

THE "CHOKING GAME": A CONTENT ANALYSIS OF PERSUASIVE
MESSAGES, ATTITUDES, BELIEFS, AND VALUES IN MEDIATED TALK

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Abstract

The “choking game” is an activity played by children typically ranging from 9-17 years of age that has been linked to many deaths among young children and teenagers. This study employed the use of content analysis to look at different persuasive messages, attitudes, beliefs, and values in mediated talk in regards to the “choking game” in an effort to better understand what communicative approaches may be useful when attempting to influence children regarding this “game.” Several key findings resulted from this research. The results of this study suggest that cognitive dissonance theory could be utilized to persuade children to stop playing this “game.” Consistent with persuasive norms, the study suggests that mediated conversations about the “choking game” utilize fear appeals more than other emotional appeals, as well as use narrative evidence more frequently to persuade children to stop participating in this “game.” The results also suggest the level of risk associated with playing the “choking game” is underestimated by those who have not had personal (self or peer) experience with negative consequences. The findings indicate the need for future research in parent-adolescent communication regarding this issue, as well as studies on persuasive approaches and their relation to persuasive outcomes.

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Chapter 1

Introduction

*Dearest Jason, If your spirit was there the night you died, you saw my grief and how I cried. I could not believe you had to go, and over and over I told you so. I stroked your chin, your hair, your brow, in shock that this had happened now. Beneath your lids, I glimpsed each eye. It was not true, that you could die.
~Dianna Brendle*

In October 2005, I received a devastating phone call that would change my life forever. My best friend informed me her 17-year-old son had passed away. Shocked and overwhelmed I tried to find the words to ask what happened. Nothing could have prepared me for what I was about to learn.

Through my friendship with Karen, Jared became the brother I never had, and he gave me many memories I will treasure for the rest of my life. Jared was a young and energetic adolescent full of life and laughter. His academic achievements were respectable as he worked his way through cosmetology school and boasted a wide variety of friends. He touched the lives of many, young and old, from several different nationalities and always managed to make people laugh. How is it then that this young man, whose life was so full of promise, could suddenly die? It was not until I arrived in Michigan that I found out that he passed away from playing a “game” that is commonly referred to as the “choking game.”

In short, the “choking game” is where someone, either alone or with the aid of a friend, chokes him or herself until passing out. The lure behind this

“game” is that it is a drug-free way for children to create a euphoric and lightheaded momentary high. They believe this to be a safer alternative to drugs and alcohol because it is not an illegal activity. At the age of 30, the “choking game” was not a “game” with which I was familiar, nor could I understand the concept of the “game” after my friends explained it to me. Why would children intentionally choke themselves?

After returning home from Jared’s funeral, I decided to learn everything I could about the “game” that had taken my brother’s life. I became astonished at what I learned not only on the internet, but from my friends in Florida as well; friends, who, now in their forties, admitted to playing this “game” when they were in grade school. It is because of that initial research that I felt an obligation to share what I learned in the hope that I would educate others about the dangers of this “game,” and prevent other children from losing their lives in the same manner as Jared.

When I began researching “the choking game,” it was very difficult to find any information on the topic. However, over the course of the following two years, this issue began to inundate the media through television shows such as Dr. Phil and Oprah, news broadcasts, and magazines. I began to notice an increase of information on the internet, and parents whose children had passed away from playing this “game” were now speaking out. I began to wonder what messages these media provide to children and adults regarding the “choking game.” What suggestions, if any, do the media provide to adults that instruct

them on how to communicate with children regarding this issue? And, does that information work? Are school officials taking a closer look at their local schools? Are they trying to do anything about the addiction that is sweeping through our nation and killing children as young as seven? Most importantly, what is drawing young children to play this “game?”

What was even more disturbing was to look at my children and realize my own son, who was in the third grade at the time, was playing a form of the “game” with his friends in school. He was eight. Had I not recently been made aware of this “game” through the tragedy of my best friend’s son, I would not have known that Logan was playing a version of this “game” when I observed him holding his breath at the dinner table until he started to shake. When I approached the principal at Logan’s school, she admitted knowing about the “game” when she was a child, but refused to admit that this could be happening in “her school.” I showed her letters sent home to parents, by other principals at schools located in various states around the country warning the adults that third graders had been caught playing this “game” on school property. Still she refused to listen.

I spoke with Logan about the dangers of holding his breath, and how that deprives the brain of oxygen and could cause him to have brain damage. At the time, despite my research, I did not feel he was old enough to learn how Jared died. A year later, in the 4th grade at the age of nine, I decided to share with Logan about the dangers of the “choking game.” I explained to him that this was

how Jared died and that it is not a “game.” He told me he saw his friends playing this “game” in Florida when he was in the 3rd grade. Dumbfounded I sat down and talked about this in more detail with him. He told me that holding his breath until he started to shake was just one of the “activities” he and his friends participated in at school, and that most of his friends would do it until they passed out. This was in the same school whose principal said her students would not participate in such “activities.” What actions need to take place in order for school officials to act on this prior to a death in their community? In an article in the *Fairbanks Daily News Miner* (2006), following the death of 13-year-old Andrew Freeman, who attended North Pole Middle School, Principle Ernie Manzie stated, “It sure isn’t a game. Kids don’t realize the dangers of it until something like this happens” (para. 13). School officials are waiting until a death occurs in their schools before talking to their young students about the dangers of this “game.” To enable effective communication between parents and their children, understanding of the “choking game” and the communication that is going on among children, and between adults and children, needs to be explored.

The purpose of this thesis is to gain an understanding of perspectives expressed and persuasive methods used in mediated talk regarding the “choking game.” Chapter One utilizes various sources to define fully the “choking game” and presents literature relevant to the talk about the “game.” Chapter Two presents the research methodology used to answer the questions posed for the

study. Chapter Three presents the discoveries found in the research regarding the “choking game” in mediated forums. Chapter Four draws conclusions based on the results, explains in detail limitations encountered during the research process and drawbacks to the chosen methodology, and future research suggestions.

Chapter 2

Literature Review

*Your eyebrows `neath my fingertips, the whiteness of your precious lips:
My fingers brushing through your hair; the pain was more than I could bear.
But, I could not leave your side, I touched and kissed and stroked and cried.
My tears upon your face did land, I rubbed your arms and held each hand.
My fingers made a futile trek to erase the marks upon your neck.
~Dianna Brendle*

Since there seems to be a lack of understanding about what the “choking game” is, and why children continue to play this “game,” it is necessary to provide a detailed overview on the “choking game.” This includes an exhaustive explanation of how the “game” is played, the warning signs parents should look for in their children, the educational and communicative avenues adults may take to reach their children when discussing the “game,” and the similarities the “choking game” has to other at-risk behaviors such as drug, alcohol, tobacco use, and promiscuity. This review presents cognitive dissonance theory as a frame for understanding the phenomenon and ends with two research questions exploring persuasive elements within the “talk.”

Playing the “Game”

Dianna Brendle’s son, Jason Linkins, died at the young age of 14, on April 23, 1999 while playing a “game” he and his friends referred to as “the choking game.” Gabriel Mordecai, age 13, Dalton Eby, age 10, Chelsea Dunn, age 13, Jeffrey Patton, age 16, and Kimberly Wilson, age 15 are just some of the other children who have passed away over the last several years playing this “game.”

These children were all playing a “game” that has been around for many years, but has only gained national attention in the United States in 2005 because of a string of adolescent deaths attributed to this addiction. Although only recently a public focus, it is imperative to note that the activity is traditional, worldwide, and is multi-generational, meaning many adults will admit to playing this game when they were teenagers. While boys and girls both participate in this “game,” the Center for Disease Control (2008) states that since 1995 eighty-seven percent of the deaths attributed to the “choking game” thus far “were among males and most fatalities occurred among those 11 years to 16 years old; the average age was 13” (para. 2). However, despite the fact that reports indicate that boys are the primary participants in this activity, both boys and girls alike are susceptible to becoming victims of the “choking game.”

The most common names for this activity are “the choking game” and the “pass-out game,” but it may also be referred to as “blackout,” “dreaming,” “ghost,” “funky chicken,” “space monkey,” “flat liner,” “tingling,” “something dreaming game,” and “suffocation roulette.” For the purpose of this research, the most common name of “the choking game” was utilized. Its use in the text also highlights the linguistic choice of the word “game” to lessen the seriousness of the behavior.

Most of the parents of the adolescents who have passed away from playing this “game” were not familiar with the “choking game,” and were shocked their children could be involved with something so dangerous. Tammy Dunn,

mother of 13-year-old Chelsea Dunn who passed away April 15, 2005, said, "We made sure to talk to her about drugs, smoking, and alcohol. We hadn't been told anything about this" (Fields-Meyer, Sheff-Cahan, Swertlow, Perra, & Egan, 2005, p. 142). Parents cannot talk to their children about the dangers of something they are not aware exists. The deaths of these young children have sparked an interest in the media that may bring awareness to parents and teens. However, just because parents now know about this "game," does not mean they know how to communicate the dangers of the "game" to their children, or know why their children chose to participate in this "game."

The media has helped with communicating the seriousness of this deadly "game" by broadcasting information about it on shows such as Dr. Phil and Oprah, through magazines such as *Seventeen* and *People*, and newspapers such as *USA Today*. There have also been numerous reports on local and national newscasts. Pennsylvania DARE Officer Scott S. Metheny realized after several deaths from this "game" occurred in his state that someone needed to speak out about the risks and dangers children take while participating in this activity. He created a Power Point presentation to educate children on the dangers of playing this "game" and takes it to schools around his community. Not only does Metheny present his Power Point around his community, he has allowed users to gain access to it through the web site, www.deadlygameschildrenplay.com. This web site was designed to help in the efforts to stop this deadly "game" by providing links about the "game," such as

awareness and prevention, media coverage, real stories from people who have played the “game” or know someone who has, and a victims list.

