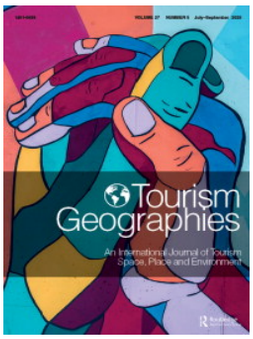

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Tourism Geographies

An International Journal of Tourism Space, Place and Environment

ISSN: 1461-6688 (Print) 1470-1340 (Online) Journal homepage: www.tandfonline.com/journals/rtxg20

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To cite this article: Cheryl Cockburn-Wootten, Yayu Indrawati & Alison McIntosh (22 Aug 2025): Ageing with disability, relationships and relational place making: Bali tourism case study, Tourism Geographies, DOI: 10.1080/14616688.2025.2546540

To link to this article: https://doi.org/10.1080/14616688.2025.2546540

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Published online: 22 Aug 2025.

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TOURISM GEOGRAPHIES
https://doi.org/10.1080/14616688.2025.2546540

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Ageing with disability, relationships and relational place making: Bali tourism case study

Cheryl Cockburn-Wootten[a], Yayu Indrawati[b] and Alison McIntosh[c]

[a]Waikato Management School, University of Waikato, Hamilton, New Zealand; [b]Tourism Faculty, Udayana University, Bukit Jimbaran, Bali, Indonesia; [c]School of Hospitality & Tourism, AUT University, Auckland, New Zealand

ABSTRACT

Bali has become a well-known island destination in Indonesia for senior tourists and Bali's tourism strategy has indicated a desire to attract senior visitors. This study adopted an interpretative approach to examine how relational place making processes shape the embodied experiences of tourists who are ageing with disability within the destination of Bali. Joint interviews were conducted with six tourists ageing with disability and their travel companion, and 10 tourism providers. Our findings contribute insights into the relational lived world of ageing with disability and tourism for a destination that seeks to encourage this market. Focusing on ageing with disability, this paper contributes to challenging understandings of ageing and disability, with lived meanings within a tourism place evidenced as negotiable, often contested, and socially connected. Two key themes were found in our study relating to a sense of *familiarity through the passage of time*, and a sense of *freedom to be* relating to what it means to 'be' in tourist places, or, how tourists who are ageing with disability 'are' in the place. These findings contribute insights into the relational embodied perspectives of ageing with disability that could help facilitate agency, participation and inclusive relations with others within place making.

ARTICLE HISTORY
Received 21 May 2024
Accepted 4 August 2025

HANDLING EDITORS
Marcus Hansen, Department of tourism & events, Liverpool John Moores University, UK

KEYWORDS
Disability; place making; embodiment; ageing; photos; joint interviews; travel companion; Bali

Introduction

Globally, populations are ageing. Seniors experience a heightened desire to travel (Patterson & Balderas, 2020), but with age can come disability. Tourism scholars have a growing interest in exploring the embodied experiences of senior tourists. To contribute insights to this area of scholarship, this study aims to examine how relational

CONTACT Cheryl Cockburn-Wootten cwootten@waikato.ac.nz University of Waikato, Waikato Management School, Private Bag 3105, Hamilton 3105, New Zealand.

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place making processes shape the embodied experiences of tourists who are ageing with disability within the destination of Bali. Bali is a tourist destination located among the islands in Indonesia; TripAdvisor News awarded it the top (Traveller's Choice) destination award in 2017 and 2025 (Bali Sun, 2025). In 2024, Bali hosted 6.3 million visitors, with most visitors arriving from Australia, China and India (Bagus, 2024). Bali's tourism industry has faced considerable challenges over the last 25 years, including the impact of the Bali bombings in 2002 and 2005, and volcanic eruptions in 2017 (Bagus, 2024). Despite these challenges, Bali is still a repeat destination for many senior tourists with provincial authorities relying on and encouraging seniors to visit the destination (Bagus, 2024). Indeed, international trends have indicated the increasing size and value of the seniors' market, noted by seniors' strong purchasing power and length of stay in the destination (Patterson & Balderas, 2020). Culturally, Indonesians view ageing individuals as "respected community members for whom there is a duty of care" (Lestari et al., 2022, p. 2057). As such, senior tourists are perceived as valuable both in a socio-cultural sense and economically for Bali's tourism industry (Lestari et al., 2022). Facing rivalry from other tourism destinations in the Asia-Pacific region, Bali needs to maintain its competitiveness in the region, and a focus on tourists who are ageing with disability could offer a distinct advantage (Chin et al., 2017).

Noting the connections between ageing and the likelihood of impairment and loss, tourism scholars have increasingly sought to deepen our understandings of the complex embodied and relational experiences of travel for seniors ageing with disability and tourists with disability (Darcy & Buhalis, 2011; Gillovic et al., 2021; Tomej & Duedahl, 2023). The literature includes studies that frequently adopt qualitative, phenomenological or participatory approaches to develop understandings of the lived experiences of tourists, focusing on their embodied experiences, interpersonal relationships, and emotional wellbeing (Rickly et al., 2022). These studies illustrate how complex embodied connections can develop through everyday routines, familiarity with others, places, and memories, all of which can contribute to feelings of inclusion, meaning, feelings of being valued, and in/excluded. Recently, critical tourism scholars have begun to explore seniors within diverse contexts (Li et al., 2024).

