

Evaluating the Function of Hair Pulling: A Preliminary Investigation

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Although little is known about the operant function of hair pulling associated with trichotillomania, attempts to further our knowledge in this area have not employed experimental methods. In the present study we assessed the hair pulling behavior of two individuals using a functional analysis methodology. The results showed that hair pulling was most probable in the alone condition. Based on the functional analysis results and information from behavioral interviews, we hypothesized that hair pulling was maintained by self-stimulation in these two subjects. We discuss limitations of the current investigation and the need for future research.

Trichotillomania is characterized by repetitive hair pulling resulting in noticeable hair loss (American Psychiatric Association, 1994). According to Christenson, Pyle, and Mitchell (1991), 3.4% of college women and 1.5% of college men reported pulling their hair at some point in their lives. Woods, Miltenberger, and Flach (1996) reported that 3.2% of college students engage in hair pulling that produces hair loss. Long, Miltenberger, and Rapp (in press) found that 5.0% of a sample of individuals with mental retardation living in community residential settings were reported to engage in hair pulling.

Trichotillomania has traditionally been classified as an impulse-control disorder. Consistent with this conceptualization, the diagnosis of trichotillomania requires the presence of tension prior to the hair pulling behavior with "pleasure, gratification, or a sense of relief when pulling hair" (American Psychiatric Association, 1994). If hair pulling results in pleasure or gratification, it is likely that the behavior is positively reinforced by the sensory stimulation

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it produces. However, hair pulling that provides relief is presumably maintained through a process of negative reinforcement (e.g., Hansen, Tishelman, Hawkins, & Doepke, 1990; Woods & Miltenberger, 1996; Woods et al., 1996). It is also possible that hair pulling may be maintained by reinforcing social consequences, such as attention from significant others in the form of concern or social disapproval. Although the function of hair pulling may vary on a case by case basis, researchers have not yet applied functional analysis methodologies to trichotillomania (e.g., Iwata, Dorsey, Slifer, Bauman, & Richman, 1982).

In a review focusing on behavioral treatment of trichotillomania, Friman, Finney, and Christopherson (1984) found that a variety of treatments had a positive effect on hair pulling. However, they also found that the methodology exercised in assessment was weak, with no studies utilizing experimental methods to analyze the function of the hair pulling. To the best of our knowledge, no studies published subsequent to the 1984 review by Friman et al. have reported functional analyses of hair pulling. In a recent study, Woods and Miltenberger (1996) manipulated antecedent conditions to produce boredom or anxiety and measured a variety of habit behaviors among college students in each condition. Their results showed that hair manipulation was more likely to occur in an experimental condition in which subjects reported heightened anxiety. Because hair manipulation often precedes hair pulling, these results are suggestive of a tension reduction function for hair pulling. However, the results do not demonstrate the function of hair pulling because the authors manipulated only antecedent conditions and because they measured hair manipulation rather than hair pulling that results in hair loss. Furthermore, the authors reported aggregated data for a group of individuals. Even though hair pulling may be topographically similar across individuals, the behavior may serve different functions for the different individuals. Therefore, there is a need for individual functional analyses to understand the variables maintaining hair pulling.

The purpose of this study was to evaluate the utility of experimental procedures for identifying the function of hair pulling in individual subjects and to compare the functional analysis information with indirect assessment information gathered from behavioral interviews. We adapted functional analysis procedures, traditionally used to identify the function of self-injury and other behavior disorders exhibited by individuals with mental retardation (e.g., Iwata et al., 1982; Iwata, Vollmer, & Zarcone, 1990; Lennox & Miltenberger, 1989), and implemented them with two hair-pulling subjects in an outpatient clinical setting.

Method

Subjects and Settings

Maggie, a 36-year-old female diagnosed with moderate mental retardation and depressive disorder, engaged in hair pulling that resulted in hair loss on

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