

UNDERSTANDING LEISURE TRAVEL MOTIVATIONS OF
FREQUENT TRAVELERS WITH MOBILITY IMPAIRMENTS

by

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Dedication

To my family:

the ones who love me the most.

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ABSTRACT

With the passage of the Americans with Disabilities Act (ADA) in 1990, the U.S. tourism marketers begin to pay attention to one of the most important but often overlooked segments of the market—people with disabilities (Ray & Ryder, 2003). In the past two decades, a number of studies highlighted the potential of people with disabilities as a tourism market segment (Darcy, 2002; Huh & Singh, 2007). However, consumer and travel research on people with disabilities in general is scarce. The purpose of this study was to understand what motivated people with mobility impairments travel frequently.

Travel motivation is fundamental in tourism studies and is essential to tourism development (Wahab, 1975). The push and pull framework has been most commonly used in the study of travel motivation (Uysal, & Hagan, 1993; Fodness, 1994). Another important framework in the study of pleasure travel motivation is proposed by Crompton (1979). He identified nine socio-psychological and cultural motivations. A qualitative study method was utilized for the exploratory study of understanding leisure travel motivations of active travelers with acquired mobility impairments. Two focus groups were conducted during the annual congress of the Society for Accessible Travel and Hospitality in 2009.

A total of nine push factors and three pull factors were identified for frequent travelers with mobility impairments. The push factors were: (a) escape from a perceived mundane environment; (b) exploration and evaluation of self; (c) relaxation; (d) enhancement of relationships with family and friends; (e) facilitation of social interaction; (f) independence: regain of control over destiny, travel as a basic need, and be normal; (g) the desire of being in natural environment; (h) adventure; and (i) “do it today”. The first five factors (Factors a-e)

were the shared motivations between average travelers (Crompton, 1979) and frequent travelers with mobility impairments. Prestige and Regression, motivations of average leisure travelers categorized by Crompton (1979), were not identified in this study. Results also showed that travelers with acquired mobility impairments shared the same motivating factors as what was identified by Crompton (1979) as pull factors for the average travelers: novelty and education. However, accessibility at the destination was also an important pull factor for people with mobility impairments.

Although travelers with acquired mobility impairments have similar travel motivations as the average traveler, there are also motivations that are unique to them. Results of the study suggest that travelers with mobility impairments should be considered as a unique travel population and their needs and behavior should be further studied.

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Chapter 1

INTRODUCTION

The tourism industry in the U.S. has reached a state of maturity characterized as a marketplace saturated with its products and services and engaged in fierce competition (Huh & Singh, 2007). This competition drives some tourism marketers to identify and target new markets overlooked by their competitors (Huh & Singh, 2007). With the passage of the Americans with Disabilities Act (ADA) in 1990, the U.S. tourism marketers began to pay attention to one of the most important but often overlooked segments of the market—people with disabilities (Ray, & Ryder, 2003). According to the 2007 American Community Survey of the U.S. Census Bureau (2009), 41.2 million people, or 15 percent of the population above five years of age, have some kind of disability, and 41 percent of adults 65 and older have disabilities.

In recent decades, a number of studies highlighted the potential of people with disabilities as a tourism market segment (Weiler & Muloin, 1989; Murray & Sproats, 1990; Shaw-Lawrence, 1991; Touche Ross 1993; Reedy 1993; Keroul, 1995; Patterson, 1996; Papone, 1997, Darcy, 2002; Huh & Singh, 2007). It is a promising tourism market segment. In 2002 and 2005, the Open Doors Organization (ODO), a Chicago non-profit organization, conducted quantitative studies among U.S. adults with disabilities (aged 18 and older), to identify their general travel patterns (Harris Interactive Market Research, 2006). The results of the 2005 study were fairly consistent with their 2002 study. The 2005 study showed that 69 percent of adults with disabilities or more than 21 million people have traveled at least once in 2003 and 2004. The 21 million travelers include 3.9 million business travelers, 20 million

leisure travelers, and 4.4 million travelers who combine business and leisure. In total, they spent \$13.6 billion on travel each year. In particular, the study indentified a subgroup of frequent travelers within the disability community. Approximately 20 percent of adults with disabilities, or more than six million individuals, were shown to be frequent travelers, taking more than six trips in 2003 and 2004. Even more significantly, Darcy (1998) argued that people with a physical disability actually want to travel more frequently than people without disabilities.

The ODO 2005 study also investigated the travel obstacles that adults with disabilities encountered. These obstacles manifest themselves in a variety of ways, including: (a) physical obstacles, such as cramped seating areas, unwieldy doors at hotels, and restaurant dining rooms with tables that are too close together; (b) service-related obstacles, such as a general lack of availability of preferred, accessible accommodations on airplanes, at hotels and at restaurants; and (c) communication-related obstacles, such as difficulty communicating with airline, airport, hotel, and restaurant personnel (Harris Interactive Market Research, 2006).

Most of the literature on travelers with disabilities to date has been focused on travel constraints, such as accessibility issues (Smith 1987; Peniston, 1996; Darcy, 1998; Israeli, 2002; Eichhorn, Miller, Michopoulou, & Buhalis, 2008; U.S. Department of Justice, ADA Business Connection, 2009). For example, Smith (1987) examined the barriers affecting the leisure travel of people with disabilities, and divided them into three categories of barriers: intrinsic barriers, environmental barriers, and interactive barriers. Since the passing of the ADA in 1990, hotel and motel operators are very much concerned with developing and

maintaining comfortable room accommodations, delivering quality service and displaying hospitality to the satisfaction of all its guests (Peniston, 1996). Accessibility of a hotel facility is not only about maintaining its physical accessibility features; it is also about providing good customer services assisting people with disabilities is likely to bring repeat business from customers with disabilities and their friends and families (U.S. Department of Justice, ADA Business Connection, 2009). Israeli (2002) illustrated the importance of improving accessibility of sites for tourists with disabilities. It was hoped that the findings from Israeli's study could help tourism practitioners improve the accessibility of tourism destinations. Eichhorn *et al.* (2008) investigated accessibility information needs of tourists with disabilities, and identified interrelated need components of accessibility schemes: information richness and reliability, appropriate sources, communication tools, and customer-oriented services. In Australia, Darcy (1998) examined tourism access issues for people with physical disabilities, and provided detailed information for the government and the tourism industry about the tourism patterns and experiences of people with physical disabilities.

A few studies (Burnett, 1996; Burnett & Baker, 2001; Ray & Ryder, 2003; Yau, McKercher, & Packer, 2004; Packer, McKercher, & Yau, 2007) focused on the needs and motivations of travelers with mobility impairments. Burnett (1996) provided an initial investigation of a consumer group of people with disabilities for the service marketers. Specifically, Burnett and Baker (2001) described the characteristics of this consumer group for tourism marketing managers. They conducted a survey on consumers with mobility impairments. The results indicated that disability relates to environmental criteria, accessible criteria, and activities criteria, and also suggested that the consumers with disabilities can be

segmented by level of severity. Yau *et al.* (2004) argued that “people with disabilities have the same needs and desires as others” (p. 946). Based on the qualitative data from interviews and focus groups with Hong Kong people with mobility or visual impairments, the researchers identified the stages in the process of becoming an active traveler (Yau, McKercher, & Packer, 2004; Packer, McKercher, & Yau, 2007). These preliminary studies suggested that there is a lack of in-depth understanding about the travel motivations of people with disabilities. Better understanding will attract more attention from tourism marketers and operators to satisfy this consumer group’s needs.

Statement of the Problem

Previous research (Smith, 1987; Harris Interactive Market Research, 2002; 2006) have demonstrated that there are various barriers for people traveling with disabilities. Only a few preliminary studies have specifically investigated the travel needs and travel experience of these individuals. Research also showed that the market of travelers with disabilities has considerable potential (Weiler & Muloin, 1989; Murray & Sproats, 1990; Shaw-Lawrence, 1991; Touche Ross 1993; Reedy 1993; Keroul, 1995; Patterson, 1996; Papone, 1997, Darcy, 2002; Huh & Singh, 2007). However, it is important to understand their travel motivations, in order to satisfy their needs and promote appropriate tourism destinations (Crompton, 1979; Pearce & Caltabiano, 1983; Pearce, 2005). This study is concerned with the travel motivations of frequent travelers with mobility impairments.

Purpose of the Study

The purpose of the study is to understand what motivates people with mobility impairments travel frequently. Improving understanding of travel motivation would be

beneficial to studies of tourist behavior and destination choice (Crompton, 1979; Mansfeld, 1992; Pearce, 1993). The information provided in the study should encourage further researches on travelers with disabilities, and attract more attention from tourism marketers and developers.

Need for the Study

Travel motivation is fundamental in tourism studies and is essential to tourism development (Wahab, 1975). An analysis of the motivation underlying tourists' behavior can reveal the way in which people set goals for their destination choice and how these goals are then reflected in both their choice and their travel behavior (Mansfeld, 1992). Such analysis can also provide tour operators, tourism planners, and other tourist-related sectors with a better understanding of the real expectations, needs and goals of this segment of tourists (Goodall, 1988; Jefferson & Lickorish, 1991).

From a psychological point of view, motivations are created when individuals think of certain activities they could, should, or might do in the future, activities that are potentially satisfaction producing (Iso-Ahola, 1982). In the research literature on tourists with mobility impairments, Yau, McKercher, and Packer (2004) stated that people with disabilities have the same needs and desires for tourism as others. However, there is less understanding of the travel needs and motivations of people with disabilities (Burnett & Baker, 2001; Ray & Ryder, 2003; Daniels, Drogin Rodgers, & Wiggins, 2005). The difficulty in indentifying and describing leisure travel motivation is that it reflects travelers' inner needs, and these inner needs may be harder to describe and measure (Uysal & Hagan, 1993).

According to Travel Industry Association of America, leisure travel includes visits to

friends and relatives, as well as travel for outdoor recreation, entertainment, and other pleasure or personal reasons. Travel Industry Association of America (2005) reported that traveling generated 1.164 billion person-trips in 2004. Leisure travel accounts for the majority (81%) of all U.S. domestic travel, registering 944.3 million person-trips in 2004.

Although the ADA guarantees equal opportunity for people with disabilities in public accommodations, commercial facilities, employment, transportation, state and local government services, and telecommunications, there are still many barriers associated with traveling with disabilities, including accessibility issues (Smith 1987; Peniston, 1996; Darcy, 1998; Broida & Germann, 1999; Israeli, 2002; Eichhorn, Miller, Michopoulou, & Buhalis, 2008; Department of Justice ADA Business Connection, 2009). The market segment of people with disabilities is considerable, including 41.3 million people, and their family and friends. In fact, 21 million people with disabilities traveled in 2003 and 2004, including 20 million leisure travelers, and 4.4 million travelers who combine business and leisure. Even more significantly, 20 percent of adults with disabilities were frequent travelers; they took more than six trips in two years. Given the barriers associated with their disabilities, why do they still like to travel so often? A study exploring what makes people with mobility impairments travel frequently would provide more information for tourism researchers and marketers to understand this market segment.

Delimitations

The scope of the study is delimited to:

1. Travelers with mobility impairments (physical disabilities), other than travelers with hearing, sight, or speech impairments (sensory-limiting disabilities) (Reedy, 1993).

2. Focus group participants were 12 delegates with mobility impairments who were at the Society for Accessible Travel and Hospitality (SATH) 13th World Congress.

3. SATH 13th World Congress lasted for five days, January 4 –8, 2009. Five people voluntarily participated in the first focus group study on January 5, 2009, and seven joined the second focus group on January 7, 2009. Each focus group interview session lasted two hours.

Limitations

The results from this investigation were limited by the following factors:

1. Subjects who participated in the focus group study were delegates to the SATH 13th World Congress.
2. There were only two focus groups, and each session lasted nearly two hours. Twelve subjects, five in the first focus group and seven in the second, participated in the study.
3. The level of disability was not controlled. Travelers with mild, moderate, and severe mobility impairments joined the same focus group.
4. People with congenital and acquired disabilities joined the same focus group. Few participants with congenital disabilities were recruited. Most participants acquired disabilities later in their lives.
5. An investigator triangulation was performed by three researchers within the tourism studies field.

Definition of Terms

Accessibility. The degree to which people with physical limitations can get to, enter, and use a facility and its surrounding area(s) (American National Standard A 117.1-1986)

(Dattilo, 1994).

Disability. The Americans with Disabilities Act (1990) defines an individual with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

Disequilibrium. “There exists a stable set of conditions that an organism will approach or maintain in the face of circumstances that perturb or challenge these conditions” (Timberlake, 1980. p. 9).

Impairment. A loss or abnormality in body structure or physiological function, including mental function (World Health Organization, 1980).

Mobility Impairments. “These are limitations to movement, ranging from restricted upper body motions such as reaching, typing, or grasping to restricted lower body motions such as walking or climbing” (Reedy, 1993, p.79-80).

