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Suicide Tourism: Leiper's Tourism System Theoretical Perspective

Abstract

The purpose of this short communication is to deliver a theoretical perspective of suicide tourism within the context of Leiper's tourism system. Based on the theoretical model, it may be argued whether travel for suicidal purposes meets the requirements to be regarded as a form of tourism. Despite this, the term is widely used in both academia and in the media. The author urges the academic community to provide directions to tourism stakeholders on how to assist those who choose to travel to specific locations to take their own lives. The exposure of places as "suicidal hot spots" should be avoided by the media. This may give the impression of a pseudo-idyllic form of tourism activity with the participant's own life, while it involves the risk of triggering people's inquisitiveness of capturing and sharing the macabre moment on social media and help visitors act as observers of the death of others.

Keywords: dark tourism, suicide travel, assisted suicide, euthanasia

1. Introduction

It has been claimed that the relationship between tourism and death is more than just dark tourism (Pratt et al., 2019). Attention is now being given, both in the media and in the tourism literature, to what has emerged and been labelled as "suicide tourism" (Yu, Wen, & Yang, 2020; Sperling, 2019; Handayani & George, 2017; Gürcü et al., 2016; Gauthier et al., 2015; Sarchet & New Scientist, 2014). The term implies the act of suicide candidates traveling to a place to commit suicide, to be euthanized or to commit assisted suicide. The term has also been connected with specific forms of tourism, or identified as a sub-form of dark or health tourism (Rodriguez, 2019; Light, 2017). Individuals may travel to specific locations in order to commit suicide, often as an act of despair. Suicide was found to be associated with a range of socio-economic factors, such as the case of a divorce (Andrés & Malicious, 2010). Gross et al. (2007) focused on un-assisted suicide, pointing out that some people travel outside their usual place of residence, such as to other cities or to hotels, to take their own lives. Others choose to travel to specific regions and countries for different personal reasons, such as due to their medical conditions, for euthanasia purposes. Tourists may undertake "suicide tourism", otherwise referred to as "death tourism", because assisted suicide is illegal in their home country. These types of travelers may be motivated by the desire to end their lives while achieving a better situation free from suffering (Pratt et al., 2019). Based on Davis (2019), euthanasia and assisted dying is available in a growing number of countries, such as Switzerland, and their rates are soaring. Despite this, Dyer (2003) stated that the Swiss authorities considered a ban on suicide tourism following a person with advanced motor disease ended his life after taking a drink laced with a lethal dose of barbiturates in a Swiss city with the help of an assisted suicide group. Foulkes (2009) also reported that the country remains deeply divided over the issue of suicide tourism. Although euthanasia has been legalized in a number of countries, including Canada, that country excluded foreigners from coming to the country to die, in an attempt to rule out suicide tourism (Canada moves to rule out suicide tourism, 2016).

The purpose of this paper is to deliver a perspective of suicide tourism within the theoretical context of a tourism system, conveying a theoretically supported view on whether this can be labelled as a form of tourism.

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It may be argued that use of the term suicide tourism could romanticize the controversial concept of suicide while conveying a rather idyllic manner (through tourism) in which death may occur. That is, the media often portrays locations such as the Golden Gate Bridge in San Francisco as "suicide hot spots". Suicidal people and others who copy their behavior use them frequently to take their own lives (Storrs, 2015) in an attempt to "secure" death. Such spots are often embedded in idyllic and beautiful surroundings, including forests, parks, bridges and terraces with stunning views. For instance, an area in Sydney called The Gap is a notorious suicide spot, but is also revered for its outstanding natural beauty (Australia mourns 'angel' who saved 160 from suicide, 2012). Karpovich (2016) postulated that there may be something in the distinctiveness and beauty of a site, such as Beachy Head in Britain, that makes it attractive to tourists in general and those who wish to spend their last moments there. Specific locations, such as cliffs and wells, attract people for the perfect selfie prior to them becoming dramatic death spots (Du Cann, 2018). In other cases, increased media exposure can make specific locations, such as the famous Sea of Trees in Japan, "trendy" in terms of travelling there to commit suicide. An individual may choose to travel, stay and die by his/her own hand in a specific hotel, contributing to what has been labelled "dark hospitality" (Hay, 2015; Edward-Jones, 2004). With the title "How to plan the ultimate vacation to Switzerland, suicide tourism capital of the world", the *National Post* (2013) provided directions on how to fly to major Swiss cities from north America, where to enjoy Swiss fondue, and organizations that will help choose your time of death.

