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Tourists With Intellectual Disabilities: Analysis of Their First-Hand Experiences

Abstract

This article analyses the tourism experiences of adults with intellectual disabilities to explore the meanings, motivations and tourism demands of a historically forgotten group, using a qualitative methodological design based on focus groups. The results show that people with intellectual disabilities are highly interested in tourism: to see different places, to have new experiences, and for their hedonic enjoyment. However, this interest is always subject to being accompanied, either by their family or by a group of peers with professional support. The main barriers identified respond to structural issues, such as the lack of cognitive accessibility or the lack of knowledge and training of tourism services staff about their needs, exacerbating prejudices towards this group.

Keywords: intellectual disability, inclusive tourism, qualitative research, focal groups

1. Introduction

This article presents research results on the tourist experiences of people with intellectual disabilities or cognitive functional diversity (CFD). The participants in our study, a total of sixteen individuals with CFD, guided by the focus group interview technique (Richie et al., 2013), discussed and explained their experiences while touring. In addition to a strong interest and desire to travel and explore different places, the respondents highlighted stimulating factors for tourism, such as the desire to share fun and enjoyment with their family and friends and the opportunity to break from the routine and gain new learnings. Furthermore, beyond their motivations and preferences, the participants pointed out the difficulties, mainly structural and interpersonal, that they often must deal with; they demanded cognitive accessibility in products, services, and tourist experiences; they discussed their strategies when planning a trip; explained how and with whom they travel; and revealed the treatment they receive from various professionals in the sector.

We believe that, with our research, we expand the corpus of works on tourism and disability that, undoubtedly and very pertinently, has been steadily growing for decades now (Singh et al., 2021). Regarding its production, the academic tourist literature has been changing both its approach and its subject of study, moving from a perspective focused on the analysis of the resources and characteristics of accessible offerings (Domínguez et al., 2018; Mahmoudzadeh & Kourdi, 2018; Lyu, 2017; Capitaine, 2016; Özogul & Baran, 2016), to an increased interest in exploring the tourist experiences of people with disabilities (Qiao et al., 2021; Reindrawati et al., 2022; Moura et al., 2022; Dempsey et al., 2021; Rickly et al., 2021; Özcan et al., 2021; Richards et al., 2010).

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These latest proposals, however, have not always differentiated between the types of disabilities of tourists (Lehto et al., 2018; Blichfeldt & Nicolaisen, 2011; Burns et al., 2009) and when they have, they have primarily focused on tourists with physical disabilities (Özcan et al., 2021; Rubio-Escuderos et al., 2021; Švagždienė et al., 2021). Thus, the scientific literature on tourist experiences of individuals with sensory functional diversity (SFD) is limited (Rickly et al., 2021; Devile & Kastenholz, 2018; Huang & Lau, 2020; Sánchez-Padilla et al., 2021), and on individuals with CFD is scarce (Yfantidou et al., 2022; Gillovic et al., 2021).

Therefore, we believe our work can help increase the understanding of the tourist experiences of individuals with CFD. What is their relationship with tourism? How do they approach it? What are their interests? What concerns them when facing a tourist experience? What type of tourism do they prefer? What do they value most in a tourist trip? What and how are the barriers they encounter? What kind of tourist products do they consume? These and other questions, directly and indirectly, were addressed and debated in the focus groups.

We suspect that not only has the tourism industry assumed that individuals with CFD are not potential subjects for tourist experiences (Martín Cano et al., 2018), but also families, caregivers, and support staff of the group may have been dismissing this leisure and relaxation alternative (Yau et al., 2004). From the academic world, we must correct this perception, as tourism is, undoubtedly, a matter of rights. Since individuals with CFD are subjects of rights, they should be able to actively and freely participate in satisfying and quality tourist experiences.

Through this work, we wish to raise awareness about the importance of participating in tourist activities, not only to the sector itself but also to the intellectual disability community and all the surrounding satellite actors. Additionally, we aspire to expand the knowledge in accessible and inclusive tourism about the tourist experiences of individuals with CFD and thus contribute to creating literature on CFD and Tourism, which is exceptionally scarce in Spain.

2. Literature review

In recent years, the concern for social inclusion and the rights of people with disabilities has enhanced the focus on accessible tourism, an emerging interdisciplinary field that encompasses areas such as economy, public policy, and disability studies (Qiao et al., 2021; Kastenholz et al., 2015). Buhalis and Darcy (2011) articulate this concept as collaborative tourism that promotes independence and dignity for everyone, integrating diverse access needs.

