

Not Just Another Bad Habit: The Etiology and Treatments Associated with Nail Biting

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Eventually, all people will come to experience some shape or form of temptation in their life that will become overwhelming and impossible for them to resist. For most individuals, this enticing allurements will present itself as the figure of an action that they should not be performing because it could be harmful to their physical, mental, and social health. These actions will often include bad habits such as smoking, drinking, or gambling. All of these habits are normally viewed as something that the person can easily stop or readily seek out help for from others in order to quit. On the other hand, habitual nail biting is another so called bad habit that is normally grouped with these other forms of temptation. This notion that nail biting is purely a habit that a person can choose to quit at any given time is blatantly ignoring the fact that it could be truly impossible for someone to resist the urge to start biting their nails because they might not know that they are mutilating a part of their body. For this reason, society should instead classify nail biting as a mental disorder that a person should receive some form of treatment for just the same as any other disease. Consequently, just like every mental disorder, there is almost always a reasonable explanation behind why nail biting exists in the first place.

Although there are many reasons as to why a person would bite their nails, there is no one motive that will apply to every individual nail biter in the world. The underlying cause for this habit seems impossible to pinpoint to one specific reason, but it is most often associated with the feelings of anxiety, stress, and nervousness (Chaturvedi and Sachan). When a nail biter is feeling any of these emotions, the familiar and comforting act of putting their fingers in their

mouth is helpful in calming them down. This action could be seen as a comparison to the example of giving a pacifier to a crying baby in need of soothing. Mary C. Lamia, Ph.D. reiterated this idea of comfort best when she wrote, “Regardless of etiology, nail biting is generally regarded as a common habit that should be broken. But therein lies the problem: habits that bring momentary comfort are difficult to relinquish.” When that comforting action is no longer performed, the nail biter will most likely become even more stressed or nervous than they previously were because they have no means of releasing these built up emotions. These urges will culminate into consistent nail biting that the person will fail to realize is the result of these feelings because the nail biter will be more concerned about finding some way to release their emotions while ignoring all the damage that they are doing to their body. According to professor of psychiatry Dr. Kieron O’Connor, another reason behind this bad habit is said to stem from an innate sense of perfectionism (Gregoire). Nail biters will look at their nails and often never be satisfied with what they see, so the only solution they find as a means to improve their unsightly nails is to bite them, which often makes them appear worse than how they started. This creates a vicious pattern of constant nail biting that can greatly affect a person’s mental and physical well-being (Miltenberger, et al. 448). This habit is often viewed as disgusting and will often hinder the person’s ability to create relationships with other people who are put off by the act of nail biting. Those who do not understand will most likely tell the person struggling with this habit to simply stop it, but most nail biters will fail to even realize that they are causing themselves harm in the first place.

Initially, the majority of people will classify chronic nail biting as an act that someone is consciously aware that they are doing; however, this generalization ignores the notion that nail biting could be a more deep-seated psychological problem than what can be seen on the surface

level. Ahmad Ghanizadeh, a specialist in child psychiatric disorders, mentioned that habitual nail biting most likely has a link to various mental disorders, and the most common one associated with the habit of nail biting is usually identified as obsessive compulsive disorder or OCD. According to clinical psychologist M. Williams, many members of the medical community have considered the reclassification of habitual grooming as an OCD spectrum disorder. Individuals with obsessive compulsive disorder generally have no control over their habitual actions. Therefore, this provides a rational explanation as to why nail biters could be grouped into this category because they also have little to no power over their irrepressible grooming habits. Additionally, obsessive compulsive disorder is sometimes found to be an inherited condition that is passed down through different generations, and studies have shown that the person's family environment has a direct connection to whether that person will be susceptible to becoming a nail biter (Bienvenu et al. 291). If a parent is a nail biter, then their child will look up to them and believe that performing this habit is acceptable because they do not know any of the risks that come with nail biting. Consequently, numerous experts in psychology and psychiatry have taken these risks into consideration and have generated possible treatments for the habit of nail biting from various perspectives and approaches (Azrin and Nunn 619; Koritzky and Yechiam 511; Lamia). By understanding the etiology behind the obsessive grooming disorder of nail biting and the range of treatments available to those afflicted with this condition, society will be able to amend their position on nail biting from an unappealing bad habit that anyone can simply stop at a moment's notice to a serious physical and psychological health concern that needs just as much attention as any other mental disorder.

