

Child's Play

The deadly consequences of asphyxial “games.”
by Dr. Thomas A. Andrew, M.D., FCAP, FAAP

“We thought we had it all under pretty good control,” recalls Kelly L., who reveals that nearly four years after the death of her 13-year-old son, Michael, the bewilderment remains raw. Michael’s parents had addressed, at various times, tobacco, alcohol and drugs. As far as anyone knows, Michael never used these on a regular basis. What Michael’s parents did not address, because they did not know about it, was ‘Space Monkey,’ a choking game that killed Michael in 2001.

The family’s anguish was temporarily compounded when I ruled his manner of death, incorrectly, as suicide. Kelly was not quite satisfied with the ruling after she did a little digging into the circumstances of her son’s inexplicable “suicidal hanging.” As I was digesting the material she sent me, another death occurred in a neighboring town. Tommy, age 12, did not know Michael but he and his little brother, Daniel, knew about the game. In fact, after Tommy’s body was discovered suspended by a dog leash from a peg in his bedroom closet, Daniel offered that Tommy had been playing the game.

What is this “game” all about? Asphyxial games have been played by children for generations. You may remember a version from your own youth, involving pressure applied to the abdomen, chest or neck by one player until the other player becomes light-headed or passes out. “Asphyxia” is the technical term for the inadequate delivery of oxygen to the brain. This is exactly what happens when pressure is applied to the previously described areas.

There are two critical differences between earlier asphyxial games versus today’s far more dangerous versions. Today’s games often use ligatures, or ties, such as dog leashes, belts, bungee cords and the like to constrict the neck. And perhaps more importantly, kids today sometimes play the game solo. Generally between the ages of 9 and 14 years, the youngsters who play the game find the light-headedness produced by this activity exhilarating. Such exhilaration bars kids from realizing that losing consciousness during the game can also result in lasting brain damage and death.

We are now in the age of extreme everything, from sports to reality shows. In keeping with that trend, these games, which go by a dizzying array of names— such as Space Monkey, Space Cowboy, Knockout, Blackout, Gasp, Flatlining, Black Hole, Rising Sun— push the envelope of risk taking to the next level. The magnitude of the risk is clearly lost on the child lulled into a false sense of security, perceiving this activity as drug-free, and therefore a perfectly safe high. Unfortunately, the mythology of the game is passed from child to child via the Internet. In the past, the “choking game” spread by word of mouth, from an older child to a younger child and then to that child’s peers. Now rapturous descriptions of the joys of choking oneself to near unconsciousness are just a click or two away. This is a difficult situation for a parent unarmed with any knowledge of the games and their potential consequences.

“Not my kid,” you confidently say. “He/she is a good student, active in sports, popular, hangs with a clean cut crowd, wouldn’t touch drugs or alcohol.” What you must be aware of, however, is that you have just described what is emerging as a relatively common profile of the children who play these games. While there are undoubtedly plenty of exceptions, fatal cases have commonly involved high-energy, high-achieving, athletic children who typically shun alcohol, drugs and tobacco as stuff used by losers.

It may well be from a peer on their athletic team, in their scout troop or in their youth group that they learn about the game in the first place. During an end-of-the-season party for a Pop Warner Football team in the Lakes Region of New Hampshire, a youngster sustained a scalp laceration requiring a trip to the emergency room. Over time, the story emerged of a small group of players and cheerleaders going to the basement of the home where the party was held to play a choking game. The injured boy passed out while another boy was pressing on his chest, striking his head on the edge of a table. If only the laceration represented the most serious consequence of such games. When playing alone with a ligature, even one like a common necktie, loss of consciousness means death.

One may wonder why young people find this behavior “fun.” The answer lies in the changes in blood flow to the brain induced by the application pressure to the neck following the release of pressure. Pressure closes the thin-walled veins of the neck, trapping oxygen-poor blood in the brain. The thicker, more muscular arteries delivering blood to the brain are only partially clamped down so blood is still delivered, albeit in a significantly reduced amount. The oxygen-starved brain creates a giddy, light-headed feeling. When a player of the game releases the neck pressure, a surge of oxygen-rich blood enters the brain yielding the “rush”

sought by devotees of this practice.

The fine line, literally fractions of a second, between being light-headed and unconscious seems nonexistent to players, though it can mean the difference between life and death. Once the child is unconscious with no one else around to release neck pressure, the child's own weight, even from the height of a door knob or bed post, will fatally asphyxiate him or her in one to five minutes.

It remains unclear just how widespread this behavior really is. Anecdotally, cases have been reported in the United States, Canada, Australia, Israel, England and Ireland. On the Emerald Isle, it is called "The American Dream Game." There are virtually no statistics regarding how many children are aware of the game, have played the game or are regular practitioners.

Exacerbating the problem is the misclassification of some of these deaths as suicides.

Medical examiner and coroner's offices, often strapped for time, personnel and resources, may not be able to explore in-depth what appears to be a "straight-forward suicide," especially when suicide is consistently among the top two or three ways in which pre-adolescent and adolescent children die every year. The emerging profile from fatal cases has been described earlier— young (9-14 years), active, athletic boys and girls. These games should not be confused with auto-erotic asphyxia, a similar but unrelated activity that typically involves elaborate, almost ritualistic bindings, sophisticated escape mechanisms and pornography, and that is engaged in almost exclusively by males ages 15-16 or older, even up to adulthood.

One thing is certain: kids know about these games while their parents do not. At a dinner party, I was relating my concerns about this activity to the hostess and she said she was "fairly certain" her 8th grader would not know about the game. We asked her daughter to join us and I asked Meghan to tell her mother about Space Monkey. Needless to say, there was a brief pall cast over the dinner table. Fortunately, we remain friends.

Warning signs that your child may be playing asphyxial games include bruises or abrasions on one or both sides of the neck; consistent wearing of clothing that covers the neck; the presence of tiny pinpoint blood spots called petechiae on the eyes, eyelids, face and/or neck; frequent complaints of headaches and a noticeable increase in alone time in his/her room. A query of the home computer may reveal visits to chat rooms or Web sites concerning these games. Be suspicious of any Web site that features any of the words used in naming these games.

At the risk of being cliché, these games should be a topic among the family's parent-child discussions. Just as you would (or should) regarding tobacco, alcohol and drugs, discuss asphyxial games. You may want to open the discussion by saying you have heard or read that there are ways that some kids try to "get high" without using drugs or alcohol, but that these activities can be just as dangerous and fatal. Then let your child educate you. A dialogue will get your message across more effectively than a lecture.

Admittedly, this is an uphill battle. I remain haunted by the end of my conversation with Kelly L. We talked about Michael, the game and the aftermath of his death. What stunned me was her revelation that youngsters in the community still play the game and talk of it openly. Their answer to those who question the wisdom of this is, "it's better than using drugs" and "we do it together so it's safe."

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t's not safe. Keep telling your kids so— because you love them.

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