A transition towards terminologies such as "inclusive tourism" and "social tourism" has been perceived, indicating an evolution in understanding inclusion in the tourism sector (Happ & Bolla, 2022; Fennell & Garrod, 2022). These terms, focusing on ethical inclusion and the equitable distribution of tourism benefits, reflect a vision of more responsible and ethical tourism. In this framework, accessible tourism is perceived as a facet of inclusive tourism, which seeks to counter all forms of social and economic exclusion, promoting more active participation of people with functional diversity (FD) in the tourism industry (Scheyvens & Biddulph, 2017).

2.1. Right to tourism for all

In academia, "accessible tourism" is a critical term for people with FD (Cunalata et al., 2021). Ensuring accessibility is crucial (Minnaert et al., 2009; Darcy, 1998; Ray & Ryder, 2003; Figuereido et al., 2012) as outlined by various frameworks, including the Universal Declaration of Human Rights, World Tourism Organization (UNWTO), the Americans with Disabilities Act (1990), and the Convention on the Rights of Persons with Disabilities (CDPD) (United Nations, 2006). The Manila Declaration affirms this right enhances life quality (OMT, 1980). Despite these policies, tourism often remains an unattainable privilege for many with FD due to obstacles like industry ignorance (Blichfeldt & Nicolaisen, 2011; Belanger & Jolin, 2011; Darcy & Taylor, 2009).

2.2. Barriers to accessing tourism

In scholarly discussions about tourism and FD, there's a focus on understanding the different types of barriers that people with FD face (Smith, 1987; Crawford & Godbey, 1987; Hawkins et al., 1999; Turco et al., 1998). These barriers are often categorized into three main types: structural, interpersonal, and intrapersonal (Daniels et al., 2005; Figuereido et al., 2012; Devile & Kastenholz, 2018).

Structural barriers deal with the physical and material aspects like economic resources, free time, destination attributes, and transportation. These factors significantly affect whether people with FD even consider travelling in the first place (Nyaupane & Andreck, 2008; Devile & Kastenholz, 2018; Crawford & Godbey, 1987).

Interpersonal barriers revolve around social factors like family support and the attitudes of service providers and tourists. These aspects can encourage or discourage individuals with FD from participating in tourism activities (Figuereido et al., 2012; Devile & Kastenholz, 2018; Sánchez-Padilla et al., 2021).

Lastly, intrapersonal barriers are about the psychological and cognitive aspects of the individual. Factors like age, personality, and health condition can influence feelings of self-confidence or vulnerability, which play a role in the decision-making process for people with FD (Daniels et al., 2005; Darcy & Dickson, 2009; Figuereido et al., 2012).

Research emphasizes that a nuanced understanding of these barriers is vital for fostering more inclusive tourism (Hinch & Jackson, 2000; Nyaupane et al., 2004; Devile & Kastenholz, 2018).

2.3. Benefits of touring

Tourism research has shed light on its manifold benefits for the general population, including individuals with disabilities. It is shown to have a positive influence on both physical and psychological well-being (De Bloom et al., 2012; McCabe & Johnson, 2013; Benca & Quintas, 1997; Diener et al., 2002; Aitchison, 2003; Stumbo & Pegg, 2004). The activity also supports personal development by offering new, enriching experiences in pleasing environments (Neal et al., 2007; Devile & Kastenholz, 2018). In the literature, various facets, such as encountering new stimuli, relaxation, and the opportunity to step out of the caregiver role, are frequently discussed (Sedgley et al., 2017; Blichfeldt & Nicolaisen, 2011).

Tourism is also credited with boosting happiness and enhancing subjective well-being, thus elevating overall life satisfaction and quality of life (Pagán, 2015; McCabe & Johnson, 2013; Cini et al., 2012; De Bloom et al., 2012; Kastenholz et al., 2015). It even provides avenues for spiritual, educational, and cultural growth (Clark & Clift, 1996; Hunter-Jones, 2003; Raju, 1994; Towner, 1996).

Where the research becomes more nuanced is in its impact on the family lives of individuals with disabilities. While some studies suggest tourism contributes to family stability and cohesion (Freund et al., 2019; Pagán, 2015; McCabe, 2009), others point out the challenges it poses to families with specific needs, making tourism a complex experience that can sometimes be more stressful than enriching (Eusebio & Pedrosa, 2021; Dempsey et al., 2021).

Finally, the social benefits of tourism are primarily agreed upon. It serves as a platform for social inclusion (Figueiredo et al., 2012; Yau et al., 2004) and breaks down prejudices by facilitating mutual understanding (Scheyvens & Biddulph, 2017).

