Autoerotic Asphyxiation: The Killer Cocktail of Taboos

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Autoerotic Asphyxia: The Killer Cocktail of Taboos

By Haley Powell

Part 1: A Historical Look at the Evolution of Rhetoric Surrounding Autoerotic Asphyxiation
Because of self-censorship, tabooed topics lack open discussion and accurate information. Without these two tools, irrational views cannot be changed. By protecting irrational views, taboos hinder progress towards greater happiness.

-Robert Arthur, You Will Die

Autoerotic asphyxiation is a highly infamous practice that paradoxically, very few ever talk about. This anomaly in communication can only be explained by taboos and the affect they have on individual actions and information dissemination. The act of autoerotic asphyxiation is more profoundly tabooed than other sexual actions due to the fact that it is comprised of several intensely tabooed subjects, which make AEA that much more shocking and condemned. AEA itself is a complex act and must be understood in order to cognize why its nature is so frowned upon. This understanding also stems from a knowledge of the origins and history of AEA. The autoerotic asphyxia taboo has been able to survive hundreds of years due to how taboos themselves work and how they are communicated, which for AEA happens through the communication of its component taboos. Each of these taboos- sex, masturbation, pornography, masochism, transvestism, death, and suicide- have their own individual communication/reinforcement, which has a unique affect upon the tabooed view of autoerotic asphyxia. This amalgamation of taboos creates unique consequences for the overarching AEA taboo which affects the individuals and societies that hold this anathema. In order to fully dissect why autoerotic asphyxia is such a forbidden subject, understanding of the fundamental taboos behind it, and their effects, are key.

The discussion of autoerotic asphyxiation (AEA) has occurred in a multitude of ways throughout the history of humanity, ranging in terms from godliness to blasphemy. Towards the end of the twentieth century, consideration of the act morphed from passive on-look to an active attempt at understanding. While examination of AEA is largely confined to forensic literature,
the ensuing rhetoric has shaped the understanding of the process itself as well as the view of the people who perform it. This dialogue has played a massive role in the reinforcement of the taboo nature of AEA and its inherent component mechanisms.

Emphasis within this analysis focuses on taboos because of their innate and often unrecognized power. Taboos are within every culture, at every level of society, all over the world, and they inherently impede individuals from performing actions, or performing them openly. Taboos can even go so far as to affect thought and discussion, influencing how individuals think about and view their world. The most insidious aspect of taboos is that they serve to compound each other. One tabooed act, such as picking one’s nose in public or defecating in the street is bad enough. Combining the two acts, picking one’s nose while defecating in the street is somehow so much worse to the imagination. That compounding factor, combined with the raw power and influence taboos have on an individual’s view of aspects of life is why autoerotic asphyxiation, and its discussion, has such a palpable effect on societies across the globe.

**Defining Autoerotic Asphyxiation**

As a solitary, individual sexual act not bound to one country or region, autoerotic asphyxia evades easy definition and complicates analysis. Accordingly, forensic and psychological professionals from around the world disagree on which specific circumstances are necessary to determine if a death can be categorized as AEA, rather than murder or suicide. Notably, however, the majority of information available about this practice “has been accrued by forensic experts observing death scenes.” The fact that forensics is the majority source of

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knowledge for the subject is telling. Autoerotic asphyxiation is not common in most parlances around the world and is largely left to the unspoken, unacknowledged shadows of human behavior until death shines a light on it. This gives AEA a very close relationship with death and its taboo, inextricably linking the two in terms of discussion and understanding. Fortifying its relationship with death, information about AEA has only grown over time through the meticulous reconstruction of death scenes at which suicide did not quite fit the circumstances. This bond has only more recently been upset by the confessions of living practitioners to psychiatric/psychological professionals in efforts to prevent death. At its most basal level, AEA “involv(es) sexual arousal by oxygen deprivation obtained by means of chest compression, noose, ligature, plastic bag, mask, or chemical.”\(^3\) The subsequent lack of oxygen to the brain can cause “increased carbon dioxide retention that (is) described…to result in light-headedness, disinhibition, exhilaration, and giddiness that reinforce masturbatory pleasure.”\(^4\) AEA is not as simple as oxygen deprivation, however, as this act can lead to “accidental deaths… in which some type of apparatus that was used to enhance the sexual stimulation of the deceased caused unintentional death.”\(^5\) This inherent sexual component adds another broad and damning level of taboo, whose unspoken repercussions act as motivating factors for living practitioners to avoid discussion of it. This struggle between the connotations of death and sex is what makes the taboo of AEA so formidable.

Due to the uncertainty surrounding most AEA fatalities, forensic pathologists have established basic parameters to assist in distinguishing AEA from other causes of death. The first

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\(^4\) Martz, “Behavioral Treatment,” p.236.

of the five criteria that form the basis for ruling a death as an AEA event is “evidence of a physiological mechanism for obtaining or enhancing sexual arousal and dependent on either a self-rescue mechanism or the victim’s judgement to discontinue its effect.” Further criteria include evidence of solitary sexual stimulation, presence or other evidence of sexual materials, such as “fantasy aids,” and “evidence of prior dangerous autoerotic practice.” Finally, AEA is only considered as a cause of death if the deceased had “no apparent suicidal intent.” In addition, AEA forensic scenes can also include “a secluded or isolated location; bondage; sexual masochistic behavior; victim occasionally dressed in female clothing;…sexual paraphernalia such as vibrators, dildos,…; (and) items such as mirrors.” These criteria are by no means exclusive and death scenes can vary widely, ranging in complexity required for the execution of this sexual act.

The variation in included elements has dominated the perception of AEA in both the forensic and greater public communities through the tabooed nature of its possible components. Of course, scenes of AEA fatalities do not always meet all of the above criteria or include all possible aspects. At the same time, however, forensic scientists have found a recurring theme of “sexual masochism… and transvestic fetishism” at a majority of them. Together, these characteristics are integral to attempting to more fully understand autoerotic asphyxia, particularly in relation to how deeply they affect the AEA taboo. Because accidental death results from a person’s sexual desire, the deceased become stigmatized; not only is the practitioner dead, but the death is a result of rampant, uncontrollable, even perhaps immoral

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sexual desire. To intensify the situation deaths often have undertones of abnormality from additional elements of transvestism, masochism, or both. As a result, AEA has a long history of being viewed as an intensely tabooed subject.

The Origins of a Taboo

The origins of this taboo are by no means recent, nor are they explicit. While the practice of using hypoxia to stimulate sexual activity is ancient, evidence of this taboo in Judeo-Christian societies does not appear until the Middle Ages. In Medieval Europe for example, the associated taboos of sex and death accompanied the physiological consequences of asphyxiation, “(as) terminal erection and ejaculation were known to occur during executions by hanging.” Suggesting such spectacles were considered more egregious than the mere extermination of a life, executioners “were reputed to take special measures to screen this phenomenon from onlookers to avoid offending their delicate sensibilities.” This evidence of Judeo-Christian disapproval of the crossover between death and sexual pleasure exemplifies the additional force taboos exert in religiously-based societies and serves as a possible birthing ground for the modern day AEA taboo.

Though the taboo of AEA was thereafter well established, the forbidden nature of the act did not eliminate its practice and only served to push it behind closed doors. Autoerotic practice morphed from a hangman’s burden in Medieval times to a common “treatment for impotence in brothels in… 17th century (Europe).” This association cast AEA as a last-ditch effort to obtain

erection which could only be acceptable in the paid anonymity of a brothel. This invisibility is symptomatic of the taboo and is a key moment in the establishment of the overarching AEA taboo. This recurring theme of the taboo nature of sex and the degrees of stigma surrounding its various methods of attainment serves as a formidable example of the power and sway taboos have over human decisions and functions.

**Communicating the Taboo**

Since the Middle Ages autoeroticism in Judeo-Christian societies has been associated closely with death and sin, something that has marked connotations of sexual shame and abnormality that have to be concealed from public view and discourse. These negative connotations have survived and continue to be reinforced because of the nature of taboo and the ways it is communicated. A taboo is something that “a culture prevents its people from discussing freely,…(or) a thing or action (that is) suppressed.”15 They are forbiddances that “excludes something from use…approach in space and time… or mention/talk. The action/activity, object…people, place or word are, thus, protected by such a prohibition resulting from emotional aversion…, religion, or social custom.”16 This prohibition is reinforced by the culture by “subtly (teaching the population) from birth that the prevailing view on the subject is natural, unquestionable, and correct.”17 This ingraining, bolstering mechanism is responsible for the persistence of a taboo within a society over many generations.

