



Breath Play in Rope

LIEF BOUND & ICKY

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Warning & Disclaimers!

Breath play, or *erotic* asphyxiation, is edge-play that involves a very high risk to the receiving party with a low controllable margin of safety. **There is no way to perform breath play safely.** There is a high probability of injuries to the spine, throat (larynx), nose and brain. Understanding risks do not mitigate them. This type of play is often not allowed at dungeons or parties, for a very good reason. **No medical professionals recommend engaging in breath play in any capacity.**

If it's so dangerous, why do people practice breath play?

And why the hell are you teaching it?

Hypoxia occurs when a sufficient supply of oxygen is not delivered to the brain and can cause feelings of euphoria. Hypoxia combined with the endorphins and dopamine released when the body is in kinky pain can be an incredible experience.

We wanted to teach this class because we see most people in the scene engaging in breath play, and few people openly discuss risk mitigation.

And Now for a Brief but Very Serious Disclaimer!

This booklet and class were not prepared by medical professionals. This information should not be a substitute for the advice of medical professionals to not engage in breath play.

Breath play may result in serious injury or death.

Please engage with breath play at your own risk. We are not liable for harm caused during play in this class or in the future.

Where do we Start?



ANATOMY & RISK AWARENESS

An extensive knowledge of anatomy and the potential risks involved with breath play is an important first step. This knowledge will not eliminate risk, but can increase the likelihood of a positive and informed experience for all parties.



EXTENSIVE NEGOTIATIONS

Negotiating is the foundation of any type of play but is especially important when involved risks are high. Negotiations need to include medical and emotional needs, intensity, duration, safe word adaptations, aftercare, and emergency plans.



FIRST AID & CPR

This booklet and class does not cover the topics of First Aid & CPR. We highly encourage that anyone engaging in breath play obtains these certifications.

Negotiations!

What are some of the most important things to include in your negotiations?

- ❖ Prior Experiences with breath play and past outcomes
- ❖ Knowledge of anatomy and risks involved
- ❖ First Aid & CPR knowledge and certifications
- ❖ Medical Conditions such as obstructive breathing disorders, seizures, concussions, high blood pressure, heart conditions, or internal throat or nose injuries, etc.
- ❖ Mental health conditions like anxiety, panic disorder, or a trauma history that involves strangulation or smothering as a trigger.
- ❖ The type of breath play all parties want to engage in
- ❖ The intensity and duration of the breath play
- ❖ The parts of play in which breath play will occur
- ❖ Safe word Adaptations
- ❖ Emergency Planning: Legal names, insurance, preferred hospital, emergency contacts, etc.
 - If you do not feel comfortable with this level of information sharing, please reconsider engaging in breath play
- ❖ After care

SAFE WORD ADAPTATIONS



Verbal

If the mouth is clear during breath play verbal safe words can still be appropriate. We recommend using a color system (red, yellow, green,) and asking the receiving party to complete check-ins regularly through-out play. If at any point they cannot respond or they call red or yellow, play stops. We have also added “Blue” to our safe word system to indicate “I’m having a mental health concern and would like to engage in the plan we discussed”



Signaling

If the hands and arms are free during play, signaling can be an effective way to communicate. A hand signal, double tap, snapping, or dropping an extended limb can be used.



Holding Objects

If the fingers and hands are free during play, having the receiving party hold an object and then drop it to communicate yellow or red can be an effective way to communicate. Make sure the choice of object and the floor of the play space allow for it to be noticeable if the object is dropped.



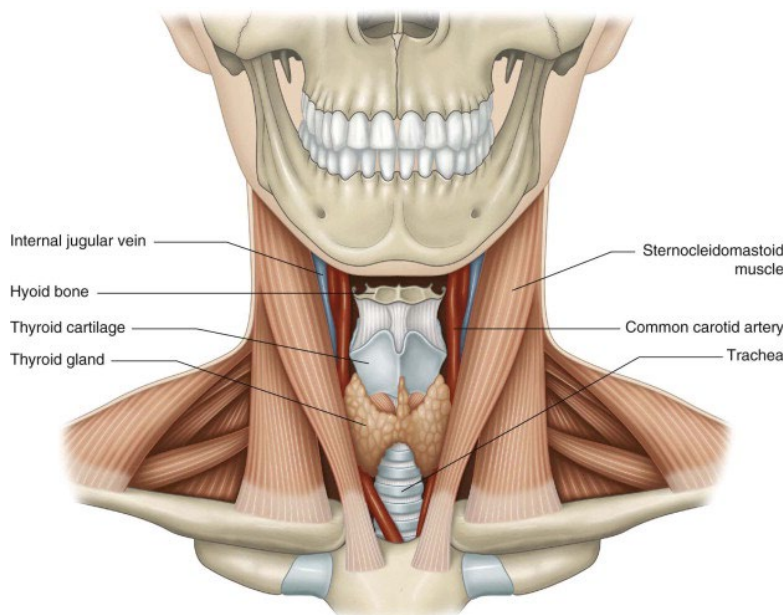
Remember!