2.4. Market niche

The tourism sector has begun to recognize people with FD as a significant market niche (Burnett & Baker, 2001; Ozturk et al., 2008), moving away from the old perceptions that considered them a minority and less profitable segment (McKercher et al., 2003; Murray & Sproats 1990; Ray & Ryder, 2003). This change is

attributed to the steady growth of the population with FD Domínguez et al. (2013), driven by medical advances and a longer life expectancy. They stand out for their loyalty as consumers (Buhalis et al., 2005; Burnett & Baker, 2001; Kastenholz et al., 2012), high tourist participation (Shaw & Coles, 2004; Smith & Hughes, 1999; Yau et al., 2004; Kastenholz et al., 2012), and the tendency to travel in groups (Yau et al., 2004).

2.5. Studies on tourists with functional diversity

Although academic research has addressed issues such as the right to tourism, accessibility barriers, social benefits, and market niches, studies explicitly examining the tourist activities of people with FD are limited (Ozturk et al., 2008; Darcy, 1998; Turco et al., 1998; Ray & Ryder, 2003; Yau et al., 2004; Shaw & Coles, 2004). Most of these studies primarily focus on barriers and accessibility issues, often treating all functional disabilities as the same (Burnett & Baker, 2001; Daniels et al., 2005; Israeli, 2002; McGuire, 1984; McKercher et al., 2003; Murray & Sproats, 1990; Smith, 1987; Turco et al., 1998). Empirical studies on the actual experiences of tourists with FD are sparse (Darcy et al., 2020), and those that do exist rarely consider negative emotions towards tourism services, neglecting the critical and denunciatory dimensions that this group could offer (Liu, 2016; Hosany, 2011; Picard & Robinson, 2012).

There's a notable gap in research concerning tourists with cognitive functional diversity (CFD). While some work exists—like studies on the complex vacations of families with a CFD member and their quality of life (Mactavish et al., 2007) or research on the benefits of vacations for caregivers and people with CFD (McConkey & McCullough, 2006)—these are mostly emerging fields. These studies often focus on childhood experiences and caregivers' perspectives rather than the tourists with CFD themselves (Amet, 2013; Sedgley et al., 2017; Martín et al., 2018; Gillovic et al., 2021).

In summary, while tourism research in the context of functional disabilities is gaining traction, it remains an emergent field that is primarily caregiver-centric and lacks first-person accounts from tourists with CFD. This represents a significant methodological challenge for researchers to build a more comprehensive and complex understanding of tourism and functional diversity.

3. Methodology

Within the framework of a phenomenological approach (Hermoso, 2012; Husserl, 1997; Merleau-Ponty, 2008), this study represents the first phase of a more extensive project to explore the personal experiences of tourists with cognitive functional diversity (CFD). We adopted a qualitative methodological design articulated through focus groups. This strategy was chosen because it facilitates dialogical exchange and feedback between participants, which is especially effective for individuals with CFD.

3.1. Project preparation, selection criteria, and contact

The selection criteria were intentional, focusing on gender parity and an equitable distribution regarding age range. We relied on our previous connections with two occupational centres and some supervised housing facilities, facilitating access to the study group. We designed an accessible graphic document to explain the project and the need for collaboration with CFD. The support professionals distributed the information and gave us a list of interested parties. All volunteers received a document of informed consent in an easy-to-read validated format.

3.2. Participant profile

Three focus groups were formed, consisting of 16 adults with CFD and a support monitor, with a balanced distribution of gender and age range (Table 1). All participants had previous tourist experiences and could communicate effectively during the sessions.

Table 1
Profile of the participants

Pseudonym	Gender	Age	Convivencia	Job	With whom they travel
Lola	Female	31	Sheltered housing	Unemployed	Family and companions of sheltered housing
Juan	Male	54	Sheltered housing	Unemployed	Family and companions of sheltered housing
Pascual	Male	67	Sheltered housing	Unemployed	Family and companions of sheltered housing
Irene	Female	37	Sheltered Housing	Unemployed	Companions of sheltered housing
Jorge	Male	54	Sheltered housing	Unemployed	Companions of sheltered housing
Laura	Female	25	Sheltered housing	Unemployed	Friends and companions of sheltered housing
Isabel	Female	43	Family home	Unemployed	Family and companions of the occupational center
David	Male	21	Family home	Unemployed	Family
Lili	Female	20	Family home	Unemployed	Family
Gala	Female	41	Family home	Unemployed	Family and companions of occupational center
Javier	Male	43	Family home	Unemployed	Family and companions of the occupational center
Miriam	Female	43	Family home	Unemployed	Family and companions of occupational center
Mónica	Female	36	Family home	Unemployed	Companions of Occupational Centre
Rafa	Male	35	Family home	Unemployed	Family
Eugenio	Male	29	Family home	Unemployed	Family and companions of the occupational center
Damián	Male	33	Family home	Unemployed	Family and companions of occupational center

