

Breath Control, Jay Wiseman (1992)

Choking, suffocation, and other forms of “breath control” are sometimes played with. Among other things, the first symptom of oxygen deprivation is often euphoria. Also, the idea of this degree of control can be compelling. One submissive woman gasped with wonder (and delight) when she considered that her master might “control the very air I breathe.” Unfortunately, this area is the single most dangerous aspect of SM-related play.

After a great deal of investigation, consideration, and discussing this subject with people who have much more medical knowledge than I have, I have been completely unable to learn any way to make breath control acceptably safe. Furthermore, the overwhelming majority of SM-related fatalities I have heard of were related somehow to restricting breathing.

The whole problem lies in determining how much is enough. Often you don’t know that until you’ve gone too far. It’s similar to the old mechanic’s joke that goes: Question: How tight should I tighten this bolt? Answer: Tighten it to a quarter-turn before it strips.

The goal of some forms of breath play seems to be to render the submissive unconscious and then revive them. Unfortunately, one major problem is that the means to render the submissive unconscious by interfering with the amount of oxygen to their brain also, and unknown by many people who try this, affects the submissive’s heart.

People usually appear to tolerate this well, but if there’s a mishap – they die. Another serious problem is that every episode of unconsciousness, for whatever reason, seems to cause at least some permanent (repeat: permanent) brain damage.

There just simply seems to be no safe way to play in this area. Police “judo chokes” designed to cause unconsciousness harmlessly have been banned by many police departments because these holds caused deaths in many cases – and sometimes the death occurred hours after the choke was applied. “Experts” at breath-control-related erotic play have died because their “fail-safe” devices failed. Even “apparently safe” practices such as ordering the submissive to hold their own breath or ordering them to hyperventilate can be far, far riskier than they seem to be.

“Auto-erotic asphyxiation” masturbation games cause large numbers of fatalities in otherwise entirely healthy people each year. I was once involved in a resuscitation attempt on such a case during my ambulance days. I still clearly remember my partner, myself, the cops, the fire department, and the hospital emergency room crew doing the absolute best CPR we could on a young teenage boy while his mother yelled and screamed and prayed frantically to God to please, please, please not take her boy. (We got his heart going again, but he died the next day.)

I have researched this area a great deal, and I find no safe way to play. That saddens me because I don’t like to think that anything is so intrinsically dangerous that it shouldn’t ever be done, but it certainly seems true in this particular case. I have listened to several “experts” and I’ve found truly alarming flaws in their reasoning and deficits in their knowledge. I have read literature associated with breath control play, and it also scares me. Stay away from this stuff.

Footnote: Because I hate to say that any erotic practice is so dangerous that it should never be done, I’m willing to listen to further advocates of breath control play. However, I’ve listened to some and so far they have not only failed to impress me – they have appalled me.

You can write to me about how you think breath control play can be done safely if you want, but if you don’t have a clear, detailed understanding of arterial blood gasses, PVCs, the vagus nerve, asystole, syncope, acetylcholine, hypocarbia, tetany, ventricular fibrillation, and related subjects then you have absolutely no business telling anybody anything about breath control play other than to stay away from it.