

Deconstructing Anxiety in People with Compulsive Hair-pulling

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INTRODUCTION

Trichotillomania (TTM) is a disorder classified by compulsive hair-pulling. Its relationship to anxiety is not clearly understood. For this reason, we developed the Comprehensive Survey on TTM which includes several anxiety measures: Mood and Anxiety Symptom Questionnaire (MASQ), Perceived Stress Scale (PSS), Penn State Worry Questionnaire (PSWQ), Acceptance and Action Questionnaire (AAQ), and a new questionnaire measuring perfectionism (PERF). This project explored the relationship between TTM and anxiety based on self-reported scores from these surveys.

Part I involved an analysis of MASQ; the hypothesis was that pullers identified differently with general negativity items (e.g. felt sad), anxious arousal items (e.g. hands were shaky), and anhedonia items (e.g. felt really bored). This was found to be true, with pullers identifying more strongly with GN items.

Part II pools information from PSS, PSWQ, AAQ, and PERF to test if pullers score differently across self-efficacy, thought-intrusion, and worry items when compared to controls. Results confirm this hypothesis with pullers scoring significantly lower in self-efficacy and higher on worry and thought-intrusion. These findings illustrate the nuances within anxiety as related to TTM, and suggest that different types of anxiety must be accounted for within TTM phenomenology.

MEASURES

•**Comprehensive Survey on TTM (CST):** a new, large scale survey including several different measures. Two versions; web-based. TTM N =1,162; control N =175.

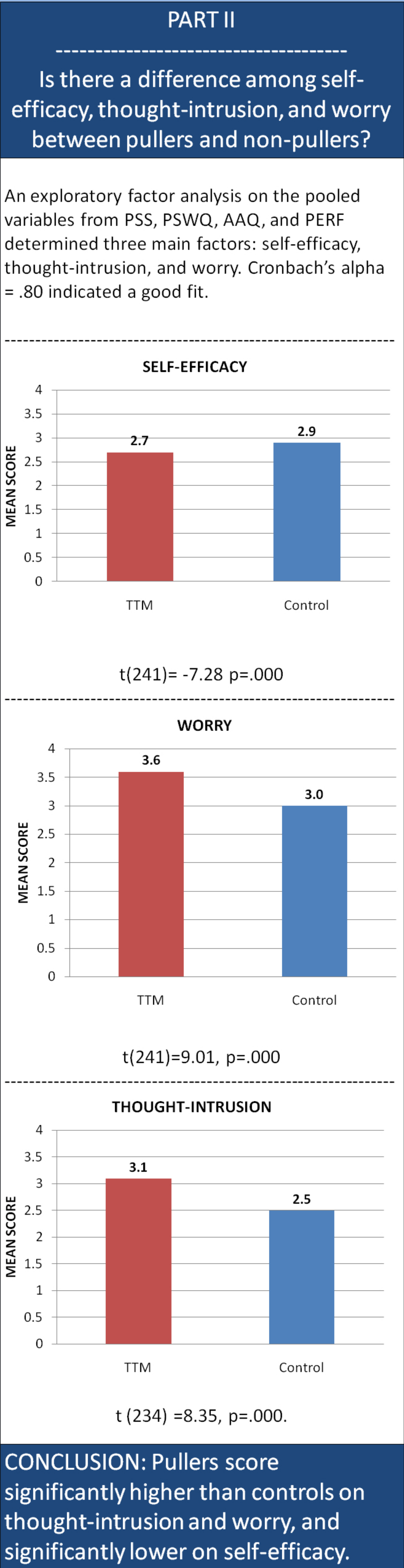
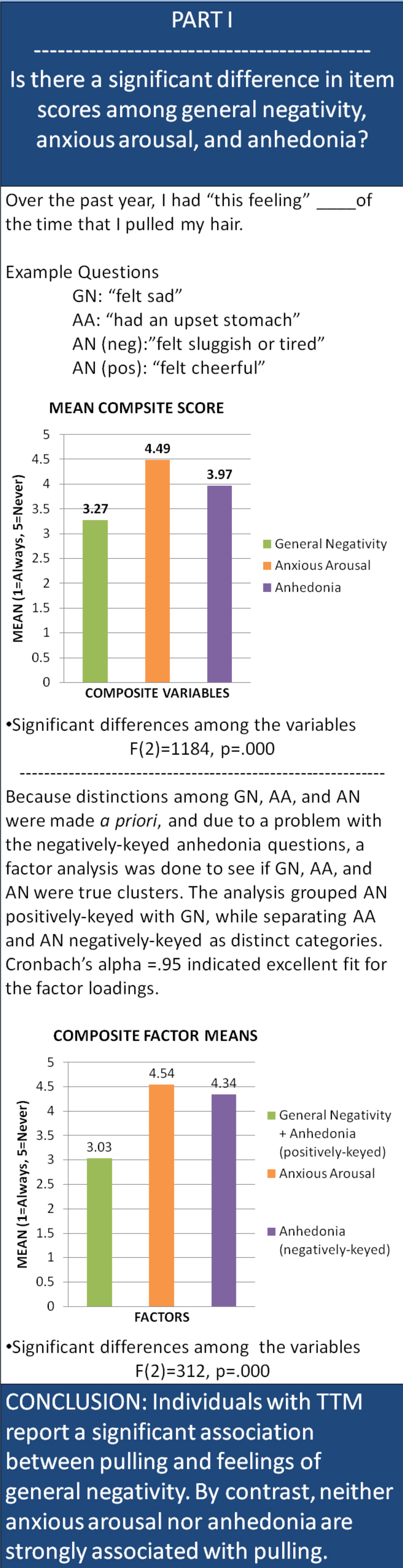
•**Mood and Anxiety Symptom Questionnaire (MASQ):** a tripartite measure that divides anxiety into *anhedonia*, *general negativity*, and *anxious arousal*. Scored on a 5-point Likert scale with 1 indicating “almost always”. Cronbach’s alpha=.93.