3.3. Structure and content of the interviews

The group interviews were organized into three sessions per group, with a total of nine interviews with an approximate duration of one hour each. The first session was devoted to presentations and introductory discussions on tourism. In contrast, the following sessions focused on specific areas of the tourism sector, such as accommodation, restoration, transportation, and culture, always based on their personal experiences. We used clear and straightforward language, relying on slides with information in easy reading and pictograms.

3.4. The research group

The research team was comprised of the moderators who designed and carried out the project. Both had previous experiences in research with various groups with functional diversity and had specialized training that included Assisted Natural Language, Easy Reading, and Spanish Sign Language, among others.

3.5. Data analysis

The interviews were video-recorded, manually transcribed, and analysed using an interpretative model to detect the thematic-narrative topics (Roca & Martínez, 2006) and situational categories (Bertaux, 2005) repeated among the three groups. This process allowed extracting critical ideas about the perceptions and experiences of the participants concerning tourism, focusing on aspects such as cognitive accessibility and the attitudes of the sector professionals.

4. Tourism motivations, interests, and preferences

To start with, as Pagán (2015) notes, all of the participants express their enthusiasm for tourism as a source of satisfaction and well-being: *"I like travelling"* (Damián); *"I love that we talk about this because tourism is my hobby"* (David); *"We love to go sightseeing"* (Irene), *"We have a great time when we go sightseeing"* (Gala).

Most of them agree that their motivations for tourism are getting to know new places and people, having fun, and breaking from the routine. They also find it rewarding to take photographs to remember the positive experiences on their return: *"I like to go sightseeing. Seeing other places, other places, taking photos, having memories of where I've been"* (Juan). In addition to hedonic enjoyment, tourism favours the expansion of

knowledge (Blichfeldt & Nicolaisen, 2011; Pagán, 2015; Shaw & Coles, 2004; Yau et al., 2004) and a change of perspective (Minnaert et al., 2009): *"You get to know other cities, other environments"* (Jorge); *"I liked what I saw, and I learned many things. The way they harvested rice drew my attention. They explained it all and I liked that because it was something I did not know"* (Pascual).

Tourism offers situations that allow them to try out their skills. This helps them feel more capable and self-confident (McCabe, 2009; Kastenholz et al., 2015). This is expressed by one of the participants, who proudly explains how she prepares her holidays with her father: *"I have been with my father in Almería, Albacete and Jaen, etc., and we have organized our summer holidays and Fallas… We checked on the Internet to see how much the trip could cost us and the hotel to see how much a night or two nights could cost us. It is important to bear in mind the price because if not, it would be an issue to get back home. We both help each other, not because we do not know how to search for information but because we make decisions together."* (Lola)

However, this opportunity to increase self-confidence through participation in the organisation of a trip and in the decision-making that this entails, which many authors point out as one of the benefits of tourism for people with FD (Minnaert et al., 2009), actually happens very little in the case of tourists with CFD, since, as almost all of our participants point out, they hardly participate in decision-making and in managing the organisation of a tourist outing: *"It is our parents who search for information and not us."* (Jorge); *"I have a brother who buys the tickets for me and then sends them to me. I do not have to do anything. I have no issues because I do not need to use the Internet at all."* (Juan); *"Normally, it is my parents who buy the tickets."* (Eugenio).

As regards the tourist experience, and according to Packer et al. (2007), the support given by third parties in proximity plays a part, even a decisive role in the participation of tourism by overcoming specific structural barriers for people with CFD: *"Last year, we all spent a weekend in a hotel in Cullera. We had a great time. They took good care of us in the hotel and offered us a buffet service. We were in seventh heaven. The Occupational Centre had organised everything. We did not have to organise or pay for anything."* (Juan). The lack of company as a barrier to participating in tourism is one of the most repeated interpersonal factors in the literature study (Crawford & Godbey, 1987; Bialeschki & Henderson, 1988; Gilbert & Hudson, 2000; Hinch & Jackson, 2000; Pennington-Gray & Kerstetter, 2002; Daniels et al., 2005; Nimrod, 2008; Nyaupane & Andereck, 2008; Hung & Petrick, 2010; Devile & Kastenholz, 2018). Therefore, most tourists with disabilities travel accompanied (Darcy, 1998; Devile & Kastenholz, 2018; Lehto et al., 2018; Unsworth, 1999), as confirmed by our interviewees, as none of them has done or is considering solo tourism.

