlie (son)</td>
<td>Vision impaired (congenital)</td>
<td>9</td>
<td>Full time education</td>
</tr>
<tr>
<td>Brown</td>
<td>Maria</td>
<td>Vision impaired (Acquired)</td>
<td>40s</td>
<td>Full time (health profession)</td>
</tr>
<tr>
<td></td>
<td>Andy (husband)</td>
<td>Sighted</td>
<td>40s</td>
<td>Full time</td>
</tr>
<tr>
<td></td>
<td>Elizabeth (daughter)</td>
<td>Sighted</td>
<td>16</td>
<td>Full time education</td>
</tr>
<tr>
<td></td>
<td>Oliver (son)</td>
<td>Sighted</td>
<td>18</td>
<td>Gap year</td>
</tr>
</tbody>
</table>
Every visit and interview except one took place in the co-researcher’s home at a time and date convenient to them. The session with Maria took place in her local pub as she did not wish any of her family to hear what she had to say:

The areas you want to ‘delve’ are ones which I don’t tend to share with my family so if we might meet up somewhere other than my home I’d prefer it (email Maria 21st April 2010).

Following each visit, a few days later I telephoned or emailed the co-researcher to ask how they felt about the discussion and if they had any comments.

Table 5.5.: Number of Interviews

<table>
<thead>
<tr>
<th>Family</th>
<th>Family Interview</th>
<th>Individual Interview</th>
<th>Individual Interview</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hughes</td>
<td>Lisa, partner, two children</td>
<td>Lisa x 1</td>
<td>Geraint x 1</td>
<td>3</td>
</tr>
<tr>
<td>Williams</td>
<td>Lucy, mum, dad, brother</td>
<td>Mum x 1</td>
<td>Lucy x 1</td>
<td>3</td>
</tr>
<tr>
<td>Hall</td>
<td>Mary, two sons</td>
<td>Mary x 1 [mother at start]</td>
<td>Mary x 3</td>
<td>5</td>
</tr>
<tr>
<td>Brown</td>
<td>Maria, husband, son &amp; daughter</td>
<td>Maria* x 1</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Chapman</td>
<td>Nancy, husband, three children</td>
<td>Nancy x 1 [husband at end]</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

* Took place at Maria’s local pub
The initial family session was loosely framed around getting to know each the family, their interests, work, hobbies, aspirations and daily lives. The aim was to learn about their holiday preferences and experiences in general by asking them to recall past holiday experiences including the planning and preparing of their holidays, travelling and visiting accommodation and attractions. Underlying this were discussions around whether having vision impairment made a difference to their experiences in social and environmental contexts. As Jordan and Gibson (2004) discuss, making sense of the experiences was not fixed hence despite my checklist I was happy to let the themes emerge during the conversation. The content of the first interview influenced the conversation in the following visits and focused in more depth on areas such as the discussion of the holiday pre-planning and post-holiday reflections discussing for example, their experiences of transport, accommodation, and visiting attractions. In these subsequent interviews the embodiment of a vision impaired person in the tourism environments and spaces was explored and discussed.

Over the time the research was conducted, our relationships developed and the interviews transformed into more relaxed conversations. The outcome of this was twofold in that I was invited to join some of my participants outside our interviews. I was invited to Lisa’s rambling day with some vision impaired ramblers as a guide and I also supported her when she “walked hot coals” for a charity fundraising event. I was also invited by Mary to a small evening get together with some of her health professional friends, one of whom turned out to be Maria. Secondly my use of pseudonyms in my research became a focus of some of our conversations. For instance Lisa and her family did not object to their real names being used, however it was my concern that their identities
should be protected as they are a well known family in the disability and vision impairment networks. Nancy originally wanted me to use her family’s given names; however after revealing some very personal information in my second visit, she decided to use a ‘nom de plume’. She appeared to enjoy choosing names, mainly based on what she had wanted to call her children when they were born. Similarly, Maria enjoyed choosing her family pseudonyms. On reflection I can appreciate that I took complete control over Lisa’s ‘laissez faire’ approach to real names being used, purely as I saw that my role was to protect them from being identified within the small network. Although none of the co-researchers’ real names are used, I believe that their voices do shine through.

5.8. Analysis, Interpretation and Dissemination
Analysing and interpreting other people’s experiences necessitates adding the researcher’s perspective (Jordan & Gibson, 2005). In my role as a researcher I am very aware that I bring with me my own convictions, beliefs and values. These principles, as well as my appreciation of the disability and tourism literature, are central to the study’s conceptual framework, which has been designed to better understand the meaning of tourism and tourism experiences of vision impaired people. As a result the analysis, interpretation and dissemination of findings have been influenced by the conceptualisation of the study, which has in addition influenced how I organised and undertook the focus groups and interviews with vision impaired people. To aspire to the emancipatory research principles, the research design aims to develop creative ways of not merely giving voice to lived experiences, but also of developing research in which participants have a say in the conduct, interpretation and use of research – a project
where both researcher and participants ‘live the research process’ (Chovinard, 1996). In the context of this study I regard the participants as co-researchers as it is not just a case of my gathering information; it is a ‘co-elaborated’ act by both parties. This issue is central to the emancipatory disability approach that challenges the doctor/patient relationship highlighted by Duckett and Pratt’s (2001) investigation of vision impaired people’s views on how research is conducted about them.

Qualitative inquiry requires a flexible approach to data analysis, particularly as analysis begins during the data collection stage and data collection, analysis and writing are often done concurrently as part of an on-going process (Pope & Mays, 2000; Veal, 2006). In this study, there were two phases to be analysed - the focus groups and the multiple conversations with families - making 19 audio recordings in total. I transcribed those from the focus groups, whilst the family and individual interviews were transcribed by a person with no connection to the research. This decision was based on my experience of transcribing the focus group meetings and the length of time it would take me to transcribe the interviews. Producing transcripts is a time-consuming activity and whilst it could be argued that by not transcribing the second set of data I disassociated myself from the co-researchers’ voices, I listened extensively to the recordings and made initial notes before sending them to be transcribed. Once the transcriptions were complete I managed each stage of their analysis and interpretation by adapting the framework below (Table 5.6.) Although it is presented as a linear process, the different stages were fluid and over-lapping.
Table 5.6. The Framework Approach: The Five Stages of Data

<table>
<thead>
<tr>
<th>Stage One</th>
<th>Immersion in the raw data – listening to tapes, reading manuscripts in order to list key ideas and recurrent themes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage Two</td>
<td>Thematic framework to identify key issues, concepts and themes.</td>
</tr>
<tr>
<td>Stage Three</td>
<td>Indexing – recording themes in the margins</td>
</tr>
<tr>
<td>Stage Four</td>
<td>Charting</td>
</tr>
<tr>
<td>Stage Five</td>
<td>Mapping and Interpretation – associations between themes, influenced by the aim and objectives as well as the themes that have emerged.</td>
</tr>
</tbody>
</table>

Source: Pope & Mays (2000)

Qualitative data generates an array of rich material for analysis (Veal, 2006). The transcripts are a descriptive record of the research so it was necessary to immerse myself in the words of the co-researchers and constantly (re)examine the material to identify issues and themes. This required sifting through the transcripts while simultaneously interpreting what was being expressed (Miles & Luberman, 1994). I expected some themes to “emerge unprompted in an inductive way” (Veal, 2006: 211), although many of them aligned with my conceptual framework, my professional knowledge of vision impairment and my ‘pre-figured’ checklist (Miles & Luberman, 1994). Thematic analysis is a commonly used approach to qualitative data “given that themes can be generated in a variety of ways” (Roulston, 2010:150). Each script was thematically analysed by hand to highlight key words, concepts, phrases and sentences. As stage three (table 5.5) suggests, I recorded the main themes in the right hand margin and again colour coded them. This was followed by listing all the themes separately and identifying subthemes. It was at this stage that it became clear that the themes and concepts
were all inter-linked and thus I used mind maps to analyse the thematic and conceptual relationships graphically.

Providing and receiving feedback to/from my co-researchers to facilitate further interpretation and presenting the material in the findings and discussion chapters were also important stages in my analysis and interpretation. In our everyday lives we constantly endeavour to interpret our everyday experiences, therefore as a researcher it was my responsibility to make the process transparent as well as reflective of the principles of the emancipatory philosophy in the way I wrote up the research (Jordan & Gibson, 2004). In chapters six, seven and eight I organise the text around tourism and disability themes while being conscious of my responsibility to accurately represent the co-researchers’ voices. I endeavour to bring their experiences and stories to life as “... words organised into incidents or stories, have a concrete, vivid, meaningful flavour that can be far more convincing than pages of summarised numbers” (Miles & Luberman, 1994).

The focus group findings are presented in chapter six and the experiences of the families are presented in chapter seven as individual case studies to reflect the individuality of each family. Chapter seven is dominated by verbatim quotations from the co-researchers, structured under consistent identified themes. Following the example of Douglas, Pavey and Corcoran (2007) I asked the co-researchers to read their own section of the chapter and invited them to make any comments. For example:
Hi [Mary], I wondered if you would be happy and interested to read and feedback on the analysis of you and your family's tourism experiences? If yes, what format would be easier for you, by email, print version etc. (email from me to Mary, 30th September 2010).

To ensure equal access I produced the work in the preferred accessible format for each person, email format was preferred by three people who could then access the attachment with their speech software, or read it in large print. One person asked for it in print which was then read using a speech reader (a scanner) and one person requested it on CD (which I produced at WCB offices). For example, this is Mary’s reply to the above email:

Hi Vicky, I would be really interested to read and feed back to you, I think a print version would be best, as I can use my scanner to read it to me, otherwise I have to be glued to the computer! (Email from Mary, 30th September 2010).

It is at this stage a problem presented itself. One of the families, after reading their section decided that it was not what they had expected and felt that it was a rather negative representation of their experiences. They were uncomfortable with the fact that it covered more than just their holiday experiences and revealed deep-rooted, emotional information about their daughter’s blindness and her social integration. At the time, I was concerned that I had caused offence or had not explained the research sufficiently. One could argue the power of the relationship was now with the mother as I respected her wishes and I have not included any direct quotes or any of her personal opinions as she requested. These difficulties with this type of research approach have been identified by Cotterill and Letherby (1993:77 cited in Jordan & Gibson, 2004:230), who comment: “The research process may make the
participants of the research think about different things they have never thought about before or indeed think about things in a different way.”

I also had to consider practical issues such as ensuring accountability in emancipatory research where one is required to disseminate the findings and implications of the research in accessible formats to all the relevant audiences, especially to people with disabilities (Table 5.1.). The doctoral process itself requires dissemination of the findings in the form of a thesis and where possible through conferences and the writing of journal papers. To date, I have presented findings from both phase one and two to the critical tourism community (Richards, 2009; 2011) and have co-authored a paper and a book chapter with my supervisors (Richards, Pritchard & Morgan, 2010; Richards, Morgan, Pritchard & Sedgley, 2010: See also Appendix B). These require writing and language of an academic nature. To reach a wider audience including the co-researchers themselves it is appropriate that the findings are written in an accessible way to ensure all those involved can understand the results and their implications (Harris, Wilson & Ateljevic, 2007). To this end I have also presented phase one findings at the WCB Annual Conference to an audience from the vision impairment sector, many of whom are professionals with the lived experience of sight loss. This is an important issue as “... it [is] ironic that most papers written about visual impairment were only available in a purely visual medium” (Duckett & Pratt, 2001:826). I have taken this into consideration and as suggested in chapter one, the final version of my thesis will be produced in pt 14 (the minimum standard) with an audio version (to be produced by WCB).
5.9. Summary
This chapter has brought together concepts from the disability and
tourism literature. By drawing from the social, sociology of impairment
and affirmation models of disability and involving my own personal
experience as a professional working within the vision impairment sector
I have presented and described my comprehensive conceptual
framework. The chapter has described how the research adopts the
emancipatory research approach in its exploration of the tourism
experiences of vision impaired people. It has also outlined emancipatory
disability principles and their connection with anti-discriminatory
ideology. These approaches emphasise the humanity of the participants
in contextualising how vision impaired people live their lives and how
researchers should approach working with them. In this way disability
research connects strongly with Hollinshead’s (2004) arguments that
tourism knowledge is primarily about human experience. This approach
naturally led and in fact demanded a qualitative form of inquiry and this
chapter has discussed and explained how I used focus group methods
and semi-structured interviews and conversations. I have also explained
how qualitative methods are “more flexible, [how] information evolves as
the research progresses, [and how] data collection and analysis take
place concurrently and writing is an evolutionary process” (Veal,

Finally, this chapter has explained and discussed my positionality as a
researcher and explained how my background has influenced my
research approach. I have explained how the research methodology has
been shaped by my paradigmatic stance, which in turn guides the entire
research process and choice of methodology and methods. My settled
orientation as a rehabilitation officer dictated an approach that covets respect, sharing and open relationships as well as meaningful consultation and participation. Therefore issues of reflexivity and ethics are inherent within this work and I chose methods to provide a vehicle for greater understanding and in-depth knowledge. The following chapter presents and discusses the findings from the first phase of the fieldwork which involved meeting vision impaired people in focus groups based at the CVV organisation for vision impaired people in Cardiff.
Chapter 6

Experiencing Tourism with Vision Impairment

6.1. Introduction
6.2. Experiencing Tourism with a Vision Impairment
6.3. Not Just About Vision – Embodied Tourism Encounters
6.4. In hospitable Tourism Spaces – The Need for Awareness Training for Staff
6.5. Navigating Tourism Environments – Moments of Anxiety and Fear
6.6. “Specialist” Tourism Environments – Filling the Gap
6.7. Summary
6.1. Introduction

This chapter reports the findings from the four focus groups that took place during January to March 2008. The aim of the focus groups was to explore with vision impaired people the intrinsic, physical, social and cultural barriers to participation that affect their tourism experiences. In order to explore these issues I secured the participation of four established groups of the Cardiff Vale and Valleys (CVV) who meet regularly each month. I contacted CVV as they support and deliver services for vision impaired people in South-East Wales (Cardiff and the Vale of Glamorgan). As described in Chapter 5, the groups were the Macular Degeneration Support Group, the Dual Sensory Loss Support Group, the Gardening Club and finally the Pioneers Youth Club (Fig. 6.1).

Members of these groups included vision impaired people and sighted volunteers. Several CVV staff co-ordinated these groups, all of whom were vision impaired people themselves. The focus groups’ participants (pseudonyms are used to replace their real names) were able to share their experiences amongst people they were familiar with and within a familiar setting at the CVV premises.
Analysis of the focus group transcripts reveal the key barriers to participation to be grouped under the themes of: person-centred, societal and environmental (figure 6.2.).

These themes resonate with the work of Smith (1987), who identifies intrinsic, environmental and interactive barriers and Daniels et al (2005), who identify intrapersonal, interpersonal and structural barriers (see chapter 3). In addition, these themes also echo some aspects of the pioneering research into vision impaired people’s sports participation conducted by Wales Council for the Blind in 1992.

The most common reasons for non-participation [by vision impaired people] were: lack of information; lack of local facilities, lack of transport; lack of companions; lack of trained staff (WCB 2002:5).
Figure 6.2: Barriers to participation in tourism

**PERSON-CENTRED**
- Isolation; Mobility & Orientation; Confidence; Self-Esteem; Eye Conditions; Visual Functioning; Onset of Eye Condition; Stress & Anxiety; Emotional Well-Being; Communication; Stereotyping; (In)dependence and Individual

**SOCIETAL**
- Staff Awareness; Willingness; Knowledge Application; Policies (disability, transport, health & safety); Training; Communication; Values; Motivation; Tendency to Stereotype; Attitudes of Family and Friends.

**ENVIRONMENTAL**
- Physical Access; Accessible Information; Décor; Lighting; Travel & Transport; Companionship; Finances; Cultural Differences; Mobility & Orientation.

Source: Richards, 2009

The focus group analysis also reveals these barriers to be inextricably linked, making it difficult to contain them under discrete headings – an issue discussed by Daniels et al (2005), who identify interactive, rather than hierarchical relationships in their analysis of the narratives of disabled travellers. In my study, for example, mobility and orientation (i.e., getting out and about) is concerned with minimising isolation as well as learning new skills. Such skills involve learning to maximise remaining vision, learning to use a white cane or a guide dog and dealing with being gazed upon by strangers and friends as a ‘blind’ person. This in turn impacts on an individual’s ability, confidence and motivation and to an accessible/inclusive environment (e.g. safe places
to cross a busy road in a tourism destination) and to other people’s awareness (e.g. airline cabin crew).

This analysis led me to develop five main themes contextualised within the tourism experiences of the groups. These five main themes are discussed below as: experiencing tourism with vision impairment (section 6.2); embodied tourism encounters (section 6.3); inhospitable tourism spaces (section 6.4); navigating tourism environments (section 6.5) and ‘specialist tourism’ environments (section 6.6). This last theme emerged as the groups discussed specialist and integrated provision and why mainstream or specialist tourism services suited some people and not others.

6.2. Experiencing Tourism with a Vision Impairment

The focus groups reveal that my co-researchers derive a number of benefits from holidays and breaks away from home, in common with sighted people (McCabe, 2008; Small et al., 2007). These include: opportunities for social interaction and relaxation; experiencing different climates, cultures and countries; creating memories and generally enjoying a change from routine environments. For example, in the Pioneers group, my co-researchers stated that holidays are “for a break, a change of scenery and a bit of sunshine – I can’t see it but I can feel it” (Joe); “You go on holiday to relax. You’ve got to recharge your batteries haven’t you?” (Robert). A change of environment can also involve taking part in activities and gaining new knowledge, as Muriel of the gardening group used to do:
I’ve been abroad to England, Scotland wherever you like…I was a teacher you see so you have to use your holidays when you get them. I’ve been away four times a year all my life… for activities and knowledge.

Bethan states that holidays are “for relaxation, the weather, and the places to see around [you] … if you have somebody to tell you [what is around]… [you] can see different places and experience culture wherever you go.” Collectively, the gardening group arrange bi-annual weekend breaks away as “you spend more time at the weekend laughing don’t we? [group laughter]” (Simon). Simon makes the point that “a lot of people do get isolated because of bad eyesight.” Jackie agrees stating that a holiday “lifts you sometimes when you’re down and out isn’t it, not four walls anymore” - reinforcing the benefit of escaping into a different environment.

The co-researchers talk about past holidays and day trips and discuss their positive and negative points as the majority of them had taken some form of holiday, short break or day trip since their vision had become impaired. It is significant to note that members of two of the social groups, the Gardening Enthusiasts and The Pioneers, had travelled on a regular basis as a part of organised initiatives. These two groups are ‘social’ rather than ‘support’ groups, as part of their role is to encourage social interaction; thus the Gardening Group for example organise two annual overnight social trips. In contrast the support groups simply meet to share their experiences and support each other in coping with their vision loss (particularly where it is recent).

Whilst the benefits of the co-researchers’ tourism experiences were discussed across all four groups, it quickly became apparent that there
is a general sense of frustration with service providers’ lack of understanding of vision impairment and the providers’ failure to treat them as individuals as well as people with poor vision. Thus, whilst this study set out to explore the tourism experiences of my co-researchers from a person-centred/holistic viewpoint, it is the physical and emotional challenges that the vision impaired people in the study face in negotiating tourism spaces and places which dominated the focus group conversations, as the following sections examine.

6.3. Not Just About Vision: Embodied Tourism Encounters

“Our bodies are what people react to . . . they mark us out as different from other people” (Valentine, 2001: 44). In this study my co-researchers continually speak of the ways in which, as people with vision impairment, they feel disregarded and ignored. The sighted world in which they live regards them and therefore treats them as a homogeneous group rather than as individuals, whose vision impairment forms only a part of their identities and is not representative of their whole selves. Moreover, although they share this bodily condition, the extent and nature of each individual’s sight loss differs, even when people have the same eye condition. A lengthy discussion on this issue amongst the gardening enthusiasts’ provoked comments including: “not everyone has got a [total] sight loss, [we have] . . . different levels of sight”; “my side vision has gone”; “my central vision has gone”; “On my left [I have] very little [sight] but I get by and my left central vision has gone”; “mine’s a mishmash of everything and just fading.” Hence, people with vision impairment are first and foremost a collection of individual people who are as idiosyncratic as anyone else (Duckett & Pratt, 2001).
These descriptions of how sight loss varies highlight the fact that there are a range of vision impairments and eye conditions, yet sighted people treat people with vision impairment as a homogenous group; as Jill remarks about airlines: “They’re so intent on selling the seat on the aircraft that I don’t think they pay enough attention to the person.” Such treatment was not only a charge levelled at the tourism industry, but typified many social interactions. One co-researcher, Jackie, comments that even people she knows well talk about her in the third person in her presence:

> When I go out with my friends it’s ‘let’s put her over there.’ Sometimes I keep my mouth shut but I haven’t lately. I don’t want to be bumbled about, I’m a person first.

As far as Margaret was concerned, the level of difficulty “getting around” relates to her level of vision. “Years ago we [she and her husband] had quite a bit more [sight] and managed quite well but now it’s getting more and more difficult.” This particular couple are now totally blind but as Margaret’s words imply their experiences had been different with more sight. For many vision impaired people who are now totally blind or still have some remaining vision they may have had a long history of life prior to sight loss; for this reason, one could argue they are more likely to be able to tell providers what they need based on their previous experiences.

One member of the macular degeneration support group (Elsie) describes a day trip organised by the Help the Aged charity as a terrible experience, blighted not only by her low vision but also by her friends’ attitudes: “I couldn’t see anything—it was a horrendous day.” Her friends’ lack of awareness meant that they assumed that she would not
enjoy going into the shops on the trip as she couldn’t see. Hence they left her outside. She did not object to this, saying “there was no point as I can’t see anyway” but if her friends had been more aware of the nature of her condition she may have felt encouraged to use the little vision she does have. In such ways vision impaired people’s life experiences are severely circumscribed by the attitudes of those sighted people around them.

This lack of corporeal power, embedded in limited or non-existent eye contact also reveals an enforced passiveness and feelings of isolation. Communication with others is a basic human need (Daniels, 2001) and one of the most fundamental ways of achieving that is through eye contact. Muriel, a retired teacher who had travelled extensively, stated that she didn’t bother to go on holiday anymore as mixing with others, an important element for her, was now too difficult:

Vicky: You just said that there is no point in going away now. Do you mind if I ask you why you said that? What would stop you going now?

Muriel: You don’t mix with other people … you’re at your own table when you’ve had your meal, you go with your coffee to one of the lounges and you sit there. People don’t talk to you.

Vicky: That’s kind of stopping you?

Muriel: You can’t go up to [them] because you can’t see to start talking to them can you? Not really.

In another example, Sophie describes how reliant she was on her companion but how he unintentionally made her become passive and not involved in the conversation. A study undertaken by Dale (2008; 11),
a professional counsellor and also a vision impaired person herself, found that “clients report ‘missing out’ on the visual signals and gestures we all make to each other over the course of an ordinary day.” Therefore without visual gestures such as a smiling face, raised eyebrows or furrowed foreheads, it is difficult to take a cue into a conversation and maintain it. Hence in Sophie’s case the combination of dual sensory loss and lack of eye contact caused her to withdraw and become isolated in the conversation. She explains that conversations took place between her companion and the other person and excluded her. This represents a lack of awareness amongst sighted people as they misinterpret the body language of the vision impaired person. One of the other members of the group asked her:

Nicky: Did you feel left out? Do the people that you are asking talk to your companion rather than to you?

Sophie: Yes, if my helper is talking to somebody and I can't hear what’s going on, yes, well you don't know [what’s happening], because you need somebody to explain or to involve you. What you are doing, where you are going…

Lisa, a confident young woman and seasoned tourist, describes how she is severely challenged by the corporeal and embodied nature of tourism encounters. Her account of travelling overseas by aeroplane with her children is full of anxiety and stress. As someone with vision impairment, Lisa requires assistance but such was the poor quality of that service that it has become a major barrier to her travelling again in the future:
Chapter 6. Experiencing Tourism with Vision Impairment

… If I went on a plane I gotta (sic) have assistance, I just can’t do that journey without assistance. I would never go again, no I don’t want that stress, it’s that anxiety and fear of ‘how do I do that journey again? Oh my God, I’ve got to do this coming back and I’m in a foreign country.’

Travel by aeroplane is also a major source of frustration and anger for two people in the young people’s support group. Margaret and Joe describe how the disability policy of an airline effectively stripped them of their dignity and their independence and made them feel ‘a fraud’ when they were travelling. As people with low vision, they were forced to sit in a wheelchair in order to be assisted through the airport and to the aeroplane, during which time they were also left in the dark, presumably because the employee assumed that they had no sight at all. Thus, the actions of the airline actually created a temporary deterioration in their remaining sight. Margaret explains that:

… At the airport one person had to go in a wheelchair or else they wouldn’t take you. It was a nightmare, a horrible feeling. I was in the dark and I couldn’t see. And of course when I got on the plane they thought I couldn’t walk.

Disappointingly these experiences happened after the Disability Discrimination Act came into effect. Not only is assistance a policy issue but it should enable individuals and their families to participate in activities and to avail themselves of services at the same level as tourists without additional needs. Yet, we have seen here from just two stories how practical and environmental aspects can affect an individual’s well-being.

Other people in the focus groups also speak of their experiences of being vision impaired in a sighted world and the negative impact of others’ expectations on their own self-perceptions. Some speak of being
made to “feel a fraud”, either because they do not use social signifiers of vision impairment such as a guide dog or white stick or because they do not conform to sighted people’s stereotypical expectations (see chapter two). Bethan, a guide dog owner who is always accompanied by her husband on holidays, comments: “If you’ve a cane or a dog, people are more open to you; otherwise they don’t always understand you’ve got something wrong.” Another example emerged from the gardening club:

Sam: So you could be walking along a corridor here or in a hotel, or on the pavement tapping your stick and some people think ‘uh o, what do I do now? [group agreement and laughter].

Jackie: Surveys gas (sic) and a thing like that it’s awful because people ask you if you’re doing a survey, so I say yes [sarcastically] I am doing a survey you know. But you’re not you’re tapping [with the cane] to get around.

James (volunteer): I haven’t heard that one.

Jackie: I’ve experienced quite a lot lately; it’s the red on the stick, if I don’t take that stick and just my white one, because I don’t look blind. They associate any sight loss with a guide dog.

Other people’s reactions can have far-reaching repercussions on individuals’ self-efficacy and their own perceptions of their worth and value, potentially leading to further withdrawal from society and life enhancing engagements.

Stereotypes of people with disabilities in general may strengthen negative attitudes towards them. “Disabled people may be expected to behave in various ways as passive recipients of care for example and yet when they comply their behaviour reinforces prevailing attitudes,”
whilst those who do not conform to the ‘disabled role’ may be viewed in negative terms (French 1996:152). Therefore, people whose disability is not necessarily noticeable, such as those with vision impairment “may have to draw attention to their disability in order to ‘justify’ entitlement to support services, an added dilemma that profoundly affects proud, self-conscious, sometimes reticent younger people” (Percival & Hanson, 2007: 55).

These people with vision impairment in my focus groups are effectively engaging in exclusionary and isolating, self-monitored and regulated practices (Richards, Pritchard & Morgan, 2010). Through this behaviour we can see how Foucault’s conceptualisation of disciplinary power “acts on and through an individual’s self forming practices so those individuals come to want or desire certain ways of being and doing for themselves” (Blackman, 2008:25). As Jackie movingly comments:

Because my eyes look perfect in front they [i.e. other people] don’t believe that I’m blind so I’m getting that I don’t want to go out sometimes, I don’t want to mix with anybody. It doesn’t matter what disability it is, I feel as if [it’s] ‘you there’ when I go out with friends or ‘we’ll put you in a corner.’ No I’m still Jackie underneath [voice is shaky and emotional], put the eyes back and the ears, I’m still Jackie, I am a person and I don’t want to be squashed and that’s why I’m finding they tend to talk to you as if your brain’s not working and I don’t like that.

Through their embodied encounters, these vision impaired individuals can and do challenge these exclusionary practices. Lisa, for instance, describes her experience at a local tourist attraction (an interactive exhibition about Dr Who, a popular television series filmed in Cardiff, South Wales):
It’s not accessible to anybody with any sensory problem, visually impaired or hard of hearing, it’s just an absolute nightmare. So I went to the receptionist and I said ‘do you have any facilities to help me go around because my kids and friends of mine had gone off?’ She tried to explain the exhibition to me but she wasn’t doing a particularly good job at it and it wasn’t her fault—she’s not used to that sort of thing. So the receptionist said to me, ‘it’s not worth us employing somebody to do something like that for your sort of people’ [emphasis added]. Then she went and got the manager and he took me round and I made him work for his money [laughing].

Elen, a confident, independent and capable young woman, comments that she knows her civil rights and would be happy to travel alone: “[unfamiliarity] ... wouldn’t put me off going, if I really wanted to go somewhere I would go.” Jackie, Lisa and Elen are examples of younger vision impaired people who are already empowered and knowledgeable about their rights as citizens (see also Percival & Hanson, 2007). They are confident women who are not afraid to use their voices and stand up for their rights.

6.4. Inhospitable Tourism Spaces: The Need for Staff Awareness Training

A general lack of awareness of the complexities of sight loss was a constant theme in the focus group discussions. Everyone in the groups consistently spoke of the need for awareness training for tourism and hospitality staff and even for family and friends. Awareness training focuses on how vision impairment affects every aspect of people’s lived experiences and the life worlds they inhabit and, importantly, are excluded from. Rather than focusing on the medical condition per se, it concentrates on teaching practical skills and promotes understanding of how a person experiences the world (WCB, 2008). Based on my co-
researchers’ experiences, it seems very few tourism organisations engage in such awareness training. Perhaps this is hardly surprising since the sector is dominated by small to medium-sized enterprises, but in their experience, even employees in large, multi-national companies have a low awareness of the issues facing people with vision impairment.

My co-researchers recognise that some staff may never have previously met people with vision impairment in their personal and professional life. Evelyn (a sighted helper) said, “I mean it’s not their fault [the staff], none of us know until we actually start working [with vision impaired people]; we are not aware of the problems if we don’t have them ourselves.” For instance Braille, the system of written communication used by people with low or no vision, is described by Elen as the “proverbial response” of tourism organisations to the perceived needs of a person with vision impairment. As she points out:

> It’s like all these Braille signs . . . they say ‘oh we’ve got all our signs in Braille’ which is all very well [but] unless you know where to look for the sign how are you going to read the Braille?

Thus, even when organisations and individual employees are interested in assisting people with low vision, their lack of knowledge and training often means that their well-meaning efforts are misplaced. Braille is a writing system using a combination of raised dots but if they are flattened or stored underneath other heavy items, the dots will be compressed and rendered useless. Thus, Eric describes how a restaurant he visited tried to cater for diners with low vision but had failed to explain to its staff how a person actually uses Braille. As he
explains: “Training the staff is a big part of it . . . they had a Braille menu but he’d [the waiter] put it in his pocket and sat on it, it was no use to me then!”[as the dots were flattened].

Whilst many sighted people are aware of Braille, few probably realise that only four percent of vision impaired people can actually read it whilst many more people with low vision would prefer large print, audio formats, mobile phones, email and accessible WebPages (WCB, 2008). John explains his severe difficulties reading travel brochures, screens and information signs; he comments, “. . . some things you can cope with but with things like brochures it’s embarrassing and you feel a nuisance.” Embarrassment is a constant fact of life and “lifelong habits can no-longer provide pleasure, support or a sense of belonging, instead there is exclusion” (Daniels, 2001:59). Similarly, restaurant menus are a constant source of frustration and embarrassment. Muriel regularly visits the same hotel in the Southwest of England but constantly has to ask for assistance as she has difficulty reading the menu. She does not necessarily want the waiter to read to her everything on the extensive menu but equally she does not want to appear ungrateful when he does. In essence she is self-disciplining even though it causes her discomfort:

The thing is they have a wonderful menu and they will read it out to you … there are nine varieties of a simple thing. Just something at the beginning would be sufficient for me. It makes you feel a bit self-conscious when the waiter is reading it out to you . . . they want you to try everything.

This experience highlights the lack of initiative or understanding and is further exemplified in Will’s description of planning a trip to the theatre. Will, a volunteer with the dual sensory group recounts organising a trip to the theatre for the audio-described performance
(when the gaps in the dialogue, actions and appearances are described). The theatre informed him they had given him the wrong date and could he contact them to make other arrangements. The staff member offered the British Sign Language (BSL) performance which was not appropriate:

I told them it’s for visually impaired people but all they think of is you’re either disabled or your normal and they started saying ‘there’s a BSL performance on um Tuesday’ that’s no good [laughter] and then ‘there’s one with subtitles across the top of the stage’ and I said ‘that’s no good’ and all they had was this script that said I’m talking about disability so I’ve got these special disabled facilities and just trot them out without thinking and understanding.

Such poor communication alongside stereotyping creates a lack of understanding with resultant negative attitudes. For example, some accommodation proprietors have such stereotypical images of vision impaired people that it can create obstacles. Elen wanted to go on a riding holiday on her own as she had the ability and motivation to do so:

Then the woman rang me back and started fussing about the house, ‘there are steps all over the house’ and I said ‘well look if I can ride out on a horse for 6 hours a day I’m not worried about steps in the house’ but her priority was the steps because I might knock something over. Before you make an arrangement tell them what you need, they’re fine about it and then you get a call back saying ‘ah we haven’t got any menus in Braille’ that doesn’t matter, ‘we think there’s too many steps’ well that doesn’t matter either ‘ah well our lights aren’t very good’.

These examples raise the question, should an individual disclose their disability? In Elen’s case she gave the proprietor prior information to help her with her requirements and yet the proprietor
could not accept the fact that this vision impaired woman could be independent. In Elen’s case in particular, it seems that the proprietor had real concerns of health and safety, legal requirements and the possibility of being taken to court and sued for an accident or breach of the disability discrimination legislation.

The gardening club (who organise weekend breaks throughout the year) regard their communication of their particular needs as an important part of the holiday planning process. Simon the co-ordinator and a vision impaired person himself explains:

It’s all about communication, we told Rhoose airport that we were coming and they couldn’t do enough to help us. You’ve got to tell people in the first instance… When we go to any of these hotels we ask for ground floor rooms for certain people if there are no lifts, we’ve got to be aware to make them aware.

6.5. Navigating Tourism Environments: Moments of Anxiety and Fear

The co-researchers comment that there are relatively simple measures a reflexive tourism sector could implement which would considerably enhance the experience of tourists with vision impairment. These include: clear edging of steps; good colour contrast on materials; suitable lighting; contrasting handrails; clear signage. Incidentally, these measures would also be helpful for sighted people. I have often descended steps and stairs where there is no contrast which has caused me to feel unsteady on my feet with full sight (Figure 6.3).
Figure 6.3: Flight of stairs at a hotel in Croatia.

Understanding the relevance of décor for instance could mean the difference between a vision impaired person recognising the environment and mobilising independently or being completely reliant on another person. This point is made by Robert:

> Now, the hotels tend to be every floor the same, same carpet, the same décor [all acknowledge agreement]. You don’t know whether you are on the right floor or the wrong floor whereas if they could change the colours of the corridors, you know, you’d have a better chance like (sic).

Take lighting as an example; in a sighted world, restaurants and hotels use mood lighting to create ambience and atmosphere, yet for individuals with low vision such environments generate anxiety, which at its worst can create real fear. Bethan, a member of the dual sensory group, speaks of her particular problems on holiday with lighting levels as her sight is worse at night and her overall experience is compounded by her partial hearing loss. The physical nature of the lighting in hotels and restaurants causes her to feel anxious and afraid, uncertain of what
to expect and unsure of how she will cope, despite being accompanied by her husband:

We went to Spain for our special anniversary and we went to the Caribbean and it was very dark in some of those places. My husband explained the situation and every night we went into the restaurant they provided one table with a light and candle light, they were extremely good and they expected nothing in return, you know they just wanted to help you so I had no complaints but going in I get quite nervous. ‘It’s no good, I’m not going to see’, that is what my mind is saying inside. . . I just force myself to do something but the fear is in the throat.

Similarly, Jackie speaks of going for dinner with a sighted friend: “it was like going into the dark, it was really stressing me out, I couldn’t fathom out what I was eating.” Likewise, Margaret says of walking into a restaurant: “Perhaps a lot of people get the pleasure when they are eating in the dark [laughter] . . . we say to the person leading us in can you give us a table where there is some light?”

Low lighting levels are not only the outcome of mood lighting but also of energy saving light bulbs which are increasingly common in hotels:

Evan: Energy light bulbs in hotels, they don’t give us much light do they? Good for the environment but not us.

Jill: You could take your own light bulbs [laughter].

Evan: Maybe they would change it if maybe you said just change the bulb then, only while you’re there.

Robert: Every hotel we go into it’s got a light by the bed as a reading light, it’s got a standard light in the corner but never a light in the middle of the room. [All agree and talk at once] I mean it could be midday and it’s like bloody midnight. You just can’t get enough light in the room.
Elen: It’s got to be uniform where the light switches are. Sometimes you actually have to go into the room and find where the bed is for example, and which side of the bed the switches are on; until you know where it is to find it.

This highlights the need for the tourism sector to consult vision impaired people as advisors on practical issues of design and to engage them in educating those people working in the sector.

Whilst navigating the physical environment is an essential part of travel for anyone, it is significantly more difficult for someone with vision impairment, whether the journey is taken alone or with others, and whether the distance travelled is to a nearby seaside resort or to the other side of the world (Small et al., 2007). It is the unfamiliarity of the environment which creates feelings of anxiety, which can escalate into fear of the unknown. Lisa describes her experience at a train station returning home from visiting family where being unable to access train information increased her anxiety, particularly when there was a train alteration on the platform. Not only is it difficult to remain aware of what’s going on but the consequence of a change was quite significant for her:

I was told my train was on platform 3 and this announcement came over to say that they’d changed platforms and I’d never been to this station… It was like a nightmare for me because I’m trying to read signs and if you don’t rush I’m going to miss the train… Oh my God, how am I going to find it and I had the pushchair, I couldn’t use the stairs and I couldn’t find anyone official to ask. I ended up asking three or four passengers.

