What is Trichotillomania?

Understanding,

coping and living

with confidence again

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Introduction

Trichotillomania, or hair pulling, is a medical condition that is incredibly widespread, even though very few are familiar with it by name. For those of us familiar with the symptoms, however, it is all too familiar. Hallmarked by the need to pull out hairs from the scalp, face, or other body parts, trichotillomania is certainly a unique condition. It is neither a physical nor a mental illness, but instead is considered a repetitive behavior disorder. This book is designed to help provide you with a better understanding of this condition as we work together to provide you everything you need to help yourself or someone you love learn to cope with and eventually stop these behaviors.

Within the pages and chapters that follow, we will take an in-depth look at trichotillomania. We will examine what causes the disorder, who gets it, and what can be done about it. It’s important to know that there are ways to deal with hair pulling and that there are many different ways of treating the disorder. Recovery is absolutely possible, even for those among us who have developed a severe form of trichotillomania. If you or someone you love has been diagnosed with trichotillomania, it is my hope that this guide will provide you with both the information and the inspiration you need to help move forward on your journey towards recovery.

What Qualifies As Trichotillomania?

While it is our goal to create a book that is uplifting and inspirational, it is important to first understand what hair pulling disorder really is. According to the American Psychiatric Association’s Diagnostic Statistical Manual, or DSM-IV, trichotillomania is diagnosed when the following five criteria are met:

- Repetitive hair pulling that results in a noticeable level of hair loss
- A tense feeling before the pulling starts or whenever trying to resist the urge to pull
- A feeling of satisfaction or a relieved feeling during hair pulling
• Ruling out of medical and underlying psychiatric problems that could cause these symptoms
• A disruption in one or more areas of the life of the affected person

These are the same criteria used by the World Health Organization in the ICD-10. Of course there are many who argue that all five criteria are not always present, even when trichotillomania is clearly evident. For the purposes of this book, we will not be concerned with whether or not your condition meets specific criteria. We know that all you want is information and answers, and our goal is simply to provide them to you and to give you as much information and insight as possible.

While trichotillomania is classified as a mental disorder, it is important to realize that it is absolutely not a sign that you are crazy or that you are not normal. Instead, it is simply a disorder that does not have a physical medical cause. Some diseases that cause physical problems, such as cerebral palsy, are caused by injuries or by specific abnormalities within the human brain. With trichotillomania, there is no specific physical defect that causes symptoms to develop. While there may be certain components based in genetics, hormones, or nerves, there is no one indicator that a patient has or ever will develop the condition.

**How Hair Pulling Affects Your Life**

Trichotillomania is not a harmful behavior by itself. It is not, as some people try to allege, a means of self-harming or self-mutilating behavior. It is also not a cry for attention or a manifestation of some deep, dark psychological problem. While there are certainly those with certain psychological and behavioral disorders who are more prone to the condition than others, at its core hair pulling is simply a BFRB, or a body focused repetitive behavior. It can happen either consciously or subconsciously, and it can have a definite impact on your life in many ways.
One potential impact of hair pulling is cosmetic. It is not uncommon for those with a severe form of the disorder to pick at their hair and pull their hair until they have noticeable bald spots. Thinning hair in areas where pulling is most common is also a fairly frequent occurrence.

Another way in which hair pulling can have an impact is on self-esteem. For some people, cosmetic damage from pulling, such as bald spots, can feel embarrassing. Many others simply feel that the behavior is wrong or shameful, allowing it to decrease their self-esteem and self-worth. The truth, of course, is that there is no shame to be felt for trichotillomania, yet many individuals find it to be a painful condition to deal with on an emotional level.

Trichotillomania can also, in very rare cases, have a medical impact on your life. Picking very rarely results in bleeding, which opens up the risk of infection in the area. Some people with the condition also feel the compulsion to swallow their hair after pulling, which can cause gastrointestinal distress or even an intestinal blockage that needs to be removed surgically. While complications such as these are very rare, they do highlight the impact that severe forms of hair pulling can have on the lives of those who suffer from the condition.

A recent study conducted by questioning groups of patients diagnosed with trichotillomania as well as age and gender matched people with no history of psychological disorder showed that the condition can have a significant impact on many aspects of the patient’s quality of life and ability to function socially. While the severity of the case often plays a direct role in the severity of impact, the results were still an eye opener for those who want to learn more about the condition.

Through this study, we learned that people suffering from trichotillomania are more likely to experience periods of depression. Patients with the disorder also seemed to have more trouble in certain important areas of daily function, including grooming, recreation, work, social interaction, physical health, and self-esteem. Studies like this
are critical in helping us understand why trichotillomania should not be ignored or swept under the rug, and why it should never be demonized or made to seem as some type of flaw within those of us who are diagnosed with the condition.

**What Does All of This Mean?**

Looking at these diagnostic criteria and these studies can feel both frightening and overwhelming. Looking at raw data can make it seem like maybe the behavior really is crazy or like it spells out a lifetime of stress and difficulty. It is very important that you understand that this is absolutely not the case. While it is certainly a very frustrating and potentially embarrassing condition to deal with, trichotillomania is something that you can learn to deal with. More importantly, it is a condition that you can recover from.

This book is not intended to make promises of miracle cures. We can’t tell you that simply reading this book will make your urge to pull go away. In fact, we can’t promise that reading alone will even make a difference in terms of the behaviors themselves. But here’s the thing- taking the time to learn what you can about the condition absolutely will increase your knowledge and understanding of what it is, why it happens, and why it is happening to you. And if you take the time to really look into the coping and treatment mechanisms and strategies found within these pages, it will make a difference.

Nobody ever got skinny from reading a diet book- instead they learned what they needed to do to create a calorie deficit and got the motivation to start working towards their goals. That is what this book is designed to help you do. We want to arm you with the most information out there, inspire you to understand not only that you can get better, but that you will if you put your heart into it, and then leave you with a solid strategy for reducing and eventually eliminating these behaviors.
Knowledge Is Critical

Learning as much as we can about the disorders that impact our lives and the lives of our loved ones is critical. Only by really understanding the disorder can we understand what we need to do to alleviate the symptoms or to start on the road to recovering. There is a wealth of information about trichotillomania available, but many people have a hard time finding it. One problem is that there are relatively few books available on the subject, and many of these are out of date or hard to come by. Online information is so vastly spread out, and searching for the wrong phrase might mean missing out on critical information.

To that end, we hope that this book will provide a sort of all-inclusive guide to this condition. We know that you want to learn as much as you can, and we will work to give you a deeper look at trichotillomania from every angle. More importantly, we will work to avoid sounding overly technical while still giving you as much information as possible. Think of this as the place where all of the top articles, studies, books, and treatments come together.

One advance that is starting to occur around the globe and that we certainly hope will continue is increased discussion surrounding trichotillomania. Just this year, a fantastic children’s book was released that addressed the condition in a kid-friendly and fun manner. Called The Dragon Who Pulled Her Scales, it is a fantastic resource for kids looking to understand this behavior or even just as a great way to teach kids that behaviors such as this are not something to look down upon.

It isn’t just the world of children’s literature that is gaining an increased interest in hair pulling, either. There are countless medical studies being done these days in order to help determine both the cause of trichotillomania and the best ways to treat it. In 2003, the Superfest Film Festival gave its top prize for International Health and Medical Media to a film called Bad Hair Life, which also explored the condition. The number of new papers and books being released is increasing, even if it might be at a slower pace than many of us would like.
The bottom line is that learning as much as we can about trichotillomania is crucial. It is certainly refreshing to know that mental health professionals and medical researchers are starting to take the disorder more seriously and to spend more time and resources learning to understand and deal with it. The increasing level of awareness within the general public is also refreshing, as ample research tells us that the more the public knows about a medical condition, the more they will push health care companies and providers to learn how to treat it. Look at the various “awareness” campaigns cropping up across the globe and the strides that they have helped create in terms of both knowledge and funding.

**Let’s Get Started**

Now that we have talked about what trichotillomania is, how it impacts patients and loved ones, and why learning about the condition is so important, let’s start taking a look at a more in-depth view of the condition. In the next chapter, we will take a look at the symptoms associated with trichotillomania. What are they, what do they look like, and when are they most common? More importantly, we will take a look at what trichotillomania feels like for those of us affected by the condition and what signs and symptoms family members can look for when determining if a loved one may suffer from trichotillomania.
Chapter 1
Symptoms and Signs of Trichotillomania

The main symptom of trichotillomania is the same for all who develop the condition—hair pulling. In terms of physical symptoms, this is certainly the primary one. Speaking to anyone who has ever had to deal with trichotillomania, however, will show you that there are many secondary symptoms and effects that are very important to understand, including social and psychological effects. In this chapter, we will take a look at all of the varying symptoms and indicators of trichotillomania, their effects, and much more.

Hair Pulling - The Primary Symptom

The main symptom of trichotillomania is hair pulling. For most people, this is confined to only one or two sites on the body, usually on the head, though for some patients it may involve pulling hair from other body parts as well. Pulling is not done in an attempt to cause pain or harm.

