TRICHOTILLOMANIA

The psychiatric literature is rather scanty on the subject of trichotillomania though the French dermatologist Hallopeau[1] first introduced this term, as early as 1889, to describe an "irresistible urge to pull one's hair", mainly from the scalp area but which can also involve eyebrows, eyelashes, pubic hair and beard. Hair may be pulled out in tufts or one by one. In some cases the hair, after being pulled out, is swallowed (trichophagy) with subsequent formation of hair ball in the stomach or intestinal obstruction. Most cases start in adolescence and there appears to be a female preponderance[2]. It is not a common occurrence in children[3] where usually emotional deprivation in the maternal relationship during the early years appears to contribute significantly to the development of the symptom[4,5]. It might occur as an isolated symptom which sometimes responds to behavioral treatment[6]. Trichotillomania is a rare presentation in a psychiatric clinic and is usually brought into the knowledge of psychiatrists by dermatologists. Some cases start at a time of stress and last only a few months, others continue for years[2]. Trichotillomania seems to have a diverse psychopathology though even at the time of Samson and Delilah, the genital significance of hair had been stressed and it was regarded to be an expression of strength. Berg[7] suggested that hair behaviour in general is a symptom reflecting the conflict between sexual impulses at the genital level and the repressing forces of the super-ego or the ego and concerns about hair becoming thin, falling out, etc. were seen as displacement of castration anxiety. Brahal[8], like Berg, also interpreted hair as a phallic symbol and indicated that hair pulling may appear in any type of sexual maladjustment, regardless of the outward emotional display. Sperling[9], from her analysis of seven cases, observed preoccupation with hair to be a symbol for the expression of unconscious bisexual conflicts and in certain cases it even expressed giving up of the feminine part of the self. Monroe and Abse[10] also stressed sexual conflict as being an aetiological feature and viewed tnchotillomania as a manifestation of self-castration or masturbatory impulses. According to Brahal[8] and Leache11 it was also found out that hair symbolized strength, beauty, mourning, castration complex and played a major role in myths and customs of many cultures. Zaidens[12] viewed trichotillomania as a self-inflicted dermatosis and considered the hair pulling of scalp area as a more serious disorder which, in four cases of women he studied, represented an attempt to escape from unbearable sexual situation presented by marriage. Hair-pulling of eyebrows, eyelashes and pubes was seen to occur as a mild neurotic symptom, a mechanism for release of nervous tension and as a masturbatory substitute. Ilan and Alex ander[13] suggested that the trichotillomania of the scalp indicated pre-genital disturbances, involving deep regression. English[14] regarded hair-pulling as a perverse means of gratification and Wilson[15] also considered it as a practice giving gratification which, if prevented, evoked annoyance. Kanner[16] defined it as a habitual manipulation of the body alongwith thumb-sucking, nose- picking and nail-biting as observed in two mentally retarded children. Irwin[17] referred to hair pulling as an aggressive reaction with the emotions of grief and rage associated with it while Gelder2 regarded it as a tension reducing habit. Psychopathology in marital relationship had also been speculated. Zaidens[18] cases were all unhappily married to inadequate dependent men whom the patient wanted "out of their hair". Monroe and Abse\'a10 patient wed a primitive, sadistic individual. Trichotillomania is also seen in a variety of psychiatric disorders, e.g., in depression[19], in mental retardation[20], as an obsessive-compulsive disorder[21], as fetishism[22] and even as masochistic behaviour[23]. Bartsch[24] raised the possibility of organic aetiology resulting from motor discharges

originating in subcortical regions. Two case studies of Makrani females are presented in this issue of the Journal who fulfilled the diagnostic criteria of trichotillomania[25] as described in Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) [26], i.e., recurrent failure to resist impulses to pull out one's own hair, resulting in noticeable hair loss, increasing sense of tension immediately before pulling out the hair, gratification or a sense of relief when pulling out the hair, no association with a preexisting inflammation of the skin and not a response to a delusion or hallucination.

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