<u>Tourism & Death</u>

Abstract

Although death is an inevitable part of life, tourism scholarship has not comprehensibly engaged with this concept. Death-related tourism literature has focused disproportionally on places and experiences of dark tourism, leaving a vast array of other dying-related tourism discourses at the periphery. Drawing on anthropological and existential conceptualisations of death, we develop an all-encompassing theoretical framework comprised of four dimensions: Perspective, Intention, Number, and Involvement. Supported by existing studies, mass media reports, and other secondary data, we demonstrate that the interplay between death and tourism is complex and involves a range of events, tourists' behaviours and experiences. The conclusion proposes future research directions at the intersection of death and tourism.

Keywords: Death; Dying; Dark tourism; Suicide tourism; Existentialism; Anthropology of death;

Introduction

Death is an essential ingredient, rather than the opposite, of life. The issues of death in tourism have gained both academic and popular interest in recent years, mostly driven by increasing attention from popular media (Stone, 2006). In fact, Dioko and Harrill (2019) identify an upward trend in tourist deaths reported by media throughout the world. The bourgeoning interest in death and dying can be partly attributed to the increasing scholarly attention toward tourists' experiences in general (Kirillova, 2018). In their recent examination of the intersections of death and leisure, anthropologists Kaul and Skinner (2018) argue that while the appearance of death and violence in routine leisure experiences is not new, the last decade reflects a growing concern with death and dying. Stone (2013, p. 309) notes that "death is complex and multifaceted; it appears in unexpected forms, in unnatural circumstances, and to the reluctant."

The relationship between death and tourism is full of contrasts, contradictions and irony. In contemporary Western society, death of others is a source of wonderment and fixation, although modern medicine seeks to delay and at time even deny an individual's death (Becker, 2011). This tension between death (of others) as an attraction and death (of self) as a repulsion is not new, with reports of popular public executions being a source of entertainment for centuries.

However, tourism as travel away from one's place of usual residence, especially for leisure purposes, adds more complexity to a person(s) own encounter with death in an existential sense and due its socio-cultural aspects. Death-related experiences are certainly not exclusive to tourism; yet, conceptually, experiencing death away from one's home environment adds distinctive complexity to this occasion. First, the liminal nature of tourism when routine activities are temporary reversed and norms are suspended (E. Cohen, 1979) implies a greater degree of freedom to interpret and relate to death in ways not conventionally accepted in a tourist's home base. Second and particularly in the case of international tourism, collective perceptions of and rituals surrounding death at a destination can tremendously differ from tourists' own cultures. On one hand, this is a source of fascination and is an educational opportunity to learn about other cultures; on the other hand, it is a source of confusion and additional burden in instances of a sudden death of a loved one (Kaul & Skinner, 2018). Third, when death is an unfortunate event (e.g. a natural disaster), an already chaotic and senseless situation becomes more confusing in an unfamiliar destination environment, thus adding complexity to how grief and mourning are experienced (e.g. Råholm, Arman, & Rehnsfeldt, 2008).

What is more, occasions, causes of death, the processes of grief and mourning have been extensively researched in many disciplines, ranging from biological and medical sciences to philosophy and theology. Yet, as a default, the problematics of death and dying are disproportionally considered in the context of a home environment, with only limited attention paid to dark tourism in the tourism literature or medical causes of death in travel medicine research. Specific to tourism, we see this as a research gap because such a focus leaves a vast array of other dying-related discourses in tourism at the periphery. Dark tourism focusses on a certain type of mortality where either a significant event results in numerous deaths, such as the Gettysburg war cemetery, or a famous person's resting place or place of death, such as visiting the grave of Karl Marx in Highgate Cemetery, London. Dark tourism rarely concerns deaths of ordinary people who die of natural causes (Walter, 2009). The dying process is dependent on a range of different environmental and socio-cultural rituals and precepts (Stone, 2012). In this paper, we claim that the interplay between death and tourism is broader, more complex and involves a wide range of events, tourists' behaviors and experiences. Specifically, we propose the conceptual framework that captures multiple interconnections between tourism and death. In

order to achieve this we consider two theoretical perspectives as most appropriate. First is cultural anthropology, as it deals with socio-cultural aspects of death within a specific group, in this case tourists, while simultaneously useful as a rich source of knowledge regarding experiences of death and mourning in different cultures. As pointed out by Robben (2018), the inevitability of the biological death drove early anthropologists to search for universal features in the diverse cultural responses to death. Second is existential philosophy, as it helps explain impacts of death as part of tourist experience and attest to the individual level of experiencing. Existential philosophers aimed at understanding death as an integral part of life and searched for answers as to how humans should relate to inevitability of death (Heidegger, 1996; Slote, 1975).

To this end, we first review the limited amount of death-related tourism literature before discussing conceptualisations of death in anthropological and philosophical literature. We then develop a conceptual framework, which maps the diversity of interconnections between tourism and death. The purpose of this framework is to be holistic and inclusive of various dimensions of tourism and death. We conclude by proposing research directions that would help illuminate the path towards a better understanding of the death-tourism nexus and ultimately to introduce new themes to the current conceptually limited dialog between tourism and death.

Death-related Tourism Literature

Dark tourism, also known as thanatourism (Seaton, 1996), morbid tourism (Blom, 2000), and black spot tourism (Rojek, 1993), is visitation to sites and attractions associated with death, tragedy, and suffering (Farmaki, 2013). Dark tourist experiences can be compared to those of pilgrims (Collins-Kreiner, 2016). As noted in Kaul and Skinner's review (2018), the nexus between death and tourism is broader than merely dark tourism.