Because many people suffering from trichotillomania feel ashamed of their behavior or feel the need to keep the condition a secret, it is often doctors, family members, and even hairstylists who eventually notice the signs of the condition. In many cases, the first sign to be noticed is that hair is present in a variety of different lengths, including many indicators of new hair growth. Extremely short hairs and a number of broken hairs are fairly commonplace among people with trichotillomania.

For those with more severe incidences of the condition, doctors may notice thinning spots or even entire patches of the scalp, eyebrows, or other body parts with no hair at all. Unlike male pattern baldness and other conditions, there is typically no set pattern for patients who are losing hair due to trichotillomania. Some patients resort to wearing hats or wigs in order to cover up signs of the condition and to avoid unwanted attention to the results of the behavior.
Unique Facts about Trichotillomania

While every case of trichotillomania is usually different in some way, there are certainly some patterns that emerge when looking at a large number of cases. Below, you will find some unique facts about this condition, some of which may be applicable to you or someone you love.

- While the scalp is the most common site for pulling, followed closely by areas of the face, some patients pull from the legs, arms, or pubic region.
- Patterns are rare in people with trichotillomania, who often pull from varying spots on their chosen area. While those who do have a preference are prone to bald and thinning spots, many instead have sparse patterns of thin hair throughout the area.
- Nearly half of people who engage in hair pulling use tweezers at least some of the time.
- More than half of people who are diagnosed with trichotillomania pull hairs with a certain feel or texture, such as those that are coarse or thick.
- For many people diagnosed with the condition, there is a perceived need to play with or stroke the hair or even to check it to ensure that the root came out.
- Touching pulled hairs to the lips is incredibly common, as is biting off the root. In fact, root biting is engaged in by up to a third of patients, while nearly 20% eat the entire hair.

When Hair Pulling Occurs

In terms of when symptoms of hair pulling occur, there are many differences from one patient to the next. There is no set of rules or guidelines for the behaviors associated with trichotillomania, and it can be very different from one person to the next. For example, while some patients may find themselves engaging in hair pulling behaviors more whenever they are feeling stressed or anxious, there is a large group of patients who instead find that they are most likely to pull while in a calm and relaxed
environment. It is not uncommon for people to pull hair while watching television or trying to fall asleep, and there are even many patients who engage in hair pulling while they are sleeping.

The way trichotillomania starts is different for everyone. The average age when it first starts is somewhere between eleven and thirteen, but it has been seen fairly frequently in small children and can even begin well into adulthood. Stressful life events are a common trigger, though some people report starting after simply observing the behavior or engaging in it accidentally. The truth is that the initial triggers for the condition are as unique as the people who develop it.

**What Hair Pulling Is Like for Those Who Do It**

If someone you love pulls out their hair, it might look very strange on the surface. After all, you can’t see how they are feeling or what thoughts and emotions led up to the pull. You can only see the behavior itself, the hair left behind, or the cosmetic effects. So, what is it like to have trichotillomania?

While the answer is different to some degree for everyone, there are some things that are almost universal. Hair pulling is usually triggered by an overwhelming sense of anxiety, the urge or need to pull. Many people try very hard to resist these urges, but in numerous cases, they simply do not seem to subside. As soon as you pull the hairs and give in to the urges, however, the anxiety immediately fades away and the urge is gone. Because there is no physical harm and the behavior feels so relieving, it can be quite difficult for many patients to want to seek treatment; envisioning a life riddled with the anxiety that comes along with resisting the urge to pull.

Another fairly common occurrence among people with trichotillomania is the guilt cycle. Pulling the hair leads to feelings of guilt and a worry that the behavior will never stop. These feelings build anxiety until the only thing that can relieve the feeling is pulling the
This, of course, triggers more feelings of guilt, creating a cycle that seemingly never ends.

Put simply, trichotillomania can be anguishing for sufferers and for the people who love them. Feelings of shame and guilt can be gut wrenching to feel and watch, and the increasing desire to avoid being around others who may discover the condition can be crippling. Trichotillomania may be a rarely discussed condition, but it is not a rare one and it is not one that should be endured alone or secretly.

What is especially important to note is that this cycle can end. And it can end without resulting in crippling anxiety or a lifetime spent feeling as though you are just suppressing an urge. Trichotillomania is not an addiction that you have to battle long after you give up the addictive behavior. You can make a full and complete recovery.

**How Is Trichotillomania Diagnosed?**

If you or someone you love has been experiencing symptoms commonly associated with trichotillomania, you may be wondering what you would need to do in order to obtain a diagnosis. The first step will certainly be to see a physician. A medical doctor will be able to rule out any dermatological or medical conditions that could trigger hair pulling symptoms or will be able to refer you to a specialist who can do this for you.

Once medical causes of trichotillomania have been eliminated, you will likely be asked to meet with a psychiatrist in order to ensure that the symptoms are not being caused by an underlying psychological condition. This, of course, isn’t to say that your symptoms may mean that you are crazy, but eliminating any possible conditions that can be treated by medication or therapy is important before making a diagnosis of trichotillomania. You will likely be asked a number of questions about your past, your daily life, and your emotions in order to help ensure that the proper diagnosis is made.
One thing that is absolutely critical to understand is that being up-front and honest with the physicians you encounter is very important. By hiding the fact that you are pulling out your hair, your physician may order a number of different medical tests and examinations to rule out other, potentially serious, complications. Trichotillomania is actually quite common, and your doctor is not going to judge you or think that your behavior is crazy. In fact, he or she may prove to be a very valuable resource as you get started on your journey of treatment and recovery.

**Why People With Trichotillomania Pull Their Hair**

While we will examine the medical and psychological causes of trichotillomania in the next chapter, it is important that we take time to look at the condition from the point of view of someone who has it. Trichotillomania does not **feel** like a behavioral disorder. Instead, it feels like an urge or a need. The way the condition feels and the way the urges and actions impact the patient are fairly unique to everyone, but again there are some things that are quite common.

For many patients with trichotillomania, the condition can actually be a fairly effective mood regulator. Many patients report that the act of pulling hair has a distinct impact on their nervous system and the way that they feel. For some, pulling helps to create a sense of energy and motivation during times of fatigue or boredom, while for others it has the opposite effect, producing feelings of calm and relaxation during periods of extreme stress and tension. Pulling can also provide a distraction from negative emotions, help reduce negative emotions, or even help increase positive feelings in people who have trichotillomania.

For other patients, the desire to pull may be somewhat more cosmetic in origin. Some feel the need to create a perfect symmetry between the eyelashes or the eyebrows, for example. Others may feel the need to pull a hair from a blemish or other skin formation in the hopes that it will heal or drain. A very common cosmetic reason for pulling is to get rid of unsightly or irregular hairs, including hairs in areas of the body that appear
darker or longer than they should be or hairs that seem thicker, curlier, or coarser than desired. Many individuals also compulsively pull out gray hairs.

While anxiety and tension are common feelings that can trigger people diagnosed with trichotillomania to pull their hair, many report feeling a unique sensation in the area of pulling that makes the need impossible to ignore. For some, this feeling presents as an itch, while for others it may present as pressure or tingling in the area. Some patients also pull out of a desire or perceived need to examine the hair or to pull out the root so that it may be seen, touched, or even eaten.

**Hair Pulling As a Coping Mechanism**

While the reasons behind the first time an individual pulls their hair differ from one case to the next, one common thread between almost all cases of trichotillomania is that the behavior quickly becomes a coping mechanism. Pulling hair becomes a way to deal with anxiety, boredom, frustration, sadness, or some other emotion. Coping mechanisms are actually a very important part of our survival instinct. We find something that helps us through times of emotional distress and teach ourselves to rely on it.

For many, hair pulling can be a very important tool until newer, more effective coping mechanisms are learned. There are many individuals who rely on things such as hair pulling and who might otherwise become so overwhelmed by their emotions that they suffer major emotional damage or even consider taking their own lives. To this end, trichotillomania actually serves an important psychiatric purpose. The key with treating the condition isn’t just about forcing the behavior to stop; it is also about identifying underlying emotional triggers and about teaching better methods of coping with emotional or physical distress.
Why Treatment Is So Important

In this chapter, you have learned a lot about trichotillomania and its symptoms. You have learned what the signs of the condition are, what it feels like for sufferers, and even when and why the behavior often occurs. One thing that we have not discussed just yet is the importance of seeking treatment. In looking at how the condition is diagnosed, we looked at why it is important to be honest with your health care provider. Now, let’s talk about why seeking treatment is so crucial in the first place.

A common line of thinking among patients with trichotillomania is that the condition is not harmful and that therefore there is no need to seek medical treatment. While hair pulling typically does not cause physical harm, the condition can certainly cause a number of different types of harm to those who suffer from it.

Psychological harm is commonly experienced as a result of trichotillomania. Hair pulling can lead to feelings of unattractiveness and depression that are exacerbated by the knowledge that it is our own actions in these situations that cause the cosmetic symptoms. Guilt, shame, and low self-esteem are all common secondary symptoms of hair pulling. Irritability can also be a common occurrence, especially for those battling the shame or guilt that can accompany hiding or even lying about the condition.