Motivation. “An inner state which energizes channels and sustains human behavior to achieve goals” (Pizam, 1979, p.195).

Travel Motivation. “A set of needs and attitudes which predisposes a person to act in a specific touristic goal-directed way” (Pizam, 1979, p.195).

Chapter 2

REVIEW OF THE RELATED LITERATURE

The purpose of the study was to understand leisure travel motivations of frequent travelers with mobility impairments. The literature related to travel motivations of people with mobility impairments is reviewed in this chapter, including (a) the market of leisure travelers with disabilities; (b) leisure travel constraints; and (c) leisure travel motivations.

The Market of Leisure Travelers with Disabilities

Motivation studies are beneficial for the business sector because sound market appraisals can be built on such assessments (Tribe, 2004). Burnett (1996) proposed that it is important to recognize the disabled as a distinct community in order to create a disabled-friendly consumer environment. In 2002, the Open Doors Organization (ODO) nationwide survey of adult travelers with disabilities showed that American adults with disabilities spend US\$13.6 billion on travel each year (Harris Interactive Market Research, 2003). However, it is worth remembering that the income and education levels of people with disabilities are lower than the national average, according to the 2007 American Community Survey of the U.S. Census Bureau. Compared with a median monthly income of US\$2,539 for people without disabilities, the median monthly income for people with non-severe disabilities is US\$2,250 and US\$1,458 for those with severe disabilities (U.S. Census Bureau, 2009). The market segment of tourists with disabilities has income constraints, but these individuals still travel at a level comparable with the rest of the population (Darcy, 1998). As a result, Burnett and Baker (2001) argued that the market of consumers with disabilities may be a profitable segment for the travel industry to target.

The travel market is often divided into four segments: personal business travel, government or corporate business travel, travel to visit friends and relatives, and pleasure vacation travel (Nesbit, 1973). In the 2005 ODO study, among the 21 million people with disabilities in the United States who had traveled at least once in the previous two years, there were 3.9 million business travelers, 20 million pleasure/leisure travelers, and 4.4 million travelers who combined business and pleasure. Adults with disabilities averaged two trips every two years, or approximately 63 million total trips; most importantly the majority of these trips were for pleasure. Similar to the findings from this study, the main reasons for traveling noted by residents with disabilities in New South Wales were pleasure holidays and trips to visit friends and relatives (Darcy, 1998). Based on these data, the present study mainly focused on the leisure travel market.

In the leisure travel market, travel agents are the primary source of travel products for people with disabilities (McKercher, Packer, Yau, & Lam, 2003). From the consumer's perspective, package tours purchased from travel agents are less expensive than independent travel, easier to purchase, and offer lower risk (McKercher *et al.*, 2003). McKercher *et al.* pointed out that although most mass tour products do not meet the special needs of people with mobility impairments, the lower income levels of these individuals may prevent many of them from purchasing more expensive tours customized to better accommodate their needs. Another disadvantage of purchasing package tours from travel agents is that most travel agents do not understand the needs of tourists with mobility impairments (McKercher *et al.*, 2003 ; Ray & Ryder, 2003). Consequently, Internet searches and word-of-mouth are popular strategies people with disabilities use to plan their travels (Ray & Ryder, 2003).

Eichhorn, Miller, Michopoulou, and Buhalis (2008) argued that understanding the different needs of people with disabilities is crucial to providing appropriate information and assisting people with disabilities to participate in tourism. Travel operators should communicate the accessibility features of travel options, identifying where environmental barriers do or do not exist (Eichhorn *et al.*, 2008). In a comparison study of travel patterns of families with and without a member with a disability, Jo, Huh, Kosciulek, and Holecek (2004) collected data from 20,734 respondents, including 985 families that had a member with a disability (five percent). The data showed that 40 percent of families with a member with a disability use the Internet for planning trips, 17 percent fewer than families without a disabled member.

In the case study of the ability of the Turkish tourism industry to meet the needs of disabled people, Ozturk, Yayli, and Yesiltas (2008) concluded that the Turkish tourism industry is not sufficiently prepared for tourists with disabilities. They observed four specific weaknesses: (a) governmental and non-governmental organizations do not appear to be working effectively to help people with disabilities; (b) transportation facilities are not ready to serve people with physical disabilities; (c) environmental conditions may be problematic, including unsuitably equipped/designed hotel stairs, baths, and toilets; and (d) tourism personnel need to be trained about the needs of people with disabilities.

In an investigation of the relationship between disability and criteria for destination selection, Burnett and Baker (2001) found that accessibility, environment-related, and activities-related decision criteria became more important to the traveler as the severity of his or her disability increased. Other findings of this study include: (a) pricing decisions are

important to disabled people, who on average face more budget constraints than other travelers; (b) although the realities of individuals' disabilities present unique challenges, the mobility-disabled still have many of the same travel-related needs as the non-disabled (p. 10).

These findings suggested that both researchers and travel operators should consider the accessibility needs of this market segment as well as appropriate pricing strategies.

Leisure Travel Constraints

People with either congenital or acquired mobility impairments experience physical and psychological barriers in their daily lives, but the everyday experience may not prepare them to deal with the constraints during leisure travel. In light of the intertwined relationship between motivation and constraint, a detailed review of such constraints is essential to understanding the motivations of people with disabilities. The participation of people with disabilities in leisure activities might be determined by the relative strength of their motivations relative to their perceptions of constraints (Jackson, 1993). Generally, strength of motivation appears negatively related to perception of constraints (Alexandris & Carroll, 1997). Alexandris and Carroll argued that motivated individuals are less likely to perceive high levels of constraints or are able to overcome them more readily, and are more likely to participate in recreational activities than less motivated individuals. Alexandris, Tsorbatzoudis, and Grouios (2002) investigated the influence of constraint dimensions on intrinsic motivation, extrinsic motivation, and amotivation. They concluded that intrapersonal constraints act as de-motivating forces for individuals.

Constraints to Leisure

Early studies of barriers to leisure activities for people with disabilities considered “a

narrow range of barriers, typically analyzed on an item-by-item basis vis-a-vis socio-economic attributes and participation in recreational activities” (Jackson, 1993, p.129). Leisure constraints research has moved from item-by-item analysis to higher levels of conceptual aggregation (Jackson, 1993). For example, Crawford and Godbey (1987) defined the nature and operation of three types of leisure barriers:

Structural barriers represent constraints as they are commonly conceptualized, as intervening factors between leisure preference and participation. Examples of structural barriers include family life-cycle stage, family financial resources, season, climate, the scheduling of work time, availability of opportunity (and knowledge of such availability), and reference group attitudes concerning the appropriateness of certain activities. (Crawford & Godbey, 1987, p. 124)

Intrapersonal barriers involve individual psychological states and attributes which interact with leisure preferences rather than intervening between preferences and participation. Examples of intrapersonal barriers include stress, depression, anxiety, religiosity, kin and non-kin reference group attitudes, prior socialization into specific leisure activities, perceived self-skill, and subjective evaluations of the appropriateness and availability of various leisure activities. (Crawford & Godbey, 1987, p. 122)

Interpersonal barriers are the result of interpersonal interaction or the relationship between individuals’ characteristics. These barriers are either the product of the intrapersonal barriers which accompany spouses into the marital

relationship, thus affecting joint preference for specific leisure activities, or those barriers which arise as the result of spousal interaction. (Crawford & Godbey, 1987, p. 123)

Similarly, Smith (1987) classified barriers to leisure participation by tourists with disabilities into intrinsic, environmental, and interactive barriers. Intrinsic barriers include lack of knowledge, health-related problems, social ineffectiveness, physical and psychological dependency. Environmental barriers are attitudinal, architectural, ecological, and those related to transportation, rules, and regulations. Lastly, interactive barriers encompass skill-challenge incongruities and communication barriers.

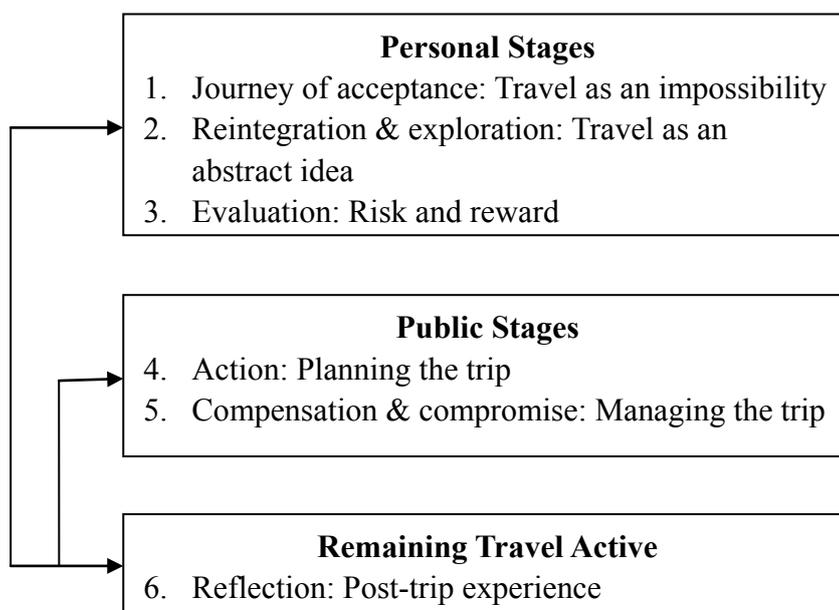
Constraints to Travel: Accessible Tourism

Previous research on travelers with disabilities has mostly focused on the issue of accessibility and on how to reduce travel constraints. Smith (1987) argued that disabled tourists' satisfaction with tourism may be lower than that of other tourists, because important aspects of the overall experience may be inaccessible to them. Israeli (2002) clarified the importance of accessibility factors for tourists with disabilities, comparing the ways non-disabled and disabled tourists evaluated a tourism site. The seven most significant accessibility attributes for the walking disabled were staircases, elevators, parking, (accessible) sidewalks, access ramps, paths, and restrooms (Israeli, 2002). Accessibility factors have been intensively addressed in the literature of travel with disabilities. Besides accessibility, an overview of tourist motivation and constraints is needed for understanding why people with mobility impairments travel for leisure.

Yau, McKercher, and Packer (2004) proposed that traveling with a disability is more

than simply a physical access issue. The researchers conducted in-depth interviews and focus groups to investigate the tourism experiences of people with mobility or visual impairments. Twenty-eight people with mobility impairments and 24 people with visual impairments were recruited for the study. The participants suggested that travel is influenced by their desire to explore new interests, take risks, manage daily living tasks, seek social support networks, and accept the disability. To describe the factors related to participation in tourism as perceived by people with disabilities in Hong Kong, Packer, McKercher, and Yau (2007) proposed a tourism participation complex. Qualitative data were collected from 86 people with disabilities. Besides the 52 participants in the previous study, 22 parents of children with disabilities and 12 senior citizens participated in the in-depth interviews and focus groups. The Process of Becoming and Remaining Travel Active (Packer *et al.*, 2007) emerged from this qualitative study as a six-stage process:

Figure 1: “The Process of Becoming and Remaining Travel Active”



Note: Packer, T. L., McKercher, B., & Yau, M. K. (2007). Understanding the complex interplay between tourism, disability and environmental contexts. *Disability & Rehabilitation*, 29, 281-292.

In figure 1, stage 1 relates to the participants' understanding and acceptance of themselves as individuals or families with a disability. Importantly, acceptance of themselves as people with congenital disabilities appears essential to the actual framework. "Being able to travel is a meaningful task through which a person with a disability can demonstrate to others that they have recovered or started to regain their control over destiny and to assert their future quality of life" (Yau *et al.*, 2004, p.958). Stage 2 often is produced by events related to mastery of daily routines such as community mobility and paid employment. Stage 3 is characterized by internal debate regarding the risk and reward of travel. Stage 4 involves planning an actual trip. In Stage 5, travelers with disabilities face the challenge of finding accessible options. The authors noted that a negative experience in the public stages 4 and 5 often meant that subsequent travel would be rejected. In contrast, a positive trip experience builds confidence and motivates the person to travel more frequently. Finally, Stage 6 determines whether a second or subsequent trip will be undertaken. Overall, the study described the complex interplay between tourism, disability and environmental context; nevertheless, it did not further discuss what motivates people in one of these stages to make progress toward the next one.

Leisure Travel Motivations

Human behaviors are motivated by intrinsic or extrinsic goals and rewards (Iso-Ahola, 1983). Motivations are seen as the driving force behind all actions (Crompton, 1979; Iso-Ahola, 1982; Fodness, 1994). Intrinsically, what people are seeking is in part what they have been led to believe is desirable in personal identity formation (Prentice, 2004). Leisure activities are mainly motivated by intrinsic factors (Iso-Ahola, 1983). Dann (1977) began

research on travel motivation by asking "what makes tourists travel?" Adopting this question from Dann (1977), this research is designed to answer the question of "what makes people with mobility impairments travel for leisure?" and to review both sociological and social psychological studies on travel motivation.