All the participants in our study agree that they always go on holiday accompanied. In some cases, by their relatives during their holidays: *"I have travelled all over the world with my parents. I am a street traveller*[1] *"* (Rafa); *"I always go to Malaga with my family. We go to the beach and to the Malaga fair with the fish and wine served every night."* (Juan). And, in other cases, by companions from the occupational centre or sheltered housing, on trips often scheduled in the low season: *"We love going on holiday together" (Juan); "Every summer we go on holiday with monitors from FEVADIS"*[2] (Jorge). Kastenholz et al. (2015, p. 1274) note that "The persons with a disability surveyed want to travel with friends rather than with family, use hotels to stay overnight (instead of private arrangements) and wish to travel more in the low season". In this respect, participants prefer organised travel with companions from their occupational centre rather than with their families. For the industry, the fact that this group tends to travel in groups increases the economic value of this market and represents a more significant business opportunity (Darcy, 2010; Buhalis & Michopoulou, 2011; Figueiredo et al., 2012; Kastenholz et al., 2015).

[1] This is the name of a famous Spanish television programme that interviews Spaniards living in countries outside Spain. In each programme, life in a different country is presented.

[2] Valencian Federation of People with Intellectual Disabilities (Spanish acronym).

Concurring with the study carried out by Duvdevany and Arar (2004), those participants from focus groups who live with their families travel more and have more touristic experiences than those who live in sheltered housing: *"I went to Caceres with my parents."* (Gala). *"I went to Disneyland Paris with my family"* (Lili). *"I went to the Caribbean with my mother."* (David). Nevertheless, we should highlight the role played by voluntary sector organisations and entities in creating opportunities for those with disabilities (Blichfeldt & Nicolaisen, 2011). According to our study participants, having a touristic experience organised by an occupational centre guarantees its success for various reasons. In the first place, the centre acts as a specialised tourism agent that selects destinations based on the group's characteristics, preferences, and requirements.

Moreover, it takes care of finding suitable transport and accommodation. It also takes on the coordinator role and is a reference point when dealing with and solving doubts and fears. *"They take care of everything: hotel, bus, everything. All we must do is to go and have a great time."* (Juan). Those who live in sheltered housing explain that they feel like a family, including their monitors. They also add that it usually is "this family" with whom they carry out touristic experiences. *"We are a family. We help and give support to each other. (…) The monitors help us a lot. They give us all their support (…). "They love us, and they understand the way we are. We go on trips and visit museums to see things."* (Juan).

Concerning accommodation preferences, in all types of trips, they prioritise hotel stays and prefer the 'all-inclusive' modality to a holiday rental, with the sole exception of one participant: *"A few years ago, I went to Moncofa in summer with my friends (…). There was 15 of us. It had a swimming pool, and the beach was right in front."* (Laura).

From the conversations, we can conclude that people with CFD usually plan, organise, and go sightseeing with the help of family members or support professionals. In the case of the participants in our research, if they did not have this support, the opportunity to travel and do tourism would be significantly reduced, with the loss of the benefits that we have previously pointed out that this activity brings them (confidence, security, sense of freedom, enriching experiences at a cognitive level, etc.): *"In the hotel in the Caribbean there were activities in which I needed help from a monitor."* (David).

However, we consider that it is necessary to analyse the role played by this type of support to see if it favours self-determination or if it perpetuates abusive and paternalistic practices: *"For example, if I try to move forward and do things on my own, they don't let me. They won't let me. How can I learn to do it? Neither my parents nor the monitors let me. I don't have any friends outside of here. If they don't let me go out, I spend the whole day with my parents. I do everything with them or with the monitors at the Occupational Centre"* (Monica). It is essential to propose research work that helps to understand how the presence of backup professionals can condition the tourist experience of those with CFD. *"When we travel, we do what our monitors tell us. For example, we turn off the lights when they tell us to go to bed and sleep."* (Javier).