Metheny (2005) explains in his presentation that while there are many variances in how the “game” is played, basically, “it is cutting off the flow of blood to the brain by choking, hyperventilating, compressing the chest or hanging by a belt, towel, rope, etc.” (www.deadlygameschildrenplay.com, slide 8). There are two common methods utilized to play the “choking game” which include strangulation, either self-imposed or with the help of an assistant, and self-induced hypocapnia. The first method, strangulation, restricts the blood flow to the brain by compressing the carotid artery on both sides of the neck, simultaneously restricting the flow of blood in one of two ways. The first is using “a ligature such as a belt or rope around the neck” (Wikipedia, 2009, Mechanisms behind the activity section, para. 2), or by using “hands or arm pressure on the neck” (para. 2), to compress the carotid arteries. This technique usually stops instantaneously upon blackout and is often self-induced. If one chooses to use an assistant, stopping at the right moment before permanent damage, or death occurs, becomes a judgment call on the part of the operator or just good luck.

The second variation of the “game” is self-induced hypocapnia. In this version of the “game,” the child hyperventilates until “symptoms of hypocapnia such as tingling, light-headedness or dizziness are felt, followed by a breath-hold” (Wikipedia, 2009, Mechanisms behind the activity section, para. 6). While

this act alone is enough to create a blackout, tradition requires one of a number of other actions such as a bear hug given from behind, or pressure applied by another person under or over the heart.

In addition to there being different ways to play the “game,” Metheny (2005) explains in his presentation that there are two stages to this process. The first feeling one will experience is the perceived high “due to a reduced blood flow and therefore reduced delivery of oxygen to the brain” (www.deadlygameschildrenplay.com, slide 9). The second stage begins “with the removal of pressure on the chest or neck releasing a powerful surge of dammed up blood through the carotid arteries into the brain” (www.deadlygameschildrenplay.com, slide 9).

Despite the variation of the “game” the children are playing, they are simply trying to obtain a natural high without the use of drugs or alcohol. They may experience “dreaming or hallucinations, though fleetingly, and regain consciousness with involuntary movement of their hands or feet much to the amusement of the onlookers” (Wikipedia, 2009, Other mechanisms section, para. 2). Carol Wilson’s daughter Kimber died at the age of fifteen while she was playing this “game.” Her story was in the February 2006 issue of *Seventeen* and generated an abundance of emails from young girls who admitted to playing this “game.” One anonymous girl talked of her experiences while playing this “game” at a Halloween party. She said, “my face turned red and I felt like I was going to die. Then I woke up. It felt like I was asleep for years and the dream you have is

amazing” (C. Wilson, personal communication, November 27, 2005). Chelsea Dunn wrote about the feelings she experienced from playing this “game” in a note her parents found after her death. She explained, “you forget everything, and it comes back to you and it’s all tingly” (Fields-Meyer, et al., 2005, p. 142). Idaho Sheriff, Ralph Davis explains that it creates a “tingling sensation in their upper body, especially their arms and head, and they think that is cool” (Koch, 2005, p. 3). Sam and his twin brother Gabriel used to play this “game” together until Gabriel died in 2005. During an interview Sam explained, “it’s hard to describe how it feels. It’s kinda like, just, like, somewhere not on earth, but you’re just dreaming, kind of. But then it only lasts for a few seconds and when you wake up... you don’t know where you are or what’s going on” (‘Choking Game,’ 2005, p. 1).

In an attempt to gain this momentary high, children are killing brain cells, becoming brain damaged, or losing their lives. If the flow of blood and oxygen to the brain is restricted for too long, or if the adolescent places pressure in the wrong location at the base of the brain stem, strokes, cardiac arrest, brain damage, or death may occur. While full recovery from passing out normally occurs within seconds “these activities cause many deaths and permanent brain injuries every year, particularly when played alone or with a ligature” (Wikipedia, 2009, Other mechanisms section, para. 2).

Many doctors now believe that a number of deaths attributed to suicide are actually solo self-asphyxiations and death was an unintended outcome.

Statistics on how many children die each year because of playing this “game” may be somewhat skewed because “until recently most coroners concluded that kids found dead from self-strangulation were suicides” (Fields-Meyer et al., 2005, p. 142). Dr. Andrew acknowledges that medically speaking, “the evidence... looks exactly the same” (p. 142). Child psychologist, Dr. Shapiro agrees stating, “we now think, going back, that some young adolescents, and that’s really who we’re talking about, who might have been ruled as suicides, were really playing this choking game” (‘Choking game,’ 2005, p. 3).

The Warning Signs

Knowing the “choking game” exists and how children play the “game” is not enough information to prepare parents to look for signs in their teens to determine if they participate in this activity. The majority of the children mentioned in recent media articles or newscasts were happy children. They were involved in sports or other extra curricular activities at school. They were well liked by their peers and were good students, often times on the honor roll. How is it then that these children came to play a “game” so dangerous? Child psychiatrists explain that, “many of the kids experimenting with suffocation are trouble-free youths unlikely to try illegal narcotics” (Fields-Meyer et al., 2005, p. 142). For many children “the choking game seems like a harmless way to get a rush” (Rosenbluth, 2006, *Whose doing it* section, para. 1). Participation occurs “out of curiosity – not rebellion, depression or anger” (*Whose doing it* section, para. 6) and “may be played by kids who are not outwardly at-risk students, who

may do well in school, and are close with their families” (Whose doing it section, para. 6). The average “age range of kids who most often participate in this behavior is 9-14 years” (Whose doing it section , para. 6) although there are reports of children as young as 7 and as old as 19 dying from this “game.”

One such child seeking an innocent high was Gabriel Mordecai. His mother never imagined something like this would happen to him. Had she known the warning signs, she might have been able to spare her son from his premature death. In an interview on *The Early Show*, Gabriel's mother, Sarah Pacatte said, “I wish to God I would have known the warning signs, because I knew something was wrong, I knew something wasn't right with Gabe ('Choking game,' 2005, p. 2).” Pacatte never imagined her son was choking himself to get a high. She thought Gabe was smoking marijuana. In an interview with *CNN*, she told reporters “a couple months before he died, he became very hostile, very angry, and he complained of horrible headaches... then I started seeing bloodshot eyes” (Mother missed signs, 2005, para. 3). The day before he died Sarah noticed a mark on Gabriel's neck and questioned him about it. She recalls him saying, “Don't worry mom, it's not a hickey” (para. 17).

Now, thanks to websites such as www.stilllovingmygabriel.com and www.deadlygameschildrenplay.com, and recent newscasts and articles, parents may learn about the warning signs and will know what to look for with their child. Parents may find a list of warning signs on www.deadlygameschildrenpay.com/en/aware-warning.asp. The list includes

marks or abrasions on the neck, changes to the child's personality, any kind of rope, belt, or string lying near the child, frequent headaches or dizziness, loss of concentration or a flushed face, cuts and bruises that may have resulted from falling, and red or bloodshot eyes. While this is not an exhaustive list, it is enough to alert parents that there may be a problem with their child so they may speak with them to find out what their children are doing.

Educating Adults and Teens about the “Game”

If parents suspect their child is playing this “game” but are getting little or no response from the child when questioning them, they may consider talking to the child's friends or even their teachers, as there have been many reports of children participating in this activity on school property. In one such instance, school officials at Clearcreek Elementary School, in Springboro, Ohio, caught seven third grade students playing the “game” over a three-week span. In an interview with the *Dayton Daily News*, Principal Vic Johantges said he took it upon himself to notify all parents of the children attending the school and then “gathered the third-grade class of about 400 students for a serious talk” (Gottschlich, 2006, para. 5). Unfortunately, this is not always the case. Chelsea Dunn told a relative she “liked playing the pass-out game with friends in the locker room at East Valley Middle School” (Koch, 2005, p. 3). The school reported that prior to Chelsea's death they suspended six other girls “after a security camera tape showed the seventh-graders choking one another in a hallway” (p. 3). Unlike the Clearcreek incident, the Principal at East Valley failed

to notify parents this was occurring. Laura Cooper, a friend of the Dunn family said, "I can't express, seriously, how irate I am... that they knew, that the school knew this was going on, and didn't do anything" ('Choking game,' 2005, p. 2).

However, often times, teachers do not know what the children are doing until it is too late. After Gabriel's death, one of his teachers took an informal poll.

Teachers and administrators at his middle school "were shocked to learn that half of the eighth graders were familiar with the game" (p. 2).

The lack of education regarding this issue and the fact that the practice is legal continues to mislead children into believing that this activity is safe. The media is only now beginning to express the severity of this "game" and formal school-based programs are rare, leaving children, teachers, and guardians ignorant of the dangers of self-asphyxiation. Many educators are not yet aware this "game" exists. In an effort to bring awareness about the "choking game" to parents and educators, Sarah Pacatte, Joe and Tammy Dunn, and Tom and Carol Wilson are speaking out in hopes that they will help save the lives of other children who may already be playing this "game," or will hear about it in the near future and contemplate playing. They have also started web sites in honor of their children with links to information about this "game" and news articles, many of which tell of yet another teenager or pre-teen falling victim to this "game." If aware educators would follow the example of sex education classes and programs such as Drug Abuse Resistance Education (DARE) or the Just Say No clubs, schools would then notify parents of situations such as these and provide

some educational programming to warn children of the dangers of playing this “game.”

With the increased coverage through the media, and a heightened awareness in our schools from such coverage, parents will be more aware of what their children may be doing and will be educated in ways to discuss the dangers of this “game” with their children. Shapiro (2005) says that in addition to talking to our children “about drugs and alcohol, parents should discuss other risky behavior, like the pass-out game” (The Associated Press, 2005, para. 11). The question then, is whether parents are prepared or know how to talk to children about these kinds of topics.

