

CHAPTER 8

DISCUSSION

8.1 SYNOPSIS OF FINDINGS

The purpose of this study was to explore the personality structure and psychological functioning of a sample of patients with trichotillomania with the aid of the Rorschach inkblot method. The results of the Rorschach Comprehensive System indicated a number of commonalities in their capacity for control and stress tolerance, their perceptions of themselves, aspects of their affective functioning and cognitive style, and the effect of these factors on their interpersonal relationships.

The most outstanding of these common attributes was that the participants showed a notable impediment in their characteristics for problem solving, decision making, and coping behaviour, where the inconsistent impact of emotion left the majority psychologically inefficient (see par.7.3.2). This seemed to be the culmination of a number of confounding factors, as is evident from the commonalities in the personality structures and psychological functioning of the majority of participants. These are highlighted below:

- There was a strong presence of chronic rather than transient unmet need states in the sample. For several participants, these frequently interfered with their concentration and attention (FM+m, SumC', SumI, SumY, and SumV).
- These need states reflected a variety of early developmental issues pertaining to the fulfilment of needs, the capacity for interpersonal attachment and intimacy, and associated affective states, and left almost all participants with a chronic vulnerability in terms of their inherent capacity for control and stress tolerance (AdjD).

- The participants' also showed a susceptibility for situational stress that surpassed that of the general psychiatric population (D Score). This increased their potential for disorganisation and/or impulsive thinking and behaviour.
- The psychological consequences of the stress tended to affect both the participants' thinking and emotions (SumY and m). Regardless of its focus, however, the disruptive and/or disorganising impact appeared to be severe when it occurred (D Score < -1).
- Approached from a dynamic developmental perspective, the roots of this vulnerability could be identified in the participants' perception of themselves. As could be expected of a sample with such core structure impairments, the participants had quite a negative self-image (3r+(2)/R, Fr+rF, and MOR) - whether consciously acknowledged or denied by way of narcissistic defensive measures.
- Most of the participants' notion of themselves was based more on imaginary impressions or perversions of real experiences than on true interaction and/or identification with real people (H:(H)+Hd+(Hd)).
- Despite being generally quite preoccupied with themselves, the majority did not routinely engage in constructive introspective behaviour (FD and Y). It is therefore unlikely that their self-awareness would change substantially to exert a positive effect on their distorted images of themselves.
- Another concern was that most participants had limited available resources (EA and Adj_es) to minimise the pejorative impact of their subjective experiences of insecurity, dissatisfaction, negativity, overload, and failure.
- They routinely invested in a type of processing that was everything but economical (W:D:Dd), for example expending more energy than necessary in attempts to assess situations precisely. Their attention to details suggested a strong need for

control over every subtle cue from their environments, but also signalled a guardedness and fear of excessive involvement. Despite striving to accomplish more than what appeared reasonable in the light of their current functional capacities (W:M), however, the quality of their processing efforts was generally excellent (DQ+).

- None of the participants was overly committed to conventionality or social expectations (X+%). They nevertheless had an adequate capacity for reality testing (XA% and WDA%) and could be expected to respond appropriately in situations where the cues for acceptable behaviour were simple and obvious (P).
- However, the majority showed a decrease in mediational efficiency (X-%) in situations that were complex and ambiguous (see page 63). Although severely impaired conceptual thinking occurred occasionally (L2SpSc), most of the ensuing cognitive slippage represented benign forms of conceptual mismanagement (INCOM, FABCOM, and ALOG) that signify the rudiments of primary process thinking, for example instances of unexpectedly immature or flawed logic that allowed for unsophisticated and arbitrary connections between apparently unrelated elements. Despite the non-bizarre nature of these slippages, the participants showed such a high incidence of cognitive mismanagement (Sum6) and even instances of reduced reality testing that they were expected to be unable to contend persistently effectively with the demands of everyday living.

The small sample size unfortunately obviated a conclusive inference about the incidence of momentary failures in control that impaired the participants' ability to contain or direct their ideational focus adaptively. There were indications that their thinking was likely to become disorganised, inconsistent, and marked by seriously flawed judgment (WSUM6) in situations that were intensely emotional

and/or unstructured¹. This aspect substantiated the vulnerability posited about the participants' affective functioning.