As taboos are a product of societies, their buttressing and perpetuation is often taught through societal interactions such as punishment, reward, incentive, etc for performing or not

17 Arthur, You Will Die, p.4.
performing the tabooed act. The strength of the taboo hinges on the number of people that adhere to it, and is only strong so long as a large part of the society does not feel the need to deviate from it. The “deviates” of the AEA taboo are those who are discovered to be engaging in sexual activity and thought in an “abnormal” matter, making their act abhorred and reprehensible. It is the discovery, the aspect of being found and seen by someone else, that gives this particular taboo legs and allows it to propagate. The ensuing aspect of shame, combined with the degree of “aberration” is what makes the act of AEA so tabooed.

The ways in which a society communicates and reinforces its taboos are varied. In the case of Judeo-Christian societies, literature plays an integral role in the communication and reinforcement of the taboo surrounding AEA. For example, the infamous novel by the Marquis de Sade entitled Justine, alongside “the writings of Joyce, Beckett, and Burroughs,” all discussed and popularized autoerotic asphyxia as something risqué and naughtily exciting. The timeless nature of literature, combined with the specific lenses through which these authors portrayed AEA have significantly shaped the way it was/is perceived. Justine is a perfect example of this point. Its author, the Marquis de Sade, wrote the work (which has also come to be known as the “Misfortunes of Virtue”) during one of his many imprisonments for a range of “sexual deviances” and “outrage to the country’s morals”) in late eighteenth century France. His work thematically represented “the fundamental relationship between human beings (as being one of) violence and cruelty,” using sexual exploitation, prostitution, sadomasochism, and, of course, AEA to exemplify that point. The generally shocking, perverse, and violent nature of the

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21 Gonzalez-Crussi, “The Dangerous Marquis de Sade.”
interactions within his novel had the Marquis exiled by Napoleon, after he sent the emperor an autographed copy, to an insane asylum for the rest of his life. Sade and his novel are remembered, and still discussed today, in terms of cruelty and depravity aka sadism, with AEA being a fundamental component of both of those. This association with sadism, undoubtedly, owes some of its origin to the Marquis’ infamous behavior during his lifetime which birthed the term “sadism”. This representation has been one of countless factors that has given AEA the particular reputation and subsequent taboos that have morphed ideas of autoerotic asphyxiation into what it is today.

Movies and television have also substantially influenced views of AEA. Indeed, the practice has appeared on “several widely distributed films such as The Ruling Class, as well as World’s Greatest Dad. It has also been the subject of episodes on popular television comedies such as Hulu’s Deadbeat and Comedy Central’s South Park. In all of these productions, AEA is something that is depicted as shameful, clandestine, and embarrassing. Specifically, in South Park on an episode entitled “Sexual Healing” which focuses on the “sudden epidemic” of sexual addiction, the character Kenny is told by a doctor after failing a “sex addict test” that “your addiction will start off slowly-magazines, internet sites-but then as you keep chasing your high your tastes will get more and more… dangerous. Most likely you end up going the way of David Carradine and Michael Hutchence-autoerotic asphyxiation.” Kenny, intrigued by this unheard of act, asks what it is. The doctor replies, “you choke yourself with a belt around your neck while masturbating dressed up like Batman or something, then you pass out from lack of air and apparently it makes your orgasm super awesome.”

22 Gonzalez-Crussi, “The Dangerous Marquis de Sade.”
23 Byard, “Autoerotic Death,” p.72
24 “Sexual Healing,” South Park, season 14, episode 1, Comedy Central, March 17, 2010. Hulu.
25 “Sexual Healing.”
Kenny’s journey within the episode ends being found by his mother in the scenario the doctor described; in a Batman costume with a belt tied around his neck, hanging from a doorknob with his hand down his pants. This imagery is important because it communicates several points that are incorrectly attributed to the act of AEA. While its mention of the process of oxygen deprivation is an accurate possible scenario, its emphasis on costuming is misplaced and its description of the end result of AEA is completely incorrect. Loss of consciousness is not the goal and the episode fails to mention anything about a self-rescue mechanism or at the very least the desire not to die. While an attempt at comedy, (the fact that AEA can be considered comical also has its own telling implications) this particular representation of AEA gets some key things wrong and serves to miscommunicate information about the act to the general public.

The same issues can be seen in Hulu’s Deadbeat. In this show, the main characters “Pac”, a medium, and his friend Clyde are asked by the ghost of “DJ Skilitz” to help “clean up a mess.” Pac and Clyde go to the ghost’s apartment, and find the DJ hanging in his closet with his hand inside of his underwear and pornography spread across the bed. Their following conversation encapsulates the AEA taboo perfectly.

Clyde: “What the holy fuck?!”
DJ: “See? That’s the reaction. That’s the reaction everybody has when you die jacking off.”
Pac: “Wait this is a jacking off accident? This is a jack-xident?”
DJ: “Look it doesn’t matter now. Let’s just clean this place up so this is not how I’m remembered.”

After Clyde and Pac move the DJ’s body into his bathroom, they tell the DJ, “this is as far as we take you buddy. Elvis fucking Presley died on the toilet, so this, this is how you want to be

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remembered. Ya know what I mean?” The DJ replies, “I guess it is better than autoerotic asphyxiation.”  

This representation, while still aiming at comedy, is more accurate and perfectly details the taboos that subconsciously enact on people’s perception of the act. The idea that the DJ would reach out “from beyond the grave” in order to make sure that no one found his body in that position emphasizes the shame component associated with AEA. The subsequent reactions of Pac and Clyde and the determination that dying on the toilet is somehow better and less embarrassing than autoerotic asphyxiation also highlight just how effective and forceful taboos are on the thoughts and actions of the people that hold them.

In both South Park and Deadbeat, autoerotic asphyxia is depicted as a bizarre, embarrassing act only conducted by the strange outliers of society. These scenarios are important to the comprehension of the AEA taboo because they serve as its reinforcement mechanism. Both of these productions are widely acceptable and reach a very large audience, and when they depict AEA in this fashion, the act continues to be something that is mocked, misunderstood, and criticized.

The Forensics of AEA

Not confined to popular literature and media, the connotations of abnormality associated with AEA also appear in the language of professionals who seek to understand it on a scientific basis. According to the American Psychiatric Association’s definition, AEA is, at its most basal level, an “atypical sexual interest.” Similarly, among forensic scientists, AEA has also been

27 “Weeknight at Skilitz.”
commonly described as “deviant according to societal norms, falling at the outer limits of the sexual behavior continuum, (leading) to the stigmatization of the exposed practitioner.” 29 Such language is tainted with terms of disorder and abnormality instead of unbiased professionalism, an attitude that has persisted throughout the last fifty years of forensic diagnostic rhetoric. Significantly, however, such language, while effective at communicating negative views, does not establish the reasons for such negativity. Instead, it serves only to reinforce the adverse views created by the comprising taboos behind autoerotic asphyxiation.

Autoerotic asphyxiation was recognized in the US as early as the 1950’s, but became a popular issue of discussion amongst forensic forums in the 1970’s. This increased attention was inseparable from the aspiration, apparent since the recognition of AEA, to ensure the proper classification of death and the desire to separate “self-inflicted asphyxial deaths…from the usual suicides.” 30 While the most commonly reported trend of asphyxial death was that of hanging, more and more cases with other implements, such as plastic bags and rubber sheets, emerged as a cause of death. To describe such fatalities, forensic scientists used the term “sexual asphyxias.” 31 Yet, even as the discussion of the topic increased, the majority of cases described at this time reveal a general undertone of surprise and lack of understanding. Many instances are reported as case studies and little if no analysis, other than to highlight the field’s lack of knowledge is put forth. 32 This method of analysis, while serving to promote a wider recognition of this possible cause of death in practitioners, only demonstrated the influence taboos exerted on the forensic science community and its attempts at knowing more about these causes of death.