2. Theoretical background of Leiper's tourism system and discussion

Leiper (1979) established a useful theoretical framework that connected tourism's many facets and was used to examine tourism and to explicitly recognize a tourism system. Essentially, Leiper isolated five inter-related elements that contribute to a holistic tourism system: i. Tourists, ii. Three geographical elements: the generating region, transit route, and the destination region, and iii. A tourism industry. Although the influential tourism scholar died in 2010, the tourism research community acknowledges that his work has had a significant influence on tourism literature and the conceptualization of tourism (refer to Hall & Page, 2010). His model and principles of the tourism system, or parts of it, have been used extensively by tourism scholars to investigate and explain different forms of tourism, specific tourism phenomena, systems and relationships within the context of tourism (Jovičić, 2019; Sainaghi & Baggio, 2017; Merinero-Rodríguez & Pulido-Fernández, 2016; Ko, 2011).

Based on Leiper's theoretical model, it may be argued whether travel for suicidal purposes meets the requirements to be regarded as a form of tourism. Based on this tourism system, certain criteria should be met, such as spatial and temporal. If an individual decides to travel to a specific place to commit suicide, then we obviously have an origin region; that is, the place where the individual resides and departs from in order to travel to his/her chosen destination. This is followed by the geographical area that acts as a transit route and the final destination region. Provided that the individual exits the spatial limits of what may be regarded as his/her usual environment and travels to another geographical point for purposes other than to perform regular (such as work commitment) activities, then the criteria of "transit route" and "destination" are also met. A tourism industry must be involved in order for a tourism system to exist. In this case, the individual may make use of certain sectors and components involved in the tourism industry, such as booking services, staying at a hotel and eating at restaurants while on transit or at the destination, or simply travel on a train to the final destination. In either case, this criterion is also met. The one crucial condition to be met is that of the "tourist". In order to be regarded as a tourist, a person should meet certain criteria, including the purpose of travel. Returning to the very basics of tourism, not all travel purposes meet the criteria of tourism. For instance, a refugee is not regarded as a tourist.