For many trichotillomania patients, social problems can also present themselves in a number of forms. Many people find themselves avoiding certain activities or situations where they feel their condition might be discovered. For some, this may mean avoiding swimming, haircuts, or even sex, while others are unable to perform activities that make it impossible to wear a hat or hairpiece. Social problems may also result from interaction with people in our lives that are less than understanding even after learning about the condition and the behaviors associated with it.

While medical problems resulting from trichotillomania are quite rare, there is always some risk of health effects. Damaged hair follicles leading to permanent hair loss is certainly a possibility, and many damaged follicles will begin to produce gray, coarse
hair. Picking at the hair or the skin around it can also create the potential for infections, while ingesting hairs can cause potentially life threatening blockages of the intestines. Unfortunately, it is also common for people who feel ashamed of the condition to avoid going to the doctor when they are ill. This can be severely problematic, as it may mean avoiding treatment for very important medical conditions or illnesses.

It is absolutely crucial to understand that treating trichotillomania is necessary. It is quite possible that you can find the right tools and treatments to be able to help yourself, but speaking with a physician and a mental health professional is critical in obtaining a proper diagnosis. A therapist who understands the condition can also be an invaluable support to you, helping you to know that the condition is quite common and providing you with solid ideas and advice as well as helping to teach you new coping strategies.

**Summary**

While the primary symptoms of trichotillomania are incredibly small in number, there are a number of secondary symptoms that should certainly be taken into consideration. If you are experiencing the need to pull hair or if someone you love is exhibiting the signs of this condition, it is important to speak with a medical or mental health professional.

For loved ones who have a family member suffering from trichotillomania, it is very important to be supportive. The behaviors associated with this condition are not done “on purpose”, and the problem is neither a sign of mental deficiency nor something that can just be stopped without time and help. Trichotillomania affects millions of people around the globe, and only through support and education can we better help raise awareness and create more effective treatments.

Understanding the need for treatment is a key part of learning about trichotillomania, and it is certainly an important part of recovery. The ability to actively seek treatment is a defining moment in recovery for many, as it is the moment that we finally stand up and say aloud that we are experiencing this problem and that it feels as though it has taken
control of our lives. There is no shame to be had in hair pulling, and the sooner you are able to start building a solid support system, the sooner you will be able to start making steps towards a full and lifelong recovery.
Chapter 2

The Causes of Trichotillomania

One thing that many sufferers of trichotillomania want to know is why it is happening to them. What causes the condition to develop, and what causes some individuals to start pulling their hair while others in the same family or the same situation do not? In this chapter, we will explore the causes of trichotillomania and the reasons why physicians and psychiatrists believe it occurs.

Uncertainty and the Potential for Multiple Causes

One thing that is important to realize is that nobody knows for certain exactly why trichotillomania develops. There are many potential causes or triggers, each of which will be discussed in this chapter, but medical researchers have not identified a single cause for trichotillomania. It may be that there is no singular cause, or it may even be that there are a number of unique factors that come together to trigger the behavior in some people, but not in others. While plenty of research is still being conducted on the subject, trichotillomania is among the many common health conditions that medical science currently cannot fully explain.

Do My Genes Play a Role?

One common question for people with trichotillomania is whether or not the condition may have a genetic origin. This can be a difficult question to obtain an accurate answer to for many reasons. One big reason why identifying a genetic link with trichotillomania is difficult is that many people feel that the condition must be kept secret and never tell their medical doctors that they are engaging in hair pulling. Without this knowledge, doctors looking for the cause can overlook a genetic link in families with multiple patients who have the condition.
There has been some research conducted into whether or not there is a genetic component for trichotillomania. While there is no specific gene linked to the condition, these studies have certainly suggested the possibility that there is a genetic link for many individuals. This link is not a guarantee that the condition will develop, however, but instead seems to create a predisposition or an increased likelihood that certain patients may develop the condition.

Some universities are going to great lengths to further understand the role of genetics in the development of trichotillomania. Duke University is conducting an in-depth study on the topic at the time of this writing. Finding solid genetic evidence for the condition can be very hard. Researchers once believed that a mutation in gene SLITKR1 caused the development of the condition in a small number of cases, but with less than 5% of patients showing the mutation, there is still no conclusive opinion on this matter. Many believe it to be a combination of genes or a combination of genes and other factors instead.

**Trichotillomania and Environmental Factors**

One of the prevailing theories regarding trichotillomania is that its onset is determined by certain environmental factors. It is widely believed that trichotillomania and hair pulling behavior often start during periods of intense emotional crisis or distress, leading patients to start feeling the compulsion to pull. Even in instances where the condition begins with cosmetic pulling, it is widely believed that the sense of control and relief that the behavior provides is part of what triggers the development of pulling as a self soothing condition.

Some physicians believe that trichotillomania may in fact be an addictive behavior or one that provides the body with positive reinforcement of the behavior, making it harder to stop. This is evidenced by the build-up of anxiety before the pulling behavior and the sense of relief that follows the pull. When the body is essentially rewarding us for pulling, bringing the behavior to a stop can be difficult, uncomfortable, and even
unwanted—even when the same behavior lowers self esteem and increases feelings of shame or guilt.

**Trichotillomania as a Habit Disorder**

Yet another common theory is that trichotillomania is not a behavior disorder so much as a habit disorder. In this theory, the idea is that pulling simply becomes an ingrained habit where the basal ganglia (the part of the brain utilized in habit formation) becomes adapted to the behavior and learns to expect it, while the part of the brain responsible for rejecting or suppressing these habits, the frontal lobes, do not perform their job properly.

Trichotillomania as a habit disorder actually makes a fair deal of sense in that it seems as though this is likely to play at least some role. Neurotransmitters in the brain are designed to carry messages throughout the brain and body and regulate our impulses, movements, and behaviors. A disorder in the way neurotransmitters function can easily trigger compulsive and repetitive behavior, which is evidenced in many other related conditions.

Another reason that trichotillomania as a habit disorder gains such widespread acceptance in the medical community is that it works in much the same way as other habit disorders. It is also quite similar in nature to obsessive compulsive disorder, sometimes even responding favourably to the same medications used to treat OCD symptoms. What helps support the theory of trichotillomania as a habit disorder is that the behavior becomes almost all encompassing at times. Once the urge to pull begins, it can be almost impossible to focus on anything else until you perform the behavior and make the compulsion to pull go away. Unfortunately, because it is a compulsion, the urge to pull often comes back fairly quickly. Added to this stress is the fact that the body learns to expect relief in the form of pulling, making it harder and harder over time to successfully resist the urge.
Trichotillomania as a Symptom or Overlapping Disorder

The last main theory on the cause of trichotillomania is also one of the most widespread and most commonly believed. For many physicians, it is believed that trichotillomania can manifest as a symptom of another condition or that it can arise as a coping mechanism to help us deal with a secondary condition. There is actually a great deal of evidence to help support this theory.

Trichotillomania and hair pulling often occur when patients are feeling sad, nervous, or out of control. Many physicians have taken notes and performed studies regarding the number of trichotillomania cases that occur in children and adults with depression, anxiety, or obsessive compulsive disorder and have found that people with these diagnoses may be much more likely to pull their hair. It is unclear whether these conditions cause trichotillomania to form or whether it may just be a body-developed tool for coping with them, however.

Another disorder that frequently overlaps with trichotillomania and hair pulling is post traumatic stress disorder. Research shows that a large percentage of cases of trichotillomania develop as a response to prolonged or repeated stress, offering a great deal of evidence to support this link. In all, however, there is still no definitive cause for the development of hair pulling behaviors.

Trichotillomania as a Coping Mechanism

We have touched on the idea of trichotillomania and hair pulling as a coping mechanism a number of times throughout this book. There is little doubt that at some point, patients start to see pulling as a way to deal with a myriad of emotions, from anxiety, stress, and depression to boredom, exhaustion, and more. Another very common theory on the development of trichotillomania is that the habit first forms as a response to stress. The first pull may have any number of causes, but the relief provided is almost certainly recognized immediately by the brain. For people who have a hard time finding a way to
alleviate stress or overwhelming emotions, this very first pull may provide the first sense of true relief.

When the initial pull provides the body with the relief that has been sought from emotional stress or pain, it only makes sense that the body would then create the urge to repeat the behavior whenever stress began to mount or whenever emotions started to feel out of control. In the minds of many mental health professionals, trichotillomania may start as somewhat of an accident, from cosmetic or other pulling, and be instantly recognized by the body as a means of providing a sensation of true relief.

**Could Trichotillomania Release Endorphins?**

In looking at the theory of trichotillomania as merely a coping tool, it is very important to address the belief that the minor amount of pain caused by the behavior could in fact be releasing endorphins into the body. Whenever we feel pain, our bodies release endorphins that act much like opiate drugs within our systems. Endorphins create a sense of physical and emotional well-being that can certainly do much to eliminate feelings of stress and anxiety. For patients who discover ways to release endorphins naturally, it can certainly become addictive. We all want to have a strong sense of happiness and well being, and if the theory that pulling hair releases endorphins is true, it gives us a much deeper insight into why the behavior becomes addictive.

