

Tourist Behavior of People with Autism Spectrum Disorder

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Tourist Behavior of People with Autism Spectrum Disorder

Introduction

Consumer behavior studies in the tourism field aim to explain why tourists make specific decisions before, during, and after their travels. These studies utilize a wide variety of concepts and theories to describe, explain, and predict tourist behavior. The general models of tourist behavior provide researchers with a foundation to systematically investigate tourist behavior as it is inefficient to consider each tourist separately (Pearse, 2005). Researchers in the field of tourism try to account for the differences among tourists via analyzing their demographic data such as age, gender, income, and family life cycle. Travel experiences of people with disabilities also received some attention (such as Blichfeldt & Nicolaisen, 2011; Figueiredo et al., 2012; McKercher & Darcy, 2018; Ray & Ryder, 2003). However, previous studies tended to approach the barriers faced by people with different disabilities and impairment effects as if they were a single group, leaving aside the unique experiences regarding the nature of the disability and the unique views of society related to specific types of disabilities (McKercher & Darcy, 2018).

Similarly, previous research has overlooked neurodiversity. Autism spectrum disorder (hereafter *ASD*) is one of the neurodevelopmental disabilities that require special attention of scholars in the field of tourism due to the specific nature of ASD and stereotypes within the society towards individuals with ASD. The authors believe that pre-travel, during-travel, and post-travel experiences of people with ASD may be different to a great extent than people with other disabilities, such as people with physical, hearing, or visual disabilities. However, a framework that describes the travel experiences of tourists with ASD is lacking. Therefore, this paper aims to propose a research agenda of tourist behavior of people with ASD through identifying the knowledge gaps in the current literature on tourists with ASD and a thorough review of previous models of tourist behavior.

Literature Review

ASD is characterized by “persistent deficits in social communication and social interaction” and “restricted, repetitive behaviors, interests, or activities present from early childhood” (APA, 2013, 299.00 [F84.0]). However, there is a great variety among people with ASD regarding the ways they communicate, behave, interact, learn (Centers for Disease Control and Prevention, 2021), and the level of support they need in their daily lives (American Psychiatric Association, 2013). Tourists with ASD who experience lower difficulties with novelty, change in focus, and activities may be willing to travel, yet may have unique motivations, perceptions, and experiences related to travel compared to other people. Although each individual with ASD is unique, and people with ASD may belong to any racial, ethnic, and socioeconomic group (Maenner et al., 2016), looking at possible commonalities of tourist behavior between individuals with ASD is an important step for improving the accessibility of tourism products and services and inclusion of people with ASD in tourism activities.

Tourist behavior of People with ASD

Several studies in the tourism literature focus on the experiences of people with ASD (such as Davidson, & Henderson, 2010; Deka et al., 2016; Freund et al., 2019; Hamed, 2013; Neo & Flaherty, 2018; Perry & Kozub, 2011). Most of these studies are as yet limited to the travel barriers. Acknowledging the social model of disability, which positions disability as a normal aspect of life and does not consider the individual as the problem as opposed to the medical model (Buhalis et

al., 2005), the authors believe that people are disabled by their environments. Therefore, studying barriers to travel is essential in understanding how the current tourism structure disables individuals with ASD especially given the lack of accessible tourism products and information available to people with disabilities (Buhalis et al., 2005). However, barriers to travel comprise only one aspect of the tourist experience. The general consumer behavior research in tourism can identify the knowledge gap in researching travelers with ASD.

Consumer Behavior in Tourism

Scholars in the field of tourism have developed various models to conceptualize the tourist decision-making process. These models are adopted from psychology, consumer research, and economics (McCabe et al., 2016) and mainly tackle a set of five major theoretical issues (Woodside, 2017). Consumer behavior studies in tourism:

“... describe who is doing what, when, where, how, and the consequences of the activities; explain the meanings of activities and motivations of the actors; predict (model) what actions and outcomes will occur and the impacts of influence attempts before, during, and after engaging in tourist actions; control (influence) the beliefs, attitudes, behaviors, and assessments of tourists, local community members, and additional stakeholders; evaluate tourism service/product delivery, tourism management performance, and customer satisfaction.” (Woodside, p. 2, 2017)

Understanding complex travel decisions requires investigating a wide range of inputs, variables, and outputs along the pre-trip, during-trip, and post-trip stages (McCabe et al., 2016). For example, some of the early major theories on tourist behavior include tourist motivation (Crompton, 1979; Dann, 1977; Krippendorf, 1987; Mannel & Iso-Ahola, 1987; Plog, 1974) destination choice (Muller, 1991; Woodside & Lysonski, 1989), perceptions and images (Lapage & Cormier, 1977; Shih, 1986), and attitudes (Um & Crompton, 1990) all cited in Pizam and Mansfeld (1999). Therefore, this research will investigate a wide range of variables that impact the travel experiences of people with ASD before, during, and after their travels.