One angle to view death in the tourism context is Buda's (2015) examination of death drive amongst tourists. Buda looks at tourists' experiences in conflict zones (in this case, Jordan). Using the psychoanalytical theories of Freud and Lacan, Buda analyses how tourists travelling to a perceived dangerous place seek to confront their own fear of death. She finds that some tourists access their death drive to negotiate and make sense of their family histories and historical traumas. Similarly, Sharma and Rickly (2019) view dark tourism from an existential point of view, suggesting that dark tourism experiences can lead to tourists' transformations prompting them to reevaluate their lives and pursue existential authenticity (i.e. living according to one's

values). Conversely, Korstanje (2016) suggests that interest in visiting places associated with death is a result of modern neoliberal economic systems based on varying degrees of capitalism. By consuming tourism products, tourists feel reassured that they are winning the social-Darwinian survival game imposed on contemporary society by capitalist, individualistic values, as well as self-indulgence.

Another area of research outside of dark tourism is what scholars (Gauthier, Mausbach, Reisch, & Bartsch, 2015; Huxtable, 2009) have termed 'death tourism'. There has been an increase in academic interest in assisted and un-assisted suicide tourism. Defined as "assisting a suicidal individual to travel from one location to another in which that individual may be assisted in their suicide by another person" (Miller & Gonzalez, 2013, p. 296), tourists may undertake 'death tourism' because assisted suicide is illegal in their home country. Since the tourist is not returning to their home country, it is not considered a form of medical tourism (Connell, 2006). Death tourists are motivated by the desire to end their life and ultimately travel to achieve a better situation, free from pain and suffering; which may be viewed as a romantic idealism of dying with dignity. These tourists desire to end their current state of suffering, for which the tourism industry can offer a solution.

Huxtable (2009) highlights several cases where tourists have travelled to Switzerland for 'suicide tourism'. There, individuals can specify when, where and how, in terms of the time and place of death they want to be assisted in their suicide. *Dignitas*, the Swiss assisted suicide organisation, is the most well-known and documented organisation and is particularly apt in the case of death and tourism because they accept non-Swiss citizens as clients (Higginbotham, 2011). Having analyzed 611 "suicide travel" cases from 31 countries, Gauthier et al. (2015) find that these "tourists" are likely to originate from Europe (Germany, 43.9%; UK, 20.6%, France ,10.8%), be women (58.4%), and whose age varies considerably (23-97 years old).

According to Richards (2017), these suicide "tourists" were trying to transcend their current or future suffering by opting for an assisted suicide in Switzerland. Richards explored how these tourists formed their decision to seek professional suicide assistance, covering issues such as suffering, justification and rationalisation of this decision and authentication from a medical professional to die subject to their own belief systems and aesthetic preferences for a good death.

Gross et al. (2007) focus on un-assisted suicide and point out that certain individuals travel outside their usual place of residence to take their own lives. Using suicide data from 1990 to 2004 for New York City, they estimate that 5.3% of cases are out-of-town residents. Interestingly, commercial buildings, including hotels, are the most common location for non-resident suicides in this study.

Similarly, Hay (2015) explores the phenomenon of dark hospitality, or situations when people choose to die in a hotel rather than more conventional places such as their home, a hospital or nursing home. Hay argues that, given the aging population in the developed world and the shrinking family size, dark hospitality will be an ever pressing issue. Edward-Jones (2004) notes three experiences of deaths in hotels, to which Hay (2015) adds a fourth. The first instance is where individuals live in hotels permanently and settle their bills weekly. This is their home-away-from-home where they prefer to die. The second instance is where the hotel guest is murdered or accidently dies in a hotel. Examples of this include Whitney Houston's death at the Beverly Hilton Hotel, California. The third example is where the hotel guest dies by their own hand; a suicide. Similar to the first case, Hay (2015) includes the instance where guest know they will shortly die but have been living in their own home and then check into a specific hotel for their remaining living weeks. The fundamental difference between dark tourism and these cases is that for dark tourism, the tourist is observing the historical death of others whereas in these instances, the dying are tourists themselves. We further side with Hay (2015) in that dark hospitality falls outside the realm of dark tourism: "the academic focus on dark tourism has been on places of death, rather than on dying persons *per se...*" (Hay, 2015, p. 235).

Conceptual background

Anthropological perspective

Anthropologist Philippe Ariès chronicles five death models that have been used to understand death from a predominantly Western perspective over the last millennium (Ariès, 2000). These five models are tame death; death of self; remote and imminent death; death of the other; and invisible death. Although, Aries (2000) models chronologically introduce different attitudes towards death in Western societies, they are also useful as a basis for exploring various themes emergent in the study of death.

In pre-modern (until 17th century) societies, the 'tame death' model sees death as a social event, rather than something personal. Family and community are in attendance at the deathbed, burial, funeral and wake. Rituals surrounding these events, instituted for example by the Catholic Church in Europe, bring the community together and reaffirm the continuity and solidarity of those who remain (Robben, 2018). The rituals surrounding death in different cultures have been traditionally the focus of much of anthropological research on the topic. Generalisations are sought concerning how a society treats its dying, how a society deals with the remains of the deceased, what the rituals are surrounding funerals and what is believed about the afterlife and rebirth (Douglas (2003); Kaufman and Morgan (2005).

In the late Middle Ages, people began to regard themselves as individuals rather than as a collective, giving a rise to the 'death of the self' model. Ideas of a separation of body and soul, life after death, the immortality of the soul in the afterlife and fear of a decaying corpse took hold (Robben, 2018). From this perspective, it is more relevant to look closely at the lived experience of the process of dying and mourning, as Hertz (2013) and Rosaldo (2018) argue.

The Renaissance period ushered in the 'remote and imminent' death model (Ariès, 2000), implying that death could strike at any time, often through disease or accident, and thus it is savage (rather than tame) and should be feared. The fear of death is one of the most important intrinsic drivers in humans (Becker, 1973) with which human cope by seeking meaning of life and immortality embedded in a culture, social organization, and specific rituals (Bauman, 1992) .Malinowski (2004) highlights the juxtaposition that the universal fear of death accompanies a universal denial of death, leading to the belief in immortality. These equally competing beliefs result in an ambivalent attachment to the living and the dead (Robben, 2018).

