Revista de Psiquiatría y Psicología del Niño y del Adolescente
ISSN: 1578-1062

JOURNAL OF CHILD AND ADOLESCENT PSYCHIATRY AND PSYCHOLOGY
ISSN 1578-1062
Volume 12, numéro 1, 2026, pp. 1- 8

DOI : https://doig.org/10.65549/vz5h5c97

Clinical case

« J'arrache mes poils ... » : un regard psychodynamique sur la trichotillomanie

"Me arranco los pelos..." : una mirada psicodinámica a la tricotilomanía

"I pull out my hair…": a psychodynamic perspective at trichotillomania.

Bouchra Aabbassi
Professeure de pédopsychiatrie, Faculté de médecine et de pharmacie, CHU Mohamed VI, Marrakech, Maroc
Centre de recherche « Enfance, Santé et Développement », Université Caddi Ayyad de Marrakech, Maroc
Présidente de la société marocaine de psychopathologie de l'enfant et de l'adolescent SMPEA, Maroc
Correspondance : aabbassi40@gmail.com, b.aabbassi@uca.ma

RÉSUMÉ

La trichotillomanie est un comportement répétitif qui consiste à s'arracher ses propres cheveux, jusqu'à épiler des zones entières du cuir chevelu ou des zones poilues du corps. Les premières manifestations ont lieu généralement pendant l'adolescence mais peuvent aussi se voir à l'âge adulte. Les enjeux psychopathologiques sont divers et variés. Au-delà du symptôme clinique, ce sont les origines développementales de la souffrance qui sont à évaluer. C'est à travers une vignette clinique que nous allons éclairer ce trouble à l'âge de l'adolescence.

Mots clés :
Trichotillomanie, chevelure, diagnostic, développement, adolescence

ABSTRACT

Trichotillomania is a repetitive behavior involving the compulsion to pull out one's own hair, sometimes leading to the removal of entire areas of the scalp or hairy areas of the body. The first signs typically appear during adolescence but can also be seen in

JOURNAL OF CHILD AND ADOLESCENT PSYCHIATRY AND PSYCHOLOGY
ISSN 1578-1062
Volume 12, Issue 1, 2026, pp. 1–8

DOI: : https://doig.org/10.65549/vz5h5c97

adulthood. The psychopathological implications are diverse and varied. Beyond the clinical symptoms, the developmental origins of the distress must be assessed. We will use a clinical vignette to shed light on this disorder in adolescence.

Key words :
Trichotillomania, hair, diagnosis, developpement, adolescence

RESUMEN

La tricotilomanía es un comportamiento repetitivo que implica la compulsión de arrancarse el propio cabello, llegando en ocasiones a eliminar zonas enteras del cuero cabelludo o áreas con vello corporal. Los primeros signos suelen aparecer durante la adolescencia, pero también pueden presentarse en la edad adulta. Las implicaciones psicopatológicas son diversas y variadas. Más allá del síntoma clínico, es fundamental evaluar los orígenes evolutivos del malestar. Utilizaremos un caso clínico para ilustrar este trastorno en la adolescencia.

Palabras clave : Tricotilomanìa, cabello, diagnóstico, desarrollo, adolescencia

INTRODUCTION

In humans, hair is a symbol of power, vitality and well-being. This makes it an element of seduction, but also of humanity and identity. It is not surprising that it is the subject of pathological manifestations.

Trichotillomania is a repetitive behaviour involving the pulling out of one's own hair, to the extent of removing entire patches from the scalp or hairy areas of the body. People suffering from trichotillomania may play with the pulled-out hair or swallow it (this is known as trichophagia).

In children and adolescents, the prevalence of this disorder is estimated at less than 1% and it predominantly affects females (Tay et al., 2004). The first symptoms usually appear during adolescence, but can also be observed in adulthood.

The psychopathological aspects are diverse and varied.

Through a clinical case study, we will shed light on this disorder in adolescence.

Clinical case

I am treating Adam, a 10-year-old boy of Moroccan nationality, as part of his post-hospital outpatient follow-up. Two weeks prior to this appointment, our child psychiatry team was consulted by the paediatric team at the Children's University Hospital ( ) following a fortuitously discovered episode of trichotillomania.

