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Hair pulling and its affective correlates in an African-American university sample

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Abstract

Like other clinical phenomena, repetitive hair pulling in African-Americans has attracted little systematic investigation. Slightly over 200 participants were recruited from a historically black university. Participants completed the Hair Pulling Scale [Stanley, M. A., Borden, J. W., Bell, G. E., & Wagner, A. L. (1994). Nonclinical hair pulling: phenomenology and related psychopathology. *Journal of Anxiety Disorders, 8*, 119–130], the Beck Depression Inventory, and the Beck Anxiety Inventory (BAI). Ten percent of the African-American sample thought about pulling out hair and 6.3% actually pulled out hair. A variety of types of affect was reported before, during, and after pulling or picking. Several statistically significant relationships were found: status as a person who thinks about pulling out hair is significantly correlated with anxiety as measured by the BAI ($r = .265$, $p = .000$), status as a person who pulls hair is significantly correlated with anxiety as measured by the BAI ($p = .192$, $r = .007$). Implications are discussed.

Keywords: Trichotillomania; Anxiety disorders; Impulse control disorders; Minority groups

Trichotillomania (TTM) is a disorder that is characterized by the repetitive pulling out of one's own hair from the scalp, eyelashes, eyebrows, pubic area, or other body sites. Often a chronic condition, TTM is typically associated with significant emotional distress, diminished self-esteem, and interpersonal problems (Stemberger, Thomas, Mansueto, & Carter, 2000). TTM is included in the latest edition of the Statistical Manual of Mental Disorders (DSM-IV-TR, American Psychiatric Association, 2000) within the category of ''Impulse Control Disorders Not Otherwise Specified.'' Diagnostic criteria include recurrent hair pulling resulting in noticeable

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hair loss, tension either before pulling or when resisting pulling, pleasure, gratification, or relief when pulling, and clinically significant distress or impairment.

Utility of diagnostic criteria for TTM has been criticized on a number of grounds, an important one being that large numbers of hair pulling patients do not manifest full diagnostic criteria (O'Sullivan, Mansueto, Lerner, & Miguel, 2000). Focusing on the diagnostic requirements of tension prior to pulling and pleasure, gratification, or relief during pulling, Christenson and Mansueto (1999) noted that while 17–23% of hair pullers in clinical populations failed to meet one or both criteria, many investigators of TTM routinely chose to include those individuals as research participants. The authors preferred a ''broader definition of trichotillomania to include any clinically significant hair pulling not occurring in the context of psychosis.'' (p. 4)

Once viewed as a rare disorder, preliminary epidemiological studies conducted with university student populations suggest that hair pulling is more common than previously thought in the general population. Reported rates vary according to the rigidity with which diagnostic criteria were applied. As might be expected, estimates of prevalence of TTM in the general population are substantially higher when less restrictive criteria are utilized. Christenson, Pyle, and Mitchell (1991) reported that 0.6% of 2579 college freshmen who were surveyed met existing diagnostic criteria (DSM-III-R) for TTM during their lifetimes, but when the tension reduction criterion was dropped, 2.5% of subjects (1.5% of males and 3.4% of females) had at least at some point engaged in clinical levels of hair pulling. Rothbaum, Shaw, Morris, and Ninan (1993) surveyed 490 freshmen psychology students at one university and later, 221 freshmen psychology students at another university. In the first sample, 10% of students acknowledged engaging in noncosmetic hair pulling with 2% reporting both visible hair loss and distress as a result of pulling. In the second sample, 13% reported hair pulling, 1% reported visible hair loss, and 1% reported distress. Graber and Arndt (1993) surveyed 98 undergraduate students utilizing an 11-item questionnaire. In this sample, 11% of the students acknowledged engaging in noncosmetic hair pulling, however, resultant distress and visibility of hair loss were not assessed. Stanley, Borden, Belt, and Wagner (1994) surveyed 288 college undergraduates and found that 15% of the subjects reported having engaged in noncosmetic hair pulling during the prior year. None of the subjects, however, reported visible hair loss as a result of pulling. In a later study (Stanley, Borden, Mouton, & Beckenridge, 1995), a similar questionnaire was administered to 165 undergraduate university students. In this sample, 13% of the students acknowledged noncosmetic hair pulling during the previous year.

Many of the studies focused on prevalence rates of hair pulling also report descriptive data on pulling, such as situations where participants are more likely to pull, frequency of pulling, and body sites where pulling occurs. While these data may simply help describe the problem, we have argued in other venues (Mansueto, Golomb, Thomas, & Stemberger, 1999; Mansueto, Stemberger, Thomas, & Golomb, 1997) that many of these variables represent critical information for integration into behavioral treatment plans for reducing hair pulling. Stanley et al. (1994) reported that a little over 20% of participants pulled once a month, 20% pulled once a week, and a little under 20% pulled several times a week, with just over 13% pulling several times a day. Just over three-quarters of the sample pulled from the scalp, over 30% pull eyebrows, one-quarter pull eyelashes, with less than 10% pulling from other sites. Pullers engaged in the behavior in various situations, including while studying (just over 50%), working or watching television (just under 30% for each), and lying in bed (30%). Several points are worth making with regard to the aforementioned studies. First, it appears that in university samples, approximately 10–15% of participants will admit to problematic hair pulling, though far less report noticeable hair loss, and data regarding emotional correlates of pulling are not always available. Second, solid epidemiological data are sparse for TTM and also for hair pulling that does not fully meet current diagnostic criteria. Third, of the 3781