The 'death of the Other' model came into being in the 18th to 20th Century when people became aware of themselves in relation to others (Ariès, 2000). In this model, people were less likely to fear their own death than the death of their friends and relatives. This model and the 'remote and imminent death' model are comparable, as both are based on the fear of the permanency of death, and in both models individuals aim to find the key to eternal life. Yet, the 'death of the Other' model focuses on the connection with other people, primarily loved ones. Fearing death, an individual seeks close relationships with others, with the pinnacle of love and romance being united with the lover in death (Cleary, 2015).

The 'invisible death' model rose to prominence during the 20th Century. Technological improvements in health care and palliative care witnessed a separation of the dying from the rest of the community. Professionalisation of death-related services such as hospitals, morticians, a secularisation of funeral services and a more individualized society saw death, at least in Western society, hidden and rarely discussed. End-of-life and death services become traded commodities raising to prominence the economics of death (Flowers, 1998). In addition, ordinary death has been removed from the public realm and replaced with a media-inspired cultural representation of death (Mellor & Shilling, 1993; Stone, 2012). Authentic encounters with death are less common but, conversely, have left the curious public seeking closer encounters with death. Korstanje (2016) places the concept of thana-capitalism within the dark tourism domain, however, it could be extended to commodification of other death-related rituals, activities and services. There is a contradiction in contemporary society, especially that of the West: on the one hand, death is removed from everyday life and is a taboo, and on the other hand society is captivated by death, be it in entertainment, leisure, tourism, health services or funeral arrangements.

Existential perspective and modern debates

Existential philosophy focuses on an individual rather than a group or a society, although the interaction with others and the impossibility to comprehend others are important aspects of existentialist writings. Several terms commonly used in tourism are central to existential philosophy, for example, experience, the Other, gaze and authenticity (Author 3, in press). The subjectivity of the lived experience and being aware of oneself not only as a subject, but also as an object of the Other's gaze are central to existential philosophy (Wassler & Kirillova, 2019). As a result, existential philosophers discuss how to lead an authentic life, that is, how to live and die in accordance with one's own values (Wang, 1999). Existential philosophy considers death as one of the most important drivers for leading an authentic life because without the fear of death, there would be less motivation to achieve something in life. Thus, life would have less meaning, and a meaningless life is similar to being dead (Flynn, 2006; Slote, 1975). Confronting and coming to terms with inevitable mortality is an existential aspect of the human condition (Kirillova, Lehto, & Cai, 2017a). In his *Being and Time*, Heidegger (1996) discusses humans'

awareness of mortality as continuously projecting their lives onto the horizon of their death, an attitude he terms as "being-towards-death." In other words, being aware of one's being should necessarily involve an equally important awareness of non-being. Further, although death itself is certain for each currently living human being, its timing is indefinite and largely indeterminable and therefore one always lives in the face of death.

If death is inevitable and omnipresent, then what makes a death "good" or "bad"? The 'good death' concept arises from the pursuit of caregivers to manage the final stages of one's life towards a peaceful resolution for an invidual's family (Green, 2008). However, Green (2008) is not convinced that an industrial, standardised, peaceful death is a good one and notes that an end-of-life care should be individualised to fulfill the wishes of a dying person to reach an idealised afterlife or whatever their beliefs and ideals are. Catedra (2004) in her study of *vaqueiros* communities in Spain has classified four types of death: good (nearly instant, when the person lacks awareness of impending death), bad (a result of prolonged suffering and illness), tragic (accident) and violent (e.g. suicide or murder). A tragic death combines elements of a good and a bad death, as it is bad because it is untimely, but good because it is instantaneous.

Adding to the complexity of the above discussions of human relationship with death, especially the death as an inescapable existential given in the context of the contemporary dominant model of invisible death is the distinction between the biological and social deaths as the two do not have to coincide (Hertz, 2013). With increasing use of technology in the biomedical field, life-support machines and organ transplants blur the dichotomous line between life and death. Rather than a complete biological death, the individual experiences a series of 'mini-deaths' as various organs and the brain slowly wither and die despite the best efforts from medical professionals (Ariès, 1975). Scheper-Hughes et al. (2000) work on the global commodification of human organs, highlights how the body, or certain parts of it, live on, after the original owner of these organs has long since died. Further, there is a separation between a real life death and a social media life: over 27 million Facebook profiles live on in the virtual world where the owners of that virtual persona have deceased (Kohn, Arnold, Gibbs, Meese, & Nansen, 2018). These developments problematize the conventional perspective on death as portrayed in cultural anthropology because they mark dying as a liminal (rather than final) state between life and death. These issues also somewhat re-configure the very existential questions on the nature of death and what it means to be dead (Barry, 2007).

The death-tourism nexus

Based on the above discussed themes in tourism, anthropology and existential philosophy, we outline the framework that encompasses the diverse inter-relationships of death and tourism. We allocate the instances of such inter-relationships according to the four dimensions: Perspective, Intention, Number of Deaths and Involvement. For each dimension, we provide examples from academic literature or mainstream media accounts. Even though we discuss each dimension separately, we should note that the examples are simultaneously juxtaposed onto all four dimensions.

Death Perspective Dimension (from Self to Others)

The Perspective dimension (from Self to Others) attests to the viewpoint from which death occurs: to the tourist him/herself or to others (either tourists or residents).

This dimension is relatively in line with the above-mentioned literature on dark tourism that overwhelmingly focuses on the death of others, be it individuals or groups and those whose deaths usually occur in a violent or premature way. Seaton (1996) argues that dark tourism focusses on tourists' interest in death in general rather than a personal experience of death. In Stone's (2006) formulation of the dark tourism spectrum, the range of different types of dark tourism all focus on death of others rather than a tourist's own death. However, in a way, through the death of others, visitors to dark tourism sites and attractions contemplate their own mortality, leading to a de-sequestration so that death acquires a personal meaning for those who witness and experience dark tourism (Sharma & Rickly, 2019; Stone & Sharpley, 2008).