Sociological Perspective of Motivation

Push and Pull Factors

The push and pull framework has been most commonly used in the study of travel motivation (Dann, 1977; Crompton, 1979; Epperson, 1983; Pearce & Caltabiano, 1983; Pyo, Mihalik, & Uysal, 1989; Brayley, 1990; Yuan & McDonald, 1990, Uysal, & Hagan, 1993; Fodness, 1994). People travel because they are pushed by internal forces and, at the same time, pulled by external forces such as interest in a destination's attributes (Uysal & Jurowski, 1994). Most of the push factors are intrinsic motivators, such as the desire for escape, relaxation, prestige, and social interaction (Uysal & Jurowski, 1994). Pull factors are those that emerge as a result of the attractiveness of a destination, which include both tangible resources and travelers' perceptions and expectations, such as novelty, and benefit expectation (Uysal & Jurowski, 1994). Traditionally, push factors have been thought useful for explaining the desire to travel while pull factors have been thought useful for explaining the choice of destination (Crompton, 1979).

Anomic and Ego-enhancement Tourists

Two scales of motivation were developed in Dann's (1977) study: anomie and ego-enhancement. Anomie refers to the individual who clearly is affected by the social situation in which he finds himself (Dann, 1977, p. 186). For example, a possible push factor

for travel lies in the desire to transcend the feeling of isolation experienced in everyday life, such that the tourist simply wishes to escape from it (Dann, 1977). In the home situation, a potential tourist has already been assigned a social position by his contemporaries; however, he can go to a place where his social position is unknown and where he can feel superior by dint of this lack of knowledge. “Only travel provides such an opportunity for self recognition” (Dann, 1977, p.187).

Psychological and Social Psychological Perspective of Motivation

A Social Psychological Model of Tourism Motivation

Dann (1981) defined travel motivation as a meaningful state of mind that adequately disposes an actor or a group of actors to travel. However, Iso-Ahola (1982) disagreed with this sociological definition, pointing out that Dann overlooked the social psychological research on travel motivation. From a psychological point of view, motivations are aroused when individuals think of certain activities they could, should, or might do in the future, activities that are potentially satisfaction producing (Iso-Ahola, 1982). Iso-Ahola (1982) argued that there are two motivational forces that influence tourists: (a) the desire to leave the everyday environment behind, and (b) the desire to obtain psychological rewards through travel in a contrasting environment (p. 259).

Figure 2: “A Social Psychological Model of Tourism Motivation”

		Seeking Intrinsic Rewards	
		Personal	Interpersonal
Escaping the Everyday Environment	Personal Environment	(1)	(2)
	Interpersonal Environment	(3)	(4)

Note: Iso-Ahola, S. E. (1982). Toward a social psychological theory of tourism motivation: A rejoinder. *Annals of Tourism Research*, 9(2), 256-262.

In the first cell of figure 2, according to Iso-Ahola (1982), individuals may travel predominantly in order to escape their personal environment and to seek personal rewards, and other travelers may be identified by the motivational characteristics of one of the remaining cells. In addition, Iso-Ahola recognized that there are individuals who travel for a different combination of reasons every time they travel, depending on what has happened to them prior to deciding to become tourists. There are also tourists who go through each of the four cells in the course of one trip. Iso-Ahola's social psychological model of tourism motivation clearly categorized tourism motivation from a social psychological point of view in the 1980s.

Travel Career Pattern

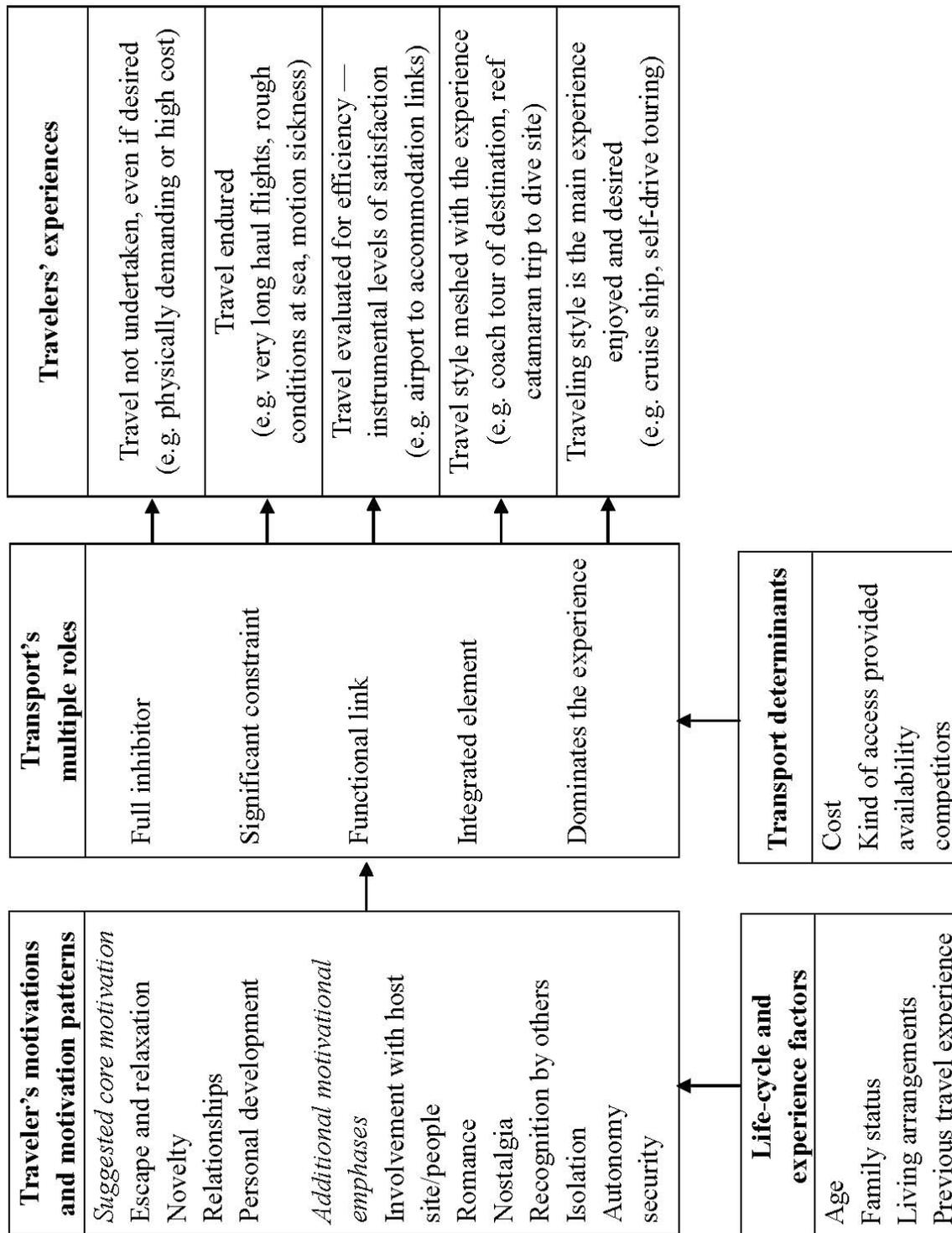
Based in part on Maslow's (1970) needs hierarchy theory of motivation Pearce (1988, 1991, 1993, 2005), Pearce and Caltabiano (1983), and Moscardo and Pearce (1986) developed a travel motivation theory: the travel career pattern (TCP) approach. TCP (see figure 3) describes tourist motivation as five different levels of needs: relaxation,

safety/security, relationship, self-esteem and development, and self-actualization/fulfillment.

These needs offer a motivation pattern that appears “in a pattern of multiple motives rather than in single dominant force” (Pearce, 2005, p. 55). Travel career refers to the idea that tourists have identifiable stages in their holiday taking (Pearce, 2005). Pearce proposed that “the state of one’s travel career, like a career at work, is influenced by previous travel experiences and life-stage or contingency factors” (Pearce, 2005, p. 55). The career concept reflects that travelers’ motivations change with their travel experience (Pearce, 2005).

Therefore, TCP is a “dynamic, multilevel motivational structure” (Figure 3) (Pearce, 2005, p. 227).

Figure 3 *“A conceptual map of the links between motivation, life-cycle, transport roles and the travelers’ experience”*



Note: Pearce, P. (2005). Motivation: The travel career pattern approach. In *Tourist behaviour: Themes and conceptual schemes* (pp. 50-85). Clevedon: Channel View Publications.

Crompton's Pleasure Travel Motivation Model

Krippendorff (1987) interpreted the complexities of travel motivations and expectations from the psychological point of view. He listed eight main travel motivations:

recuperation and regeneration; compensation and social integration; escape; communication; broadening of the mind; freedom and self-determination; self-realization; and happiness.

Included in Krippendorf's theory was Crompton's (1979) leisure travel motivation study, which has been widely accepted and cited by research literature on tourist behavior.

Crompton (1979) conducted a qualitative study through interviewing 39 leisure travelers. He identified nine socio-psychological and cultural motivations. The seven social-psychological motivations include: (a) escape from a perceived mundane environment; (b) exploration and evaluation of self; (c) relaxation; (d) prestige; (e) regression; (f) enhancement of kinship relationships; and (g) facilitation of social interaction. Two cultural motivations are (h) novelty and (i) education. In Crompton's study, the socio-psychological motivations are push factors, emerging exclusively from within the travelers themselves. The cultural motivations reflect the influence of the destination; thus, they are pull factors.

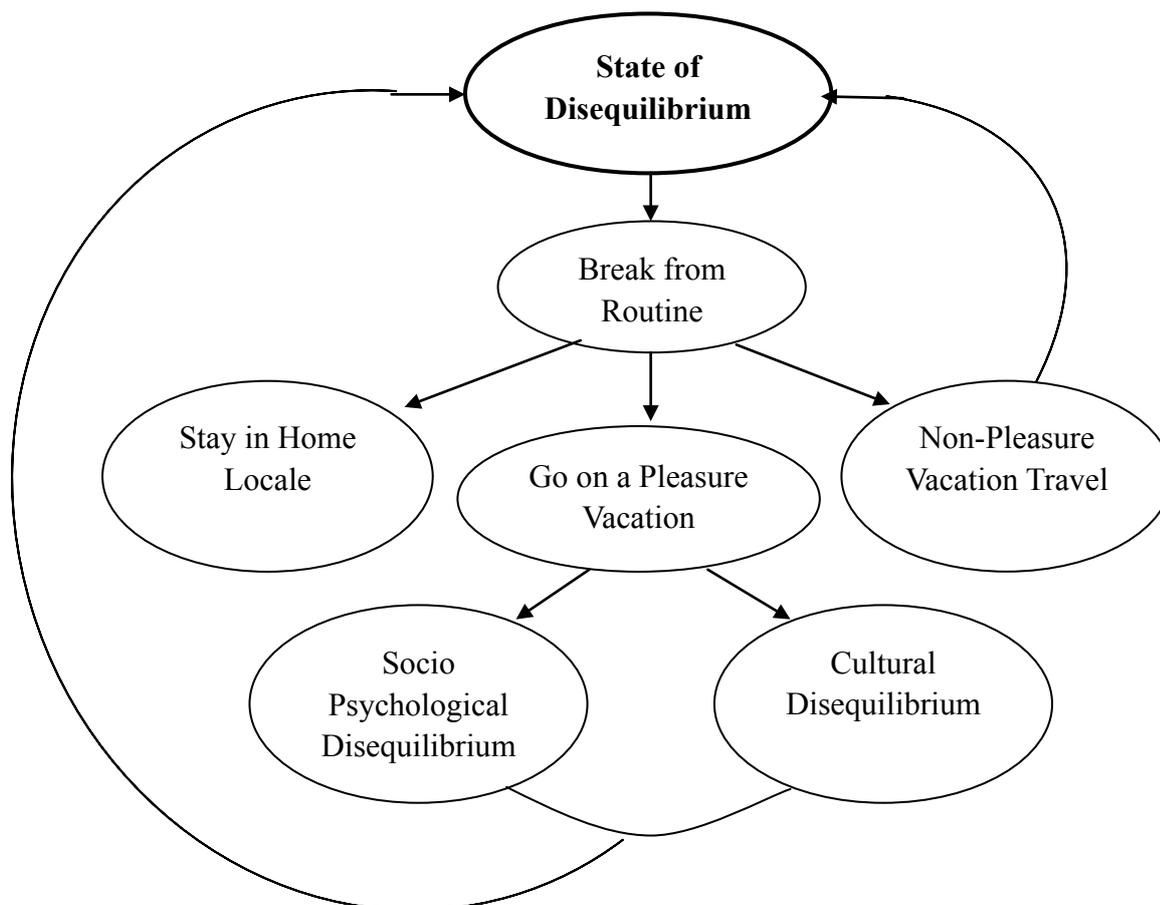
As a push factor, the critical ingredient of escape from a perceived mundane environment was only that "the pleasure vacation context should be physically and socially different from the environment in which one normally lives" (Crompton, 1979, p.416). Leisure travelers also go on a vacation for "re-evaluating and discovering more about themselves or for acting out self-images and in so doing refining or modifying them" (p.416). The novelty of the physical and social context appeared to be an essential ingredient in the process of self-discovery. Relaxation as another socio-psychological motivation referred to "a mental state rather than a physical relaxation" (p.471). Moreover, some of the leisure travelers were motivated by prestige. Crompton suggested that as travel has become more frequent, it is perceived to be less prestigious. Regression referred to the idea that some

people took leisure travel as “an opportunity to do things which were inconceivable within the context of their usual life styles” (p.417). The motivation of enhancement of kinship relationships meant leisure travel is not only an opportunity to visit family and friends, but also “a medium through which family relationships could be enhanced or enriched” (p.417), especially when people travel with their families. Facilitation of social interaction was perceived as an important motivation too. A leisure traveler goes on vacation to meet new people in different locations, in order to have rich social life.

