

Psychological Factors Influencing Trichotillomania among Secondary School Adolescents in Obio/Akpor Local Government Area of Rivers State, Nigeria

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Abstract

The study investigated psychological factors influencing trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State, Nigeria. The study adopted the ex-post-facto research design. Three research questions as well as three corresponding hypotheses guided the study. The population of the study will be made up of all 14,784 senior secondary school students (SSS 1, 2 and 3) in 16 public secondary schools in Obio/Akpor Local Government Area of Rivers State. A sample of 300 students were randomly and independently selected for the study using the purposive sampling technique. Four instruments (questionnaire) were used for data collection, namely: Massachusetts General Hospital Hair Pulling Scale (MGH-HPS), Anxiety Scale (AS), Beck's Depression Inventory (BDI), and Rosenberg Self-Esteem Scale (RSS). The instruments were designed on a four point Likert scale of Strongly Agree (SA) = 4, Agree (A) = 3, Disagree (D) = 2 and Strongly Disagree (SD) = 1. The Cronbach Alpha reliability was used to establish the internal consistency reliability coefficients of 0.71, 0.81, 0.76 and 0.69 respectively. Responses to the research questions were analyzed with mean and standard deviation, while the hypotheses were tested with t-test statistics. The findings of the study showed that depression and anxiety significantly influence trichotillomania among secondary school adolescents whereas self-esteem does not. Based on the findings of the study, it was recommended among others that counseling for adolescents with trichotillomania should be encouraged in schools with the aim of improving students' mental health and pro-social skills.

Keywords: Psychological Factors (Depression, Anxiety, Self-esteem); Trichotillomania

Introduction

Almost everyone at some time has had to remove or pull out body hairs either for cosmetic purposes or medical reasons. For many the removal of hairs from the body is uncontrollably impulsive and intense such that it starts affecting their appearance and interferes with their daily lives. This aptly describes trichotillomania. Trichotillomania is an impulse control disorder characterized by repetitive pulling out of one's hair, usually from the scalp and/or eyebrows, eyelashes or elsewhere, that results in noticeable hair loss [1]. It is a compulsive, persistent and uncontrollable desire to pull hair from the scalp, eyelashes, eyebrows, or any other parts of the body where hair can be found growing, causing bald patches in the parts involved [2]. Walsh and McDougle [3] described trichotillomania as the recurrent pulling out of one's own hair resulting in noticeable hair loss, in which an individual experiences persistent tension prior to pulling out the hair

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or when attempts are made to resist the behaviour. It is characterized by urge-driven repetitive hair pulling, increased body tension when pulling is resisted and a sense of relief after pulling (Harrison and Franklin, 2013). Parks, Della-Porta, Pierce, Zilca and Lyubomirsky [4] also described trichotillomania as a psychological disorder in which individuals engage in repetitive and chronic hair pulling from their body or scalp. They further explained that hair loss may range from unnoticeable to clearly apparent or severe.

Symptoms often accompanying trichotillomania include constant pulling or twisting hair, bald patches or hair loss, uneven hair appearance, denial of the hair pulling, obstructed bowels if the hair pulling is consumed, tension before hair is pulled and relief or gratification after, poor self-image, feeling sad, depressed or anxious [5].

In the past, trichotillomania was considered as a relatively rare disorder with the prevalence assessed as low as 0.05% (6). More recent research indicates that trichotillomania is much more common especially among adolescents [1,6,7]. Hanna as cited in Christopher [8] observed that trichotillomania is one of the most common psychological disorder in school-aged children and adolescents worldwide, with a global prevalence that ranges from 33 to over 50%. Penzel (2008) stressed that adolescents' with trichotillomania may be confused with shyness, being reserved or introverted, hence its diagnosis may seem difficult. Walsh and McDougle [3] stressed that trichotillomania often begins or is recognized in late childhood or early adolescence with an average age of onset at 13 years. They further explained that despite the early onset, there is no consensus over the etiology of trichotillomania.

