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Wilkinson, C and Wilkinson, S (2019) Towards a research emphasis on (un)hairiness and health. *Androgyny*, 3 (2). pp. 27-31.

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Towards a research emphasis on (un)hairiness and health.

Catherine Wilkinson & Samantha Wilkinson

In this short paper we argue for an advancement of qualitative research in health to focus on the absence of hair. Hair loss is related to an abundance of health conditions. For instance, hair can be lost through alopecia or by cancer patients through chemotherapy treatment. Further, hair thinning can be attributed to thyroid disease and other autoimmune conditions. Given the prevalence of hair loss for both men and women with a diverse range of health conditions, exploring the social and emotional, including identity-based, experiences of living with the absence of hair is an important area for researchers to focus their attention. In this paper we argue the significant link between hair and identity, but note a relative absence of qualitative research considering the identity-based lived experiences of those without hair.

Hair and Identity

HAIR, be it on your head, face or body, is recognised as one of the most malleable aspects of self-presentation (Hirschman, 2002). Hair serves as an important cultural artefact (Synott, 1987), because it is both public (typically visible to everyone) and personal (biologically linked to the body). Hair is a signifier of beauty and is a feature of many female protagonists (one only has to look at Disney characters such as Ariel in *The Little Mermaid*)¹. Further, children's fairy tales have also led to the positioning of hair as a rite of passage – take, for instance, Rapunzel² who, through letting down her long hair, enables the prince to climb up to the tower she is in, and they fall in love. Moreover,

hair has been presented as a source of power, for instance, it was told that biblical character Samson³ would lose his superhuman strength if his hair was cut.

Though the above stories are, arguably, mythical or fantastical, hair grooming practices do provide some evidence for these claims. For instance, styling practices (such as straightening hair, curling hair, or placing hair in different styles) enables people to exercise control over their self-images (see Rook, 1985). Hair styles may be deemed more or less appropriate for different situations; for instance, one may wear their hair up for a sophisticated formal event, whilst one may also wear their hair up, though in an informal style, during

¹ *The Little Mermaid* is a 1989 American animated musical fantasy film produced by Walt Disney Feature Animation and released by Walt Disney Pictures.

² *Rapunzel* is a German fairy tale in the collection assembled by the Brothers

Grimm, and first published in 1812 as part of *Children's and Household Tales*.

³ Samson was the last of the judges of the ancient Israelites mentioned in the Book of Judges in the Hebrew Bible (chapters 13 to 16).

a sporting event. For the ‘wearer’, hair can be considered to have special, almost magic, transformative powers (Rook, 1985) – a person may receive comments on how ‘different’ they look when they change the colour or cut of their hairstyle.

Further, changes in hairstyle can be a rite of passage and hairstyles can be used to effect or signal a change in the inner self (see McAlexander & Schouten, 1989). For instance, one may change the colour or cut of their hair after a relationship break up to signify a ‘new me’, or even before a special event to be the ‘best version of me’. Hair can also be seen as a tool of power. Both women and men can seek power through both resisting and accommodating mainstream norms for hair (Weitz, 2001), including certain hairstyles and dyeing practices. For instance, certain schools and colleges may promote only ‘natural’ hair colours, and someone who has their hair brightly coloured may be seen to ‘rebel’ against the social norms established by dominant culture. Not only this, but hair can be seen as a social signifier: it may define the self on a religious, political, economic, social and sexual spectrum (Synnott, 1987). So, whilst we celebrate the many positive associations between hair and identity, what does this mean for those with an absence of hair, as seen in the condition alopecia?

