Marisa Antinori

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Exploring Our Conceptions of Stimming at Haverford College

**Introduction**

Self-stimulatory behavior, more commonly known as “stimming,” and the people who engage in it have been studied, pathologized, and punished by social scientists who study them. Stimming is defined as repetitive, rhythmical, motor behaviors that engage any one or multiple of the seven senses, visual, auditory, tactile, taste, smell, vestibular, and proprioception in order to help people self-express, self-regulate, and sensory seek (Schaber, “What is Stimming?”). Some common manifestations of self-stimulatory behavior are rocking, hand flapping or waving, feeling one’s body or objects around them, and humming. Stimming has been narrowly and negatively construed since the creation of the term in the 1960s up through today. It is exclusively described in literature as a behavior that autistic people engage in and is portrayed as something that occurs solely as a result of autism, which rules out the possibility that non-autistic people engage in self-stimulatory behavior. As a result, stimming was effectively prescribed to strictly apply to a marginalized group of people targeted as disabled.

Stimming has been pathologized because it was first misunderstood as a purposeless and problematic behavior that prevented autistic children from engaging in their environment and therefore inhibited learning new behaviors (Koegel and Covert, 381). Ole Lovaas, one of the founders and pioneers of Applied Behavior Analysis (ABA), worked to stamp out any obvious sign of autism from children by eliminating stimming via physical punishment, and positive and negative reinforcement tactics, because he believed that doing so would make them more available to learn and therefore more normalized in society (Perry, “The Art of Stimming”). Consequently, punishing stimming was normalized by society and was picked up by doctors, teachers, parents, and therapists. A more recent, popular movement called “Quiet Hands” was developed by ABA, rooted in compliance-based and normalization therapy techniques, which taught children to immediately stop stimming and if they did not, they were punished by having their hands forcefully quieted by glue, tape, straps, or clamped by others’ hands (Bascom, “Quiet Hands”). This brief overview on the history of stimming provides a glimpse into how one misconstrued behavior was targeted, pathologized, and marginalized the neurodivergent community from society.

In light of this history, I sought out to challenge this narrow definition of neurodivergent stimming and the negative conceptions that come with it. For my midterm project, I created a compilation of videos from YouTube, gifs on the internet, and personal recordings to visually compare the outward, physical behaviors of neurotypical and neurodivergent stimming in order to explore the similarities and differences between each group’s behaviors. The goal of the project was to encourage viewers to reflect on if and how neurodivergent and neurotypical stimming is different, while allowing them to use their own judgement to make these distinctions. My response to the video was that there is an incredible amount of overlap between the two group’s behaviors and that essentially nobody, and therefore everybody, engages in self-stimulatory behavior. Seeing as I may have a biased opinion from currently being in a disability studies class, I wanted to get a more removed perspective and feedback from a larger population. My final project is a continuation of my midterm, such that I created a survey that attempts to assess students’ conceptions of if, how, and why neurotypical and neurodivergent stimming is conceived to be similar or different at Haverford College, and to use these responses to try to decipher where the line is drawn between the two groups.

**Methods**

Since I have no prior experience of making a survey, I primarily referenced Ellen Taylor-Powell’s *Questionnaire Design: Asking questions with a purpose.* I used this source for guidance on how to construct, word, and format the survey in hopes of eliciting the most honest and accurate information while avoiding any leading or biased questions. I included my midterm video project within the survey so that participants could get a basic understanding of what stimming is and what it may look like, but I removed the description that I had originally written to remove any potential bias that it may have added. It is important to note that the video and survey did not include the extremes of stimming behaviors that pose harm to themselves or others (self-injurious behavior), but that does not mean that they do not exist. After the survey was written, I emailed a link to a variety of students who I have connections to, being classmates, teammates, and my customs hall. After five days, the survey was closed. Then, I compiled and analyzed the results, primarily focusing on the responses that had the most or least favor in addition to those that had the most discrepancy.

**Results**

The survey that was sent out to a handful of students at Haverford College had five components to it: demographic information, background knowledge of stimming and disability studies, five minute video, self-identification to stimming, and assessment of the difference between neurotypical and neurodivergent stimming behaviors. The survey had a total of thirty-five questions, so they are not listed here but the inactive survey (no longer accepting responses) can be found at the following link: <https://forms.gle/c873hw8hEtFdmVJp6>. The demographic component was meant to get a sense of the distribution of age (class year), gender, race, major/minor, and disabled population who were participating in the survey. The purpose of the background questions was to assess the participants’ exposure to disability studies, people with autism, and self-stimulatory behaviors. As mentioned previously, the goal of including the video was to give uneducated participants a foundational understanding on what stimming is and why it is performed. The next segment was self-identification, which provoked respondents to admit their own and others’ stimming behaviors and what kinds they engage in. Finally, in the last and longest portion of the survey, participants were asked a series of questions to assess if, how, and why they see a difference between neurotypical and neurodivergent stimming behaviors. In total, 28 people participated in the survey.