Adam has been under care since early childhood for end-stage chronic kidney disease and is a candidate for a kidney transplant in the near future. His older brother is also being treated for chronic

Bouchra Aabbassi
Lecturer in Child Psychiatry, Faculty of Medicine and Pharmacy, Mohamed VI University Hospital, Marrakesh, Morocco
'Childhood, Health and Development' Research Centre, Cadi Ayyad University of Marrakech, Morocco
President of the Moroccan Society of Child and Adolescent Psychopathology (SMPEA), Morocco
Correspondence:aabbassi40@gmail.com , b.aabbassi@uca.ma

JOURNAL OF CHILD AND ADOLESCENT PSYCHIATRY AND PSYCHOLOGY
ISSN 1578-1062
Volume 12, Issue 1, 2026, pp. 1–8

DOI: : https://doig.org/10.65549/vz5h5c97

nephrotic syndrome, but appears to be responding better to medical treatment...

Adam's most recent hospitalisation in the paediatric ward lasted two months, marked by difficulties in his relationship with the medical team (pain, anger, refusal of care...). Towards the end, and quite by chance, his paediatrician discovered an episode of trichotillomania affecting his pubic hair and part of his scalp…

At first glance, Adam does not look his age. He has a marked delay in height and weight and wears clothes that are visibly too childish. His spoken language is distorted with a very limited vocabulary; he speaks like a baby and has a high-pitched voice. However, he is engaged during this appointment with the child psychiatrist: he corrects, contradicts or confirms what his parents say. The trichotillomania has developed gradually over the course of two weeks. Sometimes he swallows the hair he has pulled out; at other times he hides it under the sheets. His mother explains that Adam's pregnancy was unplanned, as she had previously had a sick child (Adam's brother).

Her in-laws blame her for giving birth to 'sick children'… She even describes, without realising it, that she went through a severe depressive episode upon learning of Adam's illness when he was three years and a few months old. The parents' relationship is troubled; their life is often marked by violence. The father has washed his hands of the situation. It is the mother and the maternal grandmother who look after the two children. *"Adam is a lucky boy,"* says the grandmother.

The paediatricians' instructions are followed to the letter, pre-transplant examinations are carried out abroad and the child is supported in all his daily tasks… A narrative that betrays a fear of evil and a desire to control the uncontrollable (death).

For a child of his age, a child psychiatric consultation is, to say the least, surprising! His mental and emotional functioning is that of a six-year-old. He is tormented by regressive anxieties linked to development (the dark, separation from his mother, animals…). His daily life is rather bleak: he doesn't go to school and has no favourite games, nor any friends, for that matter.

In the individual interview, he talks constantly about his mother in a psychic movement of abolition of the subject. Upon his mother, he projects his own fears of illness and death, as if the two were a single person and a single body… A single psychic unit: he is well when she is well, *he is unwell when she is unwell…*

So, where do his anxieties stem from? What does trichotillomania reveal about this boy's life course and the course of his illness? How can the meaning of this symptom be understood? And, subsequently, what therapeutic solutions can be derived from this? This is what we shall attempt to explore through a psychodynamic perspective on the development of this clinical situation.

Bouchra Aabbassi
Lecturer in Child Psychiatry, Faculty of Medicine and Pharmacy, Mohamed VI University Hospital, Marrakesh, Morocco
'Childhood, Health and Development' Research Centre, Cadi Ayyad University of Marrakech, Morocco
President of the Moroccan Society of Child and Adolescent Psychopathology (SMPEA), Morocco
Correspondence:aabbassi40@gmail.com , b.aabbassi@uca.ma

JOURNAL OF CHILD AND ADOLESCENT PSYCHIATRY AND PSYCHOLOGY
ISSN 1578-1062
Volume 12, Issue 1, 2026, pp. 1–8

DOI: : https://doig.org/10.65549/vz5h5c97

DISCUSSION

First described in 1889 by Hallopeau, a French dermatologist, trichotillomania is an impulse control disorder (Barbel, 1999). It involves an irresistible and uncontrollable urge to pull out one's hair, either one strand at a time or in tufts, and manifests itself episodically or continuously.

