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Trichotillomania in Iranian children

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Abstract. This paper reports trichotillomania in eight Iranian children (7 girls and 1 boy).It is rarely seen in children and adolescents. Although some subjects are psychiatrically normal, but some suffer from depressive disorder, neurosis, or personality problems. Separation from key figure, denial of femininity,and inadequate mother-child relationship play important roles either in the etiology of trichotillomania or psychiatric disorders.Finally therapeutic interventions according to the cultural factors were mentioned.

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TRICHOTILLOMANIA

Trichotillomania is a term which was first coined by a French dermatologist, Hallopeau(1889). It is believed that it is due to the conflict between sexual impulses at the genital level and the repressive forces of the superego or the ego, displacement of castration anxiety, and phallic symbol(Berg ,1936/1951). Zaidens(1951b) had the idea that it was a mild neurotic symptom, a mechanism for release of nervous tension, and as a masturbatory substitute. Sperling(1954) believed that it was a symbol of unconscious bisexual conflicts, and sometimes giving up of the feminine role of the self. The patient sacrifices the hair for castration anxiety, because the hair grows again but castration can't be remedied. Buxbaum (1960) stated that trichotillomania was the result of a conflict in regard to identification with mother, aggression towards herself/himself, existence by making herself/himself feel, and as a sign of grief. She also considered trichotillomania as producing the sense of pain and pleasure, inadequate mother-child relationship,a feeling of rejection, and fetishism. Philippopoulos (1961) thought of it as an obsessive-compulsive neurosis. In a study of 19 patients, Greenberg and Sarner(1965) found that 13 patients (68%) were suffering from depressive disorders. Mannino and Delgado (1969) believed that it was caused due to maternal deprivation at early years.Tiling (1975) thought that it had a calming effect on the subject. Aleksandrowics and Mares(1978) stated that trichotillomania in girls was due to anger with mother for having given them unattractive hair and for not providing

them with a penis.

SUBJECTS

Eight subjects were studied. The cases were seen by the author during 12 years working with children and adults, in Markaz Tebi Kodakan and Private Practice.

All parents were also interviewed separately, Their social classes were evaluated according to the father's education and job, since we have no standardized socioeconomic classification (see table 1).

CASE REPORT

Case 1

A 15-year-old girl was referred for pulling out Heregelashes,eyebrows,and pubic hair which started 9 months prior to referral. She was the second child of five siblings. Her father was illiterate, but had a good relationship with her.Her mother was also illiterate,immature, and unable to maintain a warm relationship with her children. There was also parental discord. The first child, (her sister) to whom she was very attached, died of meningitis two years prior to referral. Patient didn't have a close relationship with other siblings, consequently feeling lonely after the death of her eldest sister. She had her menarche at the age of 14 years ensuing to overprotectiveness and in restricting her social activities.

Her love affair with her boyfriend was discovered by her father resulting in pressure to leave him,and punitive attitude towards her. Then her mother separated from the family to take care of one of the patient's brothers who was seriously ill in the hospital. This separation resulted in underachievement and then dropped out of school. In her mother's absence, she was sexually appraoched by her father on several occasions without intercourse.Upon her mother's return, the patient was unable to decide to inform her mother about her father's incestuous feeling. It was then that the hair pulling started, and her father's insistance on an incestuous approach lead to the aggravation of hair pulling which was also associated with insomnia, nightmares, decreased appetite, sadness, crying, feeling of loneliness, guilt feeling, and also self-accusation. Her physical condition was normal except for a high arch palate, a complete loss of eyebrows with partial loss of eyelashes and pubic hair were observed. Her IQ was average. She was hospitalized to be separated from her family. Individual and family therapy as well as antidepressants were applied to which she responded well. It was decided that the patient to be separated from her family after discharge to stay with her grand-mother, continuing taking antidepressant and to be seen as an out-patient. She was discharged after four weeks free of symptoms, and was well six months after discharge.

Case 2

A 6-year-old girl was seen for pulling out her eyelashes starting three months ago. She was the fourth(last)

child of her family. Her mother was 35 years old, and illiterate with poor relationship with her children. Her father was 42 years old,poorly educated, with a good relationship with his children. Patient had a good relationship with her siblings, particularly with her eldest brother, but he left home to attend a school in another city. Since then the patient became depressed which was also associated with xanthematous illness and high fever for which she was hospitalized. She then showed separation anxiety. She was discharged from hospital after physical recovery but started to complain of itching and pain in her eyes. After a week she began to pull her eyelashes. She was seen by an ophthalmologist who couldn't find any abnormality in her eyes, and referred her for psychiatric consultation. On psychiatric interview she was showing poor appetite, loss of weight, aggressiveness towards her parents, particularly towards her mother, anxiety, negativism and resistance to cooperate. Physically and intellectually she was normal. She responded well to individual psychot erapy,family counselling and also antidepressant therapy on out-patient basis. After discharge from out-patient clinic she was doing well. Therefore the antidepressant drug was gradually tapered off.