Motivations

Although some studies found few differences (Buhalis et al., 2005; Ray & Ryder, 2003; Small et al., 2012; Yau et al., 2004) in motivations to travel between people with disabilities and other people, the participants of these studies are limited to individuals with visual and hearing impairments, and mobility disorders. Given that the unique interests of people with ASD may provide them with unique motivation and pleasure (APA, 2013), the travel motivations of people with ASD may require special attention. The current conceptualization of motivations in the tourism field may not effectively reflect the motivations of people with ASD. For example, Pearce and Lee (2015) categorize major travel motivators as novelty, escape/relaxation, relationship enhancement, and self-development. However, people with disabilities face a greater challenge when traveling to novel destinations (Figueiredo et al., 2012), and more specifically, they have difficulties dealing with novel stimuli (APA, 2013). When perceived costs of or barriers to travel outweigh the perceived benefits, one may lose interest in traveling (Shaw & Coles, 2004; Small et al., 2012), suggesting that novelty may be considered as a source of motivation, as well as a cost, or a type of barrier that arise due to the difficulties with an established routine, anxiety, and sensory issues while traveling (Hamed, 2013). Moreover, among people with ASD, specific experiences may be considered either as a motivation or a barrier. For example, experiencing motion may be a source of motivation or a barrier in a theme park (Hamed, 2013).

Barriers

According to Blichfeldt and Nicolaisen (2011), the anti-structural nature of tourism contrasts with the highly structured lives of many people with disabilities, particularly people with behavioral impediments, sometimes raising the stress levels beyond comfortable levels. Specifically, people with ASD face many travel-related barriers that others may not have to worry about (Deka et al., 2016). McKercher and Darcy (2018) identify four levels of barriers to travel faced by people with disabilities: Tier 1 includes barriers faced by all tourists, Tier 2 includes issues faced by all people with disabilities, Tier 3 includes issues unique to specific disabilities, and Tier 4 includes the moderating factors of impairment effects. Therefore, a general model of tourist behavior may provide an analysis on the level of tourists in general (Tier 1) while a model for people with disabilities in general (Tier 2) would not be sufficient to understand the barriers encountered by people with ASD (Tier 3) and ASD-related social and occupational impairment effects, along with potential intellectual and language impairments that may coexist among people with ASD (APA, 2013) (Tier 4). Moreover, another Tier may be necessary as severity levels of ASD are categorized as either requiring support (level 1), requiring substantial support (level 2) or requiring very substantial support (level 3) (APA, 2013, "Autism Spectrum Disorder Severity levels for autism spectrum disorder").

Several studies have revealed the various barriers encountered by people with ASD such as mobility barriers (walking, driving, or using public transportation) (Deka et al., 2016), unfamiliarity with the destination, and related anxiety, depression, and social isolation (Neo & Flaherty, 2018), sensory experiences (exposure to bright lights, strong smells, tolerating motion, noise) (Hamed, 2013), changes in routine when traveling to novel destinations (Hamed, 2013), stereotyped or repetitive behavior, communication, social interaction and inclusion, sleeping, and medical difficulties (Hamed, 2013), long waiting times (Freund et al., 2019; Perry & Kozub, 2011).

Information Search

Tourists may use various information sources before making a travel decision (Sparks & Pan, 2009). These information sources include traditional sources such as family and friends, travel agencies, guidebooks, news, articles, and brochures (Beerli & Martin, 2004). Hamed's (2013) study revealed that adults with ASD prefer travel companies for planning and realizing their vacations. People with ASD have also reported a strong interest in using screen-based technology (Mazurek et al., 2012, Mazurek and Wenstrup, 2012, Mineo et al., 2009, Orsmond and Kuo, 2011) all cited by Mazurek (2013). The majority of adults with ASD reported using social networking sites (SNS) (Mazurek, 2013). Adolescents with ASD reported watching television and using a computer as their most frequent free-time activities (Orsmond & Kuo, 2011). Using websites for information search and research, entertainment such as sharing and viewing video clips (Kuo et al., 2014). Therefore, people with ASD may tend to use digital channels over traditional channels. They may look for information regarding specific attributes of a destination based on their particular interests. While doing that, some individuals with ASD may prefer to avoid stressful social interactions.

Decision-making

McCabe et al. (2016) summarized the three most frequently used models for applying operationalizing constructs related to tourist decision-making, explaining their strengths and weaknesses. These approaches include the normative approach, the prescriptive cognitive approach, the structured process approach, along with the fourth approach (Dual-System Theory) that attracted less

attention from tourism scholars. These approaches must be scrutinized to develop a new model for tourists with ASD.

Satisfaction and Revisitation

Satisfaction occurs when the expectations meet the experience (Pizam et al., 1978). Therefore, a model for consumer behavior of tourists with ASD should consider the unique expectations from travel, as well as motives for revisitation. An anonymous informant with ASD shared her satisfaction from taking the bus through a travel company. She enjoyed the bus ride to such a great extent that she did not get off the bus while other travelers visited the destination. She mentioned the comfort of the seats, watching out of the bus, listening to the music, and having snacks rather than her experiences in the destination. In her experience, elements that are considered as amenities in previous models of tourist behavior replaced attractions or activities of a destination. Thus, there could be unique sources of satisfaction and revisitation for people with ASD, and general models may not be sufficient to capture such drivers.

Conclusions

Current consumer behavior research in tourism is inadequate for understanding the tourist experiences of people with ASD. Researchers in the field of tourism can conduct more studies using the consumer behavior framework in tourism to study a range of inputs, variables, and outputs along the pre-trip, during-trip, and post-trip stages that include motivation, barriers to travel, information search, decision making, satisfaction, and revisitation. More extensive studies for tourists with ASD can develop destination quality indicators and evaluate and improve tourism services and products to support accessible and inclusive tourism.

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