Those affected spend an average of between 30 and 60 minutes a day pulling out their hair. The scalp, eyelashes, eyebrows and beard are the most commonly affected areas, but it can affect all body hair (arms, legs, chest, pubic area). Some people, particularly children, may also pull out the hair of other people or pets. In Adam's case, the trichotillomania has primarily affected the hair in the genital (pubic) area. In fact, hair in the genital area signals the onset of puberty and sexual differentiation. Adam is of pubertal age, but he has developmental difficulties that keep him stuck in the childhood stage. His ailing body cannot accommodate the sexual and developmental energy of adolescence. A body with delayed growth and weight that keeps him with a childlike profile (even in terms of clothing size)... Added to this is his relationship with his mother, marked by overprotection and fusion that prevents any psychological work towards individuation and autonomy. Plucking out one's pubic hair is to constantly describe oneself as a child who retains a prepubescent body (with no visible secondary signs of puberty); it is to rebel (by attacking a sick body that is difficult to idealise); it is also to prolong an unresolved Oedipal dynamic (a hyperprotective mother and an absent father). It is also to preserve a certain childlike bisexuality. Is it a symbol of shame regarding sexuality? This reminds us of the shaving of hair, which symbolised the shame of women who had had relations with the enemy during the Second World War. Adam, in this sense, goes through an unconscious emotional turmoil as he reaches adolescence due to unresolved developmental conflicts.

In Freud's 1922 work, hair is a phallic symbol and a haircut is synonymous with castration. This anxiety persists when Oedipal triangulation does not occur… There is a link between the hair and the sexual unconscious. Thus, our behaviour regarding our hair is a reflection of our unconscious conflicts. The displacement of exhibitionist gratification and castration anxiety from the penis to the hair prevents the resolution of the underlying conflict, and the repetition continues.

In his theory of the skin-ego, Anzieu established a continuity between the functions of the skin, the ego and those of thought (Anzieu, 2008). He distinguishes three levels of distance from the body: the

Bouchra Aabbassi
Lecturer in Child Psychiatry, Faculty of Medicine and Pharmacy, Mohamed VI University Hospital, Marrakesh, Morocco
'Childhood, Health and Development' Research Centre, Cadi Ayyad University of Marrakech, Morocco
President of the Moroccan Society of Child and Adolescent Psychopathology (SMPEA), Morocco
Correspondence:aabbassi40@gmail.com , b.aabbassi@uca.ma

JOURNAL OF CHILD AND ADOLESCENT PSYCHIATRY AND PSYCHOLOGY
ISSN 1578-1062
Volume 12, Issue 1, 2026, pp. 1–8

DOI: : https://doig.org/10.65549/vz5h5c97

skin, the ego, and thought. Among the eight essential functions of hair that he defined are: the buffer against arousal or composure; the manifestation of differences in sex, generations and social status; the function of individuation; and that of sexualisation. Beyond this sexual symbolism, and at a more archaic level, we find the death drive disguised as aggression and repetition, as defined in compulsive neurosis or obsessive-compulsive neurosis (Freud, 1894–1895). Adam suffers from a chronic illness with a poor prognosis that confronts him and his family with the reality of death in every failed haemodialysis session, in every check-up that delays the transplant, in every death of sick children in the hospital ward where he is admitted… Adam remains unable to 'digest' (repress or displace) the elements of life that disturb him. He has not had the emotional support necessary to develop his own emotional and cognitive strategies. To cope with the developmental anxieties that trouble him, Adam continues to rely on his mother (that invasive and omnipresent auxiliary ego), to the point of projecting his own death anxieties onto her*: 'I'm afraid she'll die…',* when she was merely suffering from a cold, at least a common one. The anxiety of separation from his mother is evident. Although Adam agrees to be alone in the individual session, he speaks of his mother, who invades his speech, his mind. Buxbaum considered that the trichotillomaniac child used his body as a primitive defence against separation anxiety, and that the child's clinging to his hair compensated for the lack, worked out in the transitional area. (Buxbaum 1960, Winicott 2002) Early bonds are tinged with rejection! The mother went through a depressive episode following Adam's birth. Her in-laws accuse her *of 'giving birth to sick children'.* She did not want another child, but kept him *'for the fear of God'…* From birth, Adam has been a heavy burden to bear (psychologically). When the medical diagnosis is confirmed at the age of three, the mother must face this reality alone. The father shields himself from the fate of these children's deaths by maintaining emotional distance. He appears resigned, but in reality he is in denial. The mother's bonds with Adam become mechanical, as if to maintain an emotional distance through this relational coldness… A sort of struggle against the weight of guilt. Overwhelmed by the anguish of loss, she throws herself into caring for her first son, whom she favours over Adam*. It seems he is at less risk of harm!* This entire distorted relational dynamic on both sides becomes an obstacle on the path to autonomy, identity and thought. Adam swallows the plucked hairs (incorporating them) or carefully hides them under the sheets. This emergence of orality would also point to incorporation and identification with the mother and to a struggle not against the anguish of her loss, but against the void of her absence· Hair-pulling must therefore be understood as a form of sensory self-stimulation in the face of depressive invasion and could fuel the arousal caused by a maternal absence. This absence, which

