Decoupling: a new method for reducing nail biting and hair pulling (trichotillomania)

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Introduction: Nail biting and hair pulling (trichotillomania)
Excessive nail biting (biting on one’s finger nails and/or on the adjacent skin) and compulsive pulling of one’s hair (trichotillomania) are classified as impulse control disorders. While the direct health consequences of nail biting are rarely severe, apart from an occasional infection of the nail bed, the psychological consequences are often grave. Bitten nails are widely visible and often evoke disgust in other people. In the general population, nail biting is often equated with a nervous character and a lack of inner strength. In addition, hands often look repelling. For this reason, many sufferers are ashamed to shake other people’s hands. This may in turn prompt low self-esteem and social insecurity. At times, finger nails are hidden in the hand which paradoxically makes the disorder even more conspicuous.

While full and thick hair is commonly associated with health, sensuality and sexuality, bald or balding areas, or the lack of eyelashes and eyebrows (typical features of trichotillomania) are often mistaken for a severe somatic illness like cancer. People with trichotillomania are frequently ashamed of their behavior and conceal bald parts with caps, scarves or wigs. In many cases, sufferers seclude totally from their social environment which substantially compromises their quality of life. In the following, a novel method will be presented aimed at reducing excessive nail biting and/or hair pulling.
Procedure
Observe & Protocol
Most people who bite their nails or pull their hair do not perform the habit constantly, but will do so in certain situations, for example, while under stress, while reading, when checking emails, when bored, or at night in bed. Often, the behavior is automatic and almost second nature so that many sufferers are not even aware how often and when they perform the behavior.

In the first two days after reading this manual, please observe and record your behavior.
You may also ask family or friends when they think you tend to bite nails or pull hair. Please enter these situations in the table below. Of course, you can later add trigger situations that you have forgotten or went unnoticed previously. Do not actively interfere with your habits at this phase.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: checking emails</td>
<td>More nail biting</td>
</tr>
<tr>
<td>Example: speaking on the telephone</td>
<td>Strong urge to pull hair</td>
</tr>
<tr>
<td>Example: watching TV</td>
<td>Pulling hair out of boredom</td>
</tr>
</tbody>
</table>

Things that don’t work!
Before we familiarize you with the decoupling technique, we would like to discuss alternative techniques and why these often fail. Many people biting nails apply bitter nail polish on their nails like Stop ‘n Grow or hit their fingers when they realize that the behavior was again committed. Bitter substances can be effective for nail biting, but many sufferers are not able to use this method consistently. People with trichotillomania often plan to keep their hands away from their hair through will power. However, the behavior is very frequently done sub-consciously and active intent therefore rarely succeeds in preventing the habit. Some of these methods are also very time-consuming and require great effort, so that the old habit increasingly takes over again when defenses are low.

Many sufferers also try to suppress any thoughts relating to the pulling or biting behavior, their nails or hair. This appears sensible, but in fact often leads to a paradoxical increase of the urge to bite or to pull as it is almost impossible NOT to think certain thoughts as the following example should teach: For the next minute, please do not think about a blue elephant...

[Pause]

Be honest! You won’t have succeeded. You will either have thought about an elephant or another animal, the color blue or something that is associated with an elephant like a zoo. We cannot forbid ourselves to think. If we try, the (negative) thoughts emerge even more strongly.
**What to do!?**

To radically abandon the habit is difficult. The old behavior is almost “in our fingers” and very potent, as it is automated and tricks our “mental radar”. Thought suppression does not work, as shown. As an alternative, we will teach you a method that seeks to unlearn and replace the habit gradually by decoupling aspects of the unwanted behavior. The old behavior is directed into a “dead end street” and will thus be overcome. The basic idea is summarized in the box below.

