

# The Child Who Pulls His Little Brothers' Hair: A Different Trichotillomania Case

Demet Güleç Öyekçin<sup>1</sup>,  
Erkan Melih Şahin<sup>2</sup>,  
Mehmet Murat Demet<sup>3</sup>

<sup>1</sup>Assist. Prof. Dr., Canakkale Onsekiz Mart University,  
Faculty of Medicine, Department of Psychiatry,  
Canakkale - Turkey

<sup>2</sup>Assoc. Prof. Dr., Canakkale Onsekiz Mart University,  
Faculty of Medicine, Department of Family Medicine,  
Canakkale - Turkey

<sup>3</sup>Prof. Dr., Celal Bayar University, Faculty of Medicine,  
Department of Psychiatry, Manisa - Turkey

## ABSTRACT

The child who pulls his little brothers' hair: a different trichotillomania case

Trichotillomania (TTM) is a relatively common cause of childhood alopecia. We report our observations of 8 year old boy referred for consultation for a 4 year history of hair pulling, nail-biting, nose picking, nail picking and scalp-picking. The most commonly affected sites on the scalp were frontal region and vertex. He had started pulling his hair when he was an infant and had a very chronic, unremitting course. During the last two years, he began to pull his two little brothers' hair when they were playing together or when they were sleeping. Both of his both brothers had alopecia on their scalp. It was discovered that there were frequent arguments, violence and negative behaviors at home. Few cases are reported in the literature about children who pull their siblings' hair. We considered that impaired affective interpersonal communication between mother and child, physical and emotional neglect and childhood trauma might have played a role in the development of TTM for this case. In childhood trichotillomania cases, it is important to investigate whether the siblings have hair loss.

**Key words:** Child abuse, trichotillomania, violence

## ÖZET

Kardeşlerinin saçını yolan farklı bir trikotillomani olgusu

Trikotillomani, çocukluk çağı alopesi nedenlerinden biridir. Sunmuş olduğumuz olgu, 8 yaşında olup, yaklaşık 4 yıldır süren saç yolma, tırnak yeme, burun karıştırma, tırnak yolma ve saç derisini koparma yakınmaları ile getirilmiştir. Saç bölgesinin özellikle frontal ve vertex kısmının etkilendiği gözlenmiştir. Olgunun saçlarını infantil dönemde yolmaya başladığı ve kronik, düzelmeyen bir gidişinin olduğu öğrenilmiştir. Son 2 yıldır, kendisinden küçük iki kardeşinin saçını yolmaya başladığı ve sıklıkla birlikte oyun oynarken veya kardeşleri uyurken saçlarını yolduğu belirtilmiştir. Her iki erkek kardeşinin saçlı derisinde alopesi gözlenmiştir. Evde sıklıkla kavga, şiddet ve olumsuz davranışların olduğu öğrenilmiştir. Literatürde kardeşlerinin saçını yolan vaka sayısı oldukça seyrek. Çocukluk çağında yaşanan travma, fiziksel ve duygusal ihmalin ve olumsuz etkilenmiş olan anne-çocuk ilişkisinin bu vakada ortaya çıkan trikotillomani için önemli etmenler olduğu düşünülmüştür. Çocukluk çağı trikotillomani olgularında kardeşler üzerinde herhangi bir belirtinin olup olmadığının araştırılması önemlidir.

**Anahtar kelimeler:** Çocuğa yönelik şiddet, trikotillomani, şiddet

Address reprint requests to:

Assoc. Prof. Dr. Erkan Melih Şahin,  
Canakkale Onsekiz Mart University, Faculty  
of Medicine, Department of Family Medicine  
Terzioğlu Yerleşkesi 17100 Canakkale - Turkey

Phone: +90-286-218-0018

Fax: +90-286-218-0393 (dekanlık)

Email address:  
emsahin@yahoo.com

Date of receipt:  
June 30, 2011

Date of acceptance:  
September 10, 2011

## INTRODUCTION

Trichotillomania (TTM) is a relatively common cause of childhood alopecia (1). TTM is an atypical impulse control disorder according to DSM-IV-TR, in which patients undertake repetitive, damaging hair-pulling that leads to debilitating and noticeable hair loss (2).

The exact prevalence of TTM is unknown; however estimates from university surveys suggest that 1.5% of males and 3.4% of females have clinically significant

hair pulling, with 6% corresponding all diagnostic criteria of TTM (3). The early-onset TTM develops between 2 and 6 years of age. Sex distribution is generally equal (4,5) with a male predominance (6).

Traumatic experiences and family disorganization were highly related to impaired impulse control in abused children (7). Studies have shown that the onset of TTM can be associated with changes in residence (8), separation from friends (9), problems in school (10), separation from parents (11) and sibling rivalry (12).

Familial emotional abuse and family chaos appeared to be strongly linked to TTM. A link between violence and onset of TTM has been reported (11).

## CASE REPORT

This is a case report about 8 year old male child, with a 4 year history of hair pulling. He was referred for a psychiatric evaluation to Erzincan State Hospital. The chief complaints were nail picking, nail-biting, nose picking, scalp-picking and hair-pulling. Hair-pulling resulted in patches of alopecia on his scalp. His hair pulling and scalp picking complaints began 4 years ago. Associated complaints were nearly present at the same time. Hair-pulling resulted in patches of alopecia on his scalp. The most common sites of the scalp affected were frontal region and vertex.