Alopecia: The Absence of Hair

With the condition alopecia, individuals can experience different severities of hair loss including small circular patches on the scalp or body (alopecia areata), total hair

loss from the scalp (*Alopecia totalis*) or total scalp and body hair loss (*Alopecia universalis*; Wiggins, Moore-Millar, & Thomson, 2014). Causes of alopecia can be grouped into the following broad categories: Medical, congenital, iatrogenic, and trauma. Medical causes include endocrine diseases (thyroid disorders), fungal diseases (*Tinea capitis*), autoimmune disease, *Alopecia areata* and psychology related (*Trichotillomania*). Once the underlying disease is managed appropriately, there is often recovery of hair growth. In alopecia areata hair can regrow but is often subject to reoccurrence of alopecia. In some cases, with larger areas of the scalp involved, with the disease and significant hair loss, hair may never fully regrow. Scarring alopecia that covers the other three groups, on the other hand, either primary (congenital defect) or secondary (iatrogenic or trauma - burn/mechanical injury) will usually result in irreversible alopecia. Hair transplantation is considered principally in this patient cohort.

Hair, as established above in this paper, is a central aspect of appearance and self-image for many people. Understandably therefore hair loss (which can be a distinctive facial appearance changing condition; Welsh & Guy, 2009) can have a negative impact on self-esteem, body image and confidence (Tucker, 2009), and everyday functioning (Hunt & McHale, 2005). Research has found that people living with alopecia are at a higher risk of developing depression, anxiety and social phobia than the general population (Ruiz-Doblado, Carrizosa & García-

Hernández, 2003). Treub (2013) reports that some people with alopecia will develop a dislike and repugnance for their own looks and appearance. Alopecia is emotionally charged, and the patient may feel emotions such as grief, loss and pain (Bhargava et al., 2015). Papadopolous and Bor (1999) argue that mourning for one's 'normal' appearance may be part of the coping process for those with alopecia.

Haskin, Aguh, and Okoye (2017) report that patients with alopecia may face unique emotional and psychological challenges, although physicians often only focus on the diagnoses and management of the disease itself, and fail to address some of the psychosocial issues that arise due to the hair loss (Hunt & McHale, 2005). The impacts of alopecia are wide-ranging; for instance, Williams, Wood, and Cunning-Warburton (1999) found that hair loss influences professional role performance for adults, whilst the loss of facial hair interfered with the patients' ability to express themselves. For children and young people, personal development, social interaction and engagement in school and social activities may be compromised (Bhargava et al., 2015). Children with alopecia are almost always adversely affected by the experience that caused the deformity and the deformity itself. They also often bear the stigmata of the cause of their alopecia in the form of surgical scars, burns etc. Studies using various quality of life instruments have found that alopecia has a detrimental effect on quality of life for patients, while recovery of disease status is likely

to lead to improvement in quality of life (see for instance Fabbrocini et al., 2013).

Existing research on alopecia tends to be quantitative (e.g. Hung et al., 2015; Kanti et al., 2014; Mason et al., 2005) as opposed to qualitative. There is a deficit of knowledge into the embodied, emotional and affective aspects of living with alopecia. The small body of work available has explored patient experiences with scarring alopecia (Haskin, Aguh, & Okeye, 2017); quality of life and chemotherapy-induced alopecia (Clements et al., 2017); the lived experience of alopecia areata (Welsh & Guy, 2009); and strategies used to cope with alopecia (Rosman, 2004), including appearance modifying behaviours (Wiggins, Moore-Millar, & Thomson, 2014). However, there is much still to learn about alopecia and identity in everyday life.

Conclusions

Considering the strong link between health and hair and also hair and identity, there is a need for health researchers to undertake research exploring the identity-related impacts of the absence of hair in different patient groups. With this short paper we advocate for researchers to recognise that the absence of hair is just as important for identity construction as its presence. There is a deficit of qualitative literature exploring the everyday lived experiences of men and women with alopecia. Research in this area could focus on self-management (e.g. 'covering up' through grooming practices) as well as experiences of undergoing specialist treatments. Our question

then is if the presence of hair can leave people feeling beautiful (like Ariel), be a conduit to find love (like Rapunzel), or be a source of power (like Samson), what are the social and psychological implications of the absence of hair? We encourage researchers to join us in answering this question.

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Please cite as:

Wilkinson, C. & Wilkinson, S. (2019).
Towards a research emphasis on
(un)hairiness and health. *British Mensa's:
ANDROGYNY*, 3(2), 27-31.

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