FREE GUIDE · HABITS

Skin picking and hair pulling: catching autopilot

Why skin picking and hair pulling happen, why they're not a willpower problem, and practical habit reversal strategies that help.

You sit down to watch something and an hour later there's a small pile of hair on the sofa. You catch your reflection, notice a bump, and twenty minutes disappear. Afterwards there's relief, then shame, then a determination never to do it again. Then it happens again.

Skin picking (excoriation) and hair pulling (trichotillomania) are body-focused repetitive behaviours, often called BFRBs. They're far more common than most people realise, and far more hidden. The TLC Foundation estimates that around 2–5% of people pick their skin to the point of damage and distress, and that around 1 or 2 in 50 people experience hair pulling at some point in their lives. If this is you, you are not alone, and you are not weird.

It isn't self-harm, and it isn't a lack of willpower

BFRBs are usually not about wanting to hurt yourself. For most people, picking or pulling is a way of regulating: of getting rid of tension, filling a gap, soothing a feeling, or "fixing" something that feels wrong. In other words, it's a solution your brain learned. Not a great one, but a solution.

And once a solution has worked often enough, your brain automates it. That's why so much picking and pulling happens on autopilot, and why trying harder rarely works on its own.

And it's rarely really about the bump or the hair. It's about the underlying process: managing tension, boredom, control or overwhelm. That's why, if you only stop the picking, your brain will often find something else to do the same job. So we work on both: the habit, and what it's doing for you.

Two kinds of picking and pulling

- **Automatic:** it happens while your attention is elsewhere, like reading, scrolling, driving, watching TV or lying in bed. You often only notice afterwards.
- **Focused:** it's more deliberate, driven by an urge, a feeling or a sensation. A bump that has to be smoothed, a hair that feels wrong, tension that builds until you act.

Most people do both. Knowing which is which matters, because they need slightly different strategies.

The loop

1. **Cue:** a place, a feeling (bored, stressed, tired, under-stimulated, overwhelmed), a sensation (a rough patch, an itch, a coarse hair), or a mirror.

2. **Programme:** the hand goes there.
3. **Payoff:** relief, satisfaction, calm, or a sense of completion.
4. **Cost:** damage, shame and hiding. Shame is stressful, and stress is a cue.

What helps

Think of these as experiments. We try a few things and see what happens. If nothing changes, try something else.

1. Become a detective, not a judge

For a week or two, keep a log: where you were, what you were doing, how you felt, whether it was automatic or focused, and how strong the urge was. You're collecting data, not confessing. Most people find two or three high-risk situations account for most of it.

2. Catch autopilot with external hooks

For automatic picking or pulling, the most useful thing is noticing sooner. Make it harder for your hands to do it without you knowing: plasters on the fingertips you use, gloves or a hat in high-risk situations, a bracelet that jingles, a note on the mirror. The moment you notice is the moment you start steering again.

3. Give your hands a new job (habit reversal)

Habit reversal training is one of the main approaches recommended for BFRBs. When the urge comes, or you catch your hand on its way, do something with your hands that you can't do at the same time: make fists, hold a textured object, squeeze a stress ball, use a fidget toy, sit on your hands. Stay with it until the urge passes. Practise it on purpose, not just in emergencies, so it becomes a programme in its own right.

4. Feed the need another way

Picking and pulling often give you a sensation your brain is after. Find a substitute that scratches the same itch: smoothing a stone, rolling putty, brushing your hair instead of pulling it, applying moisturiser when the urge to pick comes, running a finger along the bristles of a soft brush.

5. Change the environment

- Dim the mirror lights, or cover magnifying mirrors.
- Keep tweezers somewhere awkward to get to.
- Keep nails short, so there's less to pick or grip with.
- Keep your hands busy in your high-risk places: a fidget by the sofa, a ball in the car.

6. Check your tokens

Picking and pulling usually rise when you're tired, stressed, bored or overloaded, because a depleted brain falls back on its cheapest programme. Looking after sleep, breaks and stress isn't a side issue; it's part of the treatment.

7. Take the shame out

Shame keeps BFRBs hidden, and hiding costs a lot. Slips are part of how brains learn, not proof that it isn't working. When it happens, get curious: what was the cue? How many tokens did I have? What could I try next time? Telling one trusted person can make a big difference.

A conversation with your brain

"Brain, there's a bump. We have to sort it out."
"That's the urge talking. It feels urgent, but it isn't an emergency."
"It'll only take a second."
"It never takes a second. Let's give our hands the putty for five minutes and see if it's still shouting."

When to get more help

See your GP if you can't stop, if wounds aren't healing or look infected, or if it's affecting how you feel about yourself or your daily life. If you swallow hair, see a GP, as hair can build up in the stomach and cause serious problems. A therapist experienced in habit reversal and CBT can help you build a plan that fits your own triggers. You might also find my guide to nail biting useful, as the approach is similar.

Worksheets

You'll find these printable worksheets at the end of this PDF:

- **Awareness log**: where, when, how you felt, and automatic or focused
- **My hooks and swaps**: the reminders, competing responses and substitutes that work for you
- **High-risk situations plan**: a plan for the two or three places it happens most

Further help

- NHS: skin picking disorder: symptoms, self-help and treatment.
- NHS: trichotillomania: hair pulling, self-help and treatment.
- The TLC Foundation for BFRBs: information and support groups.
- OCD-UK: information on trichotillomania.

Written by Dr Monica Berntsen, HCPC-registered Consultant Psychologist and Neuropsychologist. This guide is for general information and isn't a substitute for individual assessment or treatment.

Want some help with this?

I offer online therapy across the UK. Get in touch at drmonicaberntsen.com/contact and I'll suggest the best next step.

Read this guide online, and find more free guides, at drmonicaberntsen.com/resources.

WORKSHEET 1

Awareness log

For one to two weeks, log each episode. A for automatic (didn't notice), F for focused (driven by an urge). Rate the urge from 0 to 10.

Date / time	Where / doing what	Feeling before	A / F	Urge /10	What I tried instead

WORKSHEET 2

My hooks and swaps

Build your own toolkit and try each one for a week.

Hooks that help me notice sooner (plasters, gloves, bracelet, notes)

Competing responses (things my hands can do instead)

Sensation swaps (things that scratch the same itch)

Changes to my environment

What worked, and what didn't

WORKSHEET 3

High-risk situations plan

Pick the two or three situations where it happens most. Plan for each one in advance.

Situation	Hook to notice	What my hands will do	Change to the setting