



The embodied tourist experiences of people with vision impairment: Management implications beyond the visual gaze

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ABSTRACT

This paper reports the findings of a qualitative study that investigated the embodied tourist experiences of 40 people who are vision impaired. The study, informed by the concept of “embodied ontology”, explored the corporeal and socially constructed experience of tourism. The findings highlighted the benefit of holidays for the participants and de-centred the “visual gaze” in the tourist experience. The quality of the tourist experience related to participants’ feelings of inclusion or exclusion in terms of their access to information, experience of wayfinding, travelling with a guide dog, and the knowledge and attitudes of others. It was evident that participants needed to manage their tourist experiences closely and constantly. The paper concludes that the tourism industry and community must understand the multi-sensory nature of the tourist experience if quality accessible experiences are to be available for tourists with vision impairment. Provision of multi-sensory experiences also enhances the experiences of sighted tourists.

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1. Introduction

Over the past two decades, authors have argued that an understanding of the tourist experience requires acknowledgement of the tourist’s body in the experience. The tourism literature focussing on “embodiment”, (defined as “the notions of making and doing the work of bodies – of becoming a body in social space” [Turner, 2008, p. xiii]) emphasises the social construction of the body. In tourism, as elsewhere, certain bodies have value and worth while others do not. Tourism, with its focus on paradise, beauty and perfection, adheres to a prescribed version of what constitutes an acceptable body (young, white, able bodied and slim) which is the body represented in tourism promotional material (Edelheim, 2006; Pritchard, 2001), in flight magazines (Small, Harris, & Wilson, 2008) and the holiday images in women’s lifestyle magazines (Jordan, 2007). Those excluded from this ideal lack value and are not “welcome in paradise”. One clear message emerging from the tourism media is that there is no place for bodies that are disabled.

To understand the body in tourism is to recognise that the body is constructed and experienced. The body is more than discourse; it is also “a practical, direct locus of social control” (Bordo, 1989, p. 13). It is a material body, which breathes, digests, sleeps, smells, tastes, moves, touches, hears and sees. It is this body, as a tourist, that travels, moving through space from the home region to another geographical space and stays overnight at the destination. More over, it is the body in proximity to a particular place, person or event at the destination which allows for bodies to be “corporeally alive” (Urry, 2002, p. 155) and for “intense moments of co-presence” to occur (Urry, 2002, p. 155). Although vision and the sight-seeing gaze are discussed in tourism studies, the wider corporeal experience has been neglected. As Selänne (cited in Dann & Jacobsen, 2002, p. 210) says, “Everything in mass tourism is not about looking at places, or to put it more exactly, to see places. The sense of sight is not exclusive in experiences of the vacation”. While acknowledging that the typical Western tourist experience is visual in nature, in the later edition of his text Urry also recognises that “there is nothing inevitable or natural about this organising power of vision” (2002, p. 146). As Dann and Jacobsen (2002, p. 211) said, “the holiday has been portrayed as a ‘sensory void’” despite it being a multi-sensual and emotional bodily experience involving sight, taste, touch, sound, smell and movement (Crouch & Desforages, 2003; Dann & Jacobsen, 2002; Pritchard, Morgan, Ateljevic, & Harris, 2007; Selänne, 2001; Small, 2007; Veijola & Jokinen,

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1994). While it is possible to discuss the social construction of the body or the corporeal nature of the body, it is more difficult to understand the relationship between the two. As Holland, Sharpe, and Thomson (1994, p. 22) state, “the material body and its social construction are entwined in complex and contradictory ways which are extremely difficult to disentangle in practice”. Further, Urry (2002, p. 152) confirms that “there are ... complex connections between bodily sensations and socio cultural ‘sensespaces’ mediated by discourse and language”.

The bodily experience of tourism is likely to be very different for the able bodied tourist and the tourist who is disabled. Bodily sensations will be different as will the social context in which they are experienced. One's embodiment can affect one's inclusion or marginalisation in the tourism experience. Amongst impairment groups, people with vision impairment (PwVI) or who are blind are particularly marginalised in tourism (Small & Darcy, 2010). This impairment is associated with particular groups of people. According to the World Health Organization (2004), “More than 82% of all people who are blind are 50 years of age and older”; “in every region of the world, and at all ages, females have a significantly higher risk of being visually impaired than males”. This creates a strong link with the seniors market, where all disabilities are significantly represented.