- Although most of the participants attempted to keep their emotions peripheral (EB, WSUMC':WSUMC, and Intellectualisation Index), the majority experienced some degree of difficulty with modulating and expressing their emotions (FC:CF+C). They typically restrained their emotions much less than most people, and often expressed their feelings in intense and/or dramatic ways.
- The individual group members dealt differently with the presence of unresolved conflicts related to dependency. A few were overly reliant on important others for direction or support (a:p and Fd), but the majority of the sample were quite concerned with their personal space and much more cautious about creating or maintaining close emotional ties with others (SumI=0). Therefore, despite being quite interested in people (H:(H)+Hd+(Hd)+Hx), the majority preferred to keep others at an arm's length. Some were even socially isolated, with almost no rewarding interpersonal relationships (Isolation Index).

In view of the prevalence of situational stress in their lives, the majority of the sample's level of psychological complexity (Blends/R) appeared to be relatively unaffected by its impact. Also, despite numerous theoretical indications to the contrary, only a very small percentage of the sample featured truly significant deficits in coping with everyday demands (CDI). Regardless of the group's inherently vulnerable capacity for control and stress tolerance, their avoidance of close interpersonal contact, their impaired ability to cope with everyday problems and decisions, the interference of primary process thoughts and even the occasionally reduced reality testing, some means did exist to prevent complete disorganisation.

¹ Refer to page 63 and page 68

The question arises whether the symptom of chronic hair pulling represented an adaptive defence that prevented the imminent potential for disorganisation in the group. If so, the protective function served by this form of self-induced harm could be one of the reasons behind the disorder's poor prognosis. Before attempting to answer these questions, the aetiological roots that underpin the collective personality structure and psychological functioning of the sample have to be highlighted.

8.2 AETIOLOGICAL CONSIDERATIONS

The sample's collective performance in the Rorschach test was generally notable, but it was difficult to generalise the findings to the trichotillomania population due to individual differences in a relatively small sample. The near unanimous performance on the Rorschach indicators listed below nevertheless deserves further attention.

Without necessarily repeating the implications of their performance, these findings include the following:

- 8.2.1 The absence or unexpected elevation in 14 participants' I responses (93% of the sample) signified the presence of attachment difficulties and chronic adjustment problems for the majority of the sample.
- 8.2.2 The $H:(H)+Hd+(Hd)$ ratio of 12 participants (80%) indicated that the majority of the participants' self-image and/or self-value was based on imaginary impressions or distortions of real experiences.
- 8.2.3 The low value for $Adj\ D$ in 13 participants' records (87% of the sample) signalled a chronic vulnerability in their capacity for control and stress tolerance.
- 8.2.4 Thirteen participants (87% of the sample) showed some degree of difficulty in modulating and expressing affect, as indicated in their $FC:CF+C$ ratio.

8.2.5 The disruptive presence of primary process thoughts in 14 participants' (93% of the sample) conceptual thinking was indicated by the composition and elevated value of WSUM6.

From a psychodynamic perspective, the combination of these findings signalled a range of early experiences that probably influenced the development of the participants' personality structure and psychological functioning.

Winnicott (1960) emphasised the role of the environment in the formation of self. He pointed out that infants depended on the provisions of a facilitative environment to foster their maturational processes. This environment usually comes in the form of a good-enough primary caretaker (generally the mother) who adapts to the changing needs of the child during the different developmental periods in their relationship. If maternal care is optimal, the child learns to trust his environment to meet his emotional and physical needs, and to increasingly differentiate between me and not-me at a manageable pace. The way in which this environment responds to the developing infant and his needs teaches a child how to regard himself as wanted, worthy, loveable, or not. The mother's ability to identify, name, and accept the child's emotions accurately lays the foundation for how the child regards and deals with his future affective experiences. As the child grows older, the mother's continued but unobtrusive support allows him to discover his personal life, to feel real, and to develop the capacity to be alone without fearing loss or extinction. In other words, good-enough mothering allows a child to move from absolute dependence to relative dependence, and then towards independence. If successful, the adult child is able to enter intimate, interdependent, interpersonal relationships without having to fear engulfment or abandonment.

