Tattoo After Trauma: Investigating Tattoos as a form of Healing after Psychological Trauma

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This thesis is dedicated to the twelve incredible people who shared their stories with me. I am endlessly grateful for your openness, candor, humor, and vulnerability.

Abstract

The present research is a qualitative study investigating how tattoos can serve as a form of healing after psychological trauma. To explore this, in-depth semi-structured interviews were conducted with young adults ages 19-25 who chose to get a tattoo as a result of experiencing a traumatic event or events. Through qualitative analysis, several preponderant themes were identified as significant and central to the lived experiences of participants, both in terms of their motivations to get their tattoo and what it has been like to have their tattoo. Themes include getting a tattoo after trauma for personal growth, to help heal, to provide agency, and to improve self-image." The findings of this study suggest that tattoo acquisition may help trauma survivors in their healing process.

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Chapter 1: Introduction

Introduction

Tattooing, a pillar of human expression for over 5,000 years, holds manifold meanings across temporal and geographic boundaries. The first recorded instance of tattooing was on the body of "The Iceman," dating back to approximately 3350 B.C.E, which is thought to have been used as a type of acupressure (Dorfer et al., 1999). The next evidence of tattooing came from Ancient Egypt, where the body was used as a canvas to record hieroglyphs, which had previously only been written on the walls of caves (Williams, 2014). As this practice spread geographically, and persisted in society over time, it also developed new meaning, unique to the person obtaining the tattoo. For some individuals today, tattoos serve as a tool for sexual selection, for some, it is a way to exhibit group identity, and for others, it is a way to express emotion or to create art. And, critically, for some people, tattoo acquisition can help in the process of emotional healing after a traumatic event. This research will specifically focus on the relationship between tattoo acquisition and trauma-informed healing. For the purposes of this study, healing refers to the process of minimizing or relieving suffering (Egnew, 2005). After a discussion of previous research on tattoos and trauma-informed care, this thesis will discuss the findings of my qualitative research with young adults ages 19-25, who have gotten tattoos as a result of trauma.

In American society, tattoos have historically been viewed as a symbol of deviance, tied in the collective conscious to widely ill-reputed populations, such as prisoners and sailors (Roggenkamp, Nicholls, and Pierre, 2017). Deviance is understood as a violation of social rules and conventions, both formal and informal (Clinard &

Meier, 2015). These negative stereotypes about tattoos were also likely believed in the research community, arguably leading to a small number of studies about tattoos. Furthermore, the majority of the studies that were conducted prior to the 21st century examined negative aspects of tattoo acquisition rather than positive. In the mid 1900s, studies were conducted showing links between tattoo acquisition and many negative mental health outcomes, including aggression, sexual fetishism, and criminality (Stein, 2011). Over time, acceptance for tattoos has increased, and a 2015 Harris Poll showed that roughly one third (29%) of Americans have at least one tattoo, and when looking at people under thirty years old, that percentage increases to 47% (Harris Poll, 2015). This increased acceptance has led to increased opportunities for less biased research on tattoos, and the ability to have more open discussions about tattoo acquisition.

In the modern discourse on tattoo acquisition, emotional factors have become a major motivator for individuals choosing to get tattoos. Whether they decide to commemorate a date, a heart with the word "mom" in it, or an image of a beloved pet, individuals often choose to immortalize something on their body that is emotionally significant to them. Part and parcel of this ubiquity is the prevalence of post-trauma tattoo acquisition, which is a significant aspect of the broader tattoo practice, and the focus of this research.

Trauma-informed care is a field of counseling dedicated to serving individuals who have experienced trauma. This practice focuses on six main principles: safety, transparency & trustworthiness, choice, collaboration, empowerment, and consideration of cultural, historical, and gender issues (SAMHSA, 2014). Tattoo acquisition relates to

nearly all of the components of this approach in different ways, which will be discussed in Chapter Four.

Overview of existing literature

Prior research regarding tattoos and trauma has focused on the motivations of why people get tattoos and how they come to that decision. The current body of research largely comprises studies focusing on one type of trauma, such as grief, or one specific demographic, such as Latina women. These studies are important and informative, but fail to reflect the true nature of trauma, which is that it is a highly subjective experience, and that any person, regardless of race, background, gender, or any other demographic can experience it (Giller, 1999). The current study will address this issue by not setting any demographic-based inclusion or exclusion criteria, and by letting the subjects decide what constitutes psychological trauma for themselves.

