

LINE ON LIFE

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"I Just Can't Stop It!"

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Some time ago, a reader asked me to write about *compulsive behavior*. However, we may have a problem in defining this concept.

Many people think of compulsions as irresistible urges to gamble, eat, drink or smoke. However, clinical psychologists would classify these behaviors under problems of **impulse control** rather than compulsions. (Many of you are probably thinking, "*Big deal, it's just a different name for the same thing!*")

However, there are several real differences. **Impulses** to gamble, eat, drink or smoke are *ends in themselves*. They are engaged in for the *pleasure* they provide. The impulse is seen by the person who has it as a *conscious decision* to do the act. However, unable to restrain the impulse, the act may be followed by feelings of *regret*, *self-reproach* or *guilt*. ("*Although I wanted that fifth piece of pie, and I enjoyed eating it, I now regret it.*")

**While gratifying impulses leads to immediate pleasure,
compulsions only lead to a temporary reduction of anxiety.**

In contrast, a **compulsion** is an insistent, repetitive, *intrusive* and *unwanted* urge to perform an act *contrary* to one's wishes or standards. It is not an end in itself — it is a *means to reduce anxiety*. (If I resist my impulse for my sixth piece of pie, I don't feel anxious. I merely missed an additional pleasure.) If I were to fail to follow a compulsion to wash my hands for the 50th time today, my anxiety over that omission would mount. Although I would get no pleasure from washing, I would finally do the act to reduce my anxiety. The washing seems like a senseless and repugnant urge that invades my consciousness. It is not an end in itself. It is merely a means to prevent some future event or situation (a disease, for example).

The most common compulsions involve handwashing, counting, checking and touching. Each time the act is done, it temporarily reduces anxiety. Because the anxiety reduction is only temporary, the act must be repeated again and again. The severity of the problem depends on how much the act interferes with other social and occupational activities.

Even though the compulsion is designed to ward off some unwanted event, it is clearly excessive or not realistically connected with the intended results. For example, during regular store hours, a middle-aged man was robbed at gunpoint. For weeks afterward, when locking his store for the evening, he repeatedly checked the locked door — as often

as a dozen times. (Remember that the robbery occurred when the store was open for business.)

Compulsions may be accompanied by obsessions. In contrast to acts, **obsessions** are *repeated thoughts or images* that appear irrational and uncontrollable to the person who has them. Although many of us have these fleeting experiences — like being unable to get a tune out of our mind — they do not usually interfere with normal functioning.

Truly compulsive people try to be **perfectionists**, becoming preoccupied with details, rules and schedules to the point of losing "*the overall picture*." Their motto might very well be, "*There is a place for everything, and everything should be in its place*." Things must be done their way. They are typically work-oriented rather than pleasure-oriented. They tend to be serious and formal, rarely expressing warmth and tenderness. They avoid making decisions for fear of making a mistake. They tend to be very judgmental of themselves and others.

Before you start labeling half of the people you know as "*compulsive*," many occupations — accountants, lawyers, physicians, among others — require great attention to detail to succeed. (In fact, a little compulsiveness helped me to get through graduate school in psychology.) In addition, many of us are a little compulsive at times. This includes the housewife who is forever (or so it seems) cleaning her house, the office worker who refuses to make a decision unless it is mandated in the company manual, and the boss who personally waits by the time-clock to see who is late or to make sure that nobody leaves early.

However, before you try to push one of these people into some type of therapy, you should be aware of one more thing. As with any type of behavior, it would not be considered a **disorder**, unless it is a *significant source of distress* to the person who has it or it *interferes with social or occupational functioning*.