The interactional patterns laid during these first few years become the blueprint for a child's perception of himself and his world - and all his subsequent relationships.

In the early developmental years, cognitive processes are limited to primary process thinking that is not subject to the rules of logic or oriented to reality. Dudek (in Woody, 1980) points out that primary process thinking serves an adaptive function for the developing infant by providing tension reduction and wish fulfilment, and by organising and ordering his world into manageable portions. Only as the child matures does logical and reality-oriented secondary process thought gradually become dominant, to eventually supplant primary process thinking.

The child's needs are not met and implemented in the absence of a facilitative environment. Bearing in mind that a helpless infant is entirely dependent on its caretakers, it follows that repeated failure to attend to its most basic needs signals an imminent threat to continuation of the infant's very existence. Fried (in Lerner & Lerner, 1988) points out that the most appropriate emotion in case of such a threat is dread, and that any other feeling is likely to be defensive. Theoretically, the infant then has to employ a number of suitably adaptive defences to ensure its survival and to protect itself against the encompassing dread or anxiety associated with the threat.

Most people respond with submission in an environment that is not safe. Therefore, when the not good-enough mother overlooks or ignores her child's needs to replace them with her own, the infant conforms. Eventually, however, the child's compliance leads to the development of a false self that becomes isolated from its own spontaneous and life-giving core. For instance, when the child is left alone and unable to share intense emotions with a suitably responsive important other, or when the expression of these emotions is unwelcome, the child learns to isolate his affective responses from the external world. Anger also easily becomes projected or denied when the needs of the caregiver require that the child be without such emotions in order to be accepted.

According to Winnicott (1960), the origin of this false self therefore lies in the seduction of the infant into a compliant relationship with a non-empathic caretaker. The false self serves defensive needs to hide and protect the true self, by complying with external demands. When this happens, the cathexis of external objects remains incomplete, and spontaneity is repressed by a false set of relationships in which the individual reacts compliantly to environmental demands.

The findings of the current study strongly suggest that this sample's early environments were not optimal for the development of secure, contented, and truly independent adults (as signalled by the results of the Egocentricity Index, $Fr+rE$, FD , $SumV$, $SumC$, $SumY$, $SumT$), who would feel comfortable with emotional intimacy and/or intensity (contra-indicated by the results of the Isolation Index, $SumT$, $FC:CF+C$, COP and AG), and whose cognitive abilities would routinely promote logical, reality-oriented alternatives to problem solving and decision making – which is clearly not the case when the results of the ideation cluster is taken into account.

It is rather postulated that the development of a false self allowed these individuals to adjust relatively well to reality, despite a deep-rooted pathology. However, although the false self originally allowed them to remain in the primary relationship without being overwhelmed by the fear or rage that were kindled by their disparagement, the price was an immature, fragile core that is easily overwhelmed when the usual defensive measures designed to protect it inevitably fail.

8.3 DYNAMIC IMPLICATIONS

The early interpersonal deprivation these participants suffered appear to translate into massive attempts to seek stimulation. They achieve this stimulation by getting involved with people, but generally also by overly scanning their environments. This tendency to scan situations in-depth for even subtle nuances, in combination with their mostly accurate mediational abilities, seem to serve a dual purpose – it satisfies their need for

adequate stimulation and increases their control over the unexpected. In fact, this might well be one of the reasons why these patients continue to function relatively successfully, despite all indications to the contrary. The more acute their perceptions of fluctuation in their external environments, the less pathology is revealed.

However, beneath this frantic search for object contact is an empty dysphoria that only comes to the fore when the sheer amount of information or its content overwhelms the individual's normal defensive structures². It is hypothesised that this usually adaptive process would be particularly vulnerable to lapses in control when their environments become more ambiguous or emotionally laden and the cues for appropriate behaviour consequently become less clear (see page 63). Anxiety then overwhelms the individual and the underlying pathology becomes evident. Even in the adult who has basically achieved an adequate false self that functions reasonably well under ordinary circumstances, intense conflict that arouses a myriad irreconcilable emotions could reawaken the infantile dread of fragmentation. The data on the sample's ideational functioning suggest that these participants resort to primary process thinking³ under such circumstances.