**Other Factors to Consider**

When looking at whether a particular individual is likely to develop trichotillomania, there are many other factors that can come into play as well. Age of onset can be a big factor, as the condition most often manifests in the late pre-teen and early teenage years. Other things to consider include temperament and available coping mechanisms, family or life environment, and overall stress levels. The ability of the condition to have multiple causes or triggers truly makes it difficult to determine who will develop trichotillomania.
Other Animals Pull, Too

One thing that is especially important to note is that we humans are not the only creatures that can develop hair pulling behaviors as a response to stress. Veterinarians frequently treat cats and dogs that lick their skin until it comes out when under great emotional or physical stress. Monkeys and apes, some of man’s closest relatives, are also known to pull out large amounts of hair or to over groom when stressed. Mice, birds, and many other creatures all have a similar stress response that leads them to pull out or remove hair whenever they are experiencing situations that they deem as highly stressful.

The Answer Is Yet Unknown

While there are many remarkable theories out there on trichotillomania and its causes, the simple truth of the matter is that we just do not know for certain what causes it. There are a number of absolutely wonderful theories out there, but there is as yet no conclusive proof that any of them have identified the cause fully or properly.

There is certainly a great deal of research being put into both the causes and treatments of trichotillomania, and we are all hopeful that medical science will be able to one day give us a better answer. Until then, however, it seems that we are best to look into what is believed to be the potential cause of the disorder so that we can seek treatment for any causes that might be treatable, but to then stop asking why and to put the focus almost solely on healing.

One thing that we have to keep in mind with trichotillomania is that it can be treated and often cured. If we allow ourselves to get caught up in not understanding why it happens to us or start to simply assume the victim mentality, it can be very hard to start moving forward. Much as a cough can be a symptom with many causes, trichotillomania may first begin from a number of different triggers. Instead of spending all of our energy actively seeking the trigger, it is important to put that same energy into seeking a solution.
Summary

In short, we still do not know specifically what causes hair pulling behavior. Trichotillomania can be a very devastating condition for those of us who suffer, and it can be overwhelming to almost anyone affected. We know that there is likely a genetic component for at least some number of patients diagnosed with the condition, but identifying just how many patients or even which genes play a role is something that is as of yet impossible to do.

There are simply too many factors that play into the development of trichotillomania for us to be able to pinpoint a specific cause. We know that there are certainly both physical and emotional symptoms and causes. The condition may occur alongside another emotional condition, such as anxiety, depression, or PTSD, or it may occur in patients who are otherwise perfectly healthy. There is no common thread that ties all trichotillomania patients together, with the exception of pulling hair.

Regardless of what the cause of trichotillomania may be, however, there is absolutely ample evidence that the condition can be treated. When we decide that enough is enough and that we are willing to do whatever it takes to put a stop to hair pulling and the effects it has on the mind and the body, we can certainly achieve the results we are looking for. There are a wide range of things that can be done to help with this, and for many this simply means taking the opportunity to accept that the cause may not be known and to start focusing on the solution instead.

Think of it like this- if the tire on your car goes flat and you cannot immediately see a puncture wound, are you going to continue looking for the cause while your vehicle is disabled on the side of the road? More than likely, you will simply remove the tire and summon help in replacing it. The same holds true for hair pulling. You can always choose to simply sit by and feel disabled, or you can stop looking for the cause of your behavior and start looking to replace it with something healthier instead.
Chapter 3
Who Suffers from Trichotillomania

Another thing that we commonly ask when we learn that we or a loved one suffer from trichotillomania is who actually gets the condition. After all, it is something that is very rarely discussed in public, which is what makes us feel that it is so shameful or that it is something that nobody else does. The truth, of course, is that millions of people around the world suffer from trichotillomania. Let’s take a deeper look at who gets the condition.

Nobody Is Immune

Before we start delving into which individuals and groups are most likely to develop trichotillomania, it is necessary to make one important clarification. Nobody is considered immune to this condition. It happens to people of all ages, genders, ethnicities, backgrounds, financial situations, and nationalities. In fact, in the United States alone, it is estimated that some two to ten million people currently suffer from the symptoms of this disorder.

Crunching the Numbers

According to numerous studies, as many as four percent of the population experiences trichotillomania to some degree during at least one point in their lives. This fact alone can seem shocking to many of us, given that it is so rare to hear of anyone who engages in hair pulling behavior. Yet many studies have come up with the same numbers around the world, showing that this condition is indeed quite prevalent.

A study conducted using college students showed that more than one and a half percent of male college students had pulled their hair significantly enough to cause thinning or bald spots. In this same study, about three and a half percent of females
reported the same behavior. Other studies have shown as many as ten to fifteen percent of people pull hair to some extent in their lives for purposes other than grooming, though a large percentage do so in a mild enough way as to not cause bald patches.

**Age Is a Factor**

Age is definitely a factor in who develops trichotillomania. While incidences have been reported in people as young as one year, as well as individuals well into their adult years, the most common age of onset is between eleven and thirteen. Most people who start pulling before the age of five will experience only a mild form of trichotillomania that will resolve on its own.

One surprising fact regarding age of onset and statistics surrounding trichotillomania is the level of gender disparity that shows up by the time we are adults. In children and teenagers, the number of reported cases is fairly similar in both genders. College students also report trichotillomania symptoms with only a small difference between genders. Yet by the time we are looking at older adults, almost all cases of trichotillomania reported are in women. Why is it that nearly 90% of adults being treated for trichotillomania are female? While part of this is indeed the fact that women seem somewhat more likely to develop the condition, many believe that women are also much more likely to admit their symptoms and to seek treatment. There are many reasons for this, but the social norm that seems to require men to be tough and to not admit when they have a problem is believed to play a very significant role in this.

**Young Children**

For young children who develop trichotillomania, the condition is often fairly mild. It usually shows up as pulling hair in the sleep or without realizing that it is being done. Many physicians believe that this early manifestation is similar to thumb sucking in nature, and studies show that it typically resolves itself in the same way and within the
same basic time period. Most children who start pulling at this point in their lives will stop on their own and are no more likely than others to do it at a later point in life.

**Teens and Pre-Teens**
This is the largest group of patients when it comes to the development of trichotillomania. As is to be expected, a larger percentage of these patients are female than male, though again the disparity may come from a decreased willingness of males to tell someone that a problem exists. When trichotillomania develops in individuals within this age group, it is much more likely to become chronic or severe. This is also the age of onset where ritualized behavior around hair pulling is most likely to develop. Biting, chewing, and playing with the pulled hairs is quite common in individuals who develop trichotillomania around this time.

**Adults**
It is not uncommon for trichotillomania to present for the first time in adulthood. This can be common for adults under large amounts of stress, such as people in certain careers or people who are in college and other situations, but it happens to many others as well. When trichotillomania develops in adulthood, the likelihood that it is developing as a secondary symptom of a disorder such as anxiety, depression, or PTSD increases considerably.

**The Gender Factor**
As mentioned earlier, there is a great gender disparity when it comes to the diagnosis of trichotillomania. While a great deal of this has to do with assigned gender roles and the increased likelihood of females to seek treatment for a mental health condition when compared to their male counterparts, there is no doubt that females are still more affected by trichotillomania than males.
There are many proposed reasons that account for the gender disparity among people with trichotillomania. One notion is that women are taught to suppress certain emotions and are given few resources for coping, while men are traditionally allowed to express more stress or anger and to participate in physical activities that provide a natural source of stress release. It is also believed that part of this can be attributed to the fact that women are more prone to a number of the mental health conditions that frequently coexist with trichotillomania.

Of course, none of this is to say that no women have outlets and coping skills or that men are unable to develop this condition. The bottom line is still that trichotillomania is something that happens to everyone and that it is a condition that can occur with seemingly little cause. Nonetheless, the gender disparity does place females in a higher risk category.

Famous People Get It, Too

One thing that should help increase awareness of trichotillomania in the future is the ability of some celebrities to admit that they suffer from the condition. While there are certainly far more people in Hollywood who suffer from the condition than there are people who admit it, there are certainly some big name celebs who admit the condition, helping to not only raise awareness, but to remind us that we are not alone in this struggle. Here are just a few celebrities who have admitted their own struggles with trichotillomania:

**Colin Farrell**

Movie heartthrob Colin Farrell has admitted to being “a hair puller-outer”. Farrell, who has starred in a number of blockbuster films, admitted this to GQ magazine in a 2004 interview.
**Britney Spears**
Britney Spears is both a talented and troubled superstar. Making her way to fame early in life with The Mickey Mouse Club before becoming an international music superstar, there are few doubts that there has always been ample stress in her life. While Spears has shown signs of a number of emotional disorders, trichotillomania has been one of the most talked about. The singer pulled her hair to the point of creating numerous bald patches, which was the reason behind the many wigs and hair extensions she wore before famously shaving her head.

**Oksana Grivorieva**
Griegorieva, who is the now notorious ex-girlfriend of actor Mel Gibson, is yet another sufferer of trichotillomania whose life plays out in the media spotlight. During the bitter lawsuit that went back and forth between the parties, it was Gibson who revealed that she suffered from the condition, emphasizing its severity and the presence of both bald spots and scratches resulting from the picking and pulling behaviors associated with trichotillomania.