Similar to other common mental disorders, habitual grooming disorders such as nail biting have been heavily researched and treatments have been sought out by countless medical

professionals to help those living with this condition. The vast majority of experts have determined that the most effective and efficient treatment for nail biting is a method known as habit reversal, in which the habit that the person is struggling with is replaced with a competing response (Azrin and Nunn 619). This creates a distraction movement that will cause the person to either remember why they should not bite their nails, or they will forget to perform the harmful action entirely (Bate et al. 865). A clinical study from 1973 performed by Harvard educated psychologist, author, and researcher of behavioral modification, Dr. Nathan Azrin and his research partner Dr. R. Gregory Nunn showed the results of just how successful habit reversal proved to be on those dealing with habitual disorders by having the subjects use an assigned replacement movement whenever they felt the urge to start performing their habit (626). However, this case study was performed such a long time ago, so the data could possibly be subject to reevaluation because for the most part the average person's psychological state has changed greatly from those people who were alive during the 1970s. In order to update this information, Raymond G. Miltenberger, who has a doctorate in the study of clinical psychology from Western Michigan University, conducted a very similar trial to the one performed in 1973 regarding behavioral modification and habit reversal while also taking into consideration the data collected from the previous case study (Miltenberger, et al. 447). The results gleaned from the newer trial showed a significant difference in the overall effectiveness of habit reversal and that a large portion of the subjects observed ended up reverting back to performing their habit after the trial had come to an end, even though they were successful in stopping while the test was taking place (Miltenberger et al. 464-465). While habit reversal may be shown as an extremely effective method for the treatment of nail biting, it does have its limitations and its impact will

vary depending on the person being treated, but there are other treatments that could work for those who do not respond well to habit reversal.

In regards to treating nail biting, each individual afflicted with this condition will often react in various ways to the types of treatment offered. This variety allows for almost all nail biters the opportunity to find the treatment that is best suited for them and their needs. Dr. Gilly Kortizky and Dr. Eldad Yechiam, who are professors of psychology and behavioral science, suggested one such alternative method that provides a new insight into the treatment of nail biting other than habit reversal which is the idea of using non-removable reminders in the form of wrist bands that emit sound at set intervals of time to consistently remind the person what harm could come to them if they start biting their nails (511). After using habit reversal therapy, some of the patients who have experienced this treatment have a difficult time remembering that what they are doing is damaging (Miltenberger et al. 465). They simply forget to complete the alternate activity that is supposed to help them put an end to biting their nails, but if they have a regular reminder in the form of a sound, then they will automatically associate that sound with the idea that nail biting is harmful and they will be less likely to perform the action (Kortizky and Yechiam 525). However, the methods of habit reversal or reminders are not substantial enough for some patients, so they will perhaps need a treatment that addresses the psychological matters behind obsessive grooming disorders, such as nail biting. This other treatment was suggested by Mary C. Lamia who is a specialist in the studies of psychology and psychoanalysis and a professor at the Wright Institute of Berkeley, California and her proposed treatment deals more with the patients' emotions and what overall effect they have on reforming a nail biter. The alternative method entails that a family member, a close friend, or anyone willing to support the nail biter should encourage them when they do not bite their nails rather than berate them when

they do perform the harmful action (Lamia). Overall, people tend to respond better to positive reinforcement in almost any kind of circumstance, but for a nail biter, having that support could be the driving factor that pushes them to finally realize that what they are doing is detrimental to their physical and mental well-being. According to Dr. Lamia, this form of treatment was created specifically for the parents of children with nail biting tendencies as a means to give them confidence and prevent the child from becoming a habitual nail biter during their adult life. However, this method could also be applied to nail biters of any age because praise and encouragement are key aspects that will motivate the person afflicted with this habit to stop regardless of at what age they are trying to become a reformed nail biter.

Overall, a nail biter looking to amend their ways and overcome this uncontrollable habit that they deal with will undoubtedly fail unless they have the motivation to quit in the first place. All of these treatments that have been researched, tested, and suggested would be pointless unless the person with the habitual grooming disorder wants to put an end to their problem and seeks out what route they need to take to be on the road to recovery (Azrin and Nunn 626-627). For most, this is a long process that will require a great deal of self-motivation as well as support from others. A nail biter will have a greater chance at success in the process of quitting if they receive encouragement from others who believe that they will be able to accomplish their goal without succumbing to their habitual instincts (Ghanizadeh). Nail biting may just seem like any other bad habit to those who do not understand, but many people are afflicted with this obsessive grooming disorder and are hesitant to talk about their problem because most of society has deemed the practice as unsightly and disgusting. If more people were to understand the fact that some individuals who bite their nails cannot help what they are doing, then there is a chance that they could feel more sympathy towards the nail biter. This would hopefully encourage others to

assist the nail biter in seeking help to get rid of their problem, rather than ridicule them for something that is very likely out of their control. The public's view could possibly change towards seeing nail biting as a physical and psychological health issue rather than another unattractive bad habit that can be stopped at any time. As can be seen, the habitual grooming disorder of nail biting should be acknowledged by society in a new light because it is quite obviously a serious problem that numerous people are burdened with. Nail biting has been researched thoroughly by reputable individuals and it also has countless treatments offered, regardless of the etiology behind the person's condition, which will hopefully compel the nail biter to coming one step closer to being rid of this dreadful feeling of temptation they deal with on a regular basis.

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