# *Chapter 13*
# *Impulse-Control Disorders*

The word *impulse* comes from the Latin *impellere*, meaning “to impel” or “to drive.” People with Impulse-Control Disorders feel driven to performs acts that are harmful to themselves or to others. A sense of tension before the impulsive act often leads to relief or pleasure after the act is over. There may also be regret and guilt later. There are five major Impulse-Control Disorders.

Many people can have trouble with impulse control, but minor or rare impulsive acts are not considered a disorder. People with other mental disorders can also have problems with impulse control, but a diagnosis of the disorders discussed in this chapter is made only when the acts are not part of another mental condition.

## Section 1: Intermittent Explosive Disorder

To whom can I speak today?
Gentleness has perished
And the violent man has come down on everyone.

Anonymous, *The Man Who Was Tired of Life*, ca. 1990 B.C.

### What Is the Definition?

The word *explosive* comes from the Latin *explodere*, meaning “to drive out with a violent noise.” A person with Intermittent Explosive Disorder has a pattern of sudden acts during which he or she is driven by violent urges to assault or verbally threaten someone or to destroy property. These acts are much more severe than could be justified on the basis of any offense by the other person.

## What Are the Symptoms?

A person with Intermittent Explosive Disorder will tend to have sudden rages at times when he or she feels stressed. There may be physical symptoms before the outbursts, such as palpitations and tightness in the chest. After an episode of rage, there may be feelings of tiredness and depression. Between such acts, this same person may show no sign of a problem, although some do show a frequently impulsive or hostile way of thinking. “Road rage” may sometimes belong under this heading.

## Who Is Affected?

Intermittent Explosive Disorder is thought to be rare. It occurs more often in males than in females. In as many as 50 percent of people with this disorder, there are vague findings in neurological, brainwave, or psychological tests. There may be a record of head injury or seizures during fevers in childhood. It is not understood as yet how such findings might be related to the violent urges or the poor control of them.

## Onset and Course

The onset of Intermittent Explosive Disorder can occur from childhood into the twenties, and the first observed act may occur without any warning.

Little is known about the disorder’s long-term course, but it may be that as a person reaches the fifties and older, these acts are less likely to occur. Explosive episodes can occur on a regular basis over many years or may occur only infrequently. As a result of the acts, people can lose jobs and friends, be divorced, have accidents, and receive injuries and jail terms.

## Treatment

*Self-Help*. Violence is of increasing concern in our country and worldwide. There are many resources for helping people manage violent feelings, although Intermittent Explosive Disorder itself is so infrequent that there are no major organizations and few

readings directed to helping with this specific type of problem. Because of the recent violent tragedies in schools, there are accelerating efforts to develop methods for identifying and helping children and adolescents who have problems with anger and a potential for violence. Advocacy and support organizations include the Center for the Prevention of School Violence, the National Center for Injury Prevention and Control, the American Association of School Administrators, the American School Counselor Association, the National Education Association, and the National PTA. Many schools are developing successful programs for conflict resolution, emotional literacy, and peer counseling.

*Professional Help*. A person with this disorder is likely to be required by others to seek help. If the individual is violent, hospital treatment may be required. Careful study of the person's stress level, temperament, neurological symptoms, life events, and family and social life is important. Sometimes medications can help. Psychological education may help the person learn that the acts are not rational but rather are a sign of a disorder and need to be controlled.

## Section 2: Kleptomania

> Adam was but human—this explains it all. He did not want the apple for the apple's sake, he wanted it only because it was forbidden.
>
> Mark Twain, *Pudd'nhead Wilson*, 1894

### What Is the Definition?

*Klepto-* comes from the Greek *kleptein*, meaning "to steal," and *mania* comes from the Greek word meaning "madness." Kleptomania is a "stealing madness." The person with Kleptomania fails to resist the impulse to steal items that have no real use or value for him or her.

## What Are the Symptoms?

Stolen items typically have little cash value, such as inexpensive pens, jewelry, or watches. Even wealthy people have been arrested for shoplifting cheap items. Most of the time, the thefts are not planned, and often there is not much effort to avoid being caught. Immediately after the act, there is pleasure or relief. Because persons with Kleptomania know that the acts are wrong and seem senseless, they may feel depressed and guilty later and may then fear being arrested.

## Who Is Affected?

Kleptomania is quite rare and seems to be the case in less than 5 percent of detained shoplifters, most of them being females. The cause for the senseless acts of stealing is not known. It has been suggested that these acts are those of a child stealing as a substitute for love or to punish others by hurting themselves. There may be a childhood history of problems in the family.

