Trichotillomania is associated with a significant functional impairment and psychiatric comorbidity across the developmental spectrum. As trichotillomania usually strikes during the sensitive developmental years, it can be especially disabling. Young adults with trichotillomania report impaired school, work, and social functioning, lowered career aspirations, and missed work days. Pulling can also negatively impact family functioning, contributing to family arguments, and secrecy, which in turn can increase stress and exacerbate trichotillomania symptoms. Adults also report that spending considerable financial resources on concealment methods and on treatments.

**POINT OF VIEW**

The majority of literature and definitions focus on the act of pulling the hair, the preceding tension, and the relief of anxiety following the act. A variety of factors such as a sensation of itch, boredom, mood changes, stress, and negative emotions serve as triggers to pull the hair. Pre- and post-pulling activities are documented in literature but are mentioned just as activities surrounding the hair pulling. They receive little or no attention in the whole diagnosis, understanding and management of the disorder. There are lack of satisfactory explanations provided for majority of the postpulling activities and behaviors.

An article by Woods and Houghton mentions “Rituals and behavioral patterns often precede pulling, such as combing through the hair, feeling individual hairs, tugging at hairs, and visually searching the scalp and the hairline. Pre- and post-pulling behavior are also clinically relevant. Although some individuals simply discard pulled hairs, others may play with the hair between their fingers, inspect the hair, bite the hair between the teeth, or ingest all or parts of the hair”.

Activities surrounding the hair pulling provide pleasure to the persons with trichotillomania which probably acts a positive reinforcement to pull the hair. The pleasure may come through various sensory modalities which may vary from person to person.
If hair pulling is only the primary goal, the patients should just pull the hair one by one and throw which hardly happens. They are involved in varied activities seeking pleasure involving all the sense organs which may vary from person to person.

Antecedent activities such as feeling the texture of the hair, twirling, curling, grooming, combing, desire to have an even hairline, identifying the right hair, and then, the particular hair is pulled, all involve the touch sensation.

The pulled hair is actually visualized for its characteristics such as length and color which involves the visual modality.

The hairs are rubbed against each other, the snap pulling sound involves the hearing modality; at times, patients do even smell the hairs mixed with sweat to experience pleasure (Olfaction).

Swallowing, tasting, the whole hair or a part of the hair is widely reported in literature which may be a way of experiencing the hair or else why should a person interested in only pulling the hairs swallow it.

Oral behavior using pulled hair is present in half the patients and 5%–18% ingest their hair.[9] Trichophagia is a condition where persons swallow hair. Few patients swallow only the root of the hair called trichorhizophagia. Trichobezoar is a condition wherein swallowed hair starts accumulating in the stomach over a period to form a concretion which presents later with features of malnutrition and intestinal obstruction.[10]

In a study by Grant et al.,[11] the rate of trichophagia in 68 individuals with DSM-IV-TR trichotillomania was approximately 1 in 5 (20.6%).

**CONCLUSION**

All the sense organs are involved in the varied pre-/post-pulling activities which vary from person to person and serve to maintain the behavior by reinforcements. It is also possible that in a subset of people, the pleasure-providing behaviors are these surrounding acts and hair pulling is just the modality of fulfilling it. Our diagnostic guidelines focus only on the hair pulling act. The behaviors surrounding the hair pulling problem will further help in the psychological management and also bring new insights into this poorly understood illness.

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