Like many people with vision impairment, individuals in this study use memory, mind mapping, and environmental clues to deal with physical obstacles and hazards they encounter, “you have to memorise” says
Elsie. Navigating by memory is a core skill used by people with low vision, whether it is memorising a specific route or the layout of rooms, buildings and whole areas; once a person has memorised a place he/she can move around it with confidence and ease; as Muriel comments: “I was more used to the lift than I was with the stairs but I had been before when I could see so I knew where I was going.”

People with vision impairment need high concentration levels when navigating familiar places by memory and even more so when they are in new surroundings. This is very clearly exhausting and takes a significant physical and psychological toll on people’s bodies; as Robert notes, “I can only go as far as my memory will let me. I just can’t wander; I’ve got to pay attention to where I am.” For Elen being out and about on holiday is physically draining:

   It’s scary enough anyway, new places, new surroundings. All the time there’s obstacles in your way . . . your memory is so tick, tick, tick. When I get home I feel like taking my head off, that’s how I feel.

When the sighted world disables people with vision impairment, either through employees’ and managers’ poor awareness or organisations’ failures to make basic adaptations to the physical environment, people’s life experiences are circumscribed and they are forced into policing their own behaviour. Ultimately many people with vision impairments may simply choose to opt out of the anxiety and stress of travel, due to the lack of empathy of the sighted world. If individuals with low vision decide to travel, they are also conscious that this can increase the burden of care on their friends and family. In Elen’s case her partner has no sight at all and unfamiliar terrain is difficult:
We’d love to go on coach trips but when we get off the coach we don’t know where to go and I can’t read the signs. If people give me vague directions like ‘just go down there and turn right’ I can’t follow them—I don’t find it a lot of fun really.

In Lisa’s case the burden was placed on her sighted father:

... He [my dad] gets really stressed with dealing with my mother who’s got visual impairments and mobility problems, my son whose got a wheelchair, me who doesn’t see very well and we’ve got this huge trolley of luggage and a wheelchair and a walking frame and he’s trying to see what all this stuff is saying, tell us where we’re supposed to be going and he does really, really, get stressed and at his age he can’t cope with it.

Where a vision impaired person’s family and friends also have disabilities they may have to play the role of guider and holiday coordinator. Lisa highlights her personal experiences of this responsibility:

The only thing I find going out with a visually impaired family is that when you’re all visually impaired [there are] things you obviously miss so, you get back to the bus and people say ‘ooh did you see that wonderful museum, that lovely garden’...you’ve missed it because you obviously don’t see it... even though it can be a bit stressful for one visually impaired person in a group of visually impaired people, now you have to be the eyes for everybody, it can be difficult for them [for Lisa] but you’re always depending on them [Lisa] for finding you interesting things to look for or to do while you’re out, you know.

To some degree, vision impaired people are disabled by their friends and family through their lack of knowledge and awareness. Family and friends need awareness training and opportunities to learn new skills...
such as guiding in order to maximise the independence of their relative or friend who has vision impairment; as Jackie says: “My friends are used to me but when you go to different surroundings for the first time, well you know, you have to keep reminding them.”

6.6. Specialist Tourism Environments: Filling the Gap
The gardening group particularly highlighted the issue of ‘specialist’ or segregated provision for people who are vision impaired. Staying in a ‘specialist’ hotel can be viewed as one way of helping to rebuild confidence after the onset of sight loss as staff working in these hotels have an intimate understanding of the needs of vision impaired people. By placing this understanding and specific knowledge of vision impairment at the core of all of the services and activities, specialist hotels can provide accessible and inclusive accommodation as well as enable guests to tailor their holiday around what they want to do, (Vision Hotels, 2013.)

On the other hand, some vision impaired people do not want to stay in such accommodation and be identified as such and prefer to take mainstream holidays - as the following discussion highlights:

Jackie: I want to go to places where they are aware of my disabilities and I can mix in, adapt for that short time.

Simon: I must say I don’t agree with you there, honestly I like the Lauriston [a hotel in Somerset specifically catering for vision impaired people] because they know how to make you feel comfortable. In every corridor there is a rail to go along, they even go to the point where when you go into a toilet and … they go to the trouble of putting a black line and black rails. So you can see the difference, you know where the toilet is. They’ve got it everywhere…
Jackie: They don’t work for everybody, that’s my opinion like.

Simon: If you are a blind person now and you have a dog they’ll take the dog for a walk, they’ll wash it, they do everything, and I don’t feel out of the way by going to a place like that.

Jackie: I don’t feel out of the way, I would just feel I mix with all people, all disabilities.

Vicky: do you go with friends? (to Simon)

Simon: Yes, I wouldn’t go on my own.

David: Well you could go on your own there.

Simon: I could yes, it’s only a question of expense and travel and so on.

This conversation aptly demonstrates the difference of opinions in the focus group and how one individual makes his choices based on familiarity, staff awareness and skills. Several people here do not want to be associated with other blind and partially sighted or disabled people, even though they are vision impaired people themselves. In addition, specialist hotels also attract and cater more for an older population and this seemed to put off younger vision impaired people or those with young families. Specialist provision is often very expensive and Simon describes it as coming with a “disability” price on it:

Well they advertise holidays but to me it’s like double the standard holiday would be or am I imagining it? Eight days is like £800 or is a holiday in Greece that price range? I think what they do, they get volunteers involved. The volunteer will pay about £600 and the visually impaired person they pay £800.
So what they do is they organise volunteers for you but the offers are very expensive. I’ve got a friend… he got a lot of compensation because he lost his eye sight from bashing his head after a motorbike crash so he spent a lot of his time going off on these holidays and ... you pay for your own ticket and ... for [your] friend as well. If I was paying £1000 the volunteer would be paying £650. I think that’s how Traveleyes works; so some of the prices are prohibitive for most people.

Vicky: a lot of people are retired, not working…

Lorraine: ‘Cos that’s the way most things work isn’t it. If there’s no mainstream you do sort of pay through the nose.

Jackie: But people want their benefits and things like that so you just can’t afford to go to these places, you just can’t.

Despite such differences of opinions, needs and desires, the overwhelming message from the focus groups was the need to improve communication and to increase the awareness of people working within the tourism industry. This would help vision impaired people to more easily make holiday choices based on their individual needs and those of their families and not based on what is the easiest or least stressful.

6.7. Chapter Summary

This chapter has presented a complex and diverse picture of the needs and aspirations of vision impaired tourists. Its focus on both individual and collective experiences allows for a broader conception of people’s experiences and life stories, for example growing up with a vision impairment or losing sight later in life, all within the context of the co-researchers’ ‘life world’ (Smith & Hughes, 1999). The focus groups reveal that people with vision impairment do not conform to stereotypes.
On the contrary, their experiences show that vision impaired people are first and foremost individuals and as members of the wider community are people who wish to connect with tourism experiences on an equal basis with sighted people.

It seems that people are disabled more by poor design, inaccessible services and other people's attitudes than by impairment, although personal issues of identity and self-perception also play their part. In essence, the co-researchers’ experiences have shown:

That when the sighted world fails tourists with visual impairment through organizations’ inabilities to provide staff training and inclusive physical environments, those individuals’ tourism (and life) experiences are circumscribed (Richards, Morgan, Pritchard & Sedgley, 2010:32).

If providers of tourism experiences were more aware of how to respond to people with disabilities in general, individuals may feel better equipped to articulate their concerns rather than to limit their activities. Vision impaired people's enjoyment of leisure is diminished by the attitudes of many sighted people - the ‘why travel if you cannot see’ attitude. The challenge for the tourism industry is to identify and reach these customers, to analyse their service provision in more depth, to learn new skills, to be creative and to apply that knowledge. The next chapter provides in-depth insights into the tourism experiences of vision impaired people and their families, further developing the themes from this chapter and expanding the discussion to highlight the embodied experiences of tourists with little or no sight.
Chapter 7

Exploring the Meaning of Tourism in People’s Lives: Family Conversations

7.1. Introduction
7.2. Lisa and her Family: Pen Portrait and Narrative
7.3. Lucy and her Family: Pen Portrait and Narrative
7.4. Mary and her Family: Pen Portrait and Narrative
7.5. Maria and her Family: Pen Portrait and Narrative
7.6. Nancy and her Family: Pen Portrait and Narrative
7.7. Summary
Chapter 7: Exploring the Meaning of Tourism in People's Lives: Family Conversations

7.1. Introduction
This chapter presents and analyses my visits and conversations (15) with five families living in South-East Wales. The reasons for focusing on the family unit in this second phase of the study are twofold; firstly because the experiences of families in tourism are under researched and secondly because vision impaired people's experiences can thus be contextualised within the dynamics, roles and relationships of each family. Therefore, in phase two of the study the discussions focus on family tourism experiences in an attempt to understand the meaning of tourism in their lives. Consequently there are recollections of past holidays and discussions about future ones with a focus on personal aspirations, access to and connection with tourism spaces and issues specific to vision impairment. The conversations convey a richness of material where the co-researchers' voices are the dominant ones and the themes emerged from their narratives. These are: family holiday patterns and motivations; evolving family relationships (the dynamics between partners, parents and children); challenging perceptions and dispelling myths; inclusive or exclusive facilities; (re)connecting the "vision impaired body" with tourism spaces; and negotiating the accessibility of travel and tourism spaces.

To capture the individuality of the co-researchers' experiences and to acknowledge the diversity of their particular lived family experiences, I address each family in turn. I introduce each vision impaired person within the context of her family and her holiday history, in the form of a pen portrait. This is followed by an in-depth description and analysis of the family's key themes.
Each section includes extensive verbatim quotes to capture the co-researchers’ voices, the one exception being the Williams family who wanted their words to be paraphrased rather than directly quoted. The families are Lisa Hughes and family (section 7.2.); Lucy Williams and family (section 7.3.); Mary Hall and family (section 7.4.); Maria Brown and family (section 7.5.) and Nancy Chapman and family (section 7.6.).
7.2. Lisa’s Family Pen Portrait

The conversations with Lisa and her family were conducted as a pilot for Phase Two. The first visit took place with the whole family, which includes Lisa (mother), Geraint (partner), Jack (son) and daughter (Carys) in March 2009. Lisa and Geraint agreed to be interviewed individually after they had planned and been on their Easter and summer holidays. Hence, I visited them again in August 2009.

Lisa is a vibrant, confident and spiritual young woman in her early thirties. Born in a low income area of the South Wales Valleys, Lisa grew up with her mother and father, two sisters and one brother. She was born with a congenital and hereditary eye condition, aniridia plus additional vision impairments of nystagmus and glaucoma, (refer to Appendix A for a description of the eye conditions). Her mother is affected by the former which has also been passed onto her eldest daughter but not her youngest daughter or son. In the 1970s Lisa attended a traditional ‘school for the blind’ and later a ‘college for the blind’. While at college she met her future first husband through a mutual sport at which she championed, representing her country on various occasions. At this point in her life, Lisa was well travelled domestically with her parents and internationally with her sport.

On her return ‘home’ from college Lisa secured employment with a charitable organisation for vision impaired people, a few years later moving to a more ‘hands on’ charity in her local area. She later retrained to work directly with newly blind or partially sighted people, whilst remaining in her present employment. At this time she also re-married. Over the last few years Lisa has become interested in access issues and the benefits of alternative therapies. She works full time, commuting...
by train daily and utilising a support worker/driver funded by Access to Work for work travel purposes.

Lisa now has her own family, a son and daughter from both her first and second marriages. Both her children have a disability as her son (12 years old) has cerebral palsy which means he uses a wheelchair for long walks and her daughter (3 years old) has a visual impairment. Lisa is now divorced and in another relationship with her partner Geraint who is sighted, several years her senior whom she met through her interest in alternative therapies. Lisa has always made the most of her remaining vision and she has a positive attitude. However at times she experiences frustration at the lack of awareness of issues affecting vision impaired people. Although Lisa is able to use her residual vision, at times she uses her white cane to assist her with her mobility, usually when catching the train and in busy areas. At other times, particularly in unfamiliar areas she likes to have a sighted guide. Lisa is a confident and independent person however she sometimes feels self conscious, particularly as her eyes oscillate due to her eye condition nystagmus which has caused misunderstandings by sighted people.

Lisa, her family and her extended family, all participate in holiday activities abroad and in this country. She and Geraint both enjoy historical locations but choose destinations that balance their interests with those of the children. In addition their choices are affected by their needs for accessible facilities for all of them. They usually like to visit different places rather than return to the same place. Lisa strikes me as a very ardent individual, devoted not just to her family but passionate about life for visually impaired people through her work and personal experiences. As a result of this I would suggest that Lisa is profoundly
knowledgeable, with a deep sense of the ethics of citizenship and human rights. She also presents as outwardly self-confident although very aware of her body.

### 7.2.1. Motivations and Priorities

From the outset it is evident that each member of the family operates as a family unit where each person’s needs, disability-related or otherwise, are taken into account. The conversations with Lisa and her family reinforced the themes from Phase One, such as a lack of awareness of sight loss issues and stereotyping amongst the wider population. In addition, new themes emerged in terms of perceptual barriers (self and others), the vision impaired person’s ‘body’ experiences and tourist attraction accessibility. The priority for Lisa is that accommodation has to be located near places of interest and to have family rooms, which are physically accessible for Jack (her son) and with as few obstacles as possible for her. Geraint notes that because of these requirements they are unable to take up last minute holiday deals and feel that specialist holidays have a ‘disabled’ price on them.

Ideally Lisa’s perfect holiday involves somewhere with good access to the hotel and an accessible environment where there is notification of steps, ramps, clear signage, good lighting and so forth. Other considerations are knowledgeable and willing staff: “you just wouldn’t have the frustration of explaining all of the time.” In contrast, a perfect holiday is unattainable in Geraint’s view even for a family of fully sighted people:
It’s unrealistic to expect a perfect holiday…life isn’t perfect and I think this is a major thing you can plan all you like but you have to go with an open mind that things are going to go wrong and you make the best of whatever happens and hope at the end of it you’ve had a thoroughly good time.

Lisa and Geraint have three blocks of time dedicated to holidays, preferably two abroad and one in the UK (they have a camper van for domestic trips). The purpose of holidays for this family are to escape from the busy life of work and voluntary work so that they can relax, spend time with the children, experience new places and focus on themselves. Lisa and Geraint believe in working hard to be financially comfortable, to maintain a roof over their heads and to have enough finances to enjoy a holiday.

7.2.2. The Family Break Away

Lisa, as a congenitally vision impaired person (with some useful vision) grew up with her sister and mother, both of whom have sight difficulties, while her father and brother are fully sighted. As a child she remembers family holidays caravanning and camping like the ‘average’ family. The family have enjoyed holidays together as adults at home and abroad with varying degrees of success. Striking a work/life balance is now important to Lisa as she works three days a week and undertakes voluntary work for other organisations on the other two days. During the week her work environments are both office- and home-based. For her, a holiday means getting away from work and routine family responsibilities, spending quality time and meeting other people. For Geraint a holiday means “you’ve had a really good time and even though maybe it wasn’t a hundred percent all the time it didn’t spoil the holiday.”
Lisa’s holiday experiences now take into account Geraint’s interests particularly as he often does the majority of the holiday research. I gained a further insight into Geraint’s background, interests and his views on services for vision impaired people from tourism providers as well as his feelings about vision impairment in general as a result of the individual conversation I had with him. Geraint is retired and has established his own alternative health therapy business. As a result of meeting Lisa he has become a volunteer driver for the local society for the blind. He reflected upon this change of role:

I suppose I was fortunate in a sense… I had to give up permanent employment because of my health and having said that I see that as a benefit… it was an opportunity for me to sort of sit back and reappraise what was important to me… to reset my priorities and sort of realise that a really good job and lots of money is not what it’s always about. There are more important things in life… I like having a family…

While acknowledging the pleasure of family time together, he also craves some quiet time alone so when the children are safe upstairs, he “... can bury [himself] ... in a book for half an hour or so and not be engaged in what’s going on.”

Geraint prefers to holiday somewhere with a warmer climate and “ideally it would be connected to water in some way because I love being on the water” and perhaps “if we can manage it some historical interest into the equation as well.”
The following describes Geraint’s preferences:

I like new places, I don’t necessarily like to go back to somewhere I’ve been before unless there’s still a lot there I haven’t seen. I prefer it to be a quieter place than somewhere with a lot of nightlife…I don’t mind having a quiet drink overlooking a nice beach or harbour or something. I’m not interested in crowds and I don’t want it [entertainment] in my face.

He regards this as easy enough to achieve as Lisa has the same interests but there is the need to balance this with the needs of the children, particularly Jack’s. “We do a fair amount obviously all together but not outstretching or conflicting with his physical abilities.” Geraint believes it is very complicated to strike a balance and to satisfy everyone’s needs “even simple things like making sure whatever room we have is going to be accessible for all three of them.”

The choice of destination and type of holiday is determined by whether there are appropriate facilities that cater for the family’s access and inclusion requirements. As an example, the family’s decision to choose a particular camp site took into account whether there were facilities for children, walks that were suitable for pushchairs and wheelchairs and the location (near a beach or villages to visit). These issues are considerations for any family; however the importance of each component is multiplied for a family with a multiplicity of needs where disability and access are key factors. Hence, access to information and planning emerges as a major theme and is discussed further in the chapter.

Despite these requirements, Geraint emphasises that it is also important to be realistic and to “have an element of excitement, going somewhere… you’re gonna have to sort of make do.” In addition he
points out that regardless of disability part of a holiday experience is about being immersed in a country’s culture and experiencing different ways of living. Geraint explains:

I don’t know whether there are places in Greece that deem themselves to be visually impaired friendly… it would be a great shame for people with a visual impairment not to go and enjoy that type of holiday in that type of environment… I think it’s the same thing for sighted people if you go somewhere knowing that the plumbing and facilities are not what you’re used to… but you draw a balance between that and seeing beautiful places… and going into the sea without having to freeze yourself to death… there’s got to be an element of adventure.

**7.2.3. Evolving Relationships**

Vision impaired people and other people with disabilities can often be perceived as passive and referred to in the third person. Geraint thinks this is further reinforced by perceived family roles, where the father is seen to be the head of the family. Geraint suggests that attention is directed at him not merely as “the carer” but also because of his position as a man, husband and father. However, “in our relationship it doesn’t work that way” as Lisa usually carries the money and passports whereas he does more of the organising. Lisa sees herself as a mother rather than as a vision impaired person and there are times when she would like time on her own but her maternal duties prevents her:

But I don’t [have time alone] because I put pressure on myself as a mother and there would be some anxiety. If I wander off here now for 10 minutes, will I be ok to find my way around, will I get lost, fall down steps?… I’m trying to focus on a particular thing… I shouldn’t just go off and leave the kids.
Lisa says that even when she participates in aquarobics in the hotel pool, at the back of her mind she is thinking about getting back to her children. Lisa wonders whether fathers think the same way or whether it is her personal anxiety that propels her to return to the children sooner. She values her son Jack’s help in an unfamiliar place:

Jack would naturally say to me ‘oh mam there’s a step there’ or he'll tell me about things. He’s sort of learnt naturally about those things and it’s sort of in a different way. Jack’s very much a natural thinker. He doesn’t make assumptions. I don’t know if this is because he’s a child but it’s not sort of like he’s making a conscious judgement about something.

Lisa also recognises that when she is tired or in her “independent mode” she can get “snappy” when he is telling her something visual and she says “I know Jack” and he’d say ‘Oh I’m only trying to help you’ and then I realise I’d been a bit snappy.” She then blames herself and thinks that happened “because other people have been fussing over me.”

As Jack’s birth parents are both vision impaired people he has grown up to know that he has to attract his mother’s attention by using her name or touching her on the arm. When he answers a question Jack is aware that he needs to provide a verbal response rather than a visual one. For example, the nod of a head to indicate ‘yes’ or ‘no’ is ineffective as Lisa is unable to see the motion of his head. In addition if he wants to show her something he has to bring it to her. Lisa explains that even within her extended family of nephews and nieces it can be very frustrating because:
You still have to remind them sometimes that they have to speak… and even with the teenagers… cause (sic) they don’t verbally say ‘yes aunty Lisa’ cos (sic) I say to them ‘it’s no good shaking your head at me’. My younger sister’s boy is sighted and he’ll still nod and shake his head.

Another dimension of holidays is how families re-live those experiences by looking at photographs. Lisa comments that photographs are a trigger for her memory that evoke emotional sensations and help her to recollect holidays. However, as a visual memento, photographs have no purpose as it is difficult for Lisa to see them. She attaches a deeper meaning to them beyond the visual:

I think more of the memory of the act behind the picture because otherwise you can stick a photo in my face and look at the picture sort of thing and you know this is just a lot of colour on a piece of paper.

However Lisa feels isolated from that family moment not just because it is hard for her to see the pictures but it is also difficult to keep abreast of the conversation:

I think the difficult thing when you’re trying to look at something all together is that I can’t see it and nor can Carys… so I have to take a step back and let them see it [the photograph]…I don’t feel part of it.

Subsequently this sense of isolation is replicated in conversations when, for example, sight-seeing on holiday:

Sometimes they’ll be having a conversation about something, referring to something visual and I’ll say ‘what’s that then?’ and I’m maybe a sentence or two behind the conversation and I don’t really know what they’re talking about. Geraint gets frustrated. I feel a bit deflated or frustrated.
7.2.4. Challenging Perceptions and Dispelling Myths

The family has to strike a balance between being wanted to be treated as a ‘normal’ family and advertising the fact that they have additional requirements. Geraint remarks:

Lisa doesn’t carry a cane, if she did people would think ‘oh right that person doesn’t see very well’ and make allowances for it but you’ve got to balance that [with] being treated as a normal family you know … having something like that, a cane, people will have their expectations of what your capabilities are. [They] automatically think oh there’s something wrong with you therefore everything needs to be done for you.

Geraint re-iterates this view as he discusses being out and about on holiday:

It doesn’t bother me where we are; don’t think too much about it, [but] having said that I don’t want to make it that obvious; I don’t want to draw attention. I’m more concerned about their [other tourists] impression than she is.

Another example of Geraint’s awareness of others’ perceptions is when he guides Lisa to the entrance of a building for a meeting or to their holiday hotel entrance. He sees his role as practical and helpful but at the same time he is concerned that others see him guiding Lisa. Geraint acknowledges his own inaccurate pre-conceptions before working with blind and partially sighted people:
My perception of disability was pretty small before I started to work with people with disabilities...[but] you’re also aware of just how independent, accomplished they [vision impaired people] can be in that even if they have to find different ways of doing the same thing... So just because they don’t do it the same way as a sighted person [it] doesn’t mean that they’re less able. In fact in a lot of cases they are probably more able, more aware and more astute in what they do than some sighted people.

Lisa is comfortable with how she perceives herself but not with how other people perceive her. This is a particular issue with her appearance:

I am very conscious about the way my eyes are because my eyes move around, so when I meet somebody new I don’t know if I make eye contact or not but I’m nervous about looking at somebody directly because my first thought will be are they looking at my eyes, do they know I can’t see very well.

Lisa’s eyes have always appeared this way but she explains that as a child she suffered name calling and bullying which made her realise that she was a bit different to everybody else:

People made me aware when I was a child that I was different to other people, only because the way my eyes were. I suppose it’s left a psychological effect on me really.

In fact there have been times when members of the public assumed Lisa was under the influence of drugs or alcohol “because people would make assumptions about my eyes.”

Lisa describes other situations where sighted people have made assumptions about her. These include at the hotel buffet where she prefers to help herself to the food on offer rather than allow Geraint or anybody else to organise it for her. Lisa explains that to be able to use
the self-service buffet she has to ask lots of questions as well as manoeuvre around the buffet area and the dining tables:

I want to go around it [the buffet] and I’m more or less having one of everything but of course I can’t tell what’s in the tub. So if there’s somebody standing there I’ll say ‘could you tell me what’s in there?’ But your thought might be ‘why do they think I’m asking this question, do they realise I’m asking this because I can’t see what’s in the tub or do they think I’m dull or something?’ So I mean buffets are quite difficult.

At the moment her daughter Carys is too young to organise her own food so it is necessary for Lisa or Geraint to sit with her, although Jack is able and old enough to choose his own food. Lisa realises that at some point Carys will want to be more independent. Lisa believes it would be too difficult to take Carys up to the buffet with her as “it certainly would be too difficult for me to focus on food and keep an eye on Carys, carrying the plate and make sure she’s beside me…”

Lisa also talks about assisting other vision impaired people at a buffet whether it is for a social occasion, a group of people on holiday together or at a meeting. She talks of how some individuals find it easier for others to serve their food and how waiting staff need to approach assisting a vision impaired person in a meal context:

I’m a very independent person which I suppose can be my downfall sometimes cause I want to pick my own food…I don’t want somebody picking it for me, something maybe I don’t want. I think that I’d want to be standing by them. I also find that when I’m helping another visually impaired person to get their food I’m aware they’re not choosing what they want. So if they say they want a bit of everything I’ll literally do that or I’ll certainly come back and tell them what the choices are. I think sometimes sighted people are not aware of those things.
Lisa provides insights into being identified as a blind person and yet not wanting to disclose her disability. For example she is more likely to carry a white stick at the airport so that they can “fish you out of all the people” but at the same time “they [airport staff] insist you sit in a wheelchair and there’s the language barrier as well…Just sit in the wheelchair and go with the flow.” This is not what she wants as then she is aware of others’ perceptions: “people see you walk out of the chair, it’s all about other people’s perceptions.” It is apparent that Lisa worries about what other people think: “it’s what you think other people perceive you as.” She concludes that there is not one right approach by returning to the hotel buffet:

If I walked around say the restaurant in the hotel getting my own food and I had this white stick in my hand people would be thinking ‘well how she is doing that anyway?’ But you’re carrying around this stick thing like a hand bag, you’re serving yourself to all this food and doing things that require vision… and I think I know that when I carry a stick I go into a what I call a ‘blindy mode’… where I feel more blind than what I really am… I’ve got some sight to see things but with the perception of what other people are thinking about me I’m more reliant on the stick than I will be with my vision…

It appears that self-identifying by carrying a white stick is often for the benefit of sighted people, who can misjudge situations based on their pre-conceptions of vision impairment. At tourist attractions Lisa feels that people are empathetic “but it is easier to carry a cane so that other people understand why you have jumped the queue and have a concession.” Lisa continues: “if the shoe was on the other foot how would I feel?” She surmises that “if something is not obvious you can jump to conclusions so it’s not always easy for them [sighted people].”
Chapter 7: Exploring the Meaning of Tourism in People’s Lives: Family Conversations

Lisa and Geraint disagree over this issue of perceptions of ‘normality’ and the balance between independence and asking for assistance. Lisa feels it is difficult for the sighted person because of the pressure of managing everyone and “of course they [sighted people] don’t want you asking [for help] because they got this determination of doing it on their own which I find really frustrating.” On holiday she explains that she is more likely to ask for help than Geraint and she would ask “until I’m blue in the face” which makes her wonder if not asking for assistance is a male issue, regardless of whether the person is sighted or not:

I would say ‘well let’s go and ask at reception but it’s all ‘no no it’s alright we’ll work it out’, well no what’s the point in working it out standing outside waiting for a bus that might not come when we could easily ask at the hotel reception…I quite easily ask a waiter if they had a particular thing whereas he [Geraint] doesn’t like to ask. It’s the same with my father because he’s like ‘just wait until somebody comes, just leave and let’s see what happens, and I might just ask somebody because I’m of the culture of asking…I’ll just grab somebody and ask them.

She comments that this is even an issue within the family, where they live with low vision everyday:

Whoever the sighted person is, because they’re under that pressure of trying to find the bus and manage everyone else and of course because you have limited ability to help other than using your mouth and saying ‘excuse me…’ They don’t want you to ask because they have this determination of doing it on their own… and I think it’s also to do with what they think we think about them. They should be able to do these things because they’re the ones that are looking after us, well not looking after us because we’re visually impaired but because they’re our partner, the male, the protector and provider.
Geraint appreciates that Lisa is a very independent person in that “it took quite a long time and a lot of effort for her to sort of accept that there was somebody there that could help” due to the fact that she was twice divorced and ended up on her own with her children:

There is a lot of reluctance on her part to go down that road because I think… she wouldn’t mind me saying this… she has this fear of worry she doesn’t want to depend on someone in case all of a sudden that person isn’t there anymore. The other side to that is not taking people for granted; it’s easier sometimes to ask somebody to do something than it is to do it yourself even though you’re probably capable of doing it.

7.2.5. Inclusive or Exclusive Facilities
Lisa and Geraint have to consider what provision is made at tourist attractions for people with disabilities in terms of concessions, accessible information and ease of physical access. They describe how, when visiting an historic abbey “we had our own expectations and we just asked” if an audio-tour was available. They were told that nobody had asked for one before although one was available. Geraint comments he feels this under-use is because employees “don’t know they’ve got some of these things… [and] fall down [on their job] by not telling anybody.” Geraint suggests that providers just “think in their own cognitive terms” and lack experience in how to apply what knowledge they have. Lisa points out that it is often being aware of available services and asking the tourist attraction employees about them. For example Lisa will ask if there is an audio-description of a tour or an audio-described screening of a film or play. By requesting these services, employees are then confronted with either the lack of services for people with disabilities or have to remember which services they
have available. Lisa explains that “a lot of [vision impaired] people don’t ask about facilities for vision impaired people because they don’t know what’s available.” This suggests a vicious circle whereby employees are “not even aware of the services they have sometimes and because nobody asks them, they don’t get used [to advertising the service] so they get forgotten about.”

The very nature of some attractions can create a more inclusive experience for all its audiences. For example Lisa describes how the living museum of Llancaich Fawr (an old Manor house in Caerphilly, South Wales) presented a wonderful historical sensory experience:

There were wooden bowls that you eat out of… and [the museum guides] ... talked about how they were actually originally made out of pastry with the food inside them, and then they would eat the bowl…and of course it was something I had listened to with Geraint… [when he read to me; it] almost helps you be part of the environment whatever it is.

There is the implication here that to fully enjoy such attractions, vision impaired people need to undertake some advance research. In Lisa and Geraint’s case they share an interest in history and Geraint reads historical stories to Lisa as part of their quality time together. Lisa believes that this adds to her understanding of a place:

So even though you can’t see the detail of the church, you know about how all that effort went into it, what was the reasoning for it, who started it and quite often I refer back to things that have happened in the book when we go and see something… it makes you almost feel as if you could be there [back in time].
7.2.6. (Re)Connecting the ‘Vision Impaired Body’ with Tourism Spaces

Lisa’s experiences demonstrate how her remaining vision is supplemented by her other senses: her touch (tactile), sound and perceptive skills (being able to sense, have a feeling about something). She describes how, whilst on holiday in the mountains and when visiting historic sites, she shuffles her feet to feel the different textures on the ground, tilts her head to maximise the vision in her left eye, reaches out to find handrails and door knobs and scans her surroundings. She comments that “if anybody was watching me they probably would have seen I was having difficulties.” While she presents herself this way as part of getting around, at the same time she is interacting with her surroundings and registering information from such clues. Lisa explains that when she is walking she pays a lot of attention to the ground “What’s under my feet – I can tell the difference between tiles and tar… changing surfaces even bar areas.”

On holiday Lisa’s appreciation of some indoor attractions is limited, particularly where objects are behind glass: “I just switch off, it doesn’t do anything for me.” One might assume this can be easily overcome by someone describing the objects to her, however she says: “I find that even if someone is trying to explain it to me it doesn’t really do anything for me… I mean I think ‘oh yeah that’s lovely’ but it’s not at all an experience.” She whispered this last comment as I suspect she did not wish to offend Geraint.

Lisa is dependent upon tactile and auditory information as well as her imagination. The example of the living museum is an indoor attraction,
which has the potential to be more inclusive. In fact this attraction states in its advertising literature:

Sample the sights, sounds and smells of 1645. Greeted and shown around by the servants of the owner, David Pritchard. Listen to gossip of the day, hear about traditional costumes and talk about the everyday life of ordinary people, over 350 years ago. (www.caerphilly.gov.uk)

Outside, Lisa’s experiences are very different:

I can’t see the detail outside but it’s not just a building, it’s the history. A church, it’s old and even though I can’t see the architecture, this place has a lot of energy… You just get the sense that something lived there, things actually happened here. And it’s also the environment, ‘cos if it’s outside and its nice and sunny you know you’ve got the heat of the sun, other noises, the quiet… it’s really being able to appreciate what you can pick up around you. Sighted [people] just see or is that a generalisation?

Lisa continues by recounting her experience of St Mark’s Square in Venice:

We stood in St Mark’s Square… we had lots of people around us and a lot of these buildings around you and even though for me it was difficult to take in a lot, I could see the big huge pillars… I could see a big huge dome on the church, well I could see the colour of it and it was sort of round.

Lisa then continues to describe “scene taking” in the Canadian mountains:

Even if it’s because you’re in the middle of the mountains or something… it’s just the whole sensation of being out in the wind and all the colours you can see and just being aware about how you take it in…all that’s going on around you… We could hear the cows or goats or whatever they were, had these bells and they were going dingily jingle … It’s really just being able to take in what’s around you even though I couldn’t see the goats.
7.2.7. Accessibility of Travel and Negotiating Tourism Spaces

Holiday planning is time consuming for people with vision impairment (Small, Darcy & Packer, 2007). Geraint notes that even making simple arrangements (whether at home or abroad) can be challenging, as for example, Lisa has difficulties with the glare of the sun and requires shade that simultaneously allows enough light for her to use her residual vision:

I feel as though I have to develop sort of different ways of managing situations, this applies a lot to going away... but doing anything really with the family outside requires a fair amount of planning and considerations that maybe other people wouldn’t have to take into account... Going out without a pair of sunglasses for Lisa, I mean that’s just a simple thing you can always buy a pair … but she wouldn’t necessarily be able to buy a pair that would work for her.

Lisa and Geraint agree that domestic holidays are easier to research and plan as a result of the Disability Discrimination Acts of 1995 and 2003, which requires service providers to make reasonable adjustments to their premises including providing information in accessible formats, ramps, accessible lifts and conveniences. Even though difficulties persist in the UK, Geraint argues that the situation is better than in overseas destinations where access design is different and legislation inconsistent (You and Yours Radio 4, 12th March 2010). Despite this, Geraint turns his attention to the problem of travel agents in the UK, who do not have enough detailed information about vision impairment- or disability-friendly accommodation, meaning that he has to do more in-depth research.

Geraint and Lisa usually use a combination of information from travel agents and the internet. The information they require is concerned with
the location (e.g. whether it is hilly), the facilities and local places of interest. For example, they need to know if nearby walks are accessible: “if we can’t push a pram or a wheelchair then it’s not a lot of use.” Geraint believes it is impossible to research all of these things in advance and “the only thing you can go on is your own gut instinct from past experience”:

Even though you ask the people in the know… travel agents, they haven’t a clue. If you ask them about great nightlife or a quiet place they can probably help you, but as soon as you start saying ‘I want to stay in a place that’s got ramps or hasn’t any steps’ they can only go by the information in the brochure unless they’ve actually been there. What you’ve got to remember is that we struggle to do it here and we’ve got rigid demands so you go somewhere abroad their rules and regulations are different… if we can’t get that information here what chance have we of getting it there?

After looking at the brochures together, Geraint undertakes the detailed research on the WWW by looking up accommodation websites, reading hotel information and perusing the reviews: “I tend to go on a couple of those so that I can get different aspects but I always take them with a pinch of salt.” To illicit further information about access, Geraint studies the contours of the land on a map and “I think well you know if it’s hilly the chances are that it’s not going to be the best of places… If it looks a flattish sort of place then ok it may be alright.”

The following example emphasises how the omission of basic information resulted in a significant problem for the family, even though Geraint had undertaken advance research:
We narrowed it down to a couple of places and then the travel agent was able to find out a little information, but even then I don’t think you get the true picture. I can give you an example, Lake Garda, looking at the photograph of the place, it looked reasonably flat. There were steps at the back, you know that’s what the place is like… the road access and everything looked ok but when we got there, to walk from the hotel to the town involved going up a road by the side of the hotel as the main road didn’t have any pavements which you couldn’t see in the photo. Once you were on the path it was fine but that hill was tremendous so pushing a wheelchair up there was a major event, getting it back down was even worse as you had to go down backwards.

In essence, this situation prevented them from going back into town for a meal in the evening due to the problems of walking up the hill pushing a wheelchair. This was disappointing for all the family and personally for Geraint who generally prefers to go out in the evening to enjoy the local food and entertainment, “I don’t want to stay in a hotel every night regardless of what entertainment they’ve got there.”
7.3. Lucy’s Family Pen Portrait

I visited Lucy and the Williams family in April 2009. The conversation involved Lucy (daughter), Dawn (mother), Jonathan (father) and Mark (brother). Later in August 2009 I spent time with Lucy and Dawn individually in response to Dawn’s request to visit again before they went on holiday abroad. As requested by the Williams family, this section does not include verbatim quotations and with their agreement our conversations have been paraphrased.

Lucy is 15 years old and lives with her mother Dawn, her father Jonathan (an IT consultant) and older brother, Mark. They live on the outskirts of a town in South Wales. Lucy is totally blind, due to retinopathy of prematurity (see Appendix A). Her education has been in mainstream schools where she has been supported with her communication/information needs (learning and using Braille) and mobility and orientation skills. She reads Braille and uses a long cane at school. At home Lucy plays the piano and clarinet and manoeuvres around her home with no difficulty. Her mother supports her with her daily living needs such as with dressing, preparing meals and guiding her outside of the home.