Two primary cultural motivations were discussed in Crompton’s (1979) study. Novelty here means curiosity, adventure, and new experience. Education was perceived as “a means of developing a rounded individual” (p.420).

The idea behind Crompton’s theory is that “before the travel experience or the long-awaited vacation there is disequilibrium in the individual’s cultural-social-psychological needs” (Uysal & Hagan, 1993, p. 803). These needs play a significant role in causing a person to feel a disequilibrium that can be corrected through a tourism experience (Kim & Lee, 2002). The concept of a stable equilibrium state is either stated or implied in most theories of motivation (McNeal, 1973). An equilibrium theory proposes that “there exists a stable set of conditions that an individual will approach or maintain in the face of circumstances that perturb or challenge these conditions” (Timberlake, 1980. p. 9). McNeal introduced motivation as a tension state. The tension state occurs when a need puts the person in a state of disequilibrium. “He seems to want to maintain equilibrium, or balance. This is why he attempts to meet most reoccurring needs with habits” (McNeal, p. 45). The extent of a tension state depends on a need and its importance or persistence.

Figure 4: A Conceptualization of the Role and Relationships of Motivation



Note: Crompton, J. L. (1979). Motivations for pleasure vacation. *Annals of Tourism Research*, 6(4), 408–424.

Crompton (1979) interpreted the nature of a break from routine using his respondents' description of their vacations. Two categories of breaks were identified: short-term and long-term. Short-term disequilibrium reflects a particular set of circumstances or events, which were temporal disruptions to homeostasis, so in this situation, a break from routine was perceived to be a necessary and sufficient condition to restore homeostasis. In contrast, long-term states of disequilibrium were satisfied through an ongoing program of pleasure vacations (Crompton, 1979). "A break from routine often involved emphasizing particularly desired elements of the life style rather than changing the life style to incorporate different activities" (Crompton, 1979, p. 415).

People with mobility impairments encounter physical and social barriers every day. Dealing with these barriers is inevitable and necessarily influences their lifestyles. Confronting barriers is difficult but also produces satisfaction and benefits. The processes of surviving and living independently after acquiring a disability can be viewed from infinite perspectives (Vash & Crewe, 2004). People with mobility impairments seek a stable equilibrium state between the negative experiences (dealing with barriers) and the positive experiences (satisfaction and benefits). When an individual reaches a disequilibrium state, leisure travel and other choices, such as staying home to relax or talking with a therapist, are channels for regaining equilibrium. Individuals' motivations determine whether and why they choose leisure travel over numerous alternatives.

Since there is no specific model or theory that applies directly to travel motivations of people with mobility impairments, Crompton's well-known study on pleasure travel motivations of average travelers provides basic themes and categories for understanding the motivation of avid travelers with mobility impairments. Because people with mobility impairments spend more time than other individuals staying home for physical, a state of disequilibrium may be reached depending on intensity and length of the tension. Satisfactory resolution of the tension state is "the criterion against which alternative actions are compared, contrasted, and evaluated" (Crompton, 1979, p. 409). In Crompton's study, the goal was to identify the causes of disequilibrium which provoked respondents' decisions to select particular vacation destinations. In contrast, the focus of this study is a group of people with mobility impairments, so their mobility-limits as irremovable obstacles are considered as the main cause of a disequilibrium state.

Summary

In reviewing the research about the travel experiences of people with disabilities in leisure, recreation, and tourism studies, exploring both the motivation and constraint sides of leisure travel, no consistent description of the travel motivations of tourists with disabilities was found. Tourism operators pay attention to improving the service satisfaction of tourists with disabilities. However, the quality of tourism services depends on understanding why people with disabilities travel. Crompton's model of leisure travel motivations could provide the groundwork for understanding specific types of leisure travelers, such as people with mobility impairments. Because no clear motivations for this population's travel were found in the research, this study seeks to provide exploratory understanding of their travel motivations.

Chapter 3

METHODOLOGY

The research was conducted to understand the leisure travel motivations of avid travelers with mobility impairments. It was hoped the information provided in the study would assist tourism developers and operators in improving the travel experiences of people with mobility impairments. The study investigated what motivates people with mobility impairments to travel frequently despite the many barriers associated with disabilities. The conduct of the study included the following steps: (a) arrangements for conducting the study; (b) selection of subjects; (c) focus group session procedures; (d) focus group discussion questions; and (e) treatment of data.

Arrangements for Conducting the Study

A qualitative study method was utilized for the exploratory study of understanding leisure travel motivations of active travelers with mobility impairments. Most of the literature on travelers with disabilities has been focused on travel constraints. However, there is less understanding of the travel needs and motivations of people with disabilities (Burnett & Baker, 2001; Ray & Ryder, 2003; Daniels, Drogin Rodgers, & Wiggins, 2005). In the few studies on the needs and motivations of travelers with mobility impairments, people with disabilities have been considered to have the same travel motivations as others (Yau, McKercher, & Packer, 2004). Therefore, this study has employed a qualitative method to explore what makes people with mobility impairments travel.

A focus group method was adopted in the study, because it allows the researchers to develop a better understanding about why people feel the way they do (Bryman, 2008, p.

475). The purpose of a focus group interview is to provide an in-depth exploration of a topic about which little is known (Stewart, Shamdasani, & Rook, 2007). The open response format of a focus group provides an opportunity to obtain rich amounts of data in the respondents' own words (Stewart *et al.*). Also, organized and focused group discussions provide a context for participants to articulate the meaning of their experiences and elaborate on them in a collective sense making process (Heiskanen, Järvelä, Pulliainen, Saastamoinen, & Timonen, 2008).

Selection of Subjects

To reach the population of avid travelers with mobility impairments, the researchers contacted the Society for Accessible Travel and Hospitality (SATH) for the focus group study. SATH, founded in 1976, is an educational nonprofit membership organization whose mission is to raise awareness of the needs of all travelers with disabilities, remove physical and attitudinal barriers to free access, and expand travel opportunities in the United States and abroad (SATH, 2009). SATH members include travel professionals, consumers with disabilities and other individuals and corporations who support the organization's mission (SATH, 2009). The 13th SATH World Congress was held in Orlando, Florida in January, 2009. Two hundred twenty-seven delegates attended the 2009 Congress. The Congress provided a good opportunity for recruiting participants and conducting focus group sessions in a round table setting.

An Executive Coordinator of SATH was the researchers' main contact. The researcher informed her about the study and the intention to collect data during the 2009 Congress. She agreed to help with the study, and then a recruitment script and a recruitment letter to subjects

were sent to her. The researchers planned to have two to four focus groups of five to ten people each. The specific criteria included: (a) one or two groups of people with congenital mobility impairments (five to ten people in each group); (b) one or two groups of people with acquired mobility impairments (five to ten people in each group); (c) travelers from the United States only; (d) travelers with mobility impairments only; and (e) all participants must be 18 years or older. The contacting person helped the researchers identify these people and get their approval for participation.

Also, the contacting person understood that (a) the participation is voluntary and unpaid; (b) participants can withdraw from the study anytime; (c) the focus group discussions are anonymous and confidential; and (d) the focus group discussions will be tape recorded, and tapes will be destroyed after the study is completed. She emphasized these issues to the potential participants during recruitment.

The author and a tourism researcher attended the congress to conduct focus group studies of avid travelers with mobility impairments. The congress was also a chance for the researchers to interact with other delegates, especially those who were mobility-impaired. Since this was the first time the researchers joined the SATH Congress, they introduced themselves and the focus group study to other members through informal talks, formal meetings and seminars. The researchers mingled in the SATH community, and this communication could make the potential focus group participants more willing and more comfortable to join the study, because the validity of focus group data are affected by the extent to which participants feel comfortable about openly communicating their ideas, views, or opinions (Stewart, Shamdasani, & Rook, 2007). Also, two researchers joined the

orientation for first-time attendees on the first day of the congress in order to have more information about how to communication with people with disabilities appropriately.

The researchers' contact person announced the focus group studies at the beginning of the congress. She also personally talked to potential participants while the congress was in session, introduced the study to them, and encouraged them to participate in one of the focus group sessions. She kept the participant registration forms. Twelve participants with either congenital or acquired disabilities were recruited by her for two focus group sessions.

Focus Group Session Procedures

The SATH 13th World Congress was held for five days, January 4-8. Two focus group sessions were scheduled in the second and the fourth afternoons of this five-day congress. Each focus group session lasted about two hours. Two sessions were held in the conference rooms at the Contemporary Resort. The participants, moderator and observer were sitting in a round table setting to facilitate their interaction with each other. Notepads and pencils were prepared for each participant. Light refreshments and drinks were placed on a table to the side of the room.

All the participants were avid travelers who joined the SATH community to share their similar interests with other members. In the first focus group session, five participants showed up. One female and four males joined the discussion. Seven people were in the second session, four females and three males. In total, 12 participants were involved in the focus group discussions. All the participants were very active travelers, and most of them actually work in the tourism industry, in areas including travel agencies, scooter companies, and research institutions. They discussed interview questions based on their own rich travel

experiences, and they shared the travel experience of their family members, friends, or clients who were traveling with mobility impairments.

Table 1. *Characteristics of focus group participants*

	Participant	Gender	Type/Cause of Disability	Mobility-aid
Focus Group 1:	1-1	Male	Paralyzed at age 17	Wheel chair
	1-2	Male	Accident injured at age 20	Wheel chair
	1-3	Female	Post-polio at age 17	Braces
	1-4	Male	Polio at age 5	Power chair
	1-5	Male	Accident injured at age 34	Power chair
Focus Group 2:	2-1	Male	Polio at age 1	Wheel chair
	2-2	Female	Injured	Assistance dog
	2-3	Female	Lupus at age 20	Wheel chair
	2-4	Female	Accident injured 30 years ago	Wheel chair
	2-5	Female	Genetic	Braces
	2-6	Male	Leg amputated in 2003	Wheel chair
	2-7	Male	Accident injured 12 years ago	Wheel chair

One of the researchers served as the moderator who asked questions and avoided comments on participants' answers. The other researcher assisted the moderator in preparing conference rooms for the focus group sessions; helping participants get seated comfortably with their wheelchairs, canes, or assistance dog; and recording the conversation and taking notes. Two digital voice recorders were used simultaneously, in case there was a technical problem with any one of the recorders.

All focus group discussions were recorded by the researchers. Transcription service was used to prepare all the transcripts within two weeks after the Congress. The researcher listened to the focus group conversations again and filled in some of the missing information that the transcriptionist was not familiar with, such as acronyms and jargon.

Focus Group Discussion Questions

Focus group participants discussed the questions of:

1. What was the role of travel in your life before you became mobility impaired?
2. What are the major factors that made travel possible and available again to you?
3. Studies have shown that when people with mobility impairments travel, they encounter many physical and social barriers, such as inaccessible facilities, user unfriendly services, and employees' negative attitudes toward people with disabilities. If this is true, what drives you to continue to travel?

Each focus group discussion began with questions about the condition of the participants' disabilities and the role of leisure travel in their lives both before and after the injury. By learning about the role of travel in the participants' lives, the researchers also gained information about their travel purposes, travel frequency, and mobility-aids. The first question gave the researchers an overview of the participants' travel lives. Second, the participants discussed the internal and external factors that made travel possible and available to them. They described how they started to travel again after they acquired disabilities, how they felt after that trip, and the major factors involved in this process, such as mental, social, and environmental factors. Afterwards they were asked about what motivates them to travel despite the various barriers associated with disabilities. They shared their travel desires, memorable feelings and what makes them continue traveling regardless of the barriers. Subsequently, questions about the perceived constraints of leisure travel were asked. By referring to participants' travel constraints, the researchers can have a better understanding of

the intertwined relationship between motivation and constraint during the travel decision-making process in order to explore what motivates the participants travel.

Treatment of Data

With the transcripts of the two focus group sessions, the data analysis started with coding by the primary coder using the qualitative research software NVivo 8. NVivo assisted the researcher in identifying and categorizing themes that emerged from the content. Later, a coding summary was prepared by the primary coder for triangulation. A procedure of investigator triangulation was performed by two tourism researchers to ensure the validity of the study.