We use the term 'senior tourists who are ageing with disability' in our study to draw specific attention to the embodied nature and interplay of ageing, disability, and relational place making. Internationally, the highest proportion of people living with disability is those who have acquired it through the ageing process (Leahy, 2021). Stereotypical understandings are prevalent around older lifestyles, with ageism and ableism seeping into conceptions of what it means to be older (Leahy, 2021). Added to these assumptions, within the tourism literature, Patterson and Balderas (2020) review highlighted that there is still a confusing array of age-stage-related definitions for the term 'senior', with some tourism scholars drawing on cohorts as young as 50 years old. Patterson and Balderas's work recommended drawing on definitions typically used within ageing and gerontology studies which indicate clear biological life stages and still also considered subjective age definitions. The four biological phases of ageing typically used in gerontology research comprise of young-old (65–74), middle-old (75–84), old-old (85–94) and oldest-old (95+) (Cohen-Mansfield et al., 2013). Critical gerontologists, however, warn that these age-related definitions do not fully reflect how social constructions of ageing, which

are influenced through environmental, economic, political and sociocultural aspects, will shape age-related responses from organisations or capture an individual's subjective conception of themselves as 'ageing with disability' (Leahy, 2021).

Our focus on senior tourists who are ageing with disability draws attention to their embodied experiences in tourism. Critical gerontologists have indicated that seniors who are ageing with disability have diverse needs, experiences, and interpretations of how they identify, or do not identify, with the term 'disability' (Leahy, 2021). While someone may not age with a disability, or initially identify with the term 'disability', the social and environmental experiences acquired as one ages, may reconfigure a person's understandings and identification (Leahy, 2021; Shakespeare et al., 2019). As such, as people age and may acquire a disability, they can become acutely aware, many for the first time, that having control over personal and social mobility becomes essential for challenging social and organisational exclusion/inequalities. Leahy (2021) aptly reminded us that being able bodied and 'ageing well' are all temporary constructs.

Disability was initially defined within a medical view, focusing on individuals and associated with negative terms around loss, while ignoring contributing factors embedded within the wider social environment (Pitman et al., 2023). Oliver (2013) challenged this view with his social model to highlight the role of society as a disabling factor due to environmental, discursive and social determinants shaping responses to disability. This perspective, while adopted by many institutions, has been criticised for reducing the role of the body, especially the ageing body, which limit our understandings of ableism and dis/abled experiences (Yoshizaki-Gibbons, 2018). Recently, as an intervention to bridge both the body and social model, while including diversity of experiences, embodiment has emerged as an approach that includes both the individual body sensations (e.g., chronic pain or impairment) and the social-relational discursive aspects (e.g., ableism and ageism), expressed within context (Feely, 2016; Flynn, 2021). Drawing on these theoretical foundations, this study examines how relational place making processes shape the embodied experiences of seniors ageing with disability within Bali's tourism environment. Specifically, we analyse how familiarity and repeated encounters enabled agency for tourists ageing with disability, and how embodied relationships between tourists, travel companions and providers co-construct meaningful tourism spaces to demonstrate how these relational dynamics inform broader understandings of inclusive tourism. Given our focus on six Australian couples' experiences, the ageing with disability-caring relationship dynamics are offered to contribute to the broader tourism scholarship of embodied relational place making.

Ageing and disability

Previous studies have explored the health and wellbeing of senior tourists, highlighting that their active participation in tourism can improve their physical and emotional wellbeing (Rickly et al., 2022; Sedgley et al., 2011). Senior tourists, like other tourists who live with disability, are found to be resilient despite any age-related constraints, and prepare for destination locality-specific issues in advance, to ensure they have positive travel experiences (e.g., Gillovic et al., 2021). Research has illustrated that relationships with a care/travel companion(s) are crucial for supporting tourists with disability to travel (Tomej & Duedahl, 2023). Tourism researchers examining care,

caregivers and travel companions have illustrated that, as people age, access to resources was reduced, and care was usually provided by female partners who were at risk of developing stress through being emotionally and physically overburdened (Hunter-Jones et al., 2023). Indeed, the travel companion's experiences have increasingly emerged within research to illustrate the complex relationship dynamics, and caregiving activities, and their role in shaping the tourism context (Gillovic et al., 2021; Tomej & Duedahl, 2023).

