

# NOT ALL BEHAVIOR IS COMMUNICATION

## DISINHIBITION PART 1: OVERVIEW

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The word "communication" is broadly and commonly understood to mean sending information to a recipient.

In social contexts, most people understand "communication" to be a social behavior that means an exchange of messages takes place. Meaning is derived in part from the intentions of the communicator and in part by the interpretation of the recipient.

## EXAMPLE: TEARS

- Tears could be communicating socially that a person is sad and would like support.
- Tears could be an unwanted indicator of sadness that a person would prefer others ignore.
- Tears could be totally unrelated to emotions and could have medical or neurological origins.
- Tears could be a result of something irritating the eye, like onions, fumes, or a scratch on the cornea.

Implying tears are always communication suggests that it is up to another person to understand the source and treat it.

Autistic and otherwise neurodivergent people experience trauma and harm from people who may have good intentions but are not qualified to accurately understand or respond to their behavior.



# NOT ALL BEHAVIOR IS “FOR YOU.”

Many neurodivergent people experience disinhibition. Their words and actions are often the opposite of the message they want to send.

Believing that these behaviors are messages to you that you can determine the function of is dangerous and can override the autonomy and safety of the person with disinhibition.



# WHAT IS DISINHIBITION?

Disinhibition is a trait of many neurological conditions and includes:

Motor disinhibition: compulsively engaging in actions that involve movement and/or speech. It is difficult or impossible to control for the person who experiences it.

Emotional disinhibition: feeling compulsive, intense emotions that are disproportionate to, or unrelated to, antecedents

Cognitive disinhibition: being unable to filter or stop intrusive, irrelevant, inappropriate, nonsensical, or overwhelming thoughts in order to focus attention



# DISINHIBITION: ROOT CAUSES

Disinhibition is related to structural and chemical differences in the brain that are believed to involve the basal ganglia, corpus callosum — specifically the pregenual anterior cingulate cortex (emotional and cognitive), and motor cortex (movement and speech).

Neurotransmitters associated with disinhibition include GABA, dopamine, serotonin, and norepinephrine.



# CONDITIONS ASSOCIATED WITH DISINHIBITION\*

- Apraxia/dyspraxia
- Autism
- Autoimmune encephalitis/PANS/PANDAS
- Tourette's/tic disorder/coprolalia
- ADHD
- OCD
- Epilepsy/psychogenic seizures
- Inflammatory/immune-modulated conditions
- Traumatic brain injury, dementias, Alzheimer's
- Addiction
- Parkinson's

\*Not everyone with these conditions will experience clinically significant disinhibition. This is not a comprehensive list.



# POSSIBLE SIGNS OF MASKING MOTOR DISINHIBITION

- you have permanent ridges on the inside of your cheeks from biting them
- have almost nothing left of your mangled fingernails
- are missing patches of pulled-out hair
- have crusty lips from biting them
- eat even after you're painfully full
- have broken teeth from grinding
- touch things you walk past
- blink or clear your throat compulsively
- echo movements or phrases in social contexts



**MASKING  
MOTOR  
URGES**



# COPROLALIA

@NeuroClastic 8/10

A disinhibitory condition that causes a person to swear and say lewd, inappropriate things they would never want to say. It is neurologically similar to mania and OCD.

# COPROPRAXIA

Similar to coprolalia but with actions and gestures instead of speech. People often experience both concurrently.

# JARGON APHASIA

Speech that mirrors the cadence and speed of conversational language but may not make sense, uses many word approximations or nonsense words, neologisms (made-up words), or words out of order.

# COMPULSIVE TALKING

An inability to stop talking even when the conversation partner is obviously not interested. Compulsive talkers may speed up conversation and make it louder or follow someone trying to escape. Compulsive talkers often talk about themselves.

# HYPERSEXUALITY

Compulsive and intrusive sexual thoughts, sexualizing non-sexual acts, compulsive masturbation, or obsessing over fear of committing inappropriate acts.

TERMS  
TO  
KNOW



# NOT ALWAYS COMMUNICATION

- While compulsive behaviors may be indicators or traits of a condition, they are not always communication
- Echolalia is sometimes communication and sometimes utter nonsense (yes! NONSENSE!)
- You cannot logically understand compulsive behavior
- Therapists who look for the "root" of disinhibition behavior or try to treat it can cause extreme harm to clients
- Not all repetitive behaviors are healthy, regulating stims
- Compulsive behaviors that suddenly get worse can be an indication of epilepsy, autoimmune encephalitis/PANDAS, meningitis, multiple sclerosis, etc.
- Medical conditions are often written off by professionals as "autistic regression" and treated with speech, behavioral, or occupational therapy instead of needed medical treatment
- Brain inflammation, especially in early childhood, can cause permanent and severe disability
- Disinhibition is not a moral failure or a behavior that can be managed with better self control





**STAY TUNED FOR FUTURE  
SLIDESHOWS THAT COVER  
THESE TOPICS AND MORE  
IN GREATER DEPTH**



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