Russ (in Lerner & Lerner, 1988) conceptualises primary process thinking as representative of affective content in cognition. She suggests that primary process content derives from the early developmental phases and that it comprises the contents around which the child experienced early intense feeling states - in other words, content which was at one time affect-laden. However, although some affect may remain, Russ proposes that primary process thinking also reflects a style of dealing with intensely affective material. The primary process could therefore refer both to current affective material and to a style of dealing with affective thoughts.

² Signalled by the findings for the D Score, Adj.D, and FC:CF+C ratio

³ Refer to page 68-71 of this report

If true, these trichotillomania participants seem to regress to primary process thinking in their attempts to reduce emotional tension related to a temporary loss in control, while at the same time reintroducing a means of organising and ordering their world. This would also support Exner's (2000) notion that most lapses in control are related to some homeostatic need in terms of which reduced control produces a sense of relief or gratification.

It is of special interest that the consequences of trichotillomania patients' lapses in control can be equated with the Isakower phenomenon (Isakower, 1938). Fried et al (in Lerner & Lerner, 1988) describes this phenomenon as encompassing regressive ego structure alterations, with a decathexis of the real external world, disintegration of the capacity for differentiated critical thinking and reality testing, and a hypercathexis of the body ego. In this state, physical sensations are intensified and the boundary between self and environment becomes so blurred that it is difficult to distinguish outer from inner or to localise the sources of sensations.

The question then arises whether, once in this state, the self-induced hair pulling constitutes a defensive operation. The arbitrary, seemingly illogical connection between self-inflicted, uncontrollable hair pulling and intense emotional disruption then almost concretely represents the dreaded damage to the self and its internalised objects that could result from actual loss of (emotional) control. At the same time, however, the symptom also protects both the self and its internalised objects from the feared destructive effect of rage (Klein, 1975; Fairbairn, 1954). The symptom also fulfils the need for a self-soothing capacity that protects the individual from being traumatised by spreading emotions that are especially associated with anxiety. This would constitute a more adaptive alternative to the patient's characteristic ways of emotional discharge. While the regressed part of the ego indulges in the abandonment of reality testing so that it may "conjure up lost objects and

submerged worlds" (Isakhower, 1938, p.345), the observing part continues to appraise the process to ensure that it remains adaptive. In this way a degree of control is maintained in order to prevent too deep a regression.

For some patients, the hair twirling and pulling associated with reducing tension quickly becomes a reassuring habit that is resorted to even in the absence of acute emotional discomfort.

8.4 PROGNOSTIC CONSIDERATIONS

The treatment objectives for trichotillomania directly or indirectly target a reduction of the hair-pulling symptoms, with attention to psychosocial and/or interpersonal concerns as secondary aims. However, against the backdrop of the above-mentioned dynamic factors, the findings of the current study do identify important factors that could reasonably be expected to affect the disorder's unremitting disease course.

Several confounding factors in the participants' personality structure and psychological functioning appear to impact on prognostic considerations:

- 8.4.1 The innate vulnerability in the patients' personality structure indicated by the Adj D scores and exacerbated by the limited available resources (EA and Adj es).
- 8.4.2 Either too much or too limited flexibility in coping behaviours, suggested by the distinctive EB style in combination with findings from the cognitive triad (a:p, Zd, W:M).
- 8.4.3 The predominance of unmet need states indicated by FM+m, and elucidated by the absence of or unexpected elevation in I responses.
- 8.4.4 The inconsistent impact of emotions on directed ideational activity indicated by the distinctive EB styles and the inordinately high level of psychological complexity signalled by the frequency and composition of their Blends.