Promiscuity, Drugs, Alcohol, and Tobacco Use

Communicative techniques used to discuss the dangers of underage drinking, smoking, drug use, and promiscuity with adolescents may prove useful for attempting to communicate the dangers of the “choking game” and have been the subject of much research. In particular, most public and private schools in the United States of America devote a great deal of time to discussing each of these topics with adolescents. Starting as young as nine years of age, using sex education classes and programs such as the “Just Say No” club and “Reefer Madness,” educators teach children about the dangers of these activities.

The question is whether clubs and classes about these activities are useful tools in getting children to stop these destructive behaviors. Alberts, Miller-Rassulo, and Hecht (1991) suggest that regardless of the efforts of these

groups to educate children about the dangers of drug and alcohol use, teens continue to partake in these activities. They say that “despite a slight decline in the early 1980s, there has been little change in the overall use of alcohol and controlled substances among adolescents” (p. 130). Booth- Butterfield, Anderson, and Williams (2000) agree saying that “1985 marked the end of several years’ decline in smoking among white adolescents” (p.196). Alberts et al., (1991) go on to state that “nine out of ten high school seniors report having used alcohol, and nearly two-thirds of all American teenagers have used controlled substances at least once before they finish high school” (p. 130).

Booth-Butterfield et al., (2000) suggest that one explanation for why teenagers continue to light up is the “tobacco industry’s targeting of that age group through advertising and promotion” (p. 196). While the media may play a role in some of the increase in these hazardous activities, Alberts et al., (1991) studies suggest there may be another reason. They believe that persuasion through peer pressure is one of the greatest causes for teenagers to try these perilous activities and that adolescents must become educated not only on the dangers of these behaviors, but on how to overcome the peer pressure they feel in order to become confident in saying no. Alberts et al., believe that “peer pressure impacts attitudes and behaviors and that specific refusal skills or social and life skills are necessary for adolescents to handle peer pressures” (p. 130). They reported that “social skills or peer programs were superior to other programs for the magnitude of effect size obtained and produced the only results

which showed change toward the ultimate aim of reducing drug-abusing behaviors” (p. 130). Alberts et al., go on to say that “programs featuring peer leaders and refusal skills training are effective in preventing the onset of smoking” (p. 131). They also noted that research established “the immediate effects of resistance skills training in a school-based alcohol use prevention program and determined that subjects who received training performed better on a skills measure and showed greater refusal self-efficacy” (p. 131).

However, despite the “limited success of the social skills training, more work needs to be done” (Alberts et al., 1991, p. 131). Alberts et al., suggest that “even though teens developed greater skills in drug resistance, they had no greater confidence that they would be able to say no when offered drugs” (p. 131). Alberts et al., state that “these efforts can be improved by applying a social influence model to drug resistance” (p. 131). They say this model would focus on “the message strategies used to obtain social influence as well as the resistance strategies used to avoid influence” (p. 131). Alberts et al., acknowledge that in the past “social skills programs have proceeded to teach resistance methods without a clear picture of how drugs are offered, who offers them, the strategies teens use in resistance, and the circumstances under which they are resisted” (p. 131). What is needed is research into the numerous communicative techniques adolescents use to persuade or pressure their peers into partaking in the dangerous activities. Once understood, this knowledge will be the key to developing counter influence strategies to helping children say no

to underage drinking, smoking, drug use, premarital sex, and the “choking game.” Short of this more ambitious research program, much is known about persuasion in general that may be helpful in understanding communicative elements that may influence adolescent choices.

Persuasion and Influence

Persuasion is paramount to the peer pressure of getting one’s friends to participate in at-risk behaviors such as smoking, drinking, promiscuity, and the “choking game.” Without persuasion, peer pressure would not be a successful tool used to lure others to participate in these destructive behaviors, or in getting others to stop participating in this “game.”

Definitions and history. Mortensen (2004) defines persuasion as the “process of changing or reforming attitudes, beliefs, opinions, or behaviors toward a predetermined outcome through voluntary compliance” (p. 9). Another explanation of persuasion, as defined by O’Keefe (1990), is “a successful intentional effort at influencing another’s mental state through communication in a circumstance in which the persuadee has some measure of freedom” (p. 17). O’Keefe goes on to explain that “such a definition leaves it open to dispute just how much “success” is required, just how “intentional” the effort must be, and so on” (p. 17). Because there are many different explanations or definitions of persuasion, it was useful to go back to the root of persuasive study to gain a fuller understanding.

The Art of Rhetoric, by Aristotle represents the roots of persuasive study. He describes “three concepts [that] are central to understanding modern-day persuasion” (Mortensen, 2004, p. 11): ethos, pathos, and logos. Aristotle (Freese, trans. 1926) claims, “the first, depends on the moral character of the speaker, the second upon putting the hearer into a certain frame of mind, the third upon the speech itself, in so far as it proves or seems to prove” (p. 17). While it is possible to persuade an individual using only one of these means, Mortensen (2004) argues, “that the most effective persuasive attempts contain all three concepts” (p. 10).

Ethos is the speaker’s credibility or ethical appeal. It is human nature to believe people one looks up to and/or respects, thus individuals’ perceptions of the persuader have a great deal of influence on whether they are persuaded. Mortensen (2004) describes ethos as the “personal character of the speaker” (p. 10), including things such as, “body type, height, movement, dress, grooming, reputation, vocal quality, word choice, eye contact, sincerity, trust, expertise, [and] charisma” (p. 10). In essence, ethos is the “audience’s perception of the credibility of the speaker” (p. 10).

While ethos refers to the personal character of the speaker, pathos is the emotional appeal and refers to the “psychological state of the audience” (Mortensen, 2004, p. 10). Frymier and Nadler (2008) define an emotional appeal as “a persuasive message that relies on emotion to be persuasive” (p. 208). Mortensen (2004) explains that the “psychological or emotional state of the

listener can affect persuasion because our judgment when we are pleased and friendly is not the same as when we are pained and hostile” (p. 10). Persuading an individual is easily accomplished when understanding both the “individual’s actual state of mind and his desired state of mind... and the difference between the two” (p. 10).

In relation to the “choking game,” the emotional appeal to persuade an adolescent to stop playing the “game” may be a parent or friend of someone who has died who is able to share that experience to convince those who play the “game” that it is not a “game,” but a dangerous activity. An even more persuasive emotional approach for children who are playing this “game” may be showing a photograph of a deceased child, who perished while playing the “choking game.” Scott Metheny chooses this more emotional approach when he shows his Power Point presentation in schools in Pennsylvania. In his presentation, he shows photographs of children who have died playing this “game,” as well as a short slideshow of one deceased child from the time he was born to the time he died. In addition to the individual photographs, he also shows a picture of a deceased boy with a ligature mark around his neck who died playing the “choking game.” These photographs are all a part of the emotional appeal to get children to stop playing this “game.”

The third concept, *logos*, deals with the logical appeal, the “substance of the message, or the logic presented to provide proof to the listener” (Mortensen,

2004, p. 11). Frymier and Nadler (2008) explain that the “logical appeal is a persuasive message that relies on logic and reasoning to be persuasive” (p. 208). Logical appeal can usually be accomplished using one of two methods, inductive or deductive reasoning. With inductive reasoning, it is the observation of the behavior that draws people to their conclusions. For example, if children watch others participate in the “choking game” and never see anyone become injured or see a fatality, then, they will draw the conclusion that the “choking game” is a safe activity in which they may participate. Deductive reasoning, on the other hand, is based on previously known facts. According to Frymier and Nadler, while each of these means of persuasion, ethos, pathos, and logos, are “unique and distinguishable from one another,” (p. 208) sometimes they do overlap. Simply put, “emotional appeals often contain logical elements and logical appeals often contain emotion” (p. 208).

Theory. There are a number of theories used to explain the process of persuasion, such as elaboration likelihood model, social judgment theory, and cognitive dissonance theory. O’Keefe (1990) indicates that Petty and Cacioppo’s elaboration likelihood model (ELM) “suggests that important variations in the nature of persuasion are a function of the likelihood that receivers will engage in “elaboration of information relevant to the persuasive issue” (p. 96). He explains that, elaboration is “engaging in issue-relevant thinking” (p. 96) and that the “elaboration likelihood model is based on the idea that, under different conditions, receivers will vary in the degree to which they are likely to engage in ‘elaboration’

of information relevant to the persuasive issue” (p. 96). He says that, “sometimes receivers will engage in extensive issue-relevant thinking” (p. 96), but that “no one can engage in such effort for every persuasive topic or message... hence sometimes receivers will display relatively little elaboration” (p. 96).

O’Keefe (1990) explains Sherif, Sherif, and Nebergall’s social judgment theory as the idea that “attitude change is mediated by judgmental processes and effects” (p. 29). In essence, the precept of social judgment theory is that “the effect of a persuasive communication depends upon the way in which the receiver evaluates the position it advocates” (p. 29). Persuasion then becomes a two-step process where “the receiver assesses the position advocated by the message, and attitude change occurs after that judgment (with the amount and direction of change dependent upon that judgment)” (p. 30). O’Keefe explains that, “as the receiver’s assessment of the position being forwarded by the communication varies, different persuasive effects will occur” (p. 30).

Of the three theories listed here, Festinger’s cognitive dissonance theory is the most useful for this study. The nature of the text explored either precludes or limits the application of the previous theories. The messages, which were posted online, preclude knowledge of the context or condition of the receiver (Elaboration Likelihood Model) or their assessment of a persuasive statement (Social Judgment Theory). Cognitive Dissonance Theory focuses on the “idea that persons seek to maximize the internal psychological consistency of their

cognitions (beliefs, attitudes, and so on)” (O’Keefe, 1990, p. 61). Essentially, cognitive dissonance means if a person knows a behavior is dangerous, harmful, etc., yet continues to participate in said behavior trying to justify why it is acceptable, that person will be experiencing dissonance. Guilt, shame, anxiety, fear, and even embarrassment are just some of the negative emotions one may experience while in a dissonant state.