The way death is portrayed in dark tourism literature is related to Ariès' (2000) 'tame death', which emphasises the communal activities and rituals surrounding another person's death. Mortality in this instance is a social (rather than personal) event, and visiting dark tourism sites can be seen as a new type of a social ritual to honor the dead and to re-think one's own mortality. From the existential standpoint, encountering the death of others while travelling may help tourists face their own mortality and jumpstart the meaning-making process to come to terms with this existential given (Sharma & Rickly, 2019). Gray (1951) notes that, in confronting mortality, a common fear is not the act of dying or death itself but the very prospect of no longer

living, vanishing into nullity. Dying is also an existentially isolated experience as one enters and departs the world with non-sharable consciousness. For these reasons, the prospect of one's death or even the contemplation of mortality necessarily provokes the feeling of existential angst or anxiety. Despite initial claims that existential anxiety acts as a negative counterpart to existential authenticity (Kirillova & Lehto, 2015), empirical studies (Kirillova et al., 2017a; Kirillova, Lehto, & Cai, 2017b, 2017c; Sharma & Rickly, 2019) show that this uncanny feeling is actually a necessary aspect of tourist experience and post-trip meaning-making, which enhances (rather than undermines) existential authenticity. Although existentialists typically discuss the above ideas in regards to individuals' own mortality, modern commentators suggest that mortality can enter an individual's life equally powerfully through the death of others, experiences of grief and mourning (Critchley, 2009).

Thus, encounters with mortality can feel particularly earth shattering when death happens to someone in a tourist's own travel party (e.g. a friend, a relative). The occurrence would feel more personal from a tourist's perspective and thus would fall in the middle of the Self-Others continuum. One such example would be experiencing the death of relatives due to a natural disaster, for example the 2004 Indian Ocean tsunami (Råholm et al., 2008). Such an unfortunate event is likely to be classified as a bad death and become a source of tremendous grief for relatives and compatriots, especially since the bodies of the deceased remain in custody of foreign authorities of a culturally different destination. Yet, as Heidegger (1996) would argue, death has the power to pull one's being out of everyday inauthenticity and force the questions of meaning of life in the presence of death on tourists in a particularly pressing way. As Gray (1951) puts it, if life can end in any moment, how can it be lived in a way not to render it meaningless?

To this end, Buda (2015) acknowledges the death drive in travel motivations when tourists travel to confront their own death on a trip. Buda (2015), shows that individuals seek out experiences when the boundaries between life and death are asserted, resisted, and crossed: "[A]ccessing the death drive, fun and enjoyment blurred into fear, and conversely fear meshed into fun" (p. 49). From the existential standpoint, Sharma and Rickly (2019) as well as Kirillova et al. (2017b) show that near-death encounters during travel are powerful sources for subsequent meaning making, potentially transforming a tourist. The pursuit for life-death experiences can take many

forms, for example, extreme adventure travel, volunteering in war zones, volunteer tourism and disaster relief.

The Self-end of the spectrum is in line with Ariès' (2000) Self-death model that attests to the clear demarcation between the body and soul and in which the dying individual is recognized as 'gone' from the world of the living. In this sense, death is associated with fear, sorrow, and hopes for the after-life. Certain individuals travel with the motivation to actually die on the trip, such as in the case of a (assisted) suicide. Although such occasions are a rarely reported phenomenon in the academic literature, media reports are abound. An American tourist committed suicide in Lincolnshire, UK by overdosing on codeine and paracetamol, which led to cardiorespiratory failure (Horncastle News, 2014). She was found after a large police search in woodlands accompanied by a suicide note. In another case, a 23-year old Korean student leapt to his death by jumping off the 22nd floor of the View Talay condominiums in Pattaya, Thailand (Hot News Chonburi TV Online, 2017).

In the academic literature, Huxtable (2009) reported an assisted suicide case of a British rugby-playing student who suffered a serious spinal injury in 2007, which resulted in incurable paralysis from the neck down. After three failed suicide attempts, he approached *Dignitas*, flew to Switzerland with his parents and had a fatal dose of barbiturates prescribed in 2008. Individuals travel to seek external help in order to die in peace and feel satisfied with their life, or, in other words, to experience a "good" death. In contrast to the majority, some individuals know about their impeding death and choose to plan for it to provide a closure for one's life (Scarre, 2007, p. 45). For example, a terminally ill person may arrange where to spend final days of life, and, as exemplified in films like *The Bucket List* (2007) and *Knockin' on Heaven's Door* (1997), arrangements for one's death include travel to fulfil life dreams.

Tourists also die while on vacation as a result of accidents and crimes (Dioko & Harrill, 2019). Billings (2017) reports a Chinese tourist who died of hypothermia while hiking on the Overland Track in Tasmania, Australia. The Australian businessman Roger Hussey died while holidaying on Kata Beach, Phuket, Thailand, when the harness malfunctioned on his parasail, causing him to plunge more than 100 feet into the sea (Margan & Hanrahan, 2017). Not limited to accidents, Arias (2017) reports the fatal stabbing of a 58-year old Canadian, the subject of a mugging while in Puerto Viejo, Costa Rica.

The above examples demonstrate the diversity of deaths in terms of the Perspective dimension (from Self to Others) that occur to tourists but lack of representation in tourism academic literature.

Death Intention Dimension (from Deliberate to Unintentional)

The *Intention* dimension reflects the intentionality, or a motive, with which the death, either witnessed or experienced on a trip, occurs. Closely related to the Perspective dimension, the Intention continuum is anchored by the Deliberate on the one end and Unintentional on the other end. While the former refers to engagement with death as the main purpose of travel (e.g. dark site visit, assisted suicide), the latter mostly attests to deaths occurring serendipitously. Anthropologically, several Ariès models incorporate the Intention dimension. The tame death model, for example, focuses on the communal nature of death and grieving and involves very deliberate cultural and social practices, whereas the accidental or unintentional nature of some deaths in tourism is a key characteristic of the remote and imminent death model.

