



# Emotional triggers and their relation to impulsive and compulsive psychopathology

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## Abstract

An emotion regulation framework was used to explore how emotional triggers might be related to the presence and severity of impulsive–compulsive (I–C) psychopathology (e.g., drinking, cleaning). Young adults ( $N = 189$ ; 65% female) provided information concerning their I–C behaviors (e.g., time spent, subjective distress), emotional triggers, trait-level impulsivity, and obsessive-compulsive symptomatology. The primary outcome measures were ratings of the severity of I–C psychopathology made by three judges who examined the information concerning the I–C behaviors. Higher levels of both pleasant and unpleasant emotions were associated with more severe levels of I–C psychopathology. Anger and shame had particularly strong associations with I–C psychopathology, when all emotions and other factors (e.g., impulsivity) were taken into consideration. The results of this study suggest that an emotional regulation framework may be particularly useful for conceptualizing and classifying I–C psychopathology.

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## 1. Introduction

Emotion regulation, according to Gross (1998), can be understood as the “processes by which individuals influence which emotions they have, when they have them, and how they experience

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and express these emotions” (p. 275). As has been pointed out by several researchers, any behavior that is under voluntary control and that can influence mood can be used to regulate emotions (e.g., Jackson, Cooper, Mintz, & Albino, 2003; Parkinson & Totterdell, 1999; Sher & Trull, 1994). We propose that an emotion regulation framework may be a particularly useful perspective for understanding impulsive and compulsive behaviors. Specifically, we hypothesize that individuals engage in impulsive and compulsive kinds of behaviors as a means of attempting to regulate their emotions (both unpleasant and pleasant feeling states).

Currently, many models attempt to conceptualize behaviors such as pathological gambling and trichotillomania by dividing them into two categories – impulsive and compulsive. Some phenomena that might be considered evidence of impulsivity, such as problem eating and gambling, have been described by at least some researchers as being forms of compulsivity (e.g., Stein, 1989), whereas other researchers have posited that these phenomena are related to obsessive-compulsive disorder (OCD) (e.g., Coleman, 1990). This nosological confusion may stem, in part, from the possibility that all impulsive and compulsive behaviors may reflect maladaptive emotion regulation strategies. For example, at the very least, they may all represent behaviors that provide some immediate or short-term emotional benefits along with undesirable longer-term consequences. For this reason, we refer to all such behaviors (e.g., problem eating, drinking, shopping, sex, and gambling) as impulsive–compulsive (I–C) behaviors.

In addition to using concepts such as impulsivity and compulsivity to classify behaviors, many researchers have attempted to make distinctions among behaviors on the basis of topography (e.g., gambling vs. shopping). Several researchers (e.g., Cooper, Shapiro, & Powers, 1998; Follette, 1996) have cogently argued that across individuals, the same topographical behavior (e.g., problem sexual behavior, problem drinking) can serve *several* different functions, or may reflect multiple motivations (e.g., increase positive affect vs. reduce shame), and that topographically dissimilar behaviors (e.g., shopping and drinking) can serve similar functions across individuals (e.g., maintain and increase positive affect). Given the apparent limitations of attempts to understand behaviors such as problem drinking and sexual behavior using the impulsive/compulsive distinction and topography, the present research explored the potential value of using an emotion regulation framework to understand such behaviors.

There are probably a variety of emotional states that could elicit I–C behavior. It seems likely, however, that many individuals who engage in I–C behaviors do so as a means of reducing or coping with unpleasant emotions. This idea has been crystallized in the research of Whiteside and Lynam (2001), who have posited that negative mood states serve as an “urgent” press for some behaviors that have potentially undesirable long-term consequences. In addition to dysphoria, which has been found to trigger some kinds of I–C behaviors, there is mounting evidence that shame, anger, and anxiety frequently serve as potent emotional triggers for various kinds of I–C behaviors. Shame, for example, is a particularly aversive, debilitating affective experience that likely intensifies individuals’ desires to disappear, thereby escaping core feelings of personal deficiency and worthlessness (Talbot, Talbot, & Tu, 2004). Several researchers (e.g., Tangney, 2001) have pointed out that shame is a unique form of psychological distress that may be particularly important for the development of psychopathology. In fact, several researchers have posited that shame plays a crucial role in the development and maintenance of at least some I–C behaviors, such as bingeing (e.g., Hayaki, Friedman, & Brownell, 2002) and problematic sexual behavior (Adams & Robinson, 2001). Additionally, many researchers have noted that individuals’ often

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