O’Keefe (1990) explains that “cognitive dissonance theory is concerned with the relations among cognitive elements (also called ‘cognitions’)” (p. 62). These cognitions may include one’s attitudes and beliefs. In fact, O’Keefe describes an element or cognition as “any belief, opinion, attitude, or piece of knowledge about anything – about other persons, objects, issues, oneself, and so on” (p. 62).

According to the Law of Dissonance, “people will naturally act in a manner that is consistent with their cognitions (beliefs, attitudes, and values)” (Mortensen, 2004, p.22). Dissonance, a state of discomfort, emerges when two of these cognitive elements are inconsistent with each other. For example, one’s cognition to play the “choking game” and one’s cognition that the “choking game” could lead to brain damage or death are dissonant with each other. Children are aware of the dangers of the “game,” so logically speaking they should not play the “game.” Yet, adolescents continue to participate in this activity.

While one is in a state of dissonance, or discomfort, most individuals “will naturally be inclined to adjust their behaviors or attitudes to regain mental and

emotional consistency” (Mortensen, 2004, p. 23). O’Keefe (1990) explains that there are two ways to reduce dissonance. He says the first way “is by changing the relative proportions of consonant and dissonant elements” (p. 63). One may accomplish this by either “adding consonant cognitions” (p. 63) or by changing or deleting “existing dissonant cognitions” (p. 63). For example, an addition of a consonant cognition might be a child playing the “choking game” being told by a friend and then believing that the “game” relieves stress. Alternatively, to change or delete dissonant cognitions, the child may try to persuade him/herself to believe that the “choking game” really does not kill people. The second way one might reduce cognitive dissonance is “by altering the importance of the issue or the elements involved” (p. 63). For example, one might believe that being with friends is more important than the risk associated with playing the “game.” Either way, if one wants to be more at peace with his/her decisions, he/she will need to make a conscious effort to reduce the dissonance felt when making the choice to play the “choking game.”

Cognitive dissonance theory is useful for constructing persuasive messages. The sender or persuader “might attempt to regulate a decision maker’s conflict by trying to alter the evaluation of only one (not both) of the alternatives” (O’Keefe, 1990, p. 64). O’Keefe states that, “by regulating the degree of conflict experienced, the persuader can presumably make it more likely that the persuadee will choose the option desired by the persuader” (p. 64).

O'Keefe (1990) explains that there are two factors to "the magnitude of dissonance experienced" (p. 62). The first factor is, "the relative proportions of consonant and dissonant elements" (p. 62). For example, a child playing the "choking game" may believe that it is fun, makes him/her look cool in front of their peers, and allows him/her to feel good for a short time. On the other hand, the child also knows that this "game" has killed other people and that there is a possibility it could take his/her life. Now there are "two clusters of cognitions" (p. 63). The first cluster contains elements that support playing the "choking game" and the second cluster includes elements that do not support playing the "game." O'Keefe explains that how much dissonance this child experiences "will depend on the relative size of these two clusters" (p. 63). Meaning, "as the proportion of consonant elements (to the total number of elements) increases, less and less dissonance will be experienced; but as the cluster of dissonant elements grows (compared to the size of the consonant cluster), the amount of dissonance will increase" (p. 63). For example, a sender trying to persuade a child to not play this "game," may indicate statistics of the number of deaths in the age range of the child with whom they are communicating, to strengthen the dissonance that child will feel about participating in this behavior.

O'Keefe (1990) discusses that the "second factor that influences the degree of dissonance is the importance of the elements or issue" (p. 63). For example, the greater importance a child assigns to the dangers of this "activity" and the effect it has on everyone involved, "the greater the dissonance he will

feel” (p. 63). Likewise, “the greater importance the smoker assigns to anxiety reduction and the maintenance of a sophisticated appearance, the less dissonance he will feel” even knowing its medical risk (p. 63). Before these theories can be tested in relation to persuasion surrounding the “choking game,” it is necessary to simply understand the conversation that is occurring, including very basic elements used in the process of persuasion, such as attitudes, beliefs, and values.

Attitudes, beliefs, and values. As a precursor to applying specific persuasive strategies, it is necessary to understand the attitudes, beliefs, and values at play regarding the issue of the “choking game.” Rokeach (1968) defines attitudes as “a relatively enduring organization of beliefs around an object or situation predisposing one to respond in some preferential manner” (p. 112). Frymier and Nadler (2008) define attitude as “a learned predisposition to respond in a consistently favorable or unfavorable manner with respect to a given object (p. 236). For example, some attitudes towards the “choking game” may be hate, dislike, disgust, etc. O’Keefe (1990) acknowledges that while “there is an astonishing range of diverse views” (p. 17) on the exact definition of attitudes, the “predominant treatment of attitudes... is the view that an attitude is a person’s general evaluation of an object” (p. 18). Rokeach also acknowledges a vast array of definitions of what attitudes are, but goes on to say that “most definitions of attitude seem more or less interchangeable insofar as attitude measurement and hypothesis-testing are concerned” (p. 110). He also states that, “all writers

agree that attitudes are learned through the principles of learning” (p. 112). An “attitude is not a basic irreducible element within the personality, but represents a cluster or syndrome of two or more interrelated elements” (Rokeach, 1968, p. 112). In his definition of attitudes, Rokeach explains that, “the elements are underlying beliefs (or cognitions, or expectancies, or hypotheses) rather than expressed opinions” (p. 112).

Beliefs are defined by Frymier and Nadler (2008) as linking “an object to some attribute” (p. 236). For example, in the statement “the ‘choking game’ is dangerous,” choking is the object and dangerous is the attribute. Rokeach (1968) offers his definition of beliefs as “any simple proposition, conscious or unconscious, inferred from what a person says or does, capable of being preceded by the phrase ‘I believe that....’” (p. 113). He goes on to describe a belief system as “having represented within it, in some organized psychological but not necessarily logical form, each and every one of a person’s countless beliefs about physical and social reality” (p. 2).

Rokeach (1968) offers descriptions of three different types of beliefs. The first belief is “a descriptive or existential belief” (p. 113), the second is an evaluative belief (p. 113), and the third is a “prescriptive or exhortatory belief” (p. 113). The descriptive or existential belief would be something similar to saying, “I believe children die from playing the ‘choking game.’” The evaluative belief might be similar to saying “I believe I will get a temporary high and enjoy myself, if I play the ‘choking game.’” The prescriptive or exhortatory belief would

be, "I believe it would be beneficial for all children to stop playing the 'choking game.'" Rokeach (1968) explains that "whether or not the content of a belief is to describe, evaluate, or exhort, all beliefs are predispositions to action, and an attitude is thus a set of interrelated predispositions to action organized around an object or situation." (p. 113).

Since it appears that attitudes and beliefs overlap, the difficulty lies in differentiating between the two. Rokeach (1968) explains that, "all attitudes incorporate beliefs, not all beliefs are necessarily a part of attitudes" (p. 115). He provides a more detailed explanation of the differences between beliefs and attitudes when he explains that, "a belief system can further be analyzed in terms of subsystems of varying breadth or narrowness" (p. 123), where, "an attitude is one type of subsystem of beliefs, organized around an object or situation which is, in turn, embedded within a larger subsystem" (p. 123).

Frymier and Nadler (2008) define values as "enduring beliefs that specific modes of conduct or end-states of existence are personally and socially preferable to alternative modes of conduct or end-states of existence" (p. 236), such as the value of life or obedience to adults. Rokeach (1968) explains values to be "a type of belief, centrally located within one's total belief system, about how one ought or ought not to behave, or about some end-state of existence worth or not worth attaining" (p. 124). While attitudes and beliefs overlap, values are "abstract ideals, positive or negative, not tied to any specific attitude object or situation, representing a person's beliefs about ideal modes of conduct and ideal

terminal goals” (p. 124). Some examples of ideal modes may be “seek truth and beauty, to be clean and orderly, to behave with sincerity, justice, reason, compassion, humility, respect, honor, and loyalty” (p. 124). Some examples of ideal goals may be, “security, happiness, freedom, equality, ecstasy, fame, power, and states of grace and salvation” (p. 124). Like all beliefs, values “may be consciously conceived or unconsciously held, and must be inferred from what a person says or does” (p. 124).

Emotional and logical appeals. Now that attitudes, beliefs, and values have been explored, elements of specific persuasive approaches can be clarified. Aristotles’ concepts of pathos and logos are two key elements of persuasive message content. Aristotle claimed there are two types of emotional appeals, enargeia and what Kies (2009) calls “suasive language.” Enargeia is the first source of an emotional appeal and refers to the “rhetor’s goal of arousing the passions within the audience to move them to act” (Corbett, 1971, p. 319). There are many emotions that individuals use to persuade, however, three that persuaders frequently use and that have been explored by researchers are “humor, guilt, and fear” (Frymier & Nadler, 2008, p. 208).

In seeking to persuade, gaining the audience’s attention is the first step and humor can easily accomplish this goal. The key to using humor effectively is to make sure it is relevant to the topic. For example, if an adolescent were trying to use humor as a way of getting his/her peers to participate in the “choking game,” s/he would not crack a joke about biology class. Instead, s/he would

need to make a joke about the “choking game” and perhaps make it personal to his/her experiences. There are several problems with using humor, however. The first is that while humor may make a person likable, it does not always increase credibility, which is key to successful persuasion. Frymier and Nadler (2008) explain that “being liked can help you be more persuasive; however, being perceived as credible is probably more important” (p. 208). The other difficulty with humor is that there are so many different forms and genres of humor it is problematic to study this form of persuasion, “and as a result research findings are often contradictory, making it impossible to make generalizations about the use of humor” (p. 209). Frymier and Nadler explain that while humor can induce positive feelings in some receivers, others may be offended by an individuals’ use of humor (p. 209).