Case 3

A 12-year-old girl was seen on account of pulling out eyebrows and eyelashes since three years ago. She used to lick them after pulling them out and then throw them on the floor. On interview she was a pleasant girl, complaining of anxiety when the teacher was asking her a question,

showing anxiety when her parents came home later than usual, poor appetite before examination, and occasionally nail biting. Her medical history revealed that she was born after 8 months of pregnancy. She was the sixth(last)child of the family and was 8 years younger than the fifth child. Both parents were good to her, but pressuring her on school work, and also restricting her on going out to play with her mates. She had to leave the first grade due to separation anxiety and also the threatening teacher. She had her menarche at the age of 11½ years. The periods had no worsening effect on trichotillomania. Parent's reaction to her hair pulling was to tell her to stop doing it. They were advised to ignore her hair pulling,qive her more freedom to mix with her mates, and to lessen pressure on her homework. After three months contacting with parents her recovery was reported by them.

Case 4

A 5½-year-old, girl, the second(last)child of her family was seen for pulling out eyelashes which began a few months prior to she interview had also shown separation anxiety for her sister and father,boredom,and fatiguibility.Her hair pulling started five nights after being separated from parents to sleep in another room with her sister. Her return to sleep in her parents' room didn't help her to stop hair pulling. Parents were warm and good to her but used to advise her to stop doing it, which didn't help. She did it mostly whenever alone, but did it occasionally when she was with others. Parents and sister were advised to pay more attention to her attachment needs,to be involved more in paly and social activities with her.

Follow up (F.U.) study after three months (recently) showed that she was free of symptoms.

Case 5

A 12-year-old boy, first of three siblings was seen for pulling out his eyelashes and eyebrows which started 2½ years prior to interview. He has also been masturbating since two years of age. He was a disobedient boy towards his parents, shy, talking less than usual, and showing sometimes a stomache ache. He didn't like to do homework, and mathematics and social science were difficult for him. Father was an irritable man, otherwise a good father. Mother was also good to him. There was no marital discord. Hair pulling started during school examination, and became worse when he went camping. At the same time his parents went for a tour and he stayed, after his return, with his aunt of whom he was fond. Physically, he had a congenital alopecia. His tuberculin test was positive for which he was taking Izoniazide. He was also suffering from the complication of rheumatism on his heart and was having retarded Penicillin once every month. At five years of age he had a respiratory disorder and was hospitalized for one month. His hobbies were collecting some objects and making wooden craft. He responded well to individual psychotherapy and family counselling after a few sessions.

Case 6

A 31½-month-old girl was seen for hair pulling of the head which was associated with thumb sucking. Father was good to her but mother wasn't paying much attention

to her. Although she had B.A. in social science, she had a poor knowledge about child psychology.She was the only child of her parents, and her mental development was normal. Her mother was very worried during pregnancy because one of her children was born prematurely and died consequently, and another child died 45 days after birth.There was also parental discord between parents. She started to pull out her hair eight months prior to interview. She did it less whilst playing. Mother sent her to the nursery in the hope she may get better, but it had no effect on trichotillomania and only made thumb sucking worse. Then her hair was cut off but this didn't help her either. Mother was advised not to send her to the nursery and to give more affection to her. She abandoned trichotillomania after a few months staying at home and taking more affection from her mother.

Case 7

A 13-year-old girl was seen for pulling out her eyelashes and eyebrows which started six months prior to referral. Her father was good to her but her mother wasn't so. Her aunt was also living with them but who was paying more attention to other siblings. Patient was the eldest of four, and had no problem with school. At the early stage of trichotillomania she used to wear sun glasses to conceal it. Her father took her to many dermatologists. The last one suspected trichotillomania, and advised her father to take her to a child psychiatrist. On interview with her, she showed other symptoms such as anxiety,mild sadness, headache, lying, fussiness, oversensitivity,and resentment towards mother and aunt. She was suffering fr-

om neurosis that trichotillomania was one of the associated symptoms. Perhaps she was doing it to keep off the opposite sex due to guilt feeling because of cultural belief that a girl should not mix with opposite sex. Her aunt and mother were advised to pay more attention to her, and ignore trichotillomania. Individual supportive psychotherapy was applied for the patient for a few sessions to which she responded well. F.U. study showed continuous improvement and finally she became free of symptoms.