The body of research regarding the link between mental health and tattoo acquisition is small but has grown over time, especially in the period since tattoos have become more socially acceptable. Additionally, due to previous societal stigma, much of the research regarding tattoos and mental health is focused on correlating tattoo acquisition with negative mental health outcomes, and is not focused specifically on trauma, but rather on overall mental health or deviancy.

In a 1955 study that took place in the Veteran's Administration hospital in Lexington, Kentucky, researchers used a study design similar to that of the present study and interviewed psychiatric patients about tattoos that they had already obtained (Ferguson-Rayport, Griffith, & Straus, 1955). While this study utilized a clinical sample composed of patients with schizophrenia and personality disorders (PD), and the present

study is utilizing a non-clinical community sample, the methods used in the two studies are quite similar and certainly merit comparison. Although this 1955 study is based off of even older research that linked tattoos with higher crime rates and other deviant characteristics (e.g. Cohen et al., 1927), and referred to tattoo acquisition as a type of pathology (e.g. Abramson, 1931), the interviews conducted in this study produced results that support the hypothesis of the current study, and warrant further research using this in-person interview technique. The researchers who conducted this study write that "personality disorder patients, whose tattoos express inner conflicts and satisfy inner needs and, evaluated as a social phenomenon, signify another deviation from the mores of our culture" (Ferguson-Rayport, Griffith, & Straus, 1955, p. 131). While this conclusion about tattooed Personality Disorder patients reflects prevailing attitudes of the time that the research was conducted (evidenced by references to deviancy), it also introduces the concept that tattoos can express feelings that cannot otherwise be expressed, and can be used to satisfy needs or provide some kind of comfort (Ferguson-Rayport, Griffith, & Straus, 1955).

Even as research continues to reflect more positive attitudes toward tattoos in the U.S., and as studies on psychological trauma gain traction, these bodies of work have stayed largely separate, and very few studies have examined the relationship between psychological trauma and tattoo acquisition. The structure of the present study seeks to capture the bifurcated state of the research, in which the background research on tattoo acquisition and the background research on psychology each have their own chapter.

In more recent years, researchers have finally started to look at the relationship between psychological trauma and tattoo acquisition, but have focused more on the anthropological and cultural significance, as opposed to the personal experience of the individuals obtaining the tattoo(s). One 2001 study examined "how tattoos may function as a way to deal with personal trauma" (Sarnecki, 2001, p. 37), which is a similar aim to that of the current study, but relied largely on information from memoirs and films to make its point. This use of data from films and memoirs rendered Sarnecki's study more anthropological and less personal, and also failed to discuss the lived experience of having a tattoo, as opposed to merely obtaining one. This 2001 study eschews the dynamics of actually having the tattoo and its relation to the healing process; it seems that the bulk of published studies also flounder in this regard. Using an in-person interview technique, as is employed in the study design of the present study, is one way to delve into this largely untapped area of research. On the whole, existing studies have done an effective job of establishing the link between trauma and the choice to get a tattoo, and have proposed theories as to why this relationship exists, but have not delved much deeper beyond establishing and exploring that correlation.

In a series of case studies conducted in Germany, researchers theorized that tattoos act as an alternative form of expression that patients "resort" to when unable to verbalize "unendurable affect" through language (Karacaoglan, 2012). The same researchers liken getting a tattoo to a "patch" intended to cover the "holes" that have been blown through one's potential space, which refers to a sense of an inviting and safe interpersonal field in which one can be spontaneously playful while at the same time connected to others (Diamond, 2017). According to the case studies, the holes that psychological trauma can bore through an individual's potential space can affect a

person's sense of safety and security, their ability to be playful, and their ability to feel connected to others, in addition to a host of other unfavorable outcomes.

To adopt Karacaoglan's terms, the present study will consider trauma as an "unendurable affect" in this context. The present study will also work to determine whether this tattoo "patch" is able to effectively cover the "holes" left in one's potential space by a variety of traumatic experiences, and help the individual reclaim this space. While the current body of research focuses solely on the "before" of getting a tattoo, the present study will also consider the "after," with particular regard to individual trauma processing following tatto acquisition.