The second common emotional appeal is guilt. While humor is generally viewed as a more positive emotional appeal, guilt is considered to be a negative appeal. Frymier and Nadler (2008) explain that guilt, “in the persuasion context is when you feel your behavior does not meet your own standards” (p. 210). There are different levels of guilt one may use. Research suggests that “guilt appeals that are implicit and elicit a low to moderate amount of guilt are probably the most effective” (p. 210).

Like guilt, fear is considered a negative emotional appeal. Frymier and Nadler (2008) explain that fear is “one of the most widely used emotional appeals in applied settings and certainly the most researched of all the emotional

appeals” (p. 211). Witte (1992) describes fear appeals as “persuasive messages designed to scare people by describing the terrible things that will happen to them if they do not do what the message recommends” (p. 330). However, like guilt, fear has some problems when used as an emotional appeal. Frymier and Nadler explain that persuaders may employ fear in their messages, which may arouse fear in the receiver, but the persuader does not “mention how to eliminate the threat” (p. 211). For example, a parent who has lost their child to the “choking game” may post a message on a chat room message board describing their loss and trying to elicit a fear in others to stop playing this “game.” However, if this parent is not also providing the tools to stop playing the “game” (i.e., where to get help, resources to turn to, etc.), the fear appeal will most likely not be effective. Previous research “indicates that simply arousing fear in the audience is not sufficient to influence attitudes, intentions, and behaviors” (p. 211).

“Suasive language,” a second type of emotional appeal Aristotle presents, can be broken down into either honorific or perjorative language. Kies (2009) states that honorific language “heaps praise on its subject and treats the subject with respect,” while perjorative language “disparages the subject, ridiculing and downplaying the significance of the subject” (para. 3). Both of these types of emotional appeals can be used independently or together. Kies defines “suasive language” as “language designed to sway the audience in favor or against a subject” (para. 3).

In addition to the emotional appeals, persuaders also often use logical appeals in their persuasive messages. Frymier and Nadler (2008) define logical appeals as “a persuasive message that relies on logic and reasoning to be persuasive” (p. 235). Logical appeals are generally broken down into either statistical or narrative approaches.

Frymier and Nadler (2008) describe statistical evidence as “information that summarizes a large number of cases and is expressed in numbers that is used to support a claim” (p. 222). For example, when referring to the “choking game,” if a persuader provides specific statistical information about how many children die each year from playing this “game,” or how many children become brain dead, or have other injuries, s/he is using a logical appeal with statistical evidence. Statistical evidence is frequently “summarized in the form of percentages” (p. 222). Because of the overwhelming amount of information that is often provided using statistical evidence, one may conclude that statistical evidence is a better approach to persuasion than the narrative approach. However, that may not necessarily be the case.

Unlike statistical evidence, narrative evidence uses “case stories or examples... to support a claim” (Frymier & Nadler, 2008, p. 222). The strength of narrative evidence is that “it tends to be more vivid than statistical evidence and may generate a more concrete image in the minds of the audience” (p. 223). Persuaders use the narrative approach to make their appeal more personal. Research has shown that “participants who were exposed to a message

containing narrative evidence retained greater attitude change two weeks after receiving the message than did participants exposed to a message containing statistical evidence” (p. 223).

One important thing to consider when looking at persuasive messages for either a statistical or narrative approach is that often times the message may contain both forms of evidence. In fact, Frymier and Nadler (2008) claim this may be the most effective approach to persuasion, saying that “combining the two forms of evidence may allow the persuader to create a message that is vivid, memorable, and more persuasive than using either type of evidence alone” (p. 223).

Research Questions

When the research on the “choking game” began for this project, it was difficult to find information on the internet. While some information existed on how to play the “choking game,” there was limited information about the dangers and risks associated with playing the “game.” Over the course of the research, more information began to surface through media outlets such as the internet, newspapers, news broadcasts, magazines, and talk shows. During research on this phenomenon or behavior, I visited many chat rooms where bloggers were discussing the “choking game.” It was apparent that these messages were created by adolescents and adults therefore, the inclusive term bloggers was used to reference the authors of the mediated messages throughout this study. During some of these visits, I encountered evidence of parents whose children

had died, or become injured while playing this “game,” pleading with others to stop participating in this activity. It was interesting to see how the bloggers tried to justify their involvement in this “game” and even attempt to encourage others to engage in the activity. Given these attempts to persuade, and based on the connection between attitudes, beliefs, and values and known approaches used to influence individual’s choice toward the “game,” I asked the following research questions.

RQ1: What underlying attitudes, beliefs, or values are evident in the mediated talk about the “choking game”?

RQ2: What emotional and logical appeals are present in talk about the “choking game” in mediated forums?

Chapter 3

Methods

*Your hands were cool, as were your feet. I wrapped them up to give you heat.
I pulled the blanket to your chin, a last attempt to "tuck you in."
I wanted so, to comfort you, to make you warm, to pull you through.
But mommy's kiss was late this night. My kisses could not make it right.
Your face was calm and oh, so blue, but still so beautiful, it's true.
You were everything to me, to lose you was not meant to be.
~Dianna Brendle*

Research Design

This study employed content analysis methods in examining mediated talk about the "choking game." According to Krippendorff (2004), content analysis is approximately 60 years old and is an "analysis of the manifest and latent content of a body of communicated material through classification, tabulation, and evaluation of its key symbols and themes in order to ascertain its meaning and probable effect" (p. xvii). He explains that "content analysts examine data, printed matter, images, or sounds – texts in order to understand what they mean to people, what they enable or prevent, and what the information conveyed by them does" (p. xviii). Not only has content analysis been around for decades, Neuendorff (2002) claims that, "in the field of mass communication research, content analysis has been the fastest-growing technique over the past 20 years" (p. 1). Krippendorff explains that content analysis is a useful "research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of their use" (p. 18). He states that content analysis is a scientific tool that "provides new insights, increases a researcher's understanding of a

particular phenomena, or informs practical actions” (p. 18). He goes on to say that, one distinguishing characteristic of content analysis is that it is an “empirically grounded method, exploratory in process and predictive or inferential in intent” (p. xvii).

Argument for Content Analysis

Because of the sensitivity of this topic, it was important to make sure the research process was as discrete as possible. Krippendorff (2004) explains that unlike some other scientific methods, content analysis “is an unobtrusive technique” (p. 40), which according to Keyton (2001) allows the researcher to “pore over and analyze the messages without participants’ awareness.” (p. 259). Keyton goes on to say that, “some texts are available without the approval of the message creator” (p. 259) which allows the researcher to “study the texts of a person whom they would likely never meet or be granted the opportunity to interview.” (p. 259).

Due to the researcher’s location during the course of this study, it was imperative that the information gathered be easily accessible. One way to do this was to use messages found in online chat rooms or in other mediated forums. Keyton (2001) suggests that one advantage of content analysis is that “the data are close to the communicator” (p. 259). She believes another benefit to content analysis is that the written texts are easily accessible in libraries through “magazines, newspapers, books, and over the Internet for chat room discussions, Web page postings, and archived materials” (p. 259). Due to the

increasing amount of information inundating the internet and media forums, it was also necessary to utilize a method that enables one to process a great deal of textual information completely and accurately.

Data Sample

Due to the nature of this study, it was necessary to use a wide range of sources from which to retrieve the samples. However, since there is an abundance of mediated talk about the “choking game” it was also essential to limit the size of the sample. Krippendorff (2004) explains that sampling “allows the analyst to economize on research efforts by limiting observations to a manageable subset of units that is statistically or conceptually representative of the set of all possible units, the population or universe of interest” (p. 84).

In the sampling step, the researcher determines which text or messages to analyze by identifying “the universe of messages to which the hypotheses or research questions apply” (Keyton, 2001, p. 254). There was such an abundance of mediated talk regarding the “choking game” in different areas such as chat rooms, magazines, discussion forums, and responses to You Tube videos that it would have been impossible, within the scope of this study, to code every message. Krippendorff (2004) explains when this happens sampling units may be utilized in exchange for characterizing each message. He describes sample units as “units that are distinguished for selective inclusion in an analysis” (p. 98), and he goes on to describe several different types of sampling that are available to researchers such as random sampling, systematic sampling, and

stratified sampling. The convenience sampling method was used for this study. Krippendorff describes convenience sampling as “motivated by analytical interest in an available body of texts that is known not to include all texts of the population that the analysts are concerned with” (p. 120).

In an effort to minimize bias, three different types of data sources consisting of internet discussion forums and responses to two types of You Tube videos were utilized to represent the mediated text available to children for this phenomena. The discussion forum messages were representative of all the chat rooms and message boards where people feel free to discuss their feelings about the “choking game” with others in a more conversational and familial atmosphere. The messages in response to the You Tube videos demonstrating different ways in which to play the “game” were representative of all the websites describing how to play the “choking game.” The messages in reaction to the You Tube videos memorializing a child who had died from playing this “game” were an illustration of all the mediated talk about children who have lost their lives to the “choking game.”

All You Tube videos and messages were retrieved in November 2008, although the memorials or exhibition videos were made between 2006 and 2008. The discussion forum messages were retrieved from the website Games Adolescents Shouldn't Play, in October 2008. The discussions were dated between February and September 2006, when the “choking game” was gaining a great deal of national media attention.

Units of Analysis

Once the first step of determining the sample was completed, the next step was to select “categories and units by which to analyze the text or messages” (Keyton, 2001, p. 254). Krippendorff (2004) calls these recording or coding units. He explains that while “sampling units are distinguished for inclusion in or exclusion from an analysis... recording units are distinguished to be separately described or categorized” (pp. 99-100). It is during this process that “the researcher draws relevant distinctions within an observational field [that then] creates a multiplicity of observations, information-bearing instances, or units for short, and readies that multiplicity for subsequent analysis” (p. 97).

