

Understanding and Addressing Body-Focused Repetitive Behaviours (BFRB): A Comprehensive Investigation

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Abstract:

Body-Focused Repetitive Behaviours (BFRB) encompass a group of complex and often misunderstood psychological conditions characterised by the repetitive engagement in self-directed, maladaptive behaviours that result in damage or injury to one's own body. These behaviours, which include but are not limited to skin picking (dermatillomania), hair pulling (Trichotillomania), and nail biting (onychophagia), can significantly impair an individual's physical and psychological well-being, often leading to distress, functional impairment, and reduced quality of life.

There was secondary and primary research done to gain insights to write a research paper.

The secondary research included, exploring the underlying psychological and neurobiological mechanisms that drive BFRB, shedding light on the importance of understanding the cognitive, emotional, and environmental factors that contribute to these behaviours. Understood various treatment modalities available for individuals with BFRB, including cognitive-behavioural therapy (CBT), habit reversal training (HRT), pharmacological interventions, and emerging therapeutic approaches, their impact.

After collecting all the data and information, I moved ahead with primary research. A questionnaire was created to understand what people think about BFRBs and sent out the survey form. To collect original data about people's engagement in these behaviours, how do they cope with them? Collected about 90 responses from age groups 15-60 yrs. And further did "Content analysis" for the qualitative data to segregate the information based on new and common words. For quantitative data I did segregated descriptive statistics.

Keywords:

Body-Focused Repetitive Behaviours, BFRBs, Trichotillomania, Excoriation Disorder, Research, Intervention, Literature Review, Behavioral Analysis

Introduction:

The phenomenon of Body-Focused Repetitive Behaviours (BFRBs) comprises a multifaceted collection of compulsive actions, including skin picking, nail biting, and hair pulling, among others, resulting in harm to the body. BFRBs, a category of psychological conditions, have long lingered on the outskirts of psychiatric and psychological investigations. It wasn't until 2013 that the Diagnostic and Statistical Manual of Mental Disorders (DSM) officially recognized BFRBs as psychological disorders. The ramifications of BFRBs on individuals' physical and mental well-being are profound. Those affected by these conditions often find themselves trapped in an unending cycle of guilt, shame, and

distress, as these behaviours wreak havoc on their self-esteem and overall quality of life. This paper aims to offer a comprehensive overview of the prevalence, root causes, and extensive effects of BFRBs through a blend of primary and secondary research.

Literature Review:

BFRBs encompass a spectrum of disorders characterized by repetitive self-directed actions resulting in self-inflicted bodily harm. Common BFRBs include trichotillomania (hair-pulling disorder), dermatillomania (skin-picking disorder), and onychophagia (nail-biting). This literature review encapsulates the findings of research conducted on BFRBs.

The review initiates by delving into the prevalence and diagnosis of BFRBs, emphasizing that these behaviours are more prevalent than previously understood, affecting individuals across diverse age groups. It examines diagnostic criteria and assessment tools, showcasing the evolving recognition of these conditions in both medical and psychological realms.

Comprehending the causes and risk factors associated with BFRBs is pivotal, and this review delves into genetic, neurological, and environmental influences. Genetic factors have been explored, as evidenced by the familial transmission of BFRBs. Nevertheless, in some cases, these behaviours manifest later in life without a clear familial association. Neuroimaging studies have provided insights into the brain regions involved in BFRBs. Alarming case studies illustrate the detrimental consequences of persistent engagement in these behaviours, leading to infections and even amputation in severe cases.

Psychological models have been devised to comprehend the mechanisms underpinning BFRBs. Cognitive-behavioural models propose that these behaviours serve as coping mechanisms for managing stress and anxiety. Emotion regulation difficulties have been identified as a common factor in individuals with BFRBs, and habit reversal training has shown promise but is not consistently effective. Mindfulness-based interventions have also been explored as a complementary approach to managing BFRBs.

In addition to psychiatric treatments, several companies have developed mobile apps and devices, such as "Save my skin," "Trichstop," "Skin pick," and "Habit aware Keen," to monitor these behaviours. The proliferation of online communities and support groups has facilitated connections among individuals dealing with BFRBs, enabling them to share experiences and seek guidance. Research has underscored the profound impact of BFRBs on individuals' quality of life and daily functioning, resulting in physical harm, social isolation, and diminished self-esteem.

Moreover, researchers have devoted efforts to estimate the prevalence of BFRBs in various populations, revealing that these behaviours are more widespread than initially believed and can affect individuals across age groups, with a higher prevalence among women. Notably, in 2013, BFRBs were officially recognized as psychiatric disorders.