When Lucy and her brother were young they regularly took an annual family summer holiday and often visited relatives in other parts of the country. Lucy would join in the children’s clubs with her brother but later on when he wanted to be more adventurous, her mother would go to the club with her. Now Mark who is 17, prefers to holiday with friends so the family holiday now focuses on Lucy’s interests, which are to be with her mother and father in a warmer climate, by a beach or pool and to speak and hear a foreign language, particularly Spanish (which she is studying...
at school). Lucy’s parents enjoy walking and running, however as Lucy is their priority, Dawn chooses the most appropriate places for her holiday needs. Lucy’s holiday experiences outside the family unit have been through the Royal National Institute for the Blind vacation schemes, where blind and partially sighted children join together for a break over a week. Her future aspirations are to go on holiday independently, to see an opera in Italy due to her love of classical music and to go on holiday with a group of friends without her mother and father.

One factor that impacts on Lucy’s experiences is that she is totally congenitally blind and “it is very difficult to enter into her world of experience, a world where she and sighted people cannot always share a set of sensory experiences” (Dodds, 1993:111). It would initially seem logical to suggest that spatial awareness and connecting with the environment would be a problem, however according to Dodds (1993) it is more a question of how her conceptualisation of what is around her differs from that of a sighted person. A second notable factor is that Lucy is the youngest person in this study, which means her situation and experiences differ quite substantially to those of the other women who are all mothers aged over 30.

7.3.1. The Family Break Away
The Williams family have always taken an annual summer holiday, usually in a warm climate. They prefer an all-inclusive package with meals, children’s activities, clubs and entertainment. They also visit friends and family several times a year. More recently, now that Mark is almost 18 years old, he goes away with friends and Dawn and Jonathan holiday with Lucy in the summer, a trip which they regard as ‘her’ holiday
when her needs take priority. The family’s holiday motivations are to get away as a family and to relax in a warm and safe environment that is particularly suitable for Lucy. As Dawn points out, the aim is to achieve a relaxing and stress free experience. Lucy enjoys being by the pool, reading a Braille book, listening to music or doing her school homework, although her mother, father and brother all prefer to explore or go walking and running. It emerges that Lucy regards mobilising around generally as ‘getting from A to B’ since she has to be constantly guided in unfamiliar surroundings. This involves her having to concentrate on her constant movement to maintain her safety and therefore she cannot be aware of what else is going on around her. This may explain why Lucy does not enjoy or appreciate the idea of walking anywhere.

Lucy’s travel motivators became apparent from our one-to-one discussion. She is keen to go abroad to a hotter climate where she can relax by the pool, enjoy time on the sun-bed, read and listen to music. She is especially passionate about learning Spanish and hence Spain is her preferred destination. Lucy is a keen musician playing piano and the clarinet and her desire to enjoy music influences her holiday needs; hence she thoroughly enjoys holiday entertainment, hearing bands playing and listening to songs. After discussing her current holidays, we turned to future aspirations and holidays. Lucy wants to travel independently and to travel somewhere where she can enjoy an opera as at home she visits the theatre with her grandparents and her parents’ friends. I took advantage of our mutual interest in music to steer the discussion of this holiday and she enthused about travelling to Italy as her impression is that the orchestras and singers are excellent there.
7.3.2. Evolving Relationships

There are many aspects of holiday-taking that reflect the family life cycle, as “at certain stages of the life cycle the needs and demands of children determine the family’s holiday decisions” (Cooper, Fletcher, Fyall, Gilbert and Wanhill, 2008:101). According to Cooper et al (2008) children in general can influence their parents from an early age although decisions remain in the domain of the parents. They suggest that in adolescence young people begin to seek independence, identity and social interaction and these characteristics are evident in Lucy. What is different for Lucy compared to sighted children is that her development has been affected by vision impairment and evidence suggests that this can “have a major impact on every aspect of a child’s development and without the right support many are at risk of being less confident, having fewer friends and underperforming at school” (Harris, Keil, Lord and McManus, 2012:9). Due to the lack of sight in vision impaired babies and children there is a delay in conceptual development and Lucy - with support and intervention - has had to develop a non-visual perception of herself and of her environment.

Her mother Dawn describes how her role as a mother and carer as evolved as Lucy has grown up. Dawn wants to have a relaxing but active holiday which means she dislikes the extra tension and anxiety that holidays occasionally generate. For example we had a lengthy discussion about how she couldn’t relax when Lucy was younger because of constantly keeping an eye on her safety, as Lucy used to jump in and out of the pool. Dawn considers her role was to be with Lucy at all times to make sure her daughter was safe and to help her make sense of what was around her as the noise and bustle was quite
confusing. Now that Lucy is older she is a stronger swimmer and able to safely and independently dip in and out of the pool.

As Mark now holidays with his friends, Dawn and Jonathan enjoy short breaks on their own when Lucy stays with other relatives. Subsequently the main family holiday focuses specifically on Lucy’s preferences and needs. Dawn muses that she and her husband would now rather be sitting by the pool all day in the sun than here in the UK weather. In the past Lucy just had to fit into the family holiday plans and it was much more difficult for her parents. As with any family who have children of different ages parents may often find themselves focusing their activities according to each child’s needs and one parent is often running around them, making sure the children are happy, content and safe. It is only in the last year that Lucy’s parents believe that she has become more mature and increasingly aware of her surroundings. The balance between independence and dependence for any child is still a fine one but Lucy as a totally blind young person is even more restricted in an unfamiliar place. As the conversation progressed it became apparent that many of these issues are concerns for all families and are not solely attributable to Lucy’s vision impairment. For instance as aforementioned, the need to allow children to do the activities they are interested in may require parents to sacrifice their own interests.

7.3.3. Challenging Perceptions and Dispelling the Myths
In the family interview Dawn spoke of how she doesn’t like to stand out by asking for ‘special’ assistance. Dawn however does recognise that such attention is inevitable since Lucy carries a long white cane and she guides her. As discussed in chapter four, the long cane is one of the
visual indicators of vision impairment. Dawn explains that people do approach them and comment on Lucy’s total blindness and use of her cane, all of which is frustrating for the whole family. This group family interview also provoked a fairly heated discussion between Lucy and her mother over fashion and clothes. It began when we were discussing preparing for an evening of entertainment in a hotel and Mark grumbled that his sister takes a long time to get dressed. Dawn explains that she organises Lucy’s clothes and helps her get dressed as it is easier and quicker. Dawn prefers Lucy to be fashionably presentable but Lucy is more concerned with feeling comfortable. In the subsequent individual conversations I explored this further with both of them. It transpires that Dawn also helps Lucy with everything when on holiday to again make things easier and quicker. Understandably Dawn would like Lucy to be presentable and to make a positive impression; however she finds it difficult to motivate Lucy about clothes. Dawn is attempting to encourage Lucy to prepare for their forthcoming holiday in Portugal by shopping for holiday clothes, however Lucy remains disinterested. It could be there are additional issues of normalcy for Dawn, perhaps conforming to what society in general expects. But at the same time the issue is also about Lucy’s view on the functionality of clothes rather than how they look. Entwined in this is the issue of her own body awareness that each young person goes through. Lucy prefers to feel comfortable in her clothes so now her mother tries to find comfortable but fashionable clothes.

Dawn is still trying to encourage Lucy to become interested in her appearance and in fact Lucy has been shopping independently with her friends. However, it could be that Lucy is disinterested in clothes completely, or her disinterest stems from the lack of visual feedback on the impact of wearing certain types of clothing. Another possibility is that
Lucy is asserting herself as a teenager at a time when the mother/daughter relationship is changing. Corrigan (2008:114) describes two phases in the mother and daughter relationship in the context of flows of clothing from mother to daughter. Firstly “mothers, family and friends act as more or less exclusive sources of clothes” but then when a daughter becomes a teenager there is a transition point “where the daughters would no-longer accept clothes from their mother.” Therefore it could be with Lucy and her mother that the shift is happening and that the mother-daughter consensus has shifted to mother-daughter conflict (Corrigan, 2008). I feel that clothing is a significant theme for Lucy as it transcends issues of perceptions by others, assumptions, independence, self-awareness and age appropriateness but also as a material aspect of going on holiday. Jordan (2007) states that preparing the body for a holiday is another aspect of embodied tourism and therefore it seems logical that clothing the body is also part of this embodiment.

### 7.3.4. Mobility and Orientation

Dawn explains that Lucy is quite happy to be manoeuvred about on holiday where Lucy is on her arm all of the time. Lucy is starting to assert herself a little more as a result of her parents encouraging her to make more use of her cane. It is only recently that Dawn has been invited to attend a course without Lucy on echo-location (Chapter 3). Up to this point Lucy had only received mobility training around school (i.e. learning routes around the school to help her find classrooms and other school facilities) and route training nearer home from a local Rehabilitation Officer. Dawn explains that the course helped her understand how echo-location could help Lucy think about spatial
awareness, exploration and thinking for oneself. Lucy’s mobility instructor has also attended the echo-location course so at the next lesson the mobility instructor tried out the technique with Lucy. The outcome from one session has meant that Lucy’s ability to mobilise has totally changed. Previously, Dawn always guided Lucy to her music lessons but following the course she merely directed from the side as Lucy knew the route, not by memory alone but by being aware of what is around her utilising the echo-location technique.

Dawn had observed Lucy on a mobility session walking around a room without being in physical contact with the wall which gave Dawn an idea for Lucy’s mobility on the next holiday. Previously Dawn had thought teaching Lucy how to get around the hotel a useless task as it would take Lucy the duration of the holiday to learn the route. However following the training Dawn has become inspired by the echo-location technique as it can enable Lucy to pick up on more of what is going on around her and form a picture of the place. Indeed this new found optimism has encouraged Dawn to think that on future holidays perhaps she will not need to guide Lucy around as much, thus enabling her daughter to have greater freedom. Dawn explains that she did try some mobility training with Lucy on their last holiday by spending the first few days orientating Lucy around the hotel. Lucy nevertheless considered this as ‘working’ and did not wish to continue.

In my discussion with Lucy she comments that the mobility skill is developing and that she is aware that objects against her face can make different sounds. I personally felt very enthusiastic about this, having been involved in mobility training and encouraging people to notice an echo when walking through a bus shelter (although I did not encourage
my client to use the clicking technique at that time). With this enthusiasm I probed further, however Lucy seemed to play down this potential avenue for independence by suggesting she is better off with a guide dog (a valid alternative in its own right) because she still needs somebody with her. To further understand Lucy’s interaction with her environment I asked her to try and explain what she notices about her surroundings, but again Lucy downplayed any interaction by stating that she often switches off as all that is going on is other people’s personal conversations.

At this point I felt that Lucy was uncertain about her future independence particularly as I had asked her if there were times when she wanted to be independent. Her answers always revert to the need for her parents to guide her everywhere. Interestingly at the same time while we were discussing the specialist activity holidays she had attended (taking part in walking and shopping for example), Lucy explains that she is also comfortable with other people guiding and implied that she is under less pressure than when she is with her parents. This example suggests a tension over independence and, as a teenage girl, she is experiencing an adolescent desire to push her boundaries, as we saw above in the conflict over clothes.

7.3.5. Accessing Travel and Tourism Spaces

The family usually books a triple hotel room or if that is not available, two rooms adjacent to each other. Unfortunately on their last holiday the hotel did not have a triple room and could not guarantee two adjacent rooms on arrival, forcing Dawn to switch the family to a different resort. She is the one who organises the family holidays which involves a great deal of planning to find a location suitable for Lucy. In fact Dawn sought
advice from a ‘disabled helpline’ and emailed the hotel explaining the family’s requirements. Unfortunately the hotel could not guarantee the rooms which caused tension and anxiety for the family. Dawn explains this is the policy at all the Majorca hotels and she thinks that room allocation is geared to suit the hotel and staff rather than the customers’ needs. There were two main consequences as a result of this booking system. Firstly, the family’s choice of hotel was restricted in that they could only accept places that had a triple room or could guarantee adjacent rooms. Regardless of Lucy’s vision impairment, Dawn suggests this is the same situation for any family with young children who want family/triple rooms. Secondly, the family have switched to holidaying in Portugal rather than in Spain, which is Lucy’s preferred choice.

7.3.6. The Airline System
Travelling by air is this family’s main mode of transport to and from their destination. In our family discussion Dawn states that assistance at airports has not been particularly good and indeed has been quite haphazard. On the one hand assistance could alleviate the extra tension and anxiety but on the other hand, asking for assistance also singles the family out. Dawn explains that they usually arrive at the airport and decide then if they need any assistance to take them through the check-in and security. They cite the assistance at Tenerife airport where there is a check in for people with disabilities as an example of good practice. The staff took the luggage and helped the family through security to avoid queuing and standing around. The impression I had from Lucy is that she dislikes standing around in any form of queue as she says people are pushing and she has the impression that people are staring. In contrast to many airports, the Tenerife experience was positive and Dawn described how staff offered to help having noticed Lucy carrying
her cane. Departing the plane can also be a difficulty, as Dawn explains they prefer to wait until last to alight even though they then have to queue for passport control. Now that Mark her brother is no longer with them to help, Lucy’s father, Jonathan has to carry all of the cases while Dawn guides Lucy.

7.3.7. The Hotel Experience
The choice of accommodation includes making decisions about food and eating such as whether to book an all-inclusive, half-board or self-catering package. Eating is a function of everyday life and a popular leisure activity, a time for enjoyment and relaxation as well as being an embodied tourist experience (Everett, 2009). In the case of the Williams family the issue is more complex with potentially negative consequences. Dawn explains that as a family of four they have their meals in the hotel but the buffet system is very stressful as it is very busy and chaotic where people are pushing and shoving in long queues. For this reason Lucy usually sits at the table while her parents and brother bring food from the buffet. As a result of this negative experience the Williams family now opt to eat in the hotel restaurant with table service despite the added expense this entails. Dawn finds that staff serving them directly eases the tension, although her view is that the staff customer care is related to their willingness to help rather than as a consequence of any awareness training. As a further step this year the Williams family have chosen to try self-catering in the hope that it will be more relaxing.
7.4. Mary’s Family Pen Portrait
The family interview was conducted in March 2009 and included Mary (mother), Adam (son) and Martin (son). This was followed by a series of individual conversations with Mary over the next year. These visits were: May 2009 when Mary was planning a trip to Center Parcs with Adam and her friends; December 2009 when Mary returned from a holiday in Edinburgh (her mother Glenys was also present at this interview); September 2010. Mary is in her early fifties and is a full time physiotherapist working for the National Health Service. She lives with her two sons Adam (13) and Martin (19). One of three sisters she hails from the South East of England. At the age of three she was diagnosed with Optic Atrophy (Appendix A) caused by a tumour on the cerebellum, producing pressure on the optic nerve. This meant that she was left with severe vision impairment.

As a child she remembers travelling to Europe with her family to countries such as Italy, Spain and Switzerland and to also Jersey. Her love of travel was influenced by her father who travelled all over the world with work and who diligently sent her postcards. Mary went to a boarding school for vision impaired children until she was 11 years old. Unfortunately her time at a specialist secondary school, a grammar school for girls with little or no sight was very difficult. However, it was during this time that she realised she wanted to pursue a career in the horse profession so in her spare time she worked as a groom while also receiving tuition for equestrian qualifications. This then led to a desire to train for a Physiotherapy diploma at a specialist college in London, again for vision impaired people. This was an exciting period in her life as she was living in London (a place that she loves) and enjoying independent
living. On a ‘sailing for the blind’ holiday in Cornwall she met her husband who is totally blind. They went to the Gambia for their honeymoon where she guided and assisted him. They stayed in a hotel and took guided trips in safe areas. On their return they set up home in a seaside town in South Wales. Since becoming divorced, Mary has moved with her sons to a townhouse in the same area where she can access bus routes into town and to her place of work.

Mary is very interested in holiday-taking particularly as she has a deep enjoyment of radio and television holiday, geography and travel programmes, often replaying them so as to become familiar with the information. She particularly likes walking holidays and would one day like to undertake a volunteer holiday in Africa, as well as travel as much of the world as possible. At the moment her priority is her son Adam and his interests and needs. He enjoys being active but at the same time he is becoming less keen to holiday with his mother unless they are holidaying with Mary’s friends who have children of a similar age to Adam. They have chosen specialist holidays with other vision impaired people in the past, but for the last few years they have taken mainstream holidays with friends or her mother.

Mary’s vision impairment has not been a barrier to her in general, as she is able to work assisted by the Government’s Access to Work scheme which provides her with assistive technology (e.g. reading scanner), and a Personal Reader. She is a confident traveller on her familiar routes but feels that not being able to drive is a major restriction. Despite this, her intention for the future is to travel extensively; she feels a thrill and excitement in the anticipation of going to new places and exploring the world. Mary presents herself as a very positive person with
aspirations for herself and children to experience as much of life as they can, although this view was slightly dampened by her worry that plans may turn out to be disastrous.

7.4.1. The Family Break Away

As a child, Mary and her family enjoyed regular holidays in the summer and winter. Mary’s mother Glenys, gave me an overview of their family holiday experiences: “as a family we flew a lot to Tunisia, Spain for Christmas, Italy and Jersey for the ‘seaside’ holiday.” She explains that their holiday route was to Gatwick airport, their gateway to these destinations. In addition, they also took holidays with other families in Devon and Scotland:

We stayed on a working farm in Lochness, with sheep shearing…and spending time with some other friends with families. Each family had a chalet and an evening meal together. The children really liked this holiday.

Glenys was a music teacher and Mary’s father travelled the world with his accountancy job, sending postcards from the USA and South Africa. One of Mary’s sisters is an air stewardess. Glenys now enjoys occasional trips with Mary but mostly SAGA holidays and inclusive cruises with friends. Against this background, Mary has been heavily influenced by childhood memories of travelling. Into her adulthood she met her husband on a sailing holiday for blind people and after marrying they honeymooned in Gambia and later spent a holiday with friends in Greece. As a family with young children and parents with vision impairment, holidays with the boys involved time away at several specialist hotels, for example at the Lake Windermere Hotel in the Lake District and the Clifton Hotel in Teignmouth, both of which cater specifically for vision impaired people. Holidays taken at hotels
specifically for vision impaired people and their families were a central part of Mary’s family’s experiences, particularly when the children were younger and at a time when they were still a family of four. Mary proposes that while they generally had a good time, she is less keen to use specialist accommodation unless there is a particular activity taking place there, for example hill walking and rambling at the Windermere Hotel in the Lake District. Furthermore, Mary admits that she often does not want to be “with blind people… [as] I’m quite sure those places are institutional.” She expands on her opinion of this:

It’s a good base [Lake Windermere Hotel], a lovely place to stay, there’s plenty to do and plenty of active stuff. And we didn’t need chaperoning and we didn’t need to do stuff organised by them, although they do these activity option things… otherwise you pay the hotel and they organise it all. Then you’re chaperoned like everyone else – that’s the institutional bit that I didn’t sort of like.

Martin however seemed to have a different recollection of the holidays at Lake Windermere:

We went there four years in a row, just did all the family activities, except that I was the only one doing them as Joe was too young and mum was too scared to do them.

For the past few years Mary and the boys have been involved with a haemophiliac charity where Mary is a volunteer helper on organised holidays for the charity’s members. Mary states “That really suited us down to the ground… it’s the sort of holiday they [the children] enjoy.”

More recently Martin has ceased to take holidays with Mary and Adam and therefore Mary focuses on Adam’s preferences by choosing activity holidays where they can take part in walking, canoeing, swimming, tennis and cycling. Occasionally they have gone with other families to Center Parcs. Mary continues to be enthusiastic about travel as her aim
is to provide a range of opportunities for her children where they can experience a variety of activities and knowledge of other cultures and languages. Now that Martin is independent, Mary wants to make the most of her time with Adam. Mary emphasises below her desire to be with her younger son and prioritise his needs:

I work full time, so holidays are quite important. Um, I try and take my holidays in the school holidays. Now, we don’t necessarily have holidays all of us together, especially as my older son is probably going on holiday on his own. I don’t mind really what I do with my time off because I feel time with the boys is important, family time and therefore I would want to do what the children want.

Adam’s experiences are Mary’s main consideration. She has plans to take Adam to Edinburgh, to visit other major cities like New York and to take him on a cruise to widen his experiences before he gets too old. There was a strong social motivation for Mary to be together as a family:

I think holidays are important now because it’s time, it’s quality time to spend with Adam unfortunately not Martin although I’d like to. You know I wouldn’t say no to sort of hiring a big cottage somewhere and if he [Martin] wanted to bring a mate that’s fine and they could go off and do what they wanted.

It is apparent that Martin is not interested in holidays and considers them to be a waste of money. He works full time but prefers to use his recreation time following his hobbies (remote control cars, computer games and watching films) alone or with like-minded friends:

At the end of the day you’re going away, you’re spending a month’s wages minimum to have a decent holiday and just think of all the other things you could spend your money on… it’s just pointless in my opinion.
In fact Martin does take part in tourist activity, enjoying days out at theme parks where he appreciates the fun, takes photographs and creates happy memories. Adam on the other hand explained that holidays were important “to have a break from everyday life and to have an interest in different places.” His example was a trip to Paris and climbing the Eiffel tower with his friends. Mary mentioned that she and Martin have become ships in the night and so she feels “it’s actually quite nice to spend some time together, we hardly see each other.” Since my early visit, Martin has now moved out to his own place. Adam is also becoming independent and is often out at tennis practice, ice-skating and spending time with his father.

Mary is not only highly motivated and enthusiastic about travel as a result of her childhood experiences but she also derives her enthusiasm from her enjoyment of television and radio programmes, for example ‘Coast to Coast’ and ‘The Holiday Programme’. Often she records these programmes and becomes familiar with them, allowing her the chance to get to know the places described. Her enthusiasm is motivating in itself, as she recalls this memory at the family visit:

I went with my mother and aunt to the Scilly Isles and he [Martin] was very small … and that was lovely because I am really very much into um visiting places, I’d love to go to the Maldives. Yeah, but I’d love to go to some nice European cities, and New York, I’d like to go up Machu Pichu and stuff, you know I’d love to explore and go to India and so I just want to go anywhere… So, I’m just hoping the boys will get the travel bug at some point and that they will want to go and see what the world’s got to offer because I think there’s just so much more to see.

There was a strong sense that Mary wished to instil in her own family her enthusiasm for opening up the world. Her view of holidays is to
experience nature and the diversity of the world as “I want to see every inch of the earth as I get older. Time goes by too quickly.”

There’s such diversity out there…we owe it to ourselves to seek it out …there are so many beautiful areas and different experiences. You just get a feeling of well-being, giving you joy.”

7.4.2. Evolving Relationships
The changing nature of the family as they have grown over time has been a major influence on this family’s travel patterns. It emerged during our family and individual discussions that Mary questions her abilities as a mother. As a mother she wants to provide as many life experiences for her children as possible so that they can look back on them as happy memories. Despite this, deep down, she wonders if her vision impairment has limited such opportunities. As she said “I’d like to be able to think that he [Martin] can remember, both of them can remember holidays, you know times that we did spend together.” Unfortunately most of Martin’s responses were fairly non-committal emphasising “My memory’s not good at the best of times.” The following extract was part of the discussion about types of holidays they had taken as a family, demonstrating some reticence on Martin’s part:

Vicky: Did you all go to Center Parcs together?
Mary: Yeah you came to Center Parcs didn’t you?
Martin: I was like eleven [sarcastically]
Mary: Yes it was a while ago but it is what we have done. Did you like it?
Martin: Yeah as far as I can remember. It’s way too far back.
We continued then to explore Adam and Martin’s feelings of growing up with their mother and her sight difficulties and with their father who is totally blind and a guide dog user. Initially Martin referred to his mother as “bat-eyed” but explained that:

I just don’t think about it… without glasses I’ve got pretty severely diminished vision anyway… I know what it’s like, I can’t see for toffee, so just use that as a gauge I guess.

At this juncture Mary commented “well I hope you don’t feel as though I’ve used you [Martin].” I felt a slight tension in the air and a sense of disappointment and sadness for Mary:

I’m sure I have [used her children as helpers] to a degree, more than other people would have done but I think I’ve hopefully done it in a good way. You know, the thing is you just want to be the best mother you can be and part of that is going on holiday and I just hope… I’d like to think they’ve had some memories of holidays, but it seems like [Martin] hasn’t got many.

Mary concedes that her sons have done “an awful lot more for her than other people’s kids, particularly with reading… I feel bad about that at times.” Included in this were her feelings of “I shouldn’t have to rely on my children”, at times she feels like a “substandard mum.” She also ponders that maybe she has made them claustrophobic because when the boys were much younger she had to keep them in her range of sight which was not always possible. Martin took advantage of this by intentionally moving out of his mother’s field of vision so that she couldn’t see him. Mary explains that the feeling of close proximity to her children relates not purely to maternal instinct and concern for the safety of her children, but to her nervousness of being able to recognise them and
identify them as her children; “I want to behave as a sighted person; I would feel inadequate if I can’t recognise them.”

Mary is noticing that as Adam becomes older, she is finding it more of a challenge to stimulate him about holidays as even though they both like to be active, it does not necessarily mean being active together. For instance, on trips to the Lake Windermere Hotel Adam has been enjoying himself more when other families have been there at the same time and if not Adam says “I sort of do my own thing, and mum goes walking and all that, I find it a bit boring.” Adam does enjoy swimming which he and Mary do together although Mary knows that he prefers to do activities independently or with children his own age. There was a sense of frustration on Mary’s part, particularly with Adam’s lack of engagement:

I think when we go there [Windermere] it’s very much hit and miss whether there are other families and whether or not they are the same age and whether they’re going to get on… So it really is a bit of trouble. And the time before last, the weather was not good… there were no other families and Adam was bored out of his mind. All the things I tried to offer him were rejected. Swimming was fine, the hotel was fine but when I said we could do this, that or the other he wasn’t interested. It was very difficult. We could have been doing those things here and I felt it was a bit of an expensive holiday to be sitting there.

In an attempt to interest Adam during the family visit she mentioned that she would like to take Adam to Edinburgh with her mother too, a destination she visited last year with a friend. Unfortunately he did not appear to be keen on the idea and with obvious disappointment, Mary responded with “Oh maybe just me and mum then?” I was able to probe further into their relationship when I made my second visit to meet Mary.
individually. By this time she was making firm plans for the three of them (Mary, Glenys and Adam) to go to Edinburgh in the half-term:

Well my mum’s coming as well and she’s nearly eighty and still quite sort of with it. But to begin with he didn’t want to do that either. He wasn’t interested in Edinburgh; he didn’t think it had anything to offer him. So it was quite hard to explain to him that he really needs to go to other places, just to get around and see.

She describes to me what Edinburgh has to offer, “a castle, the underground city, ghost tours, galleries… so hopefully he’ll like that. We’re staying in a hotel with a pool and spa so if the weather’s awful at least he’d have that.”

Another possible reason for Adam’s apparent disengagement arose when we discussed issues around adolescence: “he is getting a bit stroppy actually.” Mary is aware that Adam likes to be with his friends, but interestingly she puts his attitude down to the fact that maybe he doesn’t really trust her because of her low vision.

I do think also that he’s got into this strange situation where he doesn’t seem to trust me to take him on holiday which seems a bit silly really… it’s just one or two things really that have happened when we’ve been away which haven’t spoilt things at all, except once when the train got cancelled and he had an absolute fit in Manchester because we missed the connection, you know he doesn’t like travelling.

The holiday to Edinburgh is multi-purpose as it is the first time that Adam has flown and the first time he has visited this destination. Mary thinks taking her mother with them will act as a safety net for Adam since as Glenys is sighted this may relieve any misgivings he may have.
As Adam is Mary’s priority, she has actively involved him in the decision-making process although she wonders if she should have taken more control:

I think maybe that I’ve spoilt him a little bit and I’ve just asked his opinion all the time, asking him what he’d like to do and giving him choice, instead of saying ‘right this is what we’re doing, this is where we’re going, chop chop come along let’s go.’ Maybe that would have been better.

It is clear that Mary is worried about Adam, hoping that the flights would go to plan. It transpired at my third visit that he had enjoyed Edinburgh, despite his initial reservations:

He’d told Doug [his father] that he didn’t want to go to Edinburgh; ‘oh I don’t want to go; I’m missing this tennis competition.’ He can’t have a one track mind; he’s got to broaden himself. He did enjoy it. I think overall you know he probably surprised himself.

In fact Mary comments that “Adam had been tense [on the aircraft] but loved the flying experience.” It is apparent that Mary’s holiday choices are very much influenced by Adam and will continue to be so as he gets older, not just in terms of his age but in how his own personality develops. The following excerpt is very heartfelt from Mary:

Yes I am influenced by what Adam may enjoy, but mostly I’m very aware of the fact that you know I’ve nearly lost one son… and so the time I’ve got Adam with me is precious… Maybe I won’t want him anymore with me because he’s going to be a little bit older next time when it comes to the summer and [he] might be a really bad teenager, so it maybe that his nice childhood years have gone.
7.4.3. Pre-requisites of Travel: Communication and Accessible Information

For the family as a whole travel has been quite different. As neither Mary nor her ex-husband can drive, their travel arrangements have not been dominated by car travel as is the case with many other families. The implications are that a highly deliberate decision-making process is necessary: “a lot of it is deciding where to go and I am also the sort of person to do a ‘Which?’ report on virtually everything.” This process requires more planning and detail, including transport options, even before a definite destination has been decided upon. One of Mary’s solutions is to choose holidays where they are going with friends who have a car. Despite this the lack of the spontaneity of hopping in a car causes frustration particularly for the boys as Mary explains, “They’re all frustrated because they have to have a bus trip to get there instead of hop in a car and the taxi is too expensive.”

Not only does Mary travel for pleasure but she is also well versed in the art of travelling for her work and to her place of work.

I travel about … I’ll always be going places. I go up to Leeds and I go to London frequently, at least once a month. You know I go to Newcastle, Birmingham and Manchester with work… by train.

Work-related travel also includes travelling by air to New Zealand. In contrast with train travel where she feels confident, Mary finds that the airports themselves are where she has most difficulties. Travelling by train has caused Mary little concern, as a result of familiarity and experience. She speaks very highly of the London tube staff whose “guiding skills are excellent” as the staff receive on-going awareness training to be able to assist travellers who are vision impaired. Mary’s
own skills developed while she was at the physiotherapy college in London as she travelled on the underground daily to her college. In comparison, air travel presents a series of difficulties for Mary that result in a lack of confidence and anxiety for her. This discussion also raises issues of access to information and communication methods:

I’ve flown quite a lot, but quite some time ago… I’ve been to New Zealand, I’ve been to the States… um I’m not happy with airports though because I don’t find them easy… I can’t see the signs and I don’t know where I’m going. You get into the hall there and unless I’m right up close to any of the signs I wouldn’t know which check-in is what.

Otherwise Mary enjoys the actual flying experience as there is plenty of time, it is hassle free and she feels excitement being in the air. Her only challenge in-flight is using the conveniences “which isn’t big enough” and she has to take her time finding all of the buttons.

Mary also provides insights into business travel and travelling with other professionals, in contrast to travelling with family. She occasionally attends conferences and therefore stays in hotels where breakfast can be a challenge. Mary utilises different strategies, for example she goes down to breakfast earlier than her colleagues to work out where the tables are and how the breakfast is laid out in the self-service area. Such orientation strategies enable Mary to help herself independently. This is a challenge on several levels as firstly the breakfast area is usually an unfamiliar, closed space where everything is difficult to locate and secondly, there is the difficulty of carrying the breakfast tray and knowing/remembering where to find the breakfast table. Other conference delegates may not know Mary is a vision impaired person and she does not want “to look visually impaired in front of them” and display the “inadequacy of sight loss.”
Mary and her mother talked about travelling by air on the trip to Edinburgh. Mary reflects that “Now I still don’t know whether I would have been able to do the airport without mum and Adam, I’m not sure”, a view partly swayed by her reluctance to use the assistance provided for people with disabilities, after having heard so many stories of other people with vision impairment being forced into a wheelchair. Mary and her mother describe their airport experience in Cardiff and compare it to Edinburgh Airport:

Glenys: It was a long walk – we got inside and it was a long walk to the left to find out where we were to sit to wait for the plane. It was as far as you could go. You really had to find the way – I think Mary would have had a problem there. She’d have had to ask somebody.

Mary: I’d just ask and I’m sure I’d find it. They did announce stuff at the airport.

Glenys: They did, very well.

Mary: But you’ve always got that worry that just in case they forgot to announce yours or they didn’t. If you were reliant on it you’d be stuck because you’d have missed it.

Glenys: But you didn’t remember from having been there before a year ago.

Mary: Well, there were loads of announcements but as you said it was a bigger airport so there was a lot more going on.

Glenys: No but you went to Edinburgh and came back.

Mary: Yeah, I didn’t remember the airport – it’s too big. I mean if you’ve been somewhere as long as I’ve been at the hospital then you know where you’re going, but an airport isn’t that easy when you’ve only been there a couple of times.

Glenys: No I think we’d remember next time, you go in, turn left, and you go as far as you can.
Vicky: So were you the leader as it were?

Glenys: Well Adam and I sort of found the way and we all just sort of went. We followed the instructions up on the monitors.

Mary: Well, we had trouble finding monitors actually didn’t we at one point; when we were departing from Cardiff.

Glenys: Cardiff wasn’t nearly so good.

Mary: Didn’t have big boards up. They just had monitors everywhere and every time you came across one you could only just look and see what was on there as best you can. So again it was quite it [the monitor] was quite small....

Glenys: It wasn’t until you were due that anything came up. So you couldn’t see in advance really. We decided Edinburgh Airport was very well organised.

In Edinburgh itself the family found their way around by using the buses. Although Mary is familiar with her home and work bus routes, she expresses concern about getting around by bus in unfamiliar environments. On this occasion Mary is full of praise for the bus system in Edinburgh.

I went off on one… did I go off on one on my own? I can’t remember. But the thing is we got used to which buses went where and the buses have got really big numbers – huge! Ever so nice. They were all big double-deckers and they’ve all got these enormous numbers on them and they were very very good. And because once you’ve got an idea of where you’re going it’s not too difficult to find your way around. Oh I went shopping on my own. I went to JJB to get a swimming costume because I’d forgotten to take it.

Overall Mary enthuses that the travel experience itself was excellent not just in terms of the accessibility of the buses but also in terms of the atmosphere and the people.
Mary: So all in all I would say from a travelling around point of view it’s actually quite friendly, the people were nice, so it’s not a problem asking anybody. The city’s small enough the transport is excellent.

Glenys: Transport’s excellent.

Mary: The buses, there’s so many buses and they’re all these big double-deckers, so a lot more – maybe it’s just that it’s a bigger city, obviously it’s a bigger city than Cardiff and so the population demands more bus travel as bigger buses maybe. But, it was very good.

Glenys: It’s a place to be recommended.

It was intimated earlier that aspects of travel interlink with issues around decision-making and how that process is heavily influenced by the accessibility of information, its content, the form it takes and how it is disseminated. In this instance, Mary uses assistive technology (a talking screen reader called Zoomtext) to be able to use her computer at both home and work. She decided to book the Edinburgh holiday online. She explains that some websites are better than others and some are “really bad actually.” The visual accessibility of the website played a role in her choice of airline:

I thought the BMI Baby one was alright. Because there’s another airline that flies from Cardiff, Flybe, I looked them up [too] but their website was dreadful and I just thought I’m not going to even bother to look. Well it wasn’t clear… it had all of these fluttering pictures. I hate those ones and when you hover over it starts moving. Oh horrible and I also think it’s something to do with Zoomtext… I’ve got it so that I’ve got a lens that follows the arrow. So where the cursor is a rectangular lens of the size you choose follows it around so you just see an enlargement, you see the normal picture – normal screen – and you just get an enlargement of wherever the cursor is which suits me usually, but sometimes when you do that it all moves underneath and it’s not very easy. With BMI Baby it just
went from one place to another and you got where you wanted to be and when you clicked on something it worked.

Millions of disabled and older people are excluded from easily navigating their way around the WWW (RNIB, 2011) and therefore poor design creates a barrier to information that is readily available to sighted people. Mary prefers to fully research her holiday options, including financial considerations. The above example demonstrates that she was denied the opportunity to compare prices particularly as “I know I could lose out quite a lot. Most of the time I’m up for a bargain but when it’s really difficult [to find and read the information] then I would give in and rather pay for it.” Mary considers that she is brave booking online, although she didn’t have any choice at the time as:

Halfway through registration and paying, it asked whether I wanted to check-in online and I thought oh my goodness, what do I do here I don’t want to come out because I might lose the flight time I have chosen so I thought I’d be brave and say yes. Everybody tells me it’s easy so I should be able to do it here or maybe at work with somebody else to make sure I do it properly.

So it emerges that self-confidence and planning are key pre-requisites in travel planning. Mary also worries about online check-in at the hotel, so in preparation she prefers to telephone the hotel directly “I’ve spoken to a nice lady in the hotel and asked if she wouldn’t mind doing it for me [take the booking] which was not a problem.” Despite Mary’s technical abilities and accessible websites, she ultimately still prefers to talk to a person on the telephone, “Yes I still do a lot on the phone. I’d prefer to speak to somebody, I really would. But that’s getting more and more difficult because of the automated messages.”
Another element of Mary’s decision-making process in holiday planning relates to her confidence in familiar and unfamiliar environments. We have established that she does occasionally require assistance, with reading and mobility in unfamiliar places. Mary explains:

It depends. I suppose it depends where we are going. That is a problem, unfamiliar places. And I suppose that is the whole reason why I’ve been back to the same place because I know where I’m going and therefore I can be independent and if you are stuck in a place you don’t know and maybe you can’t read the timetable because the print’s too small and the kids are too small to understand how to read a timetable… But I’m not too shy now to ask for help if I need it, whereas when I was younger I probably wouldn’t have done.