Safe word adaptations are necessary but do not eliminate risk! We recommend always aiming to stop play before a safe word needs to be called and using multiple kinds of safe words at a time so you have options. Practice using your safe words and pick things that work for you! Always try to maintain eye contact or be close enough to watch for changes in posture in breath during play. Aim for safe-words to be bi-directional, in that both parties can check-in and receive feedback.

Risks & Anatomy

- ❖ The carotid arteries are located on the sides of the throat and supply oxygenated blood to the brain, face, and neck.
 - As little as 5-15 seconds of pressure on these arteries can cause an individual to lose consciousness
 - There is no scientific metric for determining when an individual will lose consciousness

- Any time oxygen is cut off from the brain, cells in the brain begin to die. If a person loses consciousness, cells will continue to die until consciousness is regained.
 - This type of cell damage is cumulative and can increase ongoing risks of harm and permanent damage over time.
- ❖ Decreased oxygen will lead to increased levels of carbon dioxide in the blood which can lead to a fatal condition called respiratory acidosis, which can lead to organ failure and death.
- ❖ Decreased oxygen can also cause the heart to produce abnormal beats, which in rare cases can cause cardiac arrest if they hit at a certain time in the cardiac cycle.
- ❖ Decreased oxygen in the blood can lead to immediate stroke and increase the risk of stroke in the following weeks.
- ❖ Baroreceptors regulate blood pressure and are located in the carotid sinus in the neck.
 - During breath play, blood pressure will increase and to compensate heart rate will decrease.
 - Decreased heart rate can lead to sudden cardiac arrest and there is not scientific metric for determining when this will occur.
- ❖ Petechiae (small red or purple dots caused by ruptured blood vessels) can appear at the site of injury on the skin above the area of constriction.
- ❖ Many of these risks can affect the ability of the receiving bottom to recognize and communicate needs related to other ongoing play (like rope!) which can lead physical and emotional injuries not directly related to breath play.
- ❖ Many states have specific laws around BDSM, consent, and strangulation specifically. Please research accordingly.





Reminder! This booklet only briefly reviews a small number of risks that can occur with breath play. This is not a comprehensive guide. Please learn as much as you can about the complex anatomy and risk associated with breath play!

Types of Breath Play



STRANGULATION

The condition in which circulation of blood to a part of the body is cut off by constriction.



SUFFOCATION

In this context, we are referring to the airways of the mouth and/or nose being blocked to limit the intake of oxygen.



COMPRESSION

In this context, we are referring to the action of mechanical asphyxia or the state of applying external pressure to the chest in order limit the intake of air into the diaphragm and lungs



PSYCHOLOGICAL

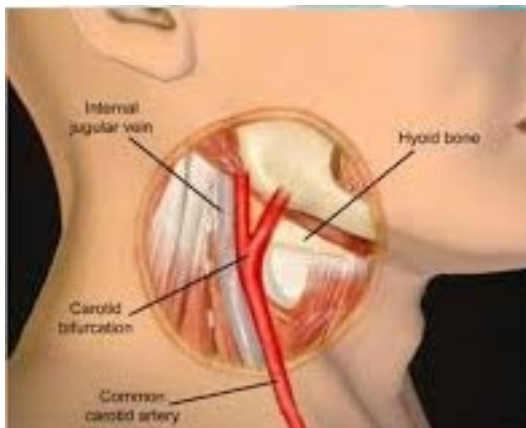
In this context, we are referring to an individual voluntarily holding their breath by command of another person.