A focus on relational place making within the geographical perspective of a tourism destination is important when tourists who are ageing with disability are supported to travel alongside their carer/travel companion. An integral element of tourism is how individuals feel, sense, and experience (affectively and spatially) places, destinations, and environments. This can either be developed organically, over time through relationships, or be strategically planned and implemented in the place (Lew, 2017). As Hollinshead et al. (2009) asserted, tourism is not a static entity that "mirrors some fixed world"; rather, it is dynamic, inherently shaped, reinterpreted and "commonly makes, de-makes or re-makes those very populations, destinations and heritages" (p. 428). This interplay and 'worldmaking' has been adopted to examine how individuals feel, interpret and endeavour to change places as they develop a sense of place. The 'worldmaking' perspective of tourism suggested by Hollinshead (2009) reminds us that agency and power are distributed throughout these processes with, for example, western tourists exhibiting more security and privilege than the local communities and tourism providers.

Similarly, Lew (2017) summarised research and conceptions of place and place making within a continuum from organic bottom-up collaborative community-driven initiatives at one end to structured governmental economic strategies at the other. In his review, he first identified two meanings of place: how communities and individuals create and interact to make sense, and then second, how they develop memories and meanings of place. Lew (2017) then moved to define the approaches used in relation to place from "organic, bottom-up processes, whereby places are claimed and shaped through everyday and often mundane, social practices" (p. 44). Conversely, at the other end of the continuum, a more strategic and planned tactical approach that involves powerful institutions, professionals and governments is a "top-down" focus. Scholars have concluded that both bottom-up and strategic top-down approaches are involved in creating place and are shaped through social relations and meanings.

Embodiment and relational place making

Embodiment has been previously defined as being about the "condition and context of experience" (Rickly, 2021, p. 142) as it examines the corporeal body drawing on rich meanings, stories that are both subjective and socially constructed, with certain bodies differing in their (im)mobilities, narratives, meanings, and value (Small & Darcy, 2011). The scholarly turn towards embodiment theory envisages the body working relationally within biological aspects, senses, relationships, and socio-cultural material spaces to create meanings and understandings of place (Crouch, 2000; Ellingson, 2017; Palmer & Andrews, 2019). Informed by Foucault (1990) and Merleau-Ponty (2002)

work, embodiment is viewed as a dynamic and relational body, which directly experiences understandings of the places and relations we have in the world as "we have been thrust into it by our body" (Merleau-Ponty, 2002, p. 164).

Embodiment theory has been influential for developing richer considerations of ageing and disability (Yoshizaki-Gibbons, 2018). Researchers adopting this theory have critiqued previous approaches, such as the medical perspective on disability that emphasises medical solutions and interventions (Feely, 2016; Flynn, 2021). Theorists have also critiqued the prevailing social model of disability for its focus on attributing the need for change as being driven either by the "disabling society" or an economic imperative to make changes to products, services or spaces that are "constructed *for*, rather than engendered with, people with disabilities" (Tomej & Duedahl, 2023, p. 2, italics in the original). Instead, embodiment offers a more nuanced theoretical lens, acknowledging the diversity of experiences, drawing on indexical understandings of the body and how it is shaped through time, power, relationships and objects as well as within certain situations and environments (Shakespeare et al., 2019).

Embodied relational place making refers to the relational role of the body as it interacts with locality, the built environment, and the intangible aspects of space, with space defined as "boundless, empty, three-dimensional abstraction within which existed a set of interrelated events or objects" that are also socially constructed and embedded with meanings, emotions, memories, stories, and values (Sen & Silverman, 2014, p. 2). Such insights are crucial for contributing to our understandings of embodied place making as it "challenges the dichotomies of impairment/disability and illness/health" (Small, 2015, p. 80). In this way, an embodied and relational place making perspective acknowledges the diverse, heterogeneous nature of an individual's body and, importantly, in doing so, resists disablist assumptions of people as passive victims whose condition defines and restricts them (Small, 2015). Adding to this body of work, this paper provides a consideration of relational place making, to understand the embodied meanings of senior tourists who are ageing with disability, which are shaped through their physical, social and organisational tourism interactions.

Methodology

An interpretative approach was adopted to understand how relational place making processes shape the embodied experiences of senior tourists who are ageing with disability, their relational engagement with places, their travel companions, and organisations in the tourism destination, Bali. This approach to the data collection embraces the relational and embodied turn in tourism research to consider individuals' bodily engagement with places as well as others, as they perform, interact, and transform their lived reality (Pernecky, 2024). This perspective rejects the mainstream dichotomy of placing body and mind in opposition to, instead, embrace Heidegger's (1972) phenomenological approach of an understanding of *dasein*, "being in the world", which emphases how individuals experience relational spaces. In this approach, the body is active in creating connections within its world and, through the body, understandings of space, objects and relationships to others are gained (Macnaghten & Urry, 2000).

Previously, critical tourism researchers using relational place making theory have argued that including the socio-political context, and emotional and intimate

relationships, is crucial for developing more nuanced understandings of how individuals engage, experience and encounter tourist places (e.g., Crouch, 2000; Hollinshead et al., 2009; Lew, 2017). From an embodied perspective, it can also uncover the "*gathering*" of things and relationships that shape and teach individuals how to *be* in body at that moment and the expected behaviour (Palmer & Andrews, 2019). With this premise in mind, our study included a focus on different relationships in the data collection, specifically, the travel companion and local tourism providers, as they all contribute their perceptions of the embodied understandings and inter-subjective constructions of the experiences for senior tourists who are ageing with disability.

