

ON VERBAL TICS AND THEIR CURE

After a mock board session in which an interviewer kept saying “Wow!” to many of the patient’s statements, I thought further about this verbal tic and how it might affect the patient. Though the interviewer was intending to express empathy and interest, it could have come across as amazement, horror, all manner of things, e.g.

Pt. (Tentatively) I tried marijuana for the first time last week.

Int. **Wow!**

Possible Patient Interpretations of the Interviewer’s **Wow!**:

1. *You’re doomed to be a junkie, homeless and HIV positive.*
2. *You’re 24-years-old and you haven’t tried it before now?
You must be socially retarded.*
3. *Wait till I call 9-1-1; people like you need to be reported.*

During many mock board exercises, we’ve noticed that the interviewer has certain verbal habits or mannerisms or “tics” of which s/he is not aware or only dimly aware, and which stand in the way of conducting the most effective interview — sometimes these mannerisms are off-putting and diminish rapport; at other times they interfere with getting a full and uncontaminated response to a question.

I was reminded of a clinical vignette that I heard in med school from one of the psychiatry faculty, C. Knight Aldrich, by name. It seems that Dr. Aldrich had been consulted by a woman in her late 20’s, a clinical psychiatric social worker, who was distressed because she had trouble keeping clients and boyfriends. As he talked with her, Dr. Aldrich found her to be intelligent, personable, attractive and capable. He also noted that she had a tic — a real one — of raising her eyebrows markedly at a point of emphasis in her speech. It gave her the look of being amazed and/or horrified. He could imagine the effect that it had had on clients/boyfriends just as they were expressing an intimate thought. Dr. Aldrich thought that she was mentally healthy enough that this tic was not a symptom that she badly needed to hang on to in defending against more serious psychopathology, and that therefore he would deal with it openly.

He said to her after a while, “Do you think your tic might have anything to do with your problems?”

“What tic?!” she replied.

He told her about it. She had never been aware of it; it was one of those situations where “even your best friends won’t tell you.” He told her of his thought of what the tic might convey to a client or a boyfriend at an intimate moment. She certainly saw the logic of his speculation.

So he had her reproduce it in his office, instructing her to crinkle her forehead muscles until it was a fair reproduction of the tic. Once she had it down pretty well, he suggested to her that each morning, for five or 10 minutes, when she was in the bathroom, that she stare into the mirror and crinkle her forehead the same way, to get the feel of it, to know what her skin felt like when the tic manifested itself. She was to do it again for another five or 10 minutes in the evening.

He saw her a couple of weeks later, and she felt that she had made great progress in sensing when she was beginning to “tic” and being able to stop it in its tracks. He was impressed during the session that the tic was certainly hardly evident any more. There wasn’t much need for a follow-up session at that point, but he asked her to stay in touch and let him know about how life was going.

Several months later he got an engagement announcement from her, with her heartfelt thanks for what he had done for her, and with the report that her practice was going well.

So maybe for any of us who has a verbal “tic” that needs working on, it might be useful to partner up with a colleague who could role-play being the patient, and to have the “patient” be on the lookout for the verbal tic and identify it when it was happening, and of the interviewer deliberately repeating the tic right on the spot, to get the sound of it in his/her own ears so that increasingly s/he can catch him/herself when it is starting and try to kill it on the spot. I’m sure other variations on the same theme will occur to any of you who want to try this sort of thing.

A handwritten signature in black ink that reads "Peter Rosenbaum". The signature is written in a cursive, flowing style.

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