During the last two years, he began to pull his little two brothers' hair when they were playing together or when they were sleeping. Both of his brothers had alopecia on their scalp too. His brothers aged 2 and 4 years old, and there was no remarkable psychiatric history in both of them. In family history, serious economical problems and interpersonal conflicts were present for six years. His father was unemployed. His past psychiatric history was unremarkable. There was no prior history of psychiatric evaluation or hospitalization. There was a history of physical and emotional abuse, but no sexual abuse. He was still attending at public school and had understanding problems in mathematics and reading. There was no psychiatric disorder in the family, but as told, the father may have personality problems. His past medical history was unremarkable. There was no history of major medical illnesses, seizures, or other neurological disorders, and there was no history of head trauma. There was also no history of hospitalizations, known allergies, or substance abuse.

### Psychiatric Evaluation

He had normal speech and euthymic affect. There was no psychomotor agitation or retardation. His thought process was rational. There was no evidence of psychosis: no hallucinations or delusions. Cognition

was normal. Overall, there were no neurovegetative symptoms. He appeared to have mild depressive and anxiety symptoms. There were no suicidal or homicidal thoughts. No obsessive-compulsive symptoms were determined.

The patient met the criteria for trichotillomania, learning problems, sub-threshold depressive disorder and sub-threshold anxiety disorder. There were serious psychosocial and environmental problems at home. Medical history was non-contributory. He did not have any treatment prior to this evaluation. We did not need histopathology for diagnosis. The physical examination and detailed clinical history were sufficient for the diagnosis.

Chest X-ray was normal and excluded trichobezoars. IQ testing (Kent-EGY) showed sub-average intellectual functioning. EEG was normal (which excluded seizures). Detailed pediatric examination was done for general medical conditions and skin infections were determined. We started fluoxetine treatment for mild depressive and anxiety symptoms. Pure behavioral therapy and supportive family therapy were the non-pharmacologic treatments that were considered.

## DISCUSSION

### Violence Associated with Early Episodes of Hair-Pulling

This boy with TTM had experienced traumatic and violent events. The onset of TTM correlated with the violence occurring in his early childhood. There is an association of family chaos experienced during childhood and the development of TTM. The episodic violence experienced by this boy, led us to consider this as the causes of the chronicity and severity of TTM and pulling his brothers' hair.

Medical and psychological complications of TTM can be severe and are typically underrecognized, including alopecia, scarring, skin infections, and damage to the hair itself. Psychological morbidity varies, but can sometimes be severe. In adolescents, development of positive self- and body images, autonomy, self-control, and confidence is frequently hampered by chronic hair pulling (13). In this case, associated medical

complications were alopecia, skin infections and scarring. The psychological findings were mild depressive and anxiety symptoms. There was not any obsessive and compulsive symptoms which may co-occur in TTM cases.

### Psychodynamic Features

From psychodynamic perspective, hair-pulling was viewed as a symptom rather than a discrete disorder. Preoccupations with hair symbolize unconscious bisexual conflicts (14). A somewhat different hypothesis defined TTM as a self-inflicted dermatosis and situations associated with negative emotions (e.g. anxiety, anger, and embarrassment) are common triggers for hair pulling (15).

Symbolically, hair represents beauty, attraction and virility (11). Buxbaum (12) viewed the symptom as a fetish, multidetermined by a variety of unconscious conflicts. She cited the expression "to tear one's own hair" as a sign of despair and mourning. Buxbaum (12) and Stadeli (16) related hair pulling to separation anxiety. Greenberg and Sarner (17) viewed hair pulling as a result of multiple fixation points at all levels of psychosexual development. They also reported hair pulling following actual or threatened object loss (12).

Traumatic events and neglectful parents reported by the patient might have caused ambivalent feelings toward his parents which may have resulted as aggression toward himself and his brothers. Children need healthy, caring, loving, consistent and non-violent attention. If this healthy need was unmet by parents properly, they may find different ways to act out. In this case, the symptom of TTM might be "masturbation" or a form of autoeroticism.

According to the object relations theory; without the establishment of object constancy, an individual

requires visible evidence that the object/person capable of gratifying basic security needs are present or available. (18) In TTM, the hair seems to symbolize the need-gratifying object/person who is lost when the hair is pulled out and more importantly regained when it is eaten or restored. It appears to be this latter component of TTM, i.e., reincorporation of the need-gratifying object/person, which reassures the patient that infantile needs can be gratified and security can be reestablished. Unfortunately, TTM is driven to repeatedly and compulsively remove hair so that it can be regained temporarily, since object constancy is never really established (18).

In conclusion, impaired affective interpersonal communication between parents (both mother and father) and child, physical and emotional neglect and childhood trauma may play a role in the development of TTM. A careful history is needed to determine etiological factors in TTM cases. Pulling the hair of the siblings may be a sign of the severity of the disease and there are rare cases of TTM, in which the patient also pulls the hair of the siblings (19). Affective, disruptive, attention-deficit, anxiety, and obsessive-compulsive disorders have been noted in some children, but the true incidence is uncertain because it is difficult in many cases to determine whether the presence of such comorbid conditions is a cause or consequence of pulling (20,21). It is necessary to ascertain information from multiple sources, including parents, patient and the teacher as to which symptoms are most problematic and prioritize those symptoms for initial intervention. Experiences show that early-onset TTM is often not benign or homogenous in terms of etiology, course, or response to treatment and requires much further study. Finally, the case in this study reported episodes of childhood abuse and there was a significant relation between them and the onset of TTM.

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