Investigations into the root causes and risk factors for BFRBs have been extensive, unveiling genetic, neurological, and environmental influences. Genetic components are evident, as BFRBs often run in families. However, there are instances where they emerge later in life

without apparent familial links. Neuroimaging studies have shed light on the brain regions implicated in BFRBs.

Individuals who persistently engage in these behaviours unknowingly subject themselves to considerable harm. Disturbing case studies illustrate how severe skin-picking can lead to infections and, in extreme cases, amputation of body parts.

Psychological models have been formulated to elucidate the driving forces behind BFRBs. Cognitive-behavioural models propose that these behaviours function as coping mechanisms for stress and anxiety. Challenges in emotion regulation have been recognized as a common factor among individuals with BFRBs. Habit reversal training has provided some relief, although it remains inconsistently effective. Mindfulness-based interventions have also been explored as a supplementary approach to BFRB management.

Beyond psychiatric treatments, various companies have developed mobile applications and devices, such as "Save my skin," "Trichstop," "Skin pick," and "Habit aware Keen," to monitor and manage these behaviours. The emergence of online communities and support groups has allowed individuals with BFRBs to connect, share their experiences, and seek guidance. Research has illuminated the profound impact of BFRBs on individuals' quality of life and daily functioning, leading to physical harm, social isolation, and reduced self-esteem.

Research Methodology:

To advance our understanding of BFRBs and develop more effective interventions, this research project employs a multifaceted methodology. The project combines quantitative and qualitative research methods, including surveys, interviews, and behavioural analysis.

Secondary Research:

The secondary research phase involved a systematic review of academic articles, reports, and other research papers, and gaining good insights on how BFRB was considered a psychological disorder and how awareness is created among people and what treatments are considered to tackle this behaviour.

Primary Research :

To augment the insights gained from secondary research, a primary research component was conducted in the form of a structured survey. The survey aimed to collect original data from individuals who experience BFRB.

Surveys:

Surveys were conducted to gather quantitative and qualitative data. These surveys will target individuals with BFRBs to collect information on the frequency and severity of their behaviours, associated triggers, and their experiences with current treatment approaches.

Interviews:

Qualitative insights were obtained through some interviews with individuals affected by BFRBs. These interviews will delve into the personal experiences, emotional aspects, and coping strategies of those living with BFRBs. By listening to the stories and struggles of

individuals with BFRBs, we aim to gain a holistic understanding of the impact of these disorders on their lives.

Content Analysis:

Content analysis was utilised to evaluate the qualitative responses gathered in the survey. Open-ended questions within the survey allowed participants to share their personal narratives, experiences, and insights regarding BFRB. Responses to open-ended survey questions were extracted and organised for systematic analysis.

Descriptive Statics:

Quantitative data of about 90 people were collected segregated. Responses to closed-ended survey questions were extracted and organised for systematic analysis.

Behavioural Analysis:

Behavioural analysis was employed to explore the specific patterns and triggers of BFRBs. Observing and recording these behaviours will help us identify commonalities and differences in the manifestation of BFRBs among individuals. By analyzing the behavioural aspects, I aimed to get a better understanding of the factors that influence the onset and continuation of these behaviours.

This comprehensive approach was to enable us to investigate BFRBs from multiple angles, addressing both the psychological and behavioural aspects, and providing a solid foundation for the development of targeted interventions.

My insights from the above research was, most of the people do engage in BFRBs and feel the need to get rid of these habits. I also understood that most of the people developed these behaviours during their childhood. And some developed due to stress and continued with their habits. To get rid of these habits people generally used the strategies of creating barriers to avoid the fidgeting. Or divert attention and get consciousness about it BFRBs are not some major disorders, but it's a necessity to bring awareness about the consequences of these behaviours on mental and physical wellbeing. As the compulsion can lead to any major health issues.

For future implications, I would like to involve technology to address my findings from my research. I would like to explore certain prototypes by creating wearables or any other artefacts. I would also look at designing services or strategies going ahead.

Conclusion:

The research project on Body-Focused Repetitive Behaviours (BFRBs) contributes significantly to the evolving understanding of these complex disorders. By combining a thorough literature review with original research, it offers valuable insights into the causes, consequences, and potential treatments for BFRBs. The results of this study will assist in the development of more effective interventions, ultimately improving the quality of life for individuals affected by these conditions. As our understanding of BFRBs advances, the hope is to reduce the stigma associated with these disorders and promote greater support and compassion for those who experience them.

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