Trichotillomania is quite debilitating and embarrassing to secondary school adolescents. It has been observed that trichotillomania is associated with substantial negative effects on adolescents' social, emotional and academic success. Specific effects include lack of concentration, poor social skills, often leading to avoidance of social interactions and low self-esteem [9]. The medical complications that can arise from trichotillomania include infection, permanent loss of hair, repetitive stress injury, iron-deficiency anaemia, carpal tunnel syndrome and gastrointestinal obstruction by hairballs (trichobezoars), as a result of swallowing of hair (a condition known as trichophagia) [10]. Trichotillomania causes dysfunction in occupational, academic, social, and familial settings and results in significant amounts of time attempting to conceal hair loss and/or avoiding social and public events [1,11]. Various explanations have been offered as regards trichotillomania among adolescents, which include viewing it as a feature of Obsessive Compulsive Disorder, notwithstanding, this study will examine psychological factors influencing trichotillomania among secondary school adolescents in Rivers State, Nigeria.

There are debates that depression may be linked to trichotillomania among secondary school adolescents. Depression has been conceptualized as a mental state of mind producing serious mood swings, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration [12]. Its impact affects the emotions, ways of thinking, behaviours, physiology and social relationships (Dahle, Knivsberg and Andreassen, 2011). Depression could manifest as deep sorrow or grief, insomnia, hopelessness, irritability, self-dislike, absent mindedness and habitual hair pulling (trichotillomania) (Diagnostic and Statistical Manual of Mental Disorders 5th Edition, 2000). Diefenbach, Tolin, Hannan, Crocetto and Worhunsky [11] maintained that depression significantly influence and determines the severity of trichotillomania among adolescents. Tolin, Diefenbach, Flessner, Franklin, Keuthen and Moore [13] stressed that depression is a commonly reported comorbid symptomology in adolescents with trichotillomania. They further explained that depressed adolescents often use hair pulling to ease or reduce tension, frustration and boredom. Lewin as cited in Marco-Antonio [14] also observed that depressed adolescents usually experience compulsive hair pulling.

Anxiety is another factor that may influence trichotillomania among adolescents in secondary schools. Okoye as cited in Udeorah (2019) explained that, anxiety is a situation whereby the individual feels or imagines that something unpleasant is going to affect him or her and this leads to tension. Oladele (2005) sees anxiety as an unpleasant, complex and variable pattern of behaviour which individuals show when reacting to internal (thoughts and feelings) or external (environmental situation) stimuli. Thomson [15] also maintained that anxiety is part of everyday life, but it becomes threatening when it is pervasive and invasive, when it affects too many areas of an

individual's life and when the individual has neither the strategies nor the energy to cope with it. Anxiety is often accompanied by intense nervousness and uncontrollable heart palpitations which produces different physiological and emotional reactions in varied situation (Freeman, 2009). This anxious state of mind automatically affects the individual's mental wellbeing both psychologically and socially. When adolescents feel anxious, they often pull body hairs in a bid to find relief or escape the anxious situation (Neal-Barnett, 2011). A study of 894 individuals with trichotillomania found that 83% reported anxiety associated with hair pulling [16]. He further explained that hair pulling for some individuals seems to regulate unpleasant or aversive feelings due to anxiety. Grant (2015) stressed that association between anxiety and trichotillomania is that trichotillomania is simply a behavioural response to anxiety.

Studies have also argued that trichotillomania among adolescents may be influenced by self-esteem. Self-esteem has been defined by psychologists as the positive and negative evaluations we have about ourselves [17]. It refers to the general feelings of self-worth or self-value and helps construct a sense of self [18]. In relation to trichotillomania, researchers have argued that low self-esteem is a comorbid of trichotillomania among adolescents. Eunice, Miracle and Kehinde [5] reported that the vast majority of adolescents with trichotillomania have low self-esteem hence they tend to indulged more frequently in hair pulling than their counterparts with high self-esteem. Suveg, Whiteside, Jacob, Morelen and Brown [19] also explained that having a low self-esteem influence an individual to develop a habit of excessive hair pulling and as the behaviour increases and becomes problematic, it further decreases the individual's self-esteem. Based on these, the study is geared toward examining psychological factors influencing trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State Nigeria.

Aim and Objectives of the Study

The study examined psychological factors influencing trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State Nigeria. Specifically, the study sought to:

1. Determine the extent to which depression influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State.
2. Ascertain the extent to which anxiety influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State.
3. Find out the extent to which self-esteem influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State.

