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Conflict with Parents or Irrational Beliefs Which One Can Cause Trichotillomania?

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ABSTRACT

Trichotillomania, which is classified as an impulse control disorder by DSM-IV, is the compulsive urge to pull out one's own hair leading to noticeable hair loss. The research has done on one group of patients who developed to TTM in Iran. This group of patients (adults 15-25) had experienced medical treatment before coming to psychotherapy. The assessment of patients showed that they have conflict with his or her parent and their irrational beliefs rate is higher than the normal people's one. The psychotherapy process focused on the problem and solved that conflict and decreased the irrational beliefs. After 3 months they achieved his or her hair conspicuously. Their conflict tissues with the parents included their relationship with friends, style of studying, clothing and things like these. When they and their parents learned to solve this problem with speaking and attend to each other's beliefs without challenging, and also learned to use ABC model, their tension decreased. Additionally, the patients taught to use Habit Reversal Training to control his or her impulsive behavior that led to hair pulling. The research method was case study. The findings showed that the disorder symptoms decreased as the irrational beliefs diminished and the remission increased.
KEYWORDS: Trichotillomania, irrational beliefs, Habit Reversal Training.

INTRODUCTION

The defining characteristic of Trichotillomania is the recurrent, compulsive pulling out of one's own hair, often resulting in observable hair loss.(1) Usually, but not always, the scalp and/or face are the primary locations for hair pulling. While the most common hair pulling sites are the scalp, eyebrows, and eyelashes, Trichotillomania may involve any part of the body with hair. Less common locations for hair pulling include the pubic area, perirectal region, arms, chest, and legs.(2) An individual with Trichotillomania may use his or her fingernails, as well as tweezers, pins or other mechanical devices. In severe cases, Trichotillomania can result in permanent hair loss or skin damage. Often, but not always, Trichotillomania episodes are preceded by a high level of tension and a strong "urge". Likewise, hair pulling is usually, but not always, followed by a sensation of relief or pleasure. (3) Correspondence Author,

Hair pulling is usually done alone, often while watching TV, reading, talking on the phone, driving or while grooming in the bathroom. A Trichotillomania episode may be triggered by a negative mood state or occur in response to stress, but may also occur while an individual is calm and relaxed. (5)

Sometimes hair pulling is done as a conscious behavior, but it is frequently done as an unconscious habit.(6) Recent reports indicate that approximately 10% of those with Trichotillomania also eat their hair after they pull it (Trichophagia).This can result in hairballs called bezoars, which can lead to severe gastrointestinal blockage.(7)

Individuals with Trichotillomania often attempt to camouflage the hair loss that accompanies the disorder. (8) Common camouflaging techniques include the use of hats, scarves, long-sleeve shirts, and false eyelashes. Some with Trichotillomania may even resort to having false eyebrows permanently tattooed. (10) In extreme cases, individuals with Trichotillomania may avoid social situations in an effort to prevent others from seeing the hair loss that results from hair pulling. (11)

Description of the intervention

A number of different interventions have been used in combating TTM (Swedo 1989). Cognitive behavioral therapy (CBT) or the selective serotonin reuptake inhibitors (SSRIs) have been administered in the majority of controlled treatment trials for TTM to date (12).The treatment of choice is called Habit Reversal Training (HRT) and was developed by Azrin and colleagues(Azrin, Nunn,& Frantz,1980).It includes six components:(1)self-monitoring,(2)habit control motivation,(3)awareness training, (4)competing response training, (5)relaxation training, and(6)generalization training.(13)

On the other hand, Albert Ellis believes that the mental disorders are caused by the irrational beliefs and as far as these irrational beliefs exist, the mental disorders remain as usual. According to Albert Ellis, 11 irrational beliefs are the origin of human beings disturbance. They are as follow:

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- It is a dire necessity for adult humans to be loved or approved by virtually every significant other person in their community.
- One absolutely must be competent, adequate and achieving in all important respects or else one is an inadequate, worthless person.
- People absolutely must act considerately and fairly and they are damnable villains if they do not. They *are* their bad acts.
- It is awful and terrible when things are not the way one would very much like them to be.
- Emotional disturbance is mainly externally caused and people have little or no ability to increase or decrease their dysfunctional feelings and behaviors.
- If something is or may be dangerous or fearsome, then one should be constantly and excessively concerned about it and should keep dwelling on the possibility of it occurring.
- One cannot and must not face life's responsibilities and difficulties and it is easier to avoid them.
- One must be quite dependent on others and need them and you cannot mainly run one's own life.
- One's past history is an all-important determiner of one's present behavior and because something once strongly affected one's life, it should indefinitely have a similar effect.
- Other people's disturbances are horrible and one must feel upset about them.
- There is invariably a right, precise and perfect solution to human problems and it is awful if this perfect solution is not found(14)

For this reason, the dispute with the irrational beliefs was taught to them in addition to Azrin's Habit Reversal Training (HRT).In this way they can replace their irrational beliefs with rational beliefs by disputing them. As a result of this, they can decrease their anxiety and worries. The rate of their irrational beliefs was measured by Jones' irrational beliefs. The revised check list of mental disorders symptoms (SCL 90-R) was used to assess their mental health. The validity of these tests is approved in Iran society and they are used to assess mental health and measure irrational beliefs and deserve high level of validity and reliability. At the end of the treatment course, they were tested by two tests again. The mean and the standard deviation of the pretest and posttest have been represented in the following tables. Also the changes have been shown in the following diagrams.

Table of Irrational beliefs (posttest and pretest)

statistics	No	Mean	SD	Min	Max
Pretest	20	337	28.85	279	411
Posttest	20	220.1	19.28	179	255

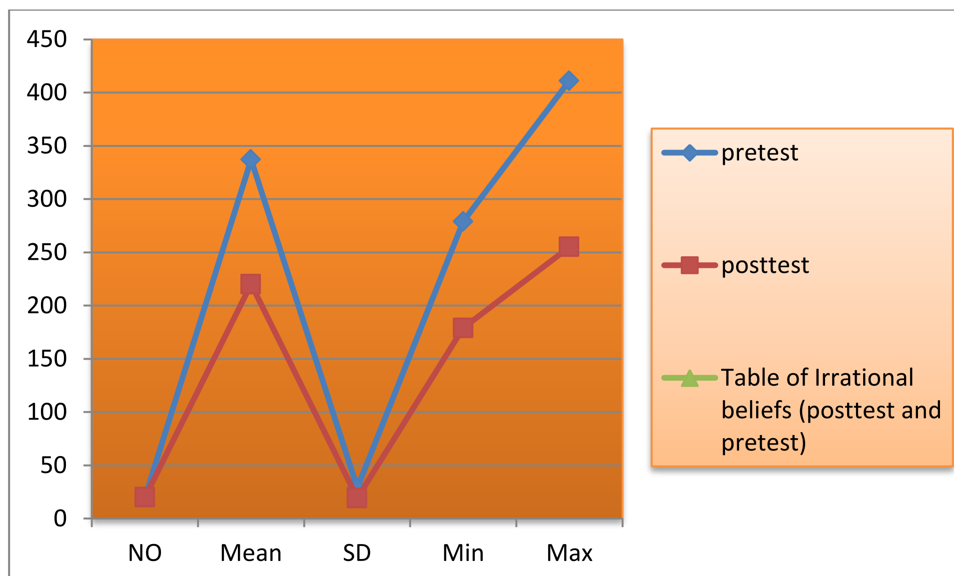

Diagram1, irrational beliefs with pretest and posttest,

Table of SCL90 -R (posttest and pretest)

statistics	no	mean	SD	min	max
Pretest	20	172.89	8.77	158.89	191.78
Posttest	20	89.95	6.41	75.56	104.11