Case 8

A 16- year-old girl, second member of a pair of twins (both were girls)was seen for pulling out eyelashes and eyebrows which began four years prior to referral.Parents were good to her and there was no discord. She was good at school but was very competitive towards her twin sister who was brighter than she was. She had her first period six months prior to referral and was embarrassed talking about it, and was also upset about having periods, saying, "Why shouldn't boys have it," denying her femininity. Trichotillomania which was semi-compulsive started after an accident without any scar on her appearance.On interview she showed poor concentration, irritability, oversensitivity, anxiety about separation from the other twin,and low confidence, all of them started four years prior to being seen. She respoded well to individual supportive psychotherapy and counselling with parents.

RESULTS

Finding shows that in most cases of trichotillomania

there are multifactorial causes for producing this symotom(see table 2). It can happen at any age. Girls are very much more affected than boys. Last children are more affected than first and middle children. It can occur at any social class. The site of pulling out of hair is most common on eyebrows, eyelashes, and rarely on the head or pubis. Separation, poor mother-child relationship, and rejection of femininity play major roles in the etiology of trichotillomania and/or psychiatric disorder. Some patients are suffering from psychiatric disorders (see table 3), and a few have psychiatric symptoms. One of the most common reactions of all parents was that they used to tell their children to stop pulling out their hair,which we think makes it worse. Thus they were advised to ignore it. Individual psychotherapy, family counselling as well as drug treatment (in two cases) helped them to improve.

TABLE 1

Characteristics of 8 subjects

Age	
Mean age at onset of symptom	8y[a],9.6Ms[b](range:2½-14Ys)
Mean age when first seen	10Y, 3Ms(range: 2½-16Ys)
Sex	
Girl	7
Boy	1
Order of birth	
First child	2
Middle child	2
Last child	4
Religion	All Moslems
Social class	
Low	4
Middle	3
Middle High	3
Site of trichotillomania	
Eyelashes	2
Eyelashes and eyebrows	4
Eyelashes, eyebrows, and pubis	1
Head	1

a = year

b = Month

DISCUSSION

Trichotillomania is rare in children. It is more common in girls than boys, possibly, due to the fact that boys show their problems more in acting out behaviour but girls don't express them outwardedly and act on themselves. It is seen at any age during childhood and adolescence. It has multifactorial causes which differs in different subjects. In case 1 it is due to guilt feeling, self-punishment, rejection of femininity, and regression to earlier phase of psychosexual development as evident by hairless pubis. In some cases(cases 1,6 and 7) poor relationship with mother is the cause of trichotillomania for getting attention from mother or making her angry,particularly when the mother tells the child stop doing it, and especially states it with anger. It can be used as a means of controlling the mother too. In case 4, it occurs to combat separation anxiety, then becomes a learned habit, and reunion doesn't help, perhaps because of its calming effect(Tiling, 1975), or self-stimulatory effect or pain and pleasure(Buxbaum, 1960). In pubescent girls (cases 1,7, and 8) trichotillomania is due to the denial of femininity, rejection of opposite sex because of cultural belief and guilt feelings about mixing with men. Separation anxiety or any other form of anxiety are existent in five cases, so they must play major roles in producing trichotillomania. In all cases the act is semi-compulsive behavior. There was no family history of trichotillomania to indicate genetic influence. It is interesting to know that in Iran, lack of eyebrow hair is the symbol of dishonesty, guilt, and sin. Thus trichotillomania of

this site of body is interpreted as a means of self-punishment. Also, we have seen lots of small children who pull out the hair of their heads in anger and only when it can't be discharged on others,but it doesn't persist for a long time. Most of subjects know that it isn't an acceptable behaviour, and do it in secret, or wear dark glasses to hide it , but we think that they have to do it for its semi-comulsive nature. As far as treatment is concerned, it must be decided according to the psychopathology, and psychiatric diagnosis. Brief psychotherapy, family counselling, and in some cases drug therapy help the patient to improve.

TABLE 2

Causes of Trichotillomania

Case 1

Poor relationship with mother

Parental discord

Death of sister

Restriction of social activities

Disclose of love affair ensuing father's punitive attitude

Separation from mother

Underachivement

Incestuous appraoch by father

Conflict in regard to inform mother about incest

Guilt feelings about incest

Case 2

Separation from brother

Hospitalization and separation anxiety

Case 3

Pressure to study

Restriction in social activities

Case4

Separation from mother when sleeping

Case 5

Underachievement

Examination anxiety

Separation from parents, and inability to mix with mates

Case 6

Poor relationship with mother

Parental discord

Case 7

Jealousy of siblings

Poor relationship with mother

Rejection of femininity

Case 8

Jealousy of and rivalry towards her twin sister

Rejection of femininity

Bisexuality

Accident

Separation anxiety for sister

TBALE 3

Diagnosis

Depressive disorders	2
Neurosis	1
Personality disorders	2
Normal or normal variation	3

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