This decade also witnessed a shift away from the assumption that AEA was something performed only by males. Prior to 1971, “the annals of forensic literature (had made) almost no reference to accidental asphyxiation or strangulation during abnormal or aberrant sexual activity by the female.” 33 This absence of female cases up to that point had led many to construe AEA as a “syndrome… related to phallic anxiety concerns.”34 In that year, however, the Chief Medical Examiner of Virginia reported the first confirmed case of female autoerotic asphyxiation by a 19-year old girl whose sexual outfit had a malfunction which resulted in strangulation.35 Four years later in 1975, another case was reported, this time involving a thirty-four year old single mother found in a closet, attached by the neck to an elaborate hanging mechanism with a running vibrator clutched between her thighs. This case in particular highlighted to many just how much was unknown about AEA or the motivation to perform it.36 This trend manages to persist into the future, always leaving the impression that AEA is something that can never be fully understood.

The 1980s saw the involvement of the Behavioral Science Unit of the FBI in the study of AEA. While the initial motivation of this involvement is unclear, the self-proclaimed mission of this unit is “about better understanding criminals and terrorists-who they are, how they think, why they do what they do-as a means to help solve crimes and prevent attacks.”37 While that wording seems to imply a vilification of AEA practitioners, the long-running analysis of fatality reports from this institution served to sky-rocket the forensic understanding of AEA forward in a way that may not have otherwise been possible through its centralized body and ability to

acquire death reports on a mass scale. This organization also conducted a plethora of interviews with “families and associates of victim, investigating officers, medical examiners, and other researchers in this area,” an effort that had previously been largely disregarded. Although major efforts to increase understanding amongst professionals in the forensic field had already been actively going on for over a decade at this point, potential victims, their families, and the public were still largely left in the dark.

This lack of awareness had definite implications. An article in the New York Times in 1984 entitled “‘Autoerotic Death’ of Youths Causes Widening Concern,” demonstrated how the lack of public discussion of the subject furthered its secrecy and limited acknowledgement of its dangerous nature. This piece cited how the “use by teen-age boys and others” of AEA is “‘history’s best kept secret,” highlighting how the taboo essence of the subject contributed to its fatal nature. The article also discussed how unwilling people were to converse about AEA and its dangers, using the experience of an Ohio mother who told the paper:

We have been caught in a skein of cover up. It’s time to bring this horrendous conspiracy of silence to an end. Adolescents and others should be warned of the dangers of this practice and parents should know how to detect the warning signs…Yes, I saw all the signs and yes, I and my husband ignored them because we had never head of adolescent sexual asphyxia… After our son died, we called his school to tell them what really happened. We begged them to warn other students, but nothing was ever done. And the next year another boy in the school died in exactly the same way.

This mother’s words are damning and demonstrate just how much the taboo influences communication about and understanding of AEA. Phrases like “skein of cover up” and “conspiracy of silence” show how the taboo acts through communication, or in this case, lack

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41 Brody, “‘Autoerotic Death’”, sec. C1, C3.
thereof. This woman even tried to break the taboo by communicating with the school and urging them to discuss this topic with their students in order to prevent further deaths, and the school ignored her. An institution that is supposed to educate youth and ready them for the future succumbed to the forces of the taboo and preferred comfortable silence over uncomfortable discussion, resulting in further preventable deaths. This scenario exposes the pervasive and influential nature of taboos and what their effects can be.

As the *Times* article suggests, mainstream news media began giving AEA much more attention in the 1980’s. One year after that mother’s warning to the world about AEA was published, the *Washington Post* also published a major article, “‘No Intention of Killing Themselves’: Autoerotic Asphyxiation, or ‘Scarfing,’ May Be a Symptom of Society’s Sexual Uneasiness.” This piece follows a unique twenty-two year old living practitioner of AEA who spoke openly with his physician about his practices. Significantly, unlike the *Times* article, this exposé highlights possible roots of the practice as “symptomatic of society’s inability to recognize and discuss the healthy sexual development of children.”

A professor of medical psychology at Johns Hopkins University, also interviewed in the article, notes that possible explanations for the practice are multifaceted: “Perhaps the depletion of oxygen to the brain somehow enhances the feeling of erection in the brain…However it is an important point that these people are often punishing themselves for committing what they perceive to be a sexual sin. The punishment is supposed to stop at the last moment. They have no intention of killing themselves.” This article was revolutionary in terms of discussion of AEA. Not only is the subject of the article a living practitioner, which was relatively unheard of up to this point, but

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43 Seigenthaler, “No Intention of Killing Themselves.”
the analysis of AEA within this piece recognizes and underlines the effect taboos have on societies. The idea that the lack of dialogue about sex and its role in life is a crucial contributing factor to the development of AEA practice is extremely important and a major moment of clarity. The added significance of AEA possibly being a self-punishment mechanism for “abnormal” sexual desires highlights why this clarity is necessary. Whether the recognition of the effects of the taboo were ever used to make constructive changes to Judeo-Christian society’s views and discussion of sex is unknown. The persistence of the taboo into the modern day seems to provide an answer to that question.

Concurrent with this increased attention in mainstream media, AEA also garnered the categorization of “paraphilia,” which the Washington Post article explains is “a type of sexual deviation… that can develop ‘when adults punish or shame their children engaged in normal sexual play.’”44 This explanation marks the first major public recognition and discussion of the unspoken issues feeding the taboo and enabling its perpetuation; that sexual desire, its normalcy as a biological initiative, and its variability of forms and subject matter, should be openly discussed without negative branding or connotation. Yet, despite its groundbreaking potential influence, the article’s effects proved limited, especially in continued references to AEA as “abnormal.”

The 1990s largely followed the same path as that of the 70s, focusing on the definition of AEA and stressing the differences in crime scene investigation necessary to separate AEA from suicide. The catalog of possible items/injuries to be found at the site of an AEA-related death grew during this time, largely due to the increased breadth of examples and analysis facilitated by the FBI in the 80s. Whereas in the 70s, the literature discussed hanging, plastic bags, and mild

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44 Seigenthaler, “No Intention of Killing Themselves.”
transvestitism as the primary criteria for distinguishing between AEA and other causes of death, literature from the 90s noted significant increases in both masochistic and transvestic overtones at AEA death scenes. This included “placing ligatures and metal washers around the genitals,…burning with cigarettes,” and “complete dressing in female clothes.” In addition, the presence of mirrors or cameras for “self-observation” gained increased focus within the literature, although it is unclear if this was a newer trend or if these accoutrements had been simply overlooked in the previous decades.

This ten-year period also marked a newfound emphasis on reviews of previous literature and medical treatments. In part, this change is likely attributable to the newer, large-scale availability of comprehensive information enabled by formal investigations in the 1980s. It also illustrates the relative increase, during the mid to late nineties, of more open discourse about AEA, both from those who practiced it and those who sought help from medical professionals to prevent eventual mortality. At the same time, however, medical treatment recommendations at this time often counteracted this very openness, as psychiatric literature categorized AEA as “deviant” and recommended “behavioral treatment initially, then the use of drugs that reduce sex drive and if this fails, orchidectomy could be considered as a last resort.” This behavioral treatment could consist of “covert sensitization,” a form of aversion therapy, or “coping mechanisms.” Recommended drugs were of the anti-androgenic or neuroleptic variety, the first

a testosterone-blocker and the second antipsychotics, both giving the possibility of a “reduc(tion of) the intensity of the sex drive.”50 The final option, an orchidectomy, would be the ultimate reduction of the sex drive through the removal of one or both testicles. Once again, there is a sexist emphasis on AEA being a primarily male-conducted act. More disturbingly, however, is the belief held by this community that mind-altering drugs or surgical procedures are necessary for the remediation of AEA practice; as if “abnormal” sexual desires or practices need to be cured. These medical solutions only served to stigmatize and vilify practitioners as faulty machines that needed to be mechanically corrected instead of addressing the possible root causes of the behavior. This community of professionals, burdened with the responsibility of ensuring the mental and physical health of their patients, have let themselves succumb to the taboos plaguing the people they are supposed to be helping. Instead of recognizing and correcting that taboos influence over them, they have allowed themselves to become major reinforcement mechanisms, “curing” people and communicating with each other in a manner that only serves to exacerbate the taboo’s effects. This turn in AEA’s history is a dark one, largely overriding the recognition, analysis, and attempts at understanding conducted by the previous four decades.

