

# THE BALD TRUTH:



## The Impact of Alopecia Areata on Women's Self-Esteem, Mood & Coping Strategies

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# Presentation Overview



- What is Alopecia Areata?
- Types of Alopecia Areata
- Hair & Beauty, Hair loss & Women
- Self-Esteem, Affective Disorders & Stress
- Coping
- My Research
  - Rational, Aims & Materials
  - Results (Quantitative & Interviews)
  - Strengths, Limitations & Conclusion

# Alopecia Areata (AA)



- Alopecia Areata (AA) is a chronic, spontaneous condition characterised by partial or total hair loss (head and/or body )
  - Alopecia = 'baldness or loss of hair'
  - Areata = 'occurring in patches'
- Initiation is usually observed on the scalp
  - Effects: Face, limbs or pubic regions
- Approximately 2% of the Australian population are diagnosed with AA
- Aetiology remains controversial (autoimmune deficits, genetics and stress)
  - No current cure or effective preventative treatments
- Adversely affects individuals
  - Psychological states, perception of self, relationships, careers etc.

# Types of Alopecia Areata



# Hair & Beauty



- Poems and folktales have acknowledged long, lusher, golden hair as a mark of beauty
- Hair serves little, aside from cosmetic purposes
- The complete or partial loss of one's hair can trigger profound distress
  - Why?
    - ✦ Hair symbolises beauty, individuality and/or belonging to a particular social or cultural group

# Hair loss & Women



- Hair loss psychologically affects both men and women
  - However, research suggests that it is substantially more distressing for women
- Socially acceptable attitudes regarding female baldness, are opposite to those of male baldness
  - 'Trendy'
- For women, their hair characterises:
  - Femininity, sexuality and personality
  - Whilst providing security and protection

# Self-Esteem



- Self-esteem is defined as a person's own emotional evaluation of their worth or worthiness
- It encompasses individual's judgements, attitudes, beliefs and emotions about one's self
- The literature has acknowledged:
  - AA may cause lowered self-esteem
  - Feeling vulnerable, loss of their identity, self-confidence and heightened self-consciousness

# Affective Disorders & Stress



- Affective disorders are negative psychological states
  - Potential to manipulate individual's behaviours, judgements and interpretations of the world around them
- *Depression*: Sadness, hopelessness and worthlessness
- *Anxiety*: High physiological arousal, nervous, tension
- *Stress*: Restlessness, fatigue, poor concentration
- AA can be highly associated with other disorders:
  - 74% of patients additionally suffered from one or more lifetime psychiatric disorder



# Coping



- Research regarding coping with AA is limited
  - Given that AA is linked to a range of psychological issues, research may assist with the intrusive feelings, thoughts and distressing concerns
- Coping is commonly defined as:
  - Increasing efforts to solve personal and/or interpersonal problems, seeking to minimise or tolerate stress and conflict
- Research has proposed that effectively coping with AA involves:
  - Searching for meaning
  - Exploring self - control
  - Rebuilding one's self-esteem
  - Managing unwarranted thoughts through self-enhancement

# Rational



- The psychological and psychosocial concerns associated with AA are recognised worldwide
  - However Australian studies remain in its infancy
- Gender comparison studies have already been conducted
  - Exclusively recruited a female sample to provide novel insights into understanding the impacts of AA on self-esteem, mood and coping strategies at the same time
- It is envisioned that the data gathered will lead to subsequent research focusing on the development of effective intervention programs
- Educate individuals, organisations and increase community awareness

# Research Questions



Does being diagnosed with AA impact adult women's self-esteem, mood and stress levels?

Does the type AA and duration of living with the condition affect adult women's self-esteem, mood and stress levels?

What coping strategies do women utilise to facilitate managing the condition throughout their lives?

# Participants



- 2 Groups (age-matched)
  - AA= 63 adult Australian women diagnosed with AA
  - Controls = 63 adult Australian women
- Smaller subset of 4 women with AA (interviews)
- Inclusion Criteria:

## Alopecia Group

- Female
- 18 year (+)
- No current or history of psychological disorders
- *Diagnosis with AA*

## Controls Group

- Female
- 18 year (+)
- No current or history of psychological disorders

# Materials



- Materials:
  - Demographics questionnaire
  - Rosenberg's Self-esteem Scale (RSES)
  - Depression, Anxiety and Stress Scale (DASS42)
  - Semi-structured interview questions