Despite this, the purpose of travel may embrace anything from leisure to other personal reasons of travel, such as heritage interest and hedonism (Calver & Page, 2013). It has been argued that the assisted-suicide experience is very much uninvolved in the true leisure aspects of tourism and detached from the rewarding outcomes as a result of recreation and leisure (Higginbotham, 2011). Yet, as noted previously, tourists seek various travel experiences, while there may be a quest for extremity relating to death and darkness (Podoshen et al., 2018). Indeed, tourism does not necessarily entail recreational and hedonistic experiences, such as the case of dark tourism (e.g. a visit to *Auschwitz-Birkenau*). In fact, there are academics who position suicide tourism within the broad field of dark tourism, or regard it as a sub-form of dark tourism (Mionel, 2019; Light, 2017). However, a fundamental difference between dark tourism and cases of travel for suicide purposes is the fact that for dark tourism the tourist observes the historical death of others instead of dying themselves (Pratt et al., 2019; Hay, 2015). From the perspective of the observer of *death*, dark tourism may entail the visitation of macabre sites in which suicides or mass suicides occurred (refer to Sinclair, 2018). Even so, a clear clarification of the glossary should be made based on the terms provided by the World Tourism Organization in which "visitors" are divided into "tourists" and "excursionists". Otherwise referred to as an overnight visitor, a visitor is classified as a tourist "if his/her trip includes an overnight stay, or as a same-day visitor (or excursionist) otherwise" (World Tourism Organization [UNWTO], 2008, 2.13). Whether the person is a tourist or an excursionist, tourism may imply the act of return given that a visitor is defined as someone who takes a trip to a main destination outside his/her usual environment "for less than a year" (UNWTO, 2008, 2.9). In the sad case that an individual commits suicide at the destination, then his/her trip ends there (at the destination), hence it may be argued whether he/she can be labelled as a "tourist" (or "excursionist") since there is no act of return involved to the usual place of residence. Connel (2006) postulated that the act of traveling for suicidal purposes is not to be considered as a form of tourism (i.e. medical tourism) on the basis that the tourist is not returning to his/her home country. Yet, Pratt et al. (2019) clearly outline cases where a "tourist" goes on a trip and doesn't return. For instance, some may be murdered or killed accidentally. Yu, Wen, and Mench (2020) distinguish "suicide tourism" with "suicide travel" depending on whether the person returns to his or her region/country following a physician-assisted suicide. Nonetheless, the actual term "visitor" clearly indicates a person who visits another person, a city, a park, a forest, or in this case, a specific location to commit a suicide.

3. Conclusion

Suicides and increased suicidal rates may be regarded as a tragic epidemic phenomenon around the world. For instance, nearly half of Americans reported that the coronavirus pandemic harmed their mental health with experts warning that a historic wave of mental-health problems is approaching with depression, post-traumatic stress disorder and suicides (Wan, 2020). Obviously, the act of suicide does not necessarily entail the act of travel. Yet, people may travel to specific locations within their region/country or other countries to commit suicide. Despite the case of euthanasia and assisted suicide in which certain organizations may purposefully aim to attract people who wish to engage in a euthanistic action, destinations are often called to extricate the "suicide stigma" that some of their spots may possess. For this reason, certain measures can be taken. For instance, the local authorities at *Aokigahara Jukai* forest in Japan took action to dispel the "suicide forest" label that had given to the beautiful forest due to the number of people travelling there to commit suicide. Measures included carrying out round-the-clock patrols and inserting signs that read: "Think carefully about your children, your family". A phone number of volunteers specializing in debt advice was also put on display, since debt is a common suicide trigger (Gilhooly, 2011). In fact, providing signs with help line numbers at "popular" suicide places may reduce the risk by as much as 61 per cent as Storrs (2015) notes. Although it is hard to achieve and maintain actual human support on the spot, it is always helpful. Don Ritchie, a retiree in Australia, was credited with saving around 160 people who wanted to commit

suicide by simply starting a conversation with them and offering them a cup of tea (Australia mourns 'angel' who saved 160 from suicide, 2012). This reinforces claims regarding the comforting dynamics and positive emotional outcomes as a result of genuine care and "love" towards others in need, especially within the tourism context (Christou, 2018). Nevertheless, resting on the comforting and *genius loci* dynamics that often spiritual centers are credited with (Christou et al., 2019), the creation of a place of prayer at such spots could possibly comfort and partially relieve the urge to commit a suicide. Despite these practical measures, the tourism academic community is called on to research further and in more depth the phenomenon of traveling to specific locations for committing suicide. For instance, a research stream could be channeled to identify precise ways of providing directions for destinations and tourism stakeholders on how to help those who choose to travel to specific places to take their own lives. Most importantly, the exposure of places as "suicidal hot spots" should be avoided by the media. This may give the impression of a pseudo-idyllic form of tourism activity even though it is actually a travel activity without return, with the participant's own life. It may also involve the risk of triggering people's inquisitiveness of visiting these places to take their own lives, capturing and sharing the macabre moment on social media (through selfies), or even helping visitors act as observers of the death of others.

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