Ethics approval for the study was granted by the first author's institution. Consent was gained from organisations to leave information about the study at hotels, travel agents and with local guides who agreed to distribute the information leaflet among interested people. The invitation to participate was promoted to people who were aged over 60 years old, who identified as ageing with disability and were currently on holiday in Bali. An informal meeting was held with participants to establish trust, provide ethical information, and answer any questions. At this meeting, each participant was asked to identify their travel companion who the participant identified as providing support for them during the holiday. Initially, we did plan to employ a participatory method, specifically, walking-along (also called 'go-alongs') (Evans & Jones, 2011). Although this might have posed potential logistical and physical challenges for senior participants in unfamiliar spaces, walking-along interviews can offer opportunities to observe, hear and explore ageing 'in place'. However, participants were reluctant to allow the second author to accompany them on a trip.

Instead, we employed semi-structured interviews and asked participants if they could share photos, as a form of photovoice (Wang & Burris, 1997). This was included as a prompt to add richness, develop rapport, encourage participants to share meaningful aspects of their holiday experiences, and to aid recollection during their interview about what was important to their holiday in Bali. Participants agreed to take around four to eight photos on their personal cameras to help them reflect on their holiday experiences. Participants were asked if they wanted to be interviewed individually; however, all stated they preferred a joint interview. One to four days later, the participants and their travel companions were jointly interviewed.

The semi-structured interviews were designed to provide flexibility in hearing from participants as active agents sharing their constructs, understandings and experiences. The semi-structured interview guide began by building rapport with general background areas explored through their personal photos before posing open questions to hear about the participants' holiday experiences in Bali. Each interview discussion lasted between 80 to 120 min and was audio-recorded for accuracy. As the participant and their travel companion discussed their understandings, bodies, and interdependencies with each other, we could hear how they experienced pain, places, objects, and their evaluation of the services provided by the tourism providers. A limitation of joint interviews can be relational power bias; however, health researchers studying ongoing chronic illness and ageing, have found the approach useful. Polak and Green (2016) suggest that joint interviews involving seniors with stroke, dementia or other health challenges, offer researchers opportunities to hear tacit insights which enhances credibility, and for couples in long-term relationships, highlights their relational

dynamics and nuanced understandings of phenomena. In total, 12 research participants (six senior tourists ageing with disability and their six travel companions) took part in the interviews. The profile of our participants shows a range of age stages (Cohen-Mansfield et al., 2013), stated disability types, and relational factors (see Table 1). Whilst a limitation of our sample is that all our participants were from Australia, Australians remain one of the largest visitor markets in Bali (Bagus, 2024).

We also wanted to explore how tourism providers in Bali understood, perceived, and facilitated senior tourists' ageing with disability experiences. Of the 20 organisations invited to engage with the study (those identified by participants as providers they had used on their current or previous holidays to Bali), 10 tourism providers agreed to participate. Each tourism provider interview lasted 45–60 min and participants included managers of tourism organisations, destination organisations, accommodation providers and one travel agent (see Table 2).

Interview data was anonymised and transcribed verbatim with all authors independently manually reading and re-reading the data to gain familiarisation. Reflexivity is a key aspect of the thematic analysis approach suggested by Braun and Clarke (2021) with the following stages employed: familiarising with data; generating initial codes; searching for themes; reviewing themes; and, finally, defining and naming themes. During data analysis, we adopted an inductive approach to develop initial codes from units of meaning (see Table 3) and an iterative process occurred where initial themes were reviewed and discussed, with themes revised if necessary. We discussed the final themes we had agreed upon to ensure the salience of those themes (see Tables 3, 4). Our aim throughout the process was to privilege the voices of the participants regarding their experiences and we sought to interpret aspects important for the participants' experiences and assumptions (Braun & Clarke, 2021).

Results and discussion

Two key themes inductively emerged from the data analysis: *familiarity developed through the passage of time* and *freedom to 'be' in the tourist place*. These two themes highlight the agency of the seniors who are ageing with disability in the tourism place and how, through familiarity of repeated visits and actions, they were able to assert their needs.

Familiarity developed through the passage of time

A key finding in our data was that the passage of time, gained through repeated visits and memories, deepened understandings and the socio-material relationships of people to place. This "bonding with a specific place [that] evolves over time" can enable some form of agency and a reconsideration of possible directions for change for both tourists and the local communities (Duedahl et al., 2022, p. 1086). This was evident in our study as the participants and tourism providers, through repeated exposure to each other, had developed emotional connections with the place, and with others, and imbued that as meaningful space. Many of the tourism providers noted the presence of long-term repeat guests. As Arinata, a national hotel chain manager, explained: "*most of our customers are repeat guests. They have*

Table 1. Summary profile of the senior tourist participants ageing with disability and their travel companion.