# Statistical Analysis

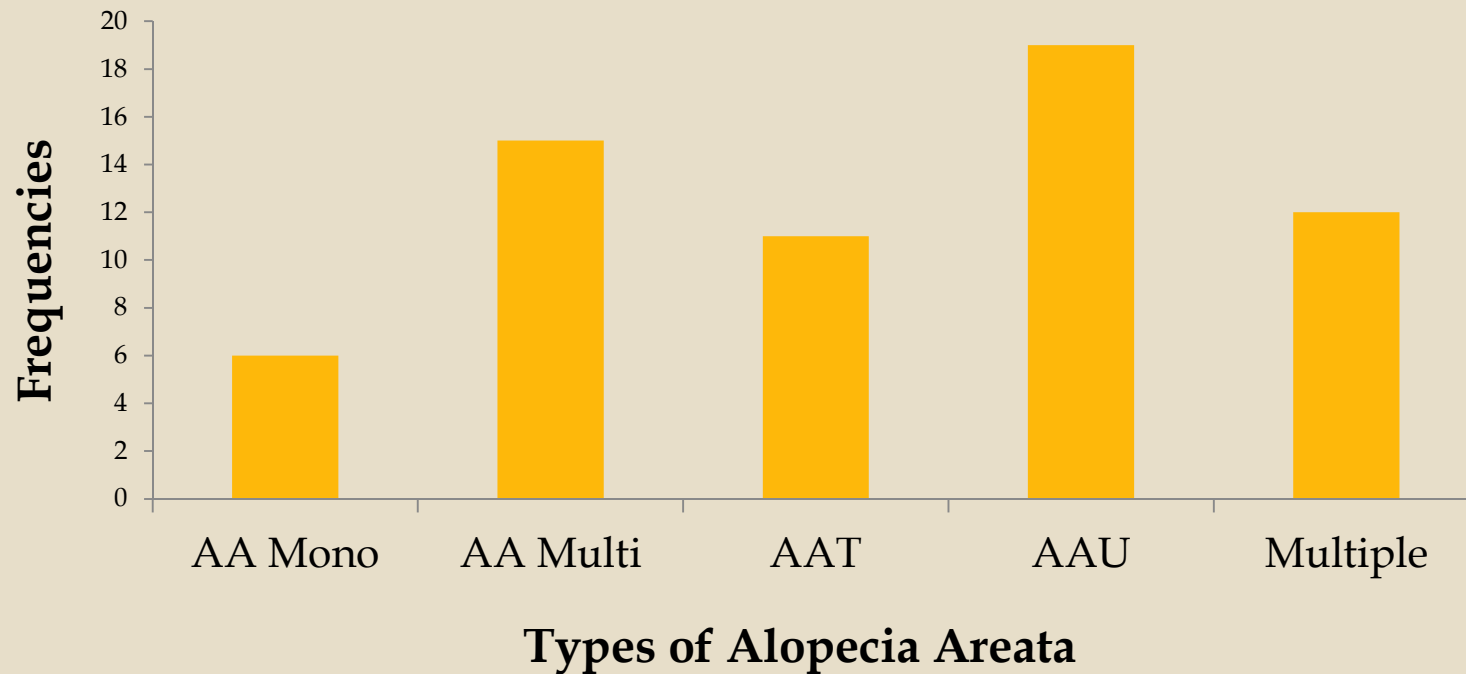


- Frequencies and descriptives
  - Describe participants within each group
- ANOVA's & MANOVA's
  - Explore group differences
- Correlations
  - Examine relationship(s)