In April 2008 Mary travelled to Edinburgh with a friend. Mary wanted to be able to read all the information points herself and know where to go however, ultimately Mary relied on her friend to do these tasks.

Travellers with disabilities, depending on the facilities available at an airport, are able to access the ‘special assistance’ service where airport employees assist travellers with disabilities through check-in, security and embarking and disembarking of the aircraft. Mary is aware of this service, yet she is reluctant to use it as she is afraid that when she is waiting in the departure lounge, the airport staff will forget to come and collect her when it is time to walk to the gate.

7.4.4. (Re)Connecting the ‘Vision Impaired Body’ with Tourism Spaces

The discussion at my fourth meeting with Mary placed more emphasis on the use of the other senses that constitute the tourism experience. We reflected on examples of the types of holidays she enjoys and the embodied aspects of these. As Mary particularly enjoys walking holidays
we discussed how, as a vision impaired person, she experiences walking and the countryside. Mary explains that she enjoys the scenery and although it is difficult to make out the detail, she appreciates the colours and enjoys walking. She says she can “see it [the scenery] reasonably well but I just can’t see the distance.” She can identify shapes and colours and hear the sounds of cow bells and cable cars when skiing, “being whizzed up is so beautiful and quiet.”

Underfoot also gives her sensory impetus, the feel of the mud, rock and soft peat “that you can sink into.” She points out that when she uses a sighted guide, that person would usually look out for any risk or danger and therefore would avoid walking on these parts. Mary enjoys the smells of the countryside, the freshness, including natural smells such as “sheep’s poo.” It was intriguing to hear about the “the sound of the weather” as “if it’s windy it adds to the experience, including the rain and its smell”. She is learning now to feel and detect the weather, hearing the wind, the sun and rain on her skin, in fact becoming more sensitive to her surroundings. She describes a recent cruise to Norway with her mother and aunt as:

... magical, so pretty, so clean, nature at its best. The wooded edges of the fjords the silveriness of the water, snow on the tops of the mountains and the clouds. I really enjoyed it... the reassuring chuck of the engine and when we were sleeping the engine of the boat felt like a purring cat.

At our first visit, Mary explained that she rarely uses a symbol of her vision impairment and she certainly did not use a cane when she was younger. She did not like to tell people about her sight, stating that she “rebelled against using a stick” but would use it if she felt vulnerable.
Now that she has matured, her attitude is more of “I’m not bothered now if I have to use my cane” although she rarely uses it. Mary described to me how in adulthood, she is now happy to ask for assistance:

I’m not as shy as I used to be and if I need help I’ll say and I’ll tell them the reason why as well ‘excuse me I can’t see very well could you tell me this’ because if you just say ‘excuse me could you tell me where this is’ they’ll point and say ‘up there dear can you see the notice?’

Out of necessity, Mary has no choice but to ask for help, particularly when reading signs and in unfamiliar environments, “seeing things from a distance and seeing signs, in an unfamiliar place is not good, so I like to go there first and once I’ve been there I’ll always remember it.”

7.4.5. Inclusive or Exclusive Facilities

The trip to Edinburgh involving Mary, her mother and Adam, provides us with an insight into how Mary interacts with tourism spaces. She is not interested in museums, regarding them as inaccessible. She did however notice that there have been gradual improvements in several attractions in Edinburgh. Mary purchased the ‘Edinburgh Pass’ which allows access to a variety of attractions (www.visitscotland.co.uk) and her and Glenys describe the science attraction, ‘Our Dynamic Earth’ as follows:

Glenys: But that was absolutely fantastic. You sort of started by looking around an area, then you were put into a lift, and the lift started to go down, and of course all sorts of electronic sounds were coming around. And I’ve got hearing aids and this one [hearing aid] started to whistle so I had to take it out. Luckily I’d got my box with me, the other one was okay, but then we went into the earthquake zone where you stood watching all that happened years
and years ago... and I thought I was going to fall over because the floor was as if you were in an earthquake. Then we went down into a tropical forest which was very well done, we stayed there quite some time, and then back up some stairs to a sort of theatre wasn’t it?

Mary: So some of it was film you had to watch and some of it was actual, they’d recreated the actual sort of atmosphere. It was all built trees all around you and it was really good.

Glenys: Oh it was extremely well done.

Mary explained how another attraction, the Royal Yacht Britannia, had fully catered for vision impaired visitors by providing an audio-described tour of the yacht:

Mary: When we went on Britannia it was absolutely fantastic – I’d done it last year with a friend and it was really good – they give you the headsets and as you go around you push the button – have you done one of these do you know what it’s like?

So as you go around you push the relevant button and then it tells you where you are and what you’re doing. On Britannia they had actually involved a visually impaired person, or team, to re-do the whole thing, to tell you, ‘now you’ve got to turn left and there’s a ramp... really brilliant it was. So somebody obviously who’s blind, up there was willing to do it for them. And it was excellent. So they give you the choice then, because we went in with a reduced price – ‘mum’s my carer’ – so you got it two for one, and then they said ‘oh we’ve got the special headset’, and it was good, a little bit longer because obviously there’s more description, but it was so good.

Vicky: So does that mean you were more independent then?

Mary: Yes completely. You could be completely. Even if two people were there with no sight at all... they could still manage to get around. And it is good, because if you don’t find where the numbers are then you don’t know which one
to press, but it was small enough to be able to do that, and you can go back and forth, you can always find where you are. It was big, it was very big. It was like a remote control. Like the Sky+ ones you know, all coloured and very very nice and very easy. And they [the staff] explained to you how to use it as well.

Vicky: So the staff, they knew about it?

Mary: Yes the staff completely knew about it [the availability of an audio-described tour] which was absolutely lovely.

The audio-described facility enabled Mary to fully appreciate and enjoy the Royal Yacht Britannia experience and the fact that the staff were aware of this service for vision impaired visitors meant that it was as straightforward for Mary to access the Yacht as for other tourists. Similarly, when Mary visited the Queen’s Gallery, an audio-described tour was available but in contrast to the Royal Yacht Britannia, the quality of the audio-description was affected by a lack of information on how to find the paintings in the first instance. In addition, the information plaques positioned by each painting were too small to read, making it difficult for Mary to know which number to press on the audio pad:

When we went to an art gallery, the Queen’s Gallery, which was in itself absolutely fantastic – it was a Scott and Shackleton exhibition, beautiful beautiful photographs and it was very interesting. Even, I was really impressed [with the exhibition], it was the first time he’s [Adam] ever been to an art gallery, and he was quite fascinated. And he had the handset thingy as well. But in there it [the audio description] was not very well done at all, and I wanted to give them [the staff] some feedback on it, because what you had to do was, you had to see the picture on the wall [yourself] and the little plaque that had the little notification ‘this is one of the ones that is described’, and press the relevant button – well I hadn’t got a clue.

So sometimes I managed to end up at the right picture, or I’d seen a picture and then I heard ... [other visitors]
describe it so I went back to it, but that wasn’t good because there was a very small plaque to tell you what number to push. So ... [the audio-description] wasn’t very good at all. I mean they’re trying very hard, and when I came out of there I honestly felt like I’d read a novel. You have so much information thrown at you I just thought wow that’s like I’ve been to see a film and it’s just amazing. It’s quite an emotional thing that whole exhibition and what they went through, you know those men that died. You see pictures of them and you know they’re going to come back dead.

Mary’s experience had been a positive one on both accounts, and although the second attraction had been more limited, she still felt the emotional connection with the exhibition as perhaps any sighted person might. Mary’s positive philosophy of experiencing the outside world was a common thread, even where the whole experience was based upon the visual. One such experience was at a visit to the Camera Obscura in Edinburgh, a show that is part of the World Illusions exhibition, and based on five floors of inter-active hands-on activities:

Inside a Victorian rooftop chamber, you see live moving images of Edinburgh projected onto a viewing table through a giant periscope. Pick people up with your hands, squash them to a pulp and even make the traffic climb over paper bridges. (www.camera-obscura.co.uk/accessed 31st January 2013)

Despite Mary’s sight difficulties she was able to enjoy the experience and stated that her ability to see the Camera Obscura was only limited as she was not at the front, where she would have had a better view to see the detail:

Mary: Well, there’s a thing called pin-hole photography, you can even recreate now if you want to, you make a do-it-yourself box with a little pin-hole in and do this
photography. And I have heard people talking about it on the radio, but anyway this is what it was all about, and this was a very ancient thing, and you had to climb right up to the top of the tower – no lift because it was such an ancient building – and everybody sat in the dark in this tower thing, and it was almost like a séance – they were all round this table and then they started... Up in the roof there was a camera and on the circle then it would reflect everything that was happening so you could see the people walking around in this disc in the middle of the table you can just see everything that’s going on, because it’s taking the picture, but it’s also reflecting and so then you can see it down here but you’re not actually looking at it, you’re looking at what’s reflected. And they did weird things like you could get a playing card and pick the people up – I didn’t quite understand how that worked?

I couldn’t see it but that’s because I wasn’t near the front. I mean another time I’d go and ask to have a special session... But I did see a little bit, I saw enough to see that you could see the people walking around. And you can identify the people, the person, you can just try and lift them up – you can actually move them – I don’t know how it worked. Now that’s a place to visit again definitely.

Vicky: It sounds like you still got something out of it.

Mary: Oh yes. It was absolutely fascinating, and then there was an exhibition on the way down – there were lots of different places that were all visual, um what’s the right word? Illusions - It was really clever. A lot of the stuff you’d see in Techniquest [an interactive Cardiff science centre], but it was very, very good.

These experiences exemplify how tourist attractions can have the potential to be more inclusive.
7.5. Maria’s Family Pen Portrait

I met Maria and her family for the first time in July 2009. Her family consists of Andy (husband), Oliver (son, 18) and Elizabeth (daughter, 15). The individual visit with Maria took place much later in June 2010 as a result of Maria attending and speaking at a conference in May in Chile. She requested that we meet after this as she wanted to include her observations of this particular trip. Maria is in her 40s and lives with her husband and two children in a rural area of South Wales. She works as a full-time occupational therapist. They visit relatives in Australia and take family skiing holidays in the winter to escape the normal routines, to relax and to be somewhere different. At the age of 35 after noticing distortions in the sight of her right eye, Maria was diagnosed with macular degeneration (Appendix A) which meant she would eventually lose the use of her central vision. The degeneration in practical terms means difficulty recognising people and particular difficulties with reading, writing and driving. During the last nine years Maria, even though she has experienced periods of negativity, has come to terms with her changing abilities and has decided that rather than dwell on those things she can no longer do, to focus on undertaking daily activities differently. She has continued to work with the help of assistive technology and uses taxis to and from work, both funded by the Government Access to Work scheme.

The family continues to enjoy their annual skiing holiday. Maria no longer sees the bumps on the pistes but she has learned to ski by feel rather than relying on seeing what she is doing. Her family keep her in view as she cannot easily identify them. As far as summer holidays are concerned, Maria has always preferred to sit by a pool or on the beach,
to read and people watch. The only difference now is she uses a talking book. She is the main holiday planner and organiser but the rest of the family undertake the research, usually through the WWW. Anything that involves reading menus or airport information boards she leaves to others. As the children are older and prefer not to holiday with their parents as often, Maria’s holidays now involve long weekends away with her husband and friends, travelling by train to the North of England to visit her mother and this year to fly abroad on a professional engagement.

My initial communication with Maria began when she sent me an email to express her interest in my research. Prior to our first meeting, Maria sent me an article she had written for her colleagues entitled “Becoming a disabled OT.” Below is the first paragraph which describes in her own words when she realised she may have a problem with vision:

Nine years ago whilst on holiday with my family I reached for the video camera to capture my son’s first water-skiing lesson. Thinking I had left the lens cap on I tried to take it off, only to find the lens cap had already been removed and it seemed that the grey blob which was all I could see through my right eye, was something to do with my vision. Within it she describes her experience of sight loss, encompassing her emotional feelings of shock, devastation and fear. However, by adapting to her disability and utilising her occupational therapy skills she has developed “practical tools to adapt myself and my environments.” Her positive attitude was prevalent in the conversation with the family, reinforced by their practical stance and cohesive supportiveness as a family unit. The major emergent themes from this interview include holiday patterns, motivations and familial issues as well as other
peoples’ perceptions of vision impaired people. In addition the accessibility of travel, significance of cultural differences and the ‘vision impaired body’ experiences are discussed.

7.5.1. The Family Break Away

When the family were young their main holiday was camping in France, often with other friends and families, as they could relax, go to the kids’ clubs and swim. Andy, Maria’s husband, prefers to have a winter rather than summer holiday and therefore they continue to enjoy a ski holiday. Andy has family in Australia whom they visit every other year. Maria explains that she is the instigator of holidays because she likes to escape and get away, because it’s about not being at work:

I’m generally the instigator – I like to get away. I like to do things that are a bit different. I won’t say I like a break from the cooking: I still do that when I go [on holiday]. For me it’s about not being at work, and not doing the household chores, like the washing and the gardening… and it’s a get away from the renovations we’re doing on the house. But just for me the way different people live their lives differently. I just find it very interesting. I love people watching.

Maria explains however, that people watching is more restricted and as a result of now listening to talking books, she can no-longer hear the conversations going on around her and sometimes falls asleep. Maria describes this as “zoning out.” Maria, for most of her life has read the printed word and therefore it was quite a transition to start using the talking word. Talking books can be a lifeline but their use also requires concentration which can vary from person to person. For Maria, the outside world is cut off while she listens to her book, concentrating more on the story which is embellished by the undulating tones of the reader who more often than not is a well-known public figure.
Maria is happy lazing on the beach or by the pool as “It’s my time and my chance to be lazy, the only time in the year, as we’re always busy and usually on the move.” She adds:

I’m not a sight-seer. I don’t want to go off to a lovely church and temple and you know, a museum. I’m lazy on holiday… I like to sit by the pool or a beach and when I could read a book I would read books, now I listen to books.

In contrast and sparkling some humorous banter with Oliver and Elizabeth, Andy explains that he enjoys the adventure of the skiing holidays but other than that, he doesn’t place much importance on them. In fact he states that “I go on holiday because I’m badgered to go on holiday. I’m the Ebenezer Scrooge of the holiday world!” Andy believes that they live in a “lovely part of the world” and he’s quite happy to stay at home, causing Oliver to suggest “that’s boring” and Elizabeth to say “It’s about seeking something that’s different to stimulate you. What isn’t the norm. What isn’t on your doorstep.”

7.5.2. Evolving Relationships

Dodds (1993:159) explains that “as a consequence of one party becoming visually impaired, existing relationships are likely to become disrupted to a greater or lesser degree.” When the whole family realised that Maria’s sight loss was significant, it was a difficult and uncertain time for them all, in terms of her being unable to drive, read and possibly not work. Andy demonstrates how onset of a disability affected the whole family:

I think we’ve probably reached the point now where there’s very little left that you can still do that you’re not going to be able to do again without maybe more aids, but I’m not aware of any big landmarks coming along, so… on a week
to week basis it doesn’t change that much… I think we’re all… certainly I am a lot happier with where we’re going and she’s a lot easier to live with. No no… whenever we reached one of those milestones it was quite depressing.

Andy’s attitude has altered over time as Maria explains:

For three years after it happened, the only people who knew were my family, I didn’t even tell my work colleagues at all… but obviously there became a time when I had to tell them because it was blatantly obvious something was going on.

For Maria there was a sense that “I’ve got to make the most of this, I’ve got to live with this” and her husband realises that she could have withdrawn into herself but “she wasn’t allowed to do that, we were not going to let her do that.” How Maria dealt with her situation depended on her family’s attitude and despite the fact that they would not let her withdraw she still found it hard to come to terms with her vision loss, in particular with her emotions:

I found that really hard and we had words on more than one occasion. Andy’s very good practically… and will do anything practically to help me but he’s not good at emotional support.

What was also very difficult was giving up driving which resulted in restricting her control and spontaneity to “just pop out” and travel up to the north of England to visit her mother. She says “I wouldn’t think twice about popping in the car to drive 300 miles away for the weekend to see my mum, especially since my father died”. Maria realises there are ways around it but it takes a little longer. Visiting her mum now involves travelling with Elizabeth, her daughter and using the ‘disabled persons’ rail card.

Maria explains that “I can still do a lot… it’s about being resourceful, using your abilities and experience. There are different experiences
each day.” Interestingly, Maria suggests that her professional practice has helped her in her “personal journey of becoming visually impaired.” As an occupational therapist she assists individuals to maintain their independence, part of which includes teaching relaxation techniques. Maria uses such strategies in dealing with her own anxieties with regard to coping with her vision impairment.

The flavour of the conversation with this family was very much about getting on with things and using humour to get through. Collectively, members of the family use certain overt strategies to enable her to continue enjoying her holiday experiences. They used skiing as an example of adapting as Oliver describes:

… we really have to watch [mum]… we used to ski off. The problem is you know, you can be twenty or thirty yards away and she [Maria] can’t recognise us… doesn’t know where we are. Whereas what we used to do was just bomb off and wait for her at the bottom of the slope, now we have to make sure that we’re continually in line of sight – our line of sight. The instructions are, ‘look, we can see you, you just keep going’, and that’s it basically.

Maria states that “I go down a lot more with my son now, he says ‘come on mum just doing the black one, are you coming?’ and then he’s off.” But then “he’ll shoot off, stop and wait for me to catch up.” Maria explains that is how people tend to ski anyway by stopping several times. Maria herself admits that she still can get lost and covertly “will follow people who look a bit like them” but Elizabeth considers that her mother’s sight loss has made only a minimal difference on holiday because they just look after her on the ski slopes and it’s not really an issue as “she’s very lazy on holiday normally so it’s like it really wasn’t an issue.”
In terms of organising holidays, Maria has the ideas while Andy, assisted by the children, plans and books the holiday. What has changed for Maria is that she no-longer joins in researching the WWW. Independently she uses assistive technology to magnify the screen however, browsing the WWW as a family is difficult as she is slow to read, resulting in frustration all round. Maria continues to arrange the foreign currency, travel insurance and passports, “cos this lot would lose them.” In addition, her role as the mother is to deal with the holiday packing as she doesn’t trust them and Elizabeth explains “I still can’t pack my suitcase, she’ll do it for me.”

However the concept of a family holiday is changing for them. Maria explains at my second visit, that Oliver is now in University, Elizabeth will be leaving in a couple of years and Andy is now working in London. This situation means that there is no longer a driver in the house. Notwithstanding this, she and Andy are planning a holiday in September which will be the first time in twenty years it has just been the two of them. As a couple they are avoiding a package holiday, preferring to book independently, which means being spontaneous and not restricted to a daily itinerary. Maria explains that she isn’t put off visiting places because of her sight difficulties, on the contrary “I can still see a lot so we wouldn’t be put off.”

7.5.3. Challenging Perceptions and Dispelling the Myths

Maria identifies herself as somebody with sight problems but at the same time she is reassured when people comment “you don’t look disabled.” Initially I felt that maybe as a person with acquired sight loss Maria may have harboured misconceptions about it. However, during our individual conversation I asked her what her perceptions of vision
impairment had been before her own experience. Maria explains that she was partially aware of sight loss issues at the age of 12 as her grandmother developed macular degeneration and she also knew a man who was totally blind. Maria’s perceptions were partly shaped by her grandmother’s attitude to sight loss who as Maria explains:

... milked it for all it was worth. Her approach to losing her sight has been the absolute opposite to mine… she used to greet people with ‘hello I’m blind’, that’s not how I greet people.

Maria states, “Maybe it makes other people feel uncomfortable but I can’t change who I am; I don’t feel the need to keep explaining.” During our individual session Maria explains that she believes it is more to do with society’s impressions rather than her own. This is a point Maria spoke about at the Macular Degeneration conference she attended:

One of the things I talked about is that I don’t look any different now from when I could see, when I was fully sighted. In that my eyes, there’s no visual difference in the appearance of my eyes and with some people with visual problems clearly there is. But there isn’t for the majority of us with this sort of problem. So it wasn’t so much about how my perceptions about how people with disability look, but maybe about how society’s perceptions – you know, ‘oh you don’t look blind’, well what were you expecting? You know, are you expecting somebody with one eye? People say this to me all the time, and I say well what did you expect?

Unfortunately social stereotyping can create difficulties. Maria recounts a visit to Prague with her brother where she was able to pay a concessionary rate as a disabled person to go up a tower, but when she
Chapter 7: Exploring the Meaning of Tourism in People’s Lives: Family Conversations

reached the top and began to take photographs, her brother accused her jokingly of being a fraud:

Maria: Yes, he said ‘oh yeah you’re fine using the disabled card and then reaching into your purse and pulling out exactly the right note to pay to get up the tower’, and well I did feel a bit of a fraud, but then I thought, no actually that’s not my problem, you know I don’t have to justify this to anybody.

Vicky: Is that you as a person really? Do you think other people would be like that, or is that a huge generalisation?

Maria: Yeah, I’m a bit, I’m sorry what you see is what you get. That makes it say I don’t change the way I am to make people feel comfortable, I would hope that I did, but I can’t change who I am. And I don’t have to justify that I’ve got a visual impairment to anybody, if I don’t choose to.

Vicky: It is interesting because people would see you holding the camera up and assume that you’re looking for a particular thing.

Maria: Yes, Oh look there’s that blind woman what’s she doing taking photos? It’s a digital camera, you can delete it if you don’t want it, it doesn’t cost you anything, does it? It’s not like the old days when you used to take your roll of 24 in and they had to be perfect because it was £7.40 or whatever. No it’s not like that at all, so....

These wider misconceptions are reinforced by the belief that all ‘blind’ people wear dark glasses or have a guide dog. There are particular consequences of macular degeneration, as generally peripheral vision is fairly good; however central vision is poor as Maria explains:

For me it goes a bit wider than just travelling around because I don’t recognise people in the street and will walk past them. My concern is that people will think I’m very rude or ignorant or in a bad mood, when I’m not, I just haven’t seen them.
As result of this one-to-one conversation with Maria, it transpires that Oliver and Elizabeth have played a part in public raising awareness as Maria describes:

Elizabeth often comes back and she says ‘oh I’ve had another one’, and I say ‘what do you mean you’ve had another one’, and she says ‘oh saw your mother shopping and she ignored me’, and Elizabeth said ‘she didn’t ignore you, she didn’t see you’, ‘but I [the friend] was in the supermarket in the queue’, but Elizabeth explains ‘she hasn’t seen you. If you’re there, go and say hello. Say hi it’s Alex, hi it’s Sarah’, you know ‘but go and say hello’. And Elizabeth’s friends do now.

Maria feels that when she needs to ask for help “one can potentially appear as if you’ve got an idiot badge on.” Andy expands on this statement by suggesting that sighted people know better how to help a totally blind person:

I think there’s a distinct difference between you [Maria] and someone who’s blind. Someone who is blind comes into a restaurant badged, they either have a dog or dark glasses and you can recognise them. Maria just looks normal… as a consequence you’re expected to act normal, to behave normal, so that’s quite difficult sometimes.

In the family interview I had the impression that Maria shies away from using symbols of vision loss, so it was particularly significant that she chose this moment to ‘confess’, (“I haven’t told this lot yet”) that she had bought a symbol cane to use when she is out on her own “when I’m you know crossing the road, because getting out and about is a bit hair-raising.” The next five minutes were taken up with us both describing and explaining to the family the technicalities of a symbol cane. Notably,
later on in our individual conversation, Maria told me that she used her symbol cane extensively on her business trip to Chile.

**7.5.4. Accessibility of Travel and Negotiating Tourism Spaces**

The impact of others’ perceptions also emerged in relation to assistance at airports (a prevalent theme in this study), when Maria spoke of travelling independently to Prague to meet her mother and brother. Andy helped check her in however he was not permitted to take her through to the departure lounge. Her assistance did not emerge until much later in the form of a wheelchair as she explains:

> Once you’re through the gate into departures I wanted somebody to say to me ‘get on that plane there, this is the gate.’ I had to go and find somebody and then I just attached myself to some passengers who I knew were on the same flight as me and just kept them within that much distance of me. I was allowed to board first because I was a priority customer, sat down and sorted myself out. Then I became aware they were waiting for a wheelchair passenger, and it was me.

This put Maria in the position of having to identify herself and explain that a wheelchair was unnecessary. Although she was met with a wheelchair in Prague, she explained again that she just required guiding to the luggage collection and through passport control. It is at times like these that the individual is required to be assertive in a strange environment. The consequence of holding back could have been missing or delaying the flight due to the lack of understanding by personnel. Maria describes herself as fairly tenacious but she says “maybe lots of people, who don’t have that particular trait, they think, oh God, it’s just easier not to bother.”
Maria took a recent business trip to Chile where, after publishing her article she was invited to present at the World Federation of Occupational Therapists Conference. Her husband declined to accompany her and so she invited an old friend. “The airport itself is off-putting, the screens are too high and there were no English language announcements.” She admits that this did make her anxious but by inviting a friend to be her ‘eyes’ meant that she felt more confident with the situation. I was interested in what other ways her friend Lorraine assisted Maria travelling to and whilst at the conference. It transpires that Lorraine read the screens at the airport, the menu on the flight and described and directed Maria around the environment. Maria used her symbol cane quite extensively and did not require physical guiding from Lorraine, only to describe surroundings. I asked Maria if her friend guided her around. She replied “not physically, but more to actually say ‘don’t forget there’s that ramp there again.’”

Lorraine had to be the eyes, to read the screens and of course they’re way up there aren’t they? … But no incidents, the journey was uneventful.

I asked Maria if she would contemplate this journey on her own and perhaps consider asking for assistance. Maria notes that having assistance means that you need to trust people in airports who are strangers, therefore having a friend who she “totally trusts” is of real significance.

Vicky: Would you think about doing a journey like that on your own?

Maria: No, absolutely not, absolutely not. It’s okay when everything goes right, but even when everything did go right, I needed her there for the things I’ve mentioned. Had
something gone wrong, had there been a problem with my passport, my Visa, had there been anything like that, had I missed my connecting flights, I’d have had absolutely no chance at all.

Vicky: If there were facilities there, if there was proper assistance, would that make a difference?

Maria: It would make a difference. I go back to what I say about trusting my companion though, because I wouldn’t have known those people. For me personally, and I can’t say that’s for everyone with a sight problem, but for me personally, I need to trust the person that I’m with, that I know they’ll get me out of any messes.

7.5.5. (Re)Connecting the ‘Vision Impaired Body’ with Tourism Spaces

I was curious to explore from a vision impaired person’s perspective the nature of skiing and how the place and the space for skiing played a part in her experience. As I am a non-skier, Maria explained to me how the body moves and that with sight you respond to “body feedback” from the feet and knees, posture and gauging the right balance by leaning forward and using the ball of the foot for steering. Now she does this by slightly adapting her posture and being more aware of these haptic clues. Maria explains that when she had full sight she could see the light, the difference between snow and ice, including the size and distance of the piste. However, the fact that she is unable to see this detail any longer, does not pose a problem as Maria just skis differently as she describes below:

Skiing on snow is lovely; skiing on ice is a nightmare. Absolute nightmare. Everything is skittery and glittery and very, very quick and you generally fall over. Unless you know its coming and you hold your skis in a certain way, and you move in a certain way and you centre your weight.
Now I don’t see that so I still go ass over elbow when I hit ice, but they’ll [her family] shout ‘ice – turn right’, or ‘ice-turn left’, if they see it in time, but if not I just fall over. But the thing I found more interesting is that I rely much more on joint feedback, my body feedback when I’m skiing, especially when there are uneven parts on the piste. And I do adapt my posture and I adapt my speed around the feedback that I’m getting from my body. It sounds like a joke, I ski by feel, but I do, I ski by what my feet are telling me, what my knees are telling me.

Before losing her sight Maria might have felt anxious and made a judgement based on her view of what is ahead “oh, that looks a bit steep” but now she actually thinks that she skis faster, as she can’t see far enough ahead to make that judgement. Maria explains that now she skis the hard slopes, no matter how narrow or steep they are:

I ski faster. And I think that’s because when I was learning I could look down the piste and I could say, oh gosh, that looks very steep and I’d become a little bit anxious about it, stiffen up and usually make a real bodge of it. Now I don’t see that. In fact up until I lost my vision I would never ever do anything more challenging than a blue slope, or a green slope, which is like intermediate, but I do black slopes now which is the hardest. I do it slowly and I do it very ungracefully, but I’m not bothered by how high it is, how steep it is, how narrow it is, I’ll get down there somehow.

The atmosphere itself seems to be all consuming. Maria loves the camaraderie, the atmosphere, freedom and cleanliness. She loves the wind in her hair and finds the speed exhilarating:

I like everything. I like the camaraderie, I like the atmosphere, I like the cleanliness, I like the freedom, I like the speed. I love on a day like this [clear sky, sunny and fresh] on a ski slope, it’s the most beautiful thing in the world. It’s fresh, it’s clean…
This tourism place lends itself to a sensory experience, but this does not mean that there is nothing to be appreciated visually for Maria. She is very aware of the panoramic view as she uses her peripheral vision. “It doesn’t matter that I don’t get the full picture because the panorama is massive.” Indeed Maria takes photographs of the scenery to enlarge then on the home computer. At home she relives it and often finds things she hadn’t seen at the time:

No it doesn’t matter. It doesn’t matter. Because when you’re at the top of the mountain the panorama is massive. The fact that I’ve got a hole in the middle of my eye doesn’t matter. And the other thing I’ve started to do now, which I haven’t done before, was I started to take pictures. I’ve got a digital camera with a reasonably big screen on the back so I just point it at things and take photos, and when I come home I put them onto my computer screen which is massive, then I can see it.

Maria had taken photographs in Prague, accompanied by her brother, who would give her directions in taking a picture:

Oh it’s great. Especially I remember coming back from Prague and I’d taken lots of photos, buildings, and details of buildings, which I couldn’t see, but I put on my zoom lens, my brother would say ‘put it up there and press’, and then when I came back I’d see oh my goodness it’s a gargoyle, or oh my goodness there’s spaces happening. Yeah it’s retrospective – and then I’d ring him up and say ‘I’m now looking at it!’

If Maria is going to a pool or beach on holiday she explains: “generally I’ll do a recce [a look around] and find places where I know I’ve got a direct path.” Maria makes clear that she likes the beach as she dislikes crowds and she is less likely to bump into people on the beach. Maria contemplates that if she had been vision impaired when the children were young “it would’ve been a real nightmare difficulty for me [looking
after them].” Maria describes this as situational and environmental by suggesting:

On a beach you’re less likely to be bumped and jostled, aren’t you, than when you’re in say a public shopping centre or something like that so that’s interesting.

Maria explains that she dislikes crowds due to the danger of losing the people she is with as “I can’t identify them from a mass of people.” In this case she generally stands still and waits for them to come back for her. Although Maria employs relaxing techniques, she emphasises that the initial panic doesn’t really go away:

…but the initial Oh my God, I’m on my own where have they gone – that’s that initial (gasp), but then I think, right stand still, nothing’s going to happen to you, you’re standing still, and wait. They’re going to come back and get me. But that initial anxiety reaction, that first ‘oh’, it doesn’t leave you, doesn’t go away, so… but because I do what I do, and I know what I know I can counteract it very quickly.

Other crowded situations that Maria prefers to avoid are the busy hotel buffets and restaurants. For this reason the family choose to have a self-catering holiday. In contrast when Maria is a business traveller, she does find herself in busy and complex dining situations, such as at breakfast. Her coping strategy in this servicescape is to watch what others do and manoeuvre around the furniture. She prefers to be active, rather than passive, not wanting somebody else to fetch her food, despite the fact that she finds it difficult to read the little notices describing the food and the lack of staff available to assist guests.

Finding people to assist is difficult with her limited vision as “limited sight increases problems of communication.” The ability to see and identify people is also affected by the environmental conditions such as lighting.
Chapter 7: Exploring the Meaning of Tourism in People’s Lives: Family Conversations

For example, when we met for our individual conversation in the pub, she explained to me that she prefers to sit where the main lighting is or where a table has its own lamp. However, Maria was still concerned that she would find it difficult to identify me and so she came up with a strategy:

What is a problem, and I was actually wondering had you not driven past me and picked me up, I was thinking when I go in it’ll be very dark, I wonder if I’ll see her, and I wonder if, or shall I get there first so that she comes and finds me because I wouldn’t have, you know, you could have been anybody. But then I thought I’ve got my mobile. I can ring her! I’m here!

7.5.6. The Significance of Cultural Differences

Maria provides interesting insights into the effects of some cultural differences when travelling abroad. Cultural aspects can make an impact upon any tourist, the language, religion, customs and the standard of facilities. Maria recalled a trip to Greece as a youngster with her parents where she felt she was “targeted” as an obvious westerner because of her blonde hair and light skin. Then again in Chile Maria felt that she stood out more as “an obvious western tourist” rather than as someone with vision impairment. It wasn’t until her trip to the conference in Chile that she was asked about a vision impairment issue relating to the white stick she was carrying. It transpires that a green stick is used by vision impaired people in Brazil.

A lady came up to me in the conference from Buenos Aires and said in very broken English (better than my Spanish), but you know ‘what’s this stick?’, so then... and she said ‘it’s very short, it’s very short’, and I said ‘It’s to show you I have a problem, not to help me find my way around, and she said ‘ah I understand. In Buenos Aires they are green’. And I thought ‘great!’ , so that explains why no traffic and...
nobody in Santiago are taking the blindest bit of notice about it at all. In the UK if you use it, people can give you a bit of a wide berth which is fab.

Interestingly, the country’s lack of development, as manifested in the style, décor and facilities of the airport, - “a much scruffier version than the NEC [Birmingham]” - presented, “serious difficulties for someone with vision impairment, concrete, no colour, poor lighting, and ramps not highlighted causing a tripping hazard.” The “critical surfaces” (to use Maria’s phrase), that is floors and walls were indistinguishable:

It looked like a nuclear fallout shelter, it was all concrete. There were some amazing wheelchair ramps. Wheelchair ramps they’d sussed but they hadn’t made them visible for people with sight problems, and the amount of times I tripped over a wheelchair ramp because I just couldn’t see it. Concrete, there were no markings on it, apart from this tiny little rail barrier, which was all of four inches high. Fantastic to catch your feet in! So that was a bit difficult. The lighting was dire; there might as well have been no lighting. It was low lighting, completely inadequate everywhere in the conference centre.

However the hotel represented a very different experience:

That was light, very airy, well lit, well demarked… so no problems at all there. The buttons in the lift were big and illuminated so that was fine. The staff were absolutely marvellous. The concierge, well… he realised obviously there was a problem as I used my symbol cane quite a lot.

Since our last meeting, Maria has been extremely busy with family and work, travelling all over the country:

I’ve been like a whirling dervish this week, I did Gozo, Bristol, Liverpool, York, Rotherham, Pontefract and Hull in a week! Mainly on my own on public transport – I’m getting good at this travelling about lark! (Email 1st October 2010).
7.6. Nancy’s Family Pen Portrait

My initial visit with Nancy and her family took place in September 2009. This included Martin (husband), Sydney (daughter), Charlie (son), and Dermot (son). Following the family conversation, I met Nancy again individually in October 2009 after she had arrived home from a holiday abroad with girlfriends. Nancy is married (husband Martin) with three children, two sons (Charlie 13 and Dermot 8, who is partially sighted and hyperactive) and one daughter (Sydney 16). They live in a suburb in South Wales. Nancy was born fully sighted but at the age of 20, due to a serious illness, she lost her sight completely. Before she was married, Nancy worked as a lab/hospital technician. However during that time, 22 years ago, she lost her sight completely due to diabetes, complications from an ear infection and detached retinas (see Appendix A). Five years ago she was taken seriously ill and needed such support that Martin gave up his job in insurance to become her full-time carer and to look after the children. In addition, during the course of my visits, the relationship with her husband went through an upheaval and indeed developed in a different but positive direction as a result of the holiday she spent with girlfriends. In this respect I feel that I was afforded a privileged view of the impact a holiday can have on relationships. The holiday with girlfriends had given Nancy some of her confidence and identity back which she had lost as a result of her life being dominated by ill-health and blindness.

Nancy relies on others to guide her around however she does find some freedom when she is swimming in the pool or in the sea. She also enjoys relaxing with a talking book on her MP3, having fun and trying anything as long as she feels that she is in a safe environment. Nancy observes that they rarely come across many disabled people abroad
and she believes that everyone is entitled to a holiday of some sort. Financially they have been assisted by the Family Fund which is the UK’s largest provider of grants to low-income families raising disabled and seriously ill children and young people. A holiday for this family means a break from the day-to-day routines of life and a chance to enjoy warmer climates, relaxation, entertainment and activities. Their preference is for all-inclusive holidays, which include trips and excursions that they feel are value-for-money. As a family they plan the holiday together and all of the information is read out to Nancy so that the decision is a joint one. Previous trips have included holidays to Ocean World (where Nancy swam with a dolphin) and a safari where she held a baby crocodile and they always chose places where there is something for all the family to enjoy. Nancy also enjoys shopping and sunbathing on holiday; she has a guide dog but feels that it is unfair to take her with them, especially in the heat.

Just like Maria, she grew up as sighted person in a sighted world, however, that is there where their similarity ends. Nancy has been able to offer additional insights into the life of someone who has experienced a serious illness, and the impact that total vision loss has had upon her life as well as another illness that rendered her completely reliant upon her husband Martin. This section begins by presenting an overview of the Chapman family’s holiday patterns and motivations, followed by the discussion of the emerging themes, specifically family relationships, perceptual issues, the ‘vision impaired body’ and the accessibility of tourism facilities.
7.6.1. The Family Break Away
The Chapman family prefer to have all-inclusive foreign holidays. During my conversations with the whole family, they discussed a holiday they had been on in the Dominican Republic (an example of many of the holidays they had booked with high street UK tour operators). The family also discussed holidays in Spain and Greece as well as the UK (they had recently returned from a holiday break with Martin’s parents in a cottage in the South-East of England). Martin enjoyed the break in a cottage but comments that “it was nice but it was just the cottage and no facilities… cooking ourselves… we like our sun holidays.”

