

TOURETTE SYNDROME FOR PROS

Educating Doctors, Teachers and Other Professionals Who Treat People with TS

Since it was founded in 1972, the Tourette Syndrome Association has made professional education a top priority. Doctors, teachers and allied professionals (psychologists, social workers, nurses, etc.) can have a very positive impact on the quality of life of individuals with TS. That's why disseminating accurate, up-to-date information to these professional communities is critical. In the past, the barriers — preconceived ideas about 'the cursing disease' and the mysterious nature of TS — made educating professionals a huge challenge. As more and more is known about TS, this huge task has become somewhat easier, but it is still daunting. Many professionals have some knowledge, but the goal of reaching all medical professionals is still a long way off.

Weak Wills and Bad Parenting

Historically, people with TS have been diagnosed as having everything from weak wills and hysterical responses to a traumatic event, to poor functioning sinuses and bad parenting.

In his brilliant book, *A Cursing Brain? Histories of Tourette Syndrome*, Howard Kushner, professor of the history of medicine at Emory University, examined the historical misconceptions about TS and how some clinicians have struggled to better understand and treat their patients. The book clearly demonstrates how far we have come in understanding TS, but Dr. Kushner warns about complacency. "We're going to look back in 50 years and see how primitive we are right now. That's the way we learn," he said.

The very nature of TS — the waxing and waning, the changing menu of tics, the scatological words and the ability of

some adults to suppress a few of their symptoms for varying periods of time — has contributed to the many ill-conceived theories about the disorder. If will power enables an individual to hold back tics, isn't TS about weak wills? If vulgar words and disturbing outbursts are symptoms, isn't TS a personality disorder? If tics change and are often picked up or imitated, isn't TS an hysterical reaction to environmental stimulation? And, finally, if tics disappear for periods of time, isn't that evidence that a given "cure" has succeeded, if not permanently, at least for a time?

Some of the interpretations of TS may seem comical now, but at the time serious people believed that they were understanding confusing symptoms in a truly logical manner. Even as more of the neurological underpinnings of TS became more widely understood, the psychoanalytic viewpoint took decades to fade. Of the many ideas concerning the cause of TS symptoms, the interpretation of tics as a response to neuroses caused by overbearing mothers and absent fathers has led to the most heartache and misplaced blame.

Eleanore Z. Korman, retired Dean of the NYU School of Social Work, said, "There were two sea changes during my long career in social work and social work education. The first was recognizing that the mind had an impact on the body. The second was that the body had an impact on the mind."

It's not surprising that neither TS nor attention deficit disorder appears in typical psychiatric and psychoanalytic dictionaries from the 1960s and 1970s, as these were not part of the professional dialogue at the time. Obsessive compulsive disorder (compulsive behaviors) is included in these texts, as were descriptions of tics as "neurotic symptoms." Perhaps the most disturbing definition, from

a 21st century point of view, is the one that associates coprolalia with schizophrenia.

The Oxford Psychiatric Dictionary published in 1970, in the manner of the time, defines OCD as "obsessive-compulsive psychoneurosis" and interpreted it as a "defense against aggressive and/or sexual impulses, particularly in relation to the Oedipus complex."

In a 1968 Encyclopedia of Psychoanalysis tics are defined as a "... neurotic symptom." The entry in the encyclopedia goes on to describe the *maladie des tics* (TS) in the context of neuroses and psychoses. "... the ego of the patient with multiple tics usually displays impulsivity, oversensitivity, impatience and an inability to tolerate frustration. The ego is not in full control of the muscular apparatus; it has dissociated part of it because of the danger of uncontrolled instinctual discharge. . . . Prognosis in the treatment of the tic patient depends upon the degree of invasion of the ego and the remaining ego assets which are conflict free."

Unfortunately, these two examples are typical of many scholarly resources that viewed TS, OCD and related disorders through a purely Freudian lens. Some of the observations and descriptions of symptoms, i.e., impulsivity, are familiar today, but the theories of the time did not allow room for a neurological origin and interpretation of TS symptoms. It's important to remember that a mere 30 or 40 years ago, there was general agreement among professionals about the psychological basis for tic manifestations.

Today's research studies center around the influence of brain chemistry and genetics on the development of TS, but even that insight is complicated by the likelihood that there is no single, simple genetic variant that causes TS. It may be a complicated series of

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