

A Dangerous High

Suffocation games are dangerous, but many students see the games as an appealing way to get high without illegal drugs.

By Ralph E. Cash

Three of Adam's friends invited him to get high playing the "choking game." The idea was to suffocate themselves, getting a rush just before passing out and upon waking up. Adam figured that it was OK because there were no drugs involved and it wasn't illegal. The boys found a jump rope. Two boys each took an end of the rope and pulled slowly, and the third boy caught the participant when he fainted. On Adam's fourth turn, one of the boys left to go to the bathroom. Instead of waiting, the others proceeded to choke Adam. He fell backward when he fainted and slammed his head on the corner of a bench. His friends ran for help when he did not come to. Paramedics revived him, but he had a severe concussion, a cut that required stitches, and bruising to his trachea.

The Choking Game

Mounting evidence shows that many teens and even some younger children are playing suffocation games. Essentially, participants cut off the oxygen supply to the brain, inducing tingling or a mild, euphoric high that lasts several seconds just before the participant loses consciousness and when he or she wakes up. The psychological effect of escaping a so-called near death experience also can be an inducement for some, along with the adrenaline rush that often accompanies dangerous experiences. But these suffocation games can cause permanent brain damage and even death (Urkin & Merrick, 2006).

This dangerous game goes by many names, such as suffocation roulette, the fainting game, space monkey, blackout, the choking game, the pass-out game, flatliner, funky chicken, tingling, the dream game, knock-out, choke trance, ghost, airplaning, the American dream game, and space cowboy (Neumann-Potash, 2006). Adolescents play the game in groups

and alone, using belts, hands, plastic bags, or ropes or they may simply hold their breath or hyperventilate until they pass out. Some adolescents engage in these potentially fatal games in response to peer pressure; others do it in search of a cheap high that they think is legal. Because students may play and learn about the game in school, principals should add awareness of suffocation games to risk behavior prevention efforts in their schools.

Risks of Playing the Game

Loss of oxygen is never safe and always causes the death of brain cells. Young people who play suffocation games are at risk for short-term memory loss, hemorrhage and harm to the retina, concussions from falling when unconscious, stroke, seizures, permanent brain damage, coma, and death (Neumann-Potash, 2006). In addition, if the participant's partner accidentally squeezes a small group of nerve cells in the neck, the participant's heart can come to a complete stop.

When participants try to induce the high alone, they often constrict their throats with ties, cords, or belts. When the flow of oxygen is cut off, they pass out quickly. The risk of brain damage or death is increased greatly when there is no one to relieve pressure, to reintroduce the flow of oxygen, and to restore the victim to consciousness. Many people who play alone are secretive about the activity, further reducing the probability that help will be available in time if something goes wrong. If the activity results in death, the cause of death is often ruled as suicide, when in fact the victims had no intention of killing themselves. In their minds, they were just playing a game.

Suffocation games should not be confused with autoerotic asphyxia, a sexual practice engaged in by some older adolescents and adults.

Ralph E. Cash is an associate professor at Nova Southeastern University in Ft. Lauderdale—Davie, FL.

Student Services is produced in collaboration with the National Association of School Psychologists (NASP). Articles and related handouts can be downloaded from www.naspcenter.org/principals.

Like the choking game, autoerotic asphyxia can be fatal because participants can do it alone and can strangle themselves accidentally. The choking game is generally asexual in nature and is played primarily by preteens and younger adolescent boys and girls.

Prevalence

Statistics do not yet indicate how widespread suffocation games are, but concern about the trend has grown in the medical and law enforcement communities in recent years. In the medical journal *Injury Prevention*, Le and Macnab (2001) wrote about five cases in which young boys strangled themselves using hanging cloth towel dispensers in school restrooms. Four of the students died. According to the organization GASP (Games Adolescents Shouldn't Play), nearly 200 children and youths have died playing the choking game since 2005. This does not include deaths that were reported as suicides or serious injuries resulting from the game. A recent survey conducted by the Dylan Blake Foundation for Adolescent Behaviors (n.d.) found that 53% of boys (10–14 years old) surveyed admitted to playing the choking game. Of those who had played, 86% said they played two times a week, and 64% admitted they played alone. The most frequently cited setting where they learned and played the game was school.