The Intentional dimension can be also understood in terms of amount of control a tourist may exercise over death. In many instances, individuals have a considerable degree of control over their own deaths: they can plan how and where they want to die. This occurs in cases of terminal illnesses, suicides and euthanasia / assisted suicide, as discussed above. With the advancement in medical technology, a person can be kept medically alive even if a person is no longer conscious and autonomous, attesting to death as a liminal state (Ariès, 1975; Barry, 2007). Moreover, the late stages of life are increasingly institutionalized in modern Western societies therefore isolating and limiting individuals' freedoms, including those over own death. Countering the institutionalized death, travel provides a liberating space for "good" death that occurs on a tourist's terms. If we re-consider the case of the British tourist traveling to Switzerland for the assisted suicide (Huxtable (2009), this exemplifies a deliberate exercise in control over death, as also would be a trip with the purpose of committing a suicide. The liminal nature of tourism thus provides such tourists a leeway to exercise the degree of control over their own death that may not have been possible in a home environment.

A related issue in cases when one has control over death is the aesthetics or the romanticism of death. Similar to vacation destinations that are often chosen to maximize tourists' aesthetic pleasure (Kirillova & Lehto, 2015), the locations chosen for suicides are often landmarks and are

considered beautiful, picturesque, or sublime, such as the Golden Gate Bridge in San Francisco and Cliffs of Moher in Ireland (Kaul, 2018). Here is one description that points towards importance of aesthetics and somewhat romantic sentiments related to death: "I'd scoped out a place where I wanted to die: a beautiful meadow. I laid out the sleeping bag, put limbs over it so it would be hidden. I got in the bag, took all the pills. This is what I wanted out of life: to die this way. I'd go to sleep looking at the moon." (Ward, 1998, p. 80). It could be even argued that beautiful scenery, either natural or human-made, plays a more important role in suicide tourism, as such "tourists" tend to plan their final moments, including the setting. Such a dual purpose of beautiful attractions (for leisure visitors and suicide "tourists") has sparked controversies surrounding, for example, suicide-prevention re-design features, namely safety nets, barriers. For example, in the case of the Golden Gate Bridge in San Francisco, among several arguments against the safety net installation is the negative effect on the overall aesthetics of the bridge (Shoot, 2018).

For the *Perspective* (Others) and *Intention* (Deliberate), visiting friends and relatives (VFR) with the purpose to attend a funeral or a memorial would be one aspect of the intersection. Often cited examples that fit here are those of dark tourism (Stone, 2012), for example, tourists motivated to visit Auschwitz concentration camp or the Ground Zero in New York City, the site of the World Trade Center bombings in September, 2001, as the primary trip purpose (Lisle, 2004). Some dark tourism sites also contain aesthetics intertwined with macabre romanticism. Sedlec Ossuary, known for its décor and furnishings made of artistically arranged human bones, is one of the most visited tourist attraction in the Czech Republic.

More often, however, death is thought of as out of one's control, and the corresponding Unintentional anchor is reflective of the conventional conceptualization of death as sweeping, irrepressible, and with an indefinite timing. In these cases, the deaths on a trip are unexpected or unanticipated, as a result of a crime. An example of this is reported by Evans (2016): an English tourist was stabbed to death while in Mongolia. Also in this category are tourists who die unexpectedly due to an accident, which could be a result of negligence, as in the two Chinese tourists who died when two charter speedboats collided in Thailand (Kapook.com, 2016).

Tourists also die because of their own actions. A case in point is German tourist, Oliver Park, who fell off a cliff and died while taking a selfie at Machu Picchu, Peru (Graham, 2016). Oliver

climbed into a restricted area near a ravine, despite safety signs and warnings from wardens, lost his footing and fell to his death. Another is a 48-year old British woman who died after falling from a hot air balloon in South Africa in 2016 (Parker, 2016). She was accompanied by her husband and sons when the balloon was suddenly swept by a powerful wind and crashed into a tree, killing the woman. From the perspective of the Englishman murdered in Mongolia and the woman who died after crashing in the hot air balloon, the tourists themselves died (*Perspective* dimension is *'Self'*) and the *Intention* perspective is '*Unintentional*'.

Lastly, there is the situation where tourists witness a death unintentionally, as in cases when someone else in their travel party or even at the destination dies. The experiences of the husband and two sons of the woman who died in the hot air balloon accident in South Africa would fall under the *Perspective* dimension is '*Other'* and the *Intention* dimension is '*Unintentional'*. Such experiences are likely to bring up the existential angst as described in the previous sections, due to tourists' facing their own mortality in addition to grief brought out by the death of a loved one. The feelings of existential angst and grief may be stronger in such cases, as tourists are trying to deal with the pragmatic aspects of certifying the death, assisting in investigation of the accident, repatriating the body, while simultaneously trying to make sense of a sudden loss of a loved one.

Death Number Dimension (from Single to Multiple)

A third dimension used to categorize the intersections between death and tourism relates to the *Number* of people who died at the destination. *Unintentional* deaths of tourists can occur to individuals, as in the case of the murders described or it can apply to multiple tourist deaths. An example of the latter is the 'Lockerbie bombing' where 243 passengers and 16 crewmembers were killed in the bombing of Pan Am Flight 103 from Frankfurt to Detroit on December 21st, 1988.

The case of a single tourist travelling to end their life through euthanasia or (un)assisted suicide can be also applied to a group. In a case of a couple that enters a suicide pact wishing to end their lives in Paris (Samuel, 2013), the justification appears to be the fear of losing each other and the impossibility of imagining life without one another. A suicide in such case is seen as a "romantic idea that two people who die together are not parted but travel together to a destination beyond the grave where they will remain eternally united" (J. Cohen, 1961, p. 149). In such an act, one

can also see an attempt to transcend the metaphysical alienation through sharing the existentially lonely experience of dying in the context of liminality of the destination environment. Conversely, in Japan people seeking to commit suicide may look for companions to die with at a certain destination, for example at the notorious Aokigahara-jukai forest, one of the world's most popular suicide destinations (Ozawa-de Silva, 2008). Death of the couple is a particular case of Ariès (2000) death of the Other model, which discusses the romantic ideas of being with loved ones in death.

