

Case Study

Trichotillomania: A Case Study of Chronic Hair Pulling Disorder

Crystal Johannes^{1*}

ABSTRACT

This case study looks forward to the compulsive behaviour of a 14-year-old female who has been brought to a mental health professional because of her severe hair pulling behaviour. The patient is a student who has been showing symptoms of trichotillomania for the last 6 months. Her mother decided to bring her to a mental health professional after witnessing her symptoms get worse since the last two days compared to the last 6 months of her first showing signs of hair pulling. The patient admits to be in stress because of personal issues like arguments and disagreements between herself and her best-friend which led to her feel the compulsion of pulling out her hair and depict this behaviour. Excessive hair pulling has resulted in feelings of shame and becoming socially avoidant due to the way she looks. She has also gone down on her academics because of the different ways her disorder has affected her life. Her treatment includes a mixture of therapies like Cognitive Behavioural Therapy (CBT), Habit Reversal Therapy, group therapy, peer support and medications like anti-depressants to help reduce the impulse of pulling her hair and make her aware of the habit and slowly teach how to break that habit.

Keywords: *Compulsive Behaviour, Mental Health Professional, Trichotillomania, Hair Pulling, Shame, Socially Avoidant Behaviour*

The patient, a 14-year-old female was taken to a mental health professional by her mother because of an underlying issue which was discovered as trichotillomania. It was observed that she had been experiencing these symptoms of hair pulling disorder for the past 6 months and brought for screening because the symptoms had turned worse from the last two days. She admitted to be having many instances where she experienced uncontrollable stress which resulted in her pulling her hair out as a source of relief at that moment. She explained the first time she felt the need to give into her compulsion of pulling her hair out, it was because of an argument and disagreement with her best-friend which resulted in both severing ties from each other.

Due to the compulsive hair pulling there were more aspects of her life affected other than physical appearance but that was the first drastic change her mother noticed which made her take the patient to a dermatologist where the doctor had given her medicines for the skin damage and hair growth but nothing seemed to have improved so the doctor suggested for a psychological evaluation which later resulted in a diagnosis of trichotillomania.

¹Student, Integrated BA-MA (Clinical Psychology), Amity University, Noida, India

*Corresponding Author

Received: October 24, 2024; Revision Received: October 27, 2024; Accepted: November 01, 2024

Trichotillomania: A Case Study of Chronic Hair Pulling Disorder

This case study aims to understand the factor contributing to the patient's compulsive behaviour including her personal relationships and psychological assessment. This study provides an insight on managing challenges related to different aspects of life like physical, psychological, social. This is a comprehensive study of the patient, highlighting the therapeutic approaches and techniques in regards to her diagnosis.

Suggested Treatment

The patient's treatment plan should be tailored to her condition which is her compulsive behaviour of pulling out her hair under pressure or stress. Given her difficulty with controlling her actions under stress, the plan not only should be focused on her compulsive behaviour but also on the reduction of stress by stress controlling relaxation techniques.

Habit Reversal Therapy can be one way to help the patient during her course of treatment. This behaviour therapy is the main therapy for trichotillomania. It will help her recognise the situations where she is most likely going to pull her hair out. This recognition will help in breaking the habit that is resulting in her compulsive behaviour. There is a technique in this therapy known as decoupling, this is where you instantly remove your hand from your hair to someplace else to prevent pulling out her hair. She can be introduced to this technique.

Cognitive Behavioural Therapy is the umbrella under which other behavioural therapies lie as well. CBT can be helpful in the patient's case as well, as in this case the behaviour is faulty and to modify this behaviour it is important to have insight about the problem and the solutions as well. In the case of trichotillomania to lower the tendency of hair pulling there needs to be an insight of the problem and the habit and connect dots like actions which take place before the action taken place and then reverse that behaviour by using Habit Reversal Therapy.

Understanding the social avoidant behaviour due to her physical appearance, Group therapy can also be helpful for the patient. Meeting people going through the same difficulty as her will help her feel better knowing that she is not alone in this journey. Group therapy will also help her with her social avoidance and increase self-confidence with time.

Medications can also be a helpful aspect of treatment, although there are no medicines to treat trichotillomania but other mental health disorders like depression and anxiety can be treated by medication. Anti-depressants can be a helpful source for the patient throughout the course of her treatment for trichotillomania.

