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## **Disinhibited Thoughts #20**

I've been most fortunate to be involved in a number of media events this past year - and I don't mean because of the effect these opportunities have had on my profile or that of "Life's A Twitch!" I've been fortunate because each event in turn has produced a staggering number of emails from people of all walks of life who wanted to 'return the favour' and share their lives with me. It is a privilege to have my inbox filled daily with the stories of such courageous, wise, and beautiful people; their stories of strength humble me on a regular basis.

As expected, many such messages were from individuals whose lives have been touched by TS: parents, siblings, spouses, and those experiencing TS directly. What came as a surprise (at least to me) was the volume of email I received from people with pebbles in their shoes of a completely different breed than my own. Pebbles with names like muscular dystrophy, paraplegia, and dwarfism. People who were gay, and people who had suffered great physical and sexual abuse, and people who were diagnosed with all manners of mental disorder.

I've come to realize since then, though, that there is a unity of experience that transgresses across particular symptoms to ANYONE with a difference. It doesn't matter WHAT your story is: whether it's about an odd mannerism, the absence of a sense or limb, your race, sexual preference, a funky neurology, psychological scars you carry, or something else entirely a collective understanding nevertheless exists.

In a similar sort of vein, Psychologists speak of something known as "common factors" in treatment. Our discipline has recognized that regardless of the approach you use (cognitive-behavioural, humanistic, insight-oriented, psychodynamic, narrative, and so on) certain elements remain constant. Things like confrontation of a problem, thereby leading to increased interpretation, explanation, and/or understanding of that problem. Emotional release. Reassurance and support. Given that most therapies are believed to be of about equal effectiveness it is further believed by some that these "common factors", inherent to the interaction between client and therapist, may be the most important aspect of treatment. It is not the language or framework you adopt - it is the underlying message that is important. Bucking conventional wisdom, then, it seems that it is NOT necessarily how you say it - it is what you say that counts.

So who cares about all this? We should. It means that, rare disorder or not, non-intuitive disorder or not, there are many potential friends, allies, partners, advocates and professionals beyond our own 'camp' who through their own differences can appreciate what we are going through. Who know what it feels like to be marginalized. Who wrestle with the loss of what they expected themselves to be versus what they are. Who deal with the various emotions and loss of self-esteem that particular experiences can bring about. It also means that OUR problems and THEIR problems may oftentimes draw solutions from the same well. I, for example, have been told many times that the strategies I provide for disinhibited individuals are good solid ways of living, parenting and teaching that work equally well for those dealing with other issues. To again counter a traditional mind-set, it is NOT how one defines the particulars of his or her difference that bind us then - it is the mere act of living in difference that counts. Let these people in, and learn from them.

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