

IMPULSIVITY

Before reading this section, please note an important distinction. The psychiatric profession via its classification scheme in the Diagnostic and Statistical Manual of Mental Disorders (current 4th edition is DSM-IV TR), delineates several specific Impulse Disorders. The metaphors and descriptions, such as this one on impulsivity and impulse disorders, that constitute the core concepts of *Bridging The Chasm*, are used in a decidedly different context than those specified in the DSM-IV TR. That is not to suggest that I am challenging the psychiatric profession's diagnostic criteria or its classifications. I am, however, offering an additional or alternative perspective on how to view, metaphorically or otherwise, the basic nature of various neuro-biological disorders. Accordingly, the description of impulsivity and the discussion of many neuro-biological disorders as impulse disorders is to be understood within the BTC framework.

The basic nature of any organism is to have an impulse, a life force. That impulse, the essence of life is seen in the organism's beat, its cadence. In turn, the cadence (for our purposes here), is what informs others about the nature of a particular organism and is also what differentiates those of us who are impulsive (those who have difficulty with impulse control or as is clinically stated, dysregulation) vis a vis those who are not impulsive (those who have the ability to regulate). Hence, we can, once we understand and appreciate the cadence, know what, if any, affliction exists.

By implication, an involuntary impulse (e.g a tic, an outburst) is primal and cellular, one that operates at the most basic level of physical existence. It can be viewed as the basic instinctual survival mechanism, albeit one that has possibly gone awry. Impulsivity (again, dysregulation) is spontaneous and immediate, with little or any censorship and seemingly one with no concept, let alone appreciation of, consequences. Because it has not developed (matured) into a rational and controlled (regulated) response, such an impulse, and by implication, the organism, can be viewed as immature. Such is the basic nature of those who struggle with neuro-biological disorders. A person with such a disorder is prone to, need, is driven to "automatically" express themselves in ways that are often perceived as unpredictable, irrational, rude, crude and immature. The specifics of the "expressions" are what constitute the various diagnostic criteria that formulate a diagnosis of say, Bi-Polar or ADHD or OCD, etc.

While all organisms have their own cadence, the drumbeat of their life, it's safe to say we're all at least a little quirky. We even have sayings to describe this: "S/he has their own drumbeat," or "S/he dances to their own beat" and even, "S/he dances to a different drummer." Mostly, though, such quirkiness is socially acceptable, as long as quirky actions don't disrupt or antagonize the status quo. Unfortunately, those who struggle valiantly with trying to control their impulses, aren't so lucky. The impulsive behaviors of children and adolescents (and remember they grow up to be adults), are not widely understood, let alone tolerated. These are not bad kids/people. Rather they face challenges to be able to institute effective impulse control, to be normal, to fit in, to be able to "regulate." As an adolescent male client once said to me: "I just want to be a regular teenager." In essence, he wanted nothing more than to be able to behave and to feel appropriately. Because the predominant focus in dealing with these people is in controlling "disruptive behaviors," scant attention is paid to the forces that generate such behaviors.

Those afflicted with a wide spectrum of neuro-biological disorders, are, by their basic nature, impulsive. No matter how much will power or rationale is expended, they cannot control, for instance with Tourette Syndrome, their own bodies or with Bi-Polar Disorder, their emotions. The nature of impulsivity, relative to these disorders and especially where there is a mood component, is such that it regularly catapults one across a bottomless chasm into a

chaotic and frightening world that many inhabit yet few understand and reconcile. This world of outbursts and meltdowns is often not only terrifying to the one experiencing it, it also infects and exhausts those in close proximity.

There is the tendency of someone with an impulse disorder, again especially related to mood, to have an exaggerated emotional response to something (let's say by 100 fold), meaning that the response is grossly out-of-proportion to the apparent triggering event. These people are wired differently. They can exhibit an "uptightness" about them and they may be perceived as having an "edge." Remember, that while we all have a cadence to our being, the drum beat of impulsivity is erratic and intense. It lacks the more mature aspects of a reasoned approach to problem solving coupled with an appropriate action. Impulsive people tend to respond first and think about it later. Bear in mind that the person is usually contending with the cumulative effects of several disorders (see First Cousins & Co-Morbidity). Involuntary urges, which are the hallmark of impulse disorders, can cascade out of control and deprive the person of ordinary or normal abilities, perceptions and experiences. The impulse-driven person has little or no control over the behavioral manifestations of the urges associated with these disorders. These behaviors are not willful or intentional - they are biological imperatives.

