



NONCLINICAL HAIR-PULLING: AFFECTIVE CORRELATES AND COMPARISON WITH CLINICAL SAMPLES

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Summary—The purposes of the current study were to examine the affective states associated with hair-pulling in a nonclinical sample and to compare levels of general psychopathology in nonclinical hair-pullers and clinic patients with trichotillomania (TM) or obsessive-compulsive disorder (OCD). Subjects included 66 college undergraduates who engaged in hair-pulling unrelated to grooming, 18 patients with TM and 29 patients with OCD. Dimensional (but not categorical) ratings of affective experiences in the nonclinical sample indicated that hair-pulling was associated with decreases in tension, boredom, anger and sadness. Further, the relationship between emotional experiences *before* and *after* hair-pulling was more salient than the pre-during relationship conceptualized as central in current diagnostic criteria for TM. Comparisons of psychopathology in nonclinical and clinical samples failed to support a continuum notion of increasing symptomatology in nonclinical pullers, TM patients and individuals with OCD. Some evidence of increased pathology in nonclinical pullers relative to TM patients was obtained, as was further support for a distinction between TM and OCD. Implications of this investigation for conceptualization of TM are discussed.

INTRODUCTION

Trichotillomania (TM), a chronic and potentially severe disorder characterized by repetitive hair-pulling, only recently was given official recognition as a psychiatric syndrome (APA, 1987). Consequently, systematic phenomenological and epidemiological studies of the disorder have just begun to emerge in the literature. Although TM traditionally was thought of as a rare condition, initial epidemiological studies have suggested prevalence rates of up to 5% depending upon the specific diagnostic criteria utilized (Christenson, Pyle & Mitchell, 1991; Rothbaum, Shaw, Morris & Ninan, 1992). Furthermore, repetitive hair-pulling that does not lead to significant hair loss has been reported much more frequently, with prevalence rates of 10–15% (Rothbaum *et al.*, 1992; Stanley, Borden, Bell & Wagner, 1994).

Initial phenomenological data have provided intriguing descriptions of the syndrome (Christenson, Mackenzie & Mitchell, 1991; Mansueto, 1991), although conceptualization of the disorder remains unclear. In particular, TM has been classified variably as an impulse control disorder (APA, 1987), a tension-reducing habit control disorder (Azrin & Nunn, 1973), and a variant of obsessive-compulsive disorder (OCD; Jenike, 1989). However, characterization of the syndrome as an impulse control disorder or a tension-reducing habit control disorder may be misleading given that not all individuals with chronic hair-pulling report an associated tension-reduction cycle (Christenson *et al.*, 1991a). In addition, despite some initial data suggesting overlap with OCD in family history (Lenane, Swedo, Rapoport, Leonard, Sceery & Guroff, 1992) and treatment outcome (Swedo, Leonard, Rapoport, Lenane Goldberger & Cheslow, 1989), more direct comparisons of phenomenology, neurobiology and associated clinical features in the two groups have suggested areas of both overlap and dissimilarity (Rettew, Chelso, Rapoport, Leonard & Lenane, 1991; Stanley, Prather, Wagner, Davis & Swann, 1993; Stanley, Swann, Bowers, Davis & Taylor, 1992; Swedo, Rapoport, Leonard, Schapiro, Rapoport & Grady, 1992). As such, existing literature demonstrates a significant lack of clarity regarding the phenomenology and classification of chronic hair-pulling.

Given the relatively limited body of literature available regarding these issues, examination of hair-pulling in nonclinical samples is of interest (Stanley *et al.*, 1994). A similar approach has been used to elucidate phenomenological issues in other disorders such as OCD (Rachman & de Silva, 1978) and panic disorder (Borden, Lister, Stanley, Turner & Tabacchi, 1993; Telch, Lucas & Nelson, 1989), and application of this approach for further exploration of hair-pulling can provide a richer context for understanding the phenomenology and psychopathology of TM. In particular, examination of TM symptoms in a nonclinical sample can be used to address the continuity of hair-pulling across clinical and nonclinical samples, as well as the relationship between hair-pulling and obsessional symptoms.

An initial investigation in this regard revealed epidemiological and phenomenological overlap between nonclinical hair-pullers and patients with TM (Stanley *et al.*, 1994). Specifically, nonclinical hair-pulling occurred more frequently in women than in men, and sites and situational precursors of the behavior in nonclinical *Ss* were similar to those reported in a separate investigation of clinic patients diagnosed with TM (Christenson *et al.*, 1991a, b). Nonclinical hair-pullers, however, engaged in the behavior less frequently, made fewer attempts to resist pulling, and indicated no noticeable hair loss as a result of the behavior (Stanley *et al.*, 1994).

This initial examination of nonclinical hair-pulling also addressed the proposed overlap between hair-pulling and obsessive-compulsive symptoms. Data indicated that nonclinical hair-pullers had significantly greater levels of obsessive-compulsive symptomatology relative to nonpullers, although the association between these sets of symptoms was not unique. Rather, nonclinical hair-pulling also was associated with higher scores on measures of neuroticism, general anxiety and global psychopathology. Thus, it was suggested that subclinical symptoms of TM may be associated more generally with a global anxiety profile than with symptoms of OCD *per se* (Stanley *et al.*, 1994). Extrapolation to clinical populations could be made only cautiously, however, given the nature of the sample studied.

Additional investigations of nonclinical samples are needed to explore further the phenomenology of hair-pulling and associated psychopathology, in particular symptoms of OCD. First, of continued phenomenological interest are the affective correlates of hair-pulling. Current diagnostic criteria for TM require that patients report an increasing sense of tension prior to pulling and feelings of gratification or relief while engaging in the behavior (APA, 1987). However, phenomenological reports of patients with chronic hair-pulling indicate that 17% of these individuals deny a tension-reduction cycle (Christenson *et al.*, 1991a). Furthermore, qualitative descriptions of TM suggest that hair-pulling occurs in response to a range of negative affective states including boredom and anger (Mansueto, 1991). Whether or not similar affective correlates can be documented in nonclinical hair-pullers is as yet unclear. Thus, an initial aim of the current study was to examine the affective states associated with hair-pulling in a nonclinical sample.

Second, to shed additional light on the relationship between hair-pulling in nonclinical and clinical samples, and to provide further information regarding overlap between hair-pulling and obsessive-compulsive symptoms, comparisons of psychopathology in nonclinical hair-pullers and patients diagnosed with TM or OCD were of interest. If hair-pulling lies on a clinical–nonclinical continuum, one might expect the symptoms to be associated with lower levels of general psychopathology in nonclinical samples than in TM patients. In addition, given that TM generally is associated with less severe comorbid clinical features (e.g. anxiety, depression) than OCD (Stanley *et al.*, 1992), a continuum of psychopathology might be evident across nonclinical pullers, TM patients and patients with OCD, with the least severe symptoms evident in the nonclinical group and the most severe symptoms in OCD patients. To address this issue, the second aim of the current study was to compare measures of global psychopathology and personality features in nonclinical *Ss* with repetitive hair-pulling and patients with a primary diagnosis of TM or OCD.

STUDY 1—AFFECTIVE CORRELATES

Subjects

Study 1 included 44 *Ss* identified as nonclinical hair-pullers. These individuals were recruited from introductory psychology classes of two urban state universities. A total sample of 288 college

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