# Demographics



- Average age of AA onset = 29 years old
- Average duration of AA = 13 years

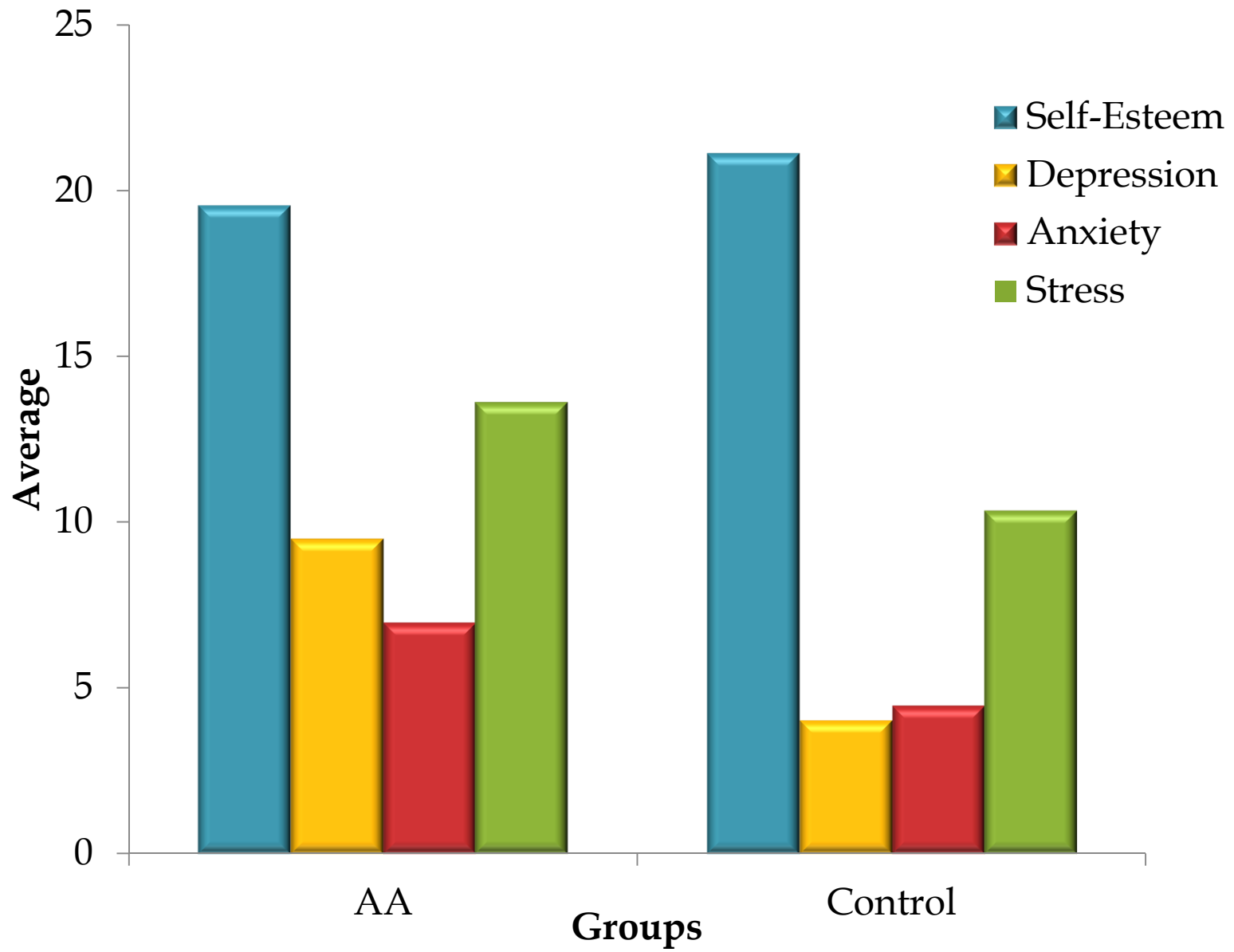


# Results



- No difference in self-esteem, depression, anxiety and stress levels between women you have limited AA (AAM's) or extensive AA (AAT and AAU)
- No relationship between duration of living with AA and self-esteem, depression, anxiety and stress
- Women with AA and controls reported similar self-esteem levels
- Women with AA had higher depression, anxiety and stress levels compared to controls
- Women with AA who exhibited lower self-esteem were more likely to experience higher depression, anxiety and stress (via versa)

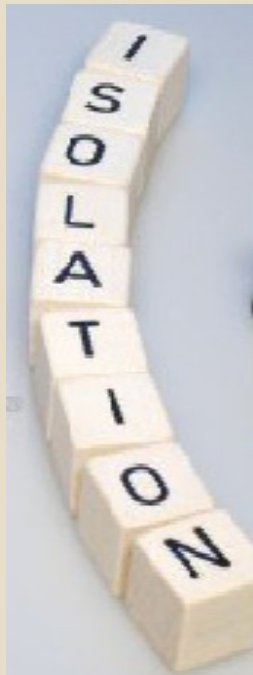




# Results (Interviews)



# Acceptance



# Themes (Coping Strategies)



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## Superordinate Themes

## Sub-Themes

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### 1. Denial

- Continuous Searching for Answers
- Blocking Out

### 2. Isolation

- Physical
- Emotional

### 3. Supportive Networks

- Groups
- Family & Friends

### 4. Headwear/Wigs

- Security Blanket
- Conforming to Societies Expectations

### 5. Acceptance

- Change of Perspectives
  - I'm not Dying
  - It's a Journey
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# Strengths



- First study to simultaneously investigate the psychological and psychosocial wellbeing of adult Australian women diagnosed with AA
  - Recruitment of a control group enabled the comparison of findings to the general population
- Findings emphasised the traumatic impacts hair loss can have on women
  - Whilst identifying effective coping strategies to support current and/ or future sufferers
- Mixed methods design allowed researchers to thoroughly explore, identify and understand of the subjective views of women

# Limitations



- 4 interview participants may have restricted the amount of valuable insight into the multiple realities of individuals coping strategies
  - Future studies: sample of 8 to 10
- Potential for researcher bias based on personal interviews
  - However, the main goal was to obtain authentic information regarding participants coping strategies
- Limited generalisation of findings based on female sample

# Conclusion



- Individuals have commonly recognised the great importance of their physical appearance
  - Present day: society continues to impose certain trends and norms of what is 'physically attractive' which is partially determined by one's hair
- Current study achieved its original aims and has in consequence made a contribution to the profound psychological and psychosocial implications hair loss can have on women
  - Both quantitative and interview data conceptualised the effects AA has on women's self-esteem, mood and stress and coping
- Significant psychiatric co-morbidity associated with AA highlights:
  - Importance of meaningful coping interventions
  - Assist dermatologists and other professionals to realise the vulnerability of patients and the simplicity of underestimating the severity of AA

Thank you!