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A How-To Guide for Young People*

Disinhibited Thoughts #18

To conclude this “TS and Employment” trilogy, we left off with thoughts on conducting yourself once hired. Let’s talk this last time about avoiding and/or dealing with friction between you and other co-workers.

-EDUCATE people to the non-intuitive ‘quirks’ of these disorders: once others are attuned to how the symptoms operate they can be better at figuring out for THEMSELVES what they should and should not do. Offer to do a small presentation to other employees. Put an article in a newsletter. Send out an email. At the very least, seize “teachable moments”. One case in point where I myself fell down in this area was in letting co-workers and supervisors know that proximity to others exacerbates my symptoms. After months on a “tight-quarters” rotation my supervisors found a big office with a door which I could have all to myself. This physical distance led to a decreased anxiety about bothering people which, of course, then led to a subsequent decrease in tics. In retrospect, this could appear very confusing (‘what ironic timing that Duncan’s noises are NOW starting to wane’) or even frustrating (‘oh sure – now that he’s got what he WANTED he’s able to inhibit’). Had I thought to mention this particular ‘quirk’ 8 months ago it might have led to an appropriate setting quicker. It would also have led to less wear on and/or aggravation of my supervisors. Given that my supervisors’ impressions of me ultimately influence future job opportunities these are most definitely impacts I’d want to avoid.

-Along these lines I was worried by the initial sense that my employers felt “duped” by me – evidently I didn’t tic much in my interview with them, and they were taken by surprise by my pronounced presentation once I started work. Because I had worked hard to foster comfort with speaking frankly with me, I was able to learn about this confusion. It afforded an opening to explain the waxing and waning course of tics, and how a combination of factors (lower stress levels at the time, the fact that being “on-stage” in the interview channeled my energies away from my symptoms) led to the almost complete absence of tics at our first meeting.

Working in mental health, I am finding that the clients – children, adolescents, parents, adults – all see the TS as much less of an issue (I daresay a non-issue) than do my superiors. At first I thought this just to be a concern OF my superiors on behalf of the clientele, but over time (and after copious evidence and client disclosure that the TS does not interfere with the work I do with them) I have come to see that this is more an adjustment of co-workers themselves to me. I have been told – and this would never have occurred to me – that it is “draining and tiresome” to NOT react to my tics all day! Co-workers are going home at night feeling more tired than usual.

I really should say that SOME co-workers are telling me this and feeling this way. My limited observations thus far have been that the higher the ‘rank’, the more evident the difficulties in terms of things like inability to habituate, reluctance to speak to me about symptoms, and assumptions made. Why this is I’m not precisely sure. I suppose people of increasingly respectable positions become increasingly accustomed to not being inconvenienced, or needing to compromise, with ANYone. At the same time, I also suppose that these same people have higher burdens on their attention (and can therefore potentially have their work more affected by the tics) and time (meaning they have fewer and shorter occasions to invest in ‘getting’ me). Finally, it may be that supervisors, for example, could be especially aware of my symptoms because anything I do or utter is a reflection on THEM as my teachers. I’ll continue to grapple with this, and may write more on this topic in the future. Like each of you, I continue to learn...

Until next time, my friends!
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