The You Tube messages were very short and mostly non-conversational, so each You Tube message was counted as one coding unit. While each You Tube message became an individual coding unit, this was not possible with the discussion forum messages because they contained too much information. The discussion forum messages were longer, more familial, and conversational as individuals carried on extended discussions with others in the group. The You Tube messages tended to be shorter, more reserved, and often times one-sided messages referencing the video itself. Each complete thought in the discussion forum messages became a coding unit. A complete thought was determined to consist of an individual idea or concept within a message. For example, one message may have consisted of three complete thoughts: the dangers of the “game,” the fact that one’s local community was not doing anything about the

“game,” and that one had recently heard about someone who died from the “game.” While these may all be in one message, they are all different complete thoughts and were therefore coded independently. Once each message was broken down into the coding units, the messages were handled in the same fashion as the You Tube videos.

Coding Schemes

As in any other research method, “content analysis must be relative to the initial question and interpreted back to the context from which the data were selected” (Keyton, 2001, p. 258). According to Stemler (2001), there are two styles of coding data, which are emergent and a priori coding. He explains that with emergent coding “categories are established following some preliminary examination of the data” (Analyzing the data section, para. 5). When a priori coding is used however, “the categories are established prior to the analysis based upon some theory” (Analyzing the data section, para. 6). Neuendorff (2002) explains that, “all decisions on [the researcher’s] variables, their measurements, and coding rules must be made before the observations begin” (p. 11). The researcher used a prior coding for this study.

A very broad coding scheme of attitudes, beliefs, and values relative to the “choking game” was used to respond to research question one. A second level of categories was defined to characterize the attitude, belief, and value types within each category. For example, a value may be given the descriptive label of life or compassion. An attitude may be labeled hate, like, dislike, or sadness. A

belief about the “game” may be that it is suicide, deadly, or dangerous. If there were more than one attitude, belief, or value present, the dominant variable was coded.

In addition to coding for an attitude, belief, or value, each message was coded for an emotional or logical appeal if present. The emotional appeals were categorized by whether the language type was enargeia (to arouse passion), honorific (to praise), or perjorative (to disparage). If the appeals were enargeia, they were then categorized into one of three key emotions of humor, guilt, or fear. The logical appeals were categorized into two categories of statistical and narrative evidence. Unlike the attitudes, beliefs, and values, if both emotional and logical appeals were present both of those variables were coded, simply because research indicated that many persuasive messages include, and in fact can be more successful, if both emotional and logical appeals are present. Data were coded solely by the researcher so inter-rater reliability was not available.

Chapter 4

Results

It's not just your body I will miss; it's your touch and voice and thoughts, your kiss. Your ideas, songs and how you talk, the way you sleep and how you walk. Your smile, your laugh, your love of rain, your great intolerance of pain. Your love of animals, all our pets and fighter planes and battleships. It's your whistling and the food you ate, your complaints of all the stuff you hate. Your grin when you were filled with joy, the energy of a restless boy.

~Diana Brendle

Messages written in response to 8 You Tube videos and 18 conversations taken from a discussion forum on the website Games Adolescents Shouldn't Play were used to answer the research questions posed for this study. Before responding to the research questions, the descriptive statistics for the complete data are provided as an overview, followed by a breakdown for each data source.

There were a total of 788 coding units for messages responding to both types of You Tube videos, although only 325 were coded and utilized to answer the research questions. Of the 463 You Tube related messages not coded, 5 were written in a foreign language, 6 were duplicate messages, and the remaining 452 were not about the "choking game," and thus were not usable to answer the research questions. There were 76 coding units for the discussion forum messages. Of these 76 units, 16 were not coded because they were not about the "choking game," and therefore not relevant to the research questions.

Between the You Tube video related messages and the 18 discussion forum conversations, there were a total of 385 units coded. Out of these 385

units, 243 were found to have an attitude, a belief, or a value expressed and 319 units were found to have a persuasive appeal. The attitude, belief, and value messages and the persuasive messages were coded in separate analyses of the data and are not mutually exclusive.

Research Question One

As a descriptive study, several outcomes were anticipated for research question one, which asked what underlying attitudes, beliefs, and values are evident in mediated talk about the “choking game.” One outcome was an understanding of the negative versus positive talk about the “choking game.” Another was the frequency and characterization of the types of attitudes, beliefs, and values present in the mediated talk about the “choking game.” There was also a comparison of the stated frequency in each data source of attitudes, beliefs, and values.

The first outcome addressed was the positive or negative attitudes the bloggers’ messages indicated toward the “choking game.” Each message was coded based on the individual blogger’s perceived point of view about the “game,” based on his or her choice of words. Out of the 243 units coded as an attitude, belief, or value message, 191 units or 78.6 percent were negative and 52 units or 21.4 percent were positive toward the “choking game.” A crosstabulation was run to determine the presence of a relationship between valence and data sources. There was a statistically significant difference found among the categories ($\chi^2 = 52.129$, $df = 2$, $p < .001$). Cramer’s V indicated a

strength of .46, $p < .001$. This moderate relationship indicates that frequency of occurrence of the valence is contingent upon the data source.

Table 1 shows the frequency of the attitudes, beliefs, and values in all the coded messages. These frequencies were compared to indicate the prevalence of certain attitudes, beliefs, and values over others in the mediated talk about the “choking game.” Out of the 385 coded units, there were 104 messages that exhibited an attitude of some type. Out of these 104 messages, 10 descriptors for attitudes were present: anger, dislike, hate, sadness, scary, fun, love, horrible, exciting, and like. A chi-square was run comparing the attitude types

Table 1

Attitudes, Beliefs, and Values

	Frequency	Percent
Attitudes	104	42.8
Beliefs	82	33.7
Values	57	23.5
Total a, b, v	243	
Missing a, b, v	142	
Total	385	385

and a statistically significant difference was found ($\chi^2 = 164.85$, $df = 9$, $p < .001$; see Table 2). The attitudes of dislike and like were both prominent in regards to the “choking game” with 39 units or 16.0 percent of the units coded showing an attitude of dislike, and 32 units or 13.2 percent revealing an attitude of liking the

“game.” It was interesting that an attitude of love for the “game” was described by 3 bloggers or 2.9 percent. A complete list of attitude descriptors and the observed versus expected numbers of attitudes present in the mediated talk about the “choking game” are presented below in Table 2.

Table 2

Observed Versus Expected for Descriptions of Attitudes

	Observed N	Expected N	Percent of Messages	Percent of Attitude Messages
Anger	1	10.4	0.4	0.96
Dislike	39	10.4	16.0	37.50
Hate	3	10.4	1.2	2.88
Sadness	3	10.4	1.2	2.88
Scary	10	10.4	4.1	9.61
Fun	11	10.4	4.5	10.58
Love	3	10.4	1.2	2.88
Horrible	1	10.4	0.4	0.96
Exciting	1	10.4	0.4	0.96
Like	32	10.4	13.2	30.77

While attitudes were more prominent in the messages than either beliefs or values, there were 82 beliefs coded in the messages from all three data sources. There were 6 beliefs represented in these messages: dangerous, deadly, suicide, not dangerous, need to stop, and addictive (see Table 3). A chi-

square was also tabulated on this set of data and a statistically significant difference was noted ($\chi^2 = 84.829$, $df = 5$, $p < .001$). The frequency of beliefs that

Table 3

Observed Versus Expected for Descriptions of Beliefs

	Observed N	Expected N	Percent of Messages	Percent of Belief Messages
Dangerous	37	13.7	15.2	45.12
Deadly	29	13.7	11.9	35.36
Suicide	6	13.7	2.5	7.32
Not Dangerous	3	13.7	1.2	3.66
Need to Stop	4	13.7	1.6	4.88
Addictive	3	13.7	1.2	3.66

the “game” is dangerous and that the “game” is deadly were significantly different from the frequency of the other four descriptors. It was interesting that a very limited number of people indicated a strong belief that the “game” was addictive, or that people needed to stop playing. While many of the bloggers showed a negative attitude toward the “game” itself, suggesting that these children should cease playing, very few people actually stated that as a belief.

The last category in this coding scheme was values. Of the 243 overall messages coded with an attitude, belief, or value, 57 of these messages were coded with a value. Three values, life, honesty, and compassion were present in

the mediated talk about the “choking game” (see Table 4). The value of life was more prominent than either the value of honesty or compassion. A chi-square test showed a statistically significant difference ($\chi^2 = 96.74$, $df = 2$, $p < .001$). The value of life was coded in 54 units or almost 95 percent of all the value messages.

Table 4

Observed Versus Expected for Descriptions of Values

	Observed N	Expected N	Percent of Messages	Percent of Value Messages
Life	54	19	22.22	94.74
Honesty	1	19	0.41	1.75
Compassion	2	19	0.82	3.51

Attitudes, Beliefs, and Values Post Hoc

Looking at the variety of descriptors a post hoc question was asked: How do the attitudes, beliefs, and values vary per data source? A crosstabulation was run to determine the presence of a relationship between data sources and the use of attitudes, beliefs, and values in language. Difference in talk about the “choking game” whether stating attitudes about the “game,” beliefs about the “game,” or values related to the “game,” was contingent upon data source ($\chi^2 = 21.27$, $df = 4$, $p = < .001$). Cramer’s V indicates a strength of .21, $p < .001$. Although the strength was low, there was a significant difference in the choice to reference an attitude, state a belief, or evoke a value, based upon the data

source for a message. The information for all attitudes, beliefs, and values per data source is presented in Table 5.

