



Dr. B. Duncan McKinlay
Psychologist

London, ON, Canada
url. www.lifesatwitch.com

Website:

Tourette Syndrome • OCD • ADHD
Sensory • ODD • IED/ 'Rage'

Publishing:

*Nix Your Tics! Eliminate Unwanted Tic Symptoms:
A How-To Guide for Young People*

MY SNORT IS WORSE THAN MY BITE

Dear Editor:

This is in regards to your Top Ten list appearing in the Nov. 25th edition of the Silhouette. Your "number two" (pun intended) symptom of C.I.S.S. involved a somewhat poor-tasting comment on "Tourette's Syndrome" (The spelling has been corrected). I can't say that the humour enthralled me.

I am a 2nd year Honours Psychology student, I am (hopefully!) on my way to my second Dean's Honour List mention, I am actively involved in the SWHAT, IRC, and on-campus daycare....and I manifest a fairly evident case of Tourette's Syndrome. However, I don't believe this solitary fact entitles either myself, nor others afflicted, to ridicule.

Please do not misinterpret my intentions; I don't mean to imply that you are conspiring to degrade this condition. I simply wish to bring to attention that, irrelevant to general disposition, Tourette's can be a very tender subject for those 'blessed' with it.

It is also not my intention to undermine other disorders when I say that this syndrome is, unfortunately, among a minority in its poor recognition, and intrinsic capacity to remain continually "in your face".

To illustrate, let us imagine one struck with a particularly extreme case of poison ivy. This hypothetical individual consciously acknowledges the deleterious effects itching will engender; while perpetuating the desire, one also risks worsening the condition.

Now let us further envision our someone in a formal situation, perhaps a banquet. Acute awareness of the above factors, coupled with the obvious repercussions that chronically scratching oneself in public (especially in certain areas!) would deliver, encourages frantic emphasis on restraint.

Inevitably, the increasing resource demand necessary to fuel this facade of conformity will exceed ability. Not surprisingly, the more (s)he concentrates on not scratching, the worse the desire becomes. His entire focus is inexorably wrenched into this solitary hell, necessitating the suffering of his overt conduct through his plight - sweat beads on his brow, and clenched teeth may be the sole testament to this catastrophic inner war as the itch accumulates, culminates, and eventually screams at him for attention. Finally, with an inward sense of disgust, and not a small amount of chagrin, he relents in futility, vigorously placates the itch, and berates himself for his lack of control. That's Tourette's.

My personal demons include head shaking, winking, and snorting. Less overt, though not less in severity, are my depressions, mood swings, emotional hypersensitivities, and obsessive-compulsive tendencies. I'll take this



Dr. B. Duncan McKinlay
Psychologist

London, ON, Canada
url. www.lifesatwitch.com

Website:

Tourette Syndrome • OCD • ADHD
Sensory • ODD • IED/ 'Rage'

Publishing:

*Nix Your Tics! Eliminate Unwanted Tic Symptoms:
A How-To Guide for Young People*

opportunity to formally apologize to any that I have ever startled, embarrassed, or blown concentration for during a lecture or test. From a pragmatic stance, realize that pure numerical enormity inhibits my explaining to each passerby and lecture attendee why I act strangely; I am not ignorant to the moronic impression I may foster. However, believe and trust me beyond any measure of dubiosity when I submit that no one hates it more than I do.

Despite my feelings, I have had to accept that this thing is integral to who I am; upon some deliberation, I was astounded to discover that many of my stronger points find their roots in the Gts (Tourette's) gene as well. Following from this reasoning, if I am ever going to believe that I am O.K., I must acquiesce to, and even defend, Tourette's. Aside from it, I am no different than anyone else, and I like to think that on the whole I handle it satisfactorily. If you are curious about the syndrome, or simply sit near me in class and wish to alleviate a bit of tension, you may be rest assured that talking of it (or myself) ad nauseam is most certainly not one of my shortcomings.

I think that I've taken enough of your space. My deepest appreciations for printing this. Please remember that shaking my head doesn't supersede my having one.

First typed 1993: Edited February 1995.