**Other Rumored Celebrity Cases**
There are a number of other celebrities who are rumored to suffer from trichotillomania as well. Christina Aguilera, famed childhood star who used to perform alongside Britney Spears back in their Mickey Mouse Club days, is highly rumored to suffer from the condition. Another celebrity who reportedly suffers from trichotillomania is Neve Campbell, well known for her roles in Party of Five and the Scream franchise, among others.

In short, even celebrities can develop trichotillomania. In fact, due to their high stress and high pressure lifestyles, it is actually believed that a much larger number of celebrities than we know about suffer from the condition. Nobody is immune to trichotillomania, and when more people start to come out and talk about the condition, the feeling that it is a taboo subject will finally be laid to rest.
Patients Are Not the Only People Who Suffer

One thing that often gets forgotten when it comes to trichotillomania is that the condition isn’t one that affects only the patient. In many cases, family members, friends, and loved ones are also affected, though their suffering is certainly much different than that of the patient. The truth, however, is that the effects of trichotillomania can be widespread. When we start to feel ashamed of our behavior and try to hide it, the effects can reach much farther than we realize.

One way that trichotillomania affects families is that the healthy communication dynamics often break down. Hiding the behaviors associated with this condition can create feelings of shame and guilt that often lead to irritability. Because we are unable to say why we are really upset, however, we may lash out for unrelated reasons or get upset about things that would not normally be a problem.

Trichotillomania can also leave friends and loved ones feeling helpless. Watching a loved one suffer and endure stress is never comfortable, and we all want to do what we can to ensure that the people in our lives are safe and healthy. The feeling of being unable to protect or help someone you love can create a great deal of mental anguish, and those who truly love us will want nothing more than to help us overcome the problem or to identify what is making us irritable or secretive.

When hair pulling and its results become severe enough that we start avoiding social events and occasions, the impact on our loved ones becomes even greater. If you stop seeing your friends regularly or give up on participating in events that you once enjoyed together, it can certainly be painful for those around you. A lack of social interest is quite common in people with severe cases of trichotillomania, and the simple fact is that both sufferers and their loved ones begin to be considerably affected when this occurs.
Understanding Matters

One of the biggest reasons that loved ones suffer alongside someone with trichotillomania is that they simply do not understand the condition or why it is happening. To someone who has never researched hair pulling, it can look like it is simply a choice that you are making or a habit that you are choosing to indulge. Many loved ones also believe that trichotillomania is an attempt to hurt yourself or to gain attention.

Thankfully, this last cause of stress for loved ones is fairly easy to alleviate. Providing your loved ones with information about trichotillomania and hair pulling, allowing them to sit in on a therapy session, or guiding them to an online or physical support group can prove beneficial to everyone involved. Your friends and family members love you and want what is best for you, and providing them with the information they need in order to really understand what is happening and why can make a world of difference.

Lack of Understanding Creates a Cycle

When your loved ones can see evidence of your behavior but do not understand why it is happening or what causes it, a cycle of anger and frustration can develop quickly. Loved ones want us to stop behaviors that they see as self-abusive or cosmetically damaging, and without proper understanding, they may even think that the act of hair pulling is crazy. Unfortunately, the guilt and shame brought on by these types of accusations often makes hair pulling behavior significantly worse. This can quickly become a vicious cycle that can spiral out of control, and it helps to highlight why educating loved ones is so important.

If People in Your Life Are Not Understanding

It is important to realize that while you can educate people about trichotillomania, you cannot force them to accept or understand what they learn. We like to think that our loved ones will always be warm and receptive whenever we are in need, but there is
always the possibility that some people will refuse to understand that this condition is not a choice or a sign of deep mental illness.

If you encounter people who are unwilling to be supportive even after you have provided them with explanations and information to help them understand, it may prove best for your mental and physical well-being to limit your time around them. This is true not only for family members and loved ones who increase feelings of shame, guilt, or sadness about hair pulling, but also physicians or other professionals who choose to put you down or make you feel bad about a situation that you cannot control. Create a strong support system and your road to recovery will be much shorter.

**Summary**

The bottom line in terms of who suffers from trichotillomania is that there is no clear cut picture of a sufferer. This condition affects men and women, children and adults, across all ethnic, national, and other lines. Much like anxiety, depression, and even the common cold, nobody is immune to trichotillomania. Anyone can develop the condition, and it is much more widespread than you might choose to think. Even though it is somewhat of a silent illness as far as physical symptoms and even media coverage, there are millions of people around the world on any given days who suffer from trichotillomania to one degree or another.

Remembering that you are not alone is important when you are trying to deal with your hair pulling behavior. It can help to know that there are many famous people out there who are fighting and winning the same battle. It may also help to know that by breaking the silence and helping your loved ones to understand what is going on, you will no longer have to feel ashamed or as though you need to hide the condition from others.

Trichotillomania is a condition that is experienced around the globe. While more common in females and young teens, it can happen to anyone at almost any time. There is no reason for shame when you realize that you suffer from hair pulling, and you
will find that there are many people exactly like you who are going through the same thing.
Chapter 4
Degrees and Extremes of Trichotillomania

Like most other health conditions, trichotillomania occurs along a spectrum. Some of us may suffer only a mild form of the condition, while others among us may suffer from it to a very extreme degree. Within this chapter, we will examine the varying degrees with which trichotillomania occurs.

Temporary Trichotillomania

One of the mildest forms of trichotillomania is certainly when the condition presents in a temporary and shortened form. This is common for babies and very young children who develop the condition, but occurs in many teens and adults as well. In patients with this form of the condition, hair pulling is often subconscious and a response to stress or some other stimuli. Little is understood about why it occurs this way in young children, but the causes are believed to be similar.

For these patients, trichotillomania may go unnoticed or there may be very little concern about it. The duration may last only days, weeks, or months, and even when it goes on for a period of a few years, the instances are mild and fairly sporadic. This is certainly one of the least worrisome causes of trichotillomania and does not require specific treatment, although adults may benefit from therapy or from learning other stress management techniques.

Mild Trichotillomania

Mild to moderate trichotillomania has a number of different forms. For patients who fall into this category, hair pulling can be somewhat frequent, but does not lead to severe medical complications or to large bald and thinning patches. Mild trichotillomania often
presents only during periods of extreme stress or pressure or when emotions become overwhelming. The urge is not ever-present and is fairly sporadic or rare.

For patients with milder forms of trichotillomania, simply ignoring the urge to pull the hair or using mental tricks such as procrastinating around the behavior can often be enough to prevent it and to cause the urge to subside. Patients with a mild form of the condition rarely feel a sense of panic or distress when the urge to pull arises, and the feelings are not long lasting.

As far as cosmetic symptoms of mild to moderate trichotillomania are concerned, it is rarely noticeable to the naked eye. There will certainly be more new hair growth than with patients who do not suffer from the condition, but the level and degree of this is small enough that even many doctors and hair stylists would overlook the symptoms. This may be more pronounced during times of heavier pulling, especially if pulling is done at the eyebrows or lashes, but is typically hard to notice.

Mild trichotillomania also rarely presents with potential medical complications. While some people with a milder form of the condition may still examine or play with the pulled hairs at times, it is very rare for these varieties of the condition to result in habits such as biting, chewing, or swallowing the pulled hairs.

**Severe Trichotillomania**

For patients with severe trichotillomania, the symptoms can be much more pronounced. With extreme versions of the condition, the urge to pull hairs does not go away with ignoring or procrastinating. In fact, for patients with severe forms of trichotillomania, it is quite common for attempts to resist the urge to pull to result in significant, often severe, emotional distress. Because of this, it can be much harder for people with extreme forms of the condition to be able to find a successful treatment, although the severity of the condition makes treating it much more important.
With severe cases of trichotillomania, it is not uncommon for patients to have visible spots of thinning or balding hair in one or more locations. For those who pull from the scalp, extreme cases of hair pulling can lead to near or total baldness, while other patients may have one or more large areas with no hair or covered in new growth. For people who pull hair from areas other than the scalp, this can lead to a partial or total loss of hair in those areas, including a loss of one or both eyebrows, a complete set of eyelashes, or large patches of bald skin on the arms, legs, neck, or pelvic region.

Many patients who suffer from extreme forms of trichotillomania will go to great lengths to try to hide their symptoms. Many will begin to use a variety of techniques to cover up bald areas. For those who pull on the scalp, this could be anything from hats to wigs, hairpieces, and the like. For others, covering up the effects of trichotillomania may involve penciling in eyebrows, using fake eyelashes, or even having eyebrows and other hair tattooed onto the face to create the illusion of hair. Covering up the condition can become almost as time-consuming as the hair pulling itself, having a severe impact on both emotional and social health.

For people with a more severe form of trichotillomania, it is also much more common to see behaviors such as playing with the pulled hairs. Many patients will examine these hairs for the root, and some even go so far as to bite the roots off of the hair or to chew on the hairs once they have been pulled. Eating the hairs is also surprisingly common in extreme forms of the condition and is unique enough to warrant its own discussion.

Examples of Extreme Trichotillomania

When discussing extreme cases of trichotillomania, it can be helpful to have a sort of example to go by. Remember that these cases are very rare, but that any case left untreated does have the potential to escalate to a severe or even life threatening case.

