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Breath Play: Sexual and Autoerotic Asphyxiation

-Liz Smith-

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In the world of sexual deviance there exist many subcultures. Most of these subcultures of sexual deviance have representations in, and are known to, society. There are websites, magazines, and clubs dedicated to them. Many practices are common knowledge. However, there also exist a few sexually deviant subcultures whose members do not interact with each other. Sexual asphyxia, or autoerotic asphyxiation, is a deviance that is part of the latter (Lowery & Wetli, 1982).

Sexual asphyxia is typically a solitary autoerotic practice, the goal being to obstruct the flow of blood to the brain and induce hypoxia (Friedrich & Gerber, 1994). Practitioners of sexual asphyxia perform the behavior in order to enhance their sexual pleasure through "hypoxic euphoria" induced by strangulation. The strangulation device is designed to cut off the blood flow to the brain and create varying degrees of hypoxic euphoria, giddiness, lightheadedness, and exhilaration which may enhance masturbation sensations and orgasm intensity (Jenkins, 2000). This is a dangerous practice which leads to many accidental fatalities.

The most often used method of strangulation are ligatures such as ropes or belts. Often these are padded to reduce or prevent marks around the neck (Tournel, Hubert, Rougé, Hédouin, & Gosset, 2000). However, asphyxia may also be produced by suspension; plastic bag; face-mask; chest compression; blocking the mouth, nose, or throat; or chemical inhalation (Janssen, Koops, Anders, Kuhn, & Puschel, 2005). The practitioner almost always counts on a safety mechanism or their own reflexes to release them from the strangulation before they lose consciousness. Death occurs when the safety mechanism fails and the practitioner becomes victim.

There have been many compilations made of features of sexual asphyxia related fatalities. While not every feature may appear in every case, several are often present. First of all, there is no apparent wish to die or suicidal intent. Signs that indicate the death was not obviously intended may include body position or presence of protective means, such as padding about the neck. Ropes, belts, and binding materials may be arranged so that constriction of the neck can be controlled voluntarily (Friedrich & Gerber, 1994). The victim is usually partially or completely unclothed. There would most likely be evidence of masturbation or sexual activity, perhaps erotic litera-

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ture or pornography. It is estimated that perhaps 26% of autoerotic asphyxiation cases involve transvestitism (Jenkins, 2000).

Most practitioners of sexual asphyxia are young middle class males with 70% being under the age of 30 (Jenkins, 2000). One study conducted estimates that about 82% of victims are white (Sauvageau & Racette, 2006). Many victims are found to have been intelligent high achievers or workaholics. However, there are no predictors and few signs that a person practices sexual asphyxia. It is unusual for a practitioner to give any signs that would indicate this paraphilia (Lowery & Wetli).

Unlike sadomasochism, exhibitionism, and even pedophilia, those that practice sexual asphyxia rarely engage in their paraphilia with other people, let alone other practitioners. There are several possible reasons for this. First of all, masturbation is almost always a solo practice and not often talked about, and the addition of further paraphilia makes the behavior even less likely to be talked about (Jenkins, 2000). Another reason could be the aforementioned lack of common knowledge of the practice. Even people who do not engage in certain sexual deviances, such as bondage or prostitution, are aware of them and know what they are. This does not seem to be the case with sexual asphyxia.

How then, if sexual asphyxia is so rarely seen in everyday society, do practitioners develop this paraphilia? There have been very few studies done to determine this. The relative absenteeism of this particular paraphilia in mainstream society as well as the unfortunate deaths that make up the majority of scientific studies makes it difficult to investigate the origins of asphyxial behavior.

There have been, of course, several possible causes hypothesized. References to sexual asphyxia have been found in literary sources for centuries; the most commonly referenced being DeSade's Justine (Lowery & Wetli, 1982; Jenkins, 2000; Tournel et al., 2000). The internet and word of mouth are the more generally accepted methods that adolescents and others use to learn of and about sexual asphyxia. However, the reasons behind the incorporation of this paraphilia into recurrent autoerotic behavior are still debated. Psychoanalytic theories such as narcissistic fixation and castration anxiety have been suggested (Lowery; Friedrich & Gerber, 1994).

Unfortunately, most studies of sexual asphyxia center on cases of accidental death, and so few studies have been conducted with living practitioners. One study was performed that examined the histories of five adolescent practitioners of sexual asphyxia. In an admittedly skewed sample, Friedrich and Gerber took the detailed histories of five boys aged 14 to 17 while the boys were receiving therapy at their clinical practice.

As it turns out all five of the boys had suffered childhood physical abuse, childhood sexual abuse, or both. Four out of the five had experienced direct choking at a young age. Four out of the five also displayed other risk taking behaviors such as unprotected sex or alcohol abuse. All five of the boys had experienced some additional trauma, neglect, or loss (such as that of a parent) as well. Prior to experimenting with autoerotic asphyxia, one of the boys was told in detail about his father's death as a fatality of sexual asphyxia.

Friedrich and Gerber concluded that "the etiology of severe and persisting autoerotic asphyxia appears to include the pairing of choking with sexual arousal" (p. 6). The pairing of choking with sexual arousal during childhood trauma facilitated eventual sexual asphyxial behavior. Even though this study is greatly skewed because it was conducted with patients already receiving psychiatric treatment for other concerns it is still very valuable. The overall lack of autobiographical accounts of the practices of sexual asphyxia studies such as the one discussed are useful in understanding the origins of this paraphilia.

It is commonly noted that sexual asphyxia related deaths are likely underreported. At first glance many autoerotic asphyxia related fatalities may appear to be suicide or even homicide. Often victims are found by parents, spouses, or friends who often alter the death scene. This is most likely because of the graphic, shocking, and possibly scandalous circumstances of the death. Also, the police investigators may not be aware of the features of autoerotic asphyxia related deaths and report it as an intentional suicide. (Jenkins, 2000)

Sometimes, however, the details of the death scene make it almost impossible to differentiate between an accident

of sexual asphyxia or intentional suicide. One very unusual case involved a 28 year old muscular dystrophy patient and another party. The man was found naked in a trash container in a sealed plastic sack with strips of tape over his mouth (Koops, Janssen, Anders, & Puschel, 2005). This is an extremely unusual case in which it was not certain whether or not the victim intended on dying. Friends stated that he had talked of suicide, but he had also constructed bizarre and elaborate sexual fantasies as well. One of which was to be enveloped in plastic and put in a trash bin (Koops et al.)

A study investigating solo autoerotic fatalities found that out of 408 published deaths, 374 were caused by sexual asphyxia (Sauvageau & Racette, 2006). Estimates place deaths resulting from autoerotic asphyxiation accounting for as much as 6.5% of adolescent suicides as well as 31% of all adolescent hangings (Jenkins, 2000). Whether this estimation is high or low is hard to say. It cannot be said for certain how many practitioners of sexual asphyxia there are, who they are, or how often they use this form of sexual deviance. Perhaps most importantly, it cannot be said for certain how often sexual asphyxia results in death.

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