



## WHAT IS THE CHOKING GAME?

*by Douglas Masini, EdD, RPFT, RRT-NPS, AE-C, FAARC*

**The risks and consequences of the choking game are catastrophic, and the number of injuries reported are many**

I would be the first to admit that I do not understand the allure of the games that stifle your breathing, the so-called asphyxial games that have existed for many years but whose sad stories find their way into the popular media and my research agenda, and recollections of childhood. Most of us remember the neighborhood kid whose idiosyncratic behavior and substance abuse went well beyond the risk-taking behaviors common to adolescence. These respiratory risk-taking behaviors may have included huffing gasoline, paint thinner, petroleum distillates, glue sniffing aided by the rebreathing of the substance from a plastic bag, inhalation of liquid paper or aerosol propellants, or sniffing other common household substances that altered one's level of consciousness to the point that they perceived and self-reported a 'high' from playing these games.

Those kids told you and all of their friends that since they were not using drugs or alcohol, this was a safe practice that did not hurt anyone but resulted in a cheap buzz without the risk of a life-altering positive drug screening or a breath alcohol that would lead to legal consequences. However, as respiratory therapists we know that the reported high was most likely hypoxemia, hypercapnea, and vascular changes within the brain that altered their level of consciousness or rendered them unconscious, even if for a short time. If they were lucky, someone saved them from themselves, or they had a near death experience and straightened things out. If they 'played' enough, they were physically or psychologically damaged beyond repair. Some of these thrill seekers graduated to other forms of self-abuse, and in the worst case scenario they lost the game and died.

It sounds harsh, but my logic was this: If enough of these young folks played and lost at the game, their example would serve as an unfortunate lesson to other young people. Subsequent generations would teach their progeny not to do this, kids would be too smart to play these dangerous games, it would become 'uncool' to play, and by 2009 such behavior would be extinguished. But I was wrong.

I thought this behavior so unusual that it would be rare or maybe I would never hear of it again, and that such a thing would never affect my practice as a respiratory therapist or as a responsible parent and member of the community. My ignorance on the topic prompted me to learn more about the variants of these asphyxial games, in particular the well-publicized but misunderstood choking game. What I found was shocking.

I will start by saying that while there is a solid research base of peer-reviewed journal articles on the prevalence of death and injury resulting from choking games, the researchers and medical authorities are not the folks who I want to talk with about the game. The real experts on this are the kids. These are regular kids, not deviants or juvenile delinquents, good kids like yours and mine. Swept up in the vortex created by the chemical whirlwind of puberty, they take a chance, accept a dare, succumb to peer pressure and play what they believe is a harmless game. They play it only once or frequently, daily to several times a week. They play at school, at church or sports practice, summer camp, parties, or at home when you are away. They play in a group or alone, and parents or guardians never know until it is too late. They were taught by a mentor who had played the game with others and taught them how. They play with a 'spotter' or second party, someone who ostensibly proposed to be there to help them, and in many fatal cases, the kids played alone, sometimes with their parents and siblings in the next room.

I faced a dilemma when I wrote this piece. I anguished over the great what ifs that we all face when posed with an ethical dilemma. What if, in discussing this with my colleagues and reading and teaching on the topic someone learned from me and tried the game and lost? Would I propagate the game in some small way by keeping the topic out there in the public eye? Would a greater good be served by pretending that this never happened versus the fact that it could happen to my grandchildren if I remain silent?

The risks and consequences of the choking game are catastrophic, and the number of injuries reported are many. The unreported or incorrect case reports may be more than we know. When approached by a peer, the child may not even know what is going to happen to them when they play 'the game' as the phraseology is deceiving. Regionally, kids have reported calling choking games such names as 'Space Monkey, Hangman, Pass-

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Out Game, or California Dreaming'. The seductive names hide a killer, and the cavalier attitude of the players is amazing. In a cursory viewing of choking game home videos available on the web, I found several variants of the choking game being played on camera. My focus was children in the most at-risk population, in a range of 7-17 years of age. Likewise, when I reviewed the scholarly literature, the cases I cited used criteria that would rule out suicide by hanging or autoerotic asphyxia.

So what is a choking game? One version began with the victim hyperventilating between 10 and 20 fast and deep breaths (the arms are then crossed over the chest) followed by a second person performing a chest thrust. The chest pressure is maintained as the victim holds their breath (similar to a Valsalva maneuver achieved by exhaling against a partially closed glottis) until they pass out. Another version of this deadly game involved strangulation by a second party, using pressure upon the trachea or thyroid cartilage. The second party chokes the victim using a grappling 'submission hold' with the anterior aspect of their arm (elbow) wrapped tightly across the victim's trachea. Simultaneously, this hold impeded blood circulation to the brain from the carotid arteries as the arm makes a tight, muscular noose around the neck. This hold has been applied in school yards and on buses by a bully who used the defense that 'I was only playing a game.' Individuals who are trained in close combat, mixed martial arts or Judo know the deadly efficiency of this technique, Hadakajime or in English, the "Naked Strangle". In a well-trained individual, application of the hold can be a murderous proposition; in a neophyte, the consequence of severe brain injury or the death of the victim can be instantaneous, and injury swift and absolute.

A potentially fatal choking game involved impeding the carotid arterial circulation using digital pressure of the 'spotters' fingers or thumbs at a landmark we would describe as the point of a palpable carotid pulse on the anterolateral neck of the victim. The pressure is often placed at or near the bifurcation of the common carotid, the location of precious chemo-baroreceptors critical to life. The physiology of these receptors in the choking game regarding the survival

or death of the victim is unknown. Players related that they become so engaged with playing the game that they 'become addicted' to it and seek to play it more frequently, often alone without the 'spotter'. The use of a garrote, belt, or rope to achieve same was described in many fatal cases of the choking game. The noose tightened, strangulated the victim, stopped all arterial blood flow to the brain and the victims lose consciousness, falling into the noose and unable to remove the ligature. Sadly, when the 'spotter' or second party was not available to save the victim, the outcome was death.

We need to end this conversation by saying that ultimately, the really knowledgeable experts who can teach us on how to approach this problem are the kids. In almost every case I study, parents, adults, teachers, clergy, coaches who loved, supervised and had daily contact with the child report they did not know anything about the game and deny they had knowledge that the child was playing the game. Sadly, in almost every case I read, most of their friends and siblings knew they were doing it. They know how they did it, where they learned it, who taught them, how and where they did it, and all the important details one would need to complete the forensic investigation. The kids will not tell you this in polite conversation. You will have to probe, ask, cajole and even then they probably will not be forthcoming, not unlike ourselves when, as wayward youth, we were interrogated by our parents. You must pursue this conversation and discuss this with your kids, grandkids, students, kids in church, and any adult in a position of supervising kids who will listen. The go forward and teach the community. As a respiratory therapist you are uniquely qualified to educate folks on this problem. I hope this article emboldened you to talk to the kids, learn more, and teach people in your community that the choking game means death.

*Douglas Masini is the Department Head/Chair of the Respiratory Therapy Program at Armstrong Atlantic State University in Savannah, GA. He can be reached at [douglas.masini@armstrong.edu](mailto:douglas.masini@armstrong.edu).*