- 8.4.5 The limited control and modulation of emotional discharges, indicated by the $\frac{FC}{CF+C}$ ratio in combination with other psychological vulnerabilities.
- 8.4.6 The frequency and extent of ideational interference posed by primary process thoughts, signalled by the value and composition of the Sum6 and WSUM6 variables.
- 8.4.7 The distorted self-image and limited potential for increased self-awareness signalled by the $\frac{H:(H)+Hd+(Hd)}{V}$ ratio and the value for the \underline{V} and \underline{FD} variables.

The factors listed above would contra-indicate the isolated use of cognitive-behavioural techniques in the treatment of trichotillomania patients. Such approaches tend to target the habitual resorting to hair pulling and associated environmental cues by predetermining coping strategies for high-risk situations. However, a major complication of the inconsistent impact of emotions on these patients' cognitive functioning is the associated tendency to regress to primary process thinking. It follows that patients cannot be expected to adhere to logical, reality-oriented coping strategies that were formulated prior to the re-emergence of especially anxiety-provoking situations. Such a treatment stance would obviously signal the potential for a higher relapse rate.

The findings of the current study therefore correspond with the envisaged benefits of the more recent, comprehensive conceptual and behavioural model that combines the behavioural, affective, and cognitive variables into the diverse and idiosyncratic features that are characteristic of trichotillomania (O'Sullivan, et al., 2000).

Regardless of the preferred treatment approach, however, it might prove beneficial to bear in mind that the predominance of secondary process thought does not seem well established in these patients, and that primary process thinking therefore easily takes over in more demanding situations. If access to primary process material is to become more adaptively employed as a creative resource

(Russ in Lerner & Lerner, 1988) instead of as a means to avoid constructive management of difficult situations, it has to become better integrated with secondary process thought. In this regard, psychodynamic theory predicts that patients who permit affect-laden material to surface in adaptive ways and who can cognitively integrate and master such material would be more open to ideas and more flexible in their problem-solving approach.

The hypothesis that access to primary process thinking and its integration into secondary process thought correlates positively with cognitive functioning, flexible problem solving and generally coping, has been repeatedly confirmed in studies with children. Russ (in Lerner & Lerner, 1988) found for example that well-integrated primary process content accounted for a large proportion of the variance in school achievement, independent of both intelligence and general integrating ability. The cognitive integration of affective material was found to be the important variable. It might therefore prove beneficial to also target the strengthening of secondary process thought and the necessary cognitive structures to integrate affect when trichotillomania patients are treated.

Another factor that should be taken into account for the treatment of these patients is that numerous studies have indicated a relationship between thought and object development (Blatt & Ritzler, 1974; Athey, 1974; Berg, Packer, & Nunno, 1993). The success of strengthening a patient's cognitive structure and secondary process thought would therefore probably be partially determined by his or her intrapsychic and interpersonal repertoire (i.e. the level of the patient's object relations). In order to remedy some of the deficiencies in this regard (the result of early developmental conflicts), Gilpin (1976) points out that it would be important for the therapist to remain a stable object that can be taken in slowly. The therapist must be predictable, consistent, and empathic, and has to become a trusted object to be able to help the

patient with his self/other differentiation and to separate fantasy from reality. The therapist has to serve as an auxiliary ego, helping the patient to establish accurate cause-effect relationships and to link outside triggering events with internal feeling states. These processes and interventions would promote the development and/or strengthening of internal structures and rewarding object relations. Only then can primary process thinking be better modulated and integrated to increase the patient's flexibility and general coping ability.

If future research should determine that unrealistic ambitions (as suggested by the sample's W:M ratio) were in fact a common characteristic of most trichotillomania patients, this finding might elucidate the prevalence of failed treatment interventions and/or recurrent relapses. It would also prompt treating clinicians to closely monitor the pace at which patients attempt to master the above-mentioned skills.

