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USING MY BODY, USING MY LABOR: EXPLORING THE RELATIONSHIP BETWEEN
AFRICAN AMERICAN WOMEN AND CHRONIC HAIR PULLING BEHAVIOR

by

KIANA N. CLARK

Under the Direction of Makungu Akinyela, PhD

ABSTRACT

Although there are many platforms contributing to the conversation surrounding African American hair loss, there is very little work that discusses the relationship shared between eroticism and self-inflicted behaviors. This research study utilized a narrative based approach in order to better understand how African American women have engaged in chronic hair pulling behavior as a satisfactory coping mechanism. Having worked with 3 participants for this study, I coordinated detailed interviews of self-identifying African American women between the ages of 18-35 that have engaged in chronic hair pulling behavior throughout their lives. These participants were selected from various cities throughout the metro-Atlanta areas. Additionally, I also utilized a non probability based sampling method, due to the specialized nature of the study.

INDEX WORDS: Trichotillomania, Deviancy, Pleasure, Shame, Perfectionism, Self-Harm, Stress, Anxiety, Self-infliction

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KIANA N. CLARK

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

2020

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AFRICAN AMERICAN WOMEN AND CHRONIC HAIR PULLING BEHAVIOR

by

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Georgia State University
December 2020

DEDICATION

First, I would like to dedicate this to my grandmother Dorothy Jean Turner, my grandmother Florence Jane Clark and Uncle Andrew Turner who have transitioned into the arms of the Lord during the course of this journey.

Secondly, I would like to thank my parents Sharon and George Clark for their love and support throughout my collegiate career, as well as the many years of free rent.

Lastly, I would like to thank Ms. J. Furtch for providing me the tools needed for mental clarity to embark on this journey.

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1 INTRODUCTION

1.1 Overview

Although there are many platforms contributing to the conversation surrounding African American hair loss, there is very little work that discusses the relationship shared between eroticism and self-inflicted behaviors. This research study utilized a narrative approach in order to better understand how African American women have engaged in chronic hair pulling behavior as a satisfactory coping mechanism.

1.2 The Background

Commonly described as Chronic Hair Pulling Behavior, trichotillomania is classified as an Obsessive-Compulsive Disorder, in which an individual is prompted to repeatedly pull out one's own hair from the various areas of the body. While the scalp is a primary area of interest, studies have shown that interest has taken place in other body parts such as eyebrows, legs, underarms etc (Stein, Christenson & Hollander, 1999). More often than not, trichotillomania has also been associated with the likes of other repetitive based motor disorders including skin picking and/or nail biting (Stein, Christenson & Hollander, 1999). Comparatively, all of these tend to be characterized with psychosocial factors of anxiety, stress, depression, guilt, shame and/or trauma (Stein, Christenson & Hollander, 1999).

Of the few works that exist on the relationship between African American women and hair loss, they are commonly classified between self-inflicted hair loss or neglect due to poor haircare (Neal-Barnett, Statum & Stadulis, 2010). Comparatively, studies that have alluded to self-inflicted hair loss are commonly written around stress and anxiety (Neal-Barnett, Statum &

Stadulis, 2010). Given that there is also a limited body of literature that focuses on African American psychology (Neal-Barnett, Statum & Stadulis, 2010), the underrepresentation of those that engage in chronic hair pulling behaviors often creates another sense of erasure. Furthermore, African American women that engage in chronic hair pulling behaviors often face heightened rates of shame, particularly for those that may conceal their hair loss due to self-inflicted actions. While ideas surrounding hair loss are usually directed towards illnesses such as cancer or various forms of alopecia (Callender, McMichael & Cohen, 2004), the general responses towards these illnesses are often met with better understanding and/or support. However, those that suffer from trichotillomania may find difficulty in garnering the same perceptions, considering that self-inflicted actions are thought to be better controlled and/or voluntarily performed. Additionally, various psychosocial factors that are commonly associated with trichotillomania have been explored, in regards to traditional research studies that have left African American women underrepresented.

For many centuries, African women have struggled with reclaiming spaces of liberation, regarding their means of pleasure. Having been under a social microscope and subjugated to the gaze of European hegemony, it is not uncommon to find that alternative means of pleasure have often been ridiculed as deviant behavior. Such behavior of Chronic Hair Pulling that has also been associated with self-harm may present forms of pleasure and/or relief, following an episode.

1.4 Nature of the Study

This research study utilized a qualitative research approach, specifically with a narrative framework. In using the Narrative framework, this allowed participants to provide a very

detailed description of any experiences that they've had pertaining to chronic hair pulling behavior. Additionally, the questions were centered around the frequency of one's hair pulling, looming thoughts during an episode and what specifically drew the participant to the behavior to begin with. Participants were also asked questions regarding the aftermath of an episode, such as feelings of Relief, Shame, Trauma and/or Concealment following the activity. Alongside the narratives provided for the study, I also coded the data shared amongst the participants to see if there were any shared themes throughout the interviews. In order to measure the rates of Self-Esteem and/or behaviors modeling perfectionism, participants were also given the option of completing scales to assess their feelings/perceptions about one's self. Furthermore, this also helped in preventing the pathology of behaviors commonly associated with Obsessive-Compulsive Disorders.

1.5 Significance of the Study

The purpose of this study was to bring awareness to the limited group of African American women that have engaged in chronic hair pulling behaviors, commonly known as trichotillomania. In addition to this, my research explored the ways in which Chronic Hair Pulling Behaviors also share an intersectional framework with Perfectionism, Eroticism, Deviancy, Disability and Mental health. Furthermore, this study also examined the relationship between African American women and the "problematized" rhetoric pertaining to Obsessive-Compulsive Disorders, as according to the DSM-IV. Additionally, this research also explored how African American women continue to remain underrepresented in research studies, particularly within the field of psychology.

This research study provided a narrative based approach, in comparison to trichotillomania studies that have primarily focused on quantitative data.

1.6 Research Question

This research study aimed to investigate:

1. How do African American women navigate their experiences of self-harm, pleasure and mental health through the lens of chronic hair pulling behavior?

1.7 Theoretical Frameworks

1.7.1 Critical Race Theory

Given that a limited body of knowledge centers the experiences of African Americans that engage in chronic hair pulling behavior, this particular theory explored the roots of African American mental health that has been heavily influenced by racism, colorism and possibly classism. In addition to this, these practices that were implemented into the culture of African American Obsessive-Compulsive Disorders ultimately caused internalization of inferiority, particularly for those that felt the need to assimilate within standards of perfectionism for accessibility to better resources in society. This research study explored this work through the use of the legal theory of Critical Race Theory. This theory asserted that racism has permeated so deeply within laws of society, it cannot be removed. Interestingly enough, this counteracted with the efforts of the Black Liberation movement of the 1960's, which aimed to combat racial oppression enacted against African descended people in society. Furthermore, this period prompted many African Americans to completely disavow their Eurocentric aesthetics for those

that were more symbolic of the Africana experience such as braided styles and/or Afros. Additionally, this theory explored the practices of racism performed by Caucasians and internalized racism for African Americans.

1.7.2 Black Feminist Theory

Historically, the narratives of African American women have been overshadowed by both feminist and racial inequality movements (Weir-Soley, 2009). Interestingly enough, the experiences of African American women that coincided with the Black Liberation movement have been continually neglected (Stallings, 2015). Given that my research study focused solely on the relationship of hair loss that African American women face, it is imperative to implement a theory that will center these voices. Performances of beauty have often been shaped around both racial and patriarchal standards for African American women, as evidenced during the period of American slavery (Weir-Soley, 2009). My research study also utilized the Black Feminist Thought to explore how these challenges impact the rates of self-esteem and attitudes of perfectionism that disproportionately affect African American women (Brown, 2014).

In relation to hegemonic structures within African American communities, the Black Feminist Thought framework also displayed the various layers of privilege that contribute to erasure within the African American community. In relation to the culture of African American haircare, those that experience challenges of hair growth both voluntarily or involuntarily were less likely to receive unwavering support from the general masses (Neal-Barnett, Ward-Brown, Mitchell & Krownapple, 2000). Erasure is particularly prevalent for those that engage in self-

inflicted hair loss, as these behaviors were considered to be either manageable, self-induced and/or easily treated (Neal-Barnett, Ward-Brown, Mitchell & Krownapple, 2000).

1.8 Definitions

Trichotillomania- Commonly defined as Chronic Hair Pulling Behavior, Trichotillomania is classified as an Obsessive-Compulsive Disorder within the DSM IV, in which an individual is prompted to pull out one's hair in various areas of the body (Stein, Christenson & Hollander, 1999).

Eroticism- a resource within each of us that lies in a deeply female and spiritual plane, firmly rooted in the power of our unexpressed or unrecognized feeling (Lorde, 2007).

Perfectionism-(Maladaptive) a behavior in which the individual becomes extremely critical with their own performance and/or past decisions. (Adaptive) individual having relatively high standards for themselves, in spite of adversity faced on a consistent basis (Noble, Gnilka, Ashby & McLaulin, 2017).

Deviancy- Social constructions of morality, shaped particularly around "difference" and/or the Other (Lorde, 2007).

Concealment- to prevent any disclosure or recognition of (Webster, 2020)

Trauma- a psychological and/or emotional response to an event or an experience that has been disturbing or distressing (Rosen, Johnson, Holt, Clark, George & Frampton, 2019).

Relief- A feeling of reassurance and/or relaxation following release from anxiety and/or distress (Lexico, 2020)

2 LITERATURE REVIEW

2.1 Trichotillomania

2.1.1 A Scientific Approach Towards Hair Loss

Quite similar to the studies of shame and perfectionism amongst chronic hair pullers, the psychosocial impacts of excessive hair loss signify the severity of Female Pattern Hair Loss, in which factors of stress and/or self-esteem have become associated with (Biondo, Goble & Sinclair, 2004). Those that suffer from this disorder are very likely to withdraw themselves from social activities as a result from lowered rates of self-esteem in response to one's own negative perceptions of beauty (Biondo, Goble & Sinclair, 2004). As the body of research continues to grow around the psychosocial impacts of hair loss, there is reason to believe that previous models of experimentation within Western medicine may also prevent better understanding and/or support of effective treatments, particularly for African Americans (Biondo, Goble & Sinclair, 2004). In comparison to the prevalence of cancer, hair loss diseases such as androgenetic alopecia and trichotillomania are less likely to be perceived as significant health issues, prompting clinicians to treat them as only "minimal" health risks (Biondo, Goble & Sinclair, 2004). In addition to this, the severity of irreversible baldness may also be treated with minimal care, in which it may likely trigger lowered rates of self-esteem, in comparison to thinning and/or brittle hair from androgenetic alopecia (Biondo, Goble & Sinclair, 2004). Given that hair loss experienced by African American women is commonly attributed to voluntary actions of the individual, there is reason to believe that fears and/or potential health concerns go unnoticed and untreated, as there remains a rather contentious relationship between African Americans and historical unethical research within Western medicine.

Quite similar to the underrepresentation of minorities within the mental health field, one may argue that an increased number of mental health specialists of color would likely increase rates of self-esteem amongst said patients (Gathers, 2014). Interestingly enough, the lowered rates of self-esteem brought on by excessive hair loss are assumed to trigger other health related issues, particularly the desire to partake in outdoor activities that may likely expose any visible baldness and/or hair loss (Gathers, 2014).

2.1.2 A Closer Look into “Trich”

As the general understanding of hair loss is often relayed to variations of alopecia and/or seborrheic dermatitis, the discussions surrounding self-inflicted hair loss take place on a much smaller scale. The Obsessive- Compulsive Disorder known as “trichotillomania” is solely described as a behavior that prompts an individual to repeatedly pull out one’s own hair, leading to noticeable hair loss and/or baldness (Flessner, Woods, Franklin, Keuthen & Piacentini, 2008). As mentioned within the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders, the criteria of the Chronic Hair Pulling Behavior has been previously listed as the following: *1) Recurrent pulling out of one’s own hair resulting in noticeable hair loss. 2) An increasing sense of tension immediately before pulling out of the hair or when attempting to resist the behavior. 3) Pleasure, gratification or relief when pulling out the hair. 4) The disturbance is not better accounted for by another mental disorder and is not due to a general medical and/or dermatological condition. 5) The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning* (Christenson, Hollander & Stein, 1999). While the scalp is the primary area of where the behavior is taking place, chronic hair pullers have also taken interest in other areas of the body

such as the eyebrows, eyelashes, legs, armpits, chest, pubic regions, etc (Flessner, Woods, Franklin, Keuthen & Piacentini, 2008). The behavior also focuses on two styles of hairpulling: “automatic” or “focused” (Flessner, Woods, Franklin, Keuthen & Piacentini, 2008). In the event that the individual experiences an automatic episode, this behavior may likely occur unintentionally, unbeknownst to the hair puller (Flessner, Woods, Franklin, Keuthen & Piacentini, 2008). Focused episodes occur purposefully, in which the individual is likely seeking relief from stress, anxiety, depression amongst other factors. (Flessner, Woods, Franklin, Keuthen & Piacentini, 2008). Relief from excessive hair pulling also includes pleasure and/or gratification that is likely sought out while the episode is taking place (Flessner, Woods, Franklin, Keuthen & Piacentini, 2008). Interestingly enough, the patterns that are present within “focused” episodes share similarity with patterns of maladaptive perfectionism, as individuals that experience both are more likely to have lowered rates of self-esteem and limited outlook on life choices (Flessner, Woods, Franklin, Keuthen & Piacentini, 2008)

The sordid history of the development of Western medicine continues to widen the gap between communities of color and effective health treatments (Falkenstein, Rogers, Malloy & Haaga, 2015). Although many continue to be underrepresented within research studies pertaining to mental health, longstanding barriers continue to discourage marginalized communities from seeking treatment such as suspicions of unethical research that may breach confidentiality, less representation of minority healthcare specialists, and misdiagnosis/mistreatment (Falkenstein, Rogers, Malloy & Haaga, 2015). Other factors such as race-related stress, discrimination and identity conflicts also present challenges (Falkenstein, Rogers, Malloy & Haaga, 2015). In relation to trichotillomania, many African Americans have utilized alternative safe spaces as a supplement to mental health facilities such as hair salons and barbershops (Falkenstein, Rogers,

Malloy & Haaga, 2015). Alongside this, one may argue that the structure of communal support may easily suffice as a coping mechanism for African Americans that experience lowered rates of self-esteem and/or satisfaction, in comparison to Western medicine (Neal-Barnett, Ward-Brown, Mitchell & Krownapple, 2000). However, it is clear that the privilege of accessibility also prevents African Americans from receiving Cognitive Behavioral Therapy that is primarily recommended to treat the disorder, specifically referred to as Habit Reversal Training (Falkenstein, Rogers, Malloy & Haaga, 2015). There may also be suspicion that hair loss treatments within these communal safe spaces may only focus on surface level areas, rather than a direct cause of the action. This includes topical services such as specialized maintenance of hair pulling area or items/services used to further conceal any additional hair loss. Furthermore, there is little evidence to suggest that African Americans are more likely to experience Obsessive-Compulsive Disorders in comparison to their white counterparts, given that much research pertaining to Chronic Hair Pulling Behavior is often centered on the demographic of white women (Falkenstein, Rogers, Malloy & Haaga, 2015).