Demographic Information:

The age (class rank) of the survey participants was: 46% juniors, 32% seniors, 14% sophomores, 7% first-years. Most of the participants were female (61%), male (36%), and 4% prefer not to say. The overwhelming majority of participants identified as non-Hispanic white (71%), then Asian (18%), non-Hispanic black (14%), and Hispanic white (11%). There was a large variety of majors, but the most common was psychology, with 6/28 (21%), the next most common was biology (11%). Similarly, there was a large spread of minors, with two most common as health studies and neuroscience (each 7%). Interestingly, 79% of participants do not identify as having any type of disability, 18% identify as having a disability, and 1 respondent preferred not to say.

Background Knowledge:

In getting a sense of participants’ exposure to disability, 68% of participants either are or knows someone who identifies as autistic while 32% do not, 61% have not taken a course on disability studies in college whereas 39% have, and surprisingly 54% of participants had heard of the term “stimming” before, while 46% had not.

Video: *Nobody Stims//Everybody Stims*

A question was included after the video on the three reasons why people engage in stimming behavior, which was explained in the five minute video. Those who did not answer correctly (3/28) indicated that they did not watch the whole video.

Self-Identification:

When participants were asked if they have or currently engage in stimming, 86% of participants said yes, 11% are unsure, and 1 respondent said that they do not. Every single survey participant identified more than one stimming behavior that they engage in (including the respondent who said that they do not stim). The most common stims were playing with your fingers/hands, foot tapping/leg shaking, feeling/fidgeting with objects around you, hair twirling/patting, then less common stims were rocking/swaying, nail biting, chewing on things, and the least common were jumping, hand flapping/waving. After identifying their own stimming behaviors and getting some concrete examples of stimming behaviors, 93% of participants said that they notice others engaging in stimming, with 1 respondent who was unsure and 1 who said they did not notice. This segment was concluded with the only short-answer section which asked participants to briefly explain their understanding of the difference between neurotypical/neurodivergent people. There was a wide range of answers, spanning from a detailed description to saying they do not know. Interestingly, most respondents (23/28) mentioned that the difference lies in what is considered normal and abnormal by social rules, and many also recognized that this is due to different cognitive function.

Assessing Differences in Stimming Behaviors:

This was the final component in the survey which sought out to identify if, how, and why participants saw neurotypical and neurodivergent self-stimulatory behavior as similar or different. The first task was to determine if participants saw a difference in stimming behaviors between the two groups. A majority of participants said that they felt like there was a difference in stimming behavior between neurotypical and neurodivergent people based on the video (54%), then unsure (32%), and no (14%), yet few said that they could distinguish between neurotypical and neurodivergent stimming behaviors (40%), as a nearly equal number said they were unsure (39%), or could not distinguish between the two behaviors (21%). On a scale of 1-5 (1 being very dissimilar to 5 being very similar), most participants swung towards the two stimming behaviors being more similar rather than different, as shown in Figure 1.

**Figure 1.** A majority of participants said that neurotypical and neurodivergent stimming behavior is more similar rather than different based on a scale of 1-5. No participants said they were very dissimilar, 4% leaned towards dissimilar, 39% were in the middle, and 46% leaned towards similar or very similar.

The next task was to determine how participants may see a difference in stimming behaviors between the two groups. The first possibility was that people saw a difference in the reason why neurotypical and neurodivergent people stim. The results of this question are shown in Figure 2a. When asked why neurotypical people stim, and then why neurodivergent people stim in a separate question, the 3 top votes were the same for each: helps concentration and focus, relieves anxiety, and happens unconsciously. The least selected reason for why both groups stim was “for fun.” The largest disparity between the two groups is that many more people believe neurodivergent people stim to convey an emotion (24/28) while significantly less people (15/28) think neurotypicals use stimming to convey an emotion.

**Figure 2a.** Participants were able to select multiple answers for why they believe neurotypicals (green) and neurodivergents (blue) engage in stimming behavior. Results show that they believe both groups stim for the same top three reasons (helps concentration and focus, relieves anxiety, happens unconsciously) and agree on the least likely reason (for fun).

Another possibility for why participants may see a difference in behaviors between neurotypicals and neurodivergents is due to the location where participants may observe each group stimming. The results of this question are shown in Figure 2b. When asked where neurotypical people stim, and then where neurodivergent people stim in a separate question, 2/3 top votes were the same for each group: home/in their room and new or uncomfortable environments. The least selected location for where both groups stim was “constantly.” The two locations with the largest disparity between conceived neurotypical and neurodivergent stimming was at sports events and constantly (each a difference of 8).

**Figure 2b.** Participants were able to select multiple answers for where they believe neurotypicals (green) and neurodivergents (blue) engage in stimming behavior. Results show that they believe both groups stim in 2 of the 3 same places (home/in their room, new or uncomfortable environments) and agree on the least likely reason (constantly).

The last considered possibility in this survey for how neurotypical and neurodivergent stimming behaviors may be different was in the type of stimming that each group engages in. The results of this question are shown in Figure 2c. The graph shows that this is the category with the most discrepancy, since the top 3 categories for neurotypical and neurodivergent stimming have no overlap. The top three conceived stimming behaviors for neurotypical people are nail biting, hair twirling/patting, and foot tapping/leg shaking, whereas the top 3 behaviors for neurodivergent people are rocking/swaying, hand flapping/waving, and feeling/fidgeting with objects around them. The behavior with the biggest discrepancy is hand flapping/waving, while the most common stimming behavior between both groups is playing with your fingers/hands.