This minimal focus on living practitioners of AEA continued in the following decades. More attention is given to AEA fatalities than to evaluating people who engage in it, although there is a slowing growing effort to understand the impetus for self-asphyxiation and its physiological effects. All in all, however, there has been nothing really innovative or ground-breaking within the literature during the last twenty years. Thus, while the history of autoerotic asphyxiation study has definitely progressed over the last fifty years, research and discourse into AEA – including study of living practitioners, public discourse, death scene distinctions, and

general understanding of AEA overall – is certainly dated. This is undoubtedly in large part a consequence of the power of taboos, which have undeniable effects on the public as well as forensic experts. The power that these concepts exert on an entire society’s perception and understanding of something is truly remarkable.
Part 2: The Effects of Taboos on Individual Sexual Acts
There is an instability at the very heart of sex and bodies, the fact that the body is what it is capable of doing, and what any body is capable of doing is well beyond the tolerance of any culture.

-Grosz, *Space, Time and Perversion: Essays on the Politics of Bodies*

Sexual desire and its gratification are the primary foundations for the practice of autoerotic asphyxiation. Moreover, they bring their own host of taboos that affect the perception of AEA, particularly within Judeo-Christian societies which view sexual desire as something that “is not necessary to a person’s well-being.”

This framework has a long history in Christianity especially, and was largely fueled by the “ruthless (Catholic) Inquisition (which) helped transform rational and natural sexual attitudes into those filled with anxiety and guilt.”

The deeply-rooted history of sexual taboos within this society has only served to intensify the hold they have over their constituents through reinforcement over successive generations.

The shift in mindset by this society from acceptable to abominable was spurred by fear of disunification. In a time of radical ideas and uprising of peoples, the “origin and maintenance of these taboos… (arose because) these forms of behavior have been perceived by religious and military leaders as a threat to crucial social boundaries.”

These leaders specifically “sought to punish…sexual deviants both as a means of reinforcing the distinctive identity of a group by emphasizing its boundaries and as a means of maintaining the boundaries.” While the definitive change in perspective for Judeo-Christian society gained steam after the Inquisition, the presence of negative sexual attitudes extends much further back “within Judeo-Christian tradition, on

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which European and American culture is based… to… the Old Testament.”\textsuperscript{54} The discussion of
these taboos within this sacred text served to establish the fundamental structure of the core
taboos and acted as a reminder that the “separation of categories… (and) keeping apart of like
and unlike is an everyday reminder of God’s setting apart of the Jews… from the heathen.”\textsuperscript{55} In
the case of sex and sexual acts, these fierce boundaries served to distinguish the “normal” from
the “abnormal”, which more easily allowed for the society to single out the individuals who
posed a threat to their cohesion and sanctity. These dogmas were later absorbed by Christianity
since “Christian asceticism ensured that the fierce Jewish sexual taboos whose purpose had been
the defense of the boundaries and integrity of the Jewish people were fossilized, preserved, and
incorporated into Christian doctrine.”\textsuperscript{56} The perpetuation of these taboos by Judeo-Christian
society throughout time have continued to “maintain and reinforce the boundaries of the group
and enable it to retain its distinctive identity under adverse circumstances.”\textsuperscript{57}

Religion has been the predominate factor towards the negative views of sex in American
culture, perpetuating the idea that children and young adults can be “over-sexually stimulated,”
leading them to become “promiscuous as adults.”\textsuperscript{58} Sex education within the U.S. has often been
created with the focus of “limit(ing) and curtail(ing) young people’s sexual thoughts, practices
and desires rather than expand their imaginative repertoires.”\textsuperscript{59} Such ideas, based on underlying
fears and misunderstandings, in turn influence society to deny the natural development of
sexuality, as well as thorough education about it. This suppression of sexual knowledge is readily
apparent in the plethora of “abstinence-only-until-marriage” classrooms within the United

\textsuperscript{54} Davies, “Sexual Taboos and Social Boundaries,” p. 1033.
\textsuperscript{55} Davies, “Sexual Taboos and Social Boundaries,” p. 1034.
\textsuperscript{56} Davies, “Sexual Taboos and Social Boundaries,” p. 1041.
\textsuperscript{57} Davies, “Sexual Taboos and Social Boundaries,” p. 1033.
\textsuperscript{58} Arthur, \textit{You Will Die}, p. 73.
States. The influence of this form of education, or lack thereof, “creates an impenetrable wall between youth and adults, reducing the likelihood that conversations will occur between young people and educators, health-care practitioners and youth workers. The loss of these conversations puts young people’s health at risk.” States like Alabama have educational codes that “emphasize [that] abstinence from sexual intercourse is the only completely effective protection against unwanted pregnancy, sexually transmitted diseases, and…AIDS,” yet the young citizenry has “sex at higher rates than the national average.” This refusal to communicate with other people, especially youth, about sexual health and practices creates a situation in which cultural norms, in this case the denial of sex and sex taboos, are potentially the only source of information and sole extent to which sex is discussed.

As previously stated, communication, in all aspects of society, is essential to the propagation of taboos; this is no different when it comes to sex. The negative views of sex and its discussion extends past the classroom and into general communication, fueling various forms of censorship and making “detailed sex talk… an inappropriate topic for conversation outside of close friends.” In the United States, “sex must be sensitively discussed over the airwaves from six a.m. to ten p.m. Indecent discussion of (sex)...during these hours… can result in the federal government imposing a fine or even revoking a station’s license.” Judeo-Christian influence is felt here, too, as “Hollywood studios adopted the Production Code, written in collaboration with Catholics, in 1930,” for the purposes of censorship of “indecent” sexual material due to

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63 Arthur, You Will Die, p. 79.
64 Arthur, You Will Die, pp. 82-83.
“Catholic control in the film industry from 1934 until the mid-1960s.”65 While blanket censorship in the film industry later collapsed, it was replaced by a modified production code which allowed for “edited films with the advertisement ‘suggested for Mature Audiences’” for any movie that had sexual themes.66 This process eventually morphed into the modern rating system, which was established based upon the type of content, especially sexual content, in order to inform parents about the type of content exhibited.67 All of this points to how prohibited sexuality, and communication about it, are to the general public. The idea that a whole regulatory commission was created based, in part, on sexual content and its display is a powerful reminder of the force taboos exert over their societies.

Sex, while being a generally tabooed topic, has a fascinating sexual/gender bias which is also present in its communication. While female nudity within films is generally accepted, and frequently portrayed, male nudity below the waist is extremely uncommon. Women are also commonly portrayed in sexual scenarios with both men and other women, whereas men are usually shown in heteronormative encounters. The ideas portrayed within these forms of media are reflections of societal ideas about what is acceptable and unacceptable, in terms of sex, for each of the sexes.

Women in particular are usually socially reprimanded for promiscuous behavior, wherein “previously all women who had sex with someone besides their husband[s] (were) condemned.”68 Though women are now allowed more sexual freedom, “females who have sex with too many partners are still called sluts and whores, whereas their male counterparts are

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68 Arthur, *You Will Die*, p. 84.
called studs.” 69 This hypocritical dichotomous outlook extends into academic discussion as well, where “some research frames hooking up as bad for women… others, however, argue that hookups may offer women an outlet for sexual agency outside of time-consuming relationships.” 70 The idea that a sexual encounter would be “good” for one sex and “bad” for another, in itself, is absolutely absurd. There is no basis, other than some exaggerated perception of a difference in character and constitution based upon genitalia, for the distinction between the sexual habits, tendencies, and/or capabilities of men and women, yet it persists. This irrational persistence is the lovechild of Judeo-Christian sexual taboos.

Overall, the sexual “line in the sand” drawn between youth and adult, men and women, occurs because of the taboos surrounding sex, and serves to continually reinforce them. This reinforcement, throughout time, forms an unbreakable foundation upon which other taboos are able to grow and thrive. Sex taboos are the root and perhaps the most insidious and pervasive aspect of the overarching AEA taboo.