8.5 CONCLUSION

The findings of the current study confirm self-reports that, as a group, people with trichotillomania are highly vulnerable to loss of control and becoming disorganised under stressful conditions. Few of the participants in the current sample had sufficient adaptive resources to manage the stressors in their lives without feeling or manifesting undue distress, which in turn impacted on their sense of comfort, composure, and satisfaction. Most of the participants appeared to lead relatively stressful lives in which they frequently had to deal with demands to make decisions, solve problems, handle feelings, and take action. These demands were exacerbated by virtue of the occupations they filled, the goals to which they aspired, the responsibilities they assumed, and their interpersonal relationships. It was therefore not surprising that many of their histories were marked by instances of faulty judgment, emotional disruption, and/or behavioural ineffectiveness, with numerous remissions and exacerbations in their hair-pulling symptoms.

At face value, they could arguably benefit from leading lives in which neither the expectations they had of themselves nor the external requirements they confronted on a daily basis placed heavy psychological demands on them. They could probably also benefit from learning basic ways of dealing with problems, for example by thinking about them and responding to situations by expressing feelings about them.

However, these participants' life styles appeared to serve them well. They actually sought demanding situations, which in combination with their self-induced hair pulling appeared to fulfill an important psychological function for them. It is therefore unlikely that attempts at mere intellectual insight would markedly affect the quality of their lives or cause permanent remission of their symptoms.

The current study has indicated a number of factors to be taken into account in the treatment of trichotillomania patients. Firstly, more controlled access to primary process thinking would allow for increased efficiency in these participants' characteristic ways of problem solving, decision making, and general ability to cope with the demands of everyday life. A prerequisite, however, is tolerance and eventual integration of distressing emotional contents. This would in turn impact positively on their self-perception, and estimates of their self-worth, and their ability to enter into mutually satisfying interpersonal relationships. Attaining these objectives would theoretically also neutralise the adaptive need for the self-destructive hair-pulling symptoms of trichotillomania patients.

CHAPTER 9

CONCLUSION AND RECOMMENDATIONS

In 1992, Christenson, Chernoff-Clementz, and Clementz assessed the personality and clinical characteristics of 48 female patients with trichotillomania. They were surprised to find that the entire mean MMPI-2 profile of their sample fell within the normal range. Based on the sample's mean Es scale of the MMPI-2, they also concluded that chronic hair pullers appeared to be better adjusted psychologically than outpatient psychiatric comparison groups.

Bearing the small sample size in mind, the findings of the current study did not support these conclusions. The research sample differed significantly from the normative outpatient sample with regards to the distractive presence of need experiences (FM) and external demand situations (m) that frequently interfered with their ideational focus and direction (Sum6 and WSUM6). In spite of being psychologically more complex (Blends) than expected from a psychiatric sample, they also showed a notable impairment in their capacity for control and stress tolerance when compared to other psychiatric populations (D Score and Adj D). In fact, the results of the current study point to an innate vulnerability in the participants' personality structure that notably impedes their efficiency in solving problems, making decisions, and coping with the demands of everyday life.

Based on the combination of key findings surrounding the majority of participants' distorted perception of themselves, their limited capacity for control and stress tolerance, their difficulty in modulating and expressing emotions, the interference of primary process thought on their ideational activity, and the effect of these factors on their affinity for close emotional contact with significant others, a number of theoretical inferences were made about the probable aetiological roots of these problems. These findings supported early

work with trichotillomania patients that suggested that hair pulling is associated with significant difficulties in psychological functioning (Greenberg & Sarner, 1965).

The postulated limitations in the participants' early facilitative environments elucidated the precincts associated with the development of a compliant - but false - self. However, it is acknowledged that the presentation of an apparently well-adjusted false self could well be one of the reasons why the extent of the pathology in this population has seldom been fully appreciated.

The culmination of research findings and aetiological considerations facilitated an appreciation of the dynamic interplay between different facets of the participants' personality structure and the characteristics of their psychological functioning. Against the background of the Isakhower phenomenon, the hypothesis was that the frequent instances of reduced control that resulted in regression to primary process thought actually constituted an adaptive defence. It presented an opportunity to release the strain associated with situational stress and/or cognitively unmanageable situations, and also introduced a means of reorganising and ordering their worlds. The symptom of self-induced hair pulling is then a last link in the intricate chain of defensive operations designed to protect the individual from severe disorganisation and/or fragmentation. Similar to other acting-out defences, it too serves a tension-reducing function and at the same time fulfils the need for a self-soothing capacity that protects the individual from being traumatised by the spreading of frightening emotions.