Triangulation is “a validity procedure where researchers search for convergence among multiple and different sources of information to form themes or categories in a study” (Creswell & Miller, 2000, p.126). According to Denzin (1978), there are four basic types of triangulation: data triangulation, theoretical triangulation, methodological triangulation, and investigators triangulation (Denzin, 1978; Kimchi, Polivka, & Stevenson, 1991). Investigator triangulation involves using several different researchers to interpret the body of data. The purpose of using investigator triangulation is to decrease the potential of bias in gathering, reporting, coding, or analyzing of the data (Denzin, 1978; Mitchell, 1986). In effect, what is involved in triangulation is not checking the validity of data itself, but rather the inferences drawn from it (Hammersley & Atkinson, 2007). As a validity procedure, triangulation is a systematic process of sorting through the data to find common themes or categories by eliminating overlapping areas (Creswell & Miller, 2000).

The primary coder listened again to the audio files of the focus group discussions; and

read the transcripts to have a total impression of the content. Data analysis started with identifying themes of travel motivation through a line-by-line reading of the text. NVivo is one of the most significant computer-assisted qualitative data analysis software programs (Bryman, 2008). It is intended to provide researchers with a set of tools that will assist them in undertaking an analysis of qualitative data (Bazeley, 2007).

Themes are abstract constructs that investigators identify before, during, and after data collection (Ryan & Bernard, 2000). The themes are often induced from literature reviews, investigators' own experiences, and the text itself (Ryan & Bernard, 2000). According to Crompton's (1979) well-known study on motivations for pleasure vacation, there are nine socio-psychological and cultural motivations for leisure travelers in general. Seven socio-psychological motivations are: escape from a perceived mundane environment; exploration and evaluation of self; relaxation; prestige; regression; enhancement of kinship relationships; and facilitation of social interaction. Two cultural motivations are novelty and education. Leisure travelers with mobility impairments, as a type of all travelers, are motivated by the same socio-psychological and cultural factors. This study is designed to investigate if there are some travel motivations which are unique to people with mobility impairments.

First, each motivation of Crompton's (1979) study was given a node in the NVivo project. A node is the container for references to a theme. Emerging themes were coded as different nodes. The themes that were the same as Crompton's study results were coded into either the nine parent nodes or the child nodes under the nine parent nodes. When a new theme came out, it was coded as a new node. Then a hierarchical structure was developed by

moving more specific themes as child nodes under a general category or parent node.

Two tourism researchers were involved in the triangulation process, and one of them was the moderator of the focus group sessions. The primary coder had the nodes summary, the coding summary, and a triangulation instruction for the other two researchers. They also started by reviewing the transcripts, and then they checked the nodes summary and the coding summary. Comments were made on the nodes they perceived differently. Suggestions were provided for combining similar nodes, creating new nodes, and changing the nodes' hierarchical structure. Triangulation was completed by having three investigators' inferences drawn from the qualitative data.

Chapter 4

ANALYSIS OF DATA AND DISCUSSION OF RESULTS

Themes were found during transcript-based analysis, and then triangulated to ensure the trustworthiness of the study. Data on travel motivations were examined and analyzed from different perspectives: (a) push factors; (b) pull factors; and (c) other factors that make people with mobility impairments travel frequently. Table 2 shows a summary of the travel motivations found in this study.

According to Crompton's (1979) study on leisure travelers in general, travel motivations mainly include seven socio-psychological push factors: escape from a perceived mundane environment; exploration and evaluation of self; relaxation; prestige; regression; enhancement of kinship relationships; and facilitation of social interaction; as well as two cultural pull factors: novelty and education. For frequent travelers with mobility impairments, most of the push and pull factors noted by Crompton (1979) emerged from the study, except for two: prestige and regression. Additional themes that are unique to people with disabilities also emerged and were categorized into additional push factors of independence, the desire of being in natural environment, adventure, the idea of "do it today", and the pull factor of accessibility.

Table 2. *Travel motivation factors*

Push Factors		Brief Description
Travel Motivation		
1.	Escape from a perceived mundane environment	The critical ingredient of travel context should be physically and socially different from the environment in which one normally lives (Crompton, 1979).
2.	Exploration and evaluation of self	Some leisure travelers travel in order to re-evaluate and discover more about themselves or to act out self-images and in so doing refine or modify them (Crompton, 1979).
3.	Relaxation	Travel was mentally refreshing and relaxing (Crompton, 1979).
4.	Enhancement of relationships with family and friends	Leisure travel offers opportunities to be with family and friends. Leisure travelers with mobility impairments were also pushed by family or friends to travel together.
5.	Facilitation of social interaction	The travelers like to meet new people in different locations.
6.	Independence	6.1 Regain of control over destiny
		6.2 Travel as a basic need
		6.3 Be normal
7.	The desire of being in natural environment	Travel is a meaningful task through which a person with a disability can demonstrate to others that they have started to regain control over their destiny (Yau <i>et al.</i> , 2004). Travel is a necessity in the travelers' lives; it is not a luxury. For people with acquired disabilities, being able to travel after injury is a method of rehabilitation. Leisure travel satisfied some participants' desire of being in natural environment.
8.	Adventure	The avid leisure travelers with mobility impairments have the desire to challenge themselves by taking risks in adventure travel.
9.	"Do it today"	For people with acquired disabilities, they have already been through sudden changes in their lives. They want to seize today, because they may not be able to do it tomorrow.

Table 2 *Contd.*

Pull Factors		Brief Description	
Travel Motivation		Brief Description	
10.	Novelty	Novelty meant new experience to leisure travelers (Crompton, 1979).	
11.	Learning experience	11.1	Learning about culture
		11.2	Learning about nature
12.	Accessibility	12.1	Accessibility information
		12.2	Accessibility equipment
		12.3	Other people's positive attitudes toward disability
Other Factors		Brief Description	
Travel Motivation		Brief Description	
13.	Positive attitudes toward disability	The experienced travelers with mobility impairments optimistically considered the travel barriers as challenges, and overcoming the challenges is part of the fun of traveling.	
14.	The role of travel in lives	Travel is always a possibility in some travelers' lives. They even did not think about the change physical condition would stop traveling or make them travel less than before.	

Push Factors

Push factors are the intrinsic motivators that make people travel (Dann, 1977; Crompton, 1979; & Uysal & Jurowski, 1994). A total of nine push factors were identified for frequent travelers with mobility impairments: (a) escape from a perceived mundane environment; (b) exploration and evaluation of self; (c) relaxation; (d) enhancement of relationships with family and friends; (e) facilitation of social interaction; (f) independence: regain of control over destiny, travel as a basic need, and be normal; (g) the desire of being in natural environment; (h) adventure; and (i) “do it today”. The first five factors are the shared motivations of average travelers and frequent travelers with mobility impairments, based on Crompton’s study. Two factors: prestige and regression, which are the motivations of average leisure travelers, were not found in this study. Factors f to i are different from Crompton’s study.

Escape from a Perceived Mundane Environment

Escape from a perceived mundane environment as a socio-psychological motivation was described in various ways by the participants. The feelings of excitement, change, and curiosity were the main reasons for them to travel. By escaping, they were seeking new experiences. Crompton (1979) discovered that some people take pleasure vacations because they need a temporary change of environment, no matter how comfortable their daily living environments are. As participant 1-2 stated, “If you’re traveling every day of your life, you’ll never get a clue of what’s going to happen. And that’s exciting; that’s fun.” Several participants also associated this motivation to escape with educational purposes. Participant 2-4 felt that escaping from a perceived environment made her “a much happier person”:

I think traveling, getting out of where you are, out of your common comfortable little area and going somewhere, meeting new people, seeing new things or if you have hobbies, doing hobbies in different places and meeting people who have the same likes that occupy their time. I think it's important to see the world.

The critical ingredient of travel context should be physically and socially different from the environment in which one normally lives (Crompton, 1979). For people with acquired disabilities, a perceived mundane environment could be the hospital. Each participant with acquired disabilities mentioned their experience of being hospitalized. Escape appeared to be a strong motivator especially for those who spent a few months in the hospital, participant 1-2 emphasized that "it was the ability to travel that got me out of the hospital." The hospital became their long-term environment, which they were motivated to escape from.

Exploration and Evaluation of Self

Some leisure travelers travel in order to re-evaluate and discover more about themselves or to act out self-images and in so doing refine or modify them (Crompton, 1979). Based on the data from 39 unstructured interviews, Crompton inferred that "self-discovery emerged as a result of transposition into a new situation" (p. 416). One of the respondents described this feeling:

This trip put a lot of things in perspective for me. It helped me to get a clearer picture of myself because I put myself in different situations. I saw how I interacted with other people in other conditions. I had some constraints come up,

some hardships, and I had to deal with that. It gave me a chance to see what is inside of me and how that would come out, without any outside pressures. You don't find this out when you go to the office from eight to five. (Crompton, 1979, p. 416).

People with disabilities expressed similar feelings that “it’s just so incredibly mentally stimulating, physically stimulating and exhausting after awhile”, and “what it meant to be at that stage of my personality development, I realized that I could be somebody else in a second language” (participant 1-1). Although people with mobility impairments have physical constraints when traveling, they often mentioned mental health, mental growth, and spiritual growth as a motivation for them to determine a trip. Participant 1-1 explained how he expands himself by developing a more global view of his own country through leisure travel:

Because I travel a lot, I had a more global view of what this country could be, should be, was and its impact on the world. And for my mental health, I needed to get out of the country, and for my mental health since I could get out of the country for short periods of time, I didn’t have to make the decision to leave the country forever.

Travel can be beneficial for travelers in that it enables them to learn more about themselves and can be a learning tool for improved mental health. Most participants shared their pleasant travel memories. However, some pointed out that it is not necessary to have a positive experience to be able to obtain greater self-understanding. The travel experience is a learning tool for mental health. Participant 1-2 commented that:

I think that travel can be mental growth, physical growth, spiritual growth in so many ways. Even if you go traveling and you have a bad experience and you swear not to go there again to that particular destination, you've learned something. Why default? And you've done something, whether it went wrong or not.

Moreover, exposure to a new environment sometimes caused a revision of self-image and enhanced feelings of self-worth (Crompton, 1979). This study found that building confidence is one of the ways people with mobility impairments re-evaluate themselves as a result of leisure travel. Although people with disabilities have physical disadvantages, travel is a means by which these people discover that there are still many things they can do. Being able to travel enables them to have the confidence to move forward. Participant 2-7 discovered that:

That element of confidence that to me was kind of an unknown charter because those around me didn't really give me the information, saying hey, you can do this. They were still grieving the fact that I got injured. People were grieving more than I. I was ready to move forward.

For some participants (1-5; 2-2; 2-3; & 2-7), the confidence was also associated with a sense of accomplishment of completing a trip. For example, participant 2-2 was excited that "when I returned from the trip, this was a sense of accomplishment. That was something I would have never ever even in my wildest dreams..."

People with mobility impairments encounter many challenges associated with their disabilities during leisure travel. The sense of achievement after completing these trips

empowered them with self-confidence and earned them recognition and admiration from other people. For example, leisure travel helps participant 2-2 build a higher level of self-confidence. She explained: “I had done all of my research ahead of time. I knew what I could do, what I was looking in to and it was just a sense of accomplishment. We did it.”

Participant 1-5 was also proud of himself. He said he felt “exhausted afterwards, but it was a great exhaustion, because I did it. People would, you guys know, people say ‘you can’t do it.’ I did it. And you’re proud.”

Leisure travel empowered participant 2-7 not only by completing his own trips, but also by making changes for inclusive tourism development. His experience was that:

My first trip, I really encountered a lot of challenges and the fact that I overcame the challenges, I think that kind of empowered me. But also it empowered me in a different way. My first trip was to Europe and to Greece and I recognized a lot of aspects that were not accessible. ... This was the country my parents were born in and going back and through all of those challenges I found ways to get through and have a good time and came back wanting to go back and change. Now I’ve made a lot of changes there. So for me it was like these obstacles were there and I guess owning catering companies and restaurants you’re confronted with obstacles every day and challenges every day. One thing I’ve learned with travel is sometimes you have to alter some of the things.

Participant 2-7 is a travel advocate, and made efforts to improve the travel experience for people with disabilities. Participant 1-2 has similar experience. He is also an avid traveler

who made changes for inclusive tourism development in developing countries.

For me, it was a great achievement. We saw a lot of great sights. We had a lot of interesting experiences. We saw a lot of negative things and a lot of positive things, and also that wasn't a leisure trip; that was an educational trip, going out and talking to travel agents there. So a feeling of just by us visiting India and using services and talking to professionals that we're not only helping tourists and people with disabilities in that country, but you're also helping to lay the infrastructure and the local population of a country. (Participant 1-2).