Participant pseudonym, gender & age	Duration of visit in Bali, usual place of residency & disability stated	Travel companion pseudonym, age & relationship with senior tourist aging with disability
Simone, female, 68 (young-old stage). Described herself as a single mother and second time in Bali. States that she loves writing in her journal and socialising at the bar.	Two weeks, Australia. Spinal cord injury when she was 65 years old & osteoarthritis. Used a wheelchair.	Samantha, 65. Friend/informal travel companion. Have known each other for 15 years. Often spend time together and go on holidays as both friend and carer.
Patricia, female, 65 (young-old stage). Retired in 2015 and she said sometimes on 'bad days' her legs would get so swollen it became difficult to move. Previously visited Bali more than 15 times and always stayed at the same hotel.	Two weeks, Australia, Rheumatoid arthritis in knees and legs.	William, Husband, 41 years married and 74 years old. Still working as an accountant. States sometimes he is "overprotective towards her … sometimes you just need to consider other aspects in an unfamiliar environment".
Tom, male, 72 (young-old stage). He had been visiting Bali since 2016, in the Australian winter, as it helped his body to move and function. Had knee replacement surgery in 2016 and stated his mobility was declining – used painkillers if he had to do a lot of walking outside.	10 days, Australia, Mobility impairment.	Cristy, Wife, 24 years married, & 64 years old. Described herself as a housewife and that she could ensure Tom felt comfortable and care for him on holiday.
George, male, 75 (middle-old life stage). Was a travel companion and carer for his late first wife -she was a wheelchair user. Travelled at least once a year to Bali.	Three weeks, Australia. Stroke in 2013 (caused weakness on his left side). Now uses a walking frame for inside and a when outside a wheelchair. Has eyesight problems "I need bigger fonts otherwise difficult for me to read".	Liz, Wife, 15 years married, & 62 years old. Stated she loves travelling and likes to travel at least once a year.
Victor, male, 76 (middle-old life stage). With increasing age, Victor stated that he preferred shorter flights and walking distances in Bali are less stressful on his body. Visited Bali in 2007 and returns every two years for a holiday.	One month, Australia, mobility impairment. Dislocated arms and ankle injury in 2016 and has had restricted movement and strength.	Leonni, Wife, 36 years married & 64 years old. Described herself as a housewife who enjoys spending time with family.
Eddie, male, 85 (old-old life stage). Previously a small business owner who had travelled extensively, did enjoy adventurous holidays. He stated that he has been visiting Bali since 2010.	Two weeks, Australia. States that he has arthritis in hip that has slowed him down. Had coronary bypass in 2015.Says hasn't got Alzheimer's just a "lazy memory". Bypass surgery at 65 and suffered a stroke at 70, mobility impairment. Says on this visit to Bali found it difficult to go to places and tended to prefer to stay near the hotel and pool.	Floral, Wife, 57 years married & 82 years old. Stated that they had travelled every year for the last 29 years.

been staying with us for more than ten times. They know the hotel well and prefer to stay in the same room every year during their visit." Visting the same place, mingling within the familiar environment and objects developed memory, and a learned habitus of practice, gained through repeat visits to the area. Indeed, previous studies

Table 2. Profile of tourism providers.

Pseudonym	Age	Gender	Years working in the tourism organisation	Type of organisation & occupation
Arinata	42	Male	22	National hotel chain. Human Resources Manager
Dewi	39	Female	9	Specialised travel agency. Operations Supervisor
Erlangga	41	Male	1	International hotel chain. Director of Operations
Fery	40	Female	2	Specialised accessibility accommodation. Operations Manager
Suandi	57	Male	20	Destination management organisation. Destination Supervisor
Wibawa	45	Male	24	Hotel. Front Office Supervisor
Sutirtayasa	34	Male	3	Destination management organisation. Operations Manager
Adnyana	54	Male	6	Destination management organisation. Destination Manager
Rika	38	Female	3	Travel agency. Human Resources Manager
Sindu	45	Male	3	Accommodation provider. Recreation Manager

Table 3. Example of unit of meaning.

Pseudonym of participant	Unit of meaning	Key code
Eddie	We [have] got friends here, a young couple and we have known them for eight years or nine years and … we went to their village during … they have certain ceremony related to religious things. We love that sort of stuff you know, and we feel connected with the Balinese	Connections

Table 4. Thematic spread for senior tourists aging with disability.

	Initial themes							
Pseudonym of participant	Body	Senses	Emotion	Me time	Social relations & support	Feeling welcome	Connection & knowledge of place	Holiday Challenges
Final themes	Freedom to 'be'				Familiarity developed through time			
Simone	✓	✓	✓	✓	✓	✓	✓	✓
Patricia	✓	✓		✓	✓	✓	✓	✓
Tom	✓	✓	✓		✓	✓	✓	✓
George	✓	✓	✓	✓	✓	✓	✓	✓
Victor		✓	✓		✓	✓	✓	✓
Eddie		✓	✓		✓	✓		

also confirm that tourists with disability are a repeat and loyal customer market. For instance, as Narvaez (2006) explained, these relationships likely develop over time, are shaped by trust, and familiarity is created between tourists and tourist providers as "individual and collective bodies" work and are shaped within that context (p. 52).

