

CHOKING GAME OVERVIEW

The “choking game,” (also called the passing out game, tingling game, fainting or dreaming game, blackout, funky chicken, space monkey, or more darkly, suffocation roulette or flat liner) is a practice of getting high by cutting off the blood supply to the brain. The practice seems to go back, in one form or another, to the 1960s, and maybe earlier. The cutting off of the blood supply, and therefore oxygen, to the brain can induce passing out and a possible dream experience. This fad at some youthful parties (or even more dangerously alone) seems to have peaked in 2005. What seems to be new about this practice is that instead of having someone else squeeze or choke you with hands, ropes and chains are being used. Some do it as a dare or as an extreme behavior, some because others are doing it, and many to obtain a high without drugs or alcohol, “a euphoric 10-second high as oxygen rushes back to the brain.”

Some, like Ian Max, who used to play the game, speak of it as addictive: “It’s like a drug. You’d just be out for half a minute but it feels like you were out for an hour or two.”

This is particularly a middle-school phenomenon. It is not the same as suicide (though when done in privacy it can often be mistaken for suicide) and it doesn’t usually have anything to do with erotic asphyxiation, which is all about sex. It should also be distinguished from the choke hold or sleep hold in the martial arts.

Just in the past few months, several deaths from passing out or choking have been reported in the U.S.:

Gabriel Mordecai (13) of California (found with rope around neck after repeated warnings from brother and mother)

Chelsea Dunn (13) of Idaho (found hanging in a closet)

Dalton Eby (10) of Idaho (found hanging in a tree)

Jason Linkins (14) of North Carolina

Kimberly Wilson (15) of Kansas (used a plastic covered bicycle chain lock hung from a dresser drawer)

Kayla Statman (16) says she doesn’t drink or use drugs, but has played the passing out game hundreds of times. One such time was a seven hour party with Kimberly Wilson, a year before Kimberly died. “It’s a horrible game,” Kayla says, “I just won’t stand for it anymore.”

Four deaths and one near death among Canadian boys, 7-12, were investigated by D. Le and A.J. Macnab: “Self-strangulation by hanging from cloth dispensers in Canadian schools.” The study concluded these to be a local “epidemic” of thrill-seeking, risk-taking behaviors. (<http://ip.bmjournals.com/cgi/content/full/7/3/231>, seen 18Aug05).

“The Today Show,” 18Aug05, spotlighted this deadly fad “played” especially by 9-14 year-olds across the U.S. and perhaps beyond. “Kids passing out for a deadly high: Preteens and teens across the country becoming addicted to suffocation roulette,” Michael Okwu reporting for NBC news.

Gabriel Mordecai and his twin brother and best friend, Sam, learned about passing out from an older friend. Sam found it “weird” but Gabe felt it to be “awesome” and had told his mother, “What’s the big deal? I’m not taking drugs; I’m not drinking or anything.” Gabe’s mother realized the addictive nature of this practice: “It’s almost like a drug. They crave it; they crave the high that they get from the lack of oxygen.”

Some practitioners still alive say similar things. Bethany posted this online comment on 28Jul05:

I’m a teen and I pass out at almost every sleepover. We have never called it a game or anything—just passing out. The way we do it is bend over and breathe like you just finished running a mile, stand up and someone else will hold your neck while you hold your breath. The person knows when to let go because you go limp when you’re out. Then you have a short dream and wake up laughing and shaking. If the person doesn’t hold your neck tight enough you get “bugs” (a tingly feeling). We never use anything like a belt to strangle ourselves, just hands. We also don’t get any sexual pleasure or whatever from it! We never get headaches, make marks, or anything like that. It’s really sad to hear that kids have died from this, but it sounds like the only ones dying are the ones doing the version of this that involves hanging themselves.

Fortunately, Bethany was cautioned and challenged about the dangers of this behavior by other posters. At another site (25Jul05), Anonymous was more calloused: “It doesn’t seem that dangerous because not many kids have died from it! I’ve done it before and we are all fine!!”

The Internet is cited as one way the popularity of this high has spread among early adolescents.

What should be particularly noted about this phenomenon is that these are not, for the most part, distressed kids or youth at high risk. They are, in fact, good kids, often proud that they do not drink, smoke or use drugs. Kimberly Wilson attended the Veritas Christian School in Lawrence, Kansas. They may find passing out, at least at first, their own private way of edginess or pushing the boundaries, a thrill that doesn’t seem to have the same negative perception as binge drinking or promiscuous sex.

The consequences can be, however, more deadly and final than they conceive. And the pain to family and friends, more devastating than they would ever imagine. Tami Radohl is a Bert Nash Community Mental Health Center counselor at Southwest Junior High School in Lawrence. She spoke to the prevalence of passing out: “This is going on in every junior high in Lawrence.” Connecticut child psychologist, Dr. Lawrence Shapiro, commented on the prevalence of this fad and fact that many parents don’t even know it’s going on: “It’s scary. Younger children don’t know that they can die from this, that it’s a very dangerous activity.”

The parents of these children are naturally devastated. Tim and Carol Wilson, parents of Kimberly, have spoken out to alert and help others. “We are very close to our children, and we did not know this was going on. There were no outward signs. This isn’t like drugs or alcohol use, which a parent should be able to detect,” Tim said.

Although children can often carry this practice on without parental detection, some possible signs have been offered that may aid parents, especially for children who begin doing it excessively in private.

- bedroom doors being locked
- ropes or ties with curious knots
- headaches
- bloodshot eyes

Above all, this and other issues of risk should be frankly discussed in an open and as-non-judgmental-as-possible manner. It also helps to talk with other teens and “tweens” to hear what’s going on.

QUESTIONS FOR REFLECTION AND DISCUSSION

1. Had you known about this practice before reading this? If so what did you know about it? Have you ever done it yourself?
2. Why do you think boys and girls are participating in the passing out experience? Why do you think it has become as wide-spread as it has?
3. Do you see a difference between a one-time “Heimlich-maneuver-”induced fainting and doing this often using a rope or some choking device? If you do see a difference, how would you describe the difference in terms of dangerous consequences? If all passing out is the same to you entailing the risk of death or damaged brains, how will you deal with the distinctions young folks may make between what they see as relatively safe and more dangerous methods of choking and passing out?
4. Do you think this phenomenon should be discussed in every family, school, and youth groups? Why or why not? And if so, how can it best be done?
5. Would it help to have a medical doctor explain the physiology and possible results of “passing out” to a class or youth group?
6. What might religious faith have to contribute positively to this discussion?

IMPLICATIONS

1. There is nothing more devastating and frustrating than losing a child because of ignorance or thoughtlessness. As Chelsea Dunn’s mother Tammy expressed it: “She was taken because she chose to do something really stupid and it angers me.” (The paramedics who arrived at the scene of Chelsea’s fatal choking said, “the looks on their (the parents) faces was indescribable.”)
2. If children are participating in this activity in real ignorance and in substantial numbers, it has become a public health issue, and we must take steps to reduce its deadly consequences.
3. All children are partly at risk because they live in societies, which to some extent, treat people as a means to the end of profit, thrills and extremism which are publicly promoted, where death is all too commonly and easily portrayed, and life taken too lightly. Reverence and respect for life must be taught as counter-cultural values. Character formation must be taken seriously. We must help children and youth resist negative and careless peer pressures.

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