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Tourette Syndrome • OCD • ADHD
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*Nix Your Tics! Eliminate Unwanted Tic Symptoms:
A How-To Guide for Young People*

T(r)IC(k)S #12: You Can't Judge A Reaction By Its Cover II

Last time we were discussing various T(r)IC(k)S around how to interpret, and respond to, reactions of others to our tics. To continue, I left off talking about recognizing good people who just don't know how to react –

☑ Sometimes these people are quite good at not laughing at you either openly or secretly, but you may notice that the “jolliness level” in the room has increased – suddenly everything *else* said or done in the room seems to provoke an unusual amount of laughter. Again, as I mentioned before, take this as someone who is desperate to not offend but nevertheless needs some kind of outlet. I used to get angry when I would detect this sort of behaviour – “they want to make fun of me and don't even have the courage to show me to my face”. Now I recognize that they are solving an unexpected and unfamiliar quandary in as respectful a way as they can muster in that surprise moment. They are going to all that effort on my behalf – I don't forget that.

☑ What if someone outright blurts some ignorant comment at you? Surely THIS kind of audaciousness *must* be cruel and deserving of your wrath. Not necessarily. The person may not have even twigged that this is a disorder. (S)he may think you are doing it for another reason – to be comical, for instance. Hence firing back a saucy comment may seem, to them, to be both appropriate and a way of bringing themselves into the fun. This makes me think of my Grade 11 Accounting teacher who one day in class halted his lecture mid-sentence to give me an elaborate wink in response to an eye tic I was experiencing at the time. Was I mortified? Incredibly. Did people laugh? Yes. Was it unbelievably harsh to my self-esteem? Unquestionably. Did he have any conception of what he had just done? Of course not.

Others may not even realize that it is a PERSON making those noises – I've been mistaken for a dog on many occasions (and even, once, a pot-bellied pig!) when the offended individual does not have me in his or her line of sight.

☑ In circumstances like those described above, the best tactic is to immediately, but delicately, tell them about your disorder. You should be prepared for one of two things to occur. (S)he could openly display their mortification, in which case do everything you can to reassure this soul that (s)he is not Evil Incarnate for making such an innocent mistake. On the other hand, the person could, in an embarrassed attempt to ‘save face’, dig themselves in deeper with further comments. THESE folks I have less sympathy for – if they want to make themselves look like an ass by compounding their gaffe at my expense I'm not coming to their rescue. Such a scenario once occurred when standing in a Manitoba airport with a presentation client and also a friend. A security officer approached our group wondering where the dog was. Rather than withdrawing after he recognized his slip, he instead lingered and continued to grasp for redemption by making further comments about my canine-like bark. Besides earning the contempt of my party and a number of people around us, I later learned that my friend (who just happened to work for the airport) reported this officer and he nearly lost his job.

Recognizing small people who know better –

☑ Adolescents and adults who continue to carry on (laughing, teasing, pointing, imitating, looking angry/annoyed) hours or days after their first exposure to your symptoms have a problem, and wish to make it *your* problem. They may or may not know about TS, they may or may not know what it is called, but they are of an



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age to know that this behaviour is demeaning and inappropriate anyway. I wouldn't draw this conclusion with children however – only if those of primary grades have already had TS explicitly explained to them (in a classroom in-service, for example) would I then see a child who continues to taunt and react as having a problem needing to be rectified. People of any age who feel it is within their prerogative to hurt you with outright offensive comments or disrespectful treatment as you are telling them that you have TS, or following the explanation, fall into this category as well. Fortunately there aren't many people out there who are truly malicious....but they do exist.

☐ It is important to remember that, sometimes, even people so obviously unkind may simply have issues of their own. They may have a disability that prevents them from being able to grasp the idea that you have a disorder and that it is not appropriate to laugh, or they may have a condition that prevents them from being able to remember that you have a disorder, what it is called, and how they should respond to it. Remembering this is especially important if you are in some hospital or special education classroom settings. Finally, the person confronting you may simply think so lowly of himself (s)he needs to pick on you just to make him/herself feel better. See this as a sad reflection of HIM or HER, and not having much to do with you at all.

While it may be only one person out of a hundred who purposely abuses you for his/her own amusement, if you're anything like me you tend to dwell on that ONE person rather than the other 99 decent people. Over the years, as I've stewed under their treatment, I've devised a number of frosty remarks to put these people in their place – a collection of these can also be found in my “Beat the Bully!” handout, again found at www.lifesatwitch.com/Helpful.html.

Once in a pub (at my Ph.D. defence party, of all places!) I had a fellow who, after treating me to prolonged and incredulous stares from across the room, staggered over and leaned into my face with “Hey (insert colourful metaphor), you about ready to cut out that (insert colourful descriptor) noise, ya (unflattering label)”? Thinking only about how horrified this poor idiot would feel once the realization of what he had done permeated his beer-saturated neurons, I met his eye and said with a neutral voice, “I have Tourette Syndrome”. To this, he loomed in closer and continued: “I don't (bleeping) care what you (bleeping) call it, you (bleep). You're a (flurry of bleeeeeeeeeps!). He then proceeded to mock my tics inches from my face.

Now I suppose a person in my position at this point could have simply decked him – diagnostic criteria for being that 1 in 100 had most certainly been met, I outweighed him by at least 50 pounds, and he probably would have felt more than a little silly picking up his teeth with broken fingers, courtesy of the bleeping bleep. However, if I had done so I would have been allowing this person to win by becoming part of the problem – when buddy's apologetic friends came to drag him off, and when the bartender decided to ban him permanently from the establishment, I might not have been listened to and may have been similarly banned. Besides, physical wounds heal within a few days – the shame I managed to inflict with a few well-placed verbal strikes leaves much deeper bruising, and more importantly can effect a change that lasts a lifetime.

Cheers!

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