Participants could assert agency regarding their needs because they were repeat tourists operating within the wider context of Bali endeavouring to remain competitive and relevant to this market (Bagus, 2024). It was through these frequent visits that familiarity developed with the tourism providers, allowing both parties to develop situational indexical knowledge of each other and the tourism place. A tourism accommodation provider, Erlangga, observed that, "*they tend to communicate early in advance, and yes, we try to accommodate their requests. We ensure our guests are free*

from barriers if they want to go around the hotel." Repeat visits were crucial as this familiarity gained over time enhanced the power of senior tourists who are ageing with disability to assert their requests to the tourism providers. For instance, Samantha, who was an informal carer/travel companion for Simone, illustrated this comment when she recounted:

> I'm happy that [staff member] has helped us a lot. When Simone insisted, we go to the beach, the footpath, you just can't take an electric wheelchair. … So, we arranged transport and they drove us and stopped not far from the beach. [Staff member] got out and carried her on his back so she could dip in the water.

Note how bodies are interacting here to give meaning and access to the place as Simone was carried on the back of a staff member so that she could enjoy the sea and, in doing so, the staff member's body is physically transformed as a vehicle to allow the tourist passage into that place to imbue it with meaning. Samantha's quote illustrates that, in the Bali context, the senior tourist who is ageing with disability had developed confidence gained from familiarity through repeat visits and relationships with the tourist providers to request access to another's body to experience the destination. Arguably, it could also be the case that Simone had gained agency through her financial power as a western consumer in this context to use a staff member's body in this manner (Bell, 2017).

Embodied memories reflecting the passage of time revealed how tourists changed as they grappled with their body's mechanics as it shaped their navigations around the place. Tom, for instance, described his different ageing body and he highlighted his awareness of those changes in relation to time, despite his concerns about health. He stated: "*it doesn't really upset me, because it's a natural progression. I just have to be careful as I'm getting older [and]my body is slowing down*." Common statements made by our participants indicated that, over time, they still endeavoured to continue to engage with their tourist environment, despite facing structural, cultural and ableist assumptions about the landscape, such as how it should be used, by whom, the pace at which to walk through the place, and assumed activities within the place. Bali's tourism environments shaped the experience, actions and how to navigate the places, as well as standardised expectations of the time/speed at which a person is expected to pass through that place. In another example, Victor explained that he needed more time for tourism activities as he found that travel agents were quite rigid with the times, and instead he chose to arrange his own activities, *"but the thing is their schedules were tight for people like me, I need more time for preparation, to walk around in one site"*.

Victor's quote illustrates how embodied memory, and the use of time structures, are socially constructed narratives that are woven into our past understandings of self and provide a reflective understanding to support current conceptions of identity. This embodied memory of spaces and events "helps us understand how social actors detach themselves from what the past prescribes for their bodies" (Narvaez, 2006, p. 52). It also reminds us that despite the possible decline of an individual's physical function, these conditions need to be viewed as adjunct in tourism places rather than central to the individual's characteristics and experiences (Flynn, 2021; Sedgley et al.,

2011). If senior tourists who are ageing with disability are only seen from the negative perspectives of disability, functionality, barriers, loss, and sickness, then the opportunity to view a senior person as a full embodied entity with agency is lost (Shakespeare et al., 2019).

For our participants, their embodied experiences of navigating passage through time, structured processes and the built environment still posed challenges. Simone's account illustrates how the environment created feelings of vulnerability about her body, as the wheelchair encountered objects in the landscape:

> *I wanted to see the coffee plantation and the local coffee roasting process, so my travel agent arranged a visit for me. We managed to get to the place, but the entrance was so small, and we had to find another way to get in with my wheelchair. Well, we did it … the pathway, it was winding and gravel – it was shaking my wheelchair and I'm being thrown away to a different direction.*

Despite thinking she had chosen a gentle visitor activity and pre-organised accommodation from the tourism provider, the spatial dimensions created vibrations, producing feelings of vulnerability. Her quote demonstrates the heightened sensory nature of experience of place through the body and deepens our understanding of senior bodies. Similarly, the vibrations Simone's body felt when visiting the coffee plantation enhances our understandings of the emotional aspects of others controlling her body as it moves within the place. Our findings for this theme appear to provide some evidence to critique assumptions prevalent around the senior tourist body, especially through the passage of time, as the senior tourists who are ageing with disability developed familiarity with both place and others who recognise the senior tourists' 'value' and needs. As such, ageing with disability is no longer situated within one moment in time and only about barriers, instead, these findings serve to illustrate conceptions of ageing with disability that view the disabled body as nuanced interactions and agency over time and working within place and space (Small, 2015).

