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Women living with facial hair: the psychological and behavioral burden

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Abstract

Objective: While unwanted facial hair is clearly distressing for women, relatively little is known about its psychological impact. This study reports on the psychological and behavioral burden of facial hair in women with suspected polycystic ovary syndrome. **Methods:** Eighty-eight women (90% participation rate) completed a self-administered questionnaire concerning hair removal practices; the impact of facial hair on social and emotional domains; relationships and daily life; anxiety and depression (Hospital Anxiety and Depression Scale); self-esteem (Rosenberg Self-esteem Scale); and quality of life (WHOQOL-BREF). **Results:** Women spent considerable time on the management of their facial hair (mean, 104 min/week). Two thirds (67%) reported continually checking in mirrors and 76% by touch. Forty percent felt uncomfortable in social situations. High levels of emotional distress and psychological morbidity were detected; 30% had levels of depression above the clinical cut off point, while 75% reported clinical levels of anxiety; 29% reported both. Although overall quality of life was good, scores were low in social and relationship domains—reflecting the impact of unwanted facial hair. **Conclusion:** Unwanted facial hair carries a high psychological burden for women and represents a significant intrusion into their daily lives. Psychological support is a neglected element of care for these women.

Keywords: Hirsutism; Emotional distress; Psychological morbidity; Polycystic ovary syndrome

Introduction

As defined in the medical literature, hirsutism is the presence of excess coarse hairs in females distributed in a pattern more commonly associated with men (i.e., on the face, chest, abdomen, back) [1]. Some physicians, however, recognize hirsutism as any hair growth that is unwanted or embarrassing to women [2]. This perspective accounts for even small amounts of female hair being seen as undesirable in contemporary Western culture where hairlessness is viewed as the norm for women [3].

While there is some debate surrounding the "cause" of hirsutism, it is usually the sign of an underlying endocrine disorder of which polycystic ovary syndrome (PCOS) is identified in around three quarters of cases [4]. This syndrome affects 5–10% of premenopausal adult females [5,6] and is characterized by obesity, acne, anovulation, subfertility, insulin resistance, hypercholesterolemia, and diabetes as well as hirsutism [7].

Unwanted hair can be removed mechanically by shaving, plucking, bleaching, waxing, depilatory creams, electrolysis, or laser therapy. In addition, pharmacological treatment may suppress ovarian or adrenal androgen secretion, or inhibit follicle sensitivity to testosterone, thus preventing further hair growth. Mechanical methods, while failing to

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address the underlying disorder, tend to be more effective than drug therapy. However, they are time consuming and need to be performed repeatedly since they only provide a temporary solution.

The psychological and social consequences of unwanted hair in females have long been recognized. These may stem from the disapproval that occurs when violating a social norm together with the amount of time, energy, and money spent on hair removal [8–11]. Hirsute women have been found to experience a greater degree of psychiatric disturbance compared to the general population [12] and higher levels of anxiety [13] together with psychotic symptoms and interpersonal fears in relation to nonhirsute controls [14]. A compromised quality of life has also been reported comparable to that experienced by patients with skin disorders such as eczema and psoriasis [15,16]. Qualitative research has found that women with hirsutism and polycystic ovary syndrome report feeling "abnormal," "unfeminine," and "freakish" [17,18].

The relationship between unwanted hair and women's psychological and social functioning appears, however, to be complex. Conflicting findings appear in the literature regarding hirsute women's levels of depression and difficulties experienced in social situations [14,17]. Furthermore, self-esteem was found to be higher in women with unwanted hair in relation to that of a community sample [17]. Researchers have also failed to find an association between the extent of hirsutism, as assessed using Ferriman and Gallwey's [19] clinical scale and levels of psychological functioning [12,13]. A similar finding was reported in a study where a self-reported measure of perceived hirsutism was employed [17].

The inconsistent findings may be due in part to methodological differences. Nonetheless, it is clear that further research is required to better understand the emotional and behavioral burden experienced by women with unwanted hair. While objective measures of hirsutism have been unsuccessful in predicting levels of psychological morbidity, further investigation of the relationship between self-perceived hirsutism and the psychological and social burden may add to our understanding of the condition. This article therefore sets out to (i) describe the hair removal practices of women who present with unwanted facial hair; (ii) explore the emotional and social impact of facial hair on the lives of these women; (iii) examine psychological morbidity in these women.

Methods

The study was conducted as part of a randomized controlled trial (RCT) evaluating the efficacy of laser therapy for removing facial hair in women with suspected PCOS. This article presents findings from the baseline investigation prior to laser treatment. The results of the RCT have been described elsewhere [20].

Women were recruited by inviting referrals from dermatology, endocrinology, and gynecology specialists at the Royal Free Hospital in London, and also from "Verity," a polycystic ovary syndrome patient support group between September 2001 and March 2002. Inclusion criteria for the baseline investigation and subsequent entry into the RCT were as follows: women had to be over the age of 18 years, have fair skin with dark hair (Alexandrite laser therapy is not suitable for people with dark skin color [21]), have no previous experience of laser treatment, speak sufficient English to complete the questionnaire and have unwanted facial hair. The study was limited to hair present on the face as this is hard to conceal, possibly causing greater distress than hair on other parts of the body. As a substantial proportion of women with hirsutism will have polycystic ovary syndrome [4], the sample was recruited to favor this diagnosis. A total of 325 information packs were distributed. One hundred forty-nine women expressed interest in the study of whom 98 were eligible for inclusion; 88 of these (90%) agreed to participate in the trial. Baseline data are reported here for these 88 women.

Ethical approval was granted by the Royal Free Hospital and Medical School Ethics Committee. All women gave written consent, were seen by a doctor at entry to the study, and then completed a baseline questionnaire administered by a research psychologist in an outpatient setting. The questionnaire examined the following.

Hair removal practices

Hair removal practices were assessed by asking participants to report the number and type of hair removal methods they had ever and currently used; the advantages and disadvantages of each method; and the period of time each method left them hair-free. They also recorded the time they spent on hair removal each day, frequency of hair removal, self-perceived severity of hirsutism, and the effort they expended trying to control their facial hair.

Impact of facial hair on women's lives

The impact of facial hair on women's lives was assessed by means of a set of questions developed specially for the study. Questions were generated from pilot interviews with hirsute women along with items adapted from generic dermatology quality of life measures and the Derriford Appearance Scale [22]. This section of the questionnaire comprised 36 items. Items assessing the emotional impact of facial hair included "I feel that my facial hair causes me to suffer from unwanted and hurtful comments"; those assessing personal feelings associated with facial hair included "I am ashamed by my facial hair." Women were asked to rate each of these statements on a Likert scale from 1 (*not at all*) to 5 (*very much*). The impact of facial hair on behavior was determined by items such as "How often in the last month did you check mirrors for facial