

Impulse Control Disorders:

Intermittent Explosive Disorder, Pathological Gambling, Trichotillomania, Kleptomania & Pyromania

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What Are Impulse Control Disorders?

Impulse Control Disorders involve the failure to resist overwhelming impulses. Impulse Control Disorders can be thought of as the inability to resist a drive or temptation to perform a harmful or dangerous act. Sufferers feel an increasing sense of tension or excitement before committing the act, and then experience pleasure or relief. Sometimes, in the period immediately after the act has been carried out, the person regrets the act or feels guilty.

There are quite a number of different Impulse Control Disorders:

Intermittent Explosive Disorder

Sufferers experience periods where they are unable to control or resist aggressive urges. The aggression is far greater than any provocation that might have triggered the outburst. The outbursts may result in serious assaults or the destruction of property.

This disorder seems to be rare and little information is available about how many people suffer from this problem. We do know that of individuals displaying periodic episodes of violence, males account for 80 % of this population.

Kleptomania

Sufferers cannot resist the desire to steal objects they do not need. Sometimes the person may hoard the stolen items or secretly return them. The stealing is likely to be done alone. Kleptomania is rare. Between 3 and 8% of apprehended shoplifters suffer from Kleptomania. It is thought that more females than males have Kleptomania, and that the stealing commences during adolescence or early adulthood.

Pyromania

People with Pyromania set fires for pleasure or to relieve tension. Mixed reactions of relief and pleasure may happen when setting fires or when

witnessing or participating in their aftermath. Often people with pyromania are fascinated by fire and may be a keen fire watcher in their neighborhood, set off false alarms, be interested in fire-fighting paraphernalia and may even seek work as a firefighter. Often people with pyromania do not care about the consequences of their fire setting. It is not known how many fire setters have Pyromania. Pyromania appears to affect mostly males and seems to begin during adolescence.

Pathological Gambling

Pathological gamblers regularly gamble too much. They are preoccupied with gambling and need to gamble with more money to get the same “rush”. People with Pathological Gambling may also get restless or irritable if they attempt to stop or cut down gambling activities. Some gamblers may use gambling as a way of blocking out other problems in their lives. They are sometimes described as continually “chasing” their losses by trying to win back lost money. Pathological gamblers may lie to family and friends about the amount of gambling they engage in and sometimes resort to committing illegal acts to gain money. Pathological gambling often results in the loss of life partners, jobs, and personal assets. There may also be a reliance on others to solve financial problems caused by gambling. The urge to gamble tends to increase during periods of stress or depression. Between 2 and 3% of the adult population are pathological gamblers. Gambling tends to begin in late adolescence and becomes progressively more excessive.

Trichotillomania

People with Trichotillomania continually pull out their hair for pleasure, satisfaction, or the relief of tension. This repeated behaviour normally results in noticeable hair loss. Hair is most commonly pulled from the scalp, but may also be pulled from eyebrows, eyelashes, or the pubic region. Hair pulling can occur in brief episodes throughout the day, or also during one long session lasting for hours. Looking at the hair root or eating the hair may also occur. People with Trichotillomania may sometimes say things like “I search for the ‘bad’ hairs.” Hair eating may

result in abdominal pain, nausea and vomiting, constipation, and/or other bowel problems. Sometimes there may be an urge to pull hair from other people, pets, dolls, or other “hairy” materials (e.g., jumpers, carpets).

Around 2% of people suffer from Trichotillomania. Among children, equal numbers of males and females suffer from Trichotillomania, whereas more females than males suffer from Trichotillomania in adult populations. Trichotillomania may begin during childhood or early adolescence.

What Causes Impulse Control Disorders?

There are several different explanations as to why some people develop Impulse Control Disorders.

Behavioural Explanation

The behavioural explanation suggests that people carry out impulsive behaviours because they have learned that the behaviour makes them feel better. It is normal that individuals would want to do something that makes them feel better. However, it is not normal that they feel unable to stop themselves from doing that behaviour even when it is harmful to themselves or to others. People with Impulse Control Disorders may benefit from finding other less harmful behaviours that give them pleasure or a release from tension.