Freedom to 'be' in the tourist place

Participants commonly commented that everyday mundane experiences of place could offer them a sense of freedom and agency to navigate their time, visits to destinations and accommodation. It was clear that, due to a history of communicating their needs, pre-planning and familiarity with their environment, senior tourists who are ageing with disability and their travel companions felt a release of their usual pressures and could engage differently in this environment. This freedom opened opportunities for the participants to deepen their relationship with their travel companions, feel comfortable with service providers and engage with the host community, and provided a fulfilling anchor. As Patricia commented, *"Being away from home for me also means I can enjoy my time, literally, "me time." I don't need to think about the domestic tasks. It is just relaxing, going to cafés, reading books".*

The holiday allowed some participants to (re)organise their time, sleep, and do activities in a way that suits their bodies and needs. Eddie, for example, stated, "*in Australia, I went to bed very late, like 2 am. But when I'm on holiday I can sleep early at*

9 pm … I feel much (more) relaxed here." Participants and their travel companions similarly commented on the time available during the holiday for developing their relationships with each other by being together, experiencing different places and objects. Liz illustrated how freedom to enjoy each other's company and to enact care within the place towards each other was gained on holiday. She explained, "*we feel even closer during this time. With his condition, I'll make sure (of) this and that and I'm more involved with him*." While on holiday, the everyday demands are organised and completed by others, and this allowed her to gain a deeper embodied connection with her partner.

For George, the release of everyday demands, which potentially take up so much time away from our awareness of our senses and smells within place, meant he could take the time to savour the taste of fruit as it was "*an opportunity to have different tropical fruits … I think it tastes different [here]*." Another participant, Victor, also indicated how senses were integral to their holiday experience and enhanced their sensory and meaningful connection with place:

> We love to move to different hotels – we can relocate to different accommodations three times. We love the breeze, smell of the salty sea, and enjoy the freshness in the mountain.

Having the time to feel, be together in a space and connect with their senses enhanced the destination for the participants and allowed them the space to gain sensory and bodily intimacy developing "non-representable knowledge" that they otherwise would not have been able to gain if the everyday demands were present (Evertt, 2008, p. 341).

Enhanced connection to place was also recounted by the tourism providers in our study as they described how they had changed and learnt through their interactions with the senior tourists' body. As one specialised accommodation manager, Fery, stated, "*when we can show others that we can provide access, [then] other companies [may] do the same, then we grow together, and this slowly changes our environment*." Relationships developed and reaffirmed through our participants' repeat visits to familiar places did sometimes offer opportunities for learning and role modelling change initiatives in place that could benefit both tourists and locals (Rickly-Boyd, 2013).

In the wider community, for instance, due to the frequent visits of senior tourists and observing the challenges they faced, some destinations had made modifications that also benefited the local communities, as Adnyana commented:

> The existence of temples in Bali serves multiple functions from religious, environment, social aspects, and now it has become a destination for visitors who want to see Balinese traditional architecture. As a place for spiritual and social gathering, we have made some adjustments to reduce barriers for the people (and) community.

It could be surmised that interacting with senior tourists who are ageing with disability had seeded ideas for change both in the tourism experience and had broader societal implications for the local communities. Similarly, in other tourism destinations, such as the Canary Islands, changes in the physical street architecture have occurred due to the increasing presence of senior tourists and their physical needs (Portales

& Nogués-Pedregal, 2019). In addition to observing encounters within the environment, tourism providers in our study who had personal embodied experiences also tended to be more sympathetic, caring, and aware of the reality of living with disability. As Rika, the manager of a travel agency, commented, "*I have disability and we have some staff who (are) disabled. So, we know how hard it is.*" This embodied collective history and familiarity with the senior tourist who is ageing with disability as they engaged in the environment, provided some impetus for the tourism providers to make changes to some of the destinations and their practices (Narvaez, 2006).

The move to include Gilligan's (1982) ethic of care in place by feminist geographers has highlighted how experiences can be reconfigured through reflective care relationships within urban and other physical environments (Wiesel et al., 2020). Within our data, connections stated between participants, their travel companions and tourism providers illustrated these conceptions of care which, for the senior tourists who are ageing with disability, were relayed as being valued as a meaningful, social and community construct, rather than for economic gain. Evident in their comments were notions of care expressed in how they described the attentiveness and helpfulness of staff with activities and ensuring they could navigate around their holiday environment. Victor, for example, commented that a key staff member is caring as: "*she always helps us … eagerly helping us*." A similar comment from Patricia related her experience of visiting local restaurants and she used the word "softly" to describe the care she interpreted from the experience: "*they're always so attentive to us, [they] treated us very softly*." Many of the participants attributed the care ethic to their interpretation of the Bali culture (Bell, 2017). Tom for instance, commenting that the Bali people are "*always willing to help and that's how you can relate one to one. That's a huge thing in Balinese's favour, and the other thing is they respect the elderly*." While Eddie stated that "*They work so hard practically for nothing, … they never complain*." Yet, within the wider context, these friendships are coloured by the reality of economics and agency of the senior tourists ageing with disability (Bell, 2017).