5. Accessibility barriers to tourism products and destinations. The forgotten cognitive accessibility

As regards the difficulties they encounter when participating in tourism (Ozturk et al., 2008), it is striking that they are initially worried about physical accessibility even though their functional diversity is not directly connected. However, it is a very present obstacle, perhaps out of empathy for people with disabilities in general: *"Neither are there ramps for those who need a wheelchair"* (Laura); *"The doors of the coaches should be larger for people with disabilities when they use the ramp."* (Juan). This point of view concerning physical accessibility aligns with the opinion of those authors who consider it a crucial aspect of tourist destinations (Burns et al., 2009; Darcy, 2010; Pagán, 2015; Yau et al., 2004; Kastenholz et al., 2015).

Another of their main worries is money (Kastenholz et al., 2015), as well as the uncertainty that they are not being conned (McKercher et al., 2003) not only concerning the tourist offer but also in the cost: *"Prices …. well, they should be more evident and visible. Any special offers should also be made clearer. They should not try to con us. Sometimes, they try to make you pay more than you should, but I just want to pay what it says. Sometimes, you will pay, and suddenly, they ask for more than they initially quoted because not everything was included, or they added something you did not expect."* (Lola).

However, without a doubt, the main barrier encountered when dealing with tourism is cognitive (Brusilovsky, 2016). Products and tourist resources were analysed with the groups from this perspective: *"I would like information leaflets to be in an easy-to-read format or with drawings for those of us who cannot read"* (Miriam); *"Once, I have gone to the wrong bathroom (for girls) because I was not able to distinguish the symbol. Sometimes, you do not know which is which."* (Juan).

Tourist Information is crucial so you can fully experience tourism safely. However, information on the accessibility of destinations and tourism products is poorly documented and difficult to find in accessible formats (Darcy, 2010), even when dealing with places intended for that purpose, such as tourist offices or travel agents: *"It is difficult to understand the maps they offer you; it is not easy to understand clearly. At the tourist office, information should be easy-to-read."* (Juan). *"At travel agents, I understand what the information leaflets are saying, but the writing is too small, and I find it hard to read them."* (Lola). The reaction in the three focus groups is similar regarding how they obtain information to organise a trip. The participants look at each other, take their time to ponder the issue, and then debate. This leads us to suspect that the answers obtained are more the result of theoretical reflection than experience.

For this reason, they are expressed using the conditional verb tense: *"If I were a tourist, I would check prices, what days Fallas was celebrated on, and what hotel to choose. To accomplish this, I would either go to a travel agent or a tourist office."* (Lola). Only two explain how they prepare their holidays on specific occasions, always with their families. The answers, in general, of all the groups in the way they dealt with this issue are as follows: 1) go to a travel agency as the preferred option and 2) look for information on the Internet: *"I would go to a travel agency"* (Lili) (please note the use of the conditional tense); *"You say to the microphone or write "Google, I wish to go to Italy," and it tells you how to get there, what the capital is, what type of clothes they wear, and their religions and that is it … well, also their fiestas and clothes"* (David).

The services and transport used by our participants in the different cities when they participated in tourism do not take into consideration cognitive accessibility: *"There should be more information when using the metro. If you do not know what line to take, then what do you do?"* (Juan); *"I had to call my mother, and just as well she had her mobile phone with her. I told her I was lost and had gone to the wrong platform."* (Laura). In this sense, the menu in a restaurant, the spatial orientation in a hotel or the information displayed in a museum exhibition can be natural obstacles to an optimal experience for tourists with CFD: *"In many museums, I have often seen information written in Roman numerals, from a past age, and how am I meant to understand it? I cannot understand it."* (Lola); *"In a hotel, when they give you your key, they should accompany you to your room. They should tell you your number and say … this is your room. You often go to a hotel and must find your room without help. Somebody should go with you and say that this is your door, bathroom, bed, and television"* (Juan). Participants also point out how inaccessible the minimalist design of some public toilets can be: *"In some toilets, there is so much technology that you just have no idea what to do. For example, the hand drier is a mirror in a commercial centre. It is hidden. You have no idea how to use it. The hand drier is hidden, and I think, "How does it work?" How do I turn the light on? It is all so confusing!"* (Lola).

It seems evident that there is still a long way to go before getting cognitive accessibility. However, we can identify amongst our participants an infallible resource to solve the issue of access and understanding of information: human interaction. When there is a cognitive barrier, their primary strategy is to look for help

from another person (whether a tourist, a local or a professional in the sector) to ensure that they get the best information and avoid any confusion: *"You can feel confused and a little lost. However, people can help and guide you. In Almería, I asked where the museum, church or even the shopping centre was, and they pointed me in the right way"* (Lola). *"When I don´t know something, I just ask"* (Juan).