Children and adolescents 10–16 years old participate most frequently in this behavior, although older and younger youth play the game as well (GASP, n.d.). Indications are that most do so out of curiosity or because they are seeking a thrill, not because they are depressed or angry (Dylan Blake Foundation for Adolescent Behaviors, n.d.). Many adolescents who are not outwardly at risk (e.g., struggling in school, suffering from a mental illness, or experiencing poor family relationships), view the choking game as a harmless, legal way to get a rush. None of the documented victims of the suffocation game were troubled youths, and many otherwise exemplary adolescents are drawn to the high resulting from chok-

Positive Risk Taking

The *Teens Today* 2004 report identified three broad categories of positive risk taking that can actually help protect adolescents from unhealthy behavior, such as suffocation games and drug, inhalant, or alcohol abuse.

Life Risks

- Social: joining a club or group
- Emotional: asking someone on a date or sharing feelings with friends
- Physical: rock climbing

School Risks

- Academic: taking an AP course
- Athletic: trying out for a sports team
- Cocurricular: running for student council

Community Risks

- Volunteering: helping the elderly or the homeless
- Mentoring: working with younger children
- Leading: starting a business or a charity

Source: Henderson, D. B., & Greenberg, G. (2004). Positive risk-taking cuts alcohol and drug use among teens. Retrieved August 5, 2007, from www.sadd.org/teens today/survey04.htm.

ing (Dylan Blake Foundation for Adolescent Behaviors). In fact, the activity may appeal to teenagers who generally do not break the rules because it is not specifically illegal. But the actual legality of one person choking another, even voluntarily, is unclear, particularly if the victim dies or suffers permanent brain damage.

Warning Signs

Some warning signs that an adolescent may be playing the choking game are unusual marks on the neck; unexplained cuts, bruises, or hoarseness; petechiae (small red or purple spots caused by minor hemorrhaging) on the face or cheeks; bloodshot eyes; frequent headaches; locked doors and excessive need for privacy; surprising irritability, outbursts of anger, and other personality changes; belts and ropes with odd knots found in the teen's bedroom or tied to furniture; plastic bags; questions about strangulation; and disorientation after spending time alone (Neumann-Potash, 2006).

Good Decision Making

Helping adolescents learn to make good decisions is an important task for parents and school personnel. Suggestions for fostering good decision-making skills related to risk behaviors include:

- Help adolescents understand the consequences of their choices.
- Provide useful, age-appropriate information on known risks, such as the suffocation game and substance abuse.
- Help adolescents understand their own risk-taking patterns.
- Reinforce good decision-making and help examine the causes of bad decision making. Questions to ask include:
 - Do your friends pressure you to make risky choices?
 - Do you rush into decisions?
 - Do you think it is uncool to try things in a safe manner?
 - Are dangerous risks more exciting? Do they feel more like you?
 - Do you make dangerous choices to show off?
 - Does it feel as though the dangerous choices you make are happening in a dream?
- Role-play decision making with students.
- Keep the lines of communication open. Remain available and nonjudgmental when adolescents want to talk or seek advice.
- Remember that listening may be your most important strategy. Letting adolescents work through their choices themselves, using you as a sounding board, may be more effective than telling them what to do.

Source: Ponton, L. E. (1997). *The romance of risk: Why teenagers do the things they do*. New York: Basic Books.

Youth and Risk Taking

Most adolescents are hard-wired to take risks. It is a natural part of growing up that can be safe and even beneficial within limits. Healthy risks, usually defined as challenges, help adolescents find and define their identity. Some risk taking also can be a source of stress relief. A 2004 study by Students Against Destructive Decisions found that students who engaged in healthy risk taking were less likely to engage in unhealthy risk taking, such as drug or alcohol abuse or the choking game (Hendersen & Greenberg, 2004). Adults can help adolescents channel their need to take risks into healthy activities at home and school, including extreme physical activities, such as rock climbing; academic challenges, such as taking an AP course; and personal challenges, such as volunteering,

going abroad on an exchange program, or taking a job (Ponton, 1997).