I think if you could guarantee the sun in this country we’d go in this country because there’s lots of beautiful places, but there’s just not the weather, you know, the kids, as soon as it rains, the kids are stuck indoors, or you’d have to find somewhere indoors to take them, and it can get expensive you know? But with the sun out they’re happy to play in the pool everyday really.

This neatly led into a discussion about the benefits of taking a break, which for the family as a whole meant being in a warmer climate, away from the day-to-day chores and participating in activities:

Nancy: A break from day-to-day living really isn’t it? Just to have some nice weather, because you have to go abroad nine times out of ten to get nice weather. Um, chill out and just have a good time.

Vicky: Okay what about you Martin; is it the same for you?

Martin: Um, yeah, basically. I don’t have to cook and clean, and all the sort of chores and stuff, and it’s lovely to just lay by the pool and do nothing really. I enjoy swimming and enjoy doing those sorts of activities.
For the children their view is:

Charlie: I’d be stuck indoors and not really do much, but when you go on holiday you’re more excited and you do more

Dermot: There’s nicer weather and it’s good to get about more. You feel a bit freer.

The children also enjoy swimming, watching television, and making new friends. Sydney, particularly now that she is 16 years old, enjoys the freedom of making friends and being able to do her own thing away from the family. The boys also appreciate the wide variety of food available, whereas their sister prefers to eat food that she is used to (e.g. pizza and chips). Nancy adds that she likes to “do a bit of shopping, sunbathing and all the things that most people want but, being visually impaired I’m not one for a lot of sight-seeing.”

Their main preference is to stay in a hotel complex on an inclusive basis as the holiday is cheaper, the complex is safer allowing the children more freedom in a safe environment and it makes the situation a little easier for Martin as he is the one that keeps an eye on everyone, as Nancy explains:

It was all the same complex. So you know we felt quite happy for ... [the children] to do their own thing; and again for the boys to do their own thing and wander off. So that type of holiday is ideal for us, because obviously Martin otherwise has got to keep an eye on the kids all the time. Not Sydney, and not so much Charlie now, but, you know when they were younger; you were constantly having to watch where they were, what they were doing, and so on… not a holiday for him [Martin]. So you know it’s nice when you’re on your complex that you know that there’s plenty of entertainment for the kids.
It seems obvious that most families with children would strive for similar things as the Chapman family however Nancy's role as their carer and organiser is diminished due to her total blindness which means that she cannot “look out” for them. The parental responsibility is therefore multiplied for Martin, including his responsibility to ensure that his wife is managing.

It is clearly evident that Martin is the leader and key person in the planning and practical responsibilities but, although he gathers the information, he and Nancy sit down together and make the joint decision. Similarly, with family holiday planning in general, everybody’s needs are taken into account as Martin explains:

I do it with Nancy but obviously I do the physical bit of looking it up on the internet, but basically it’s reading it all to Nancy. We decide together then where we want to go. With the kids in mind we’ve got to go somewhere where we’re all going to enjoy, so we all get what we want, you know a bit of peace and quiet for me and Nancy, something for the kids to keep them happy...

Nancy notes that it is not an option for them to take up last minute holidays as they are a family of five, rather than the “average family of two adults and two children.” The main disability specific issue for Nancy is that she prefers flatter areas with as few steps as possible. When Martin makes the booking with the travel operator he explains that they require a room or apartment that is as close to the main hotel as possible, to make it more accessible for Nancy, “I said specifically that my wife’s blind, also diabetic and has neuropathy, pains when walking and stuff.” Unfortunately this information is not always relayed successfully to the hotel, as discussed further below.
7.6.2. Evolving Relationships

The deterioration of Nancy’s health has proved to be significant for the whole family but specifically for Martin:

Martin: I went out to work full-time, up until approaching five years ago now when Nancy had a really bad downturn in her health, and was really struggling. I just quit work then to look after her and the kids.

Nancy: So I found that I was just… I couldn’t manage everything and the kids. My health went… I’ve got complications due to the diabetes as well as being blind. So having Martin home I can manage day-to-day things, but I can’t do what I did. So it’s really quite hard-going for Martin to actually give up work, because he’s always worked. And it was quite a struggle for you in the beginning wasn’t it?

Martin: Yeah. Different that’s for certain… to be honest, Nancy’s still not well enough to look after the kids…. specifically getting the kids to school, and the cooking stuff and all that... I was working full-time and studying accountancy and stuff in the evenings. Nancy was cooking and doing all the kids’ stuff and it just got too much … so it went downhill from there.

As a result, holidays have become more significant as a time-away-from-home and a break for Martin from his ‘caring’ role in the home. However Martin still retains this role on holiday so whether the trip is a total respite for him is debatable. Nancy expresses her guilt at this, as it was impossible for her to take an active role in keeping an eye on everyone and being part of the practical logistics. To assist Martin, they have invited their friend a few times to come along to help alleviate his responsibility and allow him and Nancy to enjoy some time together:
You know I'm very aware of Martin having as much of a holiday as possible. Because I do feel – he goes mad at me - but I do feel guilty because it doesn’t feel fair to me that Martin’s got to do all the running around. I mean this year a friend came like I said so it made life so much easier for Martin. She’s known us a long time, so she knew when to help... Just getting Dermot up, because Dermot gets up before everybody else and my friend gets up early, so she just took him off for breakfast in the mornings so we had a little bit longer lying in bed and things like that.

Also significantly, inviting a friend afforded Martin some holiday time to himself without feelings of guilt and worry about Nancy as he explains:

And we took Nancy’s friend Emma this year; it meant that I went off sailing twice and stuff like that. When I wouldn’t normally have left Nancy for an hour, two hours, I mean twenty minutes is fine while I go off and play water polo but a couple of hours is like borderline. If she needs to go for a wee she’s stuck. But because our friends came it meant I could just go off, do me sailing, not worry, and then come back and crack on. That was sort of my holiday bit as well.

There also appears to be an element of withdrawal on Nancy’s part so that her needs do not overshadow or dominate the whole family experience. She states that “when you can’t see, there are a lot of things you’ve got to go along with for everybody else to enjoy it.”

The needs of the children have also changed as they have grown older, particularly those of Charlie and Sydney who are now teenagers and less reliant on their parents. For instance, entertainment remains a key element for the children’s enjoyment but perhaps in different forms appropriate to their age interests. Nancy explains:
When we book a holiday it’s got to be sort of entertainment for us in the evenings things like that, it’s also got to have plenty for the kids to do, and not just young children it’s got to be, you know Sydney being 16, it’s got to be things that appeal to the older teenager. I mean the only one that wasn’t sort of really happy was Charlie; because we were out of school hours there were no boys his age. There were a lot of older teenagers and young children... Sydney made friends. So during the day he [Charlie] was fine because there was plenty to do, sort of swimming and all the bits he wanted to do, but come to the night-time he was sort of sat on our table each evening and he just kept going back to the room... ‘I’m watching CSI Miami’ and things like that you know? And he did get on our nerves to say the least, because he was like ‘I’m bored, I’m bored’, but what can you do? Same as everybody else.

Generally, holidays have centred upon time together as a family however it transpired at my second visit with Nancy, that she had been on holiday to Spain with some girlfriends which was the first time she had been on holiday without Martin and the children. Although she enjoyed the holiday and could have time for herself, it was a more significant experience in terms of how her time away from Martin had affected him and their relationship. This was a very personal disclosure. Apparently Martin could not cope when she went on holiday because “he had basically lived his whole life around me.” When Nancy returned home they split up for a week but she felt the holiday and the separation had been a positive experience, “it’s done me and him the world of good, because ... [the holiday] gave me back my confidence.” Nancy is more of an active member of the household now, undertaking cooking and general housework. She explains that “he was my carer and I wasn’t his wife, and that was my role, part and parcel of being one of the kids.” In this instance, the holiday opened an alternative door for Nancy, one
which she evidently walked through and re-discovered her womanhood, adulthood and a sense of independence.

Nancy continues to rely heavily on others to guide her around tourism spaces and environments, even more so as these places are unfamiliar. When the children were younger, Martin was the sole guide while also making sure that Dermot in particular was close by (he gets lost in unfamiliar places). Now that they are older, Nancy also has assistance from the children, in particular Charlie and Sydney. Martin explains:

Yes they’re fine. They’ll moan and groan like any teenager ‘oh wait a minute I’m busy’ and Nancy’s like ‘I want to go to the toilet, don’t make me wait’, but eventually it’ll be ‘oh ok.’

Nancy discusses the fact that as teenagers it has become a bit embarrassing for them to guide her which she feels would stop her from asking them:

Sydney went through a phase of being highly embarrassed and didn’t want to do it [guide] at all. Charlie, he’s thirteen so he’s still not embarrassed but I would say probably next year he will be and I won’t ask him. You know it’s a bit different to a boy as a girl I think, with their mum. Dermot will take me anywhere but because he’s visually impaired you take your life into your own hands! The blind leading the blind [general laughter].

At this point I was able to gain an insight into how, as parents, Nancy and Martin also have specific considerations relating to Dermot. He has low vision, combined with a thyroid condition that makes him hyperactive, consequently he “charges around the place” and “he’s not a fearful child.” He likes to have fun first but “I mean he’ll dive in the deep end of the pool… he doesn’t care about swimming, that comes second to having fun.” They say that Dermot has slowed down a bit when they
are abroad particularly anywhere where there are steps as he experiences difficulty with depth perception. Martin describes one particular occasion:

I mean the classic Mediterranean is all the tiles, and they’ll make the stairs all the same tiles as the floor. Of course he sees those coming so he’ll either go up them or over them or trip over... Bang his head. That’s the usual stuff. So he’s learnt to just slow down a bit and take care. But in essence I’m always watching him to say ‘Dermot watch the stairs’, and once he’s got it he’ll go up and down the stairs fine, but first couple of times it’s ‘mind the stairs there!’

Nancy and Martin also explain that their approach has never been to “wrap him in cotton wool... It’s pointless being all cautious around him because it’s not going to help in the long run.” They have been waiting for the children to become older as it has been eleven years since they had a break away, just the two of them. Presently they are focusing on a holiday just for the two of them to celebrate their 20th wedding anniversary. Nancy states, “We’re like any other couple, we row and have our ups and downs but on the whole, we’re pretty good. I mean it’s 20 years since we got married.”

7.6.3. Challenging Perceptions and Dispelling Myths
During the conversation we discussed other people’s reactions to Nancy and to the family as a whole. Several anecdotal examples demonstrate how little is understood about low vision and blindness, resulting in almost amusing events. The following incidents were described humorously by both Nancy and Martin, initiated firstly by an observation made by a sighted person when on holiday:
Chapter 7: Exploring the Meaning of Tourism in People’s Lives: Family Conversations

Martin: Dermot came over from swimming in the pool once and said that the child had said that their mother had said that there’s a blind woman over there.

Nancy: A couple of people have said to me ‘I didn’t realise you were blind’ or whatever.

Martin: and they were amazed that Nancy does as much as she does you know, swimming around the pool and stuff like that. That was last year wasn’t it with Pete and his missus were like – couldn’t believe your wife just dives in the pool. You’ve got to make sure it’s all clear before she drops in but you know. Nancy’s not blind she just can’t see, and people can’t understand… there’s this huge stigma of someone being blind, and she just can’t see – you know so what? You can do everything else.

Nancy: People say you’re not like a blind person are you? So what are they thinking of? What are blind people? Are we like a group of people and we’ve got to be a certain way. But yeah it’s strange.

We’ve had some classic comments over time. Classic comments.

Humorously they recounted the story of the taxi driver who assumed Nancy had a “blind” boyfriend and that even though it had been explained to the taxi driver that she was totally blind, he persisted in believing that she could see him. Although this and the other stories were recalled in jest, there is an underlying concern that one has to constantly explain a situation, which at times can become frustrating.
7.6.4. Re(Connecting) the “Vision Impaired Body” with Tourism Spaces

Nancy loves reading and music. In every room there is a player for talking books so that there is “some kind of noise in each room of the house.” Last November they had a loft conversion and this is where Nancy now spends most of her time:

I read and read and read, read loads of talking books – don’t do Braille but read loads of talking books – and we were talking about it today and I was saying that I’m totally blind, I’m in the dark all the time, I can’t stand being in a room and there’s no noise. I’ve always got to have my book on, I’ve always got to… I don’t even have the TV on much anymore. We’ve got a loft conversion which is ours, and that was done last November. We spend so much time up there – we’ve got a TV and DVD player and stuff, but I’m always up there because it’s so light and airy up there. And even though I can’t see the light I’m aware. You know when it’s sunny all the sun shines through and you can feel the warmth of the sun… Like the breeze blowing through if I’ve got the windows open front and back.

Nancy, although feeling that sometimes she has to go along for everybody else’s sake, does enjoy full experiences, “you just want the fullest experience you can get with the limitations that you’ve got, why shouldn’t you be able to?” She continues:

Yeah, I mean like I say, going on the outback safari, being able to hold a crocodile, it was only a baby crocodile… And I had coconut, Yes, fresh sliced coconut. Just all the smells and things. We went through plantations and things, and just smelling things. You go to holidays abroad, or even in this country, a lot of it’s all visual, so you do [get bored]… you know you don’t want to spoil things for everybody else, but you traipse around and you’re bored out of your head. But, you’ve got to do it for everybody else sort of thing. So it would be nice for other things to be brought into … [holiday experiences] – rather than just the visual side of it.
Her experiences are thus reliant on the non-visual, coupled with the ability of tourism providers and the environment itself to provide access to those very non-visual experiences. Interactions with animals on safari and animal specific attractions lend themselves to a more hands-on approach if safe and sensible. For example, Nancy and Martin describe her dolphin experience which was very moving:

> It [the dolphin] was like satin, it was, I felt quite moved. And Martin said he’s never seen such a huge grin on my face when this dolphin put his flippers round me, it was just, it was lovely. It wasn’t long enough, we were all lined up and when I go next time I’m going to make sure that I actually have a swim with the dolphins.

Unfortunately what detracted from the experience at Ocean World was that “they didn’t have a clue how to guide Nancy or even what to do.”

The situation was very awkward as even though Martin had explained his wife was blind, no assistance was provided, leaving them with difficulty guiding Nancy into the water:

> There was one instructor for 40 people and he was obviously looking after everyone… so there was nothing there for Nancy to get any help. They didn’t tell the instructor she was blind… I wouldn’t expect any more but maybe he could have let the dolphins spend a little bit more time with her, obviously not getting the visual benefit of seeing it swim around and doing all these jokes.

Another perspective on this non-visual aspect of experiences emerges when Nancy spoke of her son’s experience at an aquarium abroad where he swam with manta rays and nurse sharks. Understandably, Nancy wanted to be included in some way with his enjoyment as she couldn’t see him:
And so I asked if I could just touch a shark and they said ‘No, you can’t’. Yet Charlie had fed it and swam with it, because I hadn’t paid… they wouldn’t let me touch it.

Nancy explains how her experiences can easily be enhanced by touch as well as descriptions and historical information:

On a trip to Menorca and we did a little bit of sight-seeing and stuff. But … [the tour guide] went into the history of things. It was more the education factor I think than necessarily seeing it. She went into all the details why it was painted white, and why it was on this hill and all the history, and all the fights that had taken place through history….

And then we also had Richard Branson’s mother’s house... so it’s a little bit of, you know it’s not just all historical and culture, not everybody wants that, but a little bit of everything, you know? So you’ve got to cover everybody’s tastes in these things. Because not everybody wants to know about cultural things, and twenty years ago I wouldn’t have been interested in historical things when I’m in my early twenties, but you know, as you get older… I found it quite interesting what this lady was telling us.

Martin is acutely aware of Nancy’s limited enjoyment of the visual aspects of sight-seeing and he is conscious to enhance her experience:

With me guiding her, I’m obviously very aware that Nancy’s sitting there with nothing to see, so when I go ‘wow look at that,’ the next thing is I go ‘Nancy that’s fifty feet high, and that’s unbelievable and I’ve never seen anything like that before and it’s you know the bestest [sic] colour ever’ and I immediately try and explain it to Nancy so she doesn’t just sort of sit there and bump along in the back of a truck and stuff, isn’t it?

Nancy has high aspirations for her tourism experiences and makes clear that her blindness does not hold her back and “life’s for living.” Martin emphasises that Nancy “loves all the sort of mad adventure things that you’d think a blind person wouldn’t be into, she’s a speed freak, anything
exhilarating." As she has no visual clues Nancy explains that she has no fear and surmises that this has made her more adventurous than she ever was. Nancy’s experience of paragliding echoes Maria’s skiing:

Martin: Because we came down from this bloody great parascending thing, three hundred feet in the air and we land and Nancy says ‘I was expecting my feet to touch the water’... so I was trying to keep my legs up and I was like, but we’re three hundred feet up, and she said ‘but I don’t know!’

Nancy: You don’t feel it. You do not feel [the sense of depth and distance], you have no perception of height, and I kept sort of going like this [holding her legs up] and - even though I knew I was up you know hundreds of feet...You don’t realise it because you don’t feel yourself float up, you’ve only got the visual, seeing yourself rising.

Martin: There’s no feeling of rising so Nancy was expecting her feet to touch the water.

Nancy: I probably do more because I can’t see than when I could see, because I just haven’t got that fear now because I can’t see hundreds of feet down, do you know what I mean? So I’m probably more adventurous now than I ever was.

The physical nature of hotel environments were significant ‘body moments’ for Nancy and, although she was guided everywhere, the nature of the space caused her physical and emotional reactions. For instance just walking down the stairs for breakfast can cause anxiety. Martin explains:

The worst nightmare is where banisters end and stuff like that. You get a flight of stairs, your banisters will go all the way down but then they’ll break for the platform and then go down again. Well what’s the point, why not just have a
Chapter 7: Exploring the Meaning of Tourism in People’s Lives: Family Conversations

continuous banister because then Nancy can just slide her hand down, know where the stair ends, walk along…

Nancy states that “your stomach turns over because you’re like oh my God, and you’re all like tense and that’s just going down for breakfast!” It is interesting that the mundane environment of the hotel can stimulate such fear and discomfort but the experience of paragliding is seen as an adventure.

At the table in the buffet situation, Nancy feels anxious even though Charlie might stay with her, she is aware of the enormous number of people there and the hustle and bustle:

You sit there and he’s [Martin] up at the thing and you’re sitting there thinking, what can I do? I can only just sit and wait. I don’t know how long he’s going to be, I don’t know where he is and you just feel I don’t know I suppose you do feel anxious until somebody comes back to you.

Nancy highlights that the outside environment poses a different set of challenges and reactions. She particularly dreads stairs, steps, cars and very narrow pavements:

I mean the roads into town, it was quite scary actually, it was only about a ten minute walk but they just drive all over the place and the pavements are very narrow. You know you hold onto someone’s arm, so you’re too wide and it’s quite scary… and they had these bollards, they were like great big round things on the edge of the pavement.

In complete contrast and somewhat surprisingly as there is nothing to hold onto or to orientate oneself, Nancy is much happier in the
expansiveness of the open sea as long as someone is keeping an eye on her. It does make sense when Nancy explains that it was an act of freedom, to be without someone’s arm:

I said I want to go in the sea so she [her friend Emma] said ‘stand up and walk forward, to the left a bit and just walk in the sea.’ I’ll sit in the sea, kneel in the sea and turn around and come back. So I had a sense of freedom doing that which is lovely. Because I can’t walk anywhere without holding onto someone’s arm. I’m so much more relaxed. If there’s a lot of people about you tend to feel a little bit anxious because you think they’re going to walk into you or knock you over…

7.6.5. Accessibility of Travel and Negotiating Tourism Spaces

Martin comments that even when they have specified their holiday needs it is not always the case that the message has been received at the tourist destination. He places the blame on the tour operator rather than the hotel itself. Failure to relay specific information to the hotel has happened a couple of times which is “probably our biggest problem”. Martin provides an example:

When we arrived [at the hotel] they gave us the keys and they said ‘oh the porter will take your bags up’, and they’d put us in the room literally the furthest away as you could get. And when we found out I went back to the reception and the reception bloke said ‘oh I’m really sorry we didn’t know anything about it I’ll move you straight away.’ And in all fairness they were brilliant, the hotel, couldn’t do enough for us. But it appears that First Choice had completely forgotten to tell them of our request to be close so Nancy didn’t have to walk too far.
Booking a hotel, based on limited information can be the difference between a fantastic holiday and a mediocre one for any family. However, for the Chapman's the effect is multiplied in terms of the practicalities of guiding Nancy around and the physical weakness in her legs. In the following example the hotel had failed to inform them that it was located on the side of a hill:

When I've said we need a room close by, I say it for a reason, not because I'm a lazy git and I want a room close by – that makes a difference to the holiday for us. When they moved us [Dominican republic holiday] into that room it was literally the closest room to the swimming pool, and the hotel main block, and it means that I don't have to lug five suitcases three hundred miles, it means that, it's so much easier to get Nancy from the poolside when she wants a wee, she's got to go with a girl to the girls' toilets, but just take her back to the hotel room, deposit her in the toilet myself and then there's no pressure on anybody else then you see? Emma can take her, the children can take her but they wouldn't be able to into the normal toilets and stuff like that. It's the little things like that – where was the cardiac hill… Kefalonia.

We'd specifically said [what our needs were] and in all fairness they didn't say did they when we were booking, that it's on the side of a mountain. And first of all they put us the fourth layer back up the mountain, and then they moved us to the second layer back, but they couldn't get us anywhere closer. I think that was the difference between us having a fantastic holiday – and every day having to come down this very steep hill, no two ways about it, it was like forty-five degrees, cars were struggling to drive up it. And we had to go up probably 350 metres along and then a hundred metres up, and by the time we'd got from there down in the mornings, and to get changed into your bikini and stuff for Nancy to go back to the pool, or just to go back to the room to collect something or to nip back to the loo, it was a nightmare. You know, and that's the difference. To be honest when booking, I don't know obviously how the hotels would arrange the bookings; first
come first served they stick with the nearest one? First one that books the nearest and then the last one that books further away? Why can’t they shuffle everyone along, or pick number five and put him further away you know? I mean if they’re going to complain, they’re going to complain, but there’s a reason that we would need it close.

In addition to physical accessibility, there can be problems with accessible information or inadequate staff training. The Chapmans found staff in the Dominican Republic very helpful and “they just couldn’t do enough for you.” However, Martin did feel that in more established destinations there were more facilities for disabled people and Nancy remembers that in Spain they had come across the use of Braille in lifts and on signage.

One tourism space that has been frequently mentioned by all the families in this phase of the research is the hotel restaurant and buffet. It is clear that this environment not only creates problems for vision impaired people, but for other family members. Martin has to keep an eye on everybody while fetching the food for him and Nancy:

There were seven [people] this year. I mean basically if there’s just the five of us, we’ll all go in to the restaurant, find a table. Normally I’ll plonk Nancy on the table, or get one of the children to sit at the table, and then I’ll walk Nancy round and tell her all what’s there, and then sit her back at the table and get her dinner, bring hers back, so she’ll start tucking in, and then I’ll go off and get mine. And the kids just go and do their own thing and get what they want.

What we do is we get the same table don’t we [to Nancy], so that Dermot knows where we are, in connection with all the others... because he does get lost.
The restaurant itself was huge this year and Dermot if he didn’t have the same table would often be found wailing down some aisle somewhere ‘Dad! Mum! Where are you?’ We sort of have to keep a close eye on him so he gets back. But if we go to a specific table and stay there then obviously he gets used to where it is. And the same as the tables in the evenings where we sit, you know there’s a huge bar and the entertainment, there are probably close to 200 tables. So when we go in I say look where our table is in relation to the bar, or the stage or something, so he can get a visual point of knowing oh I know roughly where they are, from that point. If we couldn’t get the same table we’d just get one around it or whatever, but I think after a week of being there the families get a regular table anyway so we just tended to go to the same table and no-one else sort of nicked it so we just claimed it as ours really for the second week.

Similarly, flying has a particular impact on Nancy but it also affects the rest of the family, particularly Martin:

It can be difficult because there are five of us and we normally need five suitcases. So it means when Nancy’s on my arm and I’m her guide... there’s a suitcase loose, that someone can’t drag along. So we have to get a trolley.

I mean when we first, when we first started going on holiday, the airport itself would stress me a lot, a lot, you know because I’ve got to keep my eye on all three kids, and if Sydney is with her friend they’ll see a shop and just want to wander off and go and see something. So I’ve got to literally keep my arm on, my eye on Nancy, where we’re going, and then watch everywhere with the kids, as to where they’re going. So yeah, it used to stress me a lot. But the more we’ve gone to airports the easier it’s become, and of course they’re more grown up, and I tell Charlie, ‘stay here and look after that bag, and you have that bag.’ Dermot carries a bag now, he tends to sit on the luggage trolley and I push him along as well. But now they’re grown up they’re much easier to take on holiday.
At this juncture, I asked if Martin had ever asked for help, and he replied no, thinking that it is only provided for wheelchair users; “we don’t really know what they provide to be truthful.” I found the following exchange interesting as it highlights Nancy and Martin’s differing views on assistance; they did agree however that assistance would be most helpful with regards to booking and going through security:

Nancy: Well I think it’s things like getting through security...

Martin: The easiest thing to be honest is when we go through the front door would be to take our suitcases off us, because the travelling with the trolley and watching everyone is a nightmare. That’s probably the easiest thing. Just literally get rid of the suitcases straight away. So I think that would be the easiest thing. I wouldn’t want any help with Nancy or anything.

Nancy: No but long queues, standing for hours – usually it’s when you’re on your way back you know? And you’re queuing in sometimes very hot airports. When we went to Kefalonia we queued for 3 hours and most of that was outside. You know that we could have done without couldn’t we? Do you remember?

Martin: Yeah, but I feel guilty taking help when we don’t need it like that.

Nancy: Yeah but it’s not good to... when you can’t see, to stand...

Vicky: What does it feel like when you’re standing and you can’t see what’s going on?

Nancy: If I’m holding onto something it’s not so bad but I do get very tired anyway so just standing for two or three hours in the sweltering heat, it’s not good for anybody. But when, you know, you can’t see and you’re not as fit as everybody else, it’s not a particularly nice experience. So it would be easier to be put at the front of the queue there sort of thing. But it would just make life more easier all round for Martin. I mean I know he says he feels guilty but
sometimes when you’ve got a family and two members of the family are visually impaired – Dermot’s a diabetic as well – so you know...

Manoeuvring through security has its own difficulties particularly as Martin needs to guide Nancy through the X-Ray machine:

Security, I have to pull Nancy through the x-ray machine, and the looks that we’ve got from the customs people stood the other side is like one at a time, and I’m like my wife can’t see, so I sort of walk through – some of them will like say, ‘oh it’s okay I’ll take your wife’ and they’ll walk her through, or they’ll just let me at a fingertip distance I walk through and Nancy comes through after me, but they don’t care if the alarm goes off on Nancy, they just think, she’s blind just shoo her along quick you know? It’s like we can’t pat her down you know?

It transpires that the reluctance to ask for assistance is also related to striking a balance between “not advertising that Nancy’s blind” and a subtle approach from helpful airline staff, as Martin describes:

I suppose it’s a difficult thing to say really, because we don’t want a big advertisement up saying the next lady on is blind, but we’ve got on and they’ve gone ‘oh if we’d known you were blind you could have sat here’ you know? Or you could have had extra leg-room, or you ask for anything we’re here to help you know? That sort of thing. So it’s difficult to get the balance of it being announced, you know passenger 61Z is blind and they fall over themselves, or just subtly approach and say look we’ve put you in these seats and ...

Nancy and Martin also provide an insight into how they navigate small spaces, specifically the aeroplane gangway and guiding Nancy to the toilet facilities:
Oh trying to get Nancy down an aisle way that’s a foot and a bit wide on my arm without bumping into people and then of course I’ve got to stop her at the door because I can’t go into that little tiny cubicle with her. So before I put her into the toilet I say bog’s there, toilet rolls by there, the sinks by here, you know I have to sort of either touch her hand on it or the best thing is the clock – so the toilet’s twelve o’clock, sink’s at three and the toilet roll’s at nine. So she knows instantly where everything is. And then putting the bolt across, if Nancy can’t find the bolt I’m just stood in front of the doorway and people are wondering why I’m door-man-ing the toilet on a flight, things like that.

Nancy: And I can’t find the flush… hang on... and it’s really loud that flush.

Martin: Yeah, of course when I’ve got the door open, I lean in and press the button, and whhooosh... oh God here we go. It’s just that I think the minimum treatment would be to sit nearer the entrance way and the loo basically so I don’t have to drag her half-way down the aisle of the plane bumping everyone. In all fairness I can get her feet within a couple of millimetres now, after twenty years I know where her footfalls are going to be.
7.7. Chapter Summary

In this chapter we have heard the voices of four women and one teenage girl alongside those of their families. Their experiences as a family have provided an insight into the value of holidays, motivations and the positive experiences they create. Through these recollections and reflections of holiday experiences, the family analysis has also provided a window of opportunity to challenge the tourism industry’s understanding of the issues related to vision impairment. Society in general often exacerbates the situation, however this chapter has revealed that by learning from vision impaired people and tapping into their expertise and fears, misunderstandings can be alleviated, (Duckett & Pratt, 2001).

Each of these families derives similar benefits from holidays as sighted families however, certain constraints exert extra stress and pressure upon them. As Duckett and Pratt (2001) suggest, these can be regarded as human rights issues, focusing on access, attitudes and economic and informational concerns; specific experiences include meal times, use of transport, facilities at attractions and holiday information. However, for vision impaired people and their families, their specific needs highlight that their tourism experiences are more complex. What is most illuminating in these descriptions is the sensory aspect of the ‘vision impaired body’ and the potential opportunities for tourism environments to improve and enhance these experiences. The next chapter’s role synthesises the themes from the family experiences and the focus groups and discusses the implications and meanings for the co-researchers and the tourism industry.
8.1. Introduction
8.2. Holidays, Family Life, Pressures and Joys
8.3. The Impact of Disability on Family Holidays
  8.3.1. Holiday Planning
  8.3.2. Travel and Transport
  8.3.3. Sighted Family Responsibilities
  8.3.4. Family as Enablers
8.4. Performing Self or Selves and Others
8.5. Negotiating a Non-Disabled World
  8.5.1. The Challenges of the Physical Environment
  8.5.2. The Challenge of Accessible Information
  8.5.3. Staff and Management Practices
8.6. Embodied Encounters
  8.6.1. Internal Environments
  8.6.2. External Environments
8.7. Summary
Chapter 8: The Essence of Tourism Experiences

8.1. Introduction
The previous chapter presented five individual family stories (table 5.4.), revealing how their circumstances and familial relationships and the pathology of sight loss impacts on their everyday and holiday experiences. This chapter synthesises those experiences and identifies any similarities and differences in an attempt to discover the ‘essence’ of their tourism encounters (Small et al, 2007, Darcy, 2009). Urry (2002:124) comments that the ‘essence’ of tourism is multi-faceted and particularly bound up with many other social and cultural elements. This chapter illustrates that these elements have a greater significance for people with disabilities as they have the potential to disable or enable access and experiences. As with the focus group participants, my conversations with the Hughes, Williams, Hall, Chapman and Brown families highlight personal/intrinsic, societal/interactive and structural/environmental constraints and barriers in tourism.

In synthesising the family experiences this chapter evidences how these constraints are part of disembodied and embodied experiences. In particular, the analysis stresses the embodied nature of experiences and demonstrates the way in which vision impaired bodies can draw upon individual self-sensory capabilities, combined with the sensuousness of places and spaces. The chapter is structured under the main themes of: holidays, family life, pressures and joys (section 8.2); the impact of disability on family holidays (section 8.3); performing self, selves and others (section 8.4); negotiating a non-disabled world (section 8.5) and embodied encounters (section 8.6). It should be recognised that while
each of these themes is presented separately, there is significant overlap and interplay across the themes. This discussion is embedded within social approaches of disability and sociology of the body perspectives.

8.2. Holidays, family life, pressures and joys

Holidays play an integral role in family life for my co-researchers, just as they do for all families who can afford them (Crompton, 1979). Their motivations to travel are based on ‘getting away’ from routine home environments, to relax away from work commitments and to spend quality time as a family. Again, these are typical holiday motivations: as Jo, Huh, Kosciulek and Holeck (2004) suggest, travel is a means of maintaining a healthy work/life balance and is a way of escaping the hectic routines of working and family responsibilities. At the time of the interviews each family took regular holidays and had a long history of doing so. These trips include domestic and international travel for winter and/or summer breaks and for Mary and Maria also included business travel trips. Three of my co-researchers (Lisa, Mary and Lucy) have been vision impaired from birth and have all holidayed with this disability both as children and as adults. In contrast two (Nancy and Maria) acquired vision impairment as adults and have visual memories of previous holidays.

Our conversations revealed that each individual’s desires to travel reflect their travel history and their previous “management of the tourism experience” (Small, Darcy & Packer, 2007) thus emphasising the need to acknowledge and understand the life worlds of individuals who experience vision impairment. Just as sighted people, my co-researchers are not defined purely by the experience of their vision
impairment but by their life experiences, their opportunities and by their family life contexts. For instance, Mary had grown up with a father who travelled the world, thus as a young girl she travelled extensively with her family, leaving her with a burning desire to see as much of the world as she can: “I want to see every inch of the earth as I get older, time goes by too quickly.”

Likewise, as a young child Lisa travelled with her close and extended family, despite her own and other family members’ severe vision loss. Maria regularly took family holidays both before and after losing her sight and continues to do so. Similarly, Nancy had been as far afield as New Zealand before becoming totally blind and since marrying she now travels with her family. As a young person Lucy still travels with her parents, who take her holiday wishes into account; her holiday experiences were and remain key to her wider self-development and learning. As these experiences demonstrate, the family life cycle plays a part in the life world of individuals, resulting in changing relationships and responsibilities as children age, aspirations change, and desire for greater independence and autonomy grows. For example, Dawn’s older son Mark no longer wishes to holiday with the family, which impacts on the whole family holiday as he used to guide Lucy and act as an additional support for the family. This change may exacerbate what Hunter-Jones (2004) has identified elsewhere as disabled adolescents’ inability to cope and lack of confidence and self belief in unfamiliar tourism situations.

An overarching theme which emerged from the conversations was the need to cater for the whole family and as with any family, to maintain a balance between adults’ and children’s interests. Each family looked for
a destination with a warmer climate for at least one holiday but that
destination needed to reflect the needs of the whole family, for example,
with activities for the children and with accessible hotels. Such needs
also included: general mobility; accessible information when travelling;
and suitable and accessible accommodation and attractions. For
example, Lisa was concerned that her son should have positive
experiences, despite the fact that occasionally he needs to use a
wheelchair.

Three of the families included working mothers (Lisa, Mary and Nancy)
and here their disability added to these women’s existing emotional and
physical responsibilities. It is well established that for working mothers,
holidays are not without work and stress, although they do represent
periods of less pressure and a period where mothers can get away from
the routines of family life (Davidson, 1996). Similarly Small (2005)
exposed the “motherhood myth”, revealing that some mothers value
holidays as free time away from their unpaid domestic roles and the
responsibilities of home and family. However, it is apparent that for
people with vision impairment, whilst holidays are a time of escape from
home and routine, they are also times of stress, often as a result of the
inhospitable tourism and hospitality environments in which they find
themselves.

In our conversations all three working mothers discussed their concerns
for their family and how they often put their families’ needs before their
own. These concerns were most acute for Lisa and Mary. Lisa wished to
have time to herself but rarely allowed herself time on her own as she
feels guilty at the thought of leaving them, saying “I shouldn’t go off and
leave the kids.” Mary emphasised several times that her son’s holiday
experiences are her priority and to enjoy this time with him before he no-

297
longer wishes to go on holiday with her as he gets older and will want to holiday with his friends. Maria does aspire to have some time alone as she regards her holiday as an opportunity to get away from everything and just relax as she is busy the rest of the time: “I work very hard, I get tired, so on my holidays I am not going to work very hard. I’m not going to do it. I don’t want to do it.” Nancy’s perspective like any half of a couple wanted to spend time alone with her husband without the children.

8.3. The impact of disability on family holidays
The day-to-day difficulties that vision impaired people experience, coping with barriers such as access to information, mobility in unfamiliar areas and communication with other people remain whilst on holiday. Blichfeldt & Nicolaisen (2011:79) argue “…as with all tourists, disabled tourists’ enactment [how they deal with barriers] of barriers as well as benefits pertaining to holidays depends on the individual’s former experiences, travel career and engagement in other leisure activities.” Such barriers have been identified elsewhere as intrinsic, environmental and interactive (Smith, 1987) as well as intrapersonal and interpersonal (Daniels et al, 2005). For my co-researchers, as vision impaired travellers, their experiences are similar but with the added constraint of too little societal understanding of their specific needs. The following sections address these additional impacts as experienced by families with a vision impaired person. They are: holiday planning (section 8.3.1); travel and transport (section 8.3.2); sighted family responsibilities (section 8.3.3); and the family as enablers (section 8.3.4).
8.3.1. Holiday Planning

Tourism is frequently characterised as a period of fun, of free time and of escape, yet it is also an activity, which requires a lot of work and preparation, even more so for vision impaired people. Planning a holiday is influenced by individual and family motivations and interests. These can include decisions about the type of holiday, which destination, the type of accommodation, activities on offer, dining options, etc. In addition to these factors, my co-researchers also need to consider whether these facilities are accessible for people with vision impairment, including wheelchair access in Lisa’s son’s case. Lisa, Geraint and Mary particularly sought out services for people with disabilities including independent access, audio tours, accessible accommodation, menus in alternative formats and assistance for air and train travel.