If the light of these findings it would seem that, on the proposed continuum of compulsivity (involving excessive harm avoidance and risk aversion) versus impulsivity, that is said to be characterised by the minimisation of harm and risk (Stanley & Cohen, 2001), people with trichotillomania would rather fall on the impulsive end of the compulsive-impulsive spectrum. However, the Rorschach variables associated with impulsivity (D, Adj D, M, Afr, X+%, FC: CF+C, and Lambda) relate more to psychological (internal) operations

and they therefore have few direct links with observed (external) behaviour. As such, it is difficult to obtain conclusive support from the present study's data to comment on the sample's impulse control.

The very nature of the psychodynamic paradigm's theoretical constructs unfortunately makes it difficult to verify the other postulated hypotheses empirically. Rather than a "mechanistic and biologically reductionistic" (Tanquary, 1994, p.35) conceptualisation of the disorder, however, this level of analysis takes early developmental failures and intrapsychic considerations into account when it presents a potentially valuable, complementary perspective on the aetiology, dynamics, and maintenance of the disorder.

Despite the fact that the research design served the extent and purpose of the current study, one obviously cannot generalise the findings of this study to the general trichotillomania population. The reasons for this conclusion are multiple. The participants were limited to females in early adulthood, and the findings might therefore not apply to younger or male patients with trichotillomania, or to others for whom menopause has become a factor. Sampling was furthermore purposive rather than representative. It is therefore also possible that the sample composition does not characterise most adult women with trichotillomania. The relatively small number of participants further limits the conclusions about the disorder that may be drawn from this study. A bigger sample would justify more rigorous statistical manipulations to verify the data and infer additional relationships between the different variables. A bigger sample would also allow for more conclusive inferences about the sample's performance compared to the Comprehensive System's normative samples.

Other confounding factors that may have impacted on the results obtained from this sample include the possible presence of comorbid (psychiatric) conditions. These were limited but not ruled out in the current study. Future studies could benefit from a comprehensive, structured DSM-IV screening of all participants.

The disorder's current phase of acuity or residual state was not deemed an important variable for the aims of this study. However, it is noteworthy that one participant who is currently in remission presented with more serious pathology on the Rorschach than most of the other participants. Although this aspect could actually support the postulate that patients need to pull their hair to prevent or at least minimise the threat of disorganisation, several other possible explanations for this finding could be more relevant. The severity of symptoms at the time of assessment might therefore be an element to take into consideration in future studies.

The MGH Hairpulling Scale is probably not the most suitable instrument for selecting potential participants, despite being the only psychometrically standardised measure instrument for trichotillomania. As it presents a reasonably accurate reflection of the disorder only if the patient is currently in an acute phase, patients in remission score low on this scale in spite of numerous acute phases in the past. A low MGH score could subsequently be misleading in terms of the extent of the clinical problem.

Bearing its aim and extent in mind, the insights generated from this study therefore rather aim to stimulate hypotheses for further research in order to realise the scientific contributions mentioned in the beginning of this report. Further work with bigger samples is necessary to confirm the pilot data.

Nevertheless, the current study's results did elucidate a number of potentially important prognostic implications. In essence, these centre around the conclusion that the symptom itself cannot be targeted effectively over the longer term without acknowledging the confounding structural, affective, and cognitive factors associated with the disorder. It is therefore recommended that the interplay of these factors be taken into account in the conceptualisation of treatment objectives and the formulation of individual treatment plans.

The reported commonalities open doors for further research. For instance, it would be interesting to explore the total absence of an obsessive-compulsive style (OBS) in a sample

expected to show obsessive-compulsive tendencies. Also, one wonders to what extent would factors such as situational stress and the participants' level of complexity be affected in the absence of hair-pulling symptoms. Finally, once it could be determined whether the symptoms have to be addressed directly or indirectly, concurrently or subsequently, further research could indicate the development and/or implementation of more specific treatment models to address the prognostic issues elucidated in this report.

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