| Impulse control disorders, such as excessive nail biting and trichotillomania, are often an expression of inner tension. This behavior can be judged as a habit. Habits are fixed and automated behavioral patterns that do not need conscious control – just like other automated behavior such as driving a car. It almost seems as if nail biting or hair pulling is performed by an “alien hand” and as if the fingers have no other choice. The decoupling method picks up and mimics the central movements of the habit (nail biting: hands approaching mouth; trichotillomania: directing one’s fingers to the hair) and locations (nails, hair, fingers) but eventually diverts them to another harmless action. The habit is altered and led into a “dead end street”, so to speak. The start of the new behavioral sequence is the same as before but is then deviated (decoupled) and so to speak led to a happy end: The fingers begin to rise to the face but do not reach the mouth, moving instead, for example, to the ear. The finger nails are still touched, but with the flesh of the other hand instead of the mouth. By doing this, the urge for a sensation that involves the tip of the fingers is relieved, but in a fashion that does not result in visible self-destructive acts. In trichotillomania the hair is not pulled out, instead the hand only massages the neck or touches the ear or the nose. These new target movements should be performed with a little tension and acceleration like in a “final spurt”. This will help to block the old behavior from re-emerging because the two behavioral patterns (old and new) interfere with each other. Thus the old habit either (a) fails or (b) enters conscious awareness and can be prevented in time. How this happens is explained in the next section in further detail. |

**Let’s get started: Decoupling**

As the name decoupling suggests, the elements of the old misbehavior are broken down and re-arranged. Since the old behavior is almost in one’s fingers or scalp it is impossible for many sufferers to eliminate all elements of the behavior and to perform something entirely new, as recommended by some other techniques. It is therefore important for decoupling that the new behavior has some resemblance to the old behavior. This actually facilitates the unlearning of the old behavior. An analogy: If you are counting in your head, it is more distracting if another person is loudly speaking numbers than words. You will more easily lose track of the correct results as the new information interferes and competes for attention.

As nail biting and trichotillomania are ingrained behaviors performed over the years and thus have become strong behavioral patterns, it is important that the decoupled behavior is performed consciously several times throughout the day and especially in critical trigger situations for nail biting or hair pulling. The new behavioral sequence should be performed 5 times successively and for at least 2-3 minutes. The exercises described below are also illustrated in figures 3 and 4.
<table>
<thead>
<tr>
<th>Misbehavior</th>
<th>New (decoupled) behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nail biting</td>
<td>Please perform the exercises for at least 15 minutes, particularly, but not only in situations in which the misbehavior typically occurs (see your protocol).</td>
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| Finger to mouth, chewing or biting nails                                  | 1. Please direct your fingers towards your mouth (however, without reaching it) in the manner that is characteristic for your personal nail biting behavior (e.g. hesitant loop to the mouth, first resting your hand on your chin before biting etc.). Then, you should deviate the movement from the usual aim to your ear, nose, or to another point in the room in a purposeful movement. Do the movement close to its new aim with a certain muscle tension and acceleration (you can also pinch yourself or flip your hand at the end). Please read the previous section about why it is important to perform the final movement in this manner. At the end of the sudden movement, just take your hands back to their starting place. Experiment with this movement a little yourself, as decoupling is not a cook book recipe or a magic spell. Do not choose more than 2 new aims as the old behavior is best unlearnt when it is substituted by strong and similar movements. Do not direct your fingers near your mouth (e.g. lips). For some people it has proven useful to first direct their fingers to the face but then to throw them in the opposite direction with a sudden and accelerated movement, towards a certain point in the room (see figure 3). Try to perform a rather inconspicuous behavior not easily observable by others.  
|                                                                           | 2. Before or after this movement: Rub your fingernail or its remains with the soft part of the other hand (e.g. other fingers). Do not force the skin under the nails or use pressure. Massage the finger nail with only the surface of the skin (see figure 4). The skin should be in 90 degree position (vertical) to the nail (or where nails normally are). The movements should be soft. Do this for at least 5 minutes. If 1. & 2. have abolished or at least reduced nail biting, change the pattern after the second week. Then instead of rubbing your nails on the skin of the other hand, rub fingertip to fingertip. Now, make a number of different movements to avoid compulsive actions. However this fading out of the new behavior is only necessary if the new behavior is conspicuous. |
| Hair pulling (Trichotillomania)                                            | 1. Please direct your fingers towards your hair (without reaching it) in the manner that is characteristic for your personal hair pulling behavior (e.g. hesitant loop to the mouth, stroking your hair before pulling it out, etc.). Then, you should deviate the movement from the usual aim to your ear, nose, or to another point in the room in a purposeful movement. Do this final part of the movement with a certain muscle tension and acceleration (you can also pinch yourself or flip your hand at the end). Please read the previous section about why it is important to perform the final part of the... |
movement in this manner. At the end of the sudden movement, just take your hands back to their starting place. Experiment with this movement a little yourself, as decoupling is not a cookbook recipe or a magic spell. Do not choose more than 2 new aims as the old behavior is best unlearnt when it is substituted by strong and similar movements. Do not direct your fingers near your mouth (e.g. lips). For some people it has proven useful to first direct their fingers to the face but then to throw them in the opposite direction with a sudden and accelerated movement, towards a certain point in the room (see figure 3). Try to perform a rather inconspicuous behavior not easily observable by others.

