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Susan M. Swearer Napolitano

University of Nebraska-Lincoln, sswearernapolitano1@unl.edu

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A Mind of Its Own. Tourette's Syndrome: A Story and a Guide. By R. D. Brunn and B. Brunn. New York: Oxford University Press, 1994, 174 pp., \$42.00 (hardcover), \$26.00 (softcover).

In *A Mind of Its Own. Tourette's Syndrome: A Story and a Guide*, the authors undertake the difficult task of explaining a relatively rare and often misunderstood disorder. They pursue the task by juxtaposing a hypothetical case study of a boy with Tourette syndrome (TS) and his family (based on a composite of many cases) and a descriptive account of TS itself. The book traces the developmental progression of TS in the hypothetical case (an 8-year-old boy) over a 4-year period and discusses the impact of the disorder on the family, the school, and the community.

The first part of the book presents an overview, symptomatology, diagnosis, natural history, neurochemistry, and genetic issues of TS. It also addresses the comorbid conditions that often accompany TS with emphasis on obsessivecompulsive disorder, attention-deficit hyperactivity disorder, educational problems, behavioral problems, and adverse psychological adjustment reactions. Additional chapters cover the treatment of TS and briefly discuss individuals in history and in the media who suffer from the disorder. Two appendixes provide a list of resources and support groups for TS and an example of a child behavioral checklist that is often used in assessing child behavior problems (Appendix B: Child Behavior Checklist).

A unique characteristic of the book is that each chapter is divided into two sections; the first section is a vignette drawn from the life of the hypothetical child with TS and the second section presents relevant factual information about TS. A strength of the hypothetical case is that the youth has mild symptoms and thus it could help demystify TS and balance the extreme notions about this disorder that are so prevalent in our culture (i.e., not all individuals with TS bark, trunk twist, and shout obscenities). Another strength of the case is that it provides a seemingly genuine sense of how the presence of TS in a child can affect his family. The book is particularly effective at portraying the difficulties families face when trying to clarify their child's clinical picture and attempting to find available mental health professionals who are knowledgeable about tic disorders.

Much information is contained in the book's 174 pages. The authors present the case study and an abundance of technical (but readily understandable) information about TS. One potential drawback is a slight (and certainly not insurmountable) difficulty in switching from the composite case history to the factual text. In fact, due to the readable nature of the case study, the reader may at times be tempted to skip the factual text in order to return to the story. The authors include a description of a more severe case of TS in chapter 11, which adds to the complex picture of TS by demonstrating the symptomatic differences between mild and severe cases. The description of a severe case is also helpful because such cases are more likely sources (than the mild cases making up the hypothetical case composite) for the bizarre reputation of TS in Western culture.

The major drawback of the book from a psychological perspective is its diminution of the role of psychologists in the treatment of TS and of tics in general. In fact, if the book has a villain (other than TS) it is the psychologist seen by the hypothetical patient in the beginning of the book. This individual was portrayed as insensitive to the problems experienced by children with TS. The psychologist also prescribed traditional psychotherapy, an intervention that can be helpful for the emotional byproducts of TS, but which is contraindicated for TS itself. Behavior therapy, however, has been highly successful with TS and other tic disorders, yet the authors state "Although there are a few reports of successful behavior therapy for tics, the efficacy of this treatment, in our experience, is doubtful" (p. 147). Actually there are many controlled studies that substantiate the effectiveness of behavior therapy in the treatment of tic disorders. These reports include controlled clinical trials (e.g., Azrin and Nunn, 1973; Azrin and Peterson, 1990) and experimental case studies (e.g., Finney, Rapoff, Hall, and Christophersen, 1983; Sharenow, Fuqua, and Miltenberger, 1989). Whether this gap in the book's account of helpful treatment represents the author's orientational bias or unfamiliarity with the literature is difficult to determine.

The intended readership of this book is "anyone concerned with this disorder including those suffering from TS and their families" (jacket cover). The book is written for interested persons who do not have the medical background needed to comprehend most of the available information on TS. It also could be used as a supplementary text for a course in child and adolescent developmental psychopathology (but should be accompanied by readings from the behavioral literature). The authors have provided a valuable resource for parents, individuals with TS, teachers, and mental health professionals. The book could be particularly helpful for the practitioner or gradu-

ate student who is encountering TS for the first time. Because of its success at demystifying this disorder, the book could also be beneficial at the societal level for persons with TS who have suffered from the misinterpretations that frequently accompany it.

References

- Azrin, N.H., and R.G. Nunn (1973). Habit reversal: a method of eliminating nervous habits and tics. *Behavior Research and Therapy* 11: 619-628.
- Azrin, N.H., and A.L. Peterson (1990). Treatment of Tourette syndrome by habit reversal: a waiting list control group comparison. *Behavior Therapy* 21: 305-318.
- Finney, J.W, M.A. Rapoff, C.H. Hall, and E.R. Christophersen (1983). Replication and social validation of habit reversal for tics. *Behavior Therapy* 14: 116-126.
- Sharenow, E.L., R.W. Fuqua, and R.G. Miltenberger (1989). The treatment of muscle tics with dissimilar competing response practice. *Journal of Applied Behavior Analysis* 22: 35-42.

Susan M. Swearer, Kari L. Turk, and Patrick C. Friman

Fatha Flanagan's Boys Home, Creighton University School of Medicine