Research Questions

The following research questions guided the study:

1. To which extent does depression influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State?
2. To which extent does anxiety influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State?
3. To which extent does self-esteem influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State?

Hypotheses

The following hypotheses which were tested at 0.05 level of significance guided the study:

1. Depression does not significantly influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State.

2. Anxiety does not significantly influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State.
3. Self-esteem does not significantly influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State.

Methodology

The study adopted the ex-post-facto research design. The population of the study will be made up of all 14,784 senior secondary school students (SSS 1, 2 and 3) in the 16 public secondary schools in Obio/Akpor Local Government Area of Rivers State. A sample of 300 students were randomly and independently selected for the study using the purposive sampling technique. Four instruments (questionnaire) were used for data collection, namely: Massachusetts General Hospital Hair Pulling Scale (MGH-HPS), Anxiety Scale (AS), Beck’s Depression Inventory (BDI), and Rosenberg Self-Esteem Scale (RSS). The instruments were designed on a four point Likert scale of Strongly Agree (SA) = 4, Agree (A) = 3, Disagree (D) = 2 and Strongly Disagree (SD) = 1. The Cronbach Alpha reliability was used to establish the internal consistency reliability coefficients of 0.71, 0.81, 0.76 and 0.69 respectively. Responses to the research questions were analyzed with mean and standard deviation, while the hypotheses were tested with t-test statistics.

Results and Discussion

Research question 1: To which extent does depression influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State?

Hypothesis 1: Depression does not significantly influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State.

Variables	N	\bar{X}	SD	Level of sig	Df	T-cal	Critical Value	Decision
Depression	300	3.34	0.81	0.05	298	4.11	1.96	Significant (Reject Ho ₁)
Trichotillomania	300	2.89	0.94					

Table 1: Summary of T-test analysis on the influence of depression on trichotillomania among secondary school adolescents.

From the result of the table, the calculated t-test value stood at 4.11, while t-critical value stood at 1.96 using 298 degree of freedom at 0.05 level of significance. At 0.05 level of significance and 298 degrees of freedom, the calculated t-value of 4.11 is greater than the t-critical value of 1.96. Hence there is a significant influence of depression on trichotillomania. Consequently, the researcher rejected the null hypothesis and concluded that depression significantly influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State.

Research question 2: To which extent does anxiety influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State?

Hypothesis 2: Anxiety does not significantly influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State.

From the result of the table 2, the calculated t-test value stood at 2.225, while t-critical value stood at 1.96 using 298 degree of freedom at 0.05 level of significance. At 0.05 level of significance and 298 degrees of freedom, the calculated t-value of 2.225 is greater than the t-critical value of 1.96. Hence there is a significant influence of anxiety on trichotillomania. Therefore, the researcher rejected the null

Variables	N	\bar{X}	SD	Level of sig	Df	Cal-t	Crit-t	Decision
Anxiety	300	39.59	9.71	0.05	298	2.225	1.96	Significant (Reject Ho ₂)
Trichotillomania	300	42.54	10.59					

Table 2: Showing the extent anxiety influence trichotillomania among adolescents in secondary school.

hypothesis, and concluded that anxiety significantly influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State.

Research question 3: To which extent does self-esteem influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State?

Hypothesis 3: Self-esteem does not significantly influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State.

Variables	N	\bar{X}	SD	Level of sig	Df	Cal-t	Crit-t	Decision
Self-esteem	300	40.16	10.67	0.05	298	1.720	1.96	Not Significant (Accept Ho ₃)
Trichotillomania	300	42.37	10.24					

Table 3: Showing the influence of self-esteem on the trichotillomania among secondary school adolescents.

From the result of the table 3, the calculated t-test value stood at 1.720, while t-critical value stood at 1.96 using 298 degree of freedom at 0.05 level of significance. At 0.05 level of significance and 298 degrees of freedom, the calculated t-value of 1.720 is less than the t-critical value of 1.96. Hence there is no significant influence of self-esteem on trichotillomania. Therefore, the researcher retained/accepted the null hypothesis, and concluded that self-esteem does not significantly influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State.