For some patients with extreme forms of trichotillomania, the compulsion may lead to the removal of all hair from the body. What starts out as pulling on the scalp can quickly
lead to full removal of hair from the head, followed by eyelashes, eyebrows, and other body hairs. In very rare instances, some people can become so driven by the compulsion to pull that they effectively rid their entire bodies of hair. In cases such as this, the follicles often become damaged and many will stop producing hair altogether.

Other extreme cases of trichotillomania include patients who compulsively eat enough hair that a large ball of it forms within the stomach. These balls of hair can make their way into the intestines, blocking off the flow of both food and blood. This is perhaps the rarest of all effects of extreme trichotillomania.

In yet other extreme forms of the condition, sufferers may even pull out hairs in their sleep. While automatic trichotillomania is rare, it can be present in individuals who have a rare or extreme form of the condition. Some sufferers even find that being around others is not enough to quell the urge to pull, finding reasons to leave the room in order to engage in hair pulling, avoiding social situations where the urge could strike, or even pulling in front of friends, family members, or even strangers.

**Trichophagia**

Trichophagia is a condition that can result from more extreme forms of trichotillomania. While reports are conflicting in terms of how many patients who pull hair develop this condition, there are certainly enough cases that it becomes a very important thing for all patients to learn about. Trichophagia is the compulsive eating of hair, and it is often a byproduct of severe trichotillomania. The compulsion to pull is sometimes followed by the compulsion to eat the hair, and this can create a very dangerous situation. For most patients, trichophagia involves only eating the root bulbs of the hair, but for some, it may mean eating the entire hair.

Trichophagia is often characterized by ritualized behavior surrounding the habit. Many people will touch the hair to their lips or perform some other act each time they prepare to eat their hairs. Trichophagia is a symptom that must always be taken very seriously
and is certainly a warning sign that treatment is absolutely necessary. Much like animals who swallow hair during grooming, humans can develop hairballs within the stomach or the intestinal tract. If misdiagnosed, these can easily create a blockage that can quickly become life threatening. While this is certainly a rare occurrence, it is something that anyone who engages in compulsive hair eating must take very seriously.

**Determining the Severity of Your Trichotillomania**

When you or a loved one suffer from trichotillomania, it is important that you understand the severity of the condition. If you have pulled your hair once or twice before during strong periods of emotional upset, the chances are good that you only experience the condition in one of its mildest forms. If, on the other hand, trying to avoid the urge to pull your hair leaves you feeling upset, panicked, or distressed, it is certainly likely that you have a more severe form of the condition.

It is critical that we take the time to point out that the word severe does not mean bad or incurable. Instead, it simply means that some form of treatment, whether in the form of medication, therapy, or something else, is likely to be required. Severe forms of trichotillomania are simply those in which the urge to pull out the hair feels irresistible or results in emotional upset. It is possible to have an extreme form of the condition without the need to cover up the results or the compulsion to eat or swallow your hair.

**Stopping the Problem before it Escalates**

The compulsion to eat hair can increase in severity if left untreated, as your body becomes more and more dependent upon the feeling of release and relief that accompanies pulling, which makes seeking treatment critical if you have urges that do not subside. Even for people with a milder form of trichotillomania, seeking treatment to help stop the urges and compulsions can be critical. Each time you get the urge to pull and you indulge, you are creating a chemical reaction that helps give power to the compulsion. Your brain learns that if it creates the physical urge to pull, it will be
rewarded by the relief of pulling and the endorphins that are released when you do so. This can quickly create an escalating cycle.

Most people who have extreme forms of trichotillomania started out with a very mild form of the condition. The urges slowly start to increase, and as they are indulged, they become harder and harder to resist. This is why treatment is often most effective when started as early in the condition as possible. It is certainly possible for anyone with trichotillomania to be able to overcome the condition, but for those with extreme cases, getting rid of all urges and compulsions to pull becomes much more difficult. It is important to understand that not all mild cases of trichotillomania will ever become severe, but the likelihood of this happening certainly increases dramatically when treatment is not sought out.

If your trichotillomania does not respond to simply ignoring the urge to pull or to tricks that are designed to help you take your mind off of the urge, it is important that you do what you need in order to obtain proper treatment. There are many treatment options out there, and many professionals who understand that this disorder is a compulsion and not a sign that you are crazy or bad in any way.

**Summary**

The extremes of trichotillomania are anything but cut and dried. For some patients, what starts out as a very mild form of the condition can escalate into a very extreme case. For others, it may remain mild for as long as it is present. Trichotillomania is certainly a spectrum disorder, and there are patients at either end as well as a great majority that lie somewhere in the middle. It can be hard to label the disorder as either mild or severe when the symptoms can vary so much from one day or one month to the next, but this just helps to highlight why treatment is so important.

If you or someone you love is suffering from trichotillomania and the urge to pull is not able to be easily avoided or stopped, seeking treatment is truly the best option.
Allowing the behavior to continue can cause the problem to escalate to a potentially dangerous degree and can certainly make the road to recovery much longer and much more difficult. Treatment is always an option with this behavior, but treating rare or manageable urges will always be considerably easier than treating urges that present with feelings of panic and emotional distress.

Simply put, if someone you love is suffering from a mild form of trichotillomania or if this is happening to you, now is the very best time to seek treatment. If you feel the compulsion to pull very frequently or have the urge to bite or eat the hairs that you pull, putting off the chance for treatment is too much of a risk for you to consider. Remember that there are millions of people out there just like you, going through the same thing, but remember also that thousands have been brave enough to seek out treatment and have discovered the freedom that can only come with getting rid of these urges once and for all.
Chapter 5
Treating Trichotillomania

Throughout this book, we have worked hard to stress the importance of seeking proper treatment for trichotillomania. We have looked at the impact it can have on various areas of your life, as well as the chances that the condition will become more severe if left untreated. One thing that has yet to be addressed, however, is the comfort, happiness, and peace that can accompany successful treatment.

Trichotillomania is a condition that you can overcome. For many patients, recovery is a process of trial and error until the best treatment or combination of treatments is found. It is important that you keep an open mind in realizing that it may take more than one try for you to find the solution that works for you, and it is equally important that you take a positive approach. If you do not believe that you can and will get better, your chances for success diminish significantly. Research gives us countless examples of people who have recovered permanently, living decades without the urge to pull their hair, as well as many people who have gone from extreme cases of trichotillomania to having urges that they can instantly recognize and cast aside without the need to act upon them.

In this chapter, we will explore the many different treatments available for trichotillomania. You may find treatments that seem like a great idea for you, and it is certainly worth speaking with your doctor or mental health provider to learn if they might be right in your case. Treatment is always the best solution, and we hope to give you ideas that will help you get started on the path to recovery.

Treating Trichotillomania with Medication

There are a number of medications that have proven effective for treating trichotillomania. It is important to understand that not all medications will work for all
patients and that there are always risks and side effects that you will want to consider carefully before taking any medication. With that in mind, however, there are certainly many potential options. Some medications work by helping to adjust neurotransmitters responsible for creating urges and compulsions, while others work to alleviate anxiety and other symptoms that cause trichotillomania urges or by treating the underlying condition. Let’s look at some of the most commonly prescribed drugs for treating hair pulling.

**SSRIs, or Selective Serotonin Reuptake Inhibitors**
SSRIs are among the most commonly prescribed drugs used for treating trichotillomania. This class of drugs, which includes Zoloft, Celexa, Prozac, and numerous other medications, is proven effective in treating other habit disorders, such as obsessive compulsive disorder. These drugs typically start at very low doses, slowly increasing as tolerance builds, and often help control the urge to pull hair. There are a number of potential side effects, however, and these drugs are shown to increase suicidal thoughts and behaviors in a small percentage of children, teens, and young adults.

**Clomipramine**
This drug belongs to an older class of psychiatric medications. It works by affecting two of the brain’s main neurotransmitters- serotonin and norepinephrine. This drug has been proven highly effective in treating both depression and compulsions or obsessions in a large number of patients. Unlike many other drugs used for treating trichotillomania, Clomipramine is also approved for use in pediatric cases. Side effects are often mild and include things such as dry mouth, mild weight gain, and constipation, though twitches and tremors can occur.

**Other Drugs for Trichotillomania**
While these are certainly the two largest classifications of drugs used in treating trichotillomania, they are not the only two groups that can be prescribed. There are a
number of other antidepressants that can be used to help with these symptoms when preferred drugs do not offer relief. It is important to always ask your health care provider for information regarding how effective the drug is at helping with the condition, what underlying symptoms it is also intended to treat, and of course, what potential side effects you should expect while taking the drug.

**Behavioral and Cognitive Therapy for Trichotillomania**

Cognitive behavioral therapy, a form of psychotherapy, is the treatment of choice for trichotillomania both in North America and in most parts of the developed world. This form of therapy can be highly tailored to the individual patient, which can be hard to achieve with medication, and can work to change the thought and behavior patterns that trigger hair pulling rather than just minimizing chemical reactions within the brain.

With cognitive behavior therapy, or CBT, the goal is to identify the thoughts, feelings, and patterns of behavior that lead to hair pulling. Once these processes have been identified, patients start to learn how to change these thoughts and their initial reactions to them. Ultimately, using various CBT techniques helps patients to break the cycle that leads to hair pulling behavior and works to put healthier methods of coping with stress and other emotions in its place.