Relaxation

Relaxation was a constant theme in Crompton's qualitative study. Leisure travelers often felt physically exhausted when they returned home, but the travel was still mentally refreshing and relaxing (Crompton, 1979). In Crompton's motivation study, the term "relaxation" refers to mental relaxation and refreshment rather than physical relaxation. Participant 1-5 mentioned that traveling is one of his "stress relievers", because "you're not thinking about I've got to do this and I've got to do that and oh my god I forgot I've got to do this". A trip also could be physically relaxing to some degree, depending on where people go for vacation, such as for the participant who said "I'm kind of lethargic; I like when I get to a spot just kind of relax and enjoy sitting around" (participant 1-4).

However, very few focus group participants mentioned the travel motivation of relaxation. Most participants preferred to recall more meaningful travel goals, such as independence needs and learning needs, or accessibility issues which are more directly related to their travel experiences. These frequent travelers with mobility impairments were

mainly focusing on the positive feelings leisure travel brought to their lives by actively doing something during traveling, instead of just being passively relaxed.

Enhancement of Relationships with Family and Friends

The motivation of enhancing kinship relationships through leisure travel was confirmed in this focus group study. Traveling is a time when family members are brought close together (Crompton, 1979). As a child, participant 1-3 traveled because “my parents both worked; it was probably the only time we had real good family time together, and I always loved it, especially when I could do it my own speed”. Visiting family and friends was also recognized as a travel motivation. Participant 2-7 has a lot of family members in Greece, and he traveled there because “I had no choice when you have ninety percent of your relatives in Greece”.

While the participants agreed that leisure travel offers opportunities to be with their family, they also mentioned that they were pushed by family or friends to travel together. They did not initiate the trip at the first place. Their family or friends wanted to travel, and if they would like to be with family or friends, they took the invitations to travel together. They were satisfied by the first trip, so wanted to travel more often. Participant 1-1 recalled:

For me, it was the ability to travel that got me out of the hospital. I was hospitalized twice, and the second time when I was paralyzed was for four months. They told me that I could leave, and I was depressed. I didn't really want to leave. Then my friends came and invited me to go to a concert with them. Small travel, but literally going to this concert and it was that, the next day when I saw the doctor, I said “I'm leaving as soon as possible.” ... It was

attitude and friends and for me, I got out of the hospital because my friends invited me to go to a concert. We went to Brazil; we went to India because my friends invited me. I'm going to South Africa in a couple of weeks for a month on business, but because someone invited me.

Even he was reluctant to travel, but went on a trip at the request of his friends. In that case, enhancement of relationships turned out to be an indirect but compelling travel motivation.

Positive attitudes toward disability from family and friends made people with disabilities more willing to travel with them. From the point of view of the family and friends, they invited people with disabilities to travel with them because of their intention to travel regardless of the barriers associated with disabilities. When people with disabilities have the desire to spend more time with their family members or friends, and these people around them would like take a trip together, they were pushed indirectly to travel. Participants 1-4, 2-1, and 2-6 recalled the experience of being motivated by their families to travel. Participant 1-1 shared his memory of being invited by friends to travel together. Participant 2-6 stated: "I'm influenced strongly by my wife and daughter because they decide that I can do more than I think I can do."

I was just in there with the group and of course now I've got five children and twelve grandchildren. And they just want Papaw to go with them, so that's, I said "well let's go." And they all fuss over who's going to ride with me on my scooter. Kids are wonderful. They don't see your disability. They'll ask "well Papaw, why can't you walk?" "Well I had polio when I was a kid." "Oh, okay."

And then they go on. They call all my rides my cool ride. “Papaw, you’ve got a cool ride.” So it’s an attitude of family and friends and I’m finding that society has changed a lot. (Participant 1-4).

With me, my parents, even though I had a disability . . . , never treated me different than any of the other kids in the neighborhood when the family went on a vacation or we went on a fishing trip. . . . We managed to during my grade school and high school years to travel to fifty states by car and a lot of Canada. We took a two week trip every summer and ran into the situation of a non accessible world. (Participant 2-1).

Facilitation of Social Interaction

The study on travelers with mobility impairments also confirmed that the participants travel because they like meeting new people (participants 1-3; 1-5; 2-1; & 2-5). Leisure travel destinations were people oriented rather than place oriented for some travelers (Crompton, 1979). The travelers like to meet new people in different locations.

The experience of social interaction with people in other countries is important to the participants’ social lives. Social interaction with local people helps participant 1-5 get different opinions. He felt that instead of sitting home, “learning what this media says, there’s a big difference about what they feel in Canada and what they feel in different countries.” After listening to other focus group participants’ (1-1 & 1-2) international travel experience, he said that he envied their foreign language skills, “because it really makes you more into it, and I don’t have the tongue for language, but being able to talk to people and get other opinions and to see how they feel what’s happening.”

The participants travel to meet people and make friends, and those friends encourage them to travel more to see each other. Participant 1-2 traveled to Nicaragua, Spain, Norway, Germany, and England. Traveling for him means he can go practically anywhere in the world to make friends and see these friendly faces again. When he needs help while traveling to foreign countries, he would ask his local friends for advice. So the social interaction with local people makes his international travel more convenient, and this advantage encourages him travel more often.

Independence

In rehabilitation studies, the meaning of independence to people with disabilities usually has four components: (a) perceived control of one's life, (b) physical functioning, (c) psychological self-reliance, and (d) environmental resources (Nosek & Fuhrer, 1992). Perceived control refers to being able to make decisions and engage in actions that will attain desirable consequences and avoid unfavorable ones (Baron & Rodin, 1978). Physical functioning means that people with disabilities want to be independent through regaining basic survival abilities, such as eating, dressing, and moving around by themselves. According to Nosek and Fuhrer (1992), psychological self-reliance refers to a stable emotional state, whereas physical functioning has a task-oriented character. Environmental resources for being independent include all internal and external factors, such as architectural accessibility, assistive devices, family and friends' support, that can either aid or obstruct the achievement of personal goals (Rice, Roessler, Greenwood, & Frieden, 1983).

In this travel motivation study, people with mobility impairments considered psychological independence to be a motivation of leisure travel. Four components of

independence were illustrated from the travelers' view in the focus group discussions. For leisure travelers with acquired disabilities, travel is a way to put them in control (participant 1-2), and show their family and friends that they have regained control over their destiny (Yau, McKercher, & Packer, 2004). The component of physical functioning reflects the idea of travel as a basic need in leisure travelers' minds. This basic need is an essential part of their lives, which they cannot live without (participants 1-1; 1-3; & 2-6). Psychological self-reliance was also expressed as a motivation toward achieving a sense of being normal through leisure travel. The participants had been traveling before they acquired physical disabilities, but when their mobility impairments became obstacles to traveling, they still expected to travel in the same way and as frequently as before in order to feel normal. Traveling as a gauge of normality helps their rehabilitation process, because being able to travel again then engenders confident feelings of "I can still do things" (participant 1-2; 1-5; & 2-1). Environmental resources for leisure travelers include mobility-aids, accessible travel information, and encouraging attitudes from other people. These environmental resources are pull factors which motivate people with disabilities to travel, and they will be discussed later under pull factors.

Regain of Control over Destiny

Yau *et al.* (2004) conducted in-depth interviews and focus groups to learn more about the tourism experiences of individuals with mobility or visual impairments. They found that being able to travel is a meaningful task through which a person with a disability can demonstrate to others that they have started to regain control over their destiny. Participant 1-2 described his feelings about traveling after he got injured. For him,

[travel] is a way of proving to myself and my family and my friends that I could be normal and that I could do this. And it was very motivational for me to start traveling again. ... And I think for me it was a whole process of me proving to other people I'm myself, and I can actually live this life.

Regain of control over destiny is also important for the families of people with disabilities. Participant 1-5 was injured at age 34, and that was a big change to his family. He was depressed. He and his wife decided to travel with their children before he got out of the hospital. They went to Disney World, and this trip gave his family the idea that "just because I was in a wheelchair, I couldn't do everything that I used to do, but we could still do things."

Travel as a Basic Need

In Maslow's (1970) classic work on human motivation, he proposed a hierarchy of needs. The pyramid consists of five levels: physiological needs, safety needs, needs of love, affection and belongingness, need for esteem, and need for self-actualization. The lowest level is physiological needs, while the highest level is self-actualization. According to Maslow (1970), the higher needs in the hierarchy only come into focus when the lower needs are met. However, for people with disabilities, Daniels (1988) and Corbett (1989) argued that a higher level need does not always emerge only if lower level needs in the hierarchy are satisfied. Nosek and Fuhrer (1992) analyzed the relationship between self-actualization needs and basic needs of people with disabilities. The study showed that because people with disabilities are often unable to obtain the resources or services they need to achieve independence, they would rather spend more time and effort on fulfilling the higher needs than meeting some basic needs (Nosek & Fuhrer, 1992). Participant 1-1 is an example:

our livelihoods depend on travel. ... It's a lot better choice than starving. But I'm laughing at myself. Do I change my socks as often as I need to? Well no, because it's a real pain in the ass, bending down there. To bend down and do that. But do I turn down opportunities to travel? Hell, no.

Subsequently, he utilized Maslow's hierarchy of needs to justify that traveling is a necessity in his life; it is not a luxury.

Maslow's hierarchy of needs, and there's really basic survival. You have to have air, you have to have water or you die. Well the interesting thing is when you're disabled; you're basically living at a consciousness of that level, that most adults, most human beings stopped living at when they were about out of diapers or something. And so you are, you have conscious access to this or you have anxiety about this basic foundational level of the pyramid throughout your entire adult life. So you have access to where you're dealing with your spiritual needs up here. You're dealing with your social needs and all that sort of thing and mapping it back onto this very basic stuff. So people who are living up or saying this is only leisure, this is only not necessary stuff to travel, just aren't in touch with real life. They just don't know what it means to be human.

Travel is a necessity in the participants' lives, and travel is part of their lives.

Participant 2-6 felt that "Actually travel is part of me. That's probably the only way to say it.

I don't actually think I have a disability. I just travel. It's just part of me."

Be Normal

For people with acquired disabilities, being able to travel after injury is a method of rehabilitation. Leisure travel contributes to their mental rehabilitation. Participant 1-2 explained how travel motivated him to go back to his normal life:

If a person with a disability travels within their own country or outside, getting back to that normality of life as it was before your accident psychologically is a very important thing. Not necessarily traveling more than before your accident, but at least traveling a similar kind of amount is very important in as I said before a rehabilitation of that person or individual.

Psychological self-reliance not only contributes to one's rehabilitation, but also makes his family life return to normal. Participant 1-5 traveled with his family after he got injured. The process of rehabilitation is not easy for him and his family, but the trip "made it more 'normal' whatever normal is", as he said.

The Desire of Being in Natural Environment

Leisure travel satisfied some participants' desire of being in natural environment. Although the participation in outdoor activities requires many accessibility demands, the desire of being in natural environment still motivates some participants to travel frequently. They may have limited choices or need assistive equipment in order to make outdoor trips, but their strong motivations push them to overcome the barriers and satisfy their travel needs.

Participant 1-1 wants to be active in natural environment. His passion for outdoor activities has never been quenched by his aging or disabilities:

I tend to like to do active sports, but I'm fifty-four, I'm not nearly as strong as I was four years ago, significantly diminishing. But I tend to like to do things

that are more outdoor-oriented. Like I said, I grew up in the Pacific Northwest, Cascade Mountains. So that's boating, fishing, hiking, bird watching or whatever it happens to be.

With the assistance of his power chair, participant 1-4 has more opportunities to enjoy natural environment. He owns a scooter company, and described his experience:

I like when I get to a spot just kind of relax and enjoy sitting around. ... [For example,] walking the wooded trails, parks, like on the beach. St. Andrews is where we did our [scooter] testing. I drove like three or four miles all over that park, and I was even in my healthier days when I was walking, I could never do that kind of activity. I still like swimming and do like to sightsee and getting out to nature.

Adventure

Yau *et al.* (2004) explored the tourism experiences of people with mobility or visual impairments in Hong Kong. The researchers found that people with physical disabilities are unwilling to participate in adventure tourism, because it is very difficult for them to enjoy outdoor activities due to their physical limitations. This finding was based on an Asian cultural context and did not only include frequent travelers. Within the American cultural setting, the avid travelers in this study expressed their desire to challenge themselves by taking risks in adventure travel. Participant 1-2 likes to challenge himself through adventure travel. He said:

I don't avoid uncomfortable situations like that regarding my physical disability. I avoid mentally discomfoting places where I'm bored out of my

head. That's my personal preference is to be active, to be traveling, spend a couple of days in one place and move on and do this and travel around, go kayaking, skiing when I can get skiing, anything that's a risk basically. I love adventure, and also not just your typical adventurous sports travel.

Similarly, participant 1-3 wants to keep herself intellectually and physically active during adventure travel. She felt that "I'd be bored out of my mind if I stayed in one spot and didn't challenge myself".