It is not uncommon to find stress related disorders in conjunction with a university student sample (Mansueto, Thomas & Brice, 2007). As students are disproportionately exposed to factors that will likely increase stress and/or anxiety, many rely on chronic hair pulling behaviors as a relieving coping mechanism (Mansueto, Thomas & Brice, 2007). In comparison to white college students, African American college students may experience different rates of distress that occur “intra-rationally” such as racial inequality, different adjustment to university setting and previous notions that align “good hair” with economic social mobility (McCarley, Spirrisson & Ceminsky, 2002). Interestingly enough, chronic hair pulling behavior amongst African American college students has also been attributed to issues of scalp inflammation and

excessive itching, in addition to normal stress (McCarley, Spirrisson & Ceminsky, 2002). This also supports the theory of cultural haircare practices that trigger seborrheic dermatitis/scalp inflammation, ultimately leading to long term hair loss (McCarley, Spirrisson & Ceminsky, 2002).

Focusing on the response towards Obsessive-Compulsive Disorders, one may argue that an episode of heightened scalp inflammation likely negates the possibility of African Americans engaging in repetitive behaviors (McCarley, Spirrisson & Ceminsky, 2002). In addition to this, some African American female students have also been reported as having been under the direction of hallucinations that prompted repetitive hair pulling behavior (McCarley, Spirrisson & Ceminsky, 2002). Comparatively, this also suggests that comorbidity may be a potential factor amongst African American women that suffer from trichotillomania (McCarley, Spirrisson & Ceminsky, 2002)

While many stylists have familiarized themselves with trichotillomania through regular clients and/or cosmetology courses, evidence suggest that they will likely become more knowledgeable in providing effective treatment over time (Jordan, Jordan, Sulkowski, Reid, Geffken & Storch, 2009). Exploring the relationship between a hairstylist and client that suffers from trichotillomania may challenge existing theories that align shame with Chronic Hair Pulling Behavior (Jordan, Jordan, Sulkowski, Reid, Geffken & Storch, 2009). For instance, many stylists have considered utilizing Habit Reversal Therapy or “talk therapy” for certain clients (Jordan, Jordan, Sulkowski, Reid, Geffken & Storch, 2009). As clients spend additional time with their stylists, they are more likely to feel comfort in exposing any visible baldness and/or “high risk” areas to those treating the hair (Jordan, Jordan, Sulkowski, Reid, Geffken & Storch, 2009). As women are more likely to attend regular salon visits than men, the likelihood of men engaging in

Chronic Hair Pulling Behaviors is also underrepresented within research studies (Jordan, Jordan, Sulkowski, Reid, Geffken & Storch, 2009). Furthermore, the concept of beauty and masculinity for both men and women become diametrically opposed to one another, in reference to trichotillomania also being categorized as solely a cosmetic issue among women. While many studies suggest that women are more likely to engage in Chronic Hair Pulling Behavior, the rates of maladaptive and/or adaptive perfectionism (Noble, Gnilka, Ashby & McLaulin, 2017), that also plague men go unreported, in relation to aesthetics of beauty, race-related stress and class.

2.1.3 Exploring the Relationship Between Black Folk and “Trich”

As there is growing interest in relation to the frequency of Chronic Hair Pulling Behaviors that occur amongst African American university students, additional factors may arise on the campuses of historically Black colleges and/or universities (Mansueto, Thomas & Brice, 2007). There is more prevalence of higher socioeconomic status amongst African American university students, many of which have parents that also attended a similar university (Mansueto, Thomas & Brice, 2007). Interestingly enough, Historically Black Colleges and/or Universities have primarily served as vital institutions that are largely responsible in developing the African American upper/middle class sector of the economy, providing communal support to students that is not present on the campuses of predominately white institutions (Mansueto, Thomas & Brice, 2007). On the contrary, this may also be synonymous with higher traits of perfectionism that may likely leave many in fear of significant failure and/or chronic distress, particularly due to the need of conforming to an ideal model of African American success (Mansueto, Thomas & Brice, 2007). There is also reason to believe that African American students that strive towards high rates of success on these campuses may share similarity with maladaptive perfectionism (Noble, Gnilka, Ashby & McLaulin, 2017). Studies also suggest that

numerous African American students experience higher rates of self-esteem, in response to communal support on the campuses of Historically Black Colleges and/or Universities, similar to the trait of adaptive perfectionism (Noble, Gnilka, Ashby & McLaulin, 2017). Given that university students may be surrounded by numerous stress-relief programs and/or counseling services on their campuses, African American students are still less likely to utilize these services for Chronic Hair Pulling Behavior, preferring the aid of non-mental health specialists and/or other forms of communal support (Mansueto, Thomas & Brice, 2007).

2.1.4 The Pioneer for Understanding Black Women and Trich

Scholar Angela Neal-Barnett is perhaps the most referenced author, in relation to works published on African Americans and trichotillomania. Contributing to the field of African American psychology, studies indicate that millions of self-identifying African Americans frequently engage in Chronic Hair Pulling Behaviors, largely underestimated by the general population (Neal-Barnett, Statom & Stadulis, 2010). Although commonly misinterpreted as solely cosmetic, hair pulling behavior among African American women may be facilitated by heightened rates of stress, anxiety and/or depression that may trigger sporadic episodes (Neal-Barnett, Statom & Stadulis, 2010). More often than not, these factors are likely generated from frequent experiences with racism, sexism, classism/colorism and other bouts of inequality (Neal-Barnett, Statom & Stadulis, 2010). Additional stress may arise from difficulties in grooming Afro-textured hair in comparison to Caucasian hair, prompting an individual to feel negatively about one's own appearance (Neal-Barnett, Statom & Stadulis, 2010).

These cultural messages may also be communicated through mass media advertisements and/or products, alongside informal conversations that may take place within African American homes or amongst peers. Studies also indicate that there is a significant engagement with hair

pulling behaviors that occurs more so with African American women than men (Neal-Barnett, Statom & Stadulis, 2010). In addition to this, there is an assumed correlation between increased levels of anxiety and frequent hair grooming for African American women that suffer from trichotillomania, in which cultural messages such as “good hair vs. bad hair” have permeated into their perceptions of beauty (Neal-Barnett, Statom & Stadulis, 2010).

2.1.5 A Communal Safe Space For Black Trichsters

Throughout many generations, African American women have found comfort and solace in the setting of haircare spaces. Periods of traumatic enslavement, post-Reconstruction and the turning point of the twentieth century saw numerous hair trends for African descended people many of which were used to embody the Eurocentric standard of beauty (Ellington, 2014). Black haircare salons serve as a mixture of cultural hair practices, allowing customers their choice in Afro-textured hairstyles or Eurocentric models.

While the likelihood of African American women seeking out mental health treatment for hair pulling behaviors remain relatively low, many have found that frequent visits to their salons to be supplemental to therapy (Neal-Barnett, Ward-Brown, Mitchell & Krownapple, 2000). This is also inclusive to African American men that may engage in Chronic Hair Pulling Behaviors, relying on trusted barbershops as safe spaces (Neal-Barnett, Ward-Brown, Mitchell & Krownapple, 2000). In addition to this, African American hair stylists’ may also supplement effective coping treatments for clients, as bonds over race-related stress and gender identity may also develop between the two groups (Neal-Barnett, Ward-Brown, Mitchell & Krownapple, 2000). In spite of the unfamiliarity with trichotillomania as a whole, many African American hairstylists appear to be quite familiar with the associated consequences of the disorder (Neal-Barnett, Ward-Brown, Mitchell & Krownapple, 2000). Quite often, many customers are treated

with many options to conceal the area of frequent pulling such as unique hair styles or medicated hair products (Neal-Barnett, Ward-Brown, Mitchell & Krownapple, 2000). However, there is reason to believe that reliance upon Black hair salons may also exclude the voices of those that are economically disenfranchised (Neal-Barnett, Ward-Brown, Mitchell & Krownapple, 2000). Given that trichotillomania is not exclusive to one specific class in society, there is an associated privilege with those that are able to attend regular salon visits that allow hairstylists to conduct a better scalp analysis of the hair. This seemingly ostracizes chronic hair pullers of lower socioeconomic status (Neal-Barnett, Ward-Brown, Mitchell & Krownapple, 2000).

Exploring the relationship between a hairstylist and client that suffers from trichotillomania may challenge existing theories that align shame with Chronic Hair Pulling Behavior (Jordan, Jordan, Sulkowski, Reid, Geffken & Storch, 2009). While many stylists have familiarized themselves with trichotillomania through regular clients and/or cosmetology courses, evidence suggest that they will likely become more knowledgeable in providing effective treatment over time (Jordan, Jordan, Sulkowski, Reid, Geffken & Storch, 2009). For instance, many stylists have considered utilizing Habit Reversal Therapy or “talk therapy” for certain clients (Jordan, Jordan, Sulkowski, Reid, Geffken & Storch, 2009).As clients spend additional time with their stylists, they are more likely to feel comfort in exposing any visible baldness and/or “high risk” areas to those treating the hair (Jordan, Jordan, Sulkowski, Reid, Geffken & Storch, 2009). As women are more likely to attend regular salon visits than men, the likelihood of men engaging in Chronic Hair Pulling Behaviors is also underrepresented within research studies (Jordan, Jordan, Sulkowski, Reid, Geffken & Storch, 2009). Furthermore, the concept of beauty and masculinity for both men and women become diametrically opposed to one another, in reference to trichotillomania also being categorized as solely a cosmetic issue

among women. While many studies suggest that women are more likely to engage in Chronic Hair Pulling Behavior, the rates of maladaptive and/or adaptive perfectionism (Noble, Gnilka, Ashby & McLaulin, 2017) that also plague men go unreported, in relation to aesthetics of beauty, race-related stress and class.

2.2 Black Women's Mental Health

2.2.1 The Role of Perfectionism

Given that the obsessive disorder of trichotillomania is commonly categorized with other psychological illnesses (Azizi, Garoosi Farshi, Poursharif & Farazmand, 2017), factors such as stress, anxiety and/or depression are often found to be primary causes placed under continuous scrutiny. Interestingly enough, there has been recent interests on the relationship between those that engage in Chronic Hair Pulling Behaviors and one's personality (Azizi, Garoosi Farshi, Poursharif & Farazmand, 2017). While these behaviors are also categorized as effective coping mechanisms for the individual (Azizi, Garoosi Farshi, Poursharif & Farazmand, 2017), it is assumed that the individual is more likely to experience negative effects within their social lives such as withdrawal from activities, increased feelings of shame and decreased self-esteem (Azizi, Garoosi Farshi, Poursharif & Farazmand, 2017). In addition to this, the performance of perfectionism continues in a cyclical pattern, as those that experience significant self-inflicted hair loss are more likely to feel conflicted about their own perceptions of beauty, in the aftermath of excessive hair pulling episodes (Azizi, Garoosi Farshi, Poursharif & Farazmand, 2017). Furthermore, the inability to achieve a desired image related to perfectionism may prompt the individual to engage in damaging behaviors once again (Azizi, Garoosi Farshi, Poursharif & Farazmand, 2017).