In Australia, around half a million people are blind or have severe vision impairment, with this figure predicted to double by 2024 (Vision 2020 Australia, 2009, p. 14). The most common causes of blindness and vision impairment are age related macular degeneration, cataracts, glaucoma, diabetic eye disease and refractive error (Vision 2020 Australia, 2009). The ageing of the population is a major factor in the estimated increase, as the disability rate increases significantly with age. This increase is also likely to be exacerbated by the increasing rate of diabetes associated with the rise in obesity. As women have a longer life expectancy than men, more women than men will live with vision impairment. While there are differences in the technical definitions of “people who are blind” and “people who are vision impaired”, for the purposes of this paper, all participants will be referred to as people who are vision impaired (PwVI). We currently know little about the experience of travelling with vision impairment. Without this information, it is difficult for the tourism sectors to respond to this group. This paper seeks to answer the question: What are the embodied tourism experiences of PwVI? Firstly, we review the literature on embodiment and disability, and touristic travel and disability.

2. Literature review

2.1. Embodiment and disability

Disability Studies has moved from the medical model of disability, which focuses on the person's impairment and specifically their “abnormal body”, to a social model. The social model acknowledges the social construction of disability (Oliver, 1996) where the foundation is the definitional difference between “the impaired body” and the “socially constructed disability”. As first articulated by the Union of Physically Impaired Against Segregation (1975), “people with impairments” have a condition that affects the function of their bodies but it is the disabling nature of socially constructed barriers that transforms them into “a person with disability”. The socially constructed barriers are a combination of the hostile built environment, political structures, economic position and social attitudes that are encountered on a daily basis. The combination of these factors creates a complex form of social oppression that constructs disability. A great deal of the research on disability and tourism (such as Daniels, Drogin Rodgers, & Wiggins,

2005; Darcy, 1998; Turco, Stumbo, & Garnicarz, 1998) has rightly focused on the constraints and barriers encountered by people with disability.

Yet, within disability studies, there has been an ongoing concern that the agency of the corporeal body has been overlooked due to the focus on structure. Led by the feminist disability theorists (Thomas, 1999; Thomson, 1997), the body was reclaimed as an important consideration for individuals' lived experiences. To separate the body from the lived experience reduces the complexity of understanding of the environmental, cultural, political and economic boundaries that marginalise people with disability in their everyday citizenship. These ideas have been further explored by Shakespeare and Watson (2001) through their concept of “embodied ontology” which extends the social model by creating a place for embodiment within the paradigm. As they suggest, disability should not be reduced to the dichotomy of a medical condition or social barriers as it is far more complex. In effect, the embodied ontology challenges the dichotomies of impairment/disability and offers a model that intertwines structure and agency. It is important to recognise that a person's embodiment shifts over their life course and that most people will experience disability at some stage of their lives.

2.2. Touristic travel and disability

A theory that goes beyond physical impairment *versus* socially constructed disability is useful in understanding the lived experiences of tourists with disability. The two are entwined and it is the intersection of these that constitutes the experience of a tourist with a disability and differentiates it from the tourist experience of an able bodied tourist. Such an understanding is required for the development of high quality accessible tourism experiences. Differences in the experiences of tourists with disability and those without are apparent even before leaving home: the availability of information in an accessible format is limited; and the absence of representation of disability in the tourism promotional material can lead to feelings of exclusion. Contrary to the expectations of many in the tourism industry (Horgan Jones & Ringaert, 2001 cited in Joppe, 2003), people with disability do have the desire to travel. However, it is evident that people with disabilities are not travelling at the same rate as people without disabilities, despite progress in the past 20 years in removing barriers in the transport, accommodation and attraction sectors. A study of tourism and disability in Australia found lower participation rates in tourism, especially in international travel (Darcy, 2010). Of 12 different impairment groups, those with vision impairment were the second least likely to travel, after those with mental health issues, and significantly less likely to travel than those without an impairment (Small & Darcy, 2010).

The reasons for such low participation rates are not yet clear. Existing literature tends to suggest that people with disability face a disproportionate number of constraints to participation over and above that of the public (Daniels et al., 2005; Darcy, 1998; Turco et al., 1998). These studies identified that the majority of people did not cite their impairment (intrapersonal constraint) or their interpersonal relationships as a reason for nonparticipation. Instead they identified a series of structural constraints (environment and attitudes encountered) to explain their nonparticipation. A study by Marston and Golledge (2003) found a hidden demand by PwVI for more trips (in general) by public transport if they were able to travel independently. This finding suggests the social construction of the tourism environment is the major deterrent to tourism participation. This is supported by the complexity of constraints identified by Daniels et al. (2005) in analysing the “travel tales” of people with disability. While tourists with mobility

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