What is more, participant 1-2 pointed out that "traveling in a developing country as a person with a disability is an adventure in itself". He enjoyed the fun factor of adventure. "Just getting on and off on one of these busses is a nightmare, and it's a lot of fun. It can also be very stressful, but that's the kind of travel I like" (participant 1-2). Participant 2-6 has traveled to many foreign countries, and his intention was to pick the trips that would most challenge him. His travel experience was that:

I started out with a little trip to the Caribbean. This year I'm going to China and Tibet. So each time I pick a little bit more challenging for me and each time it becomes, well I can do that now let's see if I can do something else.

Last year was Turkey and Egypt.

Do It Today

The motivation of "do it today" originated from the concepts of "life is short" (participants 2-2; 2-7), "things I can do today I might not be able to do tomorrow" (participant 1-3), and "I have a physical challenge, and everyone has a challenge" (participant 2-7). The idea of "life is short" could be applied to all travelers. It is not unique to people

with disabilities. Participant 2-2 said “I think life is short and you should live today as if there’s no tomorrow. Make a list of things that you want to do and do them. ... Don’t wait until tomorrow. There might not be a tomorrow.” However, for people with acquired disabilities, they have already been through sudden changes in their lives. They want to seize today, because they may not be able to do it tomorrow. Participant 1-3 said:

What’s going to happen as I age is just like post-polio. I’m going to have some of those kinds of problems. So things I can do today I won’t be able to do tomorrow. Like today, I already can’t walk on sand.

Some active travelers with disabilities were pushed by the motivation of “do it today”, whereas those who do not travel might have a hesitation to travel due to the physical challenge.

One of the things that I always tell someone is life is short and everyone has a challenge. Mine is a visible challenge. Everyone has a challenge. What I profess is you do the best you can and we all need elements in our lives that create positive, confident feelings because the reality is in our lives it doesn’t stop. (Participant 2-7).

Prestige

Crompton (1979) suggested that because travel has become more frequent, it is perceived to be less prestigious. The participants in this study are all frequent travelers, and prestige has not been mentioned during the focus group discussion. Therefore this study supported Crompton’s inference about travel frequency’s influence on prestige as a perceived motivation.

Regression

Some leisure travelers see traveling as an opportunity to do things which are inconceivable within the context of their usual life-style (Crompton, 1979). The things Crompton's respondents cited were often puerile, irrational, and more reminiscent of adolescent or child behavior than mature adult behavior (Crompton, 1979). In the study on frequent travelers with mobility impairments, participants discussed more about the meanings of travel to their lives, especially what they expected and gained from traveling by overcoming their physical difficulties. Puerility and seeking the life style of the previous era were the prevailing forms of regressive behavior in Crompton's study. However, those regressive behaviors have not been found as a motivation in the study on people with disabilities. People with disabilities, particularly those with acquired disabilities, are more eager to "move forward" (participant 2-1; 2-3; & 2-7), instead of expecting regression from leisure travel.

Pull Factors

Pull factors are those that emerge as a result of the attractiveness of a destination, which include both tangible resources and travelers' perceptions and expectations (Uysal & Jurowski, 1994). However, Crompton noticed that the destination itself was relatively unimportant for some travelers. Those travelers "did not go to particular locations to seek cultural opportunities or special attributes that the destination offers; rather they went for socio-psychological reasons unrelated to any specific destination" (p. 415). The destination served as a medium through which the socio-psychological motivations could be satisfied.

In Crompton's (1979) study, this category of motivations was termed "cultural". A

few people did not satisfy their socio-psychological needs during traveling, “but received almost exclusively cultural benefits” (p. 419). In addition to Crompton’s two pull factors, novelty and learning experience, people with disabilities perceived accessibility as another motivation. Crompton believed novelty and education might be related to each other, since exposure to new destinations, sights, and experiences is presumably educational.

Novelty

According to Crompton (1979), novelty meant new experience to leisure travelers. The novelty of a destination pulls travelers to experience it; nevertheless, for leisure travelers in general, the desire for new and adventurous experiences was often compromised by the fear of the unknown (Crompton, 1979). For instance, it could be intimidating for leisure travelers to visit a foreign country where people speak different languages (Crompton, 1979). But this is not the case for the participants of this study. They all emphasized on excitements of new experience, but none of them considered they have fear of the unknown. However, the participants believed that the reason why some people with disabilities do not travel or travel less than them is the fear of unknown.

The new experience offered by tourism destinations pulled participant 1-3 to travel frequently. She stated,

I like meeting new people. I like experiencing new food. I like thinking different ways. I like listening to different languages. I just like change all the time, too. ... I have friends and family everywhere in this country, so both coasts and middle. So I’d always be going somewhere to see somebody. Even when I just go to visit friends and family, I always try to do something I

haven't done before.

Participant 1-2 was interested in the new cultural experience during traveling. He described his passion toward traveling: "I think it's just seeing the beauty of different cultures, meeting different cultures. ... I love travel so much, I love immersing myself in the culture, the language, the food, the customs, the architecture."

As another example, the novelty of a tourist destination is essential for participant 2-5 to open her mind. She summarized her travel experience:

...travel in general, I mean I think it opens your mind. We talked about learning other cultures and seeing other people and I think it broadens your horizons, opens your mind and let's things in, ideas and people that you wouldn't get without travel.

Learning Experience

Education is the other cultural motivation in Crompton's (1979) study. It was perceived as a means of developing a well-rounded individual and almost as tourists' moral obligation to visit a distinctive phenomenon in a destination (Crompton, 1979). In this study of frequent travelers with mobility impairments, participants described their thirst for knowledge. One of them thought he travels very frequently because of "a thirst for knowledge and wanting to learn about other people and other cultures" (participant 2-1). He was proud of his travel experience: "I enjoy meeting people so I've been in about thirty-six countries now and tacked on about a million air miles." Indeed, he felt that his life depends on learning through travel:

Why do I travel? Well I love to travel. I love to understand and learn. I believe

that the day you stop learning is the day you start dying. I will learn to the last day that I have a breath. (Participant 2-1).

The participants discussed the learning element in leisure travel in terms of their interest in the cultural and natural attributes of the destination.

Learning about Culture

Cultural attributes such as language, customs, food, and local people are the pull factors which attract people to visit a particular destination, so they can learn about a different culture by experiencing it. The motivation of learning about another culture was often related to novelty. The desire for exposure to different cultures includes learning and novelty motivations at the same time. As mentioned under the cultural motivation of novelty, participants 1-2 and 1-3 were interested in experiencing different cultures, languages, and meeting different people around the world.

By meeting different people in different cultural contexts, participant 1-5 wanted to “get a different opinion”. “Instead of sitting here in Florida, learning what this media says, there’s a big difference about what they feel in Canada and what they feel in different countries” (participant 1-5). His travel experience not only provides an opportunity for learning, but also facilitates his social interaction. Although he is not able to speak foreign languages, he felt it is more important to learn different opinions from people in other countries, than to be fearful of traveling to a foreign country where people speak different language. Participant 2-1 does not speak foreign languages either, whereas he has “met some very lovely people in various countries and we didn’t share the same language but we shared a lot of other things.” His travel motivation was “the sociological aspect of getting a chance

to go out there and meet people and see different cultures and see what the rest of the world is doing and everything else is fantastic...”

Learning about culture is beneficial for travelers’ mental health. Participant 1-1 felt “a little bit of political bias.” He explained that:

I felt more citizen of many other parts of the world than I did this country for a significant period recently. And because I travel a lot, I had a more global view of what this country could be, should be, was and its impact on the world. And for my mental health, I needed to get out of the country, and for my mental health since I could get out of the country for short periods of time, I didn’t have to make the decision to leave the country forever.

Learning about Nature

The travelers who like outdoor activities usually were pulled by the cultural motivation of learning more about nature. These travelers are intrinsically interested in being outdoors, and the attributes of a natural destination externally motivate them to choose destinations where they can satisfy their learning needs. As discussed earlier under socio-psychological motivations, participants’ desire of being in natural environment was related to the cultural motivation of learning about nature. For example, participant 1-1 likes active sports, as well as “to do things that are more outdoor-oriented”, so he had plentiful nature travel experience of “boating, fishing, hiking, bird watching or whatever it happens to be”. Participant 1-3 likes nature and taking pictures. At the same time, she was careful about destination choice, because she can only “join a walking tour at a reasonable speed” due to the physical challenge.

I did Mount Fuji a few years ago. I'd like to go back one more time if I can get there in the next couple of years. Maybe I can do it. I won't do anything where I can break my bones real easy, because I've already broken them just by falling and sitting on my foot. Some things just aren't worth the risk for me physically, because I still have the sensation. (Participant 1-3).

Accessibility

Environmental resources are one of the four components of the pursuit of independence in the study of people with disabilities. The environmental resources of accessible travel information; accessibility equipment; and encouraging attitudes of family, friends, and people at the destination will motivate people with mobility impairments to travel more frequently.

Accessibility Information

All the focus group participants were travel advocates. They are very experienced travelers, and they are familiar with accessibility information collection. Having enough accessibility information turned a seemingly impossible plan into a possible one for participant 2-2. She said: "You have to do the research on it. I had a lot of people tell me I couldn't take her to Germany. We walked into Germany and all was well." People also would be more confident about the trip they planned to take if they had the necessary information. Internet was a main source for them to do research. "The internet, being able to research where I'm going and how it's going to work for me and the access for my dog to come with me" participant 2-2 said.

Probably the thing that has impacted me, and I happen to agree with you,

internet has probably been the biggest thing for me. I've always been a technoweeny type of person and when you started really to be able to do research on internet that was about the time that I lost my leg. The information there that allows you to have confidence so you can do something or you can get somewhere or you can somewhat visualize what's going to happen to you when you get to say a new cruise port or somewhere. That's probably the biggest thing. The second biggest thing is obviously I like to travel.

(Participant 2-6).

Moreover, having accessibility information made their travel experience more enjoyable. If the destination is not accessible, and they really want to go, there is still a way for them to plan it and make the travel experience pleasant.

I had planned a trip to New York with a friend and had injured myself. I had a big dislocation right beforehand and so was using a chair and I had not traveled with a chair before. We also planned on going to Fire Island and it's sand and it's pads and things like this. But my friends said, no, we are going to figure this out. I got the chair. New York was not that difficult on the chair because my friends knew what to do. ... On Fire Island, they thought and thought about it and actually they got a beach wheelbarrow. It worked. The chair wouldn't go on the beach. They didn't have beach chairs. So they figured out ahead of time that they had the wheelbarrows because that's how they get their groceries and things so they stuck me in the wheelbarrow and it all worked. I kind of went, you know, yes, this is going to work. If I know ahead of time and plan ahead of

time it's going to work. (Participant 2-5).

On the other hand, the lack of accessibility information was perceived as a reason why some people with disabilities do not travel. Participant 1-1 explained:

So why don't more disabled people travel? Because more disabled people don't travel. That sounds stupid, but it means that there's not as many of us to disseminate word of mouth the kind of information that a person with a disability needs to know in order to travel. So the more we travel, the more we will travel. ... the more contextualized that information is in some context that we trust, whether that's a disabled person who runs a hotel or a disabled person from another country or friends of ours who've gone and said it's not really so bad there, but stay away from this, that and the other thing.

Accessibility Equipment

The availability of mobility-aids, such as canes, wheelchairs, scooters, and assistance dogs, made traveling easier for people with mobility impairments and encouraged them to travel more often. Participant 1-4 owns a scooter company, so he repeatedly pointed out the importance of having a scooter for traveling. Many participants (2-2, 2-4, & 2-5) in the second focus group agreed that the availability of scooter rental in tourism destinations affected their travel decisions:

I was an avid traveler, avid, avid, avid. And the other thing to know about me is depending on how I'm doing I use different mobility aids. So sometimes I'll use a scooter, sometimes I use a cane. If I've had a big dislocation I'll be using a wheelchair or two crutches. It just kind of depends. A lot of the times it's

really hard, I have to plan for the most accessible travel I can because I don't know what I'm going to be like by the time I get to the travel. I have to say that the thing that really helped me to be able to travel again because I was doing some stuff with my husband and the car and he would put the wheelchair in the back. (Participant 2-5).

Something that really impacted me was the ability to rent a scooter in different cities because I don't have the strength to do a manual chair by myself and I don't have the strength to walk particularly far by myself. I don't want to be in one place taking cab after cab so when I discovered Scootaround several years ago it was like a revelation. It became so much easier for me to travel that way by myself. When I'm traveling with friends and family it wasn't a big deal but traveling by myself it made a huge difference. (Participant 2-5).

I agree that scooters are practically one of the most wonderful things that have come along and to the wonderful people that started Scootaround I say thank you, thank you, thank you for my clients and for myself. It's enabled me to do things like even having problems walking any distance I've been able to go to trade shows that are important to the business and stuff like that. (Participant 2-4).

I think probably the biggest change for me was being partnered with an assistance dog four years ago. That's opened the world again for me. ...And, as of this trip, scooter rentals because I've always just kind of really been exhausted and even with the scooter this time I'm exhausted but not the same

pain level as normal. So scooter rentals are now my new favorite thing.