In contrast, the tourism providers in our study did not romanticise these type of tourist friendships. As the comment below illustrates, there was a concern to ensure this feeling of care and friendship was interpreted as authentic by senior tourists. Wibawa states:

> We are genuine people; we're taking care of our guests. We treat them like friends so it's not about guests and what you have paid but it also about the feelings and giving them pleasure.

However, a tourism provider focusing on specialised accommodation hinted at the economic value of ensuring guests are satisfied and visit again; Frey explained, "*we know [how to] cater to the needs for this market. We are not looking for one-time guests, it's for [the] long term*." Neither the tourists or tourism providers explicitly acknowledge the unevenness of this caring, friendly attitude, and friendship, particularly in terms of agency and power. These notions of friendships and images of friendly locals at a destination typically draw on wider social cultural placemaking, myths and stereotypes (Bell, 2017; Scuzzarello, 2021). Instead, Bali tourism provider participants mentioned aspects related more to the notion of service to the tourists and this is perhaps indicative of the wider implicit economic and service power relations. Regardless of

whether the friendships are authentic or not, the familiarity and agency gained by being repeat tourists enabled senior tourists who are ageing with disability to establish their identity, relationships with others and engagement with place and space.

Conclusion

Our study offers a place making case study to examine the embodied experiences of senior Australian tourists who are ageing with disability and relational place making in Bali. A key conclusion was that relational embodied experiences of place can engender reflective learning and change within tourism 'gatherings' (Palmer & Andrews, 2019). Both themes illustrated that participants who are ageing with disability, over time, found that their embodied encounters reminded them that experiencing disablism was broader than physical barriers as the social, cultural and relational levels could exclude or include. The relations of senior tourists who are ageing with disability with others in place, however, potentially uncovered issues of power; while it facilitated some opportunities for agency for them, conversely a power imbalance occurred for the Bali tourism providers, as it was a reminder of their economic dependency on western tourists. The findings highlighted the importance of the social aspects and relations of care offered by some of Bali's tourism organisations to seniors who are ageing with disability. Regarding Bali's policies around ageing and tourism offerings, we suggest that if they wish to remain competitive and continue to attract senior tourists who are ageing with disability, they should consider how they can support and facilitate choices, control and relations over the whole journey and within place. One way to begin this change is to adopt participatory and collaborative stakeholder community engagement methods to ensure any changes are inclusive and educate and challenge unacknowledged ageism and disablism (Dickson et al., 2024).

Through our study of senior tourists who are ageing with disability, their travel companions and tourism providers in Bali, we frame the ageing body as a heterogeneous entity in embodied relations with others, objects and environments that also eschews possibilities for future ways of 'being' within place. Further research could adopt whole-of-journey approaches to illustrate relational place making, and crucially, understand how disruptions to the travel chain from natural disasters, as has been the situation in Bali, can impact embodied experiences for tourists ageing with disability. Therefore, ageing with disability becomes human diversity in being with people, place, objects and over time, illustrating an understanding of the multiple ways bodies can create agency as the person negotiates environments. Finally, moving beyond our case study research, we call for future scholars to deepen theorising and operationalisation of disability through adopting participatory and collaborative approaches that highlight the lived embodied experiences of other tourism places of senior tourists who are ageing with disability, to hear how they are affected and empowered through their engagement with place and relationships with others. This approach may continue to dismantle scholarship that perpetuates the need for change as being driven by the economic imperative of tourism to make changes that are constructed *for*, rather than *with* people ageing with disability.

Author contributions

CRediT: **Cheryl Cockburn-Wootten**: Conceptualization, Formal analysis, Methodology, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing; **Yayu Indrawati**: Conceptualization, Data curation, Formal analysis, Investigation, Project administration; **Alison McIntosh**: Conceptualization, Supervision, Writing – review & editing.

Disclosure statement

The authors report no potential conflicts of interest with respect to research, authorship, and/or publication of this article. The research was conducted independently without any financial support or relationships that could potentially influence the objectivity of the work presented.

Notes on contributors

Dr Cheryl Cockburn-Wootten is an Associate Professor and the Director of Teaching & Learning for the Waikato Management School, TeWhare Wānanga o Waikato, The University of Waikato, New Zealand. Her work critically analyses the communicative aspects of managing the act of organising and nurturing relationships with communities for change.

Dr Yayu Indrawati serves as Deputy Dean for Finance and General Affairs at the Faculty of Tourism, Udayana University, Bali, Indonesia. She is also a collaborator on several tourism projects that contribute to understandings of tourism impacts on communities and developing more inclusive approaches to tourism development in Indonesia.

Dr Alison McIntosh is Professor of Tourism and Hospitality, Auckland University of Technology (AUT), New Zealand, and Founder of AUT's Tourism For All New Zealand's Research Group. As a critical tourism scholar, her main research interests are in social justice, access, inclusion and advocacy through tourism and hospitality.

ORCID

Cheryl Cockburn-Wootten http://orcid.org/0000-0002-3339-630X
Alison McIntosh http://orcid.org/0000-0003-1593-700X

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