Caso clinico

The psychodynamic significance of trichotillomania: a case study

Il significato psicodinamico della tricotillomania: un caso clinico

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SUMMARY. In this paper we present a case of trichotillomania which lasted 33 years, starting with the patient’s menarche at 12 years old, and lasting until her first and only pregnancy at 45 years old. We explore the psychodynamic meaning of the hair pulling, both in light of the problems related to introjective and projective processes which, in the kleinian view, gives structure to the internal world and, according to Margaret Mahler, individuation-separation theory. The hypotheses on the significance of this symptom are discovered in part in light of the material which emerged from the patient’s intermittent participation in group psychotherapy for nearly five years prior to her pregnancy. Her pregnancy represents the transformational process of this symptom. Her feelings of desperation and anguish, and the rather dramatic expression of them, accompanied by constant suicidal ideas, reveal other conflicts in her primary relationships. The contact with these relational issues is accompanied by a progressive resolution of the trichotillomania. This also comes through in the significantly symbolic shift from the pulling of her own hair to the pulling of the hair from her wig.

KEY WORDS: trichotillomania, depression, psychodynamics, Klein, individuation-separation process.

RIASSUNTO. In questo lavoro presentiamo un caso di tricotillomania durato 33 anni, che si è manifestato dal menarca del paziente, a 12 anni, fino alla sua prima e unica gravidanza a 45 anni. Esploriamo il significato psicodinamico della tricotillomania, sia alla luce dei problemi connessi ai processi introiettivi e proiettivi che, in un’ottica kleiniana, determinano la struttura del mondo interno, sia secondo la teoria di Margaret Mahler sul processo di separazione-individuazione. Le ipotesi sul significato di questo sintomo emergono in parte alla luce del materiale raccolto dalla partecipazione intermittente del paziente alla psicoterapia di gruppo per quasi cinque anni prima della sua gravidanza, che rappresenta il processo di trasformazione di questo sintomo. I suoi sentimenti di disperazione e angoscia, e la loro espressione piuttosto drammatica, accompagnata da continue idee suicide, rivelano altri conflitti nelle sue relazioni primarie. Il contatto con questi problemi relazionali è accompagnato da una progressiva risoluzione della tricotillomania. Ciò avviene anche nel passaggio significativamente simbolico dal tirare i propri capelli al tirare i capelli dalla parrucca.

PAROLE CHIAVE: tricotillomania, depressione, psicodinamica, Klein, individuazione-separazione processo.

INTRODUCTION

Hair-pulling disorder (trichotillomania) is included in the DSM-5 as an obsessive-compulsive disorder¹. Christenson et al.² conducted a study with a large sample of university students, which estimated a lifetime prevalence of 0.6%. The incidence was 1.5% in men and 3.4% in women. There is frequent co-morbidity with anxiety disorders and depressive disorders³. In the DSM-5 trichotillomania is described as a disorder characterized by the recurrent pulling out of one’s hair, repeated attempts to decrease or stop hair pulling, and significant distress or impairment in social, occupational or other important areas of functioning due to the related hair loss. In this paper we report the case of a patient with trichotillomania whose disorder began during menarche and resolved itself with her first and only pregnancy.

CASE REPORT

M, the first of two daughters, was admitted to our facility when she was 40 years old. She was diagnosed as having a major depressive disorder as well as trichotillomania. M was prescribed medicines and assigned group psychodynamic orientation psychotherapy sessions. As her depressive symptoms improved, her dosages were lowered and eventually eliminated. However, her trichotillomania persisted. When she became pregnant at 45 years old, her anxiety and depression returned and her symptoms were particularly accentuated. After several hospitalizations, she undertook individual psychotherapy sessions, although her attendance was sporadic. The initial phase of the psychotherapeutic path highlighted how, in this patient, the pattern of object relations appeared significantly permeated by the split, the projection, and projective identification.

DISCUSSION

There were many contrasts in M’s perceptions of objects. On one hand, M remembers her mother as haughty, distant and unreachable. She remembers running enthusiastically to
her mother, upon her mother’s return from work, but that her mother would stand back claiming to be tired. This created a strong feeling of disappointment leading to a general sense of abandonment. On the other hand, she saw her mother as extremely beautiful, perfect, and omnipotent.

Her father, whose mother died when he was 8 years old, appears to try to rebuild with his daughters the mothering he tragically lost in his childhood. It is interesting to note that, according to the literature, patients with trichotillomania often have parents who were orphaned at a young age. After his mother’s death, M’s father, was neglected and subjected to humiliation by his father and his father’s new partner. Moreover, as a young man he was forced to abandon his dreams of becoming a tenor singer by a case of debilitating tuberculosis. M’s father took care of her and her sister more than their mother did. He was extremely strict about school-work and sports and their lifestyle was very sober. For example, the girls were not allowed to eat sweets except at Christmas, and even then they were allowed to buy only one Christmas brioch (panettone). This style of increasing sobriety can also be seen when her father decided to purchase a beautiful villa in the countryside. He seemed to want from his daughters, and his country house, a compensation for his suffering through a kind of idealized perfection. M’s mother was dominated by M’s father and his needs, which probably contributed to her taking a step back in her relationship with her daughters. M’s childhood seemed to be characterized by her mother’s detached care and her father’s intrusive care, with little remaining space for individuality.