•**Perceived Stress Scale (PSS):** measures the extent to which individuals view life situations as distressing. 0-4 likert scale with 0 indicating rarely occurring. Cronbach’s alpha=.80.

•**Penn State Worry Questionnaire (PSWQ):** measures amount of worrying; 5 point likert scale 1 indicating “not at all typical.” Cronbach’s alpha=.94.

•**Acceptance and Action Questionnaire (AAQ):** focuses on experimental avoidance. 1-7 point likert scale with 1 indicating “never true.” Cronbach’s alpha=.70.

•**Perfectionism scale (PERF):** a new scale measuring perfectionism; scored on a 1-5 point likert scale with 1 indicating low agreement. Cronbach’s alpha=.86.



DISCUSSION

Part I

- Pullers had little identification with anxious arousal as related to pulling
- Pullers had high identification with general negativity as related to pulling
- Though it seems that anhedonia is linked to general negativity, because respondents seemed to have a hard time interpreting the reverse-keyed AN items, it is difficult to draw strong conclusions about this variable
- Rather than linking TTM to anxiety in general, attention must be paid to differences within anxiety in their relation to pulling

Part II

- Pullers scored significantly higher on thought-intrusion and worry items than controls
- Pullers scored significantly lower on self-efficacy items
- Although all questionnaires were found to be significantly different between pullers and controls, results indicate that effect sizes were

Anxiety is *not* a monolithic construct. Certain components of anxiety (anxious arousal, anhedonia, self-efficacy) are relatively less important to understanding TTM phenomenology. By contrast general negativity, thought-intrusion, and worry are relatively more important to TTM phenomenology.

FUTURE DIRECTIONS

- Analyze the connection of TTM to global chronic anxiety and acute anxiety
- Further investigate the link between anhedonia and TTM using other measures with only positively-keyed questions
- Explore the implication of these findings, especially the centrality of general negativity, for TTM outreach and treatment

REFERENCES

Fresco, D.M., Frankel, A.N., Mennin, D.S., Turk, C.L., Heimberg, R.G. (2002). Distinct and Overlapping Features of Rumination and Worry: The Relationship of Cognitive Production to Negative Affective States. *Cognitive Therapy and Research*, 26(2), 179-188.

Shusterman, A., Feld, L., Baer, L., Keuthen, N. Affective regulation in trichotillomania: Evidence from a large-scale internet survey. In press.

Soriano, J.L., O’Sullivan, R.L., Baer, L., Phillips, K.A. (1996). Trichotillomania and self-esteem: A survey of 62 female hair pullers. *Journal of Clinical Psychiatry*, 57(2), 77-82.

Watson, D., Clark, L.A., Weber

K., Assenheimer, J.S., Strauss, M.E., McCormick, R.A. (1995). Testing a Tripartite Model:II. Exploring the Symptom Structure of Anxiety and Depression in Student, Adult, and Patient Samples. *Journal of Abnormal Psychology*, 104(1), 15-25.

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