Summary of the Findings

The results obtained after data analysis are summarized below:

1. Depression significantly influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State.
2. Anxiety significantly influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State.
3. Self-esteem does not significantly influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State.

Discussion of the Findings

Depression and trichotillomania

The result of this study showed that depression significantly influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State. Therefore, the null hypothesis of no significant influence of depression on trichotillomania among secondary school adolescents was rejected, hence it was concluded that depression significantly influence trichotillomania among

secondary school adolescents in Obio/Akpor Local Government Area of Rivers State. The finding of the current study is in agreement with earlier studies by Diefenbach, Tolin, Hannan, Crocetto and Worhunsky [11] found out that depression significantly influence and determines the severity of trichotillomania among adolescents. Tolin, Diefenbach, Flessner, Franklin, Keuthen and Moore [13] also found out that depression is a commonly reported comorbid symptomology in adolescents with trichotillomania. They further reported that depressed adolescents often use hair pulling to ease or reduce tension, frustration and boredom. Furthermore, Lewin as cited in Marco-Antonio [14] also found out that depressed adolescents usually experience compulsive hair pulling.

Anxiety and trichotillomania

The finding of this study revealed that anxiety significantly influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State. Therefore, the null hypothesis of no significant influence of anxiety on trichotillomania among secondary school adolescents was rejected, hence it was concluded that anxiety significantly influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State. The finding of the current study agrees with earlier studies by Neal-Barnett (2011) who found out that when adolescents feel anxious, they often pull body hairs in a bid to find relief or escape the anxious situation. Consequently, he concluded that anxiety significantly influence trichotillomania among adolescents. Sayar and Kagan [10] found out that anxiety increases the severity of trichotillomania in adolescents. Woods (2006) also conducted a study of 894 individuals with trichotillomania and found that 83% reported anxiety associated with hair pulling He also found out that hair pulling for some individuals helps to regulate unpleasant or aversive feelings due to anxiety.

Self-esteem and trichotillomania

The result of this study showed that self-esteem does not significantly influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State. Therefore, the null hypothesis of no significant influence of self-esteem on trichotillomania among secondary school adolescents was retained, hence it was concluded that self-esteem does not significantly influence trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State. The finding of the current study however disagrees with earlier studies by Eunice, Miracle and Kehinde [5] who found out that vast majority of adolescents with trichotillomania have low self-esteem hence they tend to indulged more frequently in hair pulling than their counterparts with high self-esteem. Suveg, Whiteside, Jacob, Morelen and Brown [19] also found out that having a low self-esteem influence an individual to develop a habit of excessive hair pulling and as the behaviour increases and becomes problematic, it further decreases the individual's self-esteem [20].

Conclusion

Trichotillomania is a disorder characterized by constant pulling of hair usually from the scalp and/or eyebrows, eyelashes or elsewhere, that results in noticeable hair loss. Although for some people it offers relief and gratification, it is a very shameful condition which affects societal participation for the individuals suffering from it. It is quite debilitating and embarrassing to secondary school adolescents. It has been observed to have significant negative effects on adolescents' social, emotional and academic success. Specific effects include lack of concentration, poor social skills, often leading to avoidance of social interactions and low self-esteem. Some medical complications that can arise from trichotillomania include infection, permanent loss of hair, repetitive stress injury, iron-deficiency anaemia, carpal tunnel syndrome, and gastrointestinal obstruction by hairballs, as a result of swallowing of hair. This study examined the influence of psychological factors such as depression, anxiety and self-esteem on trichotillomania among secondary school adolescents in Obio/Akpor Local Government Area of Rivers State, and has shown that depression and anxiety significantly influence trichotillomania among secondary school adolescents whereas self-esteem does not.

Recommendations

Based on the findings of this study, the researcher recommended the following:

1. Counseling for adolescents with trichotillomania should be encouraged in schools with the aim of improving students' mental health and pro-social skills.
2. School counsellors should employ intervention strategies such as Cognitive Behavioural Therapy (CBT) and Habit-reversal training which will be directed at increasing awareness of the target behaviour (hair pulling) and teaching alternative coping skills.
3. Parents, teachers and counsellors should pay greater attention to adolescents both in the classroom and at home so as to identify students with obsessive hair pulling behaviour in order to offer practical help for them to change their behaviour.

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