**Figure 2c.** Participants were able to select multiple answers for where they believe neurotypicals (green) and neurodivergents (blue) engage in stimming behavior. Results show that participants believe neurotypicals primarily engage in nail biting, foot tapping/leg shaking, hair twirling/patting, whereas neurodivergents engage more in hand flapping/waving, rocking/swaying, and feeling/fidgeting with object around you.

The final task of the survey was to try to understand why participants may see a difference in neurotypical and neurodivergent stimming. This category relates most to social acceptability and norms, so participants were asked about behaviors that were or were not encouraged. Just over half of the participants rated that no stimming behaviors are encouraged, however, a quarter found foot tapping/leg shaking and hair/twirling/patting encouraged, with even less voting that playing with fingers/hands and feeling/fidgeting with objects around you is encouraged. All but one participant (96%) agreed that chewing on things is discouraged, then nail biting (82%), followed by jumping and hand flapping/waving (71%), then rocking/swaying (61%). Two participants selected the “other” section, both noting that noisy behaviors are also discouraged. In another question, I asked the participants whether stimming should be done in private. 68% of participants believe that stimming should not be exclusively done in private (ideally meaning in both public and private), 0% said yes, and 25% were unsure. Two participants marked “other” and said that it depended on the behavior, but if it was small and not distracting to others then it is okay in public.

The final segment of the survey was assessing participants’ comfort with and acceptability of each stimming behavior, and they were asked to rate each one on a scale of 1-5 (1 being completely unacceptable, 5 being completely acceptable). The results of this question are shown in Figure 3. The votes show that overall, the 3 most accepted stimming behaviors are foot tapping/leg shaking, hair twirling/patting, and playing with your fingers/hands. The two most widely unaccepted stimming behaviors are hand flapping/waving and chewing on things.

**Figure 3.** Participants were only able to select 1 ranking for their acceptability of each stimming behavior. Green is completely acceptable, blue is acceptable, yellow is neither, orange is unacceptable, and red is completely unacceptable. Results show that they believe both groups stim for the same top three reasons (helps concentration and focus, relieves anxiety, happens unconsciously) and agree on the least likely reason (for fun).

**Discussion**

To sum up the results of the survey, it seems like participants felt that overall, there are more similarities than differences between neurotypical and neurodivergent stimming behaviors (Figure 1). Moreover, it appears that the participants mostly agreed on why and where people stim but saw the most difference between the two groups based on the type of stimming behaviors that they engage in (Figure 2). Finally, the results of the final section of the survey show that there could potentially be a distinct line drawn between which stimming behaviors are acceptable or not based on personal comfort and social acceptability (Figure 3). Either way, this sample size was quite small and would need to be replicated using a much larger sample size in order to get a more accurate read on the conceptions of stimming at Haverford College.

The results of my midterm and final projects imply that the way stimming is currently defined and contextualized in literature is too narrow, because stimming is not an exclusive phenomenon for people with autism. Neurotypicals and neurodivergents engage in many of the same self-stimulatory behaviors, not to mention in many of the same locations and often for the same exact reasons. One witty Youtube blogger, Puzzled Matt, recently posted a video arguing that “stimming is fidgeting on steroids” (Matt, “Fidgets and Stims”). With increasing popularity of fidget spinners, cubes, and Tangles, “fidgeting” has become a more commonly accepted name for stimming for neurotypicals, but the same message applies that there are significant parallels between both groups’ stimming behaviors. This message is important to spread because it disarms and disenables the neurotypical community from attacking a non-harmful neurodivergent behavior that, often unknowingly, neurotypicals also share and engage in. As this message has been disseminating over the past ten years, disability rights advocates have begun to vocally oppose ABA techniques that focused on normalizing people with autism’s essential being against their will instead of providing therapy for their sensory and social challenges (Cascio, 275). Forming this bridge creates a deeper connection between the two communities, such that neurodivergents will be able to be their whole, unedited selves without the pressure from neurotypicals to conform to a social standard that they do not even follow.

The value of stimming has been severely overlooked for nearly a century. While first siphoned off as distracting, socially awkward, meaningless body motions, social science has now realized that self-stimulation is naturally performed to counteract overwhelming sensory environments, especially for people with autism who often also have sensory processing disorder (Schaber, “What is Stimming?”). These behaviors help both neurotypical and neurodivergent people cope with extra emotions and senses and provide a nonverbal outlet for them. “Bodily movements can be read as an expressional field, accessible to interpretation as signs of the communicator’s thought” (Ochs, 276). The movements that our bodies unconsciously perform is communicating something, even if it is nonverbal. To pathologize these movements is to feed into an ableist society that predominantly relies on verbal communication and degrades anything else that does not meet that standard. Stimming is communication. The sooner that we start appreciating the value of stimming, the sooner it will stop being pathologized and punished.

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