As the body of research surrounding the performance of perfectionism and its impact on trichotillomania continues to grow, studies suggest that the practice of perfectionism itself may be an overarching theme amongst Obsessive-Compulsive Disorders as a whole (Noble, Gnilka, Ashby & McLaulin, 2017). In addition to excessive hair pulling, behaviors such as skin-picking and nail biting are also linked to indicators of stress (Models of perfectionism are classified into two separate categories: maladaptive and adaptive (Noble, Gnilka, Ashby & McLaulin, 2017). Maladaptive perfectionism is described as a behavior in which the individual becomes extremely critical with their own performance and/or past decisions. However, adaptive perfectionism is described as an individual having relatively high standards for themselves, in spite of adversity faced on a consistent basis (Noble, Gnilka, Ashby & McLaulin, 2017). Additional factors that have also been linked with perfectionism may include shame, as a result of the inability to perform to a certain standard. As shame is also a characteristic of trichotillomania, the possibility of potential failures may also trigger feelings of lowered rates of self-esteem, negative perceptions of one's own body image, and increased anxiety (Noble, Gnilka, Ashby & McLaulin, 2017). According to the *Diagnostic and Statistical Manual of Mental Disorders*, a mental disorder is defined as a "health condition that is characterized by alterations of thinking, mood, behaviors and/or combination of said alterations" (Brown and Keith, 2003). Factors that are commonly associated with disorders include distress, impaired functioning, increased risk of suffering of death, pain, disability and/or loss of freedom. However, the text suggests that "mental health" is much more complicated to define than "mental disorder", as there may be reason to believe that mentally healthy individuals are less likely to experience impairment from partaking in daily activities and functions. Although people of color often remain underrepresented within research studies pertaining to psychological health, there are additional

factors that leave those most marginalized disproportionately affected by the quests of societal perfectionism (Brown and Keith, 2003). This can be inclusive of socioeconomic status, education, and racial inequality.

2.2.2 The Surveillance of Emotions

Additionally, the absence of vulnerability becomes key in exploring the mental health of African American women (Evans, Bell & Burton, 2017). While vulnerability becomes an emotion of interest, one could suggest that African American women also possess an ability to conceal other emotions, also described as “*the politics of passing*” (Evans, Bell & Burton, 2017). Interestingly enough, this notion of “passing” is perceived as an effort of concealment becomes easily rationalized as “normal behavior” for African American women (Evans, Bell & Burton, 2017). Given that said normal behavior may be associated with the fluidity of various emotions, this may also pose as a confliction for African American women that have a desire to seek inner peace within themselves (Evans, Bell & Burton, 2017). Comparatively, one may find the attempt of seeking inner peace as being similar to the temporary feelings of relief that may be achieved after an episode of Chronic Hair Pulling Behavior (Evans, Bell & Burton, 2017). In relation to notable works such as “*For Colored Girls Who Have Considered Suicide When the Rainbow is Enuf*”, there remains a complexity surrounding the mental health and/or illness of African American women, particularly due to longstanding stigma (Evans, Bell & Burton, 2017). Alongside this particular stigma, there is reason to believe that those who choose to vocalize said mental health issues may often be treated as “coming out” to the African American community as a whole (Evans, Bell & Burton, 2017). Ironically enough, the classic archetype of “The Strong Black Woman” shares great commonality with practice of perfectionism mentioned previously (Evans, Bell & Burton, 2017).

Within the text of *“Dissident Feminisms: The Creative Potential of Black Girlhood”*, author Ruth Nicole Brown highlights the limitations of creativity that have existed within Black femme spaces. In contrast to the previous texts mentioned, Brown’s approach towards Black womanhood utilize more of a personalized narrative that centered the voices of young Black girls and their perceptions of happiness, autonomy and freedom (Brown, 2014). Focusing primarily on the factors of “sass and silence,” one could suggest that the nature of silence that is commonly associated with Blackness may be viewed as shattering, in the event that Black women choose to vocalize their experiences (Brown, 2014). To elaborate, the text of *“Black Women’s Mental Health: Balancing Strength and Vulnerability”* describes the politics of passing as a method of emotional fluidity that is frequently engaged in by many African Americans, as an effort to conceal any underlying emotions of passion. As previously mentioned, the stereotypical emotions and behaviors that are often relegated to the disorder of trichotillomania are commonly centered around that of despair (shame, sadness, trauma, depression, anxiety etc). Furthermore, one may suggest that this leads to varying rates of self-esteem, particularly within adaptive and maladaptive perfectionism (Noble, Gnilka, Ashby & McLaulin, 2017). Often times, Chronic Hair Pulling Behavior (amongst many other self-harming/self-inflicted behaviors) are likely to become associated with the factors of maladaptive perfectionism that indicates lowered rates of self-esteem and critical outlook on life choices (Noble, Gnilka, Ashby & McLaulin, 2017).

Furthermore, many ideas continue to fuel the quest for liberation and healing amongst African American women that have disproportionately experienced abuse (Evans, Bell & Burton, 2017). Referred to as the “Language of Self”, various terms that engage with emotional wellbeing as follows: Love, Worth, Empowerment, Care, Determination, Improvement, Supporting, Understanding, Deprecation, Culture, Esteem, Sufficient, Satisfaction, Help, Hatred,

Criticism and/or Discovery (Evans, Bell & Burton, 2017). Additionally, many of these emotion-based terms also share commonality with additional coping mechanisms, much like that of Chronic Hair Pulling Behavior. In relation to the psychosocial factors that impact the mental health of African American women (specifically in race, social class and gender) one could suggest that the social constructions of said factors may also indicate the rates at which African American women disproportionately experience stress and/or anxiety (Brown & Keith, 2003).

2.2.3 Blackness and Disability

In the text titled “*Work in the Intersection: A Black Feminist Disability Framework*”, authors Moya Bailey and Izzetta Autumn Mobley open the reading with an additional intersectional analysis that focuses primarily on Blackness and disability. Comparatively, it is rather interesting that Black people are often perceived as both (intellectually) disabled, yet hyper-able as a tool for capitalism (Bailey and Mobley, 2018). In response to the myths of disability, it is assumed that the very idea of Black people engaging in Chronic Hair Pulling Behaviors remain distant, which may also contribute to the dearth of studies pertaining to mental health. In relation to the DSM-IV previously mentioned, one could suggest that although trichotillomania has been classified as an Obsessive-Compulsive Disorder, there is still less emphasis placed on repetitive based behaviors that are likely perceived as common habits (Stein, Christenson & Hollander, 1999). Additionally, there is attention drawn to the pathology of disability that coincided with the generational effects of American chattel slavery, stating “*the desire for freedom was pathologized through a plethora of laws, practices and social stipulations- all designed to frame Blackness as inferior.*” (Bailey and Mobley, 2018). There is reference towards the ways in which both ableism and disability have been viewed as inherently white (Bailey and Mobley, 2018), as

the ability produce to labor is deemed as a masculinized advantage, particularly for African Americans. In comparison to the text of “*Race/Ethnicity and Treatment Outcome in a Randomized Control Trial for Trichotillomania (Hair-Pulling Disorder)*”, there have been countless theories suggesting that the distance between racially marginalized communities and the mental health sphere may also be deeply rooted in capitalism and/or exploitation. Equally important, it is stated that “*Black people have a vexed, tenuous, and painful relationship with medicine*” (Bailey and Mobley, 2018). Moreover, there remains a rather contentious relationship between those of color and the history medicine, as it relates to unethical research (Falkenstein, Rogers, Malloy & Haaga, 2015). In addition to this, Black people are also more likely to face greater barriers in the pursuit of clinical treatment such as mistreatment and/or misdiagnosis, faulty utilization of research provided and minimal representation of researchers of any racial/ethnic minority of color within the field (Falkenstein, Rogers, Malloy & Haaga, 2015).

Additionally, one may notice the ways in which the authors unpack the language of ableism, in relation to mental illness and Black women (Bailey and Mobley, 2018). Focusing on the term “crazy”, the it is suggested that the use of the language is often weaponized against Black women, as a means to justify the practice of state violence. Another essential point is that this shares similarity with emotion-based factors that are commonly associated with Obsessive-Compulsive Disorders (previously mentioned) such as frequent nail biting, skin picking and/or hair pulling (Stein, Christenson & Hollander, 1999). Comparatively, these factors are pathologized as indicators of stress, anxiety, depression, shame and/or nervousness that may be experienced on both the individual and societal levels (i.e. racism, sexism, classism, homophobia etc). Furthermore, this may prompt one to think about the framework of disability that only

centers the limitations of the body, rather than the lack of accessibility that primarily affects hyper-marginalized communities (Bailey and Mobley, 2018).

2.3 Eroticism and Pleasure

2.3.1 Social Constructions of Deviancy and Morality

The construction of the “Black Female Aesthetic” has long been shaped through the spread of European hegemonic power, which has been instrumental in the sexual repression of Africana identifying people (Weir-Soley, 2009). Scholar Donna Aza Weir-Soley explores the concept of Black womanhood and female subjectivity, in which she describes the “*interdependence between spirituality and sexuality as central to the formation of Black woman’s identity*” (Weir-Soley, 2009). Moreover, this may prompt one to redefine the notion of deviancy as a “*social construction of normalcy and/or moral behavior*”. Given that Africana women have been historically marked as “deviant” and/or subhuman, it has become quite clear that little interests developed around their erotic desires that may even be seen as taboo (Lorde, 2007). On the contrary, one could argue that Africana women have also served as a metaphoric space of both cultural consumption and sexual excess for non-Africana identifying people (Weir-Soley, 2009). In “*Uses of the Erotic as Power*,” Lorde describes the ways in which eroticism can be interpreted, beyond the means of sexual pleasure (Lorde, 2007). In relation to the notion of eroticism, the powers that lie within the system of patriarchal hegemony may be salient in understanding the ways in which “pleasure” is perceived as forbidden territory. While one could argue that pleasure may be purely socially constructed, the sensation that is likely achieved is often met with emotions of hesitancy and/or fear (Lorde, 2007).

2.3.2 *There's Power in Feeling*

Historically, sensational desire has been treated as a secondary afterthought, in contrast with the primary purpose of intimacy having been shaped around reproduction. Additionally, the idea of sensation becomes conflated with the social construction of autonomy, Lorde states “*It feels right to me*” (Lorde, 2007), in which an individual is challenged to move beyond the superficial context of pleasure that acknowledges the strength of such as knowledge, which then becomes a guiding light for oneself (Lorde, 2007).

In exploring the multiplicities of eroticism, it is rather crucial that one understands the importance of autonomy, emotions and knowledge that have been deeply suppressed to whomever is seeking stimulation. Although inclusive but not limited to the idea of sexual pleasure, individuals should be encouraged to explore the realms of their own means of pleasure that defy not only the patriarchy, but the internalized suppression of (Lorde, 2007). In relation to the nuances of eroticism, author Audre Lorde challenges individuals to also think critically about the ways in which Erotic Functioning encompasses the feelings of deep cravings that are admonished, self-confrontation with joy and the power of chaos that lives internally (Lorde, 2007). In retrospect, there is also discussion of the Greek etymology of “erotic”, which has been rooted in the pairings of “chaos” and “harmony” (Lorde, 2007), which are quite similar to the factors that are used to characterize many Obsessive-Compulsive Disorders. Additionally, this shares commonality with the variety of emotions that may occur during an episode of Chronic Hair Pulling. Alongside this notion, Lorde also suggests that various emotions that have become situated in the context of “despair” hold great power in preventing one from seeking erotic autonomy (Lorde, 2007). Many of these emotions include resignation, self-effacement, depression, and/or self-denial, which is also quite similar to the Language of Self previously

mentioned (Evans, Bell & Burton, 2017). Interestingly enough, this may prompt one to think about the relationship that perfectionism (particularly maladaptive) may share within the emotions of despair that often leaves one feeling critical of oneself.

2.3.3 Relief

In the text titled "*Pleasure Activism*," author adrienne maree brown draws attention to the many nuances regarding society's ideas surrounding pleasure. As brown describes pleasure as "*a feeling of happy satisfaction and enjoyment*" (Brown, 2019), in which this shares great commonality with the foundational tools noted in Audre Lorde's "*Uses of the Erotic*", diversifying the ways in which pleasure is interpreted amongst different groups of people (Brown, 2019). In relation to the disorder of trichotillomania, one could infer that many individuals that engage in repetitive motor-based behaviors may likely garner feelings of pleasure and/or relief after a chronic hair pulling episode (Stein, Christenson & Hollander, 1999). While the text did not explicitly draw attention to the relationship shared between self-harm and pleasure, brown's analysis of recreational drug use as a means of stimulation helped to highlight other behaviors that may be perceived as self-medicating (Brown, 2019). Quite often, self-harming, inflicted and/or medicating behaviors typically become associated with emotional and psychosocial factors such as anxiety, stress, depression and trauma (amongst many others).

Equally important, there is greater emphasis placed on the neurochemistry of Chronic Hair Pulling Behavior (Stein, Christenson & Hollander, 1999). Comparatively, there is discussion surrounding the relationship and/or communication between neurons and certain neurotransmitters that are primarily composed of serotonin and dopamine (Stein, Christenson & Hollander, 1999). Interestingly enough, it is believed that serotonin has long been associated

with trichotillomania, in addition to other Obsessive-Compulsive Disorders (Stein, Christenson & Hollander, 1999), given that this particular serotonergic neuron may likely be activated during repetitive motor behaviors (Stein, Christenson & Hollander, 1999). Alongside the monoamine transmitters of serotonin and dopamine, the antidepressants known as “clomipramine” and “desipramine” are also thought to have been salient within other repetitive behaviors such as nail biting (Stein, Christenson & Hollander, 1999). Alongside this notion, studies continue to explore the field of both neurochemistry and pharmacotherapy, in relation to trichotillomania.

