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The relationship between experiential avoidance and the severity of trichotillomania in a nonreferred sample

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Abstract

In this study 436 adults, who reported being diagnosed with trichotillomania (TTM), completed an anonymous survey examining the relationship between experiential avoidance (i.e., escape from or avoidance of unwanted thoughts or emotions) and TTM severity. Results showed a significant positive correlation between measures of experiential avoidance and TTM severity, indicating that more experientially avoidant individuals tended to exhibit more severe TTM. Subsequent analyses found that persons who scored higher on a measure of experiential avoidance reported more frequent and intense urges to pull, were less able to control their urges, and experienced more pulling-related distress than persons who were not experientially avoidant. Conversely, results also showed that individuals who were more experientially avoidant were no more likely to actually pull and were no less successful in actually stopping themselves from pulling than non-avoidant individuals. The results of this study suggest that experiential avoidance may be an important issue in understanding and possibly treating some persons with TTM.
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1. Introduction

According to the DSM-IV (American Psychiatric Association, 1994), a person can be diagnosed with trichotillomania (TTM) if he or she (1) chronically pulls hair from

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the body, which results in significant hair loss, (2) experiences an increasing sense of tension immediately preceding pulling or during attempts to avoid pulling, (3) experiences pleasure or tension relief as a result of pulling, and (4) does not have another condition that better explains the pulling. TTM appears to be more common in women (Miltenberger, Rapp, & Long, 2001), and prevalence estimates of TTM suggest that between 0.6% (Christenson, Pyle, & Mitchell, 1991) and 3% (Woods, Miltenberger, & Flach, 1996) of the population engages in clinically significant hairpulling.

A number of possible complications can arise from TTM. Physically, pulling can result in repetitive movement injuries, scalp bleeding or irritation, dental damage from chewing pulled hair, and the formation of trichobezoars (hair balls) from eating pulled hair (Keuthen, Stein, & Christenson, 2001). Psychologically, persons with TTM often experience embarrassment, guilt, shame, interpersonal difficulties, low self-esteem, and feelings of unattractiveness. Likewise, they are more likely to receive diagnoses of mood or anxiety disorders than the general population (Schlosser, Black, Blum, & Goldstein, 1994; Townsley-Stemberger, Thomas, Mansueto, & Carter, 2000).

The etiology of TTM is unclear, but a number of different explanatory models have been proposed including ethological models (e.g., Bordnick, Thyer, & Ritchie, 1994), neurobiological models (e.g., Stein & Hollander, 1992), and behavioral models (e.g., Mansueto, Townsley-Stemberger, Thomas, & Golomb, 1997; Penzel, 2003). Central to many of these models is the importance of emotional variables or stressful events in the exacerbation of TTM. For example, within the context of an ethological model, Moon-Fanelli, Dodman, and O'Sullivan (1999) note that problematic repetitive licking in dogs worsens when the animal experiences increased periods of stress. Likewise, Diefenbach, Mouton-Odom, and Stanley (2002) state that negative emotions such as anxiety, tension, boredom, and sadness immediately precede pulling episodes. Further, Diefenbach et al. report that the immediate consequences of pulling tend to involve the temporary reduction of these experiences. The Diefenbach et al. study, and others like it (e.g., Stanley, Bordon, Mouton, & Breckenridge, 1995; Woods & Miltenberger, 1996; Woods et al., 1996) suggest that hair pulling associated with TTM may function to escape from or avoid aversive private experiences, and that temporary reductions in such experiences maintain the behavior through a negative reinforcement cycle.

This process of using seemingly maladaptive behaviors (e.g., hair pulling or drug use) to avoid or alter unpleasant private psychological experiences, such as anxiety, an urge to pull, or distressing thoughts, has been labeled "experiential avoidance" and is believed to be central to many DSM-IV diagnoses (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Paradoxically, Hayes et al. (1996) state that although the strategy of experiential avoidance is temporarily effective, it can have the unintended long term effect of increasing the frequency of, and struggle with, the very event the person is trying to avoid. For example, studies on thought suppression have demonstrated that attempting to suppress unwanted thoughts results in an increase in the frequency of those thoughts (Koster, Rassin, Crombez, & Naring, 2003).

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