The present study will use in-person interviews as a tool to assess whether obtaining a tattoo after experiencing trauma is indeed an effective tool in the healing process. Within the field of clinical psychology, psychological trauma can be defined as

"the unique individual experience of an event or enduring conditions, in which the individual's ability to integrate his/her emotional experience is overwhelmed, or the individual experiences (subjectively) a threat to life, bodily integrity, or sanity." (Pearlman & Saakvitne, 1995, p. 451)

This study will utilize Pearlman's & Saakvitne's above definition of trauma, and defines the healing process as the progression of becoming more emotionally healthy, being able to move forward from the trauma, and being able to effectively accept and process what has happened. The current study will also acknowledge the subjectivity of traumatic experience by letting participants determine what constitutes trauma from their own perspective. This will allow for the study to look at a wide range of experiences, and examine the same phenomenon in different contexts. The choice to conduct in-person interviews is significant, because previous research has shown that the process of talking

about one's tattoos can improve one's mental health, and inform psychiatric practice (Roggenkamp, Nicholls, and Pierre, 2017).

Chapter Overview

The impact of trauma on both physical and psychological functioning cannot be overstated, and can show up in a variety of ways. Studies have found that experiencing certain types of trauma, including severe child maltreatment and sexual assault, was a significant risk factor in developing alcoholism, depression, drug abuse, and suicide attempts, as well as greater risk for smoking, >50 sex partners, and sexually transmitted disease. Additionally, these individuals were found to have a greater risk for physical inactivity and obesity, ischemic heart disease, cancer, chronic lung disease, skeletal fractures, hepatitis, stroke, diabetes, and liver disease (van der Kolk, 2000; Friedman & Schnurr, 1995; Goodwin & Stein, 2004). Given the potentially monumental challenges that victims of trauma face, the present study's focus on the emotionally healing dimensions of tattooery is particularly significant.

Following this introduction, chapter two of this study will provide more in-depth background regarding the history of tattoos and tattoo acquisition. The discussion of this chapter will include an in-depth look into the history of tattoos and their historical context in American culture, as well as Japanese and Maori culture. In both of these cultures, tattoos are operationalized to distinct ends and hold different significances across populations. This background will help to demonstrate the fact that people choose to get tattoos for different reasons, and this reasoning is often influenced by the geographical location and time period of the individual choosing to acquire the tattoo(s). For example, for the Maori people of New Zealand, the traditional tattooing practice known as *Moko*

has been a part of their culture for thousands of years, and was originally used as a means of beautification and a way to appear fierce to other tribes. This practice will be discussed further in Chapter Two.

In the context of United States culture, the second chapter's discussion will be mostly focused on the evolving role of tattoos in the U.S. and the change in societal attitudes towards tattoos. This discussion will also provide more insight into why there is a relatively small body of research on tattoo acquisition, and why the current societal view towards tattoo acquisition provides researchers in the present time with a unique opportunity to produce research studies on the topic. Increased access to participants and heightened societal interest in tattoo acquisition makes this research more socially relevant, and of interest to a broader audience.

Chapter Three of this study will discuss the dynamics of psychological trauma. This chapter will discuss what constitutes psychological trauma, its multifaceted nature, and the ways in which different experiences can be traumatic for different individuals. This information is also reflected in parts of the study design, and had an influence on how the study was created. This chapter will also delve into the effects of psychological trauma, and the vast spectrum of ways in which psychologically traumatic experiences affect different individuals (van der Kolk, 2000). Chapter three will also discuss Post-Traumatic Stress Disorder (PTSD) as well as methods of counseling and treatment either developed specifically for people with PTSD and other trauma survivors or used extensively in the treatment of trauma survivors.

This section will elaborate on how each of the principles of trauma-informed care are associated with tattoo acquisition, and will also touch upon the importance of

acknowledgement, continual processing of what happened, and witnessing in working through and healing from trauma. It is well worth noting that these principles, as well as aspects of various trauma-informed counseling practices, were used to develop the semi-structured interview guide for this present study.

The fourth chapter of this thesis will elaborate on the theoretical model proposed by the German researcher Uta Karacaoglan, how the present study will use researcher J.D. Peters' work on *Witnessing* to modify this model. Karacaoglan's theoretical model draws on the philosophical concept of potential space, and theorizes that while psychological trauma can puncture holes in an individual's potential space, a tattoo can act as a patch for these holes, helping the individual regain their sense of safety and the ability to feel free and act in a playful manner (Karacaoglan, 2011). This theoretical model is central to the present study, because it provides a theory that can be tested with the findings from the respondents who have obtained a tattoo after experiencing a traumatic event or events. The existing literature on psychological trauma and PTSD provides a plethora of evidence to support the claim that enduring psychological trauma can puncture holes in one's potential space. However, in the existing literature on the subject, there is no existing research conducted to determine whether tattoos can act as a patch for these holes.