The cases of others' dying (*Perspective* dimension) with the tourist deliberately (*Intention* dimension) travelling to experience death-related events or activities is more common, particularly the dark tourism literature. Tourists visiting battlefield sites, where there had been a group or multiple deaths, would be representative of this example. Miles (2014) notes there are over 500 battlefield sites in England and more than 350 in Scotland with Hastings, Bannockburn, Bosworth, and Culloden being most popular ones. Tourists deliberately travel to places where a single person died may include deaths of celebrities or famous public figures. For example, Foley and Lennon (1996) examine the relationship between dark tourism and the 35th President of the United States of America, John F. Kennedy.

Lastly, single or multiple deaths can also occur with the unintentional deaths of others. Tourists whose relatives, or fellow tourists from their tour group, die unexpectedly while on vacation would fall into this group. Two German tourists were involved in a head-on collision with a Toyota Landcruiser on an Australian outback highway (Tran, 2016). In this example, one tourist died while the other went to hospital in a critical condition. For the survivor, he would be a tourist that witnessed an unintentional death of one other person.

An important case here is exposure to multiple deaths on a trip as result of a disaster. The aftermath of the tsunami in the Indian Ocean in 2004 demonstrates that tourists who survived the ordeal were subject to post traumatic stress disorder, some taking multiple years to recover (Johannesson, Lundin, Fröjd, Hultman, & Michel, 2011; Råholm et al., 2008). Experiencing a disaster away from home has additional complications as an already chaotic and senseless situation becomes more confusing in an unfamiliar environment, thus adding to the sense of helplessness. One example of such alienation and a need for familiar environment in crisis is tourists finding comfort in other survivors that spoke their language (Råholm et al., 2008).

Johannesson et al. (2011) note that a part of recovery from trauma for many survivors of the tsunami was to travel back to the affected area. This second trip transforms the place from a personal experience of death into a more detached dark tourism experience.

A third dimension, *Number* (from Single to Multiple) can be used to understand the different ways in which tourists can experience or witness death, either intentionally or unexpectedly. When one is faced with own death or observes a death of other(s), it becomes apparent that relationships with other people, being it a significant other, relatives or a wider community is important.

In terms of Ariès (2000) models, tourism intensifies the longing for tame death observed in pre-modern societies, where one is surrounded by the community, while feeling negatively about the contemporary invisible death paradigm prominent in the contemporary Western society. This issue relates also to the existential angst that may be more intense when experiencing death alone and when away from the home environment, the experiences of the everydayness (Kirillova & Lehto, 2015). Interestingly, during the trip, travelers may have peak experiences in which their senses and cognitive abilities are particularly susceptive. In cases when these peak experiences are meaningful to travellers by providing opportunity to reflect on their lives, a transformation in terms of values, beliefs and worldviews may occur (Kirillova et al., 2017a; Sharma & Rickly, 2019). Kirillova et al. (2017b) found that intense negative emotions and occurrences during travel could initiate reflection on something bigger than oneself and trigger transformational experiences. Observing someone's death as well as encountering one's own mortality close-up (e.g. high-risk activities) could provoke the visceral reactions in a tourist that involve all of the above factors, thus triggering transformative changes. In cases of natural disasters, terrorist attacks or other crises, re-evaluation of life by the survivors is likely due to self-awareness of overcoming a tragedy or by experiencing trauma.

Death Involvement Dimension (from Personal to Objective)

Intersecting with the above dimensions is the dimension that attests to the relationship proximity between the tourist who died and other people related to her/his death. This dimension is closely related to death Perspective but unlike the latter, which focuses on who has died, *Involvement* emphasises the closeness of the relationship between a tourist and a death facilitator. Dark tourism falls predominantly in the realm of an objective experience. In other words, for the most

part, the tourist experiences dark tourism sites and attractions where others have died, whether an individual resting place such as Princess Diana's Althorp Park or tourists visiting a site where many people died such as Ground Zero, New York. The tourist does not personally know those who have died at the site or attraction putting the experience on the *Objective* end of this dimension.

The Death *Involvement* dimension distinguishes between tourists who committed a suicide (*Personal*); and an assisted suicide or euthanasia (*Objective*), which is administered by someone else. Both of these cases are deliberate deaths (*Intention* dimension) and concern tourists themselves (*Perspective* dimension), but differ in terms of who is carrying out the death. In the case of euthanasia or assisted suicide, it is a person who contracted to assist the tourist in dying, thus having no personal relationship. Examples of unintentional deaths of tourists themselves whether a single death or multiple deaths can also be categorized in terms of whether they are inflicted by others (Death Involvement = *Objective*) or self-inflicted (Death Involvement = *Personal*). Examples in the first category would involve the death of a tourist that was a result of other's action, such as terrorist attacks, the murder of a tourist or an accident because of negligence of someone else.

The second category (*Personal* unintentional deaths) would include acts of stupidity where tourists caused their own death or where their risky behavior led to a fatal accident. Death by an act of stupidity, as well as other accidents that end in sudden death, may be considered tragic, due to untimely and seemingly meaningless death (Catedra, 2004). Death which results from undertaking risky activities that requires particular skills (trekking, rock climbing, diving or base jumping, for example) may be considered a good death if it is instantaneous. This death has meaning and is dignifying, since the person died overseas doing what they loved. Yet, it is not a peaceful death for the deceased's family. A long painful death as a result of an accident is categorised as a bad death (Catedra, 2004). Thus, if death helps define a person's life, for example, travelling the world and being passionate about a certain special interest, then that is a good death. As Green (2008) notes, a good death should be defined in terms of personal preferences.