2.4 Self-Harm

2.4.1 Coping Mechanisms

While the body of research pertaining to trichotillomania continues to grow, there have been questions in relation to the behaviors commonly associated with that of Obsessive-Compulsive Disorders and DSH (also known as Deliberate Self-Harm). This phenomenon is described as a deliberate, direct and/or self-inflicted destruction of the body tissue without suicidal intent (Davis, Weiss, Tull, & Gratz, 2017). In addition to Chronic Hair Pulling Behavior, self-injurious behaviors may also include burning, cutting, hitting and biting one’s self (Davis, Weiss, Tull, & Gratz, 2017). Comparatively, this shares relation with skin picking and nail biting that was previously mentioned. Often times, many of these behaviors are associated with psychosocial factors of stress, anxiety and/or depression.

Essentially, this reintroduces the concepts of “focused” styles of hair pulling, alongside the notion of maladaptive perfectionism. While automatic pulling styles may not exactly correlate with adaptive perfectionism and/or heightened rates of self-esteem, one could suggest

that focused pulling styles may adhere more towards maladaptive perfectionism. Interestingly enough, studies suggest that childhood dysfunction, emotional dysregulation and/or insecure attachment may easily contribute to the heightened rates of Deliberate Self-Harm amongst African Americans (Davis, Weiss, Tull, & Gratz, 2017). As Chronic Hair Pulling Behavior has been explored under the guise of an Obsessive- Compulsive Disorder, it is not uncommon to stumble upon a similar pathology pertaining to the environmental factors faced daily by African Americans. It is suggested that the effective correlates used to measure the frequency of self-harming behavior include: *1) self- injurious adolescents report higher levels of negative affect than non-self injurious adolescents. 2) acute negative affect preceding in self-harm 3) decreased negative affect and relief follow self-harming behavior 4) the majority of self-injurious adolescents report an ongoing desire to alleviate negative effects, in addition to ongoing difficulties with the regulation of emotions* (Hielscher, Whitford, Scott & Zopf, 2019).

Subsequently, the concept of Body representation can also be found in body focused repetitive disorders (Hielscher, Whitford, Scott & Zopf, 2019). Comparatively, the act of dissociation describes the process at which disconnection occur between experiences that involve awareness, consciousness and/or memory, in which feelings of numbness and “nothingness” are salient (Hielscher, Whitford, Scott & Zopf, 2019). As evidenced within trichotillomania, one could argue that this act of “depersonalization” may be present particularly within episodes of automatic pulling styles, as individuals may embark on the behavior absentmindedly (Flessner, Woods, Franklin, Keuthen & Piacentini, 2008).

3 METHODOLOGY

3.1 Overview

The purpose of this research was to explore the ways in which African American women navigated their experiences of chronic hair pulling behavior in their everyday lives. In addition to this, other variables were also considered such as mental health, intimacy, shame, eroticism, relief and/or self-harm. In light of the recent events that surrounded the Novel Coronavirus pandemic (COVID-19), in person interaction with potential research participants were suspended by Georgia State University, until further notice. Participants of this study were recruited from various social media platforms in response to the digital flyer in which they have shown interest in, particularly as a means of voluntary sampling. Although the interviews were conducted on a recording device, participants also had the option of completing additional scales that were used to measure behaviors modeling perfectionism, frequency of hair pulling and feelings towards oneself regarding self-esteem.

3.2 Design

This study utilized non-probability sampling, with an emphasis placed on voluntary sampling. Various data was gathered through narrative based interviews. The numerous variables measured in this study were used to help distinguish the relationship between psychosocial factors commonly associated with Chronic Hair Pulling Behavior amongst African American women, using an intersectional framework to also explore Eroticness, Mental health, Self-esteem, and Self-harm. The independent variables that were measured for this design included Demographics, Mental health, Eroticness and Chronic Hair Pulling Behavior. Additional variables measured for this study included Perfectionism, Self-esteem, Intimacy and Shame.

Given that the narrative portion for this research study was obtained through interviews, there remained a possibility that potential questions would trigger reflections of traumatic experiences, specifically questions geared towards symptoms of trichotillomania.

In addition to this, the study also utilized a qualitative research approach, given that a smaller sample was needed for the data collection process. In addition to this, a narrative approach was most suitable, as this aided in the facilitation personalized narratives shared amongst the selected participants. These personalized narratives were also recorded through an audio device, in which the audio recordings were then transcribed.

The research did not conclude that general rates of hair loss caused a lowered rate of self-esteem for African American women, regarding their own perceptions of beauty. However, the researcher only assumed that factors that may challenge and/or prohibit the growth of hair for African American women would likely be a result of the psychosocial impact that beauty has on African American women. This research study aimed to be exploratory, in which the design would help to formulate a hypothesis.

3.3 Sample

The intended population for this research study was composed of 3 self-identifying African American women. In addition to this, the research study also limited the age of participants as having been between 18-35 years old. This age bracket aimed to ensure that the data and responses that were collected were not heavily altered and maintained consistency. Participants were required to identify as African American/Black (or as a descendant of any group from the African diaspora). Participants were also required to identify as women (inclusive to both cisgender and transgender women). Although flyers for recruitment were to be distributed

throughout many social media platforms, participants are not required to be university students. Additionally, this study was also inclusive but not limited to those residing in the metro Atlanta area.

In order to maintain consistency within data and recorded responses, the interviews was exclusive to those between the ages of 18-35. Given that factors such as experimentation, new social settings and socioeconomic status were likely to impact the choices of self-image, this demographic aided in focusing on the relationship shared between African American women that engaged in Chronic Hair Pulling Behaviors.

Although this research study presented limitations towards a specific group, focusing on this specific demographic ensured the data collected was utilized to answer the primary hypothesis question. As mentioned previously, there was a possibility that questions within the survey would likely trigger unwanted reflections and/or responses from the participants. However, the researcher ensured that appropriate accommodations were made to the participants.

3.4 Procedures

Participants for this research study were recruited from social media platforms in and around the metro-Atlanta area. Although recruitment flyers were distributed online, non-students were also welcomed to participate. Recruitment flyers were distributed amongst the platforms of Facebook, Instagram, Twitter, YouTube and LinkedIn. Participants were notified of the 3 corresponding voluntary surveys that followed the interview. Due to the sensitive nature of this research study, the participants were given the option of completing any survey that they were most comfortable with. Additional information was provided to those that were interested in participating in the

survey. Participants were also informed of documents within the survey pertaining to consent, confidentiality and anonymity. Furthermore, this research study aimed to utilize a random sampling method for recruitment amongst participants.

3.5 Data Collection

The interviews that were conducted during this study was stored on a recording device in a confidential location that was only accessible to the investigator. After this study was completed, the data was destroyed by the investigator.

3.6 Measures

Demographic. Participants recruited for this study were expected to complete an identification form pertaining to age, gender identity, and racial/ethnic identity.

Eroticism: Participants recruited for this study were asked if any of episodes of Chronic Hair Pulling Behavior resulted in feelings of relief and/or pleasure.

Self-Esteem. Given that this research focused on the impact that hair loss has on the self-esteem of African American women, self-esteem was assessed using the 10 item Rosenberg Self Esteem Scale (Rosenberg, 1965). This scale explored the measure of self-worth, in addition to positive and/or negative attitudes towards oneself. Likert scale questions were utilized to assess self-reflections. An example item included, “*I am able to do things as well as most other people.*” In the current sample “a” for the scale was 0.68, which concluded that the scale had adequate reliability.

Chronic Hair Pulling Behavior. The National Institute of Mental Health Scale Trichotillomania Symptom Severity Scale (NIMH-TTM) measured the severity of pulling behaviors for those who engaged in chronic hair pulling behaviors. This 6-item scale utilized a Likert Scale that assessed the correlation between anxiety and rates of self-esteem that may have been altered by increased behaviors. An example item included, “*In the average day, for the past week, how much time did you spend pulling hairs ?*”

Perfectionism. Considering that my research explored the ideas of chronic hair pulling behavior through the performance of perfectionism, the Multidimensional Perfectionism Scale (Hewitt & Flett, 1990) was utilized to further compare the relationship between perfectionism and self-esteem experienced by various individuals. In addition to this, the role that perfectionism has on perceptions of mental health was explored, particularly for African American women that experienced varying forms of social stress such as racism, sexism, colorism, classism etc. This 45-item scale also examined the behaviors of maladaptive and adaptive perfection, which were used to measure the performance of perfectionism and/or achievement of high standards. An example item included, “*Others think I am okay, even when I do not succeed*”.

3.7 Analysis

The research questions used in this study aimed to explore varying factors that may have prompted the participants to engage in chronic hair pulling behaviors. For the first cycle coding methods, Emotion coding was the most suitable for this study. In the text “*Coding Manual for Qualitative Researchers*”, author Johnny Saldana described the method of Emotion Coding as

“emotion recalled and/or experienced by the participant or inferred by the researcher about the participant” (Saldaña, 2016). Additionally, the primary themes that were categorized under Emotion coding were as follows: Shame, Perfectionism, Deviancy, Eroticism, Self-harm, Intimacy and Trauma. Among the three participants, additional themes also occurred throughout the interviews. Within the Second Cycle of Coding Methods, it was suggested that the coding would allow the researcher to *“develop a better sense of categorical, thematic, conceptual and /or theoretical organization of data that has been previously collected within the First Cycle of Coding”* (Saldaña, 2016). The Second Cycle Coding Methods consisted of Pattern Coding, Longitudinal Coding, Focused Coding, Axial Coding and Theoretical Coding (Saldaña, 2016). In reference to this research study, Emotion Coding was the most suitable, as it was greatly beneficial towards a narrative approach for this qualitative study.

3.8 Validity, Reliability and Reflexivity

During the interview process, detailed transcriptions of the interviews were used to also guide the coding analysis. Themes such as Shame, Perfectionism, Deviancy and/or Eroticism were most vital in the coding analysis, in which Emotion Coding was also used. Once all interviews were fully transcribed, participants were given the option of reviewing the completed transcripts and to inform the researcher of what may be exempted from the interview. In addition to this, participants were also given the opportunity of choosing their own pseudonyms for this research study.

4 FINDINGS

4.1 Research Interest and Background

The purpose of this study was to explore the relationship between African American women and Chronic Hair Pulling Behavior, as it related to factors of mental health, eroticism and self-harm. The variables measured in this study included stress, anxiety, perfectionism, pleasure, relief, intimacy and disability. This chapter explored the findings shared in the interviews from the participants, in addition to the results of the surveys provided.

4.2 The Participants

Epic Realist (33) is an avid YouTuber who is also a married mother of five children. Having suffered abuse as a child, she struggles with ways to cope with her loneliness, thus turning to rigorous hair pulling and her YouTube channel as sustainable outlets. Epic Realist also believes that her childhood traumas have impacted her views on romance, particularly with polyamory and bisexuality. Epic Realist states that her area of interest is that of her eyebrows. Danielle Henry (35), a West Indian journalist who's also a mother of two daughters. Danielle expressed that her hair pulling behavior began as a child, likely to cope with the stress of her father's absence. Additionally, Danielle also expressed that she seldomly dealt with factors of stress, anxiety or depression (which is commonly attributed to trichotillomania). Danielle's primary area of interest is that of her eyelashes. Jamila (25) is a young Black woman that described her first experiences with hair pulling as a reaction to perfectionist tendencies. Jamila was also the only participant that expressed her areas of interest as both eyelashes and her scalp.

4.3 Overview of the Themes

The primary themes to explore included Mental health, Trichotillomania, Eroticism and Self-harm. Throughout the duration of the interviews, several themes reoccurred that were soon classified as sub-codes. These sub-codes included Compulsion, Relief, Guilt, Shame, Childhood Trauma, Resistance and Concealment.

4.4 Data Collection and Data Analysis

Interview Question 1: *Have you ever engaged in hair pulling behaviors? If yes, have you ever experienced pain and/or pleasure from hair pulling?*

This question explored the first experiences of hair pulling from the participants, who all have seemingly started their patterns as children. Additionally, the participants also shared the specificity of which location of the body garnered the most interest for them to frequently pull from. Comparatively, the most common site of interest was that of eyelashes/eyebrows, as opposed to the scalp. However, one participant disclosed that she gradually progressed to picking at her hairline, in addition to the eyebrows and eyelashes. Subsequently, it was detected that the Emotion of compulsion was quite prevalent here. Regarding the follow up question, the Emotion of Eroticism became rather salient. This explored the feeling of gratification and/or pleasure that has been experienced by the participant, as a rigorous hair pulling episode was likely taking place.

JAMILA- Oh yeah, oh yeah...all the time, for like a while. I would say since...like maybe...late elementary school, early middle.

EPIC REALIST- Yes... Well more pleasure than pain.

DANIELLE HENRY- Yes, I have. And I have been doing it since around 7 or 8 years old. That's the earliest I can remember. And specifically with my eyelashes.

Interview Question 2: *Have you ever felt relief from an episode?*

This question explored the potential experiences of pleasure that followed an episode of rigorous hair pulling. Essentially, all participants described various thoughts that preceded the episodes, in efforts to justify the activity such as assumptions of tangled hair “needing” to be removed, or increased feelings of stress that that resulted in said behavior. One participant also compared the effects to a self-soothing behavior to cope with their stress, which was also likened to the Automatic style of Chronic Hair Pulling Behavior.