Accommodation was a key area of concern for Dawn (Lucy’s mother) as regardless of blindness, she did not think it was appropriate for her 14 year daughter to have her own room, unless it was adjacent to hers. As it is important for Dawn that they are accommodated together or nearby, she insists that they must have a triple room or adjacent rooms. The fact that such rooms are not guaranteed or available limits this family’s choices. Indeed, all the families required family rooms and also rooms which are close to the hotel facilities.

Hence a major element of holiday planning is gathering information about destinations, attractions and travel options and my co-researchers identified tourism information as crucial to their holiday preparations and experiences. Perhaps this appears obvious however the planning process is multi-faceted, particularly for vision impaired people. Not only is the content and quality of information important, but so is its format, as much information is visual and ‘eye catching’ and thus often
inappropriate for vision impaired people. There are three elements to consider when designing accessible information, namely: (i) the format of the information; (ii) content and usability; (iii) information dissemination.

Typically information is provided in brochures, magazines, websites and television advertisements and at travel information centres and travel agents. However such information is often too small, poorly designed for low vision and completely inaccessible for a totally blind person. In addition, the content of information provided by tourism providers is often inadequate for people with disabilities (Hunter-Jones, 2004).

Geraint although sighted, noted when reading hotel information on the web that it failed to provide enough detailed information about overall accessibility for all: “I’ve been on the internet today to see what is available and what sort of facilities they have”. He emphasised that the hotel “… may say that it’s close to the coastal path but it doesn’t tell you how accessible the coastal path is.” He added that “if it’s not wheelchair or pram accessible then it’s no good to us” echoing the relevance of the whole-of-life approach, which is attempting to shift the emphasis from barriers and exclusion to participation and integration (Darcy & Dickson, 2009). Geraint and his partner Lisa also found that travel agents have “no information about whether it’s v.i. (sic) or disability friendly” and therefore their pre-trip research has to be more detailed by browsing the WWW. The WWW emerges as a major source of information for several of my co-researchers and indeed some work has evaluated the accessibility of the WWW for people with disabilities (e.g. Sui 2006, Williams & Rattray 2005, Williams, Rattray & Grimes, 2006). Mary relies on her information technology skills to access websites, however she is critical of the usability of many sites and has lost confidence in their
reliability and usefulness when comparing prices: “Some of them are really bad actually…I just thought I’m not going to even look.”

Whilst a few tourism websites include ‘access’ or ‘disabled facilities’ tabs on their home pages, the majority completely ignore the issue. Moreover, even those which did detail facilities emphasised aspects of physical/mobility disability to comply with the Disability Discrimination Act (2005) and more recently the Equality Act (2010) which encourages providers to produce access statements (Appendix G). Geraint questioned how realistic it was to expect total accessibility and was resigned to “sort of having to make do” and to cope with poor provision. He suggested that, just like non-disabled people, disabled people should have the sense of experiencing things on holiday that they are not used to as “you can’t plan for everything, life isn’t like that, in a sense it’s trying to minimise the negative experiences.”

8.3.2. Travel and Transport
Many vision impaired people can be threatened by isolation and reduced mobility and a lack of accessible transport, accessible travel information and travelling companions. At the same time transport to, from and within destinations is a key aspect of travel and tourism. It is essential that people with vision impairment are able to acquire information about the available travel options and whether assistance is available at airports and train stations, including a companion/volunteer if they are travelling alone. Interestingly, only Lisa and Mary knew about the existence of such ‘special needs assistance’ or their rights under EU legislation in airports. The Williams, Brown and Chapman families had very little knowledge of such provision. Martin said “as far as I am aware it was only for people that were wheelchair bound” and Nancy commented “We don’t really know what they provide to be truthful.” This
lack of awareness is a significant area of concern especially as families with vision impaired members often shy away from making “a public fuss” (Martin) and avoid asking for appropriate assistance.

Travel environments can be fraught with tension and uncertainty; they can be noisy and crowded places, creating a sense of urgency and safety concerns for family members. These environments highlight the embodied nature of the tourism experience and of how my co-researchers became “bodies in social space” (Turner 1996: xiii). These spaces and our interactions within them are socially structured (Osbourne, 2002) and as such, these spaces can facilitate or hamper our actions and interactions. The co-researchers’ stories demonstrate just how negative past experiences can restrict future choices; for example they recounted several negative experiences with booking-in, checking in baggage and negotiating security. Mary, despite being a confident traveller is less assured in airports – and said “I can’t see the signs and I don’t know where I’m going but I’m fine on the aircraft.” Other negative experiences have resulted from humiliation at being placed in a wheelchair as part of the assistance for disabled people at airports or being left in the dark in airport holding spaces. This situation however is completely inappropriate and undignified for vision impaired people and can, albeit temporarily, detrimentally affect the individual’s remaining sight. This means that a vision impaired person who has some low vision and benefits from good lighting (for example, as a result of macular degeneration or retinitis pigmentosa) may find that their sight is further reduced in darker areas, causing more anxiety and confusion. This practice clearly demonstrates how vision impaired bodies can be stripped of their humanity, denying them characteristics which we all value – our dignity, independence and self-worth.
Aircraft passengers with physical access needs are almost always pre-boarded with the idea that they have extra time to seat themselves and are under less pressure when queuing (Poria et al., 2010). Furthermore, according to Poria et al. (2011) and ‘blind’ people’s tourism experiences, vision impaired people also prefer to be pre-boarded to avoid being jostled and put under pressure. However this was not the experience of my co-researchers when travelling. Yet this is a relatively straightforward obstacle which could be easily addressed by the airline industry (McGuire, 1984, Darcy, 2003). In addition, onboard the confined spaces of the aircraft, my co-researchers face other challenges. For example, when Martin is guiding Nancy, they prefer to be seated nearer the toilet and exit. Indeed, using the aircraft washrooms was an issue raised by several co-researchers which reveals the humiliating nature of some tourism spaces for them. These are small spaces, which preclude someone accompanying a person with a disability and this can cause stress and sometimes embarrassment. Nancy, for instance has to ask Martin to familiarise her with the space and describe its layout in order to be able to move efficiently around this environment (Jacobsen, 1993).

8.3.3. Sighted Family Responsibilities

The “attitudes and behaviours of significant others play an important role in determining the feelings a person develops about himself” (Welsh & Blasch, 1980:250). Family members who often fulfil the role of sighted guides are separate yet at one and the same time ‘one-body’ (Stone, 1995) traversing the tourism space. It is evident that my co-researchers recognised the extra strain placed upon their partners and other family members because of their vision impairment “they feel a little bit protective because they don’t want anybody bumping into you” (Nancy). Martin explained that having a large family can be difficult in itself when
travelling but when someone has a disability the tension is multiplied – “with suitcases and guiding Nancy, I’ve got to keep an eye on all the kids.” As Nancy is “permanently on someone’s arm” this creates additional problems; she explained:

I mean it’s harder when it’s a family because I’m holding onto Martin’s arm, and then Martin is like, ‘where’s Dermot, Sydney get Dermot’ and he’s stressed out about my safety and the kids’ safety on the holiday he got very uptight. He wouldn’t let other people hold my arm; he got worried that they wouldn’t do the job as well as him.

Relationships between family members when one partner is vision impaired are also shaped by gendered roles and dynamics. Lisa commented how men see their roles as family ‘leaders’ and ‘protectors’; “They should be able to do things because they’re the ones looking after us not just because we’re visually impaired but because they’re our partner or spouse…” She felt that she takes an overly passive role as her sighted partner is willing to take on most of the responsibility. For example, Lisa talked of how, when she and her partner were given directions to the beach, she interpreted them correctly but her opinion was ignored. As she said: “you always give in but if he’d listened to me in the first place…” In the same vein, she said that her partner and her father would rather wait and work it out rather than ask for help, whereas she is more direct – “I’ll just grab anybody and ask them.”

Sighted family members are the main people responsible for guiding and describing the surroundings for their vision impaired family member; as Dawn said of her daughter Lucy “she’s on my arm all the time.” Moreover, now that her older son no longer comes on holiday with them,
there is increased pressure on her husband Jonathan to look after the bags on his own. In addition, the sighted guide also has to describe events and situations. However, this is not always easy - as Nancy recognised: “Martin tries to tell me what’s going on, but you know you get engrossed in watching something and I’ll be like what’s going on? I'll tell you in a minute and then it’s all gone.”

Finally, all the mothers in the families were acutely conscious that their vision impairment created additional responsibilities for their children, as the latter sometimes assumed ‘carer’ roles. For example, Mary while keen to broaden her sons’ travel aspirations was at times conscious that her sight loss created extra responsibilities - increasing her feelings of guilt and her perceived inability to be ‘a good parent’. She said: “You want to be the best mother you can be and part of that is going on holiday” but at times she felt like a “substandard mum” because of her reliance on her children for tasks such as guiding or reading to her.

8.3.4. Family as Enablers

Although it is society that disables people with disabilities (Barnes, 2004), coping with vision loss also requires the newly vision impaired person to rely on others while their skills and confidence develop. Despite the fact that family members may have additional responsibilities as discussed above, they are also enablers of tourism experiences. For example, Maria’s family adapted to her sight loss on skiing holidays by giving her instructions and she in turn adapted her technique. “He [Oliver, her son] doesn't really leave; he keeps me in his line of vision…he'll stop and wait for me to catch up.” In the Chapman family, Martin automatically orientates Nancy around their accommodation as she explains:
And then when you get to your room, you’ve got Martin, first thing he does he says come through the door, on your left are the beds, on the right is the toilet, there’s the door and this is the wardrobe…we do that a couple of times as soon as we get in. But that’ll take me two days…if you get up in the middle of the night you get a bit disorientated, you’re trying to go to the toilet in the wardrobe…so you’ve got added stress when you go on holiday…

Martin also enables his youngest son Dermot to feel confident in an unfamiliar environment by providing landmarks (Jacobsen, 1993) particularly in hotels at the buffet station. Nancy explained that:

…because he’s partially sighted what he tends to do, he tends to be a bit clingy the first day and then when he knows where everything is then he’s fine. We give him landmarks otherwise…he’ll look at people and think they’re us because it’s a blonde woman and a dark haired man.

The hotel buffet areas mentioned by Dawn, Nancy and Lisa demonstrate how each family has their own personal coping strategy. Several families described how they would usually sit at the same table for each meal. In Nancy and Martin’s case, Martin would fetch Nancy’s food for her; “I think after a week there [in the hotel] the families get a regular table anyway so we just go to the same table and no-one sort of nicked it.” To relieve the pressure, the Williams family avoided buffets and preferred to eat in the less chaotic but more expensive hotel restaurant.

Other coping strategies employed by the families were to bring along a friend on the family holiday to relieve some of the responsibility; as Nancy explained:
I do feel guilty because it doesn’t seem fair to me that Martin’s got to do all the running around. I mean this year a friend came like I said so it made life so much easier for Martin.

Similarly, Maria took her friend along with her on a business trip even though work colleagues had offered to accompany her: “people in work offered to come with me but I didn’t trust them enough and Lorraine, I would trust with my life.”

8.4. Performing self or selves and others

Negotiating the rigours of family life is challenging in every sense but for those with a disability those rigours are multiplied. The previous sections have alluded to “the sheer work that goes into being a tourist much of the time” (Edensor, 2000: 334). My co-researchers have recognised that in tourism encounters, the emotional, psychological and functional consequences of vision impairment have a great impact upon the individual including relationships with partners and children and consequently their level of inclusion in the tourism journey. The onset of vision impairment, particularly later in life when one’s norms have been established, is often devastating, affecting the construction of one’s life world. For a number of my co-researchers the tourist experience emphasised their loss of sight and the transformation of their previously established life roles. The loss of their sighted selves acutely sharpened the experience of their vision impaired selves and this was particularly evident in their tourism encounters, which by definition were removed from their everyday life and routines where they had more control and familiarity. Thus, Nancy felt that her husband had become a full-time carer and she was one of the children – “a carer rather than a husband, a child rather than a wife.”
Some may argue that people with later vision impairment have become accustomed to their ‘view’ of the world - although this does not mitigate moments of frustration. In contrast, Maria, assertive and determined exclaimed; “what you see is what you get…I can’t change who I am.” Indeed she stated that it was other people’s lack of understanding that was at fault rather than her own. And yet it took her nine years to come to terms with her sight loss, moving on with her life but in a slightly different way. “…I was making the best of my lot and what had happened, and what was happening… that transitional period… had been quite difficult.” Their experiences tell us that limited vision in whatever guise raises challenges and frustrations every day.

These challenges are exacerbated by the attitudes of others and can affect an individual’s perception of themselves whether the individual is congenitally blind or adventitiously sight impaired. My co-researchers in the families echoed the focus groups’ concerns about ‘policing’ their behaviour in response to social attitudes that emanate from the sighted environment (Deshen, 1992). Whilst the basic personality of the vision impaired individual is a key aspect of coping with vision impairment, society’s perceptions of vision impaired people considerably affect an individual’s self-concept and self-esteem.

Every day we deal with shorthand symbols, images and stereotypes and when people step outside of these, it can be problematic and challenging. Vision impaired people for example are ‘expected’ to use a white cane or to wear dark glasses hence, Maria and Nancy, who do not conform to this stereotype, attract comments such as “you don’t look like a blind person.” Maria stated, “I don’t look any different now from when I could see…there’s no visual difference in the eyes… you might be expecting someone who looks like Stevie Wonder.” Nancy said “It’s not
obvious by my eyes because I look at them when I talk to them.” Lisa pointed out that “people make assumptions about my eyes”, not in terms of having a sight problem but “I went through a phase of people thinking I was on drugs or I was drunk.” Consequently, when a person fails to act like the stereotype, difficulties are created, in that suspicion is formed and accusations of being a fraud are levelled.

These interactions with others are a key element in determining their own perception of self, as reactions from others create internalised feelings about their vision impairment. Consequently, they are often faced with making decisions about whether to be overt or covert about their vision impairment, depending on the nature of their environment. Lisa described her dilemma at a hotel buffet:

You’re serving yourself to all this food and doing things that require vision and I think, I almost…when I carry a stick I go into a like what I call a ‘blindy’ mode. It’s almost as if you turn your vision off” and therefore “I feel more blind than what I really am (sic).

Mary spoke about her dilemma when “doing things that require vision” such as finding food on supermarket shelves. As it is not obvious that Mary has vision impairment, shop assistants in this example easily assume she is fully sighted and merely point in the direction of the item required. Mary needs more detailed instructions on how to find the item she is looking for and feedback such as “up there dear can you see the notice?” is not very helpful.

Conversely, Lisa pointed out that sometimes other people can be too helpful, quoting the example of the experiences of her friend who is vision impaired:
She finds that people are really really good but then it goes to the other extreme, overly helpful...you usually get the balance because you can’t be rude to people and sort of say...you’re being too helpful.

My co-researchers expressed concerns about how other people perceived them and their abilities, illuminating the experiences of those who “occupy a relatively marginal and marginalised embodied subject position (MacPherson, 2009:1044). For Geraint he is fully aware of Lisa’s abilities but when she needs to be guided he fears that this gives the impression that she is not capable. Such concerns are described by Welsch and Blasch (1980:252):

Frequently visually impaired persons have to choose between antagonistic roles of either being a dependent person who relies on help or an independent person who functions without help. Sometimes it is difficult to get just a little help without being compelled to take more than is actually needed.

Another factor which determines how vision impaired people are regarded relates to the challenges they face in attracting attention, in knowing who is speaking and to whom and in joining in and maintaining conversations - the perennial problem of eye contact. For instance, some co-researchers felt that limited vision can make it appear that you are ignoring people or that you appear stupid and ignorant. These feelings were clearly expressed by Maria who explained that visual impairment can almost be like having an “idiot badge” on. Lisa echoed this when she spoke about helping herself to food at the hotel buffet, “do they realise I’m asking this question because I can’t see what’s on the counter...do they think I am dull or something?” As Nancy turns her head instinctively to look at people when they are talking she feels “they
sort of say ‘well you can see something, you can see me’, and you’re like well no. ‘Well you’re looking at me’ – yeah, but that doesn’t mean I can see you.” This lack of eye contact and the subsequent lack of conversational clues can lead to enforced passivity and isolation, to exclusion from the basic human need to communicate (Daniels, 2001). This can be not being able to participate in conversations about an object in a museum, when watching a theatre production or as Lisa explained, when reminiscing about holiday photos:

If you’re trying to look at something altogether I can’t see, unless I’ve got it in my hand, the same for Carys…I don’t feel part of it - I don’t really know what they’re talking about...when it’s something visual, I feel a bit sort of deflated or frustrated.

The dilemma for my co-researchers when holidaying and travelling is how they manage, present and ‘perform’ themselves. In the same way as being a tourist requires people to embrace a series of cues, props and behaviours, so too does being a vision impaired tourist – as people expect to see the white cane, dark glasses and guide dog (Sennett, 1994). Lisa explained that she had to be identifiable as a vision impaired person to demonstrate to others why she was able to claim a concession and ‘jump’ the queue. Likewise in an airport, she has to carry her cane so she is easily identifiable to the assistance staff as a vision impaired person. The consensus among my co-researchers is that their behaviour is highly influenced by how they are perceived by a sighted world. Their experiences exemplify that disclosing vision impairment has consequences that will exclude or include them (Packer, Small & Darcy 2008) and their stories confirm that social attitudes can dictate a transformation of self in order to conform to expected behaviour and appearances.
At times my co-researchers have decided to self-identify as vision impaired as a means of gaining help while at other times they have not wanted vision impairment to be their defining characteristic. Certain environmental conditions require an individual to wear dark glasses and use a cane however, simultaneously their desire is to look and act in a ‘normal way’, to conform to society’s view of what constitutes ‘normal’. For example, Lucy’s mother Dawn expressed her desire for Lucy to be ‘normal’ and not to attract attention despite the fact that she feels Lucy does stand out as a vision impaired person and attracts attention in tourism spaces. For this reason Mary did not want to go on an institutionalised holiday for vision impaired people: “I don’t want to be with lots of people doing blind things because of the stereotypical institutional thing.”

Stylised movements and stances, together with body posture and physical movement (Edensor, 1998, 2000) are also strongly in evidence in how my co-researchers navigate tourism spaces. Nancy doesn’t want to get out of the habit of looking directly at people “because then I think you make it more obvious that you are ‘blind’ sort of thing. If you want to be accepted for the same as everybody else then you’ve got to act like everybody else.” It is interesting to note that in Nancy’s case her behaviour, self-concept and others’ perceptions change when she uses her guide dog; “When you’ve got a dog it’s oh aren’t guide dogs wonderful, and you’re just with it… it’s easier to go up to someone with a dog than someone with a cane.”

The vision impaired body can thus be excluded from and at the same time disturb tourist patterns and choreographies. Edensor (2000) has identified elements of this choreography, such as the guided tour
characterised by the brisk march, the information dissemination, the photographic act and the buying of souvenirs. As my co-researchers reveal the vision impaired body cannot move serenely and without disruption through these tourism landscapes as it is much slower due to the need to negotiate unfamiliar and obscured terrain. Absorbing information is harder when you cannot see the artefact, landscape or event which is being described or witnessed. Yet at the same time we are poignantly reminded by Jackie “I don’t want to be bumbled about, I’m a person first.”

The advent of new digital technologies, however offers some vision impaired people much greater opportunities to participate in the tourism experience by, for example, taking photographs. Yet this can bring problems as it disrupts the sighted world’s view of vision impaired bodies and permitted behaviours. Thus Maria had produced proof of her vision impairment to gain a concession at an attraction but then felt that other people were confused and judgemental when she began taking photographs of the sites. She mimicked “oh look there’s that blind woman what’s she doing taking photos? It’s a digital camera; you delete it if you don’t want it.” Maria’s point is that when she is back at home and uploads the pictures onto her computer, she can look at and appreciate the pictures by using her magnification software. Once she has done this, Maria can choose which ones to delete or keep.

8.5. Negotiating a Non-Disabled World
Thus far, my co-researchers’ stories about their tourism experiences have highlighted the internal struggles of living with a vision impairment from a psychological perspective, while also demonstrating how they as individuals and their families recognise themselves as citizens in their
own right and have developed certain coping strategies and enabling practices to be part of the world. However in doing so, my co-researchers and their families have to negotiate the environmental and structural constraints of the social world when accessing travel and tourism services. Their experiences suggest that the needs of vision impaired people are marginalised and that most environments are designed to ‘cue’ sighted people and the physically mobile (McGuire 1984, Siekierska, Labelle, Brunet, McCurdy, Pulsifer, Rieger & O’Neil 2003, Darcy 2003). This section examines the impact of social structures on the travel and tourism process (Packer, McKercher & Yau, 2007) and the challenges of negotiating physical access to buildings, accommodation, attractions and modes of transport (also see Poira, Reichel & Brandt, 2010). The family conversations discussed in this section reveal the crucial role of attitudes, understanding and awareness in promoting inclusion.

8.5.1. The challenges of the physical environment
The focus groups emphasised the importance of physical access, such as the edging of steps, appropriate lighting and uncluttered environments. In the conversations with families, my co-researchers reinforced these issues and provided insightful examples based on their travel experiences. For instance, Nancy described how steps and stairs can cause a problem, particularly in an unfamiliar place: “I just hold onto Martin because in a lot of these places it wasn’t disabled friendly at all just steps everywhere… I mean 12-14 steps into the restaurant, then big steps into the toilet.” Even where steps have a handrail, the design can have hidden consequences as Nancy explained:
You get that you dread the stairs…but you might have four steps and then the banister starts, so when you come down the stairs you’ve got your hand on the banister and then you think the stairs have finished so you could quite easily fall.

This fear of steps is common to all my co-researchers - “there’s a fear of falling down” (Lisa) and as such any place where there are steps or stairs presents a challenge. Nancy recounted an accident on some hotel stairs when her son Dermot, who is partially sighted, slipped:

...I remember when we went to Menorca there was like a big thing where the lift was. And there was a step up with a big white vase on it – huge white urn – and he had to step up, well he didn’t know it was a step which resulted in him missing the step, hitting the kerb of the step and then [he] bonked himself on the vase.... That’s the one thing [steps] I do get stressed about going on the plane... I hate going down the steps of a plane, I hate going up the steps of a plane... the lack of facilities affect my independence.

Lighting and colour are also aids to better mobility in indoor environments. Maria found this particularly noticeable in Chile in contrast with her experiences in the UK:

The conference centre in Chile itself was a visually impaired person’s nightmare...everything was concrete, there was no colour contrast, there were no darker floors, lighter walls, you know the critical surfaces...

As a result, she had to heavily rely on her friend for additional description: such as “don’t forget there’s that ramp there... mind that, watch this.” She also recalled instances where lighting was dimmer than usual, in particular in hotels and restaurants. “At my mum’s birthday my brother had to go and ask them to raise the lighting in the hotel; he said ‘I’m awfully sorry but my sister just cannot see what’s going on.’” Her personal strategy for coping with
the environment is “I’ll look at where the light is best, and I’ll sit where the light is best. I generally like to either sit in a window or under some main lighting.” In a similar vein, Maria had been worried about meeting me in a pub, “I was thinking when I go into the dark, I wonder if I’ll see her, or shall I get there first so she can find me…”

Other difficulties occur in unfamiliar environments as a result of cultural distinctions or the nature of the space. Lucy’s mother, Dawn stated on several occasions that in Portugal they found the narrow pavements, high kerbs and the occasional bollards on the pavement difficult to negotiate, particularly as she was guiding Lucy. This required traversing a narrow space while ‘sighted guiding’. Similarly, in internal spaces such as onboard aircraft, narrow spaces can be difficult to negotiate, as Nancy explained “… you’ve got the narrow gangways and like if I want to go to the toilet I’ve got to get Martin to take me, they’re all things that stress you out and when you’ve got kids as well.”

There are a range of accessibility measures that can mitigate these problems, including: the edging of stairs, tactile paving indicating the presence of stairs, appropriate lighting, colour contrast and consistent handrails traversing the whole length of the stairs. Unfortunately very often adaptions are to assist wheelchair users and can create a few difficulties for vision impaired people as Maria described while entering a conference centre in Chile:

There were some amazing wheelchair ramps. Wheelchair ramps they’d sussed but they hadn’t made them visible for people with sight problems and the amount of times I tripped over a wheelchair ramp because I just couldn’t see it… there were no markings on it all, apart from this tiny
little rail barrier, which was all of four inches. Fantastic to catch your feet in.

8.5.2. The Challenge of Accessible Information

As discussed in chapter two, living with a sight loss makes it difficult to read printed information, which in turn can result in feeling isolated and excluded. Accessibility of information is particularly important in the holiday decision-making process: where information is placed, in what format and the usefulness of its content. My co-researchers provided examples of how some tourism providers had managed to provide accessible online information. Geraint said: “we spend a fair amount of time on the internet”, as he and Lisa did not find travel agents helpful in the information they had to offer:

…if you say to them you want to go to a place that’s got great nightlife or is quiet then they can probably help you… but as soon as you start saying ‘well I want to stay in a place that’s got ramps or hasn’t got any steps or is on a flat’… they have no idea.’

Mary was the only one of my vision impaired co-researchers to undertake internet searches. She has good IT skills but persistently spoke of her lack of confidence with the information and her lack of trust in the process. This was partly due to usability issues such as poor navigation around some sites or flashing screens, “I hate those ones [fluttering sites] and when I hover over it, it starts moving.” Another difficulty arises with online check-in as people with disabilities have to check in at the desks in order to receive staff assistance and yet the booking systems prompt for online check-in; as Mary said: “I don’t want to come out because I might lose the flight time.” As a result, where possible she prefers to speak to a person, although on this particular
occasion described here, she opted to make the transaction with the assistance of a sighted work colleague.

Accessible information is also necessary when visiting tourist attractions such as historic buildings and museums. In this instance, experienced travellers like Geraint, Lisa and Mary also have higher expectations of access facilities. For instance, Geraint and Lisa have no hesitation in asking for facilities even where they are not advertised as they know of their existence from previous visits to similar attractions. In a conversation with staff at an historic abbey Geraint explained that they suddenly realised an audio tour was available:

When we asked [about the availability of an audio tour] we got to talk to them, they said 'We’ve got an audio tour… but we’ve never used it’ and we’re thinking yeah, why that’s probably because nobody knows you’ve got it. In a lot of cases they have thought about it but then they fall down by not telling anybody.

Where providers have thought about access, they have not exercised creative or whole-of-life thinking. Lisa explained: “they’re not even aware of the services they have sometimes… nobody asks so they get forgotten about.” Geraint described his and Lisa’s experiences of using tactile maps:

We’ve been talking to the countryside people, they produced a map in Braille but it was all Braille… absolutely no use to me and there was no normal print… we couldn’t use it together… they go half way but just don’t think about it.

In contrast, Mary’s Britannia ship experience in Edinburgh demonstrated that the management had sought advice from vision impaired people themselves; with their advice they produced a detailed audio-description tour. In this case, the staff were fully aware of this service, “they had
actually asked a visually impaired person, or team about the whole thing… the staff completely knew about it which was absolutely lovely.”

8.5.3. Staff and management practices

The quality of tourism and hospitality staff awareness and assistance, as with that of the general public, can be variable - as other studies have concluded (Network 1000 Survey, 2009). If staff base their level of assistance on stereotypes they will not understand why someone who is asking for help does not ‘look’ vision impaired (Pavey, Dodgson, Douglas & Clements, 2009). The confusion lies in staff expecting people with vision impairment to present themselves in certain ways and a reluctance to offer assistance to people in case it causes offence. Moreover, inexperienced travellers with particular needs are more likely to accept what service is offered to them, even where it may not be suitable:

People with accessible accommodation needs have a highly individualised understanding of access and the more inexperienced a traveller they are the more likely they are to accept without questioning that the “disabled room” is truly an accessible accommodation for their needs (Darcy, 2007:5).

Staff members are key enablers in assisting vision impaired people to access facilities, whatever the degree of accessibility at those facilities. However, according to my co-researchers’, despite recent legislation, practice seems to favour the needs of suppliers rather than consumers. For example, Maria stated that airlines’ assistance policies are:

... not particularly pleasant and if you use ServisAir then they want to put you in a bloody wheelchair... In America, they just got a wheelchair for me and said ‘right sit in this’, and then wheeled me across miles of airport lounge to get me from one side to the other. And I was just sat there
thinking what am I doing? There are lots of things that could be changed.

Similarly, Geraint explained that “you’ve asked for assistance and they turn up with a wheelchair… it’s a bit like the hospital thing where you’re quite capable of walking but they insist the porter’s got to take you…once you get to the front door and get out of the wheelchair they don’t care…” It is no wonder that Maria, Mary and Lisa do not always trust the airport assistance, partly due to the apprehension of being ‘forced’ into a wheelchair and partly due to a fear of being forgotten and being unable to see or hear flight announcements: As Maria revealed “I can’t see the signs and I don’t know where I’m going… will they forget me?” It is clear from these comments that providers do not understand or cater to the needs of individuals whatever their additional needs. As Lisa summed up “there are things like audio description, disability things like ramps, staff training and stuff like that… they can tick the boxes and sort of say ‘oh yes we’ve done this’.”

My co-researchers also identified that even when they have informed hotels and airlines of their particular needs, this information has not reached the relevant people. Thus, despite the fact that they have told their travel agents of their requirements at the time of booking, Nancy and Martin were booked into unsuitable rooms far from the main hotel facilities. Martin had specifically indicated his wife’s difficulties to the travel agency but the information had not reached the hotel: “When I found out I went back to the reception and the reception bloke said ‘Oh I’m really sorry we didn’t know anything about it I’ll move you straight away… but it appears that First Choice had completely forgotten to tell them.” Such lapses in communication cause disappointment, stress and
anxiety and limit access, bodily freedom and movement necessitating guests to walk further and forcing them to be guided more often.

8.6. Embodied Encounters

As we saw in chapters two and four, a close relationship exists between bodies, selves and environments and the body is not merely a passive object but one through which experiences happen (Paterson & Hughes, 1999). The vision impaired body is one which is immediately haptic, focused on the textures, tastes, touches, smells and sounds of tourism. Edensor (2000: 340) observes how the heterogeneous tourism space offers the tourist a “sensory onslaught [which] can facilitate a bodily awareness of diverse sensual sensations.” Arguably those tourism spaces ‘normal bodies’ would characterise as homogeneous are heterogeneous for the vision impaired body. Bodily sensations take on greater significance – experiences of sun, wind and rain offer sensory encounters, the crunch of the path underfoot, the natural smell of the countryside and the rain and the heat all provide significant encounters and experiences. Such bodily sensations can also be threatening, anxiety provoking and intimidating as Bethan commented “I just force myself to do something but the fear is in my throat.”

These embodied experiences can be negative or positive depending on what kind of situation and tourism environment individuals find themselves in. For example Darcy (2007) argues that constraints are often socially constructed and provides the example of wheelchair users travelling by air. He argues that air travel creates disembodied experiences where the essence of the experience was not individual but socially constructed, (the use of unfamiliar wheelchairs, inappropriate handling into seats etc). The physical discomfort caused by airline
policies and the lack of staff understanding was an embodied experience, physically and emotionally. This section discusses my co-researchers’ embodied experiences under internal (servicescapes, section 8.6.1) and external (natural environments, section 8.6.2) environments. Of course, embodied encounters traverse these environments re-affirming that vision impaired people sense their surroundings “through a range of environmental features identified by using sound, touch and smell” (Gardnier & Perkins 2005: 84) as well as by using any residual vision.

8.6.1. Internal Environments

Internal environments include: airport terminals, hotel lobbies and restaurants and tourist attractions, each of which will be discussed in turn. Airport terminals are busy, noisy and often highly intense places, where it is necessary to queue at various points, check documentation and seek out information from screens, announcements and staff. Maria’s airport experiences for example, were moments of insecurity: “They did announce stuff at the airport…but you’ve always got that worry that just in case they forgot to announce …if you were reliant on it you’d be stuck because you’d have missed it.” Her experience is borne out in research by Poria et al. (2010: 222), which reports:

Blind participants ... feeling insecure about hearing or understanding messages relayed by the public announcement system due to the noise at the airport or due to unfamiliarity with the local accent/language.

Nancy and Maria refer to the busy hotel lobbies where they expect to be bumped and jostled. Nancy commented how she fears negotiating hotel stairs and having to deal with crowds of people:
Your stomach turns over because you’re like oh my God and you’re all like tense… and that’s just going down for breakfast … I feel quite intimidated because you’ve got people of all nationalities, you’ve got people with kids screaming at them…this one woman screamed at her husband while I was stood there right in my ear and I jumped out of my skin.

Maria pointed out that it is more likely that she will be “bumped and jostled” in crowded public spaces and she was more concerned about losing her companions because “I can’t identify them from the mass of people.” In this case initially she felt “oh my God, I’m on my own but then I think right stand still, relax use your breathing exercises.” Losing companions, the panic of getting lost and a sense of feeling sick from anxiousness are bodily reactions that can happen to any traveller, however for a person with limited vision the reaction is multiplied.

Other stressful environments include hotel buffets as ‘mass’ self-service eating environments. Eating out can be a particularly disembodied experience in a physical sense however it can be an emotional experience as individuals may be sat alone while other family members queue at the buffet or their mobility could be limited as a result of the layout of furniture and inadequate lighting. As Nancy said:

You’re sitting there thinking… I can only just sit here and wait; I don’t know how long he’s [Martin] going to be, I don’t know where he is and you just feel…I suppose you do feel anxious ‘til somebody comes back – you know.

Even in full service restaurants, where one would normally take longer over dinner in a more intimate environment, there are moments of stress. Nancy said of the waiters:
They'll just put it [a drink] in front of you, you haven't got a clue where the drink is so you're fumbling around…or I'll just wait for Martin to come back rather than sit at the table fumbling around for the glass that I can knock over.

Even when families are seated together, the noise and poor lighting levels negatively affect the experience and sometimes leave people isolated. Maria sometimes just withdraws from the conversation: “if it’s noisy I can’t hear or see …so I tend to just sit and let everything go on around me.” Lisa described the feeling as:

I just find that talking to people is really difficult…’cos you can’t really see very well anyway in the dark and secondly because you can’t hear them…you feel paranoid in yourself about it.

On holiday, eating out is often coupled with arranged entertainment; however this is not always an enjoyable experience. During such shows, Lisa sometimes finds herself “nudging a friend to check she’s still there” and as Nancy explained:

...quite often like when the show’s on, you’re sat there and might be a magic show, you just sit there thinking, well it’s a nice atmosphere and everyone’s enjoying it, but you feel very, very isolated and out of it, you know?

Attractions like theme parks, art galleries, museums or churches also present challenging environments. Both Lisa and Maria criticised museums where there was no physical interaction and the objects and exhibits were all housed in cabinets causing them to “switch off”. As Lisa said, “If it’s something I can interact with – touch stuff I get much more from it…so if it’s inside it depends on how I can experience it.”
8.6.2. External Environments

Embodied experiences in all settings are dominated by the senses, including sight for those with some remaining useful vision. Our senses are not independent or isolated from one another instead they work together to facilitate and promote our embodied encounters and experiences (Blackman, 2008) through what Kuusisto (2006) has described as synaesthesia. As a totally blind person Nancy wants to try a bit of everything in natural environments: “I just want the fullest experience you can get with the limitations that you’ve got.” Mark (her husband) is particularly mindful that she is unable to appreciate visual attractions and therefore they try to find hands on activities so that she is “not just jostling around in the truck.” Consequently Nancy can experience her environment by being with animals and holding, touching and smelling them. Nancy’s skin is thus a communication instrument which enables her to experience the world (Blackman, 2008): “they [dolphins] feel like satin” so that “her face beamed from ear to ear” (Martin). She was able to touch and hear the dolphin but Martin felt she had missed out on visually experiencing the joy of the dolphin. In contrast Nancy commented on how the element of touch did in fact include her in the experience for as Montagu (1971) notes, touch always involves being touched:

To be able to touch animals would be something else you know… because all I get is ‘oh you should see this’ and I think I feel I know what I’m missing out on, I know what a tiger looks like, so I’m lucky in that respect but you’ve also got this sense of loss that you can’t see it anymore. So it’s a double-edged sword really.

Nancy also enjoys being independent and likes “to just walk into the sea and do my own thing in the water; it’s lovely.” Exhilaration is also a key
motivator for her as she enjoyed taking part in experiences that would make her body feel physical sensations; that would also cause a “gasp of breath” from the instructors (Martin). This is partly due to the fact that Nancy has high aspirations for her experiences and wants the fullest experience - “life is for living... anything exhilarating” - echoing Peter White when he says: “I quite like being terrified in a way” (Calder, 2011).

In addition Nancy commented:

   Why shouldn’t you be able to experience all these things...I mean, going on the outback safari, being able to hold a baby crocodile ... and I had a coconut. Yes, fresh sliced coconut, just all the smells and things.

Similarly, Maria enjoys the thrill of skiing even with low vision: “sometimes it's a bit scary, exhilarating ... because I'm thinking, am I going too fast, can I control this? And sometimes I can and sometimes I can’t.”

External environments create embodied experiences of the outdoors and for people with vision impairment, the wildlife and flora and shifting light provide added dimensions to an experience. Mary, an avid walker, explains how she loves to feel the mud, rocky outcrops, soft peat, and even ‘sheep’s poo’ under her feet. Several vision impaired participants in a study by Burns et al (2009) expressed a preference for outdoor spaces and for deaf/blind people the elements and the flora and fauna were particular stimuli, as one of the support workers they interviewed comments:

   The weather, the fact that’s the outdoors, the element is one of the main things... the wind and you know very rarely will they put their hoods up, and I think it’s because that feel of all the elements on the face and the snow… (Burns et al, 2009:410).
Lisa speaks of ‘scene-taking’, by which she means making out colours, taking in what is happening around her and feeling the sensation of the wind:

Even if it’s in the middle of the mountains… it’s just the whole sensation of being out in the wind and all the colours you can see and just being aware of how you take it in… all that’s going on around you even though I couldn’t see it very well.