**Masturbation and AEA**

Masturbation, while closely linked to intercourse, has a different connotation than simple fornication and builds upon its underlying taboos. Though masturbation may seem like a harmless, private act that has no effect on other people, it is often treated as somehow more shameful than intercourse, even branded as a “deviant sex (act),” forcing many men and women to feel shame for self-pleasure. 71 The historical roots of these pseudo-scientific negative connotations about masturbation are relatively recent, springing forward from post-

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69 Arthur, *You Will Die*, p. 84.
Enlightenment views as “a sin of the flesh, a sexual pleasure and a moral problem.”

Though these adverse views have arisen later in the timeline of taboos surrounding sexual practice, their influence and dominance is inescapable.

Masturbation taboos have gone so far as to include physical alteration in order to prevent self-stimulating urges. Post-Enlightenment, circumcision and castration were both used as Judeo-Christian deterrents for masturbation in young boys and girls who “persisted in the habit.” This aversion towards a natural behavior morphed into a full on aggressive campaign, labeling the act of masturbation as a cause for insanity and spurring wide-spread medical procedures such as “cauterization of the urethra with silver nitrate…infibulation…and severing of the dorsal nerve of the penis in males; and clitoridectomy and ovariotomy in females.” Females underwent a special scrutiny when it came to masturbation as “when women behaved outside of their normality-by masturbating or by not responding to their husband’s embrace-their sexual instinct was seen as impaired or disordered,” and sexual “normalcy” was only believed to occur within the “marital embrace.” The idea that natural sexual tendencies could not and should not be explored by oneself, while no longer present at this level of severity within Judeo-Christian society, still persists. The notion, at any point in time, that an individual’s sexual self should be stymied, if not annihilated, because sex was meant solely for marriage highlights how much of an influence religion plays in societal taboo formation and the lengths to which societies will go to make sure the taboos are enforced.

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74 Darby, “The Masturbation Taboo,” p. 739
While surgical trends of the aforementioned severity are no longer commonly used as masturbatory deterrants, they demonstrate how seriously taboos can influence and affect societies. Shifts in significance to this taboo only changed through concurrent large-scale political and social changes, morphing from “(a signal of) serious moral degeneracy on the part of the person who indulged in it” by the middle of the nineteenth century, to “a means of reclaiming the self from the regulatory mechanisms of a patriarchal social order” at the end of the 1970s.\textsuperscript{76} This mini-evolution of masturbatory taboo is an important demonstrator of the cycles they can follow and distinctly reveals how taboos are created and either inflated or deflated by their progenitors. Whether being used as a tool for vilification or a political statement, masturbation has been a controversial subject wherein many generations of people has fallen prey to “‘moral high grounders’ who have sought to control this most intimate aspect of people’s lives.”\textsuperscript{77} Sex, whether with oneself or others, has historically been established as a shameful, sinful practice, reinforced by societal and religious initiatives. These taboos are consistently passed on by generations of individuals, raising their children the same way they were raised; to believe that sex and sexual urges of any sort are a selfish, dirty indulgence, not a natural process.

As a practice involving sex and masturbation, autoerotic asphyxiation inevitably absorbs the taboos of both. The shame and connotations of abnormality associated with masturbation in particular fuels individual reactions in some cases of AEA. Further, regardless of whether the practitioners of AEA feel shame or guilt, communication about the practice is still restricted to doctor-client privileged conversations and internet sites with personal invisibility. These feelings

\textsuperscript{76} Nolan, “Solitary Sex,” p. 25.
\textsuperscript{77} Nolan, “Solitary Sex,” p. 25.
and lack of communication are a direct result of the taboos surrounding sex and how they affect autoerotic asphyxia.

Several people who discuss their own practice of AEA with mental health professionals have identified the guilt and shame that they felt during masturbatory activity as the impetus for self-punishment. One such patient named John, who began AEA as a fourteen year old, described how he “(experiencing a) state of intense guilt,” after masturbation, “finally…began fixing a rope around his neck; his objective apparently was to hamper his state of consciousness to prevent full awareness of what he was doing.”\textsuperscript{78} The reporting psychiatrist goes on to say “it would seem that (John’s) feelings of guilt had led to a need to punish himself.”\textsuperscript{79} John’s lack of education about the natural processes of sex and the shame associated with his masturbation had to be remedied by his psychiatrist, who explained to him the “normal sexual functioning of the male.”\textsuperscript{80} This pervasive nature of shame, a fundamental component of the sexual/masturbatory taboos, is so effective that it has the capability of leading to self-harm. The consequences of that raw power are absolutely staggering. Something that does not exist in the physical world, and is not even openly communicated, still has the capability of leading people to a feeling of shame and disgrace, forceful enough to encourage the desire to reduce awareness. This cunning ability to color perceptions of an act is extremely omnipresent and commanding, serving as a lethal factor against understanding and acceptance.

Normative gendered expectations about sex and masturbation are also apparent in professional responses to AEA. Indeed, many psychiatric professionals previously believed that

\textsuperscript{79} Edmonson, “A Case of Sexual Asphyxia,” p. 438.
\textsuperscript{80} Edmonson, “A Case of Sexual Asphyxia,” p. 438.
“women never engage(d) in (autoerotic asphyxia).”\textsuperscript{81} The case of Sue, a twenty-two year old female college student, helped to dispel those notions, however. Like John, Sue internalized the taboos towards masturbation, which caused her to feel “guilt, disgust, and remorse for having succumbed to the behavior.”\textsuperscript{82} Her psychiatrist noted that “interestingly, origins of these negative emotions seemed to have resulted from the fact that Sue had always assumed that such asphyxiation was abnormal.”\textsuperscript{83} Once again, by allowing the unspoken taboo to influence attitudes about the act, both the community trying to understand and prevent asphyxiation and the actual practitioners themselves are detrimented. This aspect of a taboo’s essence is particularly effective, but is not the only force at play.

Not all practitioners of AEA share the same guilt about masturbation, but social taboos nevertheless restrict their ability to discuss this practice openly. This inhibition leaves them little options other than anonymous internet forums, such as Fetlife, where individuals can find communities comprised of similar people. On this site, users like “Strapples” can freely discuss how much he “love(s) a belt around (his) neck,” without shame about his practice.\textsuperscript{84} Anonymity, in this case, can be both beneficial and detrimental to the taboos that necessitate it. On one hand, individuals like “Strapples” can gain the support of a community that feels like he does, removing some of the power the taboo obtains through isolating its victims. On the other, anonymity can allow vehement upholders of the taboo to enact social retribution through aggression, or the uninformed and unwitting to spread misinformation. In the case of something like AEA, where lack of experience or full realization of the consequences can easily lead to

\textsuperscript{81} Edmondson, “A Case of Sexual Asphyxia,” p. 437.
\textsuperscript{82} Denise Martz, “Behavioral Treatment,” p. 238.
\textsuperscript{83} Martz, “Behavioral Treatment,” p. 238.
\textsuperscript{84} Strapples, March 23, 2016, \url{https://fetlife.com/groups/1106/group_posts/9040722}. 
death, misinformation can be an unfortunate predicate, which only serves to reinforce the AEA taboo.

**Pornography and AEA**

Pornography is also essential to the act of AEA and, being linked with masturbation, has a historic connotation of dirtiness that makes it especially taboo. A difficult concept to define with precision, pornography is generally understood as “the depiction of erotic behavior (as in pictures or writing) intended to cause sexual excitement.” As it is a tool for sexual stimulation, it absorbs the taboos towards sex and masturbation and “exists as a historical phenomenon because of the regulation and control of what can and cannot be said in relation to sexuality, and thrives on the belief that sex is naughty and dirty, that what is being purveyed is being distributed because it is illicit (emphasis in original).” Pornography has been a contentious subject for centuries, which is ironic when it is considered that it can be found “in, on, and around many corners,” throughout the web and the world. This widespread access to socially proscribed material is exemplative of the unnatural place societies are put in as the result of taboos. Sexual urges are involuntary, sexual material is widely abundant, and yet both are labelled as “dirty” and forbidden. This location “between a rock and a hard place” for Judeo-Christian societies is only further reinforced by the persistence of the pornography taboo.