JAMILA - I would say, maybe like minor psychological pleasure. Like it's like usually when I do it, I'm pulling out the damaged parts of my hair so that it feels like there's something....to it? It feels like at least I'm (even though I know it's more harmful than it is good) pulling out the parts that are gonna get my hair tangled, or are damaging the rest of my hair. You know, it's like getting a trim! But it really isn't....I think that's kinda where my mind is going with it. I'm like...I might as well cause I'm not pulling out healthy strands, so why does it matter?

DANIELLE HENRY- Typically, when I am pulling my eyelashes, it's because I'm feeling some kind of...well there's two settings. 1) When I'm in an acutely stressful moment...like when I'm writing specifically for my profession, like if I'm writing and on a

deadline, I have moment of maybe writer's block. Or I'm kind of chewing on something, my hand will go to my eyelashes and I will start pulling. And once I complete whatever it is I have in mind...like once I finish, I feel a little bit less stressed and anxious about whatever it was that was bothering me in that moment. Whether it is figuring out the words to complete a sentence or figuring out "*what transition should go here*". You know, it's related to the acute stress of the moment and then it's almost like a self-soothing type of thing that gets me to the next moment. The 2nd instance of when I feel relief is when I'm just ...like chilling and idle, ya know? Like I might be watching a Netflix show...and it's just something I do! You know, it's like self-soothing. Sometimes I rock myself to sleep, like I'll put it in that category. Like if I'm stroking my hair or I'll re-twist my twists. I put it in the same category as that, instantly, even though I probably shouldn't be, but it is.

Interview Question 3: *What typically goes through your mind while doing this?*

While the previous question explored feelings that followed an episode of Chronic Hair Pulling Behavior, this question happened to investigate actions prior to the episode occurring. Two participants shared similar statements, in which one detailed her preceding thoughts as an opportunity to condense varying thoughts that have been stress induced. The second participant also likened her preceding thoughts to heightened levels of anxiety. The remaining participant described similar thoughts and behaviors that were associated with Automatic styles of pulling, in which she was seemingly unaware of when the behavior was occurring.

EPIC REALIST- I can't really think of anything specific, not any specific thoughts. But I guess it's just anxiety induced.

JAMILA- I feel like I usually use it as a point where I can think. So it's usually just a lot of thoughts coming out at once. Like it's just me thinking about whatever I guess is stressing me out at the moment. I like...do it subconsciously. Like I'm thinking on whatever, then all of a sudden, I'm pulling. All of a sudden, I'm looking and obsessing while I'm doing it, my mind just wanders. I'm just fixated on whatever it is that caused me the need to pick in the first place.

DANIELLE HENRY- I don't tend to think about the actual behavior when I'm doing it? I'm more so preoccupied with whatever it is that's causing the behaviors. So my mind isn't on like..."*Oh, I shouldn't be pulling my eyelashes*". You know, I'm not acutely thinking about that. Whatever it is....it's what I'm focusing on. Or even if I'm just sitting there idle, whatever I'm watching or reading....it's the external thing that behind me. So I don't ever think about it in the moment, I think about it after the fact. Like when I am doing something, I notice..."*Don't go to the eyelashes*". It's always after the fact like, "*Why'd you do that?*". It's never in the moment.

Interview Question 4: *Do you or have you had a particular safe space where you engage?*

This question alluded to privacy that one might seek while engaging in Chronic Hair Pulling Behavior, as it has often been associated with feelings of shame. One participant described her desired area as that of one that allows her to easily clean up any mess of shed hair. Subsequently, this would also allow her to conceal any evidence of shed hair left behind to prevent discovery from other visitors. An additional participant also described that although she had no specific

places of choice, she was most comfortable with any location that provided her of solitude (given that this provided less feelings of shame for her).

JAMILA- Anywhere in private, I would say. Somewhere I could just do it and mostly clean up after myself. Because I feel like when I pick at the hair, it's a very messy thing, you know what I'm saying? And I don't wanna just do it anywhere that will just get my hair all over any kind of place. So like maybe in my room or in my house. Somewhere I could just do it, clean it up and just forget about it. Try not to do it in the shower because (not that I usually do it in the shower anyways) but just somewhere that won't make a mess for somebody else, essentially.

DANIELLE HENRY- That's an interesting question because where I am most of the day is definitely...I'm by myself a lot. So even when I used to work in an office, I still had my own little office or whatever. I don't feel uncomfortable doing it anywhere. Like there's no place where I feel like I can't do it, even if it's like in front of my mom or at the grocery store. If I feel like it... I do it. And there's definitely something there with me not feeling uncomfortable. There's something to that. Like I don't necessarily feel "shame" around it and maybe that's just because my eyelashes are smaller. Like it's not as noticeable unless you're like really close up on me. You know, not like patches of hair. I think that if it were another form of it, I would definitely feel a lot more self-conscious about doing it. But I see people all the time messing with their face, you know like with the coronavirus. You're like, "*don't touch your face!*". And I see people all the time touching their face. So to me, it doesn't seem out of place when I do it.

Interview Question 5: *What areas have you pulled from the most?*

As mentioned previously, common regions of interest for hair pulling typically include the scalp, eyebrows, eyelashes, leg hair, underarm hair and/or pubic hair. This question explored the nuances of not only the area of choice to pull from, but also the reasoning behind the significance of said area. Two participants described their eyebrows and eyelashes as their interest, while the remaining participant described her scalp as her area of interest. While seemingly affiliated with factors of anxiety and/or stress, the participants also alluded to the ways in which perfectionism impacted their choices in removing as much unwanted hair as possible

DANIELLE HENRY- It's exclusively my eyelashes that I pull in that way. The only thing I would also add to it is...I do think there's a little something there. I can't put my finger on it and it's definitely not the level of how I pull my eyelashes. But I do kinda have a ritual around tweezing my eyebrows. Like I won't pull them, but there is a soothing element to me tweezing my eyebrows that I do recognize and it doesn't manifest in the same way that it does with my eyelashes. Like if I'm stressed, I automatically go through my eyelashes. And this is actually when I was more so working in an office space and I came home...So I would come home and the first thing I would do...and I remember this, I wouldn't feel settled or wound down until I go in the bathroom. And even if it didn't have anything to do! I just get my tweezers, and if I had anything that needed to be done, I'm like..."*Okay, just clean it up a bit*". And then I remember at the moment I thought it was a thing when I had a "special tweezers" for it. And I remember when I couldn't find my tweezers, I remember the feeling that I felt and I was like, "*it's something there*". Because I felt like if I can't do my ritual, then I don't feel settled. So the two

of them manifest in different ways, but it still kinda goes back through a line. To me, I look at it as a self-soothing behavior. When I can't, I feel myself getting a little bit unsettled. Now, that was before (COVID-19)...because I haven't had that external stress about going off to work and coming home. But since I'm here, I don't feel that tension anymore. I don't feel the need to tweeze my eyebrow. I barely do now. Like I still continue the eyelash pulling. But the eyebrow tweezing hasn't continued in the way that it was.

JAMILA- I would say I do it more so...at the ends. And I would work in sections and in places I haven't touched before? I don't know if I would start in any particular region. Maybe the middle of my head, like the places that are longer so that I can look at it while I'm doing it? And then working my way kinda around my head (laughs). I know it sounds bad. But I would start visually and then work my way around. So maybe the middle, but no particular reason just because of that.

Interview Question 6: *How long has an episode lasted for you?*

Interestingly enough, the participants shared different variations of time at which an episode has lasted for them. These quantities of time varied from 5 minutes through nearly an hour long. Additionally, one participant shared she often lost track of time during an episode, as it often lingered into the time additional tasks needed to be done. This participant also described her time period as a "snowball effect", in which her episodes continued to be extended for another 5-10 minutes as she continued seeking her satisfaction peaks.

EPIC REALIST- Umm, I'd say about an hour, maybe. Can't remember if anything happened beyond that I don't think so.

DANIELLE HENRY- It's usually very small bits of time. I would say, less than five minutes. Whenever it happens, it always like less than five minutes. Mhmm.

Interview Question 7: *Have you ever had a moment of self-control where you tried to stop pulling impulsively?*

This question explored moments of self-control that the participants may have felt as they tried to resist the urge to pull one's hair. Often times, the participants felt unable to resist their temptations but found rather unique ways to prevent further episodes. One participant shared a very unique perspective for their prevention measures, in which these unique actions included extended nail growth that limited the access to pulling one's eyelashes. The remaining participants described their moments of reflection in the midst of an episode in which they realized they were unable to stop pulling.

EPIC REALIST- Umm, yeah. That's happened before. Sometimes it worked, sometimes it didn't (laughs). I don't even remember. It's not very often. But I just say I need to stop, and I'll try to stop. I don't have like a set amount of freezes.

DANIELLE HENRY- Umm, yes. And I'm laughing about it because to me, it's just like futile. I do recall having moments....and it's hard to say, cause like I said before, I don't really think about the things when I am doing it. It's very rare that I have the moment where I'm like

“I’m gonna do it, no you shouldn’t do it.” I’m never really thinking about it like that. It feels so like...instinctive. Like, stress! There’s no moment in between. So I’ll say “probably”. And I’m sure that I’ve had moments where I’m just like....”*You probably shouldn’t be picking your eyelashes*”. But I don’t immediately disregard it. Like I never listen. The only thing that has helped is when I noticed that I grew my nails, or I would do SNS (the powder dip), cause I don’t really do my nails. I kept my nails short because I played piano growing up. And so my nails have always been short, but it always gave me enough ...grip, ya know what I mean? Cause you have to be so precise. You can’t have nails because you can grip the eyelash. I know it sounds ridiculous when I’m talking about it, but anyways...

JAMILA- I don’t think I’ve had that yet! (laughs) I don’t think I’ve have had that yet. I think maybe in the middle of an episode, I’ll try to tell myself not to continue. But it usually isn’t anything where I’m like *“I’m not gonna do this again.”* Cause I know I’m gonna do it again. And if it’s only for a couple of minutes, like maybe 2 minutes. Then I can kinda rationalize it like its fine. But then when it’s longer than that, that’s when it’s a problem. And maybe I try to tell myself not to get into longs spells of it. But I haven’t taken that step yet. Nope.

Interview Question 8: *Have you ever felt ashamed to participate in activities that would expose any potential baldness?*

This question explores the feelings of shame that have been experienced by the participants after a rigorous hair pulling episode. While the Emotions of Pleasure and Compulsion fuel Chronic Hair Pulling Behavior, the participants also disclosed that there were

instances of shame and/or embarrassment that occurred in the aftermath of hair pulling. One participant shared her feelings of guilt and worrisome thoughts after years of pulling her eyelashes, particularly due to the slow rate of hair growth that comes with aging. Additionally, this particular research question utilizes somewhat of an “action vs. reaction” structure, focusing on the aftermath of shame that prompts individuals to withdraw in social activities that may expose potential baldness. A participant also shared her difficulties with being intimate with a partner, in which she feared that there would be potential scrutiny on her eyelashes.

DANIELLE HENRY- Absolutely. So this is where if I do have any shame about it, this is where it surfaces. And it’s mainly because of the technological changes that we’ve undergone in the past five years where people wanna FaceTime....People want you to do YouTube tutorials, interview Q &A’s and things like that. And especially in the space of journalism, where I would love to just remain behind the scenes...just being an editor. Not having to be out in the front, but the way the world works....they want you to be in front of the camera, they want you to show your face. And I’m having this problem right now where this new organization that I co-founded...they’re all about, “*Yeah, we’re gonna be doing FaceBook Lives every week, we want your headshots*”. And I’m like...it’s terrifying to me because of the fact that if this is motivation, this will probably be the thing that gets me to “maybe” pull up on it. So on an intimate level though...I remember being in an relationship with someone who was very much so video-oriented. We were long distance. And even when I was around him, he’d just get all close up in my face, and I’d just be like....”*I gotta grow these eyelashes back*”. So yes, when it comes to intimacy, it is one of the things that I consider greatly. And it is a hindrance to me in that space.

Interview Question 9: *Have you ever experienced any major events of life stress, in which hair pulling became your primary coping mechanism of choice?*

The final interview questions explored the common pathologies associated with Obsessive Compulsive Disorders (particularly motor-based repetitive behaviors). Given that trichotillomania is primarily categorized within the sphere of psychological disorders, it is quite common to assume that hair pulling episodes are a major indicator for stress, anxiety and depression (amongst other factors). Interestingly enough, only one of the three participants indicated a significant period of life stress and/or depression (family abuse) that resulted in Chronic Hair Pulling Behavior as a child. Additionally, the remaining participants described their experiences as minor, secondary habits in their everyday lives.

EPIC REALIST- Ummm, yes. Not recently, but yes. Maybe even longer than that.

JAMILA- I will say that.... It wasn't really a significant life event, as far as I can tell with how the timeline goes. But I will say that for years...I don't know if I was developing depression? I feel like that was really when it started and when it manifested. Like it started very, very.....not "weekly", but very here and there and it was very minor. I wasn't obsessive at that point. I don't know what it was. It was just picking, it was just satisfying. But then as I get older, it got more obsessive as I reached that point. I don't know if I experienced drastic, emotional fluctuation. You know? High and lows....mainly lows. Then you'd get in a space where you kinda just needed it? Like I never really needed it before. And when I started doing it. It was a place where I could just zone out and just detach. But I don't know, I think that's really what it is

too. You kinda just zone out while you're doing it. Sometimes you need it. So yes, I would say (laughs). That's a long way of saying yes !