2. Before or after this movement: Make movements on the (small) fingers of the other hand that are characteristic for your personal hair pulling. Use your little finger as a surrogate for your hair or curl.
   Alternative for 2: Place your hand at the hairline and massage your neck without harming your hair. The neck massage however is not advised when you pull out hair from your neck. In this case, massage your temples at the hairline.
   Important: Apply some pressure with your fingers, but do not pull, tear or otherwise harm your hair.

If 1. & 2. have abolished or at least reduced hair pulling, change the pattern after the second week. After the old behavior has been diverted to a new behavior it becomes your task to avoid stereotypical behavior. Perform a series of alternative movements.

**However the fading out of the new behavior is only necessary when it is conspicuous.**

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Figure 3: Decoupling. In pictures A and B the hand moves as if to bite nails or pull hair (copy of the old behavior), but is then diverted from the usual aim (mouth, hair) – with tension and acceleration – onto the ear, chin, nose or towards a certain point in the room. The movement should be performed purposefully. It is not important that the sequence is identical to the above description. Play around a little and find out what “sabotages” your old behavior best.
Figure 4. For nail biting in particular… as depicted, the nail should be massaged at a 90 degree angle softly with the surface of the other hand, without harming it. Do this before or directly after the exercise depicted in figure 3. For trichotillomania, a massage at the hairline of your neck is recommended without harming the hair in any way. Or treat one of your fingers as if it was a hair you want to pull.

But…!
This method seems as if you’re jumping “out of the frying pan into the fire”, that is replacing one misbehavior with another. Indeed, one behavior is replaced with another. The big difference is that the new behavior does not lead to visible negative manifestations like bitten off nails or bald areas. As the decoupled movement elements are a “dead end street”, it is not likely that they will become as automated as the old behavior. In addition, we recommend fading out the new behavior after some time. However, this is only important if the new behavior is conspicuous and widely visible.

Please note the following
1. Do not cheat I! Please avoid everything that harms or irritates your skin, nails and hair. Sucking or chewing on your nails or skin instead of nail biting or hair pulling is taboo.
2. Do not cheat II! Nail biting is not even a solution when a nail is broken. Use a file instead! Some sufferers flatten their nails with the teeth so that they easily break. Avoid this.
3. Once is never! To become more mindful about the triggers for biting and pulling, it is sometimes effective to write little memo notes and attach them to “risky places” (e.g. “I do not check my nails anymore”; ”I leave my hair in peace” attached to the computer or the mirror). Occasional relapses are no cause for alarm. Your first aim is to reduce your behavior. You have already gained a lot if your old behavior occurs only once or twice a week. However, you should not consciously allow yourself some pieces of nail or a strand of hair in advance. Your ultimate aim is to abolish the old behavior completely. However, in our experience, this happens only gradually.
4. Do not give up too early! Do your exercises on a daily basis. Perform your exercises multiple times throughout the day and not only when the urge is present. The new behavior should become second nature, like tying your shoe laces. However, the new behavior needs time to evolve and to overcome the old. Occasional relapses are normal and do not mean that you have failed. Decoupling is most likely to work when you apply the method each day with rigor and effort. Perhaps you will detect additional situations when you bite nails or pull hair. You can integrate these situations into your practice as you discover them.
5. Be creative! The prior exercises are meant as recommendations but do not represent mathematical formulas or magic spells that have to be performed exactly as described.
6. This method does not substitute for psychotherapy! For further questions on trichotillomania please visit the Trichotillomania Learning Center at www.trich.org. The Trichotillomania Learning Center is a nationally-based nonprofit organization whose mission is to improve the quality of life of children, adolescents and adults with trichotillomania and related body-focused repetitive behaviors such as skin picking.
TLC works to raise awareness of these disorders, promote research and treatment advances, and to provide information and support to sufferers and their families.

For questions, suggestions and critical remarks please turn to Steffen Moritz: moritz@uke.de

We wish you all the best

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