The fifth chapter of this study will be devoted to the methods used in this research design. This section will provide demographic data about the participants, methods of recruitment for participants, and information about how the study was conducted. This section will also go more in depth about the measure used in this study, which was a trauma-informed semi-structured interview guide. This chapter will include examples of

some of the open-ended questions that this measure is composed of, as well as an explanation of how the items on the semi-structured interview guide were created, and the criteria used to make these decisions. Information about why this measure is appropriate in the context of the current study will also be included in chapter five. This chapter will also include information about procedures such as audio recording the interviews, how this data will be stored and managed, and how the interviews will be coded by the principal investigator.

Chapters Six and Seven will state and discuss the themes found through analyzing the results of the fifteen interviews. Approximately half of the questions on the semi-structured interview guide (Appendix A) focused on the participants' motivations for getting their tattoos and their decision—making processes regarding design, placement on the body, which tattoo artist they worked with, and how they came to the decision to get a tattoo in the first place. The themes related to these decision-making processes are about *The Before*, and will be explored in Chapter Six. The other half of the questions on the semi-structured interview guide (Appendix A) meanwhile focused on the participants' lived experience actually having the tattoo, how people react to it, how they feel about it, and how having it impacts their daily life or life in general. The themes related to the lived experience of having their tattoo(s) pertain to *The After*, and will be explored in Chapter Seven.

Chapter Eight will include the discussion and conclusion sections of this study, and will synthesize all of the data collected and coded throughout the current study's research phase. This section will tie the findings back into the background information and previous research findings, and will examine whether the collection of themes that

emerged from the interviews align with past research. This chapter will also include a discussion about how the present study's research fits in with Karacaoglan's theoretical model and the Trauma-Informed Care model, and will make a final determination of whether this study can support Karacaoglan's theoretical model. Additionally, chapter eight will discuss the study's shortcomings, and changes that could be implemented in future research, and will include information about why this research is important to the principal investigator, on a personal level.

Chapter 2: Historical and Cultural Context of Tattoo Acquisition History of Tattoo Acquisition

The practice of tattoo acquisition has existed for thousands of years, and over time, has served myriad purposes and has taken on a spectrum of meanings. Cultures, time periods, and even individuals have brought much to bear on the functionality of tattoos, and, historically, whether tattoo acquisition enjoys societal acceptance is also culturally contingent (Roggenkamp, Nicholls, and Pierre, 2017). The social acceptance of tattoos has had an influence on the state of the research in this area, with a large increase in research studies in the past two decades. The societal shift towards greater acceptance of tattoos has also had an effect on the nature of the research on tattoo acquisition and mental health. This chapter will first provide a brief look into tattoos in the context of Maori culture, followed by a historical overview of tattoos in the United States and a look into the changing attitudes towards tattoos in Japan. This chapter will also explore how attitudes towards tattoos impacted research on tattoos historically.

Before discussing tattooing in American culture, a discussion of the tattooing practice of *moko*, of the Maori culture of New Zealand, is germane. *Moko* has been a part of the Maori culture for thousands of years, and, as mentioned in the introduction of this study, was originally used as a means of physical adornment, and a way to intimidate other tribes. However, over time, *moko* has taken on new significance, and are now acquired to mark or remember a meaningful event: as Professor Ngahuia Te Awekotuku of the University of Waikato in New Zealand writes, "Many people in the Maori world take moko to mark a significant moment in their lives; the birth of a new baby, the joining in marriage, the loss of a loved one, the achievement of a special goal, and the

attainment of a degree or success in sport" (Te Awekotuku, 2009, p. 2). One Maori man that Professor Te Awekotuku interviewed said that moko "can be about hurt and loss, about separation and death. Even doing it is like that, about rejoining after cutting the flesh, spilling the blood... making us whole again, but different" (Te Awekotuku, 2009 p. 2). The functional nuances of moko tattoos not only demonstrate that tattoos are used for healing across cultures, but also speak to the present study, as the practice of tattooing in America harkens back to [time period] sailors inspired by the Maori tattooing they had witnessed in New Zealand.