DANIELLE HENRY- Thank you for that prompt because that makes me remember. And I remember that I said it started around 7 or 8 (age). And around 7 or 8 is when I'm aware that my dad was officially out of the picture. Yep, yep, yep. And I remember there were some moments that happened around that time, as I go like a time marker...where I was let down. And I remember being 8 years old and making the decision that, "*Okay, this is what it's gonna be*". I have to move forward in this new reality. And doing that at 8 years old and realizing that something about your dad...he just wasn't going to be available to me, emotionally...or whatever the case was. And he was actually an alcoholic. And the event that I'm thinking of in my mind was our Halloween parade at school, I might've been in first grade. So we were supposed to dress up in our costumes, and grade by grade....we would parade around the school. And at the end, our parents would meet us at the end of the route. And I remember telling him and prepping him for it, "*Alright, this is what's gonna happen. Be there. I'm gonna coming around at this point in time.*" And I expected him to be there! I wanted him to be there, I told him. He PROMISED me that he would be there. And I remember going through the whole parade, I was dressed as a bride....So I had my wedding dress, had on my mom's clip-ons, rose gold earrings. Got to wear the lipstick that I used to wear at home all the time (I used to play dress up at home). I would try everytime we'd be getting in the car to go to the supermarket. And my mom would look back in the rearview like, "*Take that lipstick off!*". Cause I'd be like 6,7 or 8 trying to wear some hot pink lipstick. But she would let me dress up at home. Like I was always trying to wear it out. But this day, my mom let me wear the lipstick. And I think she said, "*Don't put on too much, just put on a little bit*". But I was like, "*Oh I'm putting it on !*" And I

was just ready to be seen, right?.....And he wasn't there. He did not show up. What ended up happening was that my mom was there, of course. She's always there. She picked me up and we had to end up going to find him. Usually, when he was drunk, he would be at the bar. We went to the bar at literally 2 o'clock in the day, and pick him up, and we went home. I don't remember my mom saying anything about it like, "*Don't get your hopes up high*". This is not the first he disappointed me. The reason why it was so important is because he had disappointed me all this time. And so I was hoping that THIS time, he wouldn't.....But he still did. And so there's nothing that I can do or be that will make him show up for me. And that was a point...I don't remember pulling my eyelashes before that. But I do remember pulling my eyelashes after that. So I believe that there is some kind of correlation there. I'm not sure what, but I believe that I had to begin self-soothing in a way that I did in different ways up until then. I don't remember feeling like I had to up until then. I remember feeling afterwards that I was making decisions and coming to conclusions. And that made me nervous sometimes, ya know? And because of that, I feel like that behavior might have been merged within that.

DANIELLE HENRY con'td- Right, that's why I say thank you for prompting me with that because it is something that ought to be unpacked. Interestingly though, this is where I kinda wonder where it goes because for me....it doesn't ducktale into low self-esteem. Like when I think about "Daddy issues" and how that kinda plays out, one could say you have daddy issues, therefore you must have low self-esteem. So pulling your eyelashes has to be apart of this, ya know? And I guess I struggled to make the connection between daddy issues and low self-esteem. Because everyone will tell you this.... I do not have low self-esteem. And, as a matter of fact, that moment of saying "*Well, he can not be available for me*" ...it's me asserting my worth still. Like he can't be available for me, so I gotta boss up and do what I gotta do! I still have so

much support! And my childhood was wonderful. Like mom held it down for the two of them. It turned into me just always knowing that my worth was intrinsic. It is undeniable. And it was something that he just had to deal with.... it was alcohol. It was a sickness that he had to deal with, and it didn't have anything to do with me. And I don't know how I came to that conclusion early on, but I did. And the reason that I know is because I have a journal from 8 years old. And so I know what I was thinking at that time. Because I would only write my most deepest thoughts in my journal. So the eyelash pulling....that's a tall order for a child. And I believe that even in the face of me coming to that realization, I'm still a child and you still have to learn how to deal with these things. And I'm still dealing with it till this say. About emotional physical unavailability. Like I'm still dealing with the same things. Because it's such a foundational thing that affects me so much, I'm just like...If all I do is pull my eyelashes, then at least I'm alive and breathing. I'm still here. I have managed to manifest a life that is wonderful. And I didn't get by unscathed because I pulled my eyelashes. But if that's ALL it is that I do, in terms of pathology, then that's just something I gotta deal with and work on. That's kinda how I look it. I'm not out here doing anything else. Like that would be my only area of vulnerability. But I feel like for us to be in this world, everything that's going on....And with all of these things that could potentially turn your life upside down. Like I have 2 daughters, 16 and 18 that are just in the middle of all this. And that's my question: How am I gonna cope if anything happens with that? And I'm learning more productive, self-affirming coping mechanism. Whether it's sleeping when I wanna sleep and only doing what I wanna do. And if I can't do it, saying I can't do it. Whatever the case is, I'm growing into this woman who is in complete control over time. There goes that "time" again, right? It's so important to me. It's one of those things I gotta work on.

4.5 Additional Sub-codes

While the interview questions primarily explored the relationship of trichotillomania to mental health, eroticism and self-harming behavior, additional responses detailed other factors:

Perfectionism:

The following responses detailed of how perfectionism impacted the participants' desire to pull in their selected areas, with hopes of removing the most unwanted hair from their bodies.

JAMILA- It's usually the weaker portions of my hair, like if it's a piece I can just pluck out without having to pull too hard. Because I feel like if I'm pulling too hard, I'm damaging it. So it's like the one strand knots, the little splits. Like when your hair kinda splits and then comes back together, little bad ends. A lot of it is from heat damage leftover towards the ends of my hair, so there's probably a correlation there. Like I'm not trying to pull out the healthy parts that are starting to grow back, that are apart of my hair texture. It generally is the more damaged parts that are, ya know...."crazy looking". I'm like..."*ahhhh, let's get rid of this*". And I'm stressing out while I have this urge to pull. (laughs).

JAMILA cont'd- Umm, I would say I do it more so...at the ends. And I would work in sections and in places I haven't touched before? I don't know if I would start in any particular region. Maybe the middle of my head, like the places that are longer so that I can I look at it while I'm doing it? And then working my way kinda around my head (laughs). I know it sounds

bad. But I would start visually and then work my way around. So maybe the middle, but no particular reason just because of that.

DANIELLE HENRY-I remember being vain, always hyper aware of my appearance. I started internalizing things a lot more. Looking inward a lot more.

Compulsion

The following responses highlighted the various emotions of stress and anxiety that preceded a Chronic Hair Pulling Episode amongst the participants. All participants compelling thoughts in which they sought to reach their ultimate satisfaction peak

JAMILA- I would say that it's kind of weird, because it's kind of like a snowball effect...you kinda keep going, and going. So it's kinda hard to find that satisfaction point. Cause I'm like, "Oh you know...just a couple more strands or whatever". And then it becomes me sitting there for another 5-10 minutes. And I'm like "*Geez, what the hell are you doing right now?*" And it goes back and forth between guilt and satisfaction (laughs). I have to be able to cut it off at a certain point and stick to that be like..*"Okay, I'm done, we're gonna move on, gonna put my hair in a bun, put my hair in a scarf"*....And just don't touch it. And then after that, I feel like I'm kinda satisfied. Like, I indulged a little bit and then I conquered the beast & didn't let it consume me.

DANIELLE HENRY- I remember things getting in my eye a lot. Like "Eyelashes in my eye! Here's an opportunity to open it up, and remove it! And being proud about that.

EPIC REALIST- Whenever I was just under a lot of stress/anxiety, I would just pick them (eyebrows)

Interests in Tweezing:

This particular subcode emerged amongst two participants, in which they detailed their fascination with tweezing that allowed them to pluck each individual hair for their own satisfaction. Alongside this, they both stated their opposition in beauty salons that allowed employees performing the service of unwanted hair removal, rather than themselves.

JAMILA-I would say I do have some moments where 1) this is why I like tweezing my eyebrows...I know it sounds weird, but I like tweezing my eyebrows for this reason. It kind of satisfies this hair pulling in a way that is also a beauty standard and whatever keeps me looking groomed. But it kinda kills two birds, you know what I mean? So like my eyebrows...I used to just pluck at them and then I try to restrain myself if I could do it “constructively” and tweeze while I’m doing it. But sometimes I look at my lashes like, *“I shouldn’t be doing that because I want more lashes”*, and I want them to be long and thick. I don’t wanna pull them out and try to fight it. But I would say it’s mainly there. Ummm...I kinda get it when I go to get a wax, but its not the same cause it’s not “me” doing it. I know that sounds weird. I don’t trust myself to self-wax, but I feel like that’s kind of the same thing. But that’s probably it cause it’s not the same as shaving. But yeah, mainly my hair (scalp) and sometimes my face.

JAMILA cont’d- I think there’s a difference between the satisfaction with waxing and tweezing. Like I don’t know what it is about being able to target each specific hair, it feels more fine tuned. I don’t know, its more precise. It’s more deliberate. I don’t know, its more satisfying. (laughs). It feels that little niche, I guess.

DANIELLE HENRY- But I do kinda have a ritual around tweezing my eyebrows. Like I won't pull them, but there is a soothing element to me tweezing my eyebrows that I do recognize and it doesn't manifest in the same way that it does with my eyelashes. I just get my tweezer, and if I had anything that needed to be done, I'm like..."okay, just clean it up a bit". And then I remember at the moment I thought it was a thing when I had a "special tweezer" for it. And I remember when I couldn't find my tweezer, I remember the feeling that I felt and I was like, "*it's something there*". Because I felt like if I can't do my ritual, then I don't feel settled.

Shame/Guilt

In exploring the common pathologies affiliated with trichotillomania, it was not uncommon to discover the feelings of shame and disappointment that followed their episodes. Often times, these feelings also lingered onward into their relationships, such as hesitance within intimate settings.

JAMILA- Cause no one wants to come up on somebody else's pile of hair. And I will say that I do remember when I was younger (like in school). And that was probably the worst because again...school's a public place. I don't know, it feels bad. Like it hasn't ever been an issue because I feel like kids do it. I've seen kids pick at their hair all the time in school and shit. So I feel like no one's really taking issue with it. But it's something I try to be conscious about. But I definitely remember doing it during tests when I'm feeling stressed, in class when I'm struggling to pay attention. When I'm so tired or bored or whatever it is. I don't know...trying to focus. And then I'm like focusing on "this". I don't know, it's not helping but maybe it did....a little bit.

Cause I would do it...then can't focus again, and then I would stop. It's not like I'm doing it in front of the whole class kinda thing.

JAMILA cont'd- It was mainly my family that brought it up. I would be chilling with my family and just picking at my hair, as they would call it...but yeah, literally that's what I would be doing. They would bring it up like "WHY ARE YOU DOING THAT? STOP DOING THAT!" You know, like you're messing with your hair. Like I get it, they didn't understand.

EPIC REALIST- The only time I felt ashamed was in high school. My eyebrows were very thick and everyone teased me because of it. So I thought picking them would make them thinner.

DANIELLE HENRY- I remember there was a school event where my father was supposed come, And he didn't. And I remember it feeling "final". Not picking so much before then.

Concealment

Interestingly enough, both Jamila and Epic Realist associated their behaviors with beauty and the negative connotations associated with hair loss. However, Danielle Henry described her efforts of concealment as a means of maintaining intimacy, in both professional and private settings.

EPIC REALIST- I wasn't really allowed to use makeup. So I just kept plucking them and making them thinner on my own.

JAMILA- I used to pick a lot towards the front and would comb my hair over it, so it wouldn't be as noticeable.

DANIELLE HENRY- With interpersonal relationships, that can create tension. Like I noticed it can shift between in-person, video, over the phone.

Childhood

Subsequently, all participants disclosed that they all first embarked on their behaviors as children. Comparatively, instances of childhood trauma were also a factor within their prominent stress levels that led to their Chronic Hair Pulling Behavior.

DANIELLE HENRY- I can definitely say...I think I was around 7 or 8 years old. And I cross referenced that with pictures, stressors that may have been going on at that time.

EPIC REALIST- It was just the abuse itself, and my grades falling that triggered it.

JAMILA- I would say I started pulling probably...middle school? Late elementary, early middle school. Maybe like 7th grade or something like that.

4.6 Data Presentation and Analysis

There were many instances in which the participants' responses overlapped various codes and themes. Alongside this, the participants also completed several scales attached.