Bouchra Aabbassi
Lecturer in Child Psychiatry, Faculty of Medicine and Pharmacy, Mohamed VI University Hospital, Marrakesh, Morocco
'Childhood, Health and Development' Research Centre, Cadi Ayyad University of Marrakech, Morocco
President of the Moroccan Society of Child and Adolescent Psychopathology (SMPEA), Morocco
Correspondence:aabbassi40@gmail.com , b.aabbassi@uca.ma

JOURNAL OF CHILD AND ADOLESCENT PSYCHIATRY AND PSYCHOLOGY
ISSN 1578-1062
Volume 12, Issue 1, 2026, pp. 1–8

DOI: : https://doig.org/10.65549/vz5h5c97

can sometimes be more symbolic than real, points to a relational emotional deficiency in mothering, psychological support and containment. There is likely a defect in the barrier function against arousal. The mother's anxieties (about life, about death) are transmitted to the child in their rawest form. The barrier function against arousal (a Freudian concept) is a dynamic protective barrier of the psychic apparatus against excessive stimuli (internal or external) to prevent anxiety and trauma. It allows for the regulation of tensions and the protection of mental integrity, and is initially provided by the environment (mother/father) before being internalised through the ego-skin…What can a mind tormented by so many demons from early childhood do but express itself through a bodily and relational conflict (visible) to signal its distress (invisible) in the face of the whirlwind of psychological restructuring demanded by adolescence?

Individual psychotherapy with Adam was based on this psychodynamic approach to reactivate development towards the psychological work of adolescence and to create interpersonal bonds that would support him and lead him towards autonomy. Work with the parents occupies a central place in the care plan.

Therapeutic work also involves creating a space for reflection and creativity, at both the individual and family levels, in which work on the parent-child bond and the reaffirmation of the quality of that bond allow them to separate and develop as individuals, without this posing a threat to family dynamics. The episodes of trichotillomania have ceased, but the sessions continue. It is worth remembering that the progression of trichotillomania is characterised by periods of very intense hair-pulling, as well as periods of complete abstinence that can last two weeks or more. These periods of abstinence often lead to the belief that the behaviour has disappeared of its own accord, which contributes to the chronic nature of the condition. Listening to this body that speaks (through organic and psychosomatic illness) is the first step for Adam to come to terms with adolescence. The young teenager bravely resumes his (psychic) life journey…

CONCLUSION

The psychodynamic approach is a therapeutic perspective that explores the meaning of symptoms through the unconscious processes that influence present-day life. Beyond the clinical symptom, the origins of suffering in development are assessed and worked through. Trichotillomania, due to its psychosomatic dimension, is an illustrative example.