The personal interaction for this group is an authentic interpersonal facilitator (Devile & Kastenholz, 2018) and a very efficient tool for accessibility: *"The visit to the museum was great because the guide explained everything to us. She went up the floors with us and explained everything to us"* (Irene). This justifies that those who have taken part in our study prefer the personal treatment that travel agents offer (McKercher et al., 2003) or tourist offices as opposed to other strategies to gain information autonomously: *"I have sometimes been in a travel agency, and they have given me information and have explained things very clearly"* (Juan). Therefore, for example, they prefer to ask a city bus driver for information rather than consult information boards: *"I know the number of the bus that I must get on because I often use it. I found out by going to the bus stop and they told me which bus I had to catch to take me to the beach"*. (Juan)

Given that access to information still presents significant cognitive barriers, tourists with CFD prefer to seek professional help from the touristic sector to gain access to it. Therefore, it is a priority that professionals in the industry improve the way they treat this touristic group (Ozturk et al., 2008).

6. More barriers: Prejudice towards people with CFD

Tourism professionals are generally under and ill-prepared to deal with tourists with disabilities (Daniels et al., 2005). Ignorance of this type of customer is a constant in the industry (Blichfeldt & Nicolaisen, 2011): *"It's that people sometimes don't know how to attend to us. They think we don't understand anything, and neither too much nor too little. In other words, some things can't be, but not all of them"* (Monica).

The problem is aggravated when the lack of knowledge is compounded by a lack of interest or resistance to remedy this deficiency. Thus, discrimination is a fact (Nyanjom et al., 2018) that McKercher et al. (2003) explain based on structural and attitudinal factors. Firstly, people with FD are not recognised as a niche market (Darcy, 2010), or if they are, they are considered a "minority" market that requires too much investment to "deliver results" (McKercher et al., 2003). Another critical structural factor is the ableist outlook characteristic of the tourism industry. Ableism as a power structure is based on the idea that disability is a devaluing condition of the human being (Toboso, 2017), favouring the projection of stereotypes that result in pejorative and discriminatory attitudes (Platero, 2013) in the treatment of professionals in the sector towards people with CFD: *"When I have gone to a hotel with my parents, the person at the reception never looks at me when explaining things about the hotel, he always looks at my parents, he thinks I wouldn't understand him"* (David); *"Sometimes I have gone somewhere like shops, bars, restaurants, hotel ..... Whatever, I have tried to talk to someone, but I feel left out, that 'as she has a disability', 'as she doesn't know how to express herself', 'as she doesn't know how to explain herself', 'as if she is hooked'... and they say, 'I ignore her, she can't be understood, and I say yes to everything, and that's it'. I feel rejected, bad, hurt, I don't like it, neither me nor anyone else..."* (Lola).

As a stigmatised and, therefore socially alienated group (Goffman, 1963; MacLeod & Austin, 2003), it is considered that their presence can affect the "happy and perfect environment" of an ideal holiday by having to deal with "negatively perceived dimensions of life" (Kastenholz et al., 2015, p. 1260): *"They see you as disabled or as somebody a bit dumb or weird and they don´t treat you well. They want you to leave as soon as possible. That's abuse"* (Lola).

These negative attitudes, which stem from ignorance and prejudice (Daruwalla & Darcy, 2005; Small et al., 2012) towards a group that is sometimes distanced from dominant social norms, can materialise in actions that reflect a lack of trust and opprobrium (Bizjak et al., 2011; Richards et al., 2010). Also, in interactions where vigilance

and discipline predominate (Eichhorn et al., 2013; Sedgley et al., 2017). This turns out to be annoying and demeaning: *"I feel they think you are stupid. They see you like this and think: 'I´ll ignore him/her', or they say 'I´m busy', 'I´m on the phone', 'I´m sorry I have an emergency'. It is all a lie, and all they want to do is to ignore you"* (Lola).

Nobody likes to be ignored or discriminated against: *"They give our ticket to the monitor. I have a feeling that they are afraid of us, and that is why they do not give it to us"* (David); *"When I go out for something to eat with my sister, they always give her the bill. It is what waiters do. They also ask her what I am going to have"* (Juan). For this reason, when choosing a holiday destination, people with CFD seriously take into consideration the attitude of the tourism service providers and even of the local population (Smith, 1987; Shi et al., 2012): *"People with a handicap, just as people without a handicap, should be treated in the same way. I choose a place where I know I will be treated well as a client, and that is it!"* (Lola). *"When I go out with my sister for something to eat, we always go to a restaurant where they know us. Everything on the menu is obvious. The waiters take care of us because they know us. It is great"* (Juan).