Table 5

Crosstabulation of Different Data Sources

	Attitudes		Beliefs		Values	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
You Tube Memorials	52	44.44	29	24.79	36	30.77
You Tube Examples	46	50	34	36.96	12	13.04
Discussion Forums	6	17.64	19	55.89	9	26.47

To answer the post hoc question more thoroughly, the attitudes, beliefs, and values, were reviewed holistically. An interesting observation emerged in this analysis in the messages related to the You Tube examples videos. A large percentage (17.4 percent) of the bloggers stated a belief that the “choking game” was dangerous, yet these messages also indicated the highest percentage (27.2 percent) of bloggers referring to an attitude of liking the “game.” It was also interesting that the only three respondents indicating that the “game” was not dangerous were also responding to the You Tube examples videos. The complete list of descriptors per data source is outlined in Table 6.

Table 6

Descriptors per Data Source

	You Tube Memorials		You Tube Examples		Discussion Forum	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Life	36	30.8	12	13.0	6	17.6
Anger	1	0.9				
Dangerous	13	11.1	16	17.4	8	23.5
Deadly	10	8.5	13	14.1	6	17.6
Dislike	30	25.6	8	8.7	1	2.9
Hate	3	2.6				
Sadness	2	1.7			1	2.9
Suicide	4	3.4	2	2.2		
Scary	6	5.1	4	4.3		
Fun	2	1.7	8	8.7	1	2.9
Love	1	0.9	1	1.1	1	2.9
Not						
Dangerous			3	3.3		
Need to						
Stop	2	1.7			2	5.9
Honesty					1	2.9
Horrible					1	2.9
Compassion					2	5.9
Addictive					3	8.8
Exciting					1	2.9
Like	7	6	25	27.2		

Research Question Two

In addition to looking at the different attitudes, beliefs, and values present in the mediated talk regarding the “choking game,” persuasive appeals were also evaluated. Research question two asked what emotional and logical appeals are present in talk about the “choking game” in mediated forums. Each persuasive message was coded for a negative or positive attitude depending on the messenger’s persuasive tone toward the “choking game.” Of the 385 coding units, 319 units had either an emotional or a logical appeal. Of those persuasive

messages, 242 units or 75.86 percent had negative emotions towards the “game” and 77 units or 24.14 percent had positive feelings about the “choking game.”

In addition to coding for positive and negative aspects, each message was coded for different persuasive techniques. Unlike the attitudes, beliefs, and values, where the strongest variable was coded, it was possible to code these messages as either an emotional appeal, a logical appeal, or both. Table 7 shows the frequencies for the appeal types in these messages.

Table 7

<u>Persuasive Appeals</u>			
	<u>Emotional</u>	<u>Logical</u>	<u>Both</u>
Frequency	150	104	65
Percentage	39.0	27.0	16.9

The emotional appeals were then broken down into the three different categories of enargeia, honorific, and perjorative. Table 8 shows the breakdown of the emotional appeals present in these messages. The appeals that were coded as enargeia were then sorted into the subcategories of humor, guilt, or fear.

Table 8

<u>Emotional Appeals</u>			
	<u>Enargeia</u>	<u>Honorific</u>	<u>Perjorative</u>
Frequency	159	7	48
Percentage	41.3	1.8	12.7

A chi-square was run to examine the distribution of the frequency of the use of humor, guilt, and fear in emotional persuasive attempts. Results indicated that there was a statistically significant difference in people's choice to use humor, guilt, or fear ($\chi^2 = 136.11$, $df = 2$, $p < .001$), with fear having the greatest frequency. It was interesting to note that fear was used as a positive approach to get people to start playing the "game," and as a negative approach to persuade people to stop.

A crosstabulation was run to explore any relationship between emotional descriptions and valence. Results indicated that there was a statistically significant difference ($\chi^2 = 128.350$, $df = 2$, $p < .001$). Cramer's V indicates a strength of .901, $p < .001$. These results are shown in Table 9. It appears that the emotions the bloggers were trying to evoke were contingent upon their valence toward the "game." One example was the unexpected outcome that several messages contained the use of humor in relation to the "choking game" in an effort to persuade others to participate in this activity.

Table 9

Crosstabulation of Emotional Description by Valance

	Negative		Positive	
	Frequency	Percentage	Frequency	Percentage
Humor	0	0.00	35	22.15
Guilt	4	2.53	0	0.00
Fear	113	71.52	6	3.8

The prevalence of narrative evidence versus statistical evidence in the logical appeals was also compared. Only 169 of the persuasive messages were logical appeals and of those, 162 units or 95.9 percent used narrative evidence while only 7 units or 4.1 percent used statistical evidence to try to persuade others to either start or stop playing the “choking game.”

After analyzing the persuasive messages individually, a post hoc question was asked to explore whether a difference in the persuasive messages was evident by data source. A crosstabulation showed a statistically significant difference ($\chi^2 = 55.615$, $df = 4$, $p = <.001$). Cramer’s V indicates a strength of .295, $p <.001$. The choice to use an emotional or logical appeal, or both, was contingent upon the context surrounding the message’s creation. Table 10 shows the crosstabulation of persuasive types in reference to data sources.

Table 10

Persuasive Types and Data Sources

	Emotional		Logical		Both	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
You Tube Memorials	82	53.95	42	27.63	28	18.42
You Tube Examples	64	53.78	25	21.01	30	25.21
Discussion Forums	4	8.33	37	77.08	7	14.59

Summary Results

Despite the fact that the messages were coded individually for attitudes, beliefs, values, and persuasive appeals, a similarity was evident in both coding

schemes. Both sets of data exhibited a significantly higher percentage of bloggers with a negative response to the “choking game” than a positive attitude (see Table 11).

Table 11

Valence by Attitudes, Beliefs, Values, and Persuasive Messages

	Negative		Positive	
	Frequency	Percentage	Frequency	Percentage
A, V, B Messages	191	78.6	52	21.4
Persuasive Messages	242	75.86	77	24.14

Table 12 shows the valence for the attitudes, beliefs, values, and persuasive messages broken down by data source. There does not seem to be a substantial difference between the two coding schemes within each data source. However, there is a significant difference in the amount of positive appeals in the messages related to the You Tube Examples videos compared to either of the other two data sources.

When considering all coded messages, the overall motive was to get someone to start, stop, or continue playing the “choking game.” These motives were categorized into two groups of either stop playing the “game” or start/continue playing the “game.” A chi-square found a significant difference in the distribution of motive, to start or stop playing the “choking game” ($\chi^2 = 136.210$, $df = 1$, $p < .001$). Of the 385 overall coding units, 307 units or 79.7 percent of the bloggers were attempting to stop someone from playing

the “game” while the other 78 units or 20.3 percent were attempting to get someone to start or continue playing the “game.”

Table 12

Valence by Type and Data Source

You Tube Memorials				
	A, V, B		Persuasive	
	Frequency	Percentage	Frequency	Percentage
Negative	108	44.44	141	44.2
Positive	9	3.7	11	3.42
You Tube Examples				
	A, V, B		Persuasive	
	Frequency	Percentage	Frequency	Percentage
Negative	50	20.58	62	19.44
Positive	42	17.28	57	17.87
Discussion Forums				
	A, V, B		Persuasive	
	Frequency	Percentage	Frequency	Percentage
Negative	33	13.58	48	15.05
Positive	1	0.41	0	0

Chapter 5

Discussion

*The neverending hum of noise, the sound effects you gave your toys.
Christmas, Halloween and such. When you were here, they meant so
much. Your arms encircling 'round my neck, your love of space,
Star Wars, Star Trek. They way you'd find a quiet nook to sit and read a
brand new book. And always ready, on the go to ride 4 wheelers,
play in the snow, boating and camping with your dad and
dreading schoolwork, oh so bad.*

~Diana Brendle

The “choking game” is not an activity that is widely discussed and has not been a research focus like other teenage at-risk behaviors such as promiscuity, drug use, alcohol, and smoking. Children are often persuaded to participate in this “game” through peer pressure from their friends, so it was important to research this topic to better understand what persuasive techniques are used to encourage youth to play this “game” or more importantly what techniques might be successful in getting children to stop playing the “game.”

Conclusions

There were two initial research questions for this study. The first question sought to identify the underlying attitudes, beliefs, and values evident in mediated talk about the “choking game.” The second research question addressed the emotional and logical appeals present in talk about the “choking game” in mediated forums. The results from this study suggest several conclusions about the attitudes, beliefs, and values

present in mediated talk about the “game,” as well as persuasive strategies that might influence children to stop playing the “game.”

Conclusion one. The results of this study suggest that cognitive dissonance theory can be used in persuading children regarding playing the “choking game.” The information found in the mediated messages showed that while the children playing the “choking game” were aware of the dangers of the “game,” some continued to participate in this activity because they liked it, thought it is fun, or enjoyed the feeling they got from playing the “game.” Essentially, if a child knows a behavior is dangerous or harmful, yet s/he continues to participate in the “game,” trying to justify why it is acceptable, s/he will experience dissonance. An example of dissonance occurring as two cognitive elements are inconsistent with one another is a child believing the “choking game” is fun and also knowing that playing the “game” could lead to brain damage. Similarly, the results suggest that some bloggers are attempting to reduce the amount of dissonance they feel by “increasing the importance of a consonant cognition” (O’Keefe, 1990, p. 63), specifically increasing the value of the feelings they get from playing the “choking game” and claiming that this outweighs the risk of participating in the “game.” It stands to reason that if adolescents increase the significance of their consonant cognitions so they can continue playing the “choking game,” then persuaders may get children to stop playing the “game” by increasing the amount of

dissonance children feel. Persuaders could accomplish this by putting more emphasis on the negative elements of the “game” in their messages, such as when falling after passing out, brain damage from lack of oxygen to the brain, and death.