Bouchra Aabbassi
Lecturer in Child Psychiatry, Faculty of Medicine and Pharmacy, Mohamed VI University Hospital, Marrakesh, Morocco
'Childhood, Health and Development' Research Centre, Cadi Ayyad University of Marrakech, Morocco
President of the Moroccan Society of Child and Adolescent Psychopathology (SMPEA), Morocco
Correspondence:aabbassi40@gmail.com , b.aabbassi@uca.ma

JOURNAL OF CHILD AND ADOLESCENT PSYCHIATRY AND PSYCHOLOGY
ISSN 1578-1062
Volume 12, Issue 1, 2026, pp. 1–8

DOI: : https://doig.org/10.65549/vz5h5c97

Ethical considerations

Consent for publication has been obtained from the patient and their parents, whilst ethically respecting their anonymity

Bouchra Aabbassi
Lecturer in Child Psychiatry, Faculty of Medicine and Pharmacy, Mohamed VI University Hospital, Marrakesh, Morocco
'Childhood, Health and Development' Research Centre, Cadi Ayyad University of Marrakech, Morocco
President of the Moroccan Society of Child and Adolescent Psychopathology (SMPEA), Morocco
Correspondence:aabbassi40@gmail.com , b.aabbassi@uca.ma

JOURNAL OF CHILD AND ADOLESCENT PSYCHIATRY AND PSYCHOLOGY
ISSN 1578-1062
Volume 12, Issue 1, 2026, pp. 1–8

DOI: : https://doig.org/10.65549/vz5h5c97

REFERENCES

- Tay YK, Levy ML, Metry DW. Trichotillomania in childhood: case series and re- view. Pediatrics 2004 ;113 :494-8. DOI :10.1542/peds.113.5. e494
- L Barbrel, La trichotillomanie du jeune enfant, Journal de Pédiatrie et de Puériculture,1995,8 :164-168. DOI : 10.1016/S0987-7983(95)80099-9.
- Filloux, J. la peur du féminin : de la tête de méduse (1922) à la féminité (1932). 2002 : 103-117. DOI :10.3917/top.078.0103
- Anzieu, D., Chabert, C., Cupa, D., Kaës, R. et Roussillon, R. (2008): le Moi-peau et la psychanalyse des limites. Éditions érès 2008. 216 pages. DOI :10.3917/eres.rouss.2008.01.0199
- Winnicott DW. Jeu et réalité. L'espace potentiel (1971). Paris, Gallimard 2002.
- Freud S., (1894a), « Les psychonévroses de défense » in Œuvres complètes de psychanalyse, Tome II (1893-1895), PUF.
- Buxbaum E. Hair pulling and fetichism. Psychanal Study Child 1960 ; 15 : 243-60. DOI: 10.1080/00797308.1960.11822578
- Aabbassi B. La trichotillomanie : de l'origine psychopathologique à l'issue thérapeutique. Péd pratique 2022 ;342 :20-26.
- Tay YK, Levy ML, Metry DW. Trichotillomania in childhood: case series and review. Pediatrics 2004; 113:494-8. DOI: 10.1542/peds.113.5.e494
- Ragavan PS, Mahadevan S. Trichotillomania. Indian Pediatr 2001; 38(7) : 795. PMID: 11463970.
- Houde L, Breton JJ. La trichotillomanie chez le très jeune enfant. Neuropsychiatr Enfance Adolesc 1981 ; 29(6) : 291- PMID : 7254493
- Pradère J, Serre G, Moro MR. Expression psychopathologique autour de la chevelure. À propos d'un cas de trichotillomanie. Neuropsychiatrie de l'enfance et de l'adolescence 2005 ; 53 : 149-54. Doi : 10.1016/j.neurenf.2005.01.009
- Lochner C et al. Obsessive - compulsive disorder and trichotillomanie : a phenomenological comparison. BMC Psychiatry 2005 ; 13(5). DOI: 10.1186/1471-244X-5-2

Bouchra Aabbassi
Lecturer in Child Psychiatry, Faculty of Medicine and Pharmacy, Mohamed VI University Hospital, Marrakesh, Morocco
'Childhood, Health and Development' Research Centre, Cadi Ayyad University of Marrakech, Morocco
President of the Moroccan Society of Child and Adolescent Psychopathology (SMPEA), Morocco
Correspondence:aabbassi40@gmail.com , b.aabbassi@uca.ma