Such haptic, ‘immersed’ experiences are frequently discussed by my co-researchers and Mary describes how she hears ‘the sound of the weather’, feeling the rain on her skin, and how its smell generates a certain atmosphere. Similarly, she is very aware of the sensual signals ‘bouncing off’ her environment – such as the smell and hum of a boat engine:

It was magical, so pretty, so clean, nature at its best. The wooded edges of the Fjords, the silveriness of the water… I really enjoyed it… the reassuring chug of the engine of the boat that felt like a purring cat.

The setting, location, surroundings and the atmosphere of an external environment shape the embodied experience for any tourist but for vision impaired people these elements can both enhance the overall tourism encounter and include them in a joint experience with family and friends. For example, Lisa described how St Mark’s Square in Venice created a certain atmosphere, fulfilling her expectations with its bustling crowds and impressive architecture, the outlines of which she could make out despite the lack of detail.
8.7. Summary

This chapter has discussed and synthesised the main factors which shape the holiday experiences of people with vision impairment and those of their family and friends. Thus, it has explored: motivations for travel; the family context; the impact of stereotypes; performing self-identity for people with vision impairment; the challenges of accessible information and environments; embodied encounters and the senses. The chapter has also emphasised how vision impaired people not only utilise the synaesthesia of their senses but also how the impact and usefulness of the senses is influenced by the environment and interactions with local people, family, friends, tourism staff and other tourists. Clearly, simply ‘being’ somewhere does not mean that you are ‘included’ as one has to have access to information, the ability to navigate the physical environment, and perhaps above all, the fact that others have to understand your needs (Packer et al 2008).

Vision impaired people and their families can aspire to enjoy holidays and tourism experiences just as families without members with vision impairment, however for the former there are the additional concerns of appropriate support and facilities that make tourism experiences accessible. There remains a greater awareness of the needs of people with physical mobility and as my co-researchers have indicated, this can lead to a conflict with their own needs as vision impaired people (as in Maria’s wheelchair ramp example). Although the universal design model advocates design that incorporates people with disabilities as their starting point, design should meet the needs of all people at different ages and with different disabilities. Despite barriers and constraints, my co-researchers’ accounts demonstrate that they can have positive experiences – when there are appropriate facilities and trained staff. We
have seen in the discussion of internal and external environments how they have a particularly significant influence on a multi-sensory level. Vision impaired people can immerse themselves in environments naturally or through the provision of accessible information (such as audio tours). Above all, the chapter has illustrated the ways in which we need a greater understanding of the needs of vision impaired tourists and how we need to challenge stereotypes and assumptions. The next chapter draws this research project together by summarising the key study findings, the key contributions, the challenges and future research areas.
Chapter 9

Thesis Summary – Reflections and Challenges

9.1. Introduction
9.2. Study Aims and Objectives
9.3. Study Key Findings
9.4. Study Key Contributions
  9.4.1. Contribution to Tourism on Social Justice
  9.4.2. Contribution to Tourism Research on the Family
  9.4.3. Contribution to Tourism Research Methodology
  9.4.4. Contribution to Tourism Research on Embodied Performance
  9.4.5. Contribution to Current and Future Tourism Management Practice
9.5. Study Implications and Recommendations
  9.5.1. Effective Application and Implementation of Awareness Training
  9.5.2. Adoption of a Whole of Life/Universal Design Approach
  9.5.3. Stronger Partnership Approaches
  9.5.4. The Embodied Tourist with Disabilities
  9.5.5. Dialogues with Disability Studies
  9.5.6. A Whole of Life Approach to the Curriculum
9.6. Study Challenges and Limitations
  9.6.1. Employing Emancipatory Research
  9.6.2. Researching with Families
9.7. Future Opportunities
9.8. Personal Reflections
9.1. Introduction
The introduction to this thesis invited you to travel with me on my research journey into the lives of vision impaired people and their tourism experiences. This chapter summarises that journey and reflects on the research process. The chapter revisits the aim and objectives (section 9.2), presents the key findings and contributions (sections 9.3 and 9.4), highlights the implications of the findings and makes recommendations for the tourism industry and academy (section 9.5). The chapter concludes with a discussion of the study challenges (section 9.6), opportunities for future research and practice (section 9.7) and my personal reflections on my research journey (section 9.8).

9.2. Study Aim and Objectives
This thesis has addressed the barriers to full participation in tourism for vision impaired people and sought to understand the impact tourism experiences can have on their emotional and physical well-being, self-esteem, self-confidence, and identity. The research explored my co-researchers’ embodied experiences in an attempt to discover the meaning and significance of tourism in their lives through the following aim and objectives:

Aim:
To explore and (re)envision the tourism experiences of vision impaired people to understand the meaning and significance of tourism in their lives.
Objectives:

Objective 1: To critically explore the disability, vision impairment, tourism and embodiment literature, particularly examining the impact of sight loss, perceptions of disability and the engagement of the tourism academy with people with disabilities;

Objective 2: To develop a research methodology based on the primacy of equal power relations, respect and empowerment of vision impaired people; an approach that reflects disability politics;

Objective 3: To explore with vision impaired people the intrinsic, physical, social and cultural barriers to participation that affects their tourism experiences;

Objective 4: To explore embodied tourism experiences with vision impaired people and their families, highlighting the meaning of tourism and its significance to them;

Objective 5: To make recommendations to enhance and maximise vision impaired people’s participation in tourism practice and research.

9.3. Study Key Findings
The literature review revealed the key themes of relevance to this study to be: models of understanding disability; stereotypes; tourism, equality and citizenship; marginalisation, families and social tourism; embodiment and performance; and the nature of servicescapes. These themes are all found in the study fieldwork, which was underpinned by the principles of the emancipatory disability research approach. The
fieldwork was divided into Phase One which comprised of four focus groups to identify and confirm the barriers and constraints for vision impaired people and Phase Two, which comprised of a series of unstructured interviews with five families. Phase Two was designed to gain a greater understanding of the meaning of tourism in these families’ lives, to establish the essence of their experiences and to capture the embodied nature of the tourism environment.

The study demonstrated that people with vision impairment and their families do have positive tourism experiences despite the lack of appropriate access and information and poor staff awareness of their specific needs. The study further demonstrated how tourists with low vision experience tourism and that their experiences are still ‘valid’ and ‘meaningful’ in the ocular-centric world of tourism, dominated as it is by ‘the gaze’. However, low vision is very individual and varies according to the effects of one’s eye condition and the nature of one’s environment. Despite this, my co-researchers highlighted the fact that even low vision and its accompanying difficulties with seeing detail and/or distant objects, does not necessarily preclude appreciation of visual impressions. For example, Lisa is able to work out the colours in the mountains even though she is unable to identify them as mountains. In addition, my co-researchers indicated that their vision impairment has not prohibited them from trying new activities or from challenging themselves. Maria for example, explained that even though she is now unable to judge the difficulty of a ski slope, she does not worry about it and is keen to feel the adrenalin rush of the activity. Similarly, Nancy enjoyed the thrill of paragliding – even more than her husband - as she had no perception of how high up in the sky they were.
This is not to suggest that there are not persistent problems of stereotyping and an over-emphasis on physical mobility, both of which lead to misunderstandings of the needs of vision impaired people. The study has revealed various examples of inappropriate ‘assistance’ (such as the mandatory use of wheelchairs at airports), all of which suggest a service- rather than a needs-led approach. There continues to be a failure to take into account and to anticipate difficulties in tourism and hospitality settings for vision impaired tourists such as in restaurant buffet areas, at airports and in tourism attractions. Whilst technological developments (particularly the WWW) mean that information is more readily available to vision impaired people than ever, essential information often remains out of reach (White 2010). The sector continues to fail to take the needs of vision impaired tourists seriously and to follow their needs through at each stage of the tourism journey, for example with hotel bookings, as highlighted in Nancy and Lisa’s accounts. This underlines the need for staff training and awareness of the nature of vision impairment and the needs of vision impaired people, which in turn will assist tourism staff to develop appropriate skills to provide meaningful good customer care. This is endorsed by Article 8 UN Convention on the Rights of Persons with Disabilities (CRPD) (2006) that requires “state parties [to] adopt immediate, effective and appropriate measures to raise awareness about the issue of disability in society.”

The impacts of stereotyping, in combination with the symbols of vision impairment, further exacerbate misconceptions around vision impairment. When symbols such as guide dogs, white canes and dark glasses are in evidence, vision impaired tourists become objects of the gaze. When individuals do not conform to these stereotypes and perform
tasks that require vision, they project mixed signals to other tourists and tourism staff. Geraint explained that vision impaired people like Lisa find different ways of doing the things that require sight. However, as a result (as we heard in the focus groups and families), they can feel like a fraud or feel a need to appear ‘less able’ in order to receive assistance. These mixed messages and reactions are based on public misunderstandings of vision impairment. Staff development that draws on the social model teaches employees an unprejudiced way of thinking about disability, based on the core values of respect and empathy but not on pity. Thus, the social model is a key conceptual tool in advancing the rights of people with disabilities and in breaking down stereotypes and misconceptions.

My co-researchers have shown that vision impaired people have a multiplicity of needs and preferences that are dependent on a variety of factors, not least of which are their own levels of confidence and self-esteem. Some individuals can be more or less independent or passive, depending on their life experiences, personality and degree of disability. Although we have seen how society creates physical and attitudinal barriers for vision impaired people, there are intrinsic aspects of living with vision impairment that impinge upon an individual’s self worth (Mercer, 2005). There is also a continuum of vision loss (figure 2.1) encompassing different ways of seeing and requiring varying degrees of access to emotional, financial, informational and rehabilitation support services. Consequently, individuals develop skills and coping strategies at different times and at different levels. Such idiosyncrasies highlight the need for person-centred approaches that recognise variations in human behaviour, communication and opportunities.
Universal design aims to address the diversity of human need. Barriers to inclusion are often caused by the lack of a human-centred design philosophy (Steinfield & Maisel, 2012). Whilst anyone can be faced with barriers to safety, usability and social participation, my study has found that such barriers are magnified for vision impaired people as a result of societal and environmental constraints. Thus, universal design should create opportunities for all rather than merely for certain groups of people. The concept of universal design requires embedded accessibility to be central to the design, rather than being an ‘add-on’ for compliance reasons (Small & Darcy, 2010). Just as equipment should be adapted at the point of production, so facilities and environments should have accessibility designed-in, as should staff training programmes, services marketing and information production and dissemination.

The tourist is a sensory being and over our life span we may encounter full or partial sense loss, resulting in a greater reliance on our other senses and impacting on our abilities to engage with polysensual experiences. Chapter two discussed how this element is reflected in the sociology of impairment model where the body and the environment are connected: tourist experiences are corporeal and tourists have embodied encounters. The sociology of the body perspective argues that disability is embodied and this study has highlighted how vision impaired tourists are embodied in their tourism experiences, both negatively and positively. For instance, the findings emphasise the dominance of the senses of smell, touch, hearing and vision but also that embodied encounters can be the physical reactions of fear, anxiety and stress.
Chapter 9: Thesis Summary – Reflections and Challenges

The results of my research resonate with those of Small et al. (2011), as both studies indicate how vision impaired people use their skills, senses and other people to navigate environments. This multi-sensory approach can help vision impaired people develop a perception of their environments, objects and people, thereby painting an overall picture of where they are in time and space. This perceptual approach helps individuals to feel connected to these things rather than being separated from them. Types of environment can be described as sensoryscapes which connect people to the place, with the potential to create fulfilling and satisfying experiences that have parity with those of non-disabled tourists. Arguably, by being enabled to become immersed in the experience, vision impaired tourists may achieve a fuller connection with some tourism environments and services.

Phase two of the research was concerned with family tourism experiences and how families with a vision impaired member addressed holiday planning and travelling and how they experienced the actual trip. The family stories reveal that they want the same benefits and opportunities for holidays as do other families. The family members identified the personal/intrinsic, societal/interactive and structural/environmental constraints while also connecting these to embodied experiences. Thus the study reveals that vision impaired people can greatly benefit from sensuous, stimulating environments and that total sight loss and low vision do not have to preclude visual appreciation of tourism experiences.
9.4. Study Key Contributions
This thesis represents an original piece of research that makes a contribution to both tourism studies and disability studies. As illustrated in Figure 5.6 (my conceptual framework for researching tourism and vision impairment), it makes five distinctive contributions, namely it: (i) adds to the growing focus in tourism studies on social justice, equality and citizenship; (ii) contributes to the body of knowledge on the tourism experiences of families; (iii) employs the emancipatory disability paradigm as its framework; (iv) explores the performance of vision impaired bodies in tourism spaces; (v) potentially informs future tourism management practice.

9.4.1. Contribution to Tourism Research on Social Justice
The thesis has contributed to the growing focus in tourism on social justice, equality and citizenship (Cole & Morgan, 2010). It adopts a person-centred approach and moves away from a stereotypical approach to vision impaired people and experiences. My research challenges the stereotypes and stigma associated with vision impairment and highlights the need to move beyond the medical model of disability to embrace the theoretical and philosophical underpinnings of the social, sociology of impairment and affirmation models of disability. My former role as a rehabilitation and mobility officer gave me special expertise to undertake this study and enabled me to bring a different set of experiences and knowledge from other disciplines into tourism. Specifically, I have been able to apply my particular understanding of how individuals with no or low vision can make use of their remaining vision to negotiate tourism places and spaces and I appreciate how such individuals can achieve a sense of place, just as every other tourist.
9.4.2. Contribution to Tourism Research on the Family

The experiences of families in tourism is an under-researched area (Such & Kay, 2012). This study has not merely focused on the individual but has emphasised the family cycle and the multiple, dynamic roles of family members and family relationships. It has shown how vision impairment affects the whole family and phase two of the study contributes to tourism research with families by acknowledging the diverse nature of families and highlighting their relationships in a tourism context (Such & Kay, 2012). The study has added to the body of tourism knowledge on families by providing insights into family tourism experiences, demonstrating that families with a vision impaired member face similar issues as families in general. It has, however, demonstrated that where barriers to participation exist, these are multiplied for families with vision impaired members.

9.4.3. Contribution to Tourism Research Methodology

The study aspired to follow the seven core principles of emancipatory disability research (Barnes, 2004), as outlined in table 5.1. This is the first study in tourism to apply these principles to research involving participants with vision impairment. Whilst this was not without its challenges (section 9.6.1. below), the thesis has expanded our knowledge of how to undertake research with people with disabilities. For instance, I advocate and demonstrate practical ways to disrupt traditional researcher-researched power relationships, for example by involving the co-researchers through text sharing in an accessible format (audio tapes or large print).
9.4.4. Contribution to Tourism Research on Embodied Performance
The thesis has revealed how the vision impaired body is performed and disciplined in tourism space, both internally and externally. Like all tourists, people with vision impairment perform various roles and their bodies are socially and culturally inscribed; at different times and in different contexts, bodies can be rendered powerful or powerless (Veijola & Jokinen, 1994). Moreover, those people with vision impairment who were once sighted tourists are very aware of ‘expected’ tourist conventions and performances. The tourism industry exerts a disciplinary control over vision impaired bodies through its organisation and regulation of tourism space: people with vision impairment were required to travel in wheelchairs at airports, whilst others were left in darkened rooms. At the same time, people with vision impairment exert self-regulation, sometimes exaggerating their lack of vision and at other times curtailing their behaviour to conform to others’ misconceptions of how they should act and appear. Tourism spaces also provide opportunities for people with vision impairment to ‘resist’ stereotyping attitudes by engaging in risky and adventurous activities, such as skiing and paragliding.

9.4.5. Contribution to Current and Future Tourism Management Practice
The thesis has and will contribute to current and future tourism management practice through my dissemination of the findings and recommendations to: academics and practitioners (via peer-reviewed and practice-based journal papers and conference presentations); tourism, hospitality and events management students (via seminars and teaching materials); the vision impairment sector (e.g. WCB annual conference presentation). The thesis will be available in an accessible
format as an audio CD and I intend to disseminate its key recommendations (section 9.5 below) to a range of tourism and hospitality stakeholders under the auspices of CSM and the CVV.

9.5. Study Implications and Recommendations
The study has a number of implications for practice and policy and for tourism researchers. These emerge from the research and crucially, many are recommendations made by my co-researchers themselves. Practice and industry-based recommendations include: more effective application and implementation of vision impairment training and awareness; adoption of a whole of life/universal design approach; stronger partnership approaches. Research implications include: more focus on the embodied tourist with disabilities; greater dialogue with disability studies and people with disabilities.

9.5.1. Effective Application and Implementation of Awareness Training
Many service providers have a limited and stereotypical understanding of living with vision impairment, largely framed by the medical model of understanding, which locates the ‘problem’ with the person. There is an urgent need for the tourism industry to acknowledge the individual needs of vision impaired tourists and to recognise the inadequacy of current training and provision. Chapter two noted how employees (together with family and friends) are primary enablers of the tourism experience and discussed how their understanding of the needs of vision impaired people is even more important than an accessible physical environment. Figure 9.1 illustrates the training continuum leading to inclusive tourism experiences. This starts with basic awareness of vision impairment, which is training which does not focus specifically on the medical
condition but concentrates on understanding how vision impaired people experience the world and on teaching the practical skills of communication and guiding. Such training is ad hoc and sporadic throughout the industry and too rarely effectively applied in tourism and hospitality servicescapes. For example, as discussed in chapter six, a restaurant had made its menu accessible in Braille but neglected to train its staff in its correct use, whilst in chapter seven we saw how an attraction had developed an audio guide but not informed all the staff and visitors.

![Figure 9.1: Inclusive Tourism Experiences: The Training Continuum](image)

Whilst such provision and implementation of basic training is currently inadequate, its progression through to enhanced understanding in practice or application in the tourism and hospitality industry is even less common. More education is required to enable tourism and hospitality employees to think differently about people with disabilities as part of
wider service provision. When service providers do effectively consider the needs of vision impaired people, their experiences are greatly enhanced. For example we saw in chapter seven how Mary’s trip on the Royal Yacht Britannia in Edinburgh was a much more enjoyable experience due to the fact that its management had developed an audio guide in partnership with a local organisation for vision impaired people.

**Recommendation 1:** The tourism industry needs to acknowledge the individual needs of vision impaired tourists and take a more strategic approach to awareness training.

**9.5.2. Adoption of a Whole of Life/Universal Design Approach**

As discussed in chapter two, universal design has emerged as a new paradigm that recognises the links between disability, ageing and lifelong mobility (Small & Darcy, 2010). It advocates that planners, designers, architects and service providers consider and consult all user groups and ‘design-in’ access for all rather than making later adaptations to inappropriately designed environments and services. This reflects the whole of life/affirmation model that recognizes that most people at some point in their lives will become permanently or temporarily disabled (Swain & French, 2000). This has wide reaching implications for the tourism and hospitality industries, some of which are discussed by my co-researchers. These include: designing accessible environments (with adequate lighting, colour contrasted hard surfaces, and even the design, colour and placing of furniture) and accessible information (in all its formats, including online). For example, we saw in chapter seven that Maria was critical of inadequate restaurant and conference suite lighting and commented how poorly designed wheelchair ramps were a major trip hazard. Similarly, Nancy noted that:
I don’t think there’s anywhere enough consideration for people with disabilities…I mean you have all these new places built and they may have Braille on the lift door and they think they’ve done their bit…because I think if you had more facilities for disabled people you could open your market up and you’d get a lot more people... when they build a new hotel they should have an advisory board of people with various disabilities instead of an architect...

Accessible information is an essential part of the holiday and travel decision-making and planning process and plays a vital role in facilitating ease of travel. For vision impaired people accessing information has additional challenges in that most formats are inaccessible. Maria for example suggests providing eye level or ‘talking’ airport information screens:

...if the screens had been at eye level and I could have got close to them I would have been able to manage a lot better than having to peer up...

The tourism industry (like many other sectors) needs to provide information in appropriate formats such as large print, audio and Braille. With the advent of rapidly developing information technology, tourism and hospitality companies need to create accessible websites, mobile phone applications and other technology with vision impaired people in mind (AbilityNet, 2003, 2007).

**Recommendation 2:** The tourism industry needs to embrace the whole of life/universal design approach.
9.5.3. Stronger Partnership Approaches

In chapter two, we saw how disability studies advocates consulting and including people with disabilities in all aspects of service provision and product development and decision-making. This approach needs to underpin the development of tourism products and services; for example, tour operators, destination management organisations and hotel and attractions consortia should involve access groups when designing and refurbishing buildings and when developing staff training. Thus, as we saw in chapter seven, The Queens Art Gallery in Edinburgh had attempted to be inclusive and had provided audio explanations of exhibits but had not sought advice from any local disability organisations and as a result had provided inadequate signage for the audio guide. As Mary described:

... it was not very well done at all ... you had to see the picture on the wall and the little plaque that had the little notification ‘this is one of the ones that is described’ and pressed the relevant button – well I hadn’t got a clue.

**Recommendation 3:** The tourism industry needs to build on current examples of good practice to work more effectively with key partners in the public and third sectors in consultation with vision impaired people to design inclusive products and services.

**Recommendation 4:** Those responsible for tourism development and management (e.g. Destination Management Organisations) should become ‘knowledge banks’ for disability issues (such as training, access to funding, advice on producing accessible information and services) and identify and harness existing knowledge and expertise to develop more professional and holistic approaches.
9.5.4. The Embodied Tourist with Disabilities

In addition to these industry and practice implications and recommendations, this research also has implications for tourism researchers and educators (Richards, Pritchard and Morgan, 2010). These are the need for: more focus on the embodied tourist with disabilities; greater dialogue with disability studies and people with disabilities; advocacy scholarship; the taking of a whole of life approach to the curriculum. Chapter four discussed the sensuous embodied tourist, specifically focusing on bodies, senses and tourism environments. It concluded that tourism studies are slowly moving beyond ‘the gaze’ (Urry, 1994, 2002) to address visioncentricity and to embrace the corporeal nature of the tourist experience (e.g. Veijola & Jokinen, 1994; Small, 2007). There are three key aspects of embodied tourism moments – one’s own sensual body, others’ bodies and stimulating environments.

Tourism research should bring into sharper focus the embodied experiences of people with vision impairment, encompassing interactions with tourism spaces, environments and people. In doing this, tourism studies needs to broaden its conception of people’s individual experiences and life stories. Tourism creates moments of pleasure-discomfort, adventure-relaxation, excitement-fear, familiarity-unfamiliarity, inclusion-exclusion, and home and away. Vision impairment adds another dimension to embodiment and every individual is different - with different eye conditions and visual effects, different emotional responses, a range of personal and societal situations, different support networks and access to rehabilitation. For example, a younger person such as Lucy may be less aware of her embodied self, as she is still learning new skills and coping-strategies. By contrast,
someone with a wider range of life experiences such as Mary has developed a broad range of skills and competencies – all of which impact on her tourism experiences.

If vision impaired people are being guided this adds another dimension to embodiment because of the close proximity of bodies. This is the case when Maria takes a friend to act as her ‘eyes’; on other occasions she uses a ‘symbol’ cane which becomes an extension of her body. At other times, tourism and hospitality environments can create problematic body issues - for example poor lighting can strain remaining vision. Conversely, where organisations and service providers focus on embodied experiences for all, this greatly enhances the experience of vision impaired people. Thus, in chapter seven Lisa notes how a living museum (Llancaich Fawr) immerses tourists in the sights, smells and sounds of the historical period in question and is thus more inclusive.

**Recommendation 5**: The tourism academy needs more focus on the embodied tourist with disabilities.

**9.5.5. Dialogues with Disability Studies and People with Disabilities**

Chapter five outlined how emancipatory disability research underpinned my research approach, whereby my co-researchers informed and guided the study. As someone who is non-disabled, such close dialogue with my co-researchers was even more important as I was determined to conduct the study according to the principles of emancipatory disability research (see 9.8. below). Greater dialogues between tourism researchers and disability studies scholars and above all with co-researchers - people with disabilities themselves – can only be positive and break down societal and disciplinary boundaries. Such dialogues
will encourage society to recognise disability as part of the human condition, and disrupt barriers between disabled and non-disabled people. The co-researchers in this study remind us that we need research which captures the individuality of experiences and which recognises that like us all, people with vision impairment are heterogeneous and idiosyncratic.

**Recommendation 6:** The tourism academy needs greater dialogue with disability studies and to engage and work with people with disabilities.

**9.5.6. A Whole of Life Approach to the Curriculum**

In chapter six, my co-researchers reinforced the importance of education in changing attitudes and stereotypes of people with vision impairment. They were of the opinion that this should be reinforced throughout primary, secondary and tertiary education. My own experience of guest lecturing on disability issues on tourism undergraduate and postgraduate programmes at Cardiff Metropolitan University reveals a major gap in students’ basic understanding of the key issues. Disability issues are taught on tourism programmes in an ad hoc fashion and despite recent work (e.g. Buhalis & Darcy, 2011; Cole & Morgan, 2010; Steinfield & Maisel, 2012) there are few texts and papers which address vision impairment in tourism and hospitality.

**Recommendation 7:** Tourism educators need to incorporate consideration of disability issues across the curriculum.
9.6. Study Challenges & Limitations

9.6.1. Employing Emancipatory Research
This research project has employed emancipatory disability research approaches. Whilst this has brought considerable benefits, it has not been without significant challenges. By necessity, the study could not adhere to all seven core principles of emancipatory disability research (see table 9.1.). Implementing the first principle of ‘control’ whereby a study must be accountable to research advisory groups run by disabled people was not entirely practicable in the context of a doctoral thesis. However phase two of the study (the in-depth interviews with families), was shaped by feedback from the pilot interview with Lisa.

A key aspect of the project was the second principle of ‘accountability’. To comply with this principle, the preliminary findings have been disseminated to a range of tourism/vision impairment stakeholders/agencies, as will the final recommendations. Secondly, my co-researchers read and commented on my interpretations of our conversations and several of them made corrections and comments. This process enriched the study and required my co-researchers to engage in a degree of self-reflection. As Bretell (1993) comments, this sharing of writing and interpretation can be both rewarding and harrowing and by giving back my writing to my co-researchers this reciprocity challenged not just the content of their stories but also the approach I had taken (Coffey, 1999). Sharing the analysis of their family story with my co-researchers was generally a positive process and enabled them to verify my interpretation of their words. This method meant that my co-researchers were able to amend and even withdraw material quite late in the research process.
Table 9.1. Implementing the Seven Core Principles of Emancipatory Disability Research

<table>
<thead>
<tr>
<th>Principle</th>
<th>Explanation</th>
<th>Fieldwork Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Control</strong></td>
<td>Must fully involve disabled people throughout the research process. Non-disabled researchers must be accountable throughout to research advisory groups run by disabled people.</td>
<td>Co-researchers not involved in research design; phase two designed in response to pilot interview feedback. Constraints of doctoral research.</td>
</tr>
<tr>
<td><strong>Accountability</strong></td>
<td>To all involved. Findings and implications of research must be disseminated in appropriate formats to all relevant audiences, especially disabled people.</td>
<td>Co-researchers read interview analysis and provided feedback; preliminary &amp; final results have been/will be disseminated to a range of tourism/vision impairment stakeholders/agencies.</td>
</tr>
<tr>
<td><strong>Empowerment</strong></td>
<td>Must attempt to leave disabled people in a better position to confront the disabling barriers in their lives – meaningful practical outcomes.</td>
<td>Indirect empowerment of co-researcher voices through research approach; study recommendations will have indirect outcomes for co-researchers.</td>
</tr>
<tr>
<td><strong>The Social Model of Disability</strong></td>
<td>Demand for a more holistic approach to the problems more commonly associated with disability. Research focuses on the economic, environmental and cultural barriers.</td>
<td>Research adopted a holistic approach to disability, focusing on the economic, environmental and cultural barriers.</td>
</tr>
<tr>
<td><strong>The Need for Rigour in Data Collection</strong></td>
<td>Ensure research methodology and data collection strategies are logical, rigorous and open to public and academic scrutiny.</td>
<td>Research methodology and data collection strategies open to academic &amp; agency scrutiny.</td>
</tr>
<tr>
<td><strong>The Choice of Methods</strong></td>
<td>Generally associated with qualitative not quantitative data collection strategies; choice must adequately reflect the needs of the project.</td>
<td>Study employs qualitative data collection &amp; analysis strategies (focus groups &amp; in-depth interviews).</td>
</tr>
<tr>
<td><strong>The Role of Experience</strong></td>
<td>Discussions of disabled people’s experiences, narratives and stories should be couched firmly within an environmental and cultural context in order to highlight the disabling consequences of a society organised around the needs of a mythical, affluent non-disabled majority.</td>
<td>Study reports the experiences and narratives of people with disabilities; contextualises the lives of people with vision impairment within a disabling society.</td>
</tr>
</tbody>
</table>

Source: Disability Awareness in Action (2009)
The most challenging case here was when Dawn (Lucy’s mother) asked me not to include any of her opinions in the final thesis. She was content that I include material directly relevant to tourism and holidays, but not verbatim quotes which expressed her opinions of her daughter’s total blindness. I paraphrased some material here and other solutions could have been to fictionalise the narratives or write a play or poem to capture the essence of her story (see Dunkley, 2007).

The third principle of empowerment requires the research project to leave people with disabilities in a better position to confront the disabling barriers in their lives. It also demands meaningful practical outcomes and a redressing of the researcher-participant power relationship. This has real consequences for all parties and raises questions of how far we implement research methodologies and the extent to which research can be truly transformational. In this project a degree of empowerment was achieved by involving the participants as co-researchers (in terms of the conversational, reciprocal and subjective nature of the interviews and text sharing of material in accessible formats). In practice, there are limits to the extent to which a doctoral research project can be directly emancipatory as the implementation of any recommendations is beyond the scope of the study or control of the researcher.

Principles four, five, six and seven focus on: the implementation of the social model of disability; the need for qualitative research methods; rigour in data collection; the role of experience. This study has successfully followed these principles by adopting a person-centred approach to disability that focuses on the socially-constructed barriers to full participation in society. Its core aim was to explore the experiences and narratives of people with disabilities and to contextualise the lives of
people with vision impairment within a disabling society. The rigor of its qualitative research methodology and data collection strategies have been subject to academic and vision impairment sector scrutiny through: peer-review (journal and conference papers); university quality assurance processes (supervisory and independent academic scrutiny and annual monitoring reports); invited industry contributions (e.g. WCB annual conference presentation).

9.6.2. Researching with Families
The second major challenge in this study was encountering the complex and sometimes tense family relationships in Phase Two. Family dynamics involve power relationships, structures, boundaries, roles and communication issues – not all of which are articulated (Rothbaum et al., 2002). In Lucy and Dawn’s case, this resulted in uncomfortable and sometimes truncated conversations, which meant I had to consciously ‘manage’ the conversations. In Maria’s case, one of our individual discussions was held in a nearby pub, as she wanted to discuss personal issues related to her vision impairment that she had not shared with her husband or children. In addition, my engagement with the children in each family was limited due to my inexperience as an interviewer of children and the complexity of power relations, ethics and consent.

9.7. Future Opportunities
This thesis has sought to explore and (re)envision the tourism experiences of vision impaired people to understand the meaning and significance of tourism in their lives. It has been a study of the experiences of a relatively small group of vision impaired individuals. As an emerging area of inquiry in tourism, there remains much to discover.
Further study is required to explore the experiences of people with vision impairment in a specific range of different tourism settings. Results from such studies will add to the hopeful tourism scholarship agenda (Pritchard et al., 2011) and aim to inform tourism policy and practice. In addition to these recommendations more creative research approaches and methodologies may be adopted that better capture the lived experience of the person with vision impairment.

There remains much scope for further investigation of the tourism experiences of vision impaired people across the diversity of human populations. The second phase of this study was conducted with white lower/middle class families with people of working age in South-East Wales, who have a history of regular travel. The co-researchers were all women aged between 15 and 55. This does not reflect the full diversity of people with vision impairment, either in the UK or worldwide. The findings from this phase of the study may or may not relate to the broader population of people with vision impairment and future research needs to reflect this broader population. The phase could have yielded different results if the co-researchers had been older and/or men and/or from black and ethnic minority backgrounds. There is a serious lack of research exploring black and ethnic minority communities’ experiences of vision impairment. Research undertaken by the Thomas Pocklington Trust (2005:3) confirms that “the ‘visual impairment’ research literature tends to ignore issues of race and ethnicity. Similarly the literature relating to ‘race relations and ethnic diversity’ largely excludes attention to sight loss.” Vision impairment disproportionately impacts people in later life, so that 20% of the UK’s vision impaired population are over 75 and 50% are over 90 (RNIB, 2011). As human populations everywhere age, ill-health and disability will impact on greater numbers of people
and multiple disabilities will become more commonplace. As a result, research will need to address the needs of people living with hearing impairment, dual sensory loss, mental health and dementia, learning disabilities, neurological conditions and illness, sometimes in combination.

The individuals participating in this study all live in relatively affluent areas of South-East Wales and are in full-time employment (except Lucy, who is in full-time education). If the study had been conducted with unemployed vision impaired people and/or in more deprived areas of Wales or the UK, the findings may well have differed. For example, it is likely that household income levels would have been lower, impacting on tourism participation (Sedgley, Pritchard & Morgan, 2012). Wales along with Northern Ireland and the North East of England have a low gross disposable household income compared to other areas of the UK (Office for National Statistics, 2010). Poverty also limits access to a range of opportunities including health and transport services and disproportionately impacts on older people, resulting in isolation and lower levels of social engagement. Whilst loneliness and isolation do not necessarily come with age, people over 65 in the UK spend an average of 80% of their time in their own homes and over a million say they are often or always lonely (Age UK, 2011; Help the Aged, 2009).

Of the co-researchers in Phase Two, only Nancy has a guide dog and she never travels with him. Therefore the findings from the study do not take into account the specific experiences of travelling with a guide dog although the findings still reflect the issues around visual indicators (e.g. white stick, dark glasses, guide dog) of vision impairment, of which having a guide dog is but one. What it does not reflect are how tourism
staff and other tourists react to travellers with assistance dogs. The nature of individuals’ tourism experiences will be affected by their vision loss pathway, in that sight loss can be accident-related, disease-related, congenital and age-related. As someone born totally blind, Lucy’s conceptualisation of what is around her differs from that of a sighted person (Dodds, 1993). Her experiences form a very limited part of my study and there is scope for investigations which examine the tourism experiences of young children, adolescents and adults with total sight loss from birth and congenital vision impairment.

People with vision impairment experience a range of different tourism settings and this study has focused on ‘mainstream’ provision. There is scope for research on the specialist accommodation sector, its training, provision, services and overall business strategies. Such projects could also explore why this type of provision is attractive and what consumers would improve. These explorations could inform industry practice, third sector support services and individuals. This has been a study conducted with tourism consumers; it has not included fieldwork with tourism policy-makers or providers. There is much scope for further research within the tourism industry itself, especially for work that draws on the emancipatory research model. This study has clearly highlighted the importance of staff awareness and training (figure 9.1.) and there is a need for much more study of human resource issues such as the effectiveness of training and the recruitment of people with disabilities in tourism and hospitality. Finally, the methods used in this study were focus groups and unstructured interviews: traditional qualitative techniques. Future research exploring the topics discussed above could also use these approaches and in addition, could employ other
qualitative methods such as participant observation, audio diaries and projective techniques.

9.8. Personal Reflections

I discussed in chapters one and five how my professional background working with vision impaired people has given me an awareness of how a variety of issues such as exclusion, isolation, marginalisation, accessibility and citizenship rights collide with vision impairment. This background has been a key shaper of my study and particularly my research approach which has sought to empower my co-researchers. During the course of my research however, I have embraced new learnings, knowledge and positions from a range of academic disciplines and fields of study – especially engaging with disability studies, cultural geography and tourism studies.

Of equal importance have been the enduring relationships I have developed with my co-researchers, all of whom have guided and contributed to this study and some of whom have supported me personally. The individuality of their experiences is highlighted by privileging their voices throughout the whole research process. I adopted a critical, self-reflexive stance in relation to my research, which complemented the co-researchers’ voices who are central to the overall study.

My PhD experience has been a rollercoaster of emotions and it has been mentally and physically demanding. My particular approach has given me a great deal of responsibility in presenting insights into the personal lives of vision impaired people and their families. During the last six years life has carried on around me (as it has with my co-
researchers) with all its challenges of caring for children, of illness and bereavement. Moreover, the fact that I have become close to some of my co-researchers raises questions of closure in this piece of work; do I and can I walk away? My co-researchers and colleagues have reawakened my passion to make a difference in this area as there was a point in my professional career when I felt I had little left to offer in the vision impairment sector. Now I have reached the end of this journey I can truly say this experience has been a privilege and it has challenged me to move out of my comfort zone, whilst at the same time giving me the opportunity to ‘give something back’.

Although this is the concluding chapter it is clear to me that it is not the end as further research aside there is an imperative to continue to fulfil the emancipatory goal of the study by disseminating it in accessible forms to a range of audiences. I hope to at least have given greater attention to the lives of vision impaired people and in some small way raised awareness amongst tourism academics and professionals of the lived experiences of vision impaired people. As Maria says:

The work raises people’s awareness and understanding of the requirements… fantastic piece of work, needs to make a difference (Email, June 2010).
Bibliography

A


B


Barnes, C. (2008) British Society Fails the Vulnerable: Background notes for a 10 minute presentation in support of the motion “This house believes that British Society Fails the Vulnerable” at Oxford Union, Oxford University, 21st February 2008.


D


Bibliography


Bibliography


Bibliography


E


F


Bibliography


H


K


Bibliography


Bibliography


M


Bibliography


P


Richards, V. (2011). *The (Dis)embodied tourism experiences of people with vision impairment*. Presentation at the 4th critical tourism studies conference: University of Wales Institute, Cardiff (UWIC), Wales.