One important aspect of many CBT treatments is self-assessment. This means that the patient is asked to observe the urge to pull hair very carefully. They are asked to note what they feel when the urge first arises, as well as what they think and how they react. By identifying as much as possible about the process that occurs, it becomes easier to see where the negative thoughts and patterns lie so that they can start to work on reversing them.

Once these patterns have been identified, there are a number of potential treatments that can prove helpful. One of these is to use a sensory substitute. If the urge to pull first presents with a sense of itching or tingling on a certain part of the body, for
example, the treatment might involve using a comb or other safe object to stimulate the area while keeping you from putting your fingers to your scalp or hair. In a surprising number of cases, this can provide the same sensation of relief while also breaking the body of the habit of pulling. If you are used to looking for coarse or thick hairs to pull, it may also prove quite helpful to have a piece of string or twine with the same feel or consistency to roll between the fingers and to serve as a sensory substitute.

Another important element of CBT is determining the situations in which the urge to pull is most likely to develop. By paying close attention to your urges, you should start to notice some similarity in when they occur, whether it is a certain time, a certain place, or a certain emotion that brings them on. By identifying this, you can work on treating and addressing the specific triggers that bring on the urge to pull the hair.

One of the most important elements of treating trichotillomania using CBT is simply in identifying the negative thoughts and emotions that accompany your urge. Many forms of CBT will teach you to be mindful of these thoughts, or to recognize them and simply let them pass away. This can certainly be difficult to achieve at first, but once you understand that thoughts do not automatically translate into actions, it can get much easier.

Learning how to replace negative thoughts is also critical. If, for example, your mental response to the urge to pull is to tell yourself that you cannot resist, CBT can help you learn to program your brain to believe that you can resist by changing your automatic response. This means taking the time to identify negative thoughts and learning to replace them with more positive thoughts and affirmations. For many patients, meditating or even some forms of hypnosis can make it easier to both identify negative thought patterns and to replace them with more positive ones.
**DBT, or Dialectical Behavior Therapy**

DBT is a form of treatment developed by Marsha Linehan. It is currently just being explored in the world of trichotillomania, but has made significant difference for people with a variety of habit disorders, personality disorders, and other mental health issues. It has proven quite effective for behaviors such as cutting and is believed to work in a similar way on trichotillomania and hair pulling.

With DBT, there are a few important parts that comprise therapy and treatment. The first is mindfulness, which again simply entails being aware of thoughts and feelings without attaching judgment or meaning onto them. DBT also focuses on regulating emotions. By achieving this, we stop becoming victims to our feelings and start learning to be mindful of them or even act in opposition to them. The ability to experience significant discomfort without acting on it is critical to overcoming trichotillomania, and the many exercises and techniques used in DBT make this much easier. When we are less vulnerable to our emotions and more capable of identifying our own obstacles in changing them, recovery becomes a much more attainable goal.

DBT is also designed to help improve interpersonal effectiveness and problem solving, as well as to increase distress tolerance. Getting through a crisis can feel like an insurmountable task, even when it is simply an urge that will go away with time. DBT teaches sufferers how to make it through these urges without needing to engage in any of the trichotillomania behaviors and without creating thought and emotional patterns that will make the urges worse.

**Hair Replacement Therapy**

For some patients with extreme forms of trichotillomania, hair replacement therapy has proven remarkably effective. This therapy essentially works by using non-surgical methods to put new hair in the area where hair was pulled. This can certainly help allow new hair to grow, but it is also shown to be highly successful in breaking the habit of
pulling. Patients do not feel the urge to pull artificial or replacement hair, which can certainly help to stop urges to pull over time as the pulling behavior is stopped.

For some individuals, surgical hair replacement is also an option. Because this involves implanting hairs into the scalp, however, it is often used more to cover up evidence of trichotillomania after the pulling behavior has stopped, although there have been some patients who underwent surgical intervention without the urge to pull out the newly implanted hair.

**Alternative Treatments for Trichotillomania**

There are a number of alternative treatments that are also used to help treat patients suffering from trichotillomania. Hypnosis, for example, is one alternative treatment that has proven to be highly effective for many patients. Hypnosis is nothing like what you see on stage shows and television specials, but instead is merely a guided form of deep relaxation that makes it easier to reach your innermost feelings and beliefs and bring them to the surface. Hypnosis can be ideal for helping to identify negative thoughts, as well as for using repetition and affirmations to help replace these with positive, affirming thoughts that can help break the cycle of hair pulling.

Another popular alternative treatment for hair pulling behavior is simply in learning new relaxation techniques. This can come in many forms, including massage, progressive muscle relaxation, and meditation. By allowing the body to relax as fully as possible, we help to eliminate the anxiety, stress, and negativity that lead to the urge to pull hair.

There are a number of other alternative treatments that have been tried in the hopes of helping to eliminate trichotillomania as well. These treatments include acupuncture, herbal supplementation, biofeedback, and more. While many patients do indeed report success using many of these methods, there is simply not enough evidence to support them as a treatment. It is certainly hoped, however, that as more information comes out
in the form of research and studies that we will get better data on these alternative treatments and how effective they may be in treating your condition.

**Choosing the Treatment that Is Right for You**

When it comes to treating your trichotillomania, the decision is largely up to you. While seeking some form of treatment is certainly necessary, only you can determine whether you might be better benefitted by medication therapy, behavioral therapy, or a combination. You may even be a strong believer in alternative therapies, which do indeed prove successful for many people. In truth, the willingness to get better and the belief that recovery is not only possible, but likely, will prove to be the biggest factor in your overall success rate.

Selecting the best treatment for yourself or a loved one will likely mean really sitting down to weigh the pros and cons of each form of treatment. You will want to consider the side effects of medications versus their ability to regulate the chemicals in your brain that are responsible for creating urges. You will also need to determine whether you will feel better making these changes by altering and reshaping your emotions and thought patterns. There is certainly some research that indicates that the urge to pull can come back when medication is no longer taken, but this can also be effectively combated by supplementing medication with behavioral therapies.

Another thing to consider when choosing the best form of therapy is age. Small children may fare much better from simply using therapies, as the long term effects of these medications on young children are not fully known. People with other underlying physical or emotional conditions may also want to consider how both medication and therapies could impact these conditions in a harmful or beneficial way.

In all, finding the best treatment for you or your loved one means identifying your specific needs and goals for treatment. Sitting down with your family and your health care provider can often facilitate discussion that will better help you identify your overall
goals so that you can find the treatment regimen that will be best suited to your needs. Take the time to consider all of your options carefully before making a decision, and understand that trying more than one solution before you come upon the answer is not only normal, but expected.

Summary

Treating trichotillomania is both complicated and critical. It is typically a process that takes months or years to complete, and it requires a great deal of inner strength and conviction. You have to truly want to get better, and you have to believe that it is possible. Most of all, you need to be able to create a strong support system to help you.

Once again, taking the time to educate your loved ones about trichotillomania can really go a long way. Your loved ones need to understand what is happening and what treatment entails, and you need to be surrounded by family, friends, and health care providers that will provide you with the support you need along the way. The successes of treatment are certainly milestones worth celebrating, but you also need family members and friends who can provide encouragement if a treatment method doesn’t offer the results you want or on the days where recovery and treatment seem to be the most difficult.

Recovering from any condition like trichotillomania can be like a roller coaster. There will be days where you do not have any urges at all and days where you find that you can easily ignore the urge to pull, but you will also have days where the urge can feel consuming and where it can seem almost impossible not to give in. Even if you end up pulling, it is important to see it as a step towards recovery. You shouldn’t expect to get better overnight, and engaging in pulling behavior does not mean that you are starting back at zero or that treatment is failing.

When you adopt the right mindset and find the treatment method that works for you, success can be within your reach. The key is simply to keep your end goal in sight,
imagining a life free of the shame and embarrassment that trichotillomania causes, while also keeping much smaller goals for the immediate situation. Instead of reaching for the finish line while you are still starting, set goals for resisting urges and reducing the amount of pulling that happens. When you keep your goals reasonable, it becomes much easier to achieve them.
As we start to bring this book to a close, it is important to touch on one of the most important topics regarding trichotillomania. We have taken a deep look at what the condition is, what causes it, and even how it is treated, but there is one very important thing that we have not yet covered—how to live with the condition. In this final chapter, we will take a look at strategies to help you deal with the daily frustrations and symptoms of trichotillomania and how to go about the recovery process without becoming an emotional basket case.

Tips for Dealing with Trichotillomania

One thing that is very important when learning to deal with trichotillomania is in really learning to understand yourself. Knowing that the condition isn’t something that you choose is important, but you also need to learn how to understand what drives you to pull. This means taking an in-depth look at yourself.

Learning Why You Pull

One facet of learning to understand pulling behavior is to understand what types of sensory needs you might be meeting by doing this. Does the urge center on the way the hair feels in your hands or the way it feels to pull, or do you pull so that you can touch the ends to your mouth or bite off the roots. Understanding which of your senses is in need of gratification can help you better understand your condition. It can also help to determine if the urge to pull comes from something inside your head, such as a certain thought, whether it is triggered by a certain emotion, or whether it is triggered by something external. Even hunger or fatigue can be a trigger for hair pulling.