Definitely my assistance dog is number one. (Participant 2-2).

In fact the first five years, probably, I didn't leave my house by myself because I used a walker and if you lose your balance and fall with a walker the walker falls with you. It definitely made a change for me because I rarely left the house alone. And now with the assistance dog and I've had hand controls installed in my van so I can experience things again. But it's a mental thing I think that once being partnered with the dog I realized I can get out again so let's make it so I can drive too. (Participant 2-2).

Other People's Positive Attitudes toward Disability

Positive attitudes toward disability from people at a destination can help enable people with disabilities to achieve independence through their leisure travel. As one participant noted:

... it's also attitude. If people, even if a place isn't really accessible, if they will have a good attitude towards you and try and problem solve with you, I'm willing to work with them. But when they look at you and say "you can't do this; you're wearing braces" or whatever, I'm not going there. I'm not telling anybody to go there. ... Attitude is important. (Participant 1-3).

Participant 2-3 explained her pleasant experiences of interacting with people at particular destinations. She has been to many tourism destinations, and most local people were kind to her. It is important to note that her success occurred not only because those people were helpful, but also because she presented herself in an appropriate way. She

considered other people's attitudes important, and naturally the attitudes of people with disabilities will also influence the perceptions of local people.

I really believe that the true nature of people is to be helpful and nice and they're good all over the world. We've all been to countries, like oh, why do you want to go there? Those people are really mean. Not true. Not true. And it's how we present ourselves and our attitude and people respond in kind. And if not you go to the next person. It's like if you call somebody up and you get the wrong answer you hang up and you call back and get a better answer.

(Participant 2-3).

Additional Factors Making People with Mobility Impairments Travel Frequently

Positive Attitudes toward Disability

All the focus group participants are very positive persons. They were more focused on capturing the fun moments in leisure travel, instead of complaining on the problems associated with their physical limitations. The positive attitudes are not travel motivations, but they made the trips more enjoyable, so people would like travel more often. Participant 2-7 summarized their positive attitudes about traveling with disabilities.

Well if I can add to that, it's interesting because there's no guarantee that if you did not have a disability that you would not encounter barriers. So it's a part of travel and once you understand it it's really about if that plane is late or if that plane is delayed it's not because of you it's a lot of obstacles. So once you realize that the disability component, although there are some barriers within that, there are barriers with just travel itself. The aspect of traveling all you

read upon whether it's on television or magazines and books you read it's always about venturing and then you have the other aspect of all of us have families all over. It's used to be you're in a village and you've got your animals and everybody's there and that's it. Now, you've got people from coast to coast, internationally, so I think we've branched out. Like my case in Brazil, I probably would not have chosen to go there that soon but I was pushed to go. But once you take away the format of disability does not equate to should I travel or not but that's important for people to realize. Say well, if a plane is delayed because a certain thunderstorm, it's not because of their disability it's because nature is creating that obstacle. So once you understand that it makes it a lot easier. You realize it's not a disability that's the factor; travel has its little bumps. It's never going to be flawless. So that makes it easy to realize it's not the disability.

In summary, special travel motivations of frequent travelers with mobility impairments were identified in this study. They experience various travel constraints due to their physical disadvantages, but they still like to travel avidly. One of the reasons is their positive attitude towards the physical disadvantages they have. They optimistically considered the travel barriers as challenges, and overcoming the challenges is part of the fun of traveling. They thought that everyone has travel constraints, and the difference is that their physical disadvantages are mostly visible, whereas other people may have invisible constraints.

Some participants did not perceive their physical disabilities as a major constraint to travel. Travel is always a possibility in their lives. They have physical barriers, but the barriers do not affect their desire of travel. They even did not think about the change physical condition would stop traveling or make them travel less than before.

Why not? I've always thought why not do it. And here again, I think that was instilled in me from my family, because we would go on vacations and outings, and we'd go camping and water ski and couldn't water ski, but my dad bought one of these sleds that you rode on and pulled me behind and I was never treated special because I had a disability. It just never occurred to me; well why wouldn't I go? (Participant 1-4).

With me, I was an only child but they'd always brought me up with the idea that even though my mobility was different I was no different than anybody else. So the opportunity was always placed out there to do anything that you feel you want to do which is great. (Participant 2-1).

Well it's their character. I mean if you're a nice person before or however your character was prior to an injury or an illness or what not doesn't mean that miraculously you're going to turn one hundred and eighty degrees and say hey, I didn't like to travel before and now I'm going to travel. You might think about it more because it may be a challenge. But overall if you did something before you'll do the same thing after. That's not going to alter. (Participant 2-7).

However, some (participants 1-3, 2-3, & 2-5) of them admitted that they have limited destination choices and have to plan their trip more carefully due to the physical barriers, as

the same time, they also indicated that they still travel as much as they can.

Chapter 5

CONCLUSIONS

The purpose of the study was to understand what motivates people with mobility impairments to travel frequently. The information provided in the study would assist in further research on travelers with disabilities. It would also encourage tourism marketers and developers to provide better service for travelers with mobility impairments in order to satisfy their travel motivations. This chapter is organized into three parts: (a) summary of findings, (b) conclusions and implications, (c) limitations and recommendations.

Summary of Findings

The study of leisure travel motivations of frequent travelers with mobility impairments identified nine push factors and three pull factors. As compared to Crompton's well-known travel motivation study of average leisure travelers, five push factors (escape from a perceived mundane environment; exploration and evaluation of self; relaxation; enhancement of relationships with family and friends; and facilitation of social interaction) and two pull factors (novelty, and learning experience) were also found from this study of frequent travelers with mobility impairments. Two of Crompton's push factors (regression and prestige) were not found in this study. Additional four push factors (independence; the desire of being in natural environment; adventure; and "do it today") and one pull factor (accessibility) were emerged from this study, but not mentioned in Crompton's study.

Conclusions and Implications

The study identified additional leisure travel motivations of people with disabilities. Therefore tourism researchers and practitioners should consider leisure travelers with

disabilities as a separate group in order to best understand and analyze their special behavior. In-depth understanding of this group of travelers would promote tourist business operators and public service agencies to better accommodate travelers with disabilities.

This study found that leisure travel plays a very important role in people with disabilities' lives. Indeed, leisure travel was a basic need in the frequent travelers' lives. For average tourists, leisure travel is usually a self-actualization need, which is the highest level of Maslow's hierarchy of needs. However, people with disabilities are often unable to obtain the resources or services to satisfy the independent living need, so they would rather spend more time and effort on fulfilling higher needs than on meeting some basic needs (Nosek & Fuhrer, 1992). The higher needs for people without disability, such as leisure travel, turned out to be one of the basic needs. Recognizing travel as a basic need in people with disabilities' lives, tourism developers and tourist business operators should make efforts to improve inclusive tourism not only for legal and economic reasons, but also for the sake of social responsibility.

For people with acquired disabilities, traveling after injury is helpful for the rehabilitation process, since leisure travel contributes to mental rehabilitation and psychological self-reliance building. Escaping from a perceived mundane environment has a special meaning to people with acquired disabilities. Besides the daily living environment, the hospital where they had stayed for months became the environment they wanted to escape. Although relaxation was a constant theme in Crompton's qualitative study, very few focus group participants mentioned relaxation as a travel motivation. Rather, for most participants, leisure travel is a meaningful task, that brings self-confidence, a sense of achievement, or

independence to their lives. Most participants of this study were seeking a sense of achievement by completing a trip. They described how tough the trips were, but they were always very proud of themselves afterwards. As a result, they were more willing to discuss the experience of completing these meaningful tasks rather than of simply being relaxed. Since the idea of regression refers to behaviors which are even more passive than relaxation, none of the participants expressed this motivation.

Accessibility equipment, information, and attitudes of the people as a given destination were the main aspects of environmental resources. Pull factors are useful to explain tourists' destination choice (Crompton, 1979), so understanding the pull factors of travel motivation is important for tourism marketers to better promote the attractive features of destinations. In this case, the tourism marketers could emphasize those features which could satisfy the motivations of the target market—people with disabilities. This study confirmed the pull factors of novelty and learning experience discussed in Crompton's study. In addition, three aspects of accessibility have been identified: accessibility information, accessibility equipments, and local people's attitudes. Reviewed literature (Smith 1987; Peniston, 1996; Darcy, 1998; Israeli, 2002; Eichhorn, Miller, Michopoulou, & Buhalis, 2008; U.S. Department of Justice, ADA Business Connection, 2009) illustrated accessibility issues both from the travel demand side and the supply side. Eichhorn *et al.* (2008) identified five components of disabled tourists' accessibility needs: information richness and reliability, appropriate sources, communication tools, and customer-oriented services. In this focus group study, the participants revealed that accessibility of information helps them plan a trip, enabling them to make arrangements before going to an unfamiliar environment in order to

avoid discomfort caused by inaccessibility. From the supply side, the accessibility factors of good customer service and a hotel's disability-accessible features are essential for accommodating consumers with disabilities (Peniston, 1996; U.S. Department of Justice, ADA Business Connection, 2009), and the accessibility factors of tourist sites were discussed in Israeli's (2002) study. To attract tourists with disabilities, destinations need to provide services to accommodate the need for accessibility equipment. With regard to local people's attitudes toward disabilities, the concern is not only about people who are working in the hospitality industry. The whole host community's attitudes are important. When a traveler with a disability comes to a destination, he might need help at any time from anybody due to his physical disadvantages. Besides help, communication with local people is also desired. Many focus group participants wanted to talk to the local people in order to get different opinions. Therefore, positive attitudes toward disability from customer services employees or random local people would build pleasant communication memories for the travelers, and then the enjoyable experience will encourage them travel more often.

All the focus group participants were experienced travelers. Pearce (2005) considered that "the state of one's travel career, like a career at work, is influenced by previous travel experiences and life-stage or contingency factors" (p. 55). Travel motivations should be linked to one's previous travel experiences (Pearce, 2005). Pearce (2005) conducted quantitative studies using previous travel experience level as an independent variable, and motivation factors as the dependent variables. He concluded that people with high travel experience levels more emphasized on externally-oriented motivations such as self-development through host-site involvement and nature seeking, whereas people with less

travel experience rated internally-oriented motivation factors as more important, such as kinship and self-development. However, Pearce's study also found, regardless of travel career levels, all travelers shared the same core travel motivations, such as escaping, relaxation, relationships, and novelty. Therefore this motivation study of experienced travelers with mobility impairments would be useful other travelers with different travel experienced levels.

Limitations and Recommendations

The researchers conducted only two focus group sessions with 12 participants total, and all of these participants were frequent travelers with mobility impairments. It will be necessary to reach larger samples of people with mobility impairments to examine if the motivations found in this study could be applied to the vast majority. Quantitative research methods might be adopted in order to reach a larger sample size. Questionnaires could be developed based on the findings from this qualitative study.

Some of the participants are not only avid travelers, they even chose travel-related career paths. For them, travel is not only for leisure, but also for developing their businesses. Some trips they have taken combined leisure and business purposes. Since the focus of the study is leisure travel, the focus group discussions about business travel were not analyzed. Further studies might also examine the participation of people with disabilities in inclusive tourism development.

The positive psychology of travelers with disabilities themselves is another factor that makes them travel frequently. All the focus group participants are positive people. Positive attitude is a part of personality, and this was not considered as a motivation in this study. The personality factor made the participants see the barriers associated with disabilities in a

positive way, so they do not consider disabilities to be major constraints of traveling. Instead, they view travel as an adventure, and the travel constraints are simply part of this adventure. Through positive thinking, these travelers see their constraints in a positive way, such as that everyone encounters some barriers when taking a vacation, no matter whether they have disabilities or not. In other words, the travel barriers associated with disabilities still exist, but the positive-minded travelers do not feel their travel decisions are constrained by the barriers. Before making a travel decision, people usually go through a process of evaluating the benefits and barriers of the potential travel experience. Positive attitudes toward disability lower these travelers' perception of barriers, and in consequence they are strongly pushed by the benefits of traveling. Moreover, the participants like adventures, and they think overcoming travel barriers is fun. In general, positive attitudes affect their travel decisions because they do not perceive the physical disadvantages as major constraints, and overcoming travel barriers associated with disabilities is fun. Future studies could further investigate travelers' positive psychology to determine the influence of personal attitude on travel behavior.

Elderly people or wounded veterans could be another direction for studies on people with mobility impairments. According to the U.S. Census Bureau (2009), there were 37.9 million people 65 and older in the United States in 2007. This age group accounted for 13 percent of the total population. At this rate, in 2050, there will be 88.5 million people 65 and older, which would comprise 20 percent of the total population at that time. About 30 percent of elderly Americans experience mobility difficulty (Freedman *et al.*, 2002). The U.S. Census 2000 found that approximately about 41.9 percent of the older population had some type of

disability. Even more significantly, there are 23.4 million American veterans in 2009, and 39.4% of them are 65 and older. Therefore, an improvement toward inclusive tourism development will benefit more people in our aging society.

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