## Onset and Course

Acts of stealing may begin anywhere from childhood to adulthood. In one study the highest rate of stealing was twenty-seven times a month. People with Kleptomania may also have Mood Disorders, especially Major Depressive Disorder, as well as Anxiety Disorders and Eating Disorders. They may also have a pattern of compulsive buying.

Little is known about the course of Kleptomania. Three patterns have been described: brief episodes followed by long periods without such acts; long and intense periods of stealing; and courses without a clear pattern. Despite many arrests, the acts may persist, leading to heavy legal expenses, financial ruin, family breakup, and career damage.

## Treatment

*Self-Help*. Kleptomania is not well understood. It is likely that people keep their problem secret, without anyone to talk to about it. Kleptomania has some similarities to addictions in that there is a compulsion and pleasure in the act of stealing. People are most likely to be motivated to seek help right after they are

caught stealing and the behavior is revealed to family and friends. Family insistence on some kind of counseling, if combined with emotional support, can be very helpful. Supportive organizations include Shoplifters Alternative and the National Curriculum and Training Institute.

*Professional Help*. People with this disorder are likely to get treatment only when required to by legal or other authority. Because there may be underlying mood disorders or other mental conditions, treatment of those conditions may help end the tension-reducing acts of stealing. The person is likely to benefit from the supportive empathy of an expert who helps him or her to understand and put into perspective a troubled childhood and personal life.

## Section 3: Pyromania

> Tyger! Tyger! burning bright
> In the forests of the night.
>
> William Blake, "The Tyger," 1794

### What Is the Definition?

*Pyro-* comes from the Greek for "fire," and *mania* comes from the Greek of the same word, meaning "madness." Pyromania is a "fire-setting madness." The basic feature of Pyromania is repeated acts of deliberate fire-setting. The person is excited with the thrill of fires and does not set them for profit, or because of anger, or for any specific purpose other than the urge to commit the act.

### What Are the Symptoms?

Persons with Pyromania report tension or a sense of stimulation before starting fires. Because of their high interest in the topic of fire, they tend to watch fires, set off false alarms, and visit the firehouse, and may even become firefighters. They may plan in a careful manner before starting a fire, yet not care at all about harm to others or damage to property, and they may even enjoy such damage.

### Who Is Affected?

The frequency of Pyromania is unknown but it seems to be

rare. It occurs much more often in males than in females, and more often in people who have had learning problems, Attention-Deficit Disorder, or poor social skills. It can also be associated with alcohol problems.

### Onset and Course

Acts of fire-setting can be carried out by children and teens, with more than 40 percent of those arrested being under eighteen years old. However, the specific diagnosis of Pyromania can be made only rarely in these cases.

Because it is seen rarely, the usual course of Pyromania is not known. In fact, it is not known yet what the tie might be between fire-setting in childhood and in adulthood. It seems that people tend to set fires infrequently and may stop for long periods, but the long-term course is unknown. There are significant risks to this behavior, including criminal prosecution and incarceration, serious property damage, and deaths of firefighters and citizens.

### Treatment

*Self-Help*. Because Pyromania is diagnosed only when there is fascination and excitement in fire-setting, the person is likely to be motivated for help only when he or she has been caught. The United States Fire Administration has compiled a great deal of information about the characteristics of people who set fires, which can provide useful advice for determining whether fire-setting is based on Pyromania or other motivations and what rehabilitative resources are available.

*Professional Help*. It is likely that most persons seeking help are forced to do so. With treatment, the great majority of children stop setting fires. Typical response of adults to expert help is not known, but it has been suggested that 70 percent or more cease fire-setting.

## Section 4: Pathological Gambling

But I do guess mos peoples gonna lose.
John Berryman, *77 Dream Songs,* “Poem No. 1,” 1964

### What Is the Definition?

*Patho-* comes from the Greek *pathos*, meaning "suffering." *Gamble* comes from the Old English *gamen*, meaning "fun." The basic feature of Pathological Gambling is habitual gambling acts that may start out as enjoyable but end up in suffering, playing havoc with one's personal, family, and work life. This urge to gamble is an addiction, in that the person acts from feelings rather than with the mental discipline and careful thought of a professional gambler. As a result, whereas the latter may often win, pathological gamblers invariably lose over time.

## What Are the Symptoms?

Persons who have a Pathological Gambling disorder dwell almost all the time on gambling. Gambling tends to put them in an energized, excited state. They may lie about their gambling and may begin to steal as their losses increase. When trying to avoid gambling, they may become restless and moody.

## Who Is Affected?

Pathological Gambling occurs in 1 to 3 percent of adults. Its frequency is increased in areas where gambling is more easily available. Pathological gambling and alcohol problems are more common in the parents of these persons. About one in three compulsive gamblers are females, who are more likely than males to be depressed and to gamble for relief.