The taboos around pornography depend on a strong sense of denial at best, and hypocrisy at worst. Although porn is “prevalent, with national surveys showing that at least a third of all

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87 Coughlin, “Representing the Forbidden,” p. 2144.
men admit to occasionally viewing it,” the public perception of political leaders engaging in the same practice often ends in their political suicide.\textsuperscript{88} Such was certainly the case for John Heidelmeier, who campaigned for president of his Chicago suburb in 2013. Heidelmeier’s private foray onto an “internet phone-sex site with his webcam” resulted in the public viewing of his face and genitals after the site posted pictures from its two-way video service.\textsuperscript{89} While images/video of people nude and/or performing sexual acts abounds on the internet, Heidelmeier’s pictures caused a local uproar and loss of political endorsements.\textsuperscript{90} His only political ally willing to comment on the experience noted how Heidelmeier was the best choice for the position but that “there’s no fighting that, and he’ll drop 15 points just for being stupid.”\textsuperscript{91} His experience exemplifies the power of the pornographic taboo, showing how someone can be successfully labeled as perverse and unqualified simply by linking him with using a highly accessible form of sexual media.

Pornography, being sexual in nature and highly accessible, is a common feature in the majority of autoerotic asphyxiation cases, and as such it is also a contributing factor to the immense power of the AEA taboo. The combined strength of these taboos is especially clear in instances when family members find AEA victims and remove pornographic material from the scene prior to notifying authorities. These interventions can mislead forensic examiners about cause of death and incorrect classifications of the death as a suicide.\textsuperscript{92} This exact scenario contributed to the wrong ruling of death for a 25-year old seminarian in Puerto Rico. While his death was initially ruled as a suicide, his case was reinvestigated after his body was sent to the

\textsuperscript{89} Mahr and Ruthhart, “Villa Park Scandal.”
\textsuperscript{90} Mahr and Ruthart, “Villa Park Scandal.”
\textsuperscript{91} Mahr and Ruthart, “Villa Park Scandal.”
country’s Institute of Forensic Sciences. The man was found hanging from the ceiling by his father who, after cutting him down and trying to revive him, later admitted to forensic investigators that he had “removed some pornographic pictures that were on the floor in front of the body,” before police arrived at the scene. The very idea that individuals contribute to the incorrect classification of a family member’s death and prefer the stigmatization of suicide over a death that involved masturbation and pornography is a clear testament to the influence that these sexual taboos have over people’s lives.

The aspect of evidence-removal from death scenes in AEA cases reveals the disturbing and terrifyingly compelling effects these taboos have on the overall AEA taboo. Being ashamed of the circumstances of death and masking the cause only serves to exacerbate the power of the taboo and obscure the true facets of death from society. Being ashamed of AEA, performing it in secret, unfortunately dying from it, and being found by another person who then disguises how the practitioner died only serves to perpetuate the vicious cycle of silence, shame, and suppression which is how the taboo persists. The reinforcement component of taboos is their survival mechanism and it is why discussion of their surreptitious and persevering life cycle must be had, especially when it comes to a subject like AEA where life and death are often literally in the balance.

**Masochism**

The overtones of filthiness and illicitness of pornographic media serves to intensify the “perverseness” of the act, especially when the pornographic material used by AEA practitioners transcends the areas of “normal sex” to include masochism, evidence of which is commonly

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found at AEA death scenes.\footnote{Blanchard and Hucker, “Age, Transvestism, Bondage,” p.371; Byard, “Autoerotic Death,” p. 72.} Masochism is defined as when the “preferred or exclusive mode of producing sexual excitement is to be humiliated, bound, beaten, or otherwise made to suffer.”\footnote{Richard B. Krueger, “The DSM Diagnostic Criteria for Sexual Masochism,” Archives of Sexual Behavior, (2010): 3.} Alongside the general taboos that follow sex, masochism uniquely upsets “common” gender roles, shifting the balance of power from the normative dichotomies of male/female and active/passive. Throughout “Western” history, masochism has been generally “viewed… as the natural sexuality of women, regarding its manifestation in men’s fantasies as aberrant, effeminate, and degenerate.”\footnote{Alison Moore, “Rethinking Gendered Perversion and Degeneration in Visions of Sadism and Masochism, 1886-1930,” Journal of the History of Sexuality, Vol. 18, No.1 (2009): 138-157, at p. 138.} As soon as a man becomes the passive recipient, he is often assumed to “pervert (his) normative masculinity by abdicating his penetrative agency and relocating his pleasure in bodily zones other than the penis.”\footnote{Moore, “Rethinking Gendered Perversion,” p. 138.} This voluntary transfer of power is viewed within Judeo-Christian societies as being “perverse” and “unnatural”, relegating masochistic practices to the shadows of societal practices.

To compound the upsetting of gender roles and expectations, masochism commonly involves bondage, which, “as a subculture of masochism,” involves the “use of materials or devices to physically or mentally restrain or humiliate oneself for erotic arousal.”\footnote{Hazelwood, Burgess, and Groth, “Death During Dangerous Autoerotic Practice,” p. 132.} Masochism thus not only thrives on humiliation and “non-normative behavior,” which totally upsets the status-quo aspect of taboos, but it challenges societally perceived gender roles as well. Related gender expectations emerge in “prevailing assumptions about women’s weaker sexual drive, making deeply aberrant perversions (like masochism) unlikely to occur in females.”\footnote{Moore, “Rethinking Gendered Perversion,” p. 139.} Taboos against masochism also present the idea of sexual extremism, where masochistic practices
represent the “dangers of excess even in the correct direction of normative gender roles.”

The idea that there can be an “excess” in the enforcement of perceived gender roles and that there is some unwritten code of law determining right and wrong for an act as mutable and individual as sexual arousal, demonstrates the power that the masochism taboo has.

The relationship between autoerotic asphyxiation and masochism is enshrined in the mental health profession, meaning that the taboos of each are also inseparable. The Diagnostic and Statistical Manual of Mental Disorders (DSM) distinguishes between eight types of paraphilia, “among them sexual masochism, under which autoerotic asphyxiation is discussed.”

The DSM is described as the “handbook used by health care professionals in the United States and much of the world as the authoritative guide to the diagnosis of mental disorders,” blanketing, with its inclusion, masochism and AEA in the stigma of mental invalidity. This stigma can have a robust influence on whoever it is applied to, as was evidenced by the previously-discussed lengths people would go to to “cure” masturbatory “insanity”. Categorizing both masochism and AEA as a “paraphilia” exacerbates that distinction, as a paraphilia is a “non-psychotic mental disorder where unusual or bizarre imagery or acts are necessary for sexual excitement. Such imagery or acts tend to be insistently and involuntarily repetitive.”

Now, in addition to being a “disorder”, the practices are considered by this medical community as “bizarre” and “involuntary”, combined with the fact that these phrases are describing sexual practices. By using this kind of terminology, the medical community has basically activated the

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“buzz words” associated with some of Judeo-Christian society’s deepest and oldest taboos, immediately closing the door to truly objective evaluation and understanding. This labelling severely cripples constructive dialogue, feeding and strengthening the force of the masochistic taboo and its effect on AEA’s taboo.

The connection between masochism and autoerotic asphyxiation, while linked by psychiatric categorization, is also clear in the statistics of AEA cases. Masochistic practices have been commonly witnessed at AEA death scenes, with “bondage… found in 51% of cases in one series and masochism in 12%.” Examples of masochism at AEA death scenes include “(objects) hav(ing) been found attached to victims’ genitals. Cigarette burns to the scrotum,…or pins piercing the nipples, wires inserted into the penis,…and cutting of the penis,” have also been witnessed.” In attempting to analyze the prevalence of bondage in AEA cases, psychiatric scientists have theorized that multiple “paraphilia(s)…might stem from some characteristic of the individual’s nervous system that underlies sexual learning… (and that) this finding results from the failure of some mechanism that co-ordinates normal human courtship behavior.” This theory not only puts bondage/masochism and AEA in terms of disorder, as well as establishing that there is some sort of “normal” human interaction, but it also implies that there is “faulty wiring” causing an individual to exhibit or engage in these behaviors. It completely ignores the idea of these behaviors being a personal choice and fundamentally denies the possibility that they are a natural desire.

