

Controlling Your Hair Pulling

Objective

To identify if you are someone with a hair-pulling disorder and to help you learn to control compulsive hair pulling by using behavioral techniques to reduce or eliminate the behavior.

You Should Know

Trichotillomania (pronounced TRICK-uh-TILL-uh-MAIN-ee-uh), abbreviated TTM, also called hair-pulling disorder, is a psychological problem that involves recurrent, irresistible urges to pull out hair from your scalp, eyebrows, or other areas of your body, despite trying to stop. It affects approximately two to four percent of the U.S. population. TTM likely results from a combination of genetic and environmental factors and has often been strongly associated with other psychological problems such as obsessive-compulsive disorders, anxiety disorders, tics, and Tourette's syndrome.

TTM can be related to both negative and positive emotions. On the one hand, hair pulling is a way to deal with stress, anxiety, tension, boredom, loneliness, fatigue, or frustration. On the other hand, people with TTM find it feels good and continue the behavior in order to evoke that positive feeling.

Hair pulling can be "focused" or "automatic" or a combination of both. Focused hair pullers intentionally pull their hair out as a way to relieve distress. Some may have rituals such as finding just the right hair or biting on the pulled hairs. Those who do automatic hair pulling might not even realize what they're doing; they tend to "zone out" while watching TV or reading or playing video games. Most people with trichotillomania pull out their hair in private and generally try to hide the disorder from others, as it can cause feelings of shame and guilt.

Research shows that TTM is a chronic illness, that is, it is unlikely to disappear spontaneously, but you can learn skills to manage it. The first step is awareness of your thoughts, feelings, and the situations that occur before and after pulling. Identifying your own triggers is important, too, as everyone's triggers can be different. Next you can learn a strategy called Habit Reversal Training, best done in collaboration with a trained therapist familiar with TTM and its associated psychological issues.

What to Do

Review the list below and put a checkmark next to the items that describe you and your situation, then describe your current experience in the lines below each item, if relevant.

___ Repeatedly pulling your hair out, typically from your scalp, eyebrows, or eyelashes, but sometimes from other body areas; sites may vary over time.

___ An increasing sense of tension before pulling, or when you try to resist pulling.

___ A sense of pleasure or relief after the hair is pulled.

___ Noticeable hair loss, such as shortened hair or thinned or bald areas on the scalp or other areas of your body, including sparse or missing eyelashes or eyebrows.

___ Preference for specific types of hair, rituals that accompany hair pulling, or patterns of hair pulling.

___ Biting, chewing, or eating pulled-out hair.

___ Playing with pulled-out hair or rubbing it across your lips or face.

___ Repeatedly trying to stop pulling out your hair or trying to do it less, without success.

___ Significant distress or problems at work, school, socially related to pulling out your hair.

When did you first start pulling your hair? When did it seem to become a problem for you?

Describe the positive gains of hair pulling for you, that is, what do you “get out of it”?

Describe the negative consequences of hair pulling for you?

Describe your level of motivation to make some changes regarding your TTM behavior as of today? 0 = not motivated, 1 = somewhat motivated, 2 = moderately motivated, 3 = highly motivated

Habit Reversal Training

In the early 1970s, Drs. Nathan Azrin and Gregory Nunn developed behavioral approaches, including Habit Reversal Training (HRT), to deal with hair-pulling and other bodily focused, repetitive symptoms such as nail biting, skin picking, and tics. According to Annabella Hagen, LCSW, RPT-S, the four primary components for HRT include:

- **Self-awareness training.** Keep a detailed record of all the instances when you pull out your hair and keep track of when, where, what, and with whom this happens. Note all urges and sensations associated with the hair pulling before, during, and after.
- **Relaxation training.** Practice progressive muscle relaxation exercises or other body-focused relaxation techniques such as a body scan.
- **Diaphragmatic breathing.** Learn this deep breathing skill, which can relax the mind and body.

- Competing response training.** Learn a muscle tensing action, which “competes” with the hair-pulling behavior. For instances, a competing response would be opposite of the repetitive behavior and something that you can do for more than two or three minutes. Some experts suggest balling up your hands into a fist and holding them rigidly on the side of your body. Or you can tense your arm muscles over and over, tensing and releasing, until the urge subsides or disappears.

Keep track of when you use your HRT strategies. Notice in particular any urges and attempts to use competing response so that you can see improvement over time. Keep working on your own, with a therapist, or a caring loved one. Over time, you can learn to control your hair-pulling behavior at work, school, and other public places. You may use the chart below or create one of your own.

Trigger to Pull Hair: When/Where	My Emotions Before Pulling	My Emotions During Pulling	Strategy Used to Reduce Behavior	My Emotions After Using the Strategy

Reflections on This Exercise

1. Most people are afraid of changing habits, even ones that cause negative consequences. That is natural and understandable. What are your fears and worries about practicing the strategies suggested above?

2. Whom can you talk to about your hair pulling—someone neutral and accepting? If not a therapist, name at least two other people you trust.

3. What is your biggest hope for what you will gain from trying to control your hair-pulling behaviors?

How helpful was this exercise? _____

(1 = not very helpful, 5 = moderately helpful, 10 = extremely helpful)

What could you do differently to make progress in this area?