Biological Explanation

This approach draws on knowledge that impulse control may involve certain chemicals in the brain. Some suggest there may be a dysfunction in the serotonin, norepinephrine, and dopamine brain chemical systems. These systems form part of the brain’s message system and help regulate a whole range of psychological and physical functions. When there is a dysfunction in these systems, the individual may become more impulsive.

Addiction Explanation

Some people with Impulse Control Disorders believe that their problem is like being addicted to drugs. Impulsive behaviour gives some people

a “high”. Also individuals feel they cannot stop themselves from carrying out impulsive behaviour, just as someone with a drug addiction finds it difficult to stop taking the drug. Despite these similarities, there are important differences. First, the “high” results from carrying out the impulsive behaviour, not from ingesting a substance. Second, features of addiction include tolerance (where drug dose has to be increased to give the same effect) and withdrawal (where there are physical symptoms due to the stopping). There is no strong evidence to suggest that tolerance or withdrawal occur in Impulse Control Disorders.

Thus, while Impulse Control Disorders may seem similar to addiction, they represent different groups of psychological problems.

Treatment

Effective treatments for each of the Impulse Control Disorders are still being developed. Behaviour therapies, cognitive behaviour therapy, and medication have been effective in the treatment of Impulse Control Disorders.

Behaviour Therapy

The aim of behaviour therapy is to teach a range of techniques clients can use on a daily basis to change their impulsive behaviour.

Behaviour therapy is based on the idea that people with Impulse Control Disorder have learned that their harmful impulsive behaviour is associated with pleasure or the relief of tension.

The aim of behaviour therapy is to teach the client to associate their impulsive behaviour with negative consequences rather than pleasure, or relief of tension. For example, a person with Kleptomania imagines stealing an object, then something unpleasant happening as a consequence of their stealing, such as being arrested. After repeatedly

imagining this scenario, the thought of stealing produces unpleasant feelings of stress and anxiety rather than pleasure or the relief of tension.

Cognitive Behaviour Therapy

Sometimes people with Impulse Control Disorders have distorted thinking. This is especially true for people with Pathological Gambling. They may believe money is the cause and solution to their problems. They find it easier to remember wins than losses, even though they have lost more often. Other Impulse Control Disorders also involve changes in thinking. Therefore, sufferers need to change the way they think as well as their actual behaviour. Psychologists call thoughts, beliefs, and memories - cognition.

Therapy that helps people change both the way they behave and the way they think is called Cognitive Behaviour Therapy.

It builds on the behaviour therapy described earlier with techniques to help people think more adaptively.

Medication

Medications may be helpful in controlling the overpowering impulses that are part of Impulse Control Disorders. These drugs change levels of a brain chemical called serotonin that may be associated with controlling impulses or urges.

Intermittent Explosive Disorder

Information about effective treatment is limited. One avenue is teaching anger management strategies. People with Intermittent Explosive Disorder often report they do not have any control over anger, so one aim is to help people become aware of and understand their anger. People are taught ways to express their point of view without becoming aggressive or violent. Other treatments include behaviour therapy and medication.

Kleptomania

Behaviour therapy has been effective treating Kleptomania. Antidepressant medication can also be effective for some.

Pyromania

Behaviour therapy is often used to treat Pyromania. The most common technique has been teaching the client to associate fire-setting with negative consequences. People with Pyromania are often adolescents or young adults, so including the family in treatment is often helpful.

Trichotillomania

Medication has been effective. Various behaviour therapies have also been effective. They find behaviours to replace hair pulling and to feel pleasant or help relieve tension.

Pathological Gambling

Behaviour therapy, medication, and changing thought processes through Cognitive Behaviour Therapy have all been effective. Often people are encouraged to take up new, less expensive activities that will fulfill their need for excitement or stimulation.

A Useful Resource

- Dickerson, M.G. (1984). *Compulsive Gambling*. London: Longman.

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