

Hair pulling: a mysterious, complex disorder

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By LIZ DOUP
Herald Staff Writer

The eyelashes went first. The mother, peering into her 9-year-old daughter's face, noticed some missing.

Then the child's eyebrows grew thin. And bald spots appeared by one ear.

The mother was baffled, then alarmed. Her daughter was literally tearing her hair out.

Trichotillomania, came the diagnosis. Compulsive hair pulling.

"It's been so frustrating, so depressing," says the Hollywood mother, who asked not to be identified, concerned for her daughter's privacy. "It's difficult for her — kids teasing and making fun of her, calling her 'baldy.' It's difficult for us, watching our child take all the hair out of her head."

Though trichotillomania appears to be as common as other psychiatric disorders such as panic disorder, it's still a whispered little secret for many of the 5 million to 10 million people — mainly females — who struggle with it daily.

Its legacy is shame and embarrassment. Its cause, a mystery. Its cure, illusive.

Though new research will be presented at a conference on trichotillomania in Atlanta next month, even experts behind the studies don't offer definitive answers.

"It's a complicated disorder," says Rich-

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Therapies can ease urge to pull hair

DISORDER, FROM 1F

ard O'Sullivan, a psychiatrist and co-director of the Massachusetts General Hospital Trichotillomania Clinic. "Although people have many of the same similarities, treatment that may help one doesn't help another."

First named by a French dermatologist about 100 years ago, trichotillomania (derived from Greek and pronounced *trickotillomania*) causes people to feel a tension before they pull their hair, and relief after.

It often begins in childhood or adolescence, perhaps triggered by a stressful situation or trauma, though children often can't articulate the catalyst and their parents can't pinpoint any incident.

The pulling isn't painful, but soothing and comforting, even pleasurable. Relief is short-lived.

Sometimes the pulling becomes ritualized, with the person searching until the "right" hair is found or pulled. Some research shows that about 20 percent of those who pull also eat their hair or bite and swallow the root, causing abdominal pain, nausea, vomiting or bowel perforation.

"People are highly shamed by it," says Bruce Hyman, a Hollywood psychologist who works with trichotillomania cases. "They're afraid to talk about it. They're afraid to acknowledge it. They do it privately and hide it from everyone, with false eyelashes, with wigs."

Desperate for help, those who pull their hair often bounce from psychologists to psychiatrists, trying everything from behavior modification therapies to an array of pharmaceuticals. Sometimes one helps. Sometimes both help. Sometimes treatments help for a little while, then they don't.

"It's hit or miss as far as help goes," says the Hollywood mother, whose daughter has tried multiple medications and therapies but is now nearly bald again. "Some people think that this drug or that therapy will work. It's like rolling the dice."

Behavior therapies — using relaxation, imagery and rewards — require time and effort. But they can provide relief without medication's side effects. Still, they're generally not as effective in reducing the depression and anxiety that may accompany trichotillomania.

Some behavior therapies used today hinge on work done by Nathan Azrin, among the first psychologists in the country to address trichotillomania when he co-wrote *Habit Control in a Day* 25 years ago. Now a professor of psychology at Nova Southeastern, he and his wife, psychologist Vic-



The American Journal of Psychiatry

HAIR LOSS: The results of trichotillomania.

toria Besalel, work with chronic hair pullers in their private practice in Davie.

"Changing your thoughts [in order to change your behavior] is more easily said than done," Azrin says.

That's why many people also take medication, which can help reduce the urge to pull, in addition to seeing a therapist. Antidepressants, which enhance serotonin, a chemical neurotransmitter in the brain, show some promise. They include Anafranil, Prozac, Paxil and Zoloft.

But when they're stopped, hair pulling often recurs. They also can lose their effectiveness over time. And there are side effects, ranging from headaches and nausea to weight gain and sexual dysfunction. The effects of long-term use also aren't known.

In their hunt for a cause and better treatments, some researchers, including O'Sullivan, focus on brain metabolism. In their research, they've found differences in brain scans between those who do and don't pull their hair. Some research also points to a genetic predisposition. Relatives of people with the condition have a slightly increased prevalence of trichotillomania compared to the general population.

Some experts believe that trichotillomania is related to obsessive compulsive disorder because both involve behavior that's recognized as nonproductive. But others point out that, in contrast to OCD, people with trichotillomania have different patterns of abnormal brain metabolism and generally don't have obsessive thoughts.

While researchers continue to look for answers, those with trichotillomania and their parents



J. ALBERT DIAZ / Herald

BEHAVIOR THERAPY: Husband and wife psychologists Nathan Azrin and Victoria Besalel work with chronic hair pullers in Davie.

must deal with the psychological fallout.

Just recently, the Hollywood girl, now 10, told her mother she was worried about going to a new school after the family moves.

"I don't have hair," she told her mother. "Nobody will like me."

Another parent, a Miami mother whose 16-year-old daughter has pulled her hair since age 8, says her daughter will scarcely touch the subject.

"She usually won't even talk to me about it," the mother says. "Only when she gets desperate, when she's really scared about the lack of control, will she talk a little. It's a very guarded, very closed thing for her."

For parents watching their children pluck themselves bald, it's a painful experience.

"There were times when I felt like she was pulling my hair out," says the Miami mother. "It was that personal. But I'm still her mother. I'd rather it be me who goes through the pain."

Some parents and people with trichotillomania find support through the Trichotillomania Learning Center in Santa Cruz, Calif., a nonprofit educational organization started in 1991.

Its founder, Christina Pearson, 41, suffered from trichotillomania for two decades before she learned eight years ago that she wasn't unique.

"I thought I was the only one who did this," says Pearson, who sold her communications business

TO SEEK HELP

For more information, contact:

■ Trichotillomania Learning Center
1215 Mission St., Suite 2
Santa Cruz, Calif. 95060
(408) 457-1004

■ Web sites: Obsessive Compulsive Foundation:
<http://pages.prodigy.com/alwillen/ocf.html>
Trichotillomania Learning Center: <http://www.trich.org>

Fairlite Trichotillomania Bulletin Board Server:
<http://www.fairlite.com/trich>

to start the center. "I thought I was weak and must be a defective human being. My hair pulling defined me."

For years, Pearson feared people would think her insane. She told them that since the age of 13, she had an uncontrollable urge to pull her hair out. Through the center, she hopes to increase awareness of trichotillomania so people won't feel alone.

For those dealing with the disorder, that can mean a lot.

"Our daughter had to grow up fast," says the Miami mother. "She stares she's had to endure. It looks like she's more accepting of people with problems. She understands what it's like."