4.6.1 Rosenberg Self-Esteem Scale

1. *On the whole, I am satisfied with myself*
EPIC REALIST- Strongly Agree
JAMILA- Strongly Disagree
DANIELLE HENRY- Strongly Agree

2. *At times, I think I am no good at all.*
EPIC REALIST- Agree
JAMILA- Strongly Agree
DANIELLE HENRY- Strongly Disagree

3. *I feel that I have a number of good qualities.*
EPIC REALIST- Strongly Agree
JAMILA- Agree
DANIELLE HENRY- Strongly Agree

4. *I am able to do things as well as most other people.*
EPIC REALIST- Agree
JAMILA- Agree

DANIELLE HENRY- Strongly Agree

5. *I feel I do not have much to be proud of.*

EPIC REALIST- Agree

JAMILA- Disagree

DANIELLE HENRY- Disagree

6. *I certainly feel useless at times.*

EPIC REALIST- Agree

JAMILA-Strongly Agree

DANIELLE HENRY- Strongly Disagree

7. *I feel that I'm a person of worth, at least on an equal plane with others.*

EPIC REALIST- Strongly Agree

JAMILA- Disagree

DANIELLE HENRY- Strongly Agree

8. *I wish I could have more respect for myself.*

EPIC REALIST- Strongly Disagree

JAMILA- Agree

DANIELLE HENRY-Strongly Disagree

9. *All in all, I am inclined to feel that I am a failure.*

EPIC REALIST- Strongly Disagree

JAMILA- Strongly Agree

DANIELLE HENRY- Strongly Disagree

10. *I take a positive attitude toward myself.*

EPIC REALIST- Strongly Agree

JAMILA- Strongly Disagree

DANIELLE HENRY- Agree

4.6.2 NIMH Trichotillomania Scales- Trichotillomania Symptom Severity Scales

(NIMH-TTM)

1. *In the average day, for the past week, how much time did you spend pulling hairs?*

EPIC REALIST- Between 16-30 minutes

JAMILA- Less than 15 minutes

DANIELLE HENRY- Less than 15 minutes

2. *Which hairs did you pull this week?*

EPIC REALIST- Eyebrows

JAMILA- Scalp/head, eyebrows, eyelashes, arm/leg/body

DANIELLE HENRY- Eyelashes

3. *How much time did you spend pulling hair yesterday?*

EPIC REALIST- 15 minutes

JAMILA- Between 16-30 minutes

DANIELLE HENRY- 15 minutes

4. *What were your thoughts or feelings preceding the pulling episode?*

EPIC REALIST- (1) I felt anxious and this calmed me down; (2) I felt compelled to pull and reacted to that urge

JAMILA- (1) I felt anxious and this calmed me down; (2) I felt compelled to pull and reacted to that urge. (3) I had a troublesome thought and the ritual/habit of pulling made the thought “okay”

DANIELLE HENRY- (1) I felt anxious and this calmed me down

5. *Did you attempt to resist the urge to pull?*

EPIC REALIST- (1) No; (3) I didn't think about resisting

JAMILA-(1) No; (1) Too much effort to resist

DANIELLE HENRY- (1) No; (3) I didn't think about resisting

6. *How much are you bothered by this compulsion/habit?*

0	1	2	3	4	5
Not at all					Very, very much

EPIC REALIST- (3)

JAMILA- (2)

DANIELLE HENRY- (4)

7. *How much does hair pulling interfere with your daily life?*

0	1	2	3	4	5
None					A great deal

EPIC REALIST- (1)

JAMILA- (1)

DANIELLE HENRY- (2)

8. *In what ways?*

EPIC REALIST- Not much

JAMILA- Leaves a mess mainly and probably prevents healthy hair growth

DANIELLE HENRY- Resulting appearance embarrassing or prohibits activities.

4.6.3 Multidimensional Perfectionism Scale (Hewitt & Flett, 1990)

1. *When I am working on something, I cannot relax until it is perfect.*

EPIC REALIST- Neutral

DANIELLE HENRY- Neutral

2. *I am not likely to criticize someone for giving up too easily.*

EPIC REALIST- Somewhat Disagree

DANIELLE HENRY-Neutral

3. *It is not important that people I am close to are successful.*

EPIC REALIST- Agree

DANIELLE HENRY-Neutral

4. *I seldom criticize my friends for accepting second best.*

EPIC REALIST- Agree

DANIELLE HENRY- Somewhat Agree

5. *I find it difficult to meet others' expectations of me.*

EPIC REALIST- Agree

DANIELLE HENRY- Somewhat Disagree

6. *One of my goals is to be perfect in everything I do.*

EPIC REALIST-Somewhat Disagree

DANIELLE HENRY- Somewhat Agree

7. *Everything that others of must be of top-notch quality.*

EPIC REALIST- Disagree

DANIELLE HENRY- Somewhat Agree

8. *I never aim for perfection on my work.*

EPIC REALIST- Somewhat Disagree

DANIELLE HENRY- Somewhat Disagree

9. *Those around me readily accept that I can make mistakes too.*

EPIC REALIST- Disagree

DANIELLE HENRY- Somewhat Agree

10. *It doesn't matter when someone close to me does not do their absolute best.*

EPIC REALIST- Somewhat Agree

DANIELLE HENRY-Somewhat Disagree

11. The better I do, the better I am expected to do.

EPIC REALIST-Agree

DANIELLE HENRY- Somewhat Agree

12. I seldom feel the need to be perfect.

EPIC REALIST- Somewhat Agree

DANIELLE HENRY- Somewhat Disagree

13. Anything that I do that is less than excellent will be seen as poor work by those around me.

EPIC REALIST- Disagree

DANIELLE HENRY- Neutral

14. I strive to be as perfect as I can be.

EPIC REALIST- Somewhat Agree

DANIELLE HENRY-Agree

15. It is very important that I am perfect in everything I attempt.

EPIC REALIST- Disagree

DANIELLE HENRY- Somewhat Agree

16. I have high expectations for the people who are important to me.

EPIC REALIST- Somewhat Disagree

DANIELLE HENRY-Agree

17. *I strive to be the best at everything I do.*

EPIC REALIST-Somewhat Agree

DANIELLE HENRY-Agree

18. *The people around me expect me to succeed at everything I do.*

EPIC REALIST- Disagree

DANIELLE HENRY- Neutral

19. *I do not have very high standards for those around me.*

EPIC REALIST- Agree

DANIELLE HENRY-Somewhat Disagree

20. *I demand nothing less than perfection of myself.*

EPIC REALIST-Somewhat Disagree

DANIELLE HENRY-Somewhat Disagree

21. *Others will like me even if I don't excel at everything.*

EPIC REALIST- Somewhat Disagree

DANIELLE HENRY-Agree

22. *I can't be bothered with people who won't strive to better themselves.*

EPIC REALIST- Somewhat Disagree

DANIELLE HENRY- Somewhat Agree

23. *It makes me uneasy to see an error in my work.*

EPIC REALIST- Somewhat Agree

DANIELLE HENRY-Agree

24. *I do not expect a lot from my friends.*

EPIC REALIST- Somewhat Agree

DANIELLE HENRY-Somewhat Agree

25. *Success means that I must work even harder to please others.*

EPIC REALIST- Neutral

DANIELLE HENRY- Disagree

26. *If I ask someone to do something, I expect it to be done flawlessly.*

EPIC REALIST- Disagree

27. *I cannot stand to see people close to me make mistakes.*

EPIC REALIST- Neutral

28. *I am perfectionistic in setting my goals.*

EPIC REALIST- Somewhat Disagree

29. *The people who matter to me should never let me down.*

EPIC REALIST- Somewhat Disagree

30. *Others think I am okay, even when I do not succeed.*

EPIC REALIST-Disagree

31. *I feel that people are too demanding of me*

EPIC REALIST- Agree

32. *I must work to my full potential at all times*

EPIC REALIST- Somewhat Agree

33. *Although they may not say it, other people get very upset with me when I slip up.*

EPIC REALIST- Somewhat Agree

34. *I do not have to be the best at whatever I am doing.*

EPIC REALIST-Somewhat Disagree

35. *My family expects me to be perfect.*

EPIC REALIST- Somewhat Agree

36. *I do not have very high goals for myself.*

EPIC REALIST-Somewhat Disagree

37. *My parents rarely expected me to excel in all aspects of my life.*

EPIC REALIST-Somewhat Agree

38. *I respect people who are average.*

EPIC REALIST- Somewhat Agree

39. *People expect nothing less than perfection from me.*

EPIC REALIST- Neutral

40. *I set very high standards for myself.*

EPIC REALIST-Disagree

41. *People expect more from me than I am capable of giving.*

EPIC REALIST-Agree

42. *I must always be successful at school or work.*

EPIC REALIST-Disagree

43. *It does not matter to me when a close friend does not try their hardest.*

EPIC REALIST-Agree

44. *People around me think I am still competent even if I make a mistake.*

EPIC REALIST-Disagree

45. *I seldom expect others to excel at whatever they do.*

EPIC REALIST- Somewhat Agree

5 CONCLUSION

5.1 Discussion

The guiding research question for this study included:

1. How do African American women navigate their experiences of self-harm, mental health and pleasure through the lens of chronic hair pulling behavior?

Overall, the patterns that have emerged throughout my interviews indicate that there may be a strong correlation shared between self-inflicted behaviors and emotions. Interestingly enough, there were additional patterns that were shared between the participants that were not relative to the primary themes of Emotion coding. In reviewing the transcripts, it was clear that Danielle Henry and Jamila shared the most similarities in their experiences, compared to Epic Realist. Both women described rather strained relationships with their fathers throughout their childhood, particularly through experiences with alcoholism and sexual abuse. They are also mothers that share West Indian heritage. However, all participants shared commonality in having developed Chronic Hair Pulling Behaviors as children, having disclosed that they continue to engage in the behaviors as adults. Similarly, both Danielle and Jamila shared the most similarity in the responses regarding Compulsion. They also described their curiosity in tweezing their eyebrows, which allowed them the opportunity in personally removing each individual hair at a time. Comparatively, they both described their opposition to eyebrow waxing, in which the beauty service is typically conducted by a cosmetologist and prevents intervention from the client.

5.2 Conclusion

Additionally, it was not uncommon to observe a pathology shared between the common factors used to categorize Obsessive Compulsive Disorders. While some of those factors include stress, anxiety, low self-esteem and/or perfectionism, it was rather interesting to note that 2/3 of the participants regarded the behavior as relatively tertiary in their everyday lives. However, much of their responses fluctuated throughout their interviews and surveys. In comparison to previous data gathered, it was rather telling to note that Epic Realist had very minimal responses to the questions, while both Danielle Henry and Jamila provided detailed responses regarding their experiences with Chronic Hair Pulling Behavior. Danielle Henry showed great vulnerability within her interviews, particularly having a dysfunctional relationship with her father that increased her stress levels and innate “perfectionism” throughout her childhood (which had not been explored in previous interviews). Ms. Henry also challenged the idea of concealment of hair loss with partners, which prompted me to further explore the relationship between shame and intimacy. Jamila also described a unique relationship with viewing her hair as the source of the problem, while identifying imperfect hair strands that needed to be removed. Interview Question #4 presented rather interesting responses, regarding potential safe spaces for the participants to engage in Chronic Hair Pulling Behavior. While there were no particular rooms of interest, both Jamila and Danielle Henry stated that they were particularly fond of any room that allowed them privacy and/or discretion to partake in their episode. It was also quite surprising to note that while seeking pleasure itself was not primary upon the beginning of an episode, feelings of relief were common amongst all three participants.

Within the National Institute of Mental Health Trichotillomania Severity Symptoms Scale, the individual responses varied throughout the severity and frequency of their chronic hair pulling. Although interpreted as a meaningless habit, all participants described themselves as having been somewhat bothered by their own behaviors and experienced heightened rates of anxiety preceding an episode. Both Danielle Henry and Epic Realist described themselves as having relatively high rates of self-esteem, despite having engaged in Chronic Hair Pulling Behavior on a weekly basis. Ironically, Jamila was the only participant whose responses showed a direct correlation between lowered rates of self-esteem and frequent hair pulling. In relation to the Rosenberg Self- Esteem Scale and the Multidimensional Perfectionism Scale, the participants also showed conflicting responses, which prompted me to further reexamine the pathologies commonly associated with motor-based repetitive disorders. While it is assumed that maladaptive perfectionism would most likely be associated with Chronic Hair Pulling Behavior, the participants indicated high rates of self-esteem towards themselves in these scales.

5.3 Limitations and Suggestions for Future Research

Over the last two years, there were several challenges that were presented as I completed this research, including the most recent obstacle of the 2019 Novel Coronavirus (COVID-19).

Essentially, this soon led to the study being performed exclusively virtual, as by the newly updated requests of the Georgia State University Institutional Review Board.

During the journey of having completed this research, I first embarked on having understand the nuances between self- inflicted and involuntary hair loss, as it pertained to African Americans.

Generally, the research results of were almost always centered around cosmetology and/or

alopecia, which was often relegated back to the influences of Eurocentric beauty standards. Eventually, as the search engine was narrowed more so to trichotillomania, I noticed a trend of substantial erasure of people of color, given that it is described as an Obsessive-Compulsive Disorder. However, it was not surprising to see that the most visible demographic of said disorder were almost exclusively Caucasian women. Alongside this, there was quite a bit of erasure pertaining to African American men and hair loss, which led me to conclude that due to hair historically being made synonymous with beauty (in which beauty has also been primarily associated with women), the absence of men within the studies is normalized. In addition to this, it became clear that was great intention behind various research studies to further pathologize the hair loss of African American women, in which it sought to consistently fought to make this population responsible for said hair loss. Interestingly enough, this prompted me to think about the ways in which African American hair loss is somewhat framed into a trifecta of :1) overuse of heat styling 2) excessive relaxing/chemical treatments 3) frequent braiding/weave extensions done tightly.