Research Evidence

The research studies underlined share common ground with trichotillomania in an individual. Research shows that trichotillomania is mostly diagnosed in childhood and adolescents. In the case of the patient, her compulsive behaviour can be understood through these findings. This study has stated as well under the topic lifetime trajectories, where it's described that stressful events like loss of a love one, moving away from home, relationship problems, etc. can be a trigger for trichotillomania. (Thienemann, Margo, et al. 2015). The same reason that triggered trichotillomania in the patient, was a disagreement and argument with her best-friend which later resulted in them not talking to each other.

The patient, also showed socially avoidant behaviour because of the physical appearance of herself because of the compulsive hair pulling, this study states that trichotillomania is a

Trichotillomania: A Case Study of Chronic Hair Pulling Disorder

fairly underreported because of the psychosocial aspects (França, Katlein, et al. 2019) like going out with friends or interacting with people because of the image they have of themselves. Receiving dermatology treatment is also seen a lot in trichotillomania patients, this study states that despite the strong underlying psychiatric component of trichotillomania, the majority of individuals suffering from trichotillomania initially may present to dermatologists because of their hair loss (Onyemachi, Jane, et al. 2024) exactly the same was done for the patient by her mother when she observed that her daughter was losing hair. All these interventions show that they are helpful for an individual suffering from trichotillomania and depicts how the treatment is done for this disorder.

CONCLUSION

The case of this patient, shows how a social trigger can cause trichotillomania in an individual, because of a disagreement and argument with her best friend acted as a trigger of trichotillomania for her, which affected her life in different aspects be it physical, psychological and social. She became socially avoidant because of the way she physically appeared due to the obsessive hair pulling which resulted in a sense of low confidence in oneself.

Other than physical appearance her psychological health is also affected stress and depression is also playing a role to her underlying disorder. Socially withdrawn because anyway she can be triggered and believes that staying with oneself is better than being vulnerable with people.

Treatment for her is not only tailored to help her with the hair pulling disorder but also help her on a wholistic level. CBT is the most widely used therapy to help change faulty thought processes and build an insight in an individual to modify their behaviour. HRT is mostly used for people with trichotillomania, it helps with identifying the exact instance when she pulls her hair out and that recognition helps in breaking that habit later on.

Group therapy and peer support is extremely important for the patient because it will help her know that she is not alone in this journey and there are people who are in the same situation as her and give a feeling of support to aid in diminishing her socially avoidant behaviour. Medications is also a way to help her with anxiety and depression by prescribing anti-depression pills to reduce the feelings of anxiousness and loneliness from her life.

Research added highlights the importance of understanding the patient's case on a wholistic platform rather than just a disorder. The triggers that are responsible for trichotillomania be it losing someone you love or maybe having a falling out with a friend or any lifetime trajectories, it also states the wholistic level of a disorder and not just the physical aspects of the disorder that means physical, psychological and social aspects all together. Lastly the bridge between trichotillomania and dermatology together as an approach is an important way of understanding trichotillomania not just as a mental health disorder but more as a wholistic approach.

REFERENCES

França, K., Kumar, A., Castillo, D., Jafferany, M., Hyczy da Costa Neto, M., Damevska, K., ... & Lotti, T. (2019). Trichotillomania (hair pulling disorder): clinical characteristics, psychosocial aspects, treatment approaches, and ethical considerations. *Dermatologic therapy*, 32(4), e12622.

Trichotillomania: A Case Study of Chronic Hair Pulling Disorder

- Onyemachi, J., Nguyen, C., Nguyen, L., Chukwuma, O., & Muñoz-Gonzalez, A. (2024). Bridging the Gap between Dermatology and Psychiatry: A Review on Quality of Life in Trichotillomania and Special Considerations in Management. *Skin Appendage Disorders*, 1-7.
- Thienemann, M., Hall, R., Bloch, M., & Leckman, J. (2015). Adolescence is a time filled with new challenges that can. *Treating Adolescents*.
- Trichotillomania (Hair Pulling): What It Is, Causes & Treatment
- Trichotillomania (hair-pulling disorder) - Diagnosis and treatment - Mayo Clinic (2023)

Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Johannes, C. (2024). Trichotillomania: A Case Study of Chronic Hair Pulling Disorder. *International Journal of Indian Psychology*, 12(4), 812-815. DIP:18.01.074.20241204, DOI:10.25215/1204.074