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**Website:**

Tourette Syndrome • OCD • ADHD  
Sensory • ODD • IED/‘Rage’

**Publishing:**

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

## **Disinhibited Thoughts #15**

Met a new girl. The chemistry was palpable. With the giddy thrill that can only come from being consumed with attraction I cast a hook and waited for a call. When it came she confessed to having spent that entire day reading my website. Not knowing much at all about TS, she said, combined with the intense feelings she was experiencing towards me very much scared her. And so she had prepared some questions for me. Questions about disinhibition (“will I be able to have any secrets from you?”). About rage (‘what do you do, and how should I react?’). About sensory sensitivity (‘will there be times I will touch you and you will be repulsed by me?’). And she needed some real answers before we could go any further.

Started a new internship. At long last the opportunity to “roll up the sleeves” and hone my clinical skills was mine to exploit. I couldn’t wait to plunge headlong into the caseload. Within a couple of weeks I was notified that my three rotation supervisors wanted to meet with me, and that I “should bring some of my [TSFC] pamphlets”. Evidently my tic symptoms had been less pronounced the day of my initial interview – my supervisors felt caught off-guard by my presentation now and had some reservations around my capabilities. How could I do a valid assessment given that my tics were so disruptive? How could I help others should my own neurology preoccupy clients?

In both situations above the questions were hard, fast, direct and pointed, and there were many of them. I did my best both times to respond in kind – without pulling any punches either. I told the girl that, yes, for better or worse I AM often disinhibited in voicing my perceptions of others, and so one requires a healthy ego and reasonable insight into oneself to handle that aspect of me. I told the supervisors that yes I don’t often suppress my tics for a number of articulated reasons, I am quite comfortable with that choice, and by NOT constantly fighting my symptomatology it is considerably easier to effectively suppress in a circumstance where the tics would inappropriately interfere with the task at hand (such as an assessment).

What I felt begin to well up inside me in these situations was not resentment or anger or even a sense of discrimination. It was admiration of their honesty. Of their frankness in recognizing the important need to ask and learn about such things, and of the guts it took to follow through – people really make themselves quite vulnerable by exposing themselves in that way. I was grateful for the respect each showed me. It is easy enough to dismiss a suitor or potential employee who has TS, based on what one thinks that diagnosis means. These people didn’t allow their fears of the unknown, their assumptions of what TS is, or their shame that the disorder was influencing their choices stop them. They DID, however, afford me the honour of HAVING A SAY – they asked, listened, and thereby made informed decisions about me. And regardless of the outcome, you can’t ask for any more than that.

Far from being brazen and explicit examples of the persecution and strife we must endure on a daily basis, and regardless of whether you despise, decry, ignore, lament or accept that the TS does raise issues that need addressing, people like those above are offering you dignity. Take it. Correct those perceptions that are misguided and confirm those that are not. Assure and educate them. Get the girl. Get the job. If we ever want the general public to feel wholly comfortable with the differences of others we need to celebrate people like those above.

Until next time, my friends!!  
B. Duncan McKinlay, Ph.D.

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