Conclusion two. Mediated conversations about the “choking game” follow persuasive norms by utilizing fear appeals more than other emotional appeals when attempting to persuade. An interesting finding in this study is that of the approximately nine percent of the bloggers who noted the “game” was scary all also stated they would continue to play. This thrill seeking mentality opens the door for others to use fear as a means of persuading adolescents to play the “game.” Out of the messages utilizing fear as an emotional appeal, approximately five percent were aimed at either getting others to start or continue playing the “game.” This was an unexpected finding. It had been anticipated that all emotional appeals that exhibited the use of fear would be in opposition to the “game.” It appears the bloggers who were using fear as a positive emotional appeal were attempting to reduce the receiver’s level of dissonance by altering the valence of fear in relation to the “choking game.” This suggests an interesting communicative strategy where one takes that which might be used to influence people to stop a behavior and retools it to support the position that the behavior or “game” should be played.

Conclusion three. The results suggest that humor can be used to reduce dissonance by adding consonant cognitions that the “choking game” is funny. Following persuasive norms, humor was used as a positive emotional appeal in mediated text regarding the “choking game.” In fact, approximately 22 percent of the emotional appeal messages demonstrated the use of humor in an apparent attempt to persuade others to participate in this activity. Because humor is generally used as a positive emotional appeal, to elicit its presence was not anticipated in data addressing such a high risk behavior. Due to the sensitivity of this topic, the use of humor is a risky choice for a persuasive appeal because it can be viewed as odious. Frymier and Nadler (2008) note that the use of “humor can be very offensive” (p. 209), depending on the topic and the way the message is presented.

Conclusion four. The results suggest the level of risk associated with playing the “choking game” is underestimated by those who have not had personal (self or peer) experience with negative consequences. Zigon et al., (2005) explain that “direct exposure to hazard, when not accompanied by any negative consequences, leads to future appraisal that underestimates the actual risk” (p. 104). The results of the study suggest that the bloggers who exhibited a positive attitude, belief, or value toward the “choking game” were people who had not personally experienced any negative consequences (i.e., accidents, seizures, death,

etc.) while playing the “game,” either to themselves or a peer, and thus appear to be underestimating the seriousness of the risk of playing the “choking game.” Zigon, et al. go on to explain that, “children who had... a successful performance... appraise the same situation as less dangerous” (p. 104). That is, every time a child has a successful encounter (i.e., does not experience any negative consequences) playing the “choking game” s/he will become de-sensitized to the seriousness and the dangers of playing this “game,” “leading them to under-estimate a future hazard” (p. 104).

Conclusion five. These persuasive attempts found in the mediated talk about the “choking game” have real potential to influence children to stop playing the “game.” Whether intentional or by happenstance, the majority of the messages that were persuasive in nature utilized narrative rather than statistical evidence. While “statistical evidence does provide more information about the issue than narrative evidence” (Frymier & Nadler, 2008, p. 223), narrative evidence “tends to be more vivid than statistical evidence and may generate a more concrete image in the minds of the audience” (p. 223). This suggests a more powerful impact and greater potential for influence. Bloggers overwhelmingly presented persuasive messages with a negative valence toward the “game.” Their narrative evidence provided details of a friend or loved one who had fallen victim to this “game.” The valence and the

content of the messages indicate the use of narrative evidence was used to encourage others to stop rather than play the “game.”

It was anticipated that there would be a significantly larger amount of statistical content in the persuasive messages regarding the “choking game,” as for example the amount of deaths attributed to this “game” every year, or how many victims experience brain damage, or other physical injuries that occur as a result of playing this “game.” Perhaps one explanation for the lack of statistical evidence used is that the whole scope of this phenomena is not yet known. Adolescent deaths that occur from playing this “game” are often times incorrectly determined to be suicides, and children may not be truthful about how they received injuries suffered while playing the “game” in an effort to cover up their activities.

Implications

Persuasion is an effective tool in getting others to believe in the same ideas or to participate in the same activities as oneself. It has been used successfully for generations in getting children to participate in at-risk behaviors such as promiscuity, drug use, alcohol use, and smoking, as well as playing the “choking game.” The information gathered in this study can move adults closer to understanding how to effectively persuade children to stop participating in these dangerous and often deadly behaviors.

By looking at the attitudes, beliefs, and values that bloggers have toward the “choking game,” it would be possible to formulate persuasive messages utilizing these ideas in an effort to get them to stop playing this “game.” It will also be useful to look at the different persuasive strategies utilized to determine which will be most effective in stopping this “game” from being passed down to another generation of children.

Even adults can have difficulty comprehending the meaning behind numerical evidence, however for a child, connecting meaning to figures of how many people die each year from this “game,” or how many are injured each year can be daunting. Instead, using a persuasive strategy that is more personal and more vivid may ultimately be the most successful message to reach them. To know that a child who is just like they are, on the honor roll, a star football player or basketball player, a member of the student council, a popular student who was well-liked by all, died from playing a “game,” will likely be more effective for them than a multitude of statistics. As they identify with a victim, it becomes more personal and they may realize that negative outcomes can happen to them. Because narrative evidence is more vivid and personal than statistical evidence it is logical to conclude that utilizing this method of persuasion has greater potential to reach children and influence their choices regarding this deadly “game.”

Strengths and Limitations

Content analysis has its strengths and weaknesses when applied in research. One of the positive aspects of using content analysis in this study was that it allowed the researcher the ability to obtain a substantial amount of sensitive material through an unobtrusive method. Unlike other research methods that may “interfere with the phenomena being assessed and create contaminated observations” (Krippendorff, 2004, p. 40), content analysis uses existing text and is therefore “nonreactive and unobtrusive” (p. 40). Krippendorff claims that with other research methods such as surveys, face to face interviews, focus groups, etc., there are two reasons that “social researchers may want to avoid reactive situations” (p. 40). The first reason is that “undue influence on the situation that gives rise to the data may distort the data, jeopardizing the validity of the research” (pp. 40-41). The second reason is that “researchers need to conceal their interest in the data for fear of being manipulated by their sources” (p. 41). By using “an unobtrusive technique [such as] content analysis, [the researcher] can avoid such biases altogether” (p. 41).

One limitation of this study is the data for this research were not double coded, therefore reliability and validity are not available. Krippendorff (2004) explains that “content analysis is a research technique for making replicable and valid inferences from text (or other meaningful matter) to the contexts of their use” (p 18). He explains that the “simplest

reliability data are generated by two observers who assign one of two available values to each of a common set of units of analysis” (p. 223).

While the data were not double coded, it was systematically gone through four times so every measure possible, with a single coder, was taken to validate the coding choices made.

The use of content analysis offers researchers a variety of sampling methods. Convenience sampling was chosen for this project, because it would not have been possible or feasible to analyze all mediated texts regarding the “choking game,” but it does offer some limitations.

Krippendorff (2004) states that, “convenience sampling is motivated by analytical interest in an available body of texts that is known not to include all texts of the population that the analysts are concerned with” (p. 120).

Krippendorff explains that, “the idea of sampling entails choosing to include or exclude data, with the intent of being fair to all possible data” (p. 121). However, he clarifies that “convenience samples do not involve such choices and leave uncertain whether the texts that are being analyzed are representative of the phenomena that the analysts intend to infer” (p. 121), which then may lead to the samples containing biases.

In an effort to obtain a representative sample of what children have access to in mediated forums, messages about the “choking game” were gathered from various online resources including internet discussion forums, responses to four You Tube videos showing adolescents

demonstrating different pass out techniques, or variations of the “game,” and four You Tube videos that memorialized someone who passed away from playing the “choking game.” Thus, representing interactive messages broadly addressing the “game,” messages about how to play the “game,” and messages responding to those who have lost their life playing the “game.”

Future Studies

Since this topic is important to behavioral health and there is limited information available - perhaps no prior academic research - it is important that further research be completed. When this study looked at the persuasive messages, it focused on the persuader. Research is needed on the effectiveness of persuader’s messages. This can be accomplished by interviewing or surveying respondents to see if the messages they are exposed to persuaded them to stop or start playing the “game.” It would be interesting to hold interviews with children who confess to playing the “choking game” to find out how young they were when they began playing the “game,” who taught them to play, and how were they persuaded to play. Teachers at some elementary and middle schools are taking informal polls to find out how many children know about the “game,” and how many are actually participating in this activity. They are astounded at what they are learning through these surveys. After Gabriel Mordecai’s death, “a concerned teacher at his middle school took an informal poll.

Half of the eight graders were familiar with the ‘game’” (‘Choking game, 2005, p. 2).

It may also be worthwhile to examine the communication in parent-child relationships regarding this “game.” Sillars, Koerner, and Fitzpatrick (2005) claim that “adolescents typically share the core beliefs and value orientations of their parents” (p. 104). This research study looked at the attitudes, beliefs, and values of people in regards to the “choking game.” It would be interesting to see if the attitudes, beliefs, and values of parents and children are similar when it comes to playing this “game.” If parents see this “game” as a dangerous and deadly activity, would their children model behaviors based on those beliefs? What forms of parent-child communication lead to value or belief similarity regarding the “choking game?”

Conclusion

This research study looked at the different attitudes, beliefs, and values that were evident in the mediated talk about the “choking game,” as well as the persuasive techniques utilized in mediated messages to get others to either start, continue, or stop playing the “choking game.” There are several communicative theories that might be applied, however, Festinger’s cognitive dissonance theory was the most useful in explaining communicative choices in the data.

More research needs to be carried out on the “choking game” so that there is a better understanding of why children are so easily persuaded to play this “game.” Far too many young, energetic children who were full of life have been persuaded to play a “game” partially because they believed it was less dangerous than drinking or using drugs. In reality, this “game” can be just as deadly, and children are losing their lives as a consequence.

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*The hurt that is the worst for me is what your life will never be. The world was yours as it should have been, but this is now ant hat was then. If only I could change the past, I would be gone but you would last. For that was how it was meant to be, that you'd be here and missing me. I love and miss you terribly, ~Mommy
~Dianna Brendle*

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