Moving forward, there were various pathologies used to categorize African Americans within studies pertaining to mental health, many of which aimed to further a narrative of Blackness within trauma. In retrospect, the study of African American mental health (post-slavery) is something that should be explored much further, given that the literature greatly unpacked the relationship between African Americans and ableism. Prior to having read *A Black Feminist Disability*, I had not previously explored the ways in which Obsessive Compulsive Disorders could be viewed as a potential disability. The text of “*In and Out of Our Right Minds: The Mental Health of African American Women*” also challenged the nuances between what is classified as “mental health” and “mental disorder”, having provided context to the components

that are also used to determine Chronic Hair Pulling Behavior. As mentioned previously, this contradicted some of the findings within the fourth chapter, having displayed one participant's high level of self-esteem, despite the fact of engaging in Chronic Hair Pulling Behavior. Interestingly enough, I also found that many of the sources did not explore the feelings of pleasure and/or relief that is commonly sought out from individuals following an episode. These academic articles typically focused on quantitative data and the psychosocial factors of stress and anxiety that have been associated with Obsessive Compulsive Disorders. Subsequently, it was clear that the works of *Black Women's Mental Health, Pleasure Activism and Eroticism, Spirituality and Resistance in Black Women's Writings* were all very necessary in helping to draw the connections between mental health and pleasure. In utilizing these texts, it was evident that the history of Black women's pleasure had seldom been studied, in relation to their experiences with self-harm.

In the near future, it would be greatly beneficial to see an exploration of trichotillomania, particularly with an emphasis on self-harm. Unfortunately, only one article within my literature review focused specifically on the rates of African Americans that engaged in Deliberate Self Harming behaviors, having explored various psychosocial factors of racism, sexism and/or homophobia that were unique to the Black community. Alongside this, having learned about the various chemical neurotransmitters (dopamine and serotonin) that are released during episodes of motor based repetitive disorders also highlighted potential nuances of how pleasure and/or relief are garnered during these particular behaviors.

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APPENDIX

Human Subjects Protocol

Informed Consent

Georgia State University Department of African American Studies Informed Consent Form

Title: Using My Body, Using My Labor: Exploring the Relationship Between African American Women and Chronic Hair Pulling Behavior

Principal Investigator: Kiana N. Clark

I. Purpose:

You are invited to participate in a research study to understand ways in which eroticism, mental health and self-harm intersect with chronic hair pulling behavior amongst African American women. You have been invited to participate because you are an African American woman that is between the ages of 18-35 years old. An estimate of 3 participants will be recruited for this study. Participation will require an interview that will take approximately 30 minutes of your time and information collected in the interview will remain confidential. You may also participate in 3 voluntary surveys following the interview.

II. Procedures:

If you are willing to participate, you will be asked to participate in an interview. The interview will take approximately 30 minutes to complete. The interview will also take place over the telephone and/or video-telephoning. There will be no direct link of identification between you and your responses. You may choose an alternate name if you'd like.

III. Risks:

Risks may occur if you are not comfortable with discussing your experiences with hair loss, mental health and trauma. Confidentiality is strictly enforced for this study. If you become uncomfortable during this study, you may deny or withdraw your participation at any time. As this study asks you to recount various experiences with hair breakage and/or episodes of hair pulling behavior, there may also be triggered post-traumatic stress within you that may cause depressive symptoms. If this is the case, resources may be provided for you.

IV. Benefits:

Participants will be provided a small compensation reward upon completion of the study. While there may not be any personal gain or benefit from this research study, the answers you provide may aid in a testament. Also, we hope to gain information to understand how African American women navigate through various psychosocial factors that are inclusive but not limited to shame,

deviancy, self-esteem, pleasure, intimacy, etc. In addition to this we also hope to gain a better understanding of why some African American women also engage in chronic hair pulling behaviors. This information can add to existing literature that focuses on African American women that experience hair loss, as a means to create more diverse programming that also examines the relationship between African American women and trichotillomania as well. Furthermore, mental health resources may be provided upon request, so you will have access to additional services if necessary.

V. Voluntary Participation and Withdrawal:

Participation within this research is voluntary. There is no obligation to perform in this study. If you decide to withdraw from this study, you can do so at any time. Responses to questions are not required.

VI. Confidentiality:

Your records will be kept private by the extent allowed by law. Only the researcher will have access to the information provided. The information may also be shared with those who ensure the study is done correctly such as the GSU Institutional Review Board and/or the Office for Human Research Protection (OGRP). Alternate names may be supplemented in place of name on study records. The information will be kept confidential in a secured place. Your name and other information that might point to you will not appear when we present this study or publish its results. The findings will be summarized and reported. There will be no personal identification towards you.

VII. Contact Person:

Contact Kiana N. Clark at [REDACTED] or via email: kclark44@student.gsu.edu. Please contact this researcher if you have any immediate questions about this research study. If you have questions or concerns about your rights as a participant in this study, you may contact Makungu Akinyela in the Department of African American Studies at (404) 413-5140 or email him at makinyela@gsu.edu.

VIII. Copy of Consent Form:

You will be given a copy of this consent form to keep.

If you are willing to volunteer for this research, please sign below.

_____ Participant _____

Principal Investigator

_____ Date

_____ Date

Human Subjects Protocol

Recruitment Form

Greetings! My name is Kiana N. Clark. I am a M.A. student at Georgia State University within the Department of African American Studies. I would like, and value, your input in my study entitled "Using My Body, Using Labor: Exploring the Relationship Between African American Women and Chronic Hair Pulling Behavior". The objective of this study is to understand ways in which eroticism, mental health and self-harm are experienced amongst African American women, particularly through the lens of chronic hair pulling behavior. This research is significant because it will contribute to literature that explores African American psychology, in the midst of self-inflicted hair loss.

In order to be a participant in this study you must:

Be between the ages of 18-35.

Identify as African American/Black

Identify as a woman.

There are two ways to contact me if you are interested in participating in this study: If anonymity is of concern:

Choose a pseudonym name for the study

Call me at [REDACTED]

Identify yourself by the name you have chosen.

If anonymity is of no concern:

Call me at [REDACTED]

Email me at kianaclark96@gmail.com

Please include your name, best number to reach you, best available times to call, and email address.

Thank you for your time and consideration for participating in this research study.

Demographic Questionnaire

Name _____

Age. _____

Race/Ethnic Identification. _____

Gender Identification. _____

Interview Questions

1. Have you ever engaged in hair pulling behaviors?
 - If yes, have you ever experienced pain/pleasure from hair pulling?
2. Have you ever felt relief from an episode?
3. What typically goes through your mind while doing this?
4. Do you have/Have you had a particular safe space where you engage?
5. What areas have you pulled from the most?
6. How long has an episode lasted for you?
7. Have you ever had a moment of self-control where you tried to stop pulling impulsively?
8. Have you ever felt ashamed to participate in activities that may expose any visible baldness?
9. Have you ever experienced any major events of life stress, in which hair pulling became your primary coping mechanism of choice?

Rosenberg Self-Esteem Scale (1965)

1. On the whole, I am satisfied with myself.
Strongly Agree Agree Disagree Strongly Disagree

2. At times I think I am no good at all.
Strongly Agree Agree Disagree Strongly Disagree

3. I feel that I have a number of good qualities.
Strongly Agree Agree Disagree Strongly Disagree

4. I am able to do things as well as most other people.
Strongly Agree Agree Disagree Strongly Disagree

5. I feel I do not have much to be proud of.
Strongly Agree Agree Disagree Strongly Disagree

6. I certainly feel useless at times.
Strongly Agree Agree Disagree Strongly Disagree

7. I feel that I'm a person of worth, at least on an equal plane with others.
Strongly Agree Agree Disagree Strongly Disagree

8. I wish I could have more respect for myself.
Strongly Agree Agree Disagree Strongly Disagree

9. All in all, I am inclined to feel that I am a failure.
Strongly Agree Agree Disagree Strongly Disagree

10. I take a positive attitude toward myself.
Strongly Agree Agree Disagree Strongly Disagree

NIMH Trichotillomania Scales- Trichotillomania Symptom Severity Scales (NIMH-TTM)

1. In the average day, for the past week, how much time did you spend pulling hairs?

None _____ (0) ≤ 15 min. _____ (1) 16-30 min. _____ (2)

31-60 min. _____ (3) 1-2 hrs. _____ (4) 2+ hrs. _____ (5)

_____ (SCORE)

Which hairs did you pull this week?

Scalp / head _____ Eyebrow _____ Eyelash _____

Arm / leg / body _____ Pubic _____ Other _____

2. How much time did you spend pulling hairs yesterday?

None _____ (0) 15 min. _____ (1) 16-30 min. _____ (2)

31-60 min. _____ (3) 1-2 hrs. _____ (4) 2+ hrs. _____ (5)

_____ (SCORE)

3. What were the thoughts or feelings preceding the pulling episode?

1. I felt anxious and this calmed me down. _____
2. I felt compelled to pull and reacted to that urge. _____
3. I had a troublesome thought and the ritual / habit of pulling made

the thought "okay". _____

4. Other. _____
5. Did you attempt to resist the urge to pull?

NO _____:

1. too much effort to resist. _____
2. previously unable to resist so didn't try. _____
3. didn't think about resisting. _____
4. other. _____

5. YES _____:

2. successfully resisted the urge to pull. _____
3. moderately successful in resisting the urge to pull. _____
4. limited success in resisting the urge to pull. _____
5. unsuccessful in resisting the urge to pull. _____

5. How much are you bothered by this compulsion / habit?

0	1	2	3	4	5
Not at all			Very, very much		

6. How much does hair pulling interfere with your daily life?

0	1	2	3	4	5
None			A great deal		

In what ways?

Resulting appearance embarrassing or prohibits activities. _____

Interference because of time expended. _____

Other. _____

_____ (TOTAL SCORE)

Multidimensional Perfectionism Scale (Hewitt & Flett, 1990)

1	When I am working on something, I cannot relax until it is perfect.	Agree			Neutral			Disagree
		1	2	3	4	5	6	7
2	I am not likely to criticize someone for giving up too easily.	1	2	3	4	5	6	7
3	It is not important that people I am close to are successful.	1	2	3	4	5	6	7
4	I seldom criticize my friends for accepting second best.	1	2	3	4	5	6	7
5	I find it difficult to meet others' expectations of me.	1	2	3	4	5	6	7
6	One of my goals is to be perfect in everything I do.	1	2	3	4	5	6	7
7	Everything that others do must be of top-notch quality.	1	2	3	4	5	6	7
8	I never aim for perfection on my work.	1	2	3	4	5	6	7

9	Those around me readily accept that I can make mistakes too.	1	2	3	4	5	6	7
1	It doesn't matter when someone close to me does not do their absolute best.	1	2	3	4	5	6	7
1	The better I do, the better I am expected to do.	1	2	3	4	5	6	7
1	I seldom feel the need to be perfect.	1	2	3	4	5	6	7
1	Anything that I do that is less than excellent will be seen as poor work by those around me.	1	2	3	4	5	6	7
1	I strive to be as perfect as I can be.	1	2	3	4	5	6	7
1	It is very important that I am perfect in everything I attempt.	1	2	3	4	5	6	7
1	I have high expectations for the people who are important to me.	1	2	3	4	5	6	7
1	I strive to be the best at everything I do.	1	2	3	4	5	6	7
1	The people around me expect	1	2	3	4	5	6	7

	me to succeed at everything I do.							
1	I do not have very high standards for those around me.	1	2	3	4	5	6	7
2	I demand nothing less than perfection of myself.	1	2	3	4	5	6	7
2	Others will like me even if I don't excel at everything.	1	2	3	4	5	6	7
2	I can't be bothered with people who won't strive to better themselves.	1	2	3	4	5	6	7
2	It makes me uneasy to see an error in my work.	1	2	3	4	5	6	7
2	I do not expect a lot from my friends.	1	2	3	4	5	6	7
2	Success means that I must work even harder to please others.	1	2	3	4	5	6	7

2	If I ask someone to do something, I expect it to be done flawlessly.	1	2	3	4	5	6	7
2	I cannot stand to see people close to me make mistakes.	1	2	3	4	5	6	7
2	I am perfectionistic in setting my goals.	1	2	3	4	5	6	7
2	The people who matter to me should never let me down.	1	2	3	4	5	6	7
3	Others think I am okay, even when I do not succeed.	1	2	3	4	5	6	7
3	I feel that people are too demanding of me.	1	2	3	4	5	6	7
3	I must work to my full potential at all times.	1	2	3	4	5	6	7
3	Although they may not say it, other people get very upset with me when I slip up.	1	2	3	4	5	6	7
3	I do not have to be the best at whatever I am doing.	1	2	3	4	5	6	7
3	My family expects me to be perfect.	1	2	3	4	5	6	7

3	I do not have very high goals for myself.	1	2	3	4	5	6	7
3	My parent rarely expected me to excel in all aspects of my life.	1	2	3	4	5	6	7
3	I respect people who are average.	1	2	3	4	5	6	7
3	People expect nothing less than perfection from me.	1	2	3	4	5	6	7
4	I set very high standards for myself.	1	2	3	4	5	6	7
4	People expect more from me than I am capable of giving.	1	2	3	4	5	6	7
4	I must always be successful at school or work.	1	2	3	4	5	6	7
4	It does not matter to me when a close friend does not try their hardest.	1	2	3	4	5	6	7
4	People around me think I am still competent even if I make a mistake.	1	2	3	4	5	6	7
4	I seldom expect others to excel at whatever they do.	1	2	3	4	5	6	7