Death Involvement of Others (*Perspective* dimension) that occur Unintentionally (*Intention* dimension) differ in terms of how connected these tourists are with the deceased person. For

relatives and friends travelling with a tourist who died on the same trip, either unintentionally or on purpose, there is a personal involvement with the deceased. The death of others who die unexpectedly can also have an objective involvement in the death of a tourist, as we have already discussed in previous sections. Yet, the reaction may vary depending on whether a tourist witnesses a death of either a local resident, a tourist that the tourist does not know or of a loved one. In the former case, the tourist has little involvement or emotional attachment to the deceased, therefore her/his involvement in the death is Objective; the latter case is Personal. The difference between these tourists and dark tourists is that dark tourism involves visiting a site or attraction associated with death, which has happened in the past, but for these tourists, the deaths are occurring contemporaneously. Further, the motivation to travel for dark tourism is to see the site or attraction of deaths while the motivation for these types of tourists is incidental to their purpose of trip.
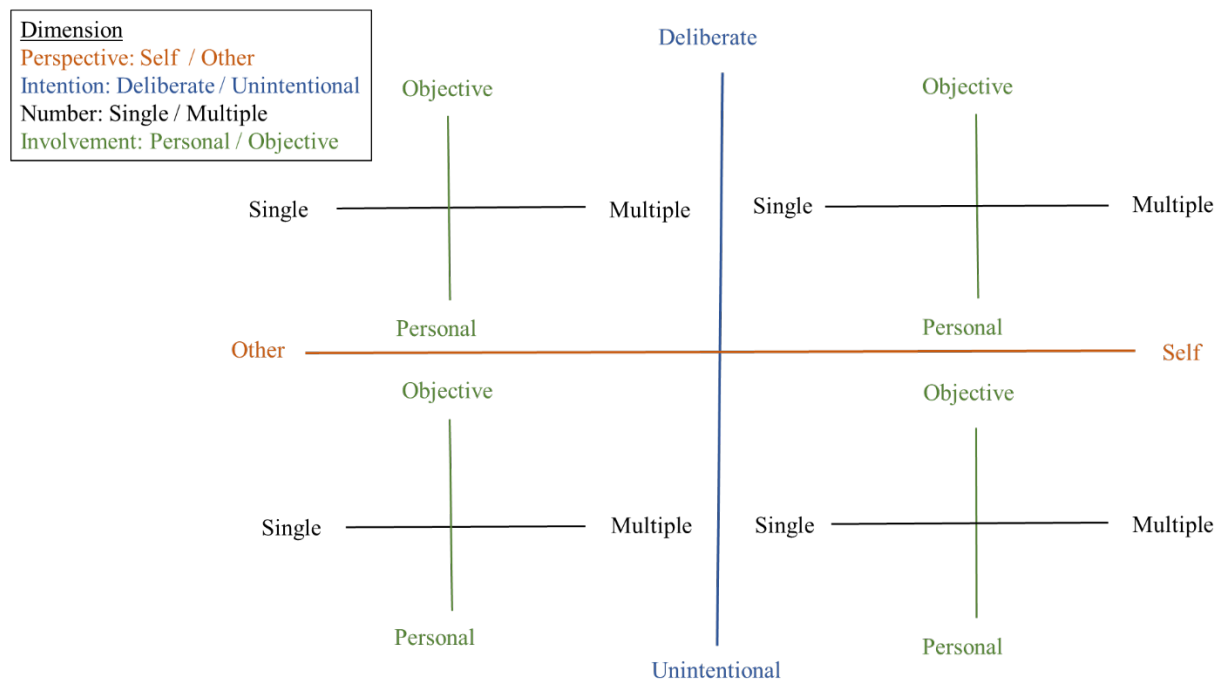
Relating this to Ariès (2000) models of death, the objective view of death speaks to the invisible death model where death is out of society's view. Moreover, a commodification of death is evident in cases of objective death. In cases of both dark tourism attractions and assisted suicides, death becomes a marketable product. In her "cultural myths" of death, Flowers (1998) highlights the increasing importance of economics and globalisation across various facets of life, including death. Ariès (2000) and Flowers (1998) ideas intersect in that death becomes invisible with various health and care products hiding death of individuals from society. Yet, the need for individuals to reconnect with death, a prerequisite to living an authentic life, gives rise to a different set of products. This suggests that Korstanje's (2016) thesis regarding the rise of thana-capitalism should be expanded beyond dark tourism to include various ways in which death has become a commodity.

In contrast, the death of self model relates on a personal level to the tourist's own mortality. Existential questions and questions surrounding the afterlife are prominent for the tourist in these situations. Extending the personal dimension to family and friends of a deceased tourist, a new set of issues arises related to the social rituals surrounding death. Grief, mourning and burial are prominent themes within anthropology of death (Robben, 2018). Each culture has established own rituals related to mourning and burial of deceased person in a way that ensures demonstration of respect and may help the deceased in the afterlife or the next life. Yet, death