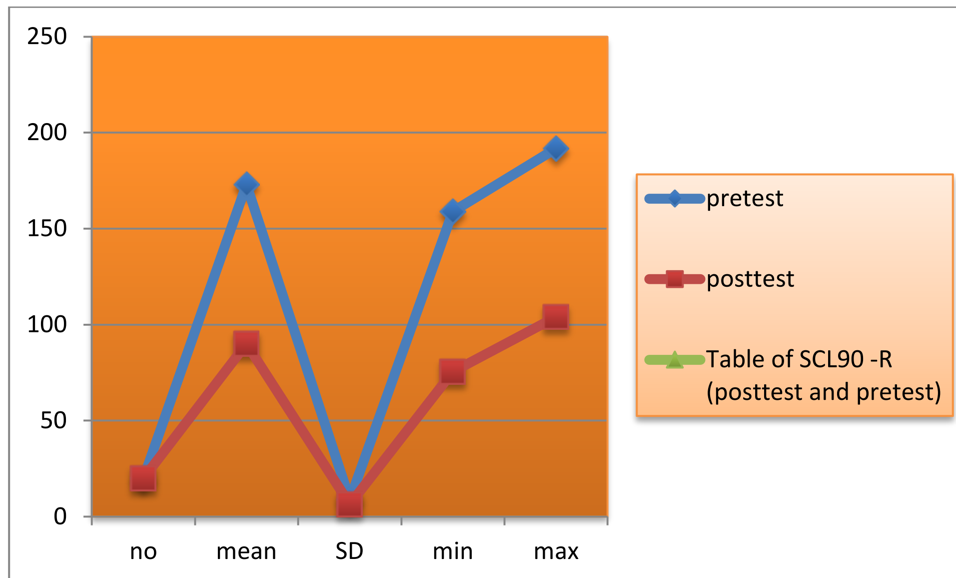

Diagram2, SCL90 with pretest and posttest.

How the intervention might work

As mentioned, Habit Reversal Training is a choice treatment for TTM. Most of developers to this disorder pull his or her hair unconsciously, whether it is caused by biological factors or psychological ones. When they were taught to control their impulsive behavior and identify the situations in which they were forced to pull his or her hair, found that they can control impulsive behavior which was the cause of baldness. They were taught to use the following ways of coping with their impulsive behavior when they were forced to pull their hair .e.g. when they read a book, grasp the edge of the book, when they sit, take the arm of the chair or sofa, when they walk, put their hands into their pockets till the hair pulling attack goes away. Then take a deep breath and relax. Finally, they learned how to perform the six stages one after another. Most of them had the medication therapy as their treatment background but they hadn't gained the favorite result and were unsuccessful. They said that drug didn't have any effects on decreasing their hair pulling attacks and their families like the patients were disappointed with the continuation of medication therapy.

In addition to taking drug, they tried these kinds of things, e.g. shaving their hair, wearing scarfs all the days and night, and also wearing gloves.

Beside all of these behavioral limitations, they were faced with a lot of other restrictions such as not going to the wedding parties, concealing this condition by using make up till they could hide their defect.

Some of them were high school or guidance school students and some of them were adults. Majority of them removed not only their (head) hair but also their eyebrows and eyelashes. Even one of their mothers expressed that some nights "I woke up and saw that my daughter is sitting next to my pillow and wants to pull my eyebrows, too".

Majority of them belonged to the lower class, but their families were able to meet their needs.

They had some challenges with their families about the quality of their studying at home and efficacy at school, the way of dressing and having relationship with their classmates and friends.

To decrease these kinds of challenges, they learned to find the root of these challenges in their own irrational beliefs and those of their parents through REBT and CBT. By using ABC, they could prevent their disturbances and challenge less than before. (15)

The ABC Model

Albert Ellis and REBT posit that our reaction to having our goals blocked (or even the possibility of having them blocked) is determined by our beliefs. To illustrate this, Dr. Ellis developed a simple ABC format to teach people how their beliefs cause their emotional and behavioral responses:

A. Something happens.
B. You have a belief about the situation.
C. You have an emotional reaction to the belief.

For example:

A. Your parents complain without any reasons
B. You believe, "They don't have right to behave with me in this way."
C. You feel angry.