## Onset and Course

Pathological Gambling most often begins in the early teens in males but later in females. In most cases, there are several years of recreational gambling with more and more risk-taking over time. Pathological gamblers are often competitive, seek stimulation, and become bored when times are calm, and they may have shown signs of restlessness as children. They may be workaholics with an exaggerated need for approval. The urge to gamble often increases when under stress. They may develop medical problems linked to stress, such as high blood pressure and migraine headaches. There seems to be a high frequency of Major Depressive Disorder, and such persons may gamble as a way to relieve painful feelings.

The person may gamble on a regular basis or only at times,

but either way, the course is most often chronic, even though the person has often made multiple attempts to reduce or stop gambling behaviors. It is thought that Pathological Gambling is an addiction akin to alcoholism and that the courses of both conditions are similar, with risks of job loss, divorce, pauperization, unpaid debts, and even suicide. Teenage internet gambling is now becoming a serious problem.

## Treatment

*Self-Help*. Gamblers Anonymous, Gam-Anon (for families and spouses), and Gam-a-Teen (for teenage children of gamblers) are available, and they are run much like Alcoholics Anonymous. Dropout rates can be high. The National Collegiate Athletic Association (NCAA) and Harvard Medical School Division on Addictions can provide information and advice about problems of student gambling. A video, *Compulsive Gambling: The Invisible Disease*, is available from the American Psychiatric Association.

*Professional Help*. When gamblers seek expert help, they are often very depressed. Twenty percent of pathological gamblers who seek treatment report having made suicide attempts. Psychological support, treatment of depression, and assistance in learning to understand the nature of their illness can be very helpful to those who stay in treatment. Hospitalization is sometimes required. As with alcoholism, it can be hard to keep the person motivated for abstinence. Long-term results of treatment efforts are likely to be about the same as for the treatment of alcoholism.

# Section 5: Trichotillomania

I dream of Jeanie with the light brown hair,
Floating, like a vapor, on the soft summer air.
Stephen Collins Foster, “Jeanie with the Light Brown Hair,” 1854

## What Is the Definition?

*Trichotillo-* comes from the Greek, meaning “hair pulling,” and *mania* comes from the Greek word for “madness.” Trichotillomania is “hair-pulling madness.” Trichotillomania involves repeated, compulsive pulling out of one’s hair, to the extent that hair loss can be seen by others. The person feels

tense before pulling out hair, especially when trying to resist the impulse, with a feeling of relief or even pleasure when the hair-pulling begins.

## What Are the Symptoms?

Hair-pulling may occur on any part of the body but happens most often on the head, eyebrows, and eyelashes. People with Trichotillomania may try to conceal visible signs of hair loss and deny causing it. Episodes of hair-pulling may range from brief and irregular bouts to periods that last for many hours. Hair-pulling can increase with stress but can also occur when a person seems to be relaxed. People most often engage in hair-pulling when not being observed by others. There may be a preoccupation with looking at hairs that are pulled out, along with Trichophagia, that is, eating hair. Trichophagia may lead to hair balls, which can cause pain, vomiting, bleeding, and obstruction of the intestines. Some people feel the urge to pull hairs from other people, pets, and clothes such as sweaters. Nail biting and skin scratching may also occur.

## Who Is Affected?

In children, hair-pulling occurs equally in females and males, but in adults it seems to be much more frequent among females. The disorder occurs in as many as 1 to 2 percent of the population. These individuals frequently have other disorders such as mood, anxiety, eating, and substance abuse disorders.

## Onset and Course

Hair-pulling most often begins in childhood or the early teens. In children, bouts may be rather common, often occurring in the setting of family or other kinds of stress, and the behavior may clear up on its own, so the diagnosis of Trichotillomania is not made unless the hair-pulling lasts for many months.

Whereas hair-pulling often clears up in childhood, this habit can be chronic in adults, often involving diverse body areas. The behavior can come and go or can be continuous for many years. Risks include embarrassed social isolation, need for hairpieces or other modes of concealment, and even plastic surgery.

## Treatment

*Self-Help*. There are a number of books about Trichotillomania, such as *Trichotillomania: A Guide* by James Jefferson and John Greist, as well as Internet sites and chat-rooms, such as the Trichotillomania Mailing List and "Go Ask Alice," produced by Columbia University. This disorder has characteristics of an Obsessive-Compulsive Disorder and information about it can be found through the Obsessive-Compulsive Foundation.

*Professional Help*. In the case of children, the pediatrician may look for signs of stress in the family and offer helpful suggestions that result in a better home setting, which may put an end to the hair-pulling. Psychotherapy may also be helpful for Trichotillomania. Most often, with proper professional treatment of the other disorders present, such as Mood and Anxiety Disorders, the hair-pulling stops or occurs much less often.

*L. Park*