overseas, particularly, death of a tourist is disruptive to such established rituals. Instead of grieving, relatives need to focus on logistics and paperwork involved in body repatriation.
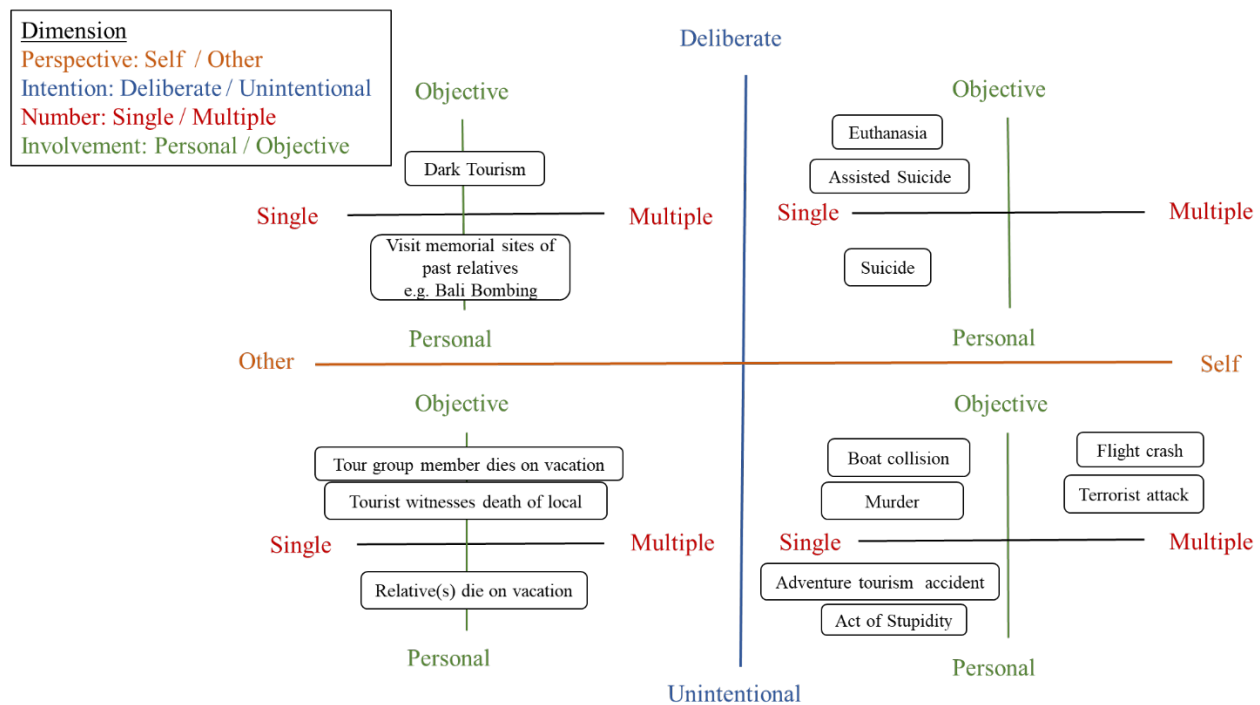
Combining these four dimensions together, we propose the conceptual framework to map the aforementioned relationship between death and tourism (see Figure 1).

Figure 1: Conceptual Framework - Tourism & Death Nexus

Dimension
Perspective: Self / Other
Intention: Deliberate / Unintentional
Number: Single / Multiple
Involvement: Personal / Objective

Deliberate

Objective

Objective

Single — Multiple   Single — Multiple

Personal   Personal

Other   Self

Objective   Objective

Single — Multiple   Single — Multiple

Personal   Personal

Unintentional

The above framework can be used to capture interactions between death and tourism. We plot the examples cited earlier to demonstrate the usefulness and practicality of the framework as a way of expanding our knowledge of the nexus between death and tourism (Figure 2).

Figure 2: Death and Tourism Nexus with Examples

Dimension
Perspective: Self / Other
Intention: Deliberate / Unintentional
Number: Single / Multiple
Involvement: Personal / Objective

Deliberate

Objective — Dark Tourism
Single — Multiple
Visit memorial sites of past relatives e.g. Bali Bombing
Personal

Objective — Euthanasia / Assisted Suicide
Single — Multiple
Suicide
Personal

Other — Self

Objective — Tour group member dies on vacation / Tourist witnesses death of local
Single — Multiple
Relative(s) die on vacation
Personal

Objective — Boat collision / Murder / Flight crash / Terrorist attack
Single — Multiple
Adventure tourism accident / Act of Stupidity
Personal

Unintentional

Conclusions

Death is an essential part of life. However, aside from dark tourism, tourism scholarship has not comprehensibly engaged with death as a concept. The majority of studies in this domain focus on dark tourism that is visitation of places related to death and human suffering. The present paper aims to demonstrate various possibilities for further research into the topic of tourism and death. The identified dimensions of the death-tourism nexus and the themes discussed above demonstrate the need to broaden the scope of the research related to death in tourism to understand better the perspectives on death in the modern society.

Different instances of interconnection between death and tourism are discussed in relation to themes arising from the anthropological and existential, as well as related ideas in the tourism literature. The anthropological angle is used primarily to discuss death as a socio-cultural phenomenon. In the current conceptualisation of death, anthropological themes would predominantly fit within the Other and Objective perspectives on death. Modern Western societies present a conundrum. On the one hand, death is removed from everyday society as fear of death and uncertainty related to it is overwhelming. On the other hand, continuous and even seemingly increasing interest in dark tourism and extreme adventure tourism suggests a renewed

interest in encountering death. One theory based on Korstanje (2016) would suggest a commodification of death and the rise of thana-capitalism: capitalism and the dominance of economic relations also infiltrated and commodified death through proliferation of services related to health, palliative care, assisted suicide and dark tourism. Further research is required to address this conundrum of a society that wants to simultaneously evade and encounter death.

Anthropological research often deals with death in terms of its rituals and communal or cultural attitudes. Therefore, two streams of further empirical research can be proposed: considering travelling for suicides, assisted suicides and dark tourism as new rituals as well as understanding impacts of tourist deaths on host communities and travelling communities.

Death and tourism nexus presents a multitude of opportunities to apply existential philosophy in future research. Among the existential themes covered within the present paper are existential angst (i.e. fear of death), existential authenticity (i.e. leading a life true to personal values), and existential transformation (i.e. changing worldviews and lifestyle). These themes are more suitable for Self and Personal perspectives on death, although relationships with others, such as spouses or relatives are also important here. It is largely unknown to what extent an encounter with death while travelling can transform one's life and travel patterns. As some tourists travel purposefully to end their life and other take great risks knowing that they may die from adventurous activities they undertake overseas, questions arise regarding the drive to control own death and imagining of what constitutes a beautiful, romantic or good death. The link between destination aesthetics and death could be another exciting research direction. Existing research focuses exclusively on life-asserting beauty, and additional research is invited to understand the "beauty in death" concept. Finally, the paper is generally framed within the Western social science tradition, thus research using other cultural and philosophical traditions are necessary to capture the diversity of the traveling populations.

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