S


Bibliography


Bibliography


Tourism and Inequality: Problems and Prospects, pp. 1-20. Oxfordshire, CABI.


Bibliography


Tourism for All, UK. (2010). Disabled market for tourism worth £2 billion! *Tourism for All Newsletter Summer 2010.*
Bibliography


Bibliography


Y

Z


Appendices

Appendix A.  Types of Eye Conditions
Appendix B.  Publications
Appendix C.  The Focus Group Checklist
Appendix D.  Study Information for Participant Recruitment
Appendix E.  The Family and Individual Interview Checklist
Appendix F.  Excerpt from an Individual Conversation
   Maria Brown 21st June 2010
Appendix G.  Example of an Access Statement
Aniridia is a rare congenital eye condition causing incomplete formation of the iris. This can cause loss of vision, usually affecting both eyes. In Aniridia, although not entirely absent, all that remains of the iris, the coloured part of the eye, is a thick collar of tissue around its outer edge. The muscles that open and close the pupil are entirely missing. The appearance of a "black iris" is the result of the really enormous pupil. The effects will vary considerably between individuals and differing causes. Sensitivity to light is a common problem as the iris can not regulate the amount of light entering the eyes. Aniridia may be associated with other eye conditions such as nystagmus, glaucoma, and cataract.

Age Related Macula Degeneration causes loss of central vision and is the leading cause of registered vision impairment for people over 50 years old in the Western world. The retina is a delicate tissue, which converts the light into images, and sends them to the brain. The macula is a small area at the very centre of the retina, at the back of the eye. The macula is very important and is responsible for what we see straight in front of us, allowing us to see fine detail for activities such as reading and writing, as well as our ability to see colour. AMD is not painful, and almost never leads to total blindness. Because AMD affects the centre of the retina, people with the advanced condition will often notice a blank patch or dark spot in the centre of their sight. This makes reading, writing and recognising small objects or faces very difficult. The exact cause of AMD has to be established and there is currently no cure,
although there are treatments for some forms of the condition (“wet” form). As the UK and other countries continue to age AMD will become more prevalent so for this reason continuing research to prevent, delay and treat the condition, is vital.

A Cataract is a clouding of part of the eye called the lens. The vision becomes blurred because the cataract is like a frosted glass, interfering with sight. It is not a layer of skin that grows over your eye, a common myth. Cataracts can form at any age. The most common type of cataracts is age-related cataract. These develop as people get older. In younger people cataracts can result from conditions such as diabetes, certain medications and other longstanding eye problems. Cataracts can also be present at birth (congenital cataracts). The only effective treatment for cataract is an operation to remove the cloudy lens.

Diabetic Retinopathy, is an eye condition caused by uncontrolled diabetes. If diabetes is well controlled then you are less likely to have problems, or they may be less serious. However, if there are complications (such as haemorrhaging in the eye) then this may result in loss of sight. Annual eye examinations are extremely important to prevent sight loss but it is vital that it is diagnosed early. Estimates suggest that nearly one person in twenty-five in the UK is affected by diabetes mellitus, due to a lack of insulin, the body cannot cope normally with sugar and other carbohydrates in the diet. It can also cause complications which affect different parts of the body.

Glaucoma is the name for a group of eye conditions in which the optic nerve is damaged at the point where it leaves the eye. The eye needs a certain amount of pressure to keep the eyeball in shape so that it can
work properly. In some people, the glaucoma damage is caused by raised eye pressure. Others may have an eye pressure within normal limits but damage occurs because there is a weakness in the optic nerve. A really high pressure will damage the optic nerve immediately. A lower level of pressure can cause damage more slowly, and then you would gradually lose your sight if it is not treated. Glaucoma can also be hereditary therefore family members are encouraged to take annual eye checks. Generally, many people with glaucoma experience no sight difficulties as a result of eye drops to stabilise the pressure.

**Nystagmus** is an involuntary movement of the eyes which often seriously reduces vision. Few people with nystagmus can drive and most encounter some difficulties in every day life, education and employment. Anyone can get nystagmus. Every year hundreds of children are born to parents with no family history of the condition. And every year hundreds of adults develop nystagmus due to accidents or illnesses such as stroke or multiple sclerosis. This is not known accurately but nystagmus is believed to affect between 1 in 1,000 and 1 in 2,000 individuals. Nystagmus affects people in many ways and the effects vary from person to person. In almost all cases, vision will be impaired.

**Optic atrophy** is a condition that affects the optic nerve, which carries impulses from the eye to the brain. (Atrophy means to waste away or deteriorate.) It is not a disease, but rather a sign of a potentially more serious condition. Optic atrophy results from damage to the optic nerve from many different kinds of pathologies. The condition can cause problems with vision, including blindness. The optic nerve is composed of nerve fibres that transmit impulses to the brain. In the case of optic
Appendix A: Types of Eye Conditions

atrophy, something is interfering with the optic nerve’s ability to transmit these impulses. The interference can be caused by numerous factors, including: Glaucoma, Stroke of the optic nerve, a tumour that is pressing on the optic nerve, an inflammation (swelling) of the optic nerve secondary to multiple sclerosis, a hereditary condition in which the person experiences loss of vision first in one eye, and then in the other (Leber’s hereditary optic neuropathy) and the improper formation of the optic nerve, which is a congenital problem (the person is born with it). The symptoms of optic atrophy relate to a change in vision, specifically: blurred vision, difficulties with peripheral (side) vision, difficulties with colour vision and a reduction in sharpness of vision.

Retinopathy of Prematurity (ROP) concerns the internal surface of the back of the eye which is lined by a tissue, called the retina. This tissue is equivalent to the film in a camera and is responsible for the initial formation of the visual image. This is then transmitted to the brain. If an infant is born prematurely, with the retinal blood vessel development incomplete, problems occur where abnormal blood vessels can lead to bleeding and scare tissue. Visual loss may result. There does not appear to be any hereditary basis for this condition, i.e. it is association with premature birth and not specific families. It can be caused by lack of oxygen or where the presence of large amounts of oxygen (often needed for the baby's survival) is thought to be possibly toxic to the developing blood vessels. As premature babies have underdeveloped lungs they usually require additional oxygen therapy.
Appendix B: Publications


Richards, V. (2011). The (Dis)embodied tourism experiences of people with vision impairment. Presentation at the 4th critical tourism studies conference: University of Wales Institute, Cardiff (UWIC), Wales.
The Focus Group Checklist

Friday 25th January 2008

Macular Degeneration Support Group

Introduction and Background

Title and Ethical Considerations

Discussion: The Barriers
Encourage and facilitate casual discussion of experiences – enjoy sharing.

e.g. What issues have you faced?
What would help you overcome them? What is needed to go on holiday?
Part of a CIB experience?
Different experiences out of a voluntary sector

Write down phrases and categorise all later.
What kind of society do we want?
Do providers want to be truly accessible, just go as far as they have to?

Finances, transport, companionship, health concerns, accessible information, physical issues, awareness of staff.

People’s attitudes, misconceptions, communication skills.

[This is a typed out version of the original written appendix in the viva thesis]
Understanding the tourism experiences of visually impaired people in South East Wales

I am a research student at the University Wales Institute, Cardiff, Welsh Centre for Tourism Research, investigating the tourism experiences of visually impaired people. The first year involved identifying the barriers to participation, what makes taking a holiday or a short break difficult or impossible, including examples of good and not so good experiences.

Following on from that I am planning to work with a small group of families, (from Cardiff, the Vale, Merthyr or Bridgend) where at least one member of the family is a visually impaired person. The aim is to look in detail at family experiences to gain insights into the significance and meaning of tourism in their lives.

What do I mean by a family?
A family can be any combination of related individuals e.g. two parents & children; a single parent & children; grandparent, son/daughter and their children and so on.

Will I need to have been on holiday?
It would be useful to compare families who holiday quite frequently with those who never holiday or haven’t for some time.

What will it involve?
I would visit the family several times for group discussions and also meet individual members of the family. These discussions would be informal. You only have to share information you are comfortable with and all our conversations will be confidential so that you won’t be identified personally.
If you are planning a trip of any kind I would be interested in your experiences. If not, it would be helpful to possibly plan an ‘imagined’ holiday and discuss this.

**How long will it take?**
The aim is to recruit 6 families in total by the end of February 2009 and begin the research in March. The timing will be flexible according to the individual needs of each family but the research is anticipated to last approximately 6 months.

**What will you get out of it?**
Unfortunately there is no financial gain but it is an opportunity to make a difference by helping the tourism industry understand your experiences better.

My approach to this research is very much about working together. I would regard you as my co-researchers, respecting your anonymity and feeding back to you at each stage.

If you or you know of anyone who might be interested in assisting me I would be most grateful if you could contact me on Tel: 02920 711727 or M: 07791162139 or email: virichards@uwic.ac.uk

Kind regards

Vicky

Victoria Richards
Appendix E: The Family and Individual Interview Checklist

Phase II – FAMILY C: Date
Venue: Family Home  Family agreement to record

Interview One: Whole Family

a) Introduction - Placing ourselves and knowing each other

Icebreaker (all, including VR)
Introduce each other, name, age, what things do you like and not like in general, what was your favourite/best holiday (or what would be the best ever holiday?)

Research Background (who am I? Aim and Objectives of the research)
Research Outline (inc. Phase I set up and findings)
Research Schedule (Phase II, no. of interviews and tasks)
Research Approach (emancipatory/ two-way/ethical)

b) Life stories/narratives

Backgrounds, family, interests, work, school, friends, community, aspirations, what things matter to you…, where do holidays fit into daily life and benefits.

c) Holiday experiences

Ask them to recall the most recent family holiday – using souvenirs (physical, memory, something that influenced you like a smell, person you met, a food you tried, photographs, ornaments etc, tickets etc) to aid the discussion.
The facts, planning etc, who does what, types of experience/holiday, good and bad examples, does disability matter/make a difference (individual and family level when planning, travelling, enjoying, activities etc).
Initial suggestions

d) Summary/Next steps
Appendix E: The Family and Individual Interview Checklist

Is there something else that we should be talking about, that needs attention?

**Note: a few days later, telephone or email (whatever person’s preference) to ask if they had been ok with the interview and any additional thoughts. Did you talk about it afterwards, the interview experience?**

---

**Interview Two: In-depth Individual Conversations – Vision Impaired person**

**Relationships, emotions, perceptions, meanings (various holiday recollections)**

**a) Preparation, getting there and back, at the place, coming home.**  
Family roles, family exchanges, what is the atmosphere?  
Activities (together, separate time)  
Emotions (excited, nervous, anxious, angry, relaxed, worries etc,)  
Significance of being a visually impaired tourist, additional considerations individual and collective (self/ sighted parent, spouse, sibling etc).

**b) Inclusion/exclusion**

Barriers and significance  
As a family feel part of society, included, what’s easy/difficult and why? Other people’s perceptions of you as a family

**c) A perfect holiday**

What makes a perfect holiday.describe a(n) (imaginary) perfect holiday, differences amongst family (ask each person).

What do you enjoy/not enjoy?  
What are your priorities, what’s important/ less important?  
What does the industry/government need to do?
Appendix E: The Family and Individual Interview Checklist

e) Summary/Next steps

Note: a few days later, telephone or email (whatever person’s preference) to ask if they had been ok with the interview and any additional thoughts. As with Interview One.

Individual interview prompts—In-depth for visually impaired individuals.

a) About you? Parent, daughter, son, grandparent etc
   Background, family, onset of sight loss, education, family relationships, other relationships, interests/hobbies, thoughts about life, thoughts about holidays.

b) Disability
   Physically, environmentally, culturally.
   Specific needs
   How you get on with things, practicalities, making friends,
   How easy or difficult is it to go out? In(dependence).

b) Identity and embodiment
   Who are you, how would you describe yourself, attributes, looks, confident etc
   What aspects of a holiday make you react, hairs on end, feeling hot/cold/, smells/ tactile experiences
   How do you respond to people, your environment with your vision (without seeing)?
   Symbols (cane etc)
   How do you meet/interact with new people on holiday (ie: other than family, other holiday makers).
   Does having a visual impairment/having no sight pose a barrier to the holiday experience?

Note: adapt to sighted family in terms of their emotions etc in relation to their family member who is visually impaired and how effects or not inter-relationships, own wants and needs on holiday.
Appendix E: The Family and Individual Interview Checklist

Ideas for further interviews: Pre - tourism event/experience
[possibly telephone interview as short]

a) Dissemination of planning and arrangements
b) Doing a diary (by choice for VR only or share with family in post interview?)
c) Arrange post holiday interview

Note: for less seasoned participants, would I the researcher help with the planning?

Post tourism event/experience

a) Debriefing
How it all turned out, about the experience, participation, facilities, awareness

b) Was it a meaningful experience?
As a holiday, met expectations, what was good/not so good? Have you benefitted, in what ways?

c) Diary reflections (if shared)
Pick out themes and explore further

d) Discussion and Conclusions
Final thoughts on the holiday, tourism
Final thoughts on the whole research process (gains, insights, recommendations)
Final suggestions for the industry
Final suggestions for researchers

e) Summary and farewells
Appendix F: Excerpt from an Individual Conversation (Maria Brown 21st June 2010)

There was this opportunity, and it was our twentieth wedding anniversary, and I said ‘do you want to come to Chile’ and he said ‘No. Why on earth would I want to go to an OT conference? What am I going to do?, and I said ‘It’s Chile!. Come and have a look at Chile’. I said I won’t be in the conference all the time and you know we’ll have couple of days sight-seeing. And he said ‘No’. So I thought right. So I rang my friend [Lorraine] who I went to school with from being four, and I said ‘Want to go to Chile?’, and she said ‘Yeah all right’. So I was able to get enough funding from a variety of different sources for us both to go, ay no cost to ourselves, for the whole thing, which was fantastic.

So you weren’t doing it through work? You were asked to do it?

I was asked to do it by the British Association of Occupational Therapists – their disability forum. Work gave me study leave and the trust gave me some funding through their endowments and I had support from the Macular Disease Society, from RNIB, from Unison who were extremely generous – they gave me £2000.00. And also from the Elizabeth Casson (?) Trust which is an occupational therapy fund. So we were completely fully funded - we didn’t have to worry about anything. We were funded for our taxi transport. Because that would have been very difficult had we not been able to use taxi transport because Santiago is huge and busy and everybody speaks Spanish and we don’t. So the experience itself was just amazing.

What about your speech?

Yeah, fine. I was expecting to only be speaking to members of the British Association of Occupational Therapy because it was that group that set it up. But I wasn’t, I was speaking to....there were people there ...there was a lady there from one of the African countries with the most fantastic head dress – gorgeous, and there was Buenos Aires, China, so really talking to...

Really international.

Yes, yes I am an international speaker. Laughs.

And this all came from your article?
Appendix F: Excerpt from an Individual Conversation (Maria Brown 21st June 2010)

Yes that’s right.

And who asked you to write the article in the first place?

Well nobody, I just decided that now was the time. In fact I was talking to one of the girls at work about this. There became a time when I was able to do it. Because all the time, people said oh you’re an OT you should write about this. And I thought get lost I’ll write about it when I’m ready. And I wasn’t ready for 10 years, and that was about the adjustments and for me being able to...being in a position where I was making the best of my lot and what had happened, and what was happening, and thinking that actually that transitional period, that ten year period had been quite difficult, and at that time if I’d have picked up an article written by somebody, say two or three years after I’d been diagnosed I would have found that really helpful. I would have thought there is a way through this, there is life after macular disease. So I thought well stop talking about it and do it. So I just sat down one morning in work, just half an hour and wrote it. There was no research anywhere, it was my story. So yeah the speech did go down very well. But the conference itself was an experience. We’re very very good at disability in England in comparison to disability in Chile. The conference centre itself was a visually impaired person’s nightmare.

Oh really, was it a hotel, or...?

No, the closest equivalent I can come to is a smaller version of the NEC. So it wasn’t... a much smaller version, a much scruffier version than the NEC. It looked like a nuclear fallout shelter, it was all concrete. There was some amazing wheelchair ramps. Wheelchair ramps they’d sussed but they hadn’t made them visible for people with sight problems, and the amount of times I tripped over a wheelchair ramp because I just couldn’t see it. Concrete, there were no markings on it, apart from this tiny little rail barrier, which was all of four inches high. Fantastic to catch your feet in! So that was a bit difficult. The lighting was dire, there might as well have been no lighting. It was low lighting, completely inadequate everywhere in the conference centre.

No contrast at all?
No, and everything was concrete. There was no colour contrast, there were no darker floor, lighter walls, you know the critical surfaces. There were none, they were all grey concrete. So [Lorraine] spent her entire four days saying, 'mind that, watch this', she was fab, really really good.

Do you actually need her to guide you?

Not physically, but to actually say ‘don’t forget there’s that ramp there again’, so that was really good. And I think for me having someone who I’ve known forever, because people in work offered to come with me, but I didn’t trust them enough, and [Lorraine] I would trust with my life.

It felt comfortable then? You think maybe if you were with a colleague it would have been slightly crossing over the boundaries a little bit?

Yes I think it probably would have been, but as I say [Lorraine] I’ve known forever. She knows my family, she knows me warts and all, and I do of her. So that was a really great experience. The hotel again a very different experience. That was very light, very airy, well lit, well demarked – is that a word?

Yes.

So no problems at all there. The buttons in the lift were big and illuminated so that was fine.

Great. The staff?

Absolutely marvellous. The concierge, well....he realised obviously there was a problem as I used my symbol cane quite a lot.

Oh did you – that was going to be my next question.

I did with mixed effect. In that I thought it was a universal world-wide symbol. It’s not. They’re green in Buenos Aires.

I didn’t know that.

Nor did I, but a lady came up to me in the conference from Buenos Aires and said in very broken English (better than my Spanish), but you know ‘what’s this stick?’, so then...and she said 'it’s very short, it’s very short’, and I said 'It’s to show you I have a problem, not to help me find my way
around, and she said ‘ah I understand. In Buenos Aires they are green’. And I thought ‘great!’, so that explains why no traffic and nobody in Santiago was taking the blindest bit of notice about it at all. And were running into me, and....because in the UK if you use it people can give you a bit of a wide berth which is fab. But that didn’t happen, and I said to Tracey do you think that in Santiago do you think it means run into me now!? So that was really very interesting.

So in those busier areas did you hang onto her then?

Yes. Especially at night. And we did go out at night – we went out to eat and wander around the night markets and yes I hung onto her then. The other thing I noticed was that there, well obviously they’d just had an earthquake, so the condition of their roads and pavements was a little bit treacherous in place. In a lot of places it was fine but in other places I really had to hang onto her, and she say there’s a hole, or there’s a kerb, or be careful there’s wires or whatever, so....

Quite an adventure then?

It was. It was really good. Yes I’d literally thought everything to do with visual impairment was a white stick but shows my naïveté.

I know in Germany someone said their cane was red because of the snow. Because you wouldn’t see a white cane in the snow. But I do also remember that the world blind day was about symbol cane safety – it did say white cane in it. So it’s not actually clear then is it?

No, it’s interesting. It’s be interesting to do some more research around it, to see what different countries do differently and why.

Because people talk about universal design a bit more now, and you kind of wonder what about universal symbols, you know, whether you like them or not I guess. I know that the RNIB are trying to sell different colour canes to children, with mixed reaction. It’s following on from the colouring the ??????

Colouring the?
Colouring the ??????, the magnifiers? To make them a bit more interesting.

A bit more appealing for kids to use? Oh I see.

How about the actual travelling? The airport and the plane?

Um, again I had [Lorraine] with me, so she was able to read the menus for the food on the flight, and we were well seated so that we could, you know were within four rows of the toilets. Obviously sort of like sign boards and .....we stopped off in Brazil, we were in San Paulo for a couple of hours on the way there. What a dump.

You stayed in the airport?

Yeah, it needs refurbishing. Again very concrete, poorly lit, very uncomfortable. But we had six hours there on the way back, and no English announcements, everything in Spanish. So [Lorraine] had to be the eyes to read the screens and of course they’re way up there aren’t they? They’re not here, where you might be able to get close enough to make it out, so ...but no incidents as they say, the journey was uneventful, which is how you want your journeys to be. Everything went very smoothly, no problems at all really.

Would you think about doing a journey like that on your own?

No, absolutely not, absolutely not. It’s okay when everything goes right, but even when everything did go right I needed her there for the things I’ve mentioned. Had something gone wrong, had there been a problem with my passport, my Visa, had there been anything like that, had I missed my connecting flights, I’d have had absolutely no chance at all.

If there were facilities there, if there was proper assistance, would that make a difference?

It would make a difference. I go back to what I say about trusting my companion though, because I wouldn’t have known those people. For me personally, and I can’t say that’s for everyone with a sight problem, but for me personally that I need to trust the person that I’m with, that I know they’ll get me out of any messes.
That’s fair enough and other people have said that too. I think staying on the international theme for a minute, do you think it is partly to do with the development of the country as well?

Definitely yeah, absolutely. Because it is a developing country, there’s obviously a lot of poverty. I would say that certainly in terms of styles of airports and things they’re a good thirty years behind where we are today. I’ve been into Hong Kong airport which is incredible. And you couldn’t get two more different places than Hong Kong and San Paulo, they’re very very different.

So pretty behind facilities wise, I suppose it was quite difficult to judge their attitudes towards disabled people do you think?

It is difficult to judge because I didn’t rely on them I relied on my friend. One thing we did notice, and this is going to sound like a huge generalisation, it’s not intended to sound racist in any way – they don’t smile. They’re very solemn, very, very solemn people. I stood out like a sore thumb because I’ve got fair hair. [Lorraine] my friend is dark so from the back she could have got away with being Latino, but I can’t get away with being Latino at all, so I attracted a lot of ...beggars, basically. One evening we were sitting, waiting to have our meal and we sat outside, it was a nice evening so we sat outside, and the waiter was back and forward and he was very chatty, but he had to wrestle a lady to the ground three times and drag her off down the street. She was obviously someone who’d got problems, I thought she was drunk, [Lorraine] said there was probably a bit more going on that that, possibly using drugs as well. But I was her target, she was going to get to me come hell or high water, and he literally wrestled her to the ground and dragged her off three times, before I said shall we go inside, will that make your job easier? Because it was obvious tourist, obvious western tourist.

So it’s dealing with those destination issues as well isn’t it?

That’s right. The cultural issues and the fact that I did stand out, I couldn’t blend into the local people at all.

Is that enhanced because of your sight as well, or would you have felt the same...?
I don’t know. I remember going to Greece as a youngster with my family, my parents at that time, and being very fair, being a target you know for people begging. I remember going over a bridge over the Corinth Canal and literally people doing that to your clothing, and trying to touch and getting to your hair and handbag, and ugh...

I’ve experienced that. My sister lives in Abu Dhabi .....when I first took my oldest daughter it was the same, she was very blonde, a little girl, and attracted a lot of attention.

I know.

Right now I’m going to go back over some of the things you said in our last interview – I don’t expect you to remember.

Oh good.

I remember because it’s written down. But I do remember a lot of it when I looked back at it. If we start with the easy bit with the actual activities you talked about. I know skiing was the first one.

Yes.

So it’s something that you’ve always done as a family?

That’s right yes.

And then [Elizabeth] was saying, and [Oliver] was saying, that we just carry on like we did before but we say ‘it’s alright Mum you’re in our line of sight it’s fine’...

Yes.

So if I want to just pick that out a little bit. Firstly the fact that you know how to ski anyway?

Yes

So, did you have to adapt the way you ski and did it feel different?

I ski more by feel than I do by vision now. When I learned to ski I could see and I could see the irregularities in the piste, I could see the
changes in light, I could see the difference between snow and ice, and....do you ski?

No, so this is a learning curve!

Skiing on snow is lovely, skiing on ice is a nightmare. Absolute nightmare. Everything is skittery and glittry and very very quick and you generally fall over. Unless you know it’s coming and you hold your skis in a certain way, and you move in a certain way and you centre your weight. Now I don’t see that so I still go ass over elbow when I hit ice, but they’ll shout ‘ice – turn right’, or ‘ice-turn left’, if they see it in time, but if not I just fall over. But the thing I found more is that I rely much more on joint feedback, my ??????? (15:57), my body feedback, when I’m skiing. Especially when there are uneven parts on the piste. And I do adapt my posture, and I adapt my speed, around the feedback that I’m getting from my body. It sounds like a joke, I ski by feel, but I do, I ski by what my feet are telling me, what my knees are telling me.

So it’s your feet and your knees.

Yeah.

I’m not a skier, but somebody told me that when you learn you actually do do it – learning by feel.

Think it depends on the sort of person you are really. There’s a lot in skiing about where you place your weight to do certain things. And they say when you’re skiing you should always have your shins pressed right into the front of your ski boots. If you lean back it’s going to be a disaster, so you need to make sure your weight’s forward. But when you start to ski a bit more you actually rely a lot more on the ball of your foot, where your large toe meets your foot, and that’s where you tend to steer your direction from. So for me it depends where I put how much weight through that point in my feet. You don’t generally do a lot on your heels, you’re more forward – example – your skiing stance is like that, whereas your ski boots push you automatically into that position – so your knees are forward – that’s your skiing stance. And from that point you twist, and turn, you do everything from that point in your foot. (17:40)

So you still do that?
Appendix F: Excerpt from an Individual Conversation (Maria Brown 21st June 2010)

Yes.

But you’re more aware of what information you’re receiving is that right?

Yes.

And then do you ski slower or...?

No I ski faster. And I think that’s because when I was learning I could look down the piste and I could say, oh gosh, that looks very steep and I’d become a little bit anxious about it, stiffen up and usually make a real bodge of it. Now I don’t see that. In fact up until I lost my vision I would never ever do anything more challenging than a blue slope, or a green slope, which is like intermediate, but I do black slopes now which is the hardest. I do it slowly and I do it very ungracefully, but I’m not bothered by how high it is, how steep it is, how narrow it is, I’ll get down there somehow.

So are the others with you?

Yes.

But you’d be doing that anyway wouldn’t you, skiing together?

Yes. I go down a lot more with my son now, he says ‘come on mum just doing the black one are you coming?’ And then he’s off.

So is he sort of piloting you at the beginning and then he’s.....

Yeah. No he doesn’t really leave; he keeps me in his line of vision. He skis much more quickly than I do – he flies most of the way, so he’ll shoot off, but then he’ll stop and wait for me to catch up. He’ll say ‘alright?’ and we’ll be off again.

Right. And that’s just become normal?

Yes, yes. That tends to be how people ski anyway, you don’t do a whole slope in one, unless you’re very good and very fit, you would stop three or four, four or five times down the slope depending how long it is really, how tricky it is, because it makes your legs ache.

I was thinking that looking at you then.
Yes, you get thigh burn. So you do have to stop and get some air back into you.

So back to the basics about skiing, what is it about skiing that you like?

Oh God, everything. I like the camaraderie, I like the atmosphere, I like the cleanliness, I like the freedom, I like the speed. I love, on a day like this, on a ski slope, it’s the most beautiful thing in the world. It’s fresh, it’s clean, there are musicians playing, it’s....

And you still have that feeling?

Oh God yes. Absolutely.

So even though you don’t have a full picture of what’s around you – does that matter?

No it doesn’t matter. It doesn’t matter. Because when you’re at the top of the mountain the panorama is massive. The fact that I’ve got a whole in the middle of my eye doesn’t matter. And the other thing I’ve started to do now which I haven’t done before was I started to take....I’ve got a digital camera with a reasonably big screen on the back so I just point it at things and take photos, and when I come home I put them onto my computer screen which is massive, then I can see it.

That’s fantastic.

So, and I thought I can do that, and I can see what they’re talking about because I can zoom it up. So I do lots of that now.

Because I, this is probably going too far ahead, but now you’ve mentioned it, there is that when you come back you share the memories again with the photos you’ve taken, so when you’re doing that on your computer is everybody doing that or are you just on your own?

No, no, the rest are not bothered about photographs. Not at all. Never have been. But that’s for me. That’s so I can see what was there in a different way when I come back.

A different way...how does that make you feel?
Appendix F: Excerpt from an Individual Conversation (Maria Brown 21st June 2010)

Oh it’s great. Especially I remember coming back from Prague and I’d taken lots of photos buildings, and details of buildings, which I couldn’t see, but I put on my zoom lens, my brother’d say ‘put it up there and press’, and then when I came back I, when I got it back, I’d see oh my goodness it’s a gargoyle, or oh my goodness there’s spaces happening. So to be able to – yeah it’s retrospective – and then I’d ring him up and say ‘I’m now looking at it!’.

That’s quite nice in a way isn’t it because you’re reliving the experience? I want to go back to that Prague bit just looking at the scheme (? 21:53) a bit more......so physically then, I know you’ve already said about the feet and the knees, and you’re smiling when you’re telling me the story about everything, so is there any kind of I don’t know, heart muttering or in the belly, or....I don’t know....what does it feel like when the wind is whisking through your hair and stuff like that, does that make it as well?

Yes it does. And sometimes that’s a little bit scary, exhilarating I think is the word, because I’m thinking am I going too fast, am I going too fast, can I control this? And sometimes I can and sometimes I can’t.

You’re kind of gauging that then - through that motion?.

Yes. And I think that if I go to a new slope, which I haven’t been to before, there’s a little bit of butterflies in the stomach at the beginning where I think Okay I haven’t done this one before, I don’t know every turn, I don’t know every lump and bump, because there are slopes which you tend to – they’re your main routes, and there are other ones which you maybe do once or twice. So a little bit further afield or they take you up to a specific point, so yes when I do a new slope that’s quite exciting, quite exhilarating. A little bit nervous, a little bit of ooh is it going to be okay?

This is all very interlinked with the actual skiing experience anyway, isn’t it, what you gain from that, because I wouldn’t really go for that at all. Although I like the idea of what you’re saying – the landscape and the feel....

Oh it’s so gorgeous....

It’s just the skiing bit I just wouldn’t be able to do (laughs)
It’s fairly important.

Pretty important. Now I’m glad you mentioned about going to Prague with your brother because you did talk about that, but you talked about it in terms of the concession you had, but then the feeling you had when you got to the top and you were taking these pictures, that you felt a fraud because your brother jokingly said something?

Yes he said oh yeah you’re fine using the disabled card and then reaching into your purse and pulling out exactly the right note to pay to get up the tower, and well I did feel a bit of a fraud, but then I thought no actually that’s not my problem, you know I don’t have to justify this to anybody.

Is that you as a person really? Do you think other people would be like that, or is that a huge generalisation?

Yeah, I’m a bit, I’m sorry what you see is what you get. That makes it say I don’t change the way I am to make people feel comfortable, I would hope that I did, but I can’t change who I am. And I don’t have to justify that I’ve got a visual impairment to anybody, if I don’t choose to.

Because it is interesting because people would see you holding the camera up and assume that you’re looking for a particular thing and you know ???? (24:27)

Yes, Oh look there’s that blind woman what’s she doing taking photos? It’s a digital camera, you can delete it if you don’t want it, it doesn’t cost you anything, does it? It’s not like the old day when you used to take your roll of 24 in and they had to be perfect because it was £7.40 or whatever. No it’s not like that at all, so...
Appendix G: Example of an Access Statement

Source: http://www.breconcastle.co.uk/Brecon-Castle-Hotel-Access-Statement.asp

Introduction

Brecon Castle Hotel is located in the historic heart of Brecon. The hotel is independent and has a long reputation for the warmth of our hospitality and personal attention. We want your visit to be an experience you recall with pleasure and we look forward to welcoming you to Brecon.

Pre-Arrival

- For assistance prior to arrival please contact reservations on 01874 624 611
- The Castle Hotel in Brecon’s town centre, is ¼ mile from the A40 / A470 Junction of the town by-pass and only 35 minutes drive from the train stations at Abergavenny or Merthyr Tydfil which provides direct connections with London and Birmingham
- Taxis are readily available outside the train stations
- The town bus station is an easy 5 minutes walk from the hotel
- The centre of town is an easy 2-minutes walk from our door step
- We have a list of local equipment hirers that is available on request

Arrival & Car Parking Facilities
Appendix G: Example of an Access Statement

- The hotel has 35 parking spaces
- The front doors of the hotel can be opened wide to make entry and exit easy for infirm or disabled guests
- Assistance is provided wherever possible with parking and luggage

Main Entrance & Reception

- Once through the front doors the reception area is level with access to the bar, restaurant.
- The reception desk is located to your right as you enter the front hall
- The reception desk is 110cm high.
- On check in staff will brief you on our evacuation policy on request.
- The registration card can be enlarged if required
- The main restaurant is located along the short corridor beside the Reception
- The bar is located to the left (as you face it) of the reception desk
- There are no steps to the restaurant or bar
- The floor in the front hall is tiled and the floor of the restaurant and bar is wooden

Public Areas - General (Internal)

- There is an internal hotel phone on the reception desk that guests can use
- The main hotel is three floors high and access to the 28 bedrooms in this section is via a central staircase only.

Public Areas - WC

- There are separate modern toilet facilities provided for ladies and gents and a separate disabled toilet with baby-changing facilities
- Access to the toilets is level-entry along the corridor from the front hall along a tiled floor
- The floor surface in the toilets is tiled
- There is no color contrast with critical surfaces and the sanitary ware is white

Restaurant / Dining Room, Bar & Lounge Areas

- The location of the toilets can be seen in the public areas WC section
- There is a bar situated on the ground floor to the left (as you look at it) of the reception desk
- It has a level entry and is open plan with even wooden flooring
- The bar counter is to the left upon entry
- Table service is offered throughout the dining areas.
- The tables are all of equal height and there is an option of easy access chairs or banquette seating
- Lighting is a combination of natural and electric light
- The restaurant is also located on the ground floor along the short corridor from the entry hall
- The restaurant provides table service throughout with assistance being available with the self service breakfast
- Lighting levels can be increased if required
- We cater for most dietary needs, although prior warning is advised.

Laundry

- Laundry service and dry cleaning is offered
- Bags are available in the bedrooms and are collected from the bedrooms by 09.00 and returned by 17.00 (expect Sundays when there is no laundry or dry cleaning service). Please note that dry cleaning is sent out to a local company, times of return are subject to change.

Shop

- There is a small cabinet at the entrance to the bar which contains items for sale
- Items can be purchased through the reception desk

Leisure Facilities

- None available

Outdoor Facilities

- The hotel boast a large garden facility with ample seating and can be utilised subject to weather conditions.

Conference & Meeting Rooms, Banqueting, Clubs, Entertainment

- We have 4 main conference rooms that are all accessed via level-entry from the front hall
- one of these rooms can be accessed via double doors
- Lighting is even but can be varied using dimmer switches
Appendix G: Example of an Access Statement

• Please notify conference organizers in advance if you will require any additional services e.g. special seating arrangements, staging, we do try to accommodate everyone’s needs wherever possible

Bedrooms

• We have 29 rooms that are accessed via the central staircase. We have 2 bedrooms located on the ground floor in a wing of the main hotel which can be accessed without having to negotiate any steps. We have a further 8 bedrooms located in a separate annex building. Access to the 6 ground floor rooms is via a small step up followed by a turn to the right or left.
• We have a telephone, an audio alarm that is activated by the fire alarm and smoke alarms in every bedroom
• The bedrooms and bathrooms are generously proportioned but some provide more turning and transfer space than others
• We try as far as possible to allocate bedrooms based upon individual guest needs
• Emergency procedures are posted on the door to each bedroom and are explained upon check in for any disabled guests upon request.
• Every bedroom has television with remote control
• Flooring in bedrooms vary from carpeting to wooden flooring.
• Bedroom lighting can be switched on at the entrance to the room and also within the room
• There are bedside lights
• There is a direct dial telephone in most bedrooms
• We provide non-allergenic bedding as required, pre-booking is essential.
• All rooms are non-smoking in compliance with current legislation
• Furniture within the rooms can be moved.

Bathroom, Shower-room & WC
• All bathrooms are fitted with non-slip floor tiles or wooden floors
• Bathroom lighting is very bright and all sanitary ware is mostly white.

Self-Catering Kitchen
• Available in our mews rooms, Room numbers 4, 8, 10, 12. These rooms are sold on a room only basis, prices start from £152.50 per unit per night.

Caravans, Holiday Homes & Twin Units
• None available

Touring Facilities (Holiday Parks)
• None available

Boats - Narrow Boat, Cruiser & Hotel Boat
• None available

Attractions (Displays, exhibits, rides etc.)
• None available

Grounds and Gardens
• There is a South-facing dual-level Garden located in front of the hotel (on the other side of the hotel from the car park)
• There is level-access to the gardens available either from the bar area or via a large metal gate on the side of the hotel. Access leads onto a level brick path suitable for wheelchairs that leads around the hotel to the gardens and around to the lawn below. There are further gardens located below the castle and next to the river. Access to these gardens is via a very steep wooden ramp and a number of steep steps that may be unsuitable for infirm or wheelchair bound guests
• There are a number of benches and seats provided

Additional Information
• If you require any assistance during your stay please contact reception
• The Duty Manager can be contacted via reception
• We have a general evacuation procedure with specific procedures for infirm or disabled guests and this will be explained upon check in, upon request.
• All housekeeping staff have been trained and are aware of procedures to aid privacy in bedrooms
• There is excellent coverage for mobile phones throughout the hotel
• Wi-Fi is available throughout the lounge and reception areas. (Subject to coverage availability)
• We do have a number of rooms suitable for families or carers
Appendix G: Example of an Access Statement

Contact Information

- Address: Brecon Castle Hotel, Castle Square, Brecon, LD3 9DB
- Telephone: 01874 624 611
- Fax: 01874 623 737
- Email: contact@breconcastle.co.uk
- Website: www.breconcastle.co.uk
- Hours of operation: 24 hours, 364 days per year
- Emergency number: Reception Dial 0

Future Plans

- We are constantly refurbishing and upgrading our public rooms and bedrooms

We welcome your feedback to help us continuously improve if you have any comments please phone 01874 624 611 or email hotel@breconcastle.co.uk