STRANGULATION

The condition in which circulation of blood to a part of the body is cut off by constriction

- ❖ Lateral Vascular Neck Restraints
 - A type of manual strangulation that aims to compress the carotid arteries while avoiding the trachea and hyoid bone

- Also known as a “blood choke”
- ❖ When engaging in this type of breath play, apply pressure in bursts of 5-15 seconds.
- ❖ Do not engage in vigorous movement while attempting a blood choke as the placement could change unexpectedly and cause harm



SUFFOCATION

Blocking the nose and/or mouth to limit the intake of oxygen

- ❖ Total Suffocation
 - Blocking the nose and mouth
 - This can be achieved with rope, a bandana, hoods or plastic bags
 - You need to practice removing these quickly and have safety shears immediately available.
 - We recommend allowing a bottom to have their hands free when first exploring this type of breath play so they can remove the item if needed
- ❖ Partial Suffocation
 - Blocking only the nose or the mouth
 - This type of breath play can achieve the same effect for the receiving party and can potentially mitigate more risks when compared to total suffocation
- ❖ Smothering
 - This type of suffocation involves suffocation plus added pressure
 - Injury can occur to the delicate bones of the nose and face if pressure is too great

COMPRESSION

Mechanical asphyxia, or applying external pressure to the chest in order to limit the intake of air into the lungs and diaphragm.

- This type of play can be achieved with corseting, pressure applied by the hands, or by using rope
- The goal is to keep the external pressure away from the collar bones and the floating ribs at the bottom of the rib cage because of increased their fragility
- Additional specific risks include fracture or breakage of rib bones and potential puncture of the lungs
- This type of pressure should be applied slowly and gradually with several check-ins throughout
- The receiving party can assist with their own torture by deeply exhaling as pressure is applied

PSYCHOLOGICAL

An individual voluntarily holding their breath at the command of another person

- ❖ This type of breath play will mitigate a significant amount of the risks we have reviewed but it does not make breath play safe!
 - An individual who does not listen to their body's cues to breath may lose consciousness momentarily
 - This risk can be increased if the receiving party is hyperventilating in away way prior to holding their breath, as this creates an imbalance of oxygen and carbon dioxide in the blood
- ❖ Be Creative!
 - This type of play can be especially fun within a pre-existing D/s dynamic.
 - Explore incorporating punishment, degradation, or reward into this type of breath play.

Aftercare

- ❖ If you are someone with the ability and privilege to safely access a primary care provider, consider informing them that you engage in risk aware BDSM activities *before* you are injured. This can expedite the process of receiving appropriate treatment when you need it.
- ❖ Please seek medical attention if you experience difficulty breathing, speaking, swallowing or experience nausea, vomiting, lightheadedness, headache, blurred vision, memory loss, involuntary urination and/or defecation. A medical evaluation may be crucial in detecting internal injuries and saving your life. Always be honest about the cause.
- ❖ Track any symptoms, however slight, after engaging in breath play including a hoarse voice, soreness, difficulty swallowing, dizziness, or headaches. Seek medical care if these symptoms last longer than 24 hours.
- ❖ Measure the neck prior to engaging in breath play and be sure to monitor any potential swelling afterwards.

Why is Lab Time so Important?

Lab time allows you and a partner to explore the emotional and physical reactions to breath play in a controlled environment and build your risk profiles.

- ❖ All forms of breath play require practice with the each individual you intend to play with!
- ❖ You can also practice breath play techniques on yourself (in the presence of trusted company, never alone!) in order to learn more about how your body responds and what specific techniques and pressure intensities feel like.
- ❖ Every body is different and responds to breath play in a unique way. Once you lab and determine what feels best for both of you, **incorporate these activities into your play by starting at 25% of the pressure and timing you used during lab time.**

- A person who is calm and rested needs an average of 12-16 breaths per minute
- Physical or emotional stress, fear, anticipation, or orgasm will increase an individual's need for oxygen

Final Notes



DO YOUR RESEARCH!

Learn as much as you can about breath play and make sure to ask about a potential partner's education base before play. Learn from a multitude of sources and encourage your community spaces to bring this information to the forefront.



BUILD YOUR RISK PROFILE!

Once you have learned as much as possible, determined what types of breath play you are comfortable with, and practiced these techniques, it's time to practice communicating! Being able to clearly articulate your knowledge, wants, needs, and limitations will help create a positive experience!



SAY NO THANKS IF NEEDED!

Anyone can decide that breath play does not fit into their risk profile. Explore the feelings that originally brought you to breath play. Is it feeling physically weak or overwhelmed? Is it the loss of control or the intense exchange of power and trust with your partner? Use these desires to guide your exploration into other types of play that better align with your risk profile.

Contact Us!

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Offered services include private and group lessons, private tying sessions, intensives, and performances!