7. Conclusions

This article aims to increase knowledge about the tourist experiences of people with cognitive functional diversity (CFD). The motivations that drive a tourist experience among this group do not substantially differ from those of the rest of society. However, in their case, it requires more precise and controlled planning. The lack of relevant and adapted information constitutes a first barrier, which is accentuated at the destination by the absence of cognitive accessibility to tourist products and services and by the lack of knowledge and scarce training of professionals in the sector. Overcoming these limitations forces tourists with CFD to make an extra effort to adapt and enjoy.

Regarding intrapersonal and interpersonal facilitators for tourism (Devile & Kastenholz, 2018), our interviewees mastered, as a group, negotiation strategies (Jackson et al., 1993). They constantly must deal with negative and disdainful attitudes (dismissal, deceit, impatience, pointing out, avoidance, etc.) from the staff of different tourist services. In addition, they usually have companions on their trips, either family members or professionals (monitors, educators, or personal assistants). The role of these supports is contradictory; on the one hand, they represent an essential resource in tourist practice, but in parallel, the personal narratives collected during the study consider them, on many occasions, an impediment for people with CFD to participate in tourism with agency, freedom, and self-determination. Hence, there is a need for new studies analysing the interaction between the care provided by relatives or support professionals and tourism. Supports may be necessary, but they must also be appropriate. As Minnaert et al. (2009) point out in their research on social policies and tourism, the level and nature of the supports should be the result of negotiation between the providers of these supports and the tourists, as the collaboration of all involved parties is the basis of authentic tourism.

Undoubtedly, the tourism sector needs a profound change to be truly inclusive, with transformations aimed at both the cognitive accessibility of services and products and the training and attitude of specialized personnel. The results of our research conclude that accessibility in the provision of services is as essential as detailed information about it (Kastenholz et al., 2015; Ozturk et al., 2008). Our interviewees identify as the primary sources of information, in this order, travel agencies, tourist offices, and the Internet, resources where cognitive accessibility is currently scarce. The improvement strategies mention adapting texts for easy reading, augmentative and alternative communication systems, maps, and guides of adapted spatial orientation, and all kinds of assistive technologies.

Above all, personal interaction emerges as the primary tool of cognitive accessibility for tourists with CFD, so improving the attitude towards people with functional diversity by professionals in the sector is of utmost importance. McKercher et al. (2003) point out three conditions to achieve this: contact with people with disabilities in everyday life situations within a framework of equality, the practice of simulation exercises,

and specific training on the group, its characteristics, and needs. The proposal of these authors aligns with the causes pointed out in our focus groups, in which the ignorance and lack of knowledge of the group by professionals are emphasized, generating negative prejudices, fears, and rejection towards tourists with CFD.

As a limitation of our study, we want to highlight the absence of analysis of the socioeconomic reality of the sample. It is well documented that people with CFD are a group with significant financial difficulties because of social marginalization and the lack of job opportunities they face (Martinez, 2013). This factor is crucial when addressing the reality of the tourist experience of this group of people. On the other hand, the sample we have worked with represents a part of the group, those with difficulty levels in comprehensive and expressive communication ranging from mild to moderate. It would be necessary to have the participation of people with CFD with significant support needs, considering the form of communication for interviews through robust AAC devices, Assisted Natural Language, and/or the participation of their primary support people (relatives or personal assistants) as part of their voices and even, as principal actors and facilitators of the tourist experiences of the group. Lastly, we emphasize that the data obtained in our work are the result of situated knowledge (Haraway, 1995) and specific, which adheres to the reality of a group of adults from the Spanish Levante, women, and men with CFD, all users of various occupational centres (public and private), so they cannot be extrapolated to other socioeconomic and cultural realities.

We leave the analysis of the relationship between care and tourism for future publications, as mentioned above. The role played by companions, the dynamics generated, and how these influence the final experience of the tourist with CFD are presented to us as a primary issue (Kim & Lehto, 2013). In this sense, data could be collected from group interviews with families, where the primary unit of study is the family itself, in which one of its members has cognitive functional diversity. Within this same line that revolves around the issue of accompanying tourists with CFD, it would also be necessary to address an analysis of the nature and characteristics of tourist trips organised explicitly for this group. On the other hand, the publication of the results of the questionnaire on the analysis of tourist experiences by sectors, developed with the help and participation of these same focus groups, is pending. Based on the results of this second phase of the current research project, proposals for evaluation instruments of the services themselves, designed and developed in an accessible format for tourists with CFD, could be contributed to the tourism industry.

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