If you had held a different belief, your emotional response would have been different:

A. your parents accuse you that you don't do your tasks on time.
B. You believe, "I am not indifferent. This is an accusation because I do my tasks on time. That is unbearable."
C. You feel anxious.

The ABC model shows that **A** does not cause **C**. It is **B** that causes **C**. In the first example, it is not your parent's false accusation that makes you angry; it is your belief that they had no right to accuse you, and that they are stupid. In the second example, it is not their accusation that makes you anxious; it is your belief that you are not indifferent and you are so responsible, and their accusation is unbearable.

Their hair pulling behavior increased when they were usually in struggle with their parents, stressed, watching a movie, alone at their room or when their hair was found by their parents and were quarreled about their behavior.

When their parents were taught to respect their requests and wishes and don't set high standards to their success and they themselves were taught to recognize the situation that they were forced to pull their hair, they reached to a good point at controlling their impulsive hair pulling so that they were more successful day by day.

They could recognize their condition by the therapist's help; perform Azrin's six stages by the therapist's guide and recognize their irrational beliefs and use ABC method. After three months of therapy which was performing every week, they were successful in overcoming their impulsive behavior and stop taking the drug. They felt that they have become happier and were satisfied with their self-esteem.

Why it is important to do this review

First, a review of pharmacological treatment for TTM concluded that there is no consistent evidence for the efficacy of any pharmacological agent in the treatment of trichotillomania (Grant 2007).The second point to be mentioned here is that Habit Reversal Training is the treatment of choice for TTM which is the same with Johan Rosqvist's findings (2005).Third; the parents' conflict with the children has a lot of difficult problems behind, that one of them could be trichotillomania.

TTM could cause social restrictions, decrease self-esteem and bring negative body image along. Habit Reversal Training treatment is highly efficacious treatment for TTM and doesn't have side effects for patients.

Objective

1- Investigation of the relationship between parents and children's conflict and (TTM)
2-Investigation of the relationship between irrational beliefs and (TTM)
3-Study of the effectiveness of Habit Reversal Training treatment for this disorder
3- Study of the effectiveness of ABC model and decrease of irrational beliefs and their effect on treatment of this disorder
4-Identifying an effective treatment

METHOD

All of the patients have referred to the private office and mental health centers for the treatment. There were 20 patients who were chosen randomly and their treatment was followed up for one year.

The criteria of diagnosis were based on DSM-IV-TR (2000).

Two tests were used to assess the patients' mental health and irrational beliefs.

CONCLUSION AND DISCUSSION

TTM is a drastically debilitating condition that has been studied less. Its development could relate to psychosocial biological factors. As the family has a conspicuous role in our success or failure, parents' conflict with their children in their study fields, their interpersonal and parent-child relationship could provoke this disorder and cause its continuation. Respecting children's abilities, having logical and reasonable expectations, solving problem through fundamental and underlying ways and searching for cognitive-behavior therapies are all useful and effective for these kinds of disorders and are recommended. In addition to parents and children's conflicts, the adults' irrational beliefs and attitudes have an important role in its continuation. As it was shown, the disorder symptoms decrease with the decrease of irrational beliefs and the patients' remission rate increased.

This finding could be justified in this way that the individuals with the irrational beliefs act in an impulsive way and TTM is also one of the impulse control problems.

I am not saying here that cognitive therapy will work directly on the hair pulling itself, but it can be of help in improving the mental stumbling blocks that affect a sufferer's functioning, and can help a person to engage in therapy and to persist at it so they can ultimately be successful. Cognitive therapy has been proven to be an effective treatment for depression and anxiety, and can help those with TTM in these and in many other indirect ways.

Under HRT treatment the patients acquire increased awareness of his or her actions and learn an alternative behavior to the hair pulling, this also causes the patients dominate on their mental and motor impulsiveness (16). As TTM is a state of OCD, most of researchers find that CBT in treatment of OCD has superiority to psychopharmacological intervention and this research finding is in accordance with their findings.

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