In comparison, individuals who discuss their experiences practicing masochism/bondage reject the idea of disorder. One fetlife.com user called “shyjeny_Sorta” reflects on her own personal feelings towards the labeling of masochism. She writes, “I am a Sexual Masochist… I had never really stopped to think about it and what this actually means. So I Googled it, and now I’m sorry I looked… I’m considered to have a psychiatric sexual disorder… Well fuck them!!!”108 She is not alone. “Mockingbird 13”, another user, writes “I don’t like hurting people, but when I feel the pain it’s like this release and I can feel the change in my brain and it’s like getting high. It’s the best high I’ve ever had.”109 For “sweetie_DA,” it is the fact that they “get to experience (their) deepest, most taboo fantasies.”110 Significantly, although these users feel restricted in their freedom to discuss their desires outside of an anonymous internet forum and clearly understand the taboos associated with those desires, they do not do not subscribe to the implication that they are somehow “disordered.” As “sweetie_DA” acknowledges, the taboo surrounding masochism and the defiance of societal “norms” is what excites them most about the practice. The connotations of abnormality and extremism present within masochism are definitely attached to the practice of AEA and influence its taboos and reactions – both positive and negative – to them.

Transvestism

Transvestism is another practice that definitively challenges normative gender and sexual expectations, creating its own affect through its taboos on how AEA is viewed. This practice is
another of the eight paraphilia listed in the DSM-5.\textsuperscript{111} It is defined as the “practice of adopting the dress, the manner, and sometimes the sexual role of the opposite sex.”\textsuperscript{112} Less objectively, psychiatric professionals have described transvestism as the result of a “biochemical malfunctioning in the center of bisexual development antagonistic to the gender represented by the gonads.”\textsuperscript{113} Once again, there is a correlation drawn between some kind of mental malfunction and an individual’s “atypical” sexual behavior, measured according to an unsubstantiated assumption about biological sex and gender performance.

The distinction, within discussion of transvestism, of particular sexual “roles” is of particular importance and directly relates to Judeo-Christian societal norms and assumptions. The idea within this society, which prides themselves on their freedom and originality, that something like clothing could ever solely represent a sex and thus is enough of a distinction to label whoever does not wear the right thing as “abnormal” is damning. Try to expand that fallacious conclusion to something as unique and personal as sexual desire and the entire argument should fall apart. Yet, it does not. Once again, the hypocritical, nonsensical nature of taboos is able to rear its head because of its society’s value system and knee-jerk tendency avoid deviation from the norm and reinforce those taboos. The only way to rectify that hypocrisy is to try to give it some sort of acceptable validity, which Judeo-Christian society has “achieved” through the labelling of transvestism as a “mental disorder”.

Combined with “the strength of the taboos in Western societies,” these punitive reactions signal that the act of transvestism is not confined to the individual and/or their immediate group.

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Societally-wide recognition, reaction, and punishment suggests that “transvestism ha(s) been interpreted…as ‘injurious to the whole community’ instead of merely to individuals or their families.”\footnote{Davies, “Sexual Taboos and Social Boundaries,” pp. 1032-1033.} This is an important point as it signals that the society views the breach of its dichotomous sexual boundaries as a sort of large-scale polluting force. By signaling to its members that participation in such acts threatens the integrity of the society, the transvestism taboos becomes much more powerful, transcending the real of “unnatural” to that of “dangerous”.

The notion that transvestism challenges society and needs to be changed, if not punished, remains today. For example, in one published case, a psychiatrist describes transvestism as a “perverted behavior which has been corrected chemically by the phenotropic agents nialmide, chlorpromazine, and meprobamate… resulting in complete negation of transvestic symptoms and return to normal behavior.”\footnote{Pennington, “Treatment in Transvestism,” p. 250.} Chlorpromazine and Nialmide are both antipsychotic medications designed to decrease anger and anxiety, while Meprobamate is effectively a tranquilizer with high dependency and severe withdrawal capabilities.\footnote{“Meprobamate,” accessed April 12, 2018, https://livertox.nih.gov/Meprobamate.htm.} This medical professional effectively chemically “doped” the person exhibiting transvestism into not feeling the need to do so any longer in an attempt to reestablish societal “normalcy.” This idea of “normalcy” fits in with the definition of taboos, reinforcing their strength against something like transvestism, which is different and “strange.”

Such attitudes about transvestism significantly compound the autoerotic asphyxiation taboo. The ideas of “abnormal” and “gender reversal” presented with masochism are effectively multiplied exponentially with the presence of this “paraphilia.” The significance of this is
particularly important since “20-25% of… (AEA) death scenes demonstrate evidence of transvestic fetishism.”\(^{117}\) One psychiatric expert describes transvestic female appearance as necessarily an erotic quality, saying “(the term) ‘autogynephilia’… has been coined… to refer to such erotic arousal,… (and we argue) that this paraphilia may be present in some individuals who are minimally interested in women’s garments.”\(^{118}\) This description ignores any acknowledgement of transvestism being a possible result of personal sexual identity, and allows only the categorization of “cross-dressing” as a “paraphilic” sexual practice.

Such interpretations have real-life consequences for those who engage in transvestic practices. A man who calls himself “latexglover” on The Experience Project, a social networking website comprised of a diversity of online communities, describes his experiences with transvestism and AEA, saying:

> As soon as I drop (my wife) off at (her friend’s) house I go back home and begin pulling out the clothes I am going to wear all day. I start off with a bra and panties,… put on my thigh high pantyhose, my favorite pink dress, acrylic fingernails painted pink, my little high heeled booties and my pink wig. I start with a plastic bag pulling it over my head and securing the bottom with a rubber band.\(^{119}\)

Not only does this man have to hide his transvestic behavior, but the description he provides for donning his female attire does not appear to be a “(minimal interest) in women’s garments.”\(^ {120}\) The way that he details the process of getting dressed echoes the ways some women would describe getting ready for a night out. It is only after this man assumes this attire that he can proceed to sexual gratification, making his experience of being a woman an essential prerequisite.

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\(^{117}\) Myers, et al., “Serial Sexual Murder,” p. 188.
\(^{118}\) Blanchard and Hucker, “Age, Transvestism, Bondage,” p. 375.
\(^{120}\) Blanchard and Hucker, “Age, Transvestism, Bondage,” p. 375.
The secrecy of this man in both his transvestic and autoerotic activity is the result of the effects that the transvestism taboo has upon AEA. Once again, as represented in the fetlife.com users, anonymity is necessary to the free discussion of the taboo. Without it, this kind of detailed account about the purveyor’s mentality and though process would most likely be unavailable and unknown. This prerequisite of namelessness shows, once again, how the taboo is reinforced through the lack of communication as a result of the shame and ostracization imposed by taboos.

**Mental Illness**

Mental illness, as an underlying component of the consideration of AEA, brings with it its own extensive historical host of taboos. As emphasized by a study about mental health staff, who themselves experienced ill health as a result of the stressors of their work, “nurses (who) had experienced mental illness and the attached stigma (were the subject of) significant prejudice when returning to work, especially from other medical professionals.”121 The idea that this stigma is prevalent at all, much less in the community that is supposed to be the most educated about it and should thus be the most objective, is highly disconcerting. The author of that article, Robyn Kemble, himself a mental health clinician, attributes these issues to the fact that “in my experience the taboo has the effect of creating a culture of silence.”122 Once again, communication and stigma come to the forefront of taboo discussion. The subconscious ways that taboos proliferate and strengthen through communication, or often lack thereof, cannot be stressed enough.

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In terms of AEA, the act itself and its components are couched in terms of mental illness or disorder time and time again. This distinction is interesting when considered that “the term ‘mental illness’ implies that persons with such illnesses are more likely to be dangerous to themselves and/or others than are persons without such illnesses.”\textsuperscript{123} While AEA admittedly poses a threat to the practitioner through the possibility of accidental death, that possibility is only created through the forced secrecy and isolation as a product of the shame and stigma at the hands of the taboo. Additionally, this categorization frames AEA practitioners as threats to their society, reinforcing the aforementioned undercurrents of taboos that allow societies to distinguish and reinforce a strict cultural identity. AEA practitioners do not abide by the cultural “norms”, acting as a substantial hazard to the values of their community through their difference and thus triggering reactionary defensive mechanisms in the form of taboos.