For many who pull for cosmetic reasons, simply thinking about your own imperfections can be enough to trigger hair pulling. This could be as simple as thinking that your
eyebrows are asymmetrical. It may also come from feeling that you have certain hairs that are unsightly or that do not belong.

Another tip for dealing with trichotillomania comes with trying to identify the need or desire for perfection. Many people start pulling hairs as a means of trying to create perfection on one part of the body when they are unable to achieve perfection in an area of their lives. The inability to achieve an unattainable physical goal leads instead to going on a pulling binge. It can be a very vicious cycle, and speaking with someone can help you identify why you feel the need to achieve perfection as well as what you might be able to do to help set more realistic expectations.

**Eliminating or Replacing Physical Triggers**

If the triggers for your trichotillomania are physical, such as always pulling while reading a book, watching television, or talking on the phone, it is important to identify this and to take measures to stop it. When this is the case, it can be as simple as changing your posture or providing your hands with some other sort of busy work to keep them occupied. Pulling when lying in bed can be the biggest challenge, as many people do it just before going to sleep when other distractions might keep them awake. Discovering any physical triggers and coming up with another way to keep your hands busy can make dealing with trichotillomania much easier.

**Writing it Down**

Another very helpful tip for people suffering from trichotillomania is to write down each time you have the urge to pull, as well as any feelings or thoughts that accompany the urge, what is happening at the time, and how severe the urge is. This can not only help you identify patterns, but it can help your health care provider assess your pulling and determine which treatments or therapies might be most effective. If you are already receiving treatment and have started on your path to recovery, a trichotillomania diary can help your health care provider understand if the treatment is working and what might be able to be done to help move you forward along your path to recovery.
Choosing a Health Care Provider

When you are looking to get treatment for trichotillomania, finding the right provider for care can be difficult. For many, a trusted family physician may be the best place to start. He or she can certainly help rule out any medical causes for the symptoms, and you will often find that your doctor will have access to great resources for information. They might even be able to refer you to a mental health specialist with the training you need to get on the right path to recovery.

If you do not already have a recommendation for a mental health professional, it is important to understand that the choice you make is very important. You will certainly want to choose someone who has knowledge and experience treating trichotillomania, as well as someone who is compassionate and who believes in your ability to recover. Experience isn’t the only thing to consider, however, as the relationship you build with your provider will be both strong and long lasting.

When looking for the right provider to help you with recovery from trichotillomania, it is important to ask a number of questions. Not only do you want a provider who is experienced, but you want someone who shares your basic principles and beliefs about therapy and recovery. If, for example, you are adamantly against the idea of using medication or hypnosis, you do not want a therapist who champions that as the best possible treatment. Ideally, you should ask if it is possible to have an initial session with more than one therapist in order to determine which provider will most likely help you achieve the greatest result in the long run. Make sure you speak with multiple people, get references if you can, and trust your instincts when it comes to who is in the best position to provide you the help you need. This is your journey, and you deserve the best help along the way.

Recovery Isn’t Easy

When receiving treatment for trichotillomania, few things are as important to remember as the fact that recovery is not simple. It is absolutely possible, and if you believe that
you are going to get better, then the chances are high that you will. But it is important that you avoid setting unrealistic expectations for yourself. If you set yourself up for failure, it is almost inevitable that you will fail.

This means that it is important to keep in mind that the pulling and the urges will not stop overnight. They might not stop in a month, or even in a year. Getting the urge to pull to go away forever takes a great deal of hard work, dedication, and consistency. Maintaining a diary of your urges and behaviors during treatment, however, can help you force yourself to take notice when your urges start to decrease in number, intensity, or duration. Remember that these seemingly small achievements are actually huge milestones, and don’t hesitate to celebrate them.

One thing you should definitely be prepared for during the recovery process is the likelihood of emotional upset. When you start to feel very motivated to quit pulling, urges and the act of pulling can feel overwhelming. You may go for weeks or months without pulling, only to give in during a moment of very intense emotion. This is perfectly okay and it happens to everyone. The key is in how you interpret it and whether you allow yourself to keep moving forward towards your goals or whether you choose to allow the cycle of guilt to begin again. With the right mindset and the understanding that the road won’t always be a simple one, recovery from trichotillomania will happen.

**Maintaining Strong Support**

A solid support system is one of the most important resources for people looking to recover from trichotillomania. For many, this means involving family and friends as much as possible in treatment. If you have a child who is receiving treatment, or even just a friend, it is important to always remain encouraging and positive. Being surrounded by people who believe you will be successful but who do not judge you when you slip up can be a wonderful way to get the strength you need to recover fully from trichotillomania.
Your health care providers, both physical and mental, should also be a part of your support team. You need to ensure that your regular physician and your mental health team are able to communicate with one another as needed, even if it simply means faxing notes about your progress and any medications you may be taking. You should have a team that supports you fully and each side of your team should be fully supportive of the work that the other is doing.

For those who do not have a strong network of family and friends, are unable or unwilling to tell their loved ones, or who simply desire to communicate with others in the same situation, you will find that there are support groups specifically for people with trichotillomania. These groups can be found in many major cities, as well as online, and can provide an absolutely valuable resource. Not only will you find people who are going through the same thing, but people who are willing to share their ideas, their triumphs, and their tragedies. It is important not to let yourself get caught up in someone else’s failures, but having other success stories to share and being able to gain new ideas and coping strategies can be simply amazing.

**Talking to Loved Ones**

Before bringing this book to a close, we want to speak briefly on talking to your loved ones about trichotillomania. Bringing up the subject can be a very difficult thing to accomplish, especially if your loved ones are not always supportive or if they have been making remarks about finding hair around the house or noticing bald spots. With that said, however, speaking to the people closest to you is very important. Everyone who loves you wants to see you healthy and happy and their role in your recovery can prove to be significant.

If you worry that your loved ones may not be supportive, it can prove immeasurably helpful to bring them along to an appointment with your therapist. Your therapist is not emotionally attached to your loved ones, which means that he or she will be able to explain things much more clearly and frankly. Your therapist will not get upset if the
initial reaction isn’t perfect and may be able to do a fantastic job of helping your loved ones to understand what causes your hair pulling behavior.

If your loved ones are generally supportive of you and of what you do, it may be easier for you to talk with them yourself. Printing out flyers or fact sheets or having some notes handy with facts and information that might help them understand the condition is important. Make certain that you let them know how much their acceptance and help means to you, but don’t deny them the chance to ask questions. This may be a bit uncomfortable, but you will find that it is important in allowing them to understand the condition. Offering them the opportunity to attend a support group or a therapy session with you might give them the resources they need in order to better understand and to provide you with the support that you need.

Summary

Living with trichotillomania can feel like a huge burden, but seeking treatment and letting others know what you are going through is one of the most critical steps towards recovery. As long as you are carrying this load in secret, you will always feel a sense of shame and guilt. Whether your case of hair pulling is mild, moderate, or severe, you absolutely can recover.

It is our hope that you have found a great deal of hope and inspiration in these pages. There is little doubt that recovery is possible if you are willing to adopt the right mindset and willing to put in the hard work required to overcome the urge to pull hair. We can’t promise you that it will be easy, but we can promise you that thousands of people every year find that they have stopped pulling their hair.

Within these pages, you have learned a great deal about this condition. You now understand fully exactly what trichotillomania is, as well as what its signs and symptoms can be. You know that the condition is as unique as the patients who develop it, and that it can happen to anyone regardless of age, race, gender, or other circumstances.
You understand that it happens to famous people and not so famous people, and that it comes in all shapes and sizes.

Most importantly, you know that there are numerous ways that trichotillomania can be treated. If the first option that you try does not work for you even after your best effort, there is no need to be disheartened. There are ample treatments out there, and there is something that will work for anyone. It may prove to be medication, it may be one or more forms of therapy, or it may even be hypnosis. It might even be a combination of treatments that finally puts you on the road to recovery.

Beyond anything, know that you will recover from this condition. You are strong, and this condition is not a sign of weakness or defects. As long as you have the desire to overcome this, you can absolutely do it. In the appendix that follows the close of our book, you will find a listing of resources for information that will help you understand and end your struggle with trichotillomania.
Resources

The Trichotillomania Learning Center (amazing articles, downloads, and resources for patients and families alike)
http://www.trich.org/

A listing of support groups from TLC
http://www.trich.org/treatment/support-groups.html

TLC Info for kids and teens
http://www.trich.org/about/for-kids-teens.html

Trichotillomania Support (A UK based site with lots of information)
http://www.trichotillomania.co.uk/

The Trich Education Center (information, statistics, and education)
http://stoppulling.com/PsycTech/Program/StopPulling/Public/HomePage.aspx

OCD Center of Los Angeles (A great report on trichotillomania)
http://www.ocdla.com/trichotillomania.html

A Faith Based Trich Treatment Site
http://www.trichchristianministries.org/

Info Sheet from the National Institute of Health

US Based Therapist and Psychiatrist Finder
http://therapists.psychologytoday.com/usnews/

The WebMD Guide to Trichotillomania
http://www.webmd.com/anxiety-panic/guide/trichotillomania