What Principals Can Do

School administrators must take the lead in addressing and preventing student choking games on campus as well as in the community and at home. Specific suggestions include:

- Teach students that suffocation is extremely dangerous and not a game, even if it isn't illegal. Adolescents realize and even relish the fact that it is risky, but many do not realize just how deadly it can be. Such organizations as Students Against Destructive Decisions, the Dylan Blake Foundation for Adolescent Behaviors, and GASP offer useful information and support.
- Teach staff members and parents about the choking game. Encourage parents to monitor the Web sites their children visit, including blogs and chat rooms.
- Alert staff members of the game's terminology and slang as well as Web sites that may indicate or encourage participation in the choking game. Ensure that adults are able to monitor student Internet use.
- Monitor school bathrooms, locker rooms, closets, closed classrooms, and other locations where students could play the game.
- Reinforce the importance of parents spending time with their children and staying involved in their lives. Research shows that parents who take a consistent, active, nonabusive interest in their children's lives can exert a positive influence and reduce the likelihood that their children will engage in dangerous behaviors (Nelson, Patience, & MacDonald, 1999).
- Provide students with alternatives for healthy risk taking, rather than attempting to eliminate risk taking entirely. School is an ideal environment in which students can take personal, social, and academic risks with appropriate support from adults and peers. Taking safe, supervised, strenuous physical risks, such as skateboarding, running, or working out, can release natural endorphins that meet adolescents' need to take risks.

- Incorporate risk assessment strategies into the curriculum. Provide opportunities for students to role-play decision making.
- Establish referral procedures for students who are identified as at risk or engaged in the choking game as well as other dangerous, high-risk behaviors.

Conclusion

Other risks, such as underage drinking, may appear to be more worthy of educators' attention than the choking game. But the real risk of the choking game is greater than it appears. Its seemingly innocuous and legal nature is part of its allure. Schools can use comprehensive risk prevention programs that are already in place to educate students about the choking game and teach them risk assessment and positive decision-making skills. In the end, for some students it is not really a game; it is a matter of life and death. **PL**

REFERENCES

- Dylan Blake Foundation for Adolescent Behaviors. (n.d.). *The choking game*. Retrieved August 5, 2007, from <http://thedbfoundation.com>
- G.A.S.P. (Games Adolescents Shouldn't Play) (n.d). Save your child's life. Be informed, be aware. Retrieved August 4, 2007, from www.stop-the-choking-game.com/en/home.as.p
- Hendersen, D. B., & Greenberg, G. (2004). *Positive risk-taking cuts alcohol and drug use among teens*. Retrieved August 5, 2007, from www.sadd.org/teenstoday/survey04.htm
- Le, D., & Macnab, A. J. (2001). Self-strangulation by hanging from cloth towel dispensers in Canadian schools. *Injury Prevention*, 7, 231–233.
- Nelson, B. V., Patience, T. H., & MacDonald, D. C. (1999). Adolescent risk behavior and the influence of parents and education. *Journal of the American Board of Family Practice*, 12(6), 436–443.
- Neumann-Potash, L. (2006, Fall). The choking game. *California Pediatrician*, 22.
- Ponton, L. E. (1997). *The romance of risk: Why teenagers do the things they do*. New York: Basic Books.
- Urkin, J., & Merrick, J. (2006). The choking game or suffocation roulette in adolescence. *International Journal of Adolescent Medical Health*, 18, 207–208.

Online Resources

Dylan Blake Foundation for Adolescent Behavior

www.chokinggame.net

GASP and Deadly Games Children Play

www.stop-the-choking-game.com

Students Against Destructive Decisions (SADD)

www.sadd.org

DARE

www.dare.com

Connect with Kids

www.connectwithkids.com

Advertisement