\textit{Death and Suicide}

Death is one of the last major taboos and arguably one of the strongest, casting its own distinct shadow upon living practitioners of AEA. This taboo “is (one) that permeates and empowers other taboos.”\textsuperscript{124} The fear of death arguably “haunts the human animal like nothing else; it is a mainspring of human activity- activity designed largely to avoid the fatality of death, to overcome it by denying in some way that it is the final destination of man.”\textsuperscript{125} This taboo displays itself in communication, making death “difficult for people to talk about or even

As death is such an amorphous force of nature, it is an unavoidable and hard-to-process subject. The power of this taboo has consistently gained more force as people have become further and further separated from death, making it one of, if not the, most powerful taboos.

In cases of sudden fatalities such as those resulting from autoerotic asphyxiation, the stigma and fear associated with death can become even worse. Sudden death “can seem meaningless and threaten our sense of ontological security.” This sense of amorphous menace is linked hand in hand with AEA, as by definition, the deaths are not planned, there are no warning signs, and practitioners can succumb to the forces of demise at any moment. Autoerotic asphyxiation dwells in the realm of death, wherein scenes of accidental fatality are the sole reason any information is known about the practice at all. Were it not for the aspect of death, it could very easily be assumed that knowledge of autoerotic asphyxiation could be a relatively new phenomena, if not completely unknown. Death is inextricably linked and absolutely key to the understanding of taboo-esque feelings and attitudes towards AEA.

Perhaps even more so than sudden or unexpected death, the aspect of AEA deaths that mimics and is mistaken for suicide has a significant and long-lasting effect on survivors, in part because of the taboos associated with it. Building on the death taboo, suicide adds its own unique edge where “the very fact that someone’s taken their life by their own hand makes it completely unique…and some people… just feel so uncomfortable that they don’t know what to say.” In a study on the differences in reactions of survivors towards death or suicide of people they knew,

researchers found that “how people felt about other people’s reactions was important not only because reactions affected whether or not survivors felt stigmatized or tainted by association, but also because other people’s reactions affected how bereaved people felt that they could grieve.”\textsuperscript{129} They further discovered that “death by suicide is thus set apart from unintentional deaths and may be borne as a ‘private trouble’ by the bereaved.”\textsuperscript{130} Because AEA scenes are still commonly mistaken for suicide, or occasionally altered to appear as such, the suicide taboos are very much at play in consideration of the act. The stigma of someone taking their own life, whether accidental or purposeful in this manner not only applies to the practitioner, but extends outward to their immediate friends and family group as well, inhibiting the family’s ability to grieve openly/at all because of the manner of death.

The effects of the suicide taboo on the bereaved is a direct result of the Judeo-Christian base upon which society was created. As with the other taboos discussed in this analysis, non-communication is the dominant method of transmittance, where the “taboo makes all statistics on suicide suspect, for the conspiracy of silence includes not only the family, but the physician, the minister, even the coroner.”\textsuperscript{131} This silence and shame associated with suicide has roots in the Old Testament wherein it notes that “no respect is to be given to the memory of the deceased,” if they took their own lives.\textsuperscript{132} On the more Christian-centric side of the matter, suicide was considered both a sin and a crime since the time of St. Thomas Acquinas who described the act as “a sin against nature, against the community, against God,” emphasizing the sacred nature of human life.\textsuperscript{133} Not only was the practitioner of suicide labeled a sinner, but their bodies would be

\textsuperscript{129} Chappie, Ziebland, and Hawton, “Taboo and the Different Death,” p. 615.
\textsuperscript{130} Chappie, Ziebland, and Hawton, “Taboo and the Different Death,” p. 616.
\textsuperscript{132} Whalen, “Religion and Suicide,” p. 103.
\textsuperscript{133} Whalen, “Religion and Suicide,” p. 103.
denied placement in sacred places, if it was not completely destroyed or left out for scavengers.\textsuperscript{134} This entire process of shaming the deceased and denying them burial served to ostracize them from the community, and by proxy, their families. This historic reaction still has an effect on the consideration of suicide in Judeo-Christian society today, causing the sense of shame and stigma experienced by grieving family members.

\textit{Consequences}

Since suicide has such a profound effect on family members of the deceased individual, it is then highly intriguing to consider that family members of some AEA practitioners would prefer their kin-person’s death to be classified as a suicide rather than an accidental sex-related death. As noted within the discussion of pornography, family members will change aspects of AEA death scenes to prevent shame or stigma, and the same scenario is possible in the case of suicide. This tradeoff demonstrates the relative strengths of the different comprising taboos at play. In the case of AEA, suicide is unique as it is the most easily acceptable contributing taboo as compared to something like transvestism or sex. The suicide taboo is the only associated taboo that non-AEA practitioners seek out and refrain from stigmatizing. This tradeoff comes down to a question of weight on the taboo-supported scales of life; would it be better to have a family member cast as an individual who chose to throw away their own “most sacred gift”, or to have them discovered as the “mentally ill sexual deviant with uncontrollable urges and (possibly) bizarre sexual preferences?” In terms of the numbers game, the suicide adds up to a much lower score than that of the alternative.

\textsuperscript{134} Whalen, “Religion and Suicide,” pp. 103-104.
The effects of these taboos have to be considered because AEA can be a dangerous practice and result in death, inherently causing confrontation with the death taboo to be a frequent occurrence. Forensic investigators often face difficulty determining a death to have resulted from AEA if “a spouse or other family members have removed material such as pornographic literature or female underclothing from the death scene… (due to) embarrassment or concern over possible social stigma.”  

In doing this, family members can foster an “incorrect assessment of the circumstances surrounding the death,” which will most likely result in a determination of suicide.  

In a study of seventy AEA cases analyzed by the FBI, 27 percent “were first misclassified as suicide.”  

The idea that families would rather have their loved one, who died from AEA, stigmatized as a suicide than as an AEA practitioner fully attests to the force of the death and AEA taboos.

The power of the death taboo extends into discussion of AEA as well, which is primarily couched in death, especially in the majority of its media portrayals. From the ready association between AEA and death, it can be gathered that death is the most powerful effector taboo of AEA, as well as the easiest to talk about. This extends over into forensic discourse as well. A group of forensic analysts who study AEA “hope that by addressing (AEA) the secrecy around the topic will be diminished so that not only will there be accurate identification of such deaths but that practitioners of this activity can become more accessible to clinicians prior to fatal accident.” Not only is AEA once again phrased in terms of disorder that need to be fixed, but their primary focus is removing secrecy so that death does not occur. They do not want to

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135 Byard, “Autoerotic Death,” p. 76.
remove secrecy so that AEA practicing masochists and transvestites can become accepted by society, but rather to prevent *death*.

The consequences of AEA’s component taboos form autoerotic asphyxia into a very unique, multi-faceted taboo with its own individual ramifications. AEA is not widely discussed due to the shame and embarrassment associated with it, hence there is no education about what exactly AEA is, and how it can be performed in such a way as to avoid death. Also, because this practice is so frowned upon, individual practitioners are not able to discuss their specific motivations for performing AEA and very little is known about the practice, which allows stigmatized definitions like “paraphilia” to continue to exist. Lack of communication and acceptance also affects processes like insurance claims for instances that result in accidental death, where ideas like “the deceased must have been able to control the degree of hypoxia…(and) must have chosen not to use the failsafe device,” are allowed to abound and prevent insurance payout.\(^{139}\) Finally, the shame, stigma, and lack of knowledge and acceptance combine to, not only misdiagnose AEA deaths, but push family of the deceased into believing that making their loved one’s death scene look like a suicide is less stigmatized and shameful than that of the accidental death of AEA. These consequences of the AEA taboo all serve to show how much power it has and how much it has been reinforced throughout centuries.

**Solutions**

By fundamentally understanding the forces that guide and shape societies, such as taboos, their effects can be recognized and mitigated. Simply acknowledging the taboo is the first step to eliminating its irrational hold over people’s views and actions. In the case of autoerotic asphyxiation, this recognition could save lives and spare thousands of the unnecessary pain,

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\(^{139}\) Byard, “Autoerotic Death,” p. 76.
shame, and suffering that is a side effect of irrational taboos. While taboos are reflective of a society’s underpinning belief system and can be positive, the taboos held by Judeo-Christian societies towards the natural sexual function and variants of it are unhealthy and causing pointless and unnecessary damage through their reinforcement and communication. Until this society breaks the bond of silence imposed by nonsensical fears, the act of autoerotic asphyxiation and its associated demons will continue to persist.
Bibliography