Those who are un-afflicted (or ordered vis a vis disordered) have absolutely no logic that explains unpredictable, inappropriate, spur-of-the-moment outbursts of thoughts, feelings or actions. To them, none of it makes any sense. Ultimately, they want it, like a bad cough, to stop, to go away. The problem is they cannot get the "disordered" person to remedy, let alone cease their impulsivity and become "orderly." It is enough to drive anyone crazy. At that point the question arises as to who has the problem. Unfortunately, we all do.

Let's imagine an adolescent of fifteen with Tourette Syndrome and/or Attention Deficit Hyperactivity Disorder. Here is a person struggling with the everyday hormonal upheaval that we all had to navigate for better or for worse. Gheezzzz, teenagers are enough of a head case and surely plenty illogical. Now, stir in components that only serve to exaggerate an already testy period in one's life. The cumulative effect often produces an out of control, hyperactive, defiant young adult that is not only struggling with normal adolescence but also trying to understand why their body, the place they live, is making them do things they really do not want to do (e.g. tic, be hyper). It's like some alien creature inhabits them, one about whom they have little knowledge and one with whom there is a total lack of communication. .

We all need to understand THAT IF a child could control the "fidgetiness" of ADHD, the tics of TS, the emotional outbursts of BPD, then that child WOULD NOT have those disorders. It is precisely because they cannot control/manage/redirect (or any other appropriate descriptor one may choose to use), their impulses, that they indeed have an impulse disorder. Ironically, while they do not have the skills or resources to "behave," it is those without such challenges who expect them to do exactly that. Stop for a minute. Don't you think that if they could "fix" the impulsivity, that they would do it in a heartbeat? More so, why think otherwise? Why think that they are doing whatever they are doing, willfully. Do you honestly believe that they enjoy it? Do you honestly believe that they are seeking attention or that they are just trying to get their own way all the time? It should be clear that it is beholden upon those with effective impulse control to be tolerant and helpful to those who don't. How this is accomplished or at least attempted, is expounded upon more in the Services & Treatment section.

Teenagers are not the only ones who struggle to overcome these challenges. Young children to older adults, whether diagnosed or not, face a potential path of unrelenting agony and internal chaos as they try to comprehend their inability to control their own being. Most harbor feelings of rejection, not only by others but primarily from their inner self. These are individuals who face some sort of force within them that is rejecting them. By that I mean that their own body rejects them by doing things they don't want it to do. With Tourette, their body

tics or makes noises. In ADHD they are fidgety (to say the least) and easily distracted, going from one thing to the next, finding it difficult to focus and complete tasks. Low, or no, tolerance for frustration is commonplace. With many of these disorders, there are emotional outbursts, also referred to as temper tantrums or rage attacks, which tend to result from the combination of a biological factor (e.g. a chemical imbalance in the brain) and the stress of being frustrated. The point being is that these human beings do not want any of this. They want the alien being, the demanding, interfering force, to take a hike, to leave and never return. They want to be normal, a little nutty like everyone else. The truth is they aren't "regular" (normal) and never will be. After all, once you're grown and reach, say, 5 feet 9 inches, it doesn't matter what you do, you're not going to make it to 6 feet tall. No matter what's tried, a maple tree cannot be made into an oak tree. That's the point. An organism is what it is, the way it's wired. Just like you can't change the spots on a leopard, you can't make a Touretter into a non-Touretter. It (the neuro-biological disorder) is not going away. It's who they are.

Please note that as these disorders are, at their core, neuro-biological in nature, they require scientific appraisal and treatment. Unfortunately, the medical model that focuses almost solely on dispensing medication, pays little attention to the oft times pervasive emotional, psychological and social turmoil that people, with these disorders, experience. Accordingly, while not the entire picture by any means, it is important to seek out and take advantage of appropriate medical intervention, preferably in conjunction with a qualified mental health therapist, well-informed school personnel and others that are part of the treatment and support network.

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