M’s desires and feminine identification were blocked on the one hand by a strong, projective paternal identification, and on the other hand, by an artificial and fragile imitative identification with her mother. M’s father’s intense need for redemption from his childhood of losses and humiliations unconsciously pushed M into the impossible task of trying to resolve her father’s problems. The internal paternal object appeared to be at the same time devouring and devoured. It’s interesting to note that, after seeing a movie which featured a woman who was bald due to chemotherapy, M felt a panicked anxiety that her father could die.

M’s mother’s introjective process seemed to have been lacking. She was a distant mother, blocked both on a conscious and unconscious level from the possibility of entry into her daughter’s life. She became, for her daughter, more of a land to conquer and control with powerful projections, than a useable object. Her mother’s lacking introjection seemed to determine an absent maternal object. In this context M’s father also seemed to feel the need to play the role of a maternal surrogate.

M remembers living in constant anguish and guilt which resulted in a prohibition to success. M’s need for atonement seemed to manifest both in the trichotillomania and in a more general moral masochism.

M’s use of the split was evident in psychotherapy. On the one hand, there was a relay of persecutors that, from session to session, were M’s husband, father, sister, or State. On the other hand, the idealized mother towered, enjoying of a sort of immunity.

Even in the transference, there was the split and a powerful projective identification that sometimes placed the therapists in a location of idealized objects and sometimes seen as completely inept objects, useless and to be abandoned. There were several periods in which M disappeared, which left the therapists with the feeling of complete impotence as well as with the concern that something serious could have happened.

In line with trichotillomania’s frequent onset in puberty, M’s began at menarche. Menstruation seems to mark the identification of an autonomous femininity. The procreative capacity poses a separative problem with respect to her imitative identity of daughter-in-standby. In childhood, M hoped that “her breasts would forget to grow”. This is almost repeated in her decision, prior to pregnancy, not to breast feed any eventual child.

The trichotillomania appears to represent the failure of the internalization of the good maternal object. The compulsive hair-pulling seems to represent aggression towards the maternal object and self. “Ruthless love” saves the object but at the same time it continuously destroys it so that it can always be rediscovered. This could also represent the failure of the symbiotic phase in relation with her mother. The compulsive hair-pulling seems to represent aggression towards her mother’s abandonment. This appears to follow the fantasy of the symbiotic relation associated with the desire for her hair’s re-growth. In fact, Greenberg and Sarner discuss Hair Pulling Symbiosis.

Over the course of days of daily hair-pulling, the areas of alopecia became increasingly extended to the point that M needed to wear a wig, which she would remove only inside her house. The trichotillomania appears to represent these two opposing internal objects: the alopecia as a sign of destruction of femininity, corollary of the maternal abandonment, and the wig as an idealized object. Interesting in this regard is a photograph of her father, young and handsome, with a costume wig which he wore in a theatrical scene when he was studying to become a tenor.

Klein, in 1952, observes that babies often reassure themselves of the good relationship with their mother by playing with her hair before feeding. In this light, perhaps, a symbolic shift could be proposed from the breast to the hair.

Pulling out her hair seems to represent, for M, at the same time an attack on her mother and a disintegration of her own ego. J. Riviere (1952) highlights the infantile desire to disfigure the breasts of the mother (connecting it to envy in women). This hair-pulling compulsion mimics the impression of having received and incorporated the nipple and the breast into small pieces. Perhaps the hair may also represent the prolongation of vicious, aggressive thoughts to be eradicated.

M often associated the impulse to pull out her hair with feelings of loss and abandonment which recalls the lack of playful contact with the mother’s hair. Her bald scalp seemed to represent, at the same time, her monstriosity in relation to her mother’s abandonment of her, with the consequent aggression and the unconscious fantasy of taking control of her abandonment.

After a long period of psychotherapy, M remembers her desperation at seeing her light brown hair in contrast with her mother’s idealized pale blond hair. The painful emphasis on the gap between the nuances of color catalyzes her anguish because of the difficulty of completing the introjective process of her own mother and the subsequent failure of the attempt at imitative identification. We could perhaps consider hair as an imperfect gift from mother to daughter. The relationship with her mother seemed to be the basis of the feel-
CONCLUSION

This case appears to support the hypothesis that trichotillomania symbolizes the failure of the introjective process in the primary relationship with the corollary of the split and of the projective identification. In parallel, this disorder seems to be a consequence of the failure of the process of separation and individualization. M’s pregnancy revealed her repressed anguish and sense of solitude from her abandonment which we plan to explore in depth in ongoing psychotherapy. The transformation of the trichotillomania into a strong abandonment anguish shows the primary relational meaning of the symptoms.

Conflict of interests: the authors have no conflict of interests to declare.
REFERENCES