Tattoos and Deviance in the United States

The first recorded instance of tattoo acquisition in America dates back to before the colonization of the United States, when Native American people engaged in a rich tradition of tattooery, representing battle victories and crafting emotional narratives through nature symbolism. For example, birds were used to represent both freedom and protective spirits (Waxman, 2017). In the mid-eighteenth century, Native American women began to use tattooing to alleviate toothaches and back pain, serving a similar function to the Ancient Chinese practice of acupuncture (Waxman, 2017). After the colonization of the United States, the first recorded example of tattooing in the United States was in the 1700s, when sailors who had traveled to New Zealand brought back the idea of Maori tattooing to the Western world (Camacho and Brown, 2017). With the commencement of the Civil War, a new function for tattoos emerged, as they identified soldiers to determine their wartime allegiance.

The fact that tattooing was imported by sailors from its Maori roots in New Zealand is one reason that tattooing developed an association with deviancy in the United

States. Captain James Cook brought tattooed Maori people back to England with him from New Zealand, who were "publicly displayed as human oddities" (Burgess and Clark, 2010, p. 746). This public displaying of human beings who were thought to be "savage" and "oddities," and their association with tattoo acquisition led to the linking between tattoos and deviancy in the Western World.

As tattooing gained popularity among lower-class populations, the association between tattoos and deviancy strengthened, especially in the eyes of the upper-class individuals who wielded significant social and political power (Burgess and Clark, 2010). Over time, tattoos became socially unacceptable in most upper-class social settings, and were only found on sailors, soldiers, criminals, and the lower class, viewed as the "underbelly of society" (Burgess and Clark, 2010, p. 747).

In 1895, the first written association between tattoos and deviance was published in Lombroso's book *Criminal Anthropology*, and the association was explored further in his 1896 journal article, "Savage Origins of Tattooing." In his book *Criminal Anthropology*, Lombroso argued that many criminals consciously used tattoos as a way to visually display or catalogue their illegal activities or acts of violence. Lombroso brought up an example of a criminal who had tattoos depicting each crime he had committed, including a tattoo of the helmet of a slain police officer (Lombroso, 1895). This marks the beginning of such associations in media, and brought these ideas to a broader audience, reinforcing negative societal stereotypes. That said, this was certainly not the last time this correlation appeared in the media, and the espousal of these associations in the media is very likely a contributing factor to the fact that "until recently, tattoos continued to be most strongly linked with masculine outsider groups, such as prisoners,

the military, and motorcycle gangs" (Burgess and Clark, 2010, p. 747). Burgess and Clark, referring to the work of Atkinson (2003) conclude that this strong, long-lasting, and widely-announced association between tattoos certain "outsider groups" makes it make sense that "transgressing the social norm of bare skin by becoming adorned with tattoos has become strongly associated with deviance" (Burgess and Clark, 2010, p. 747). Subsequent studies have also demonstrated the tendency to distrust people with tattoos and associate these individuals with criminality and other negative attributes. Research using children as subjects has shown that children were more likely to think that a person with a tattoo was a criminal than a person without a tattoo (Houghton, Durkin, & Caroll, 1995).

As class differences began to become more pronounced in American society, this relationship between tattoo acquisition and deviancy became stronger, with upper class people trying to avoid associations with people in lower classes than them whenever possible (Atkinson, 2014). Another factor that played into the negative stigma associated with tattooing was the integration of tattoo acquisition into circus and sideshow culture (Atkinson, 2014). Using tattoos to mark prisoners dates back to 450 BC, which occurred across the world in countries including Greece, England, Japan, and France, and was a way to physically label social deviants (DeMello & Rubin, 2000). To this point, in his book, *Tattoed: The sociogenesis of a body art*, which broadly discusses the changing social opinion towards tattoo acquisition in the U.S., Atkinson writes that

"The actions of social deviants were symbolically labelled as such by placing indelible marks on (in) the body. Not only, then, was it important to control social disruptive bodies by taking them out of the general populace, it was equally important to further marginalize dangerous individuals with life-long marks of stigma – transforming them into discredited social actors." (Atkinson, 2014, p. 39)

Eventually, prisoners began to fight back against involuntary tattooing by electing to tattoo themselves, thereby reclaiming control of their bodies. Prisoners in England and France would tattoo dotted lines around their necks with the words "Cut me," to mock the prison system's control over their lives (Caplan, 2000). The practice of prisoners voluntarily tattooing themselves spread to the United States, reaching a peak in popularity in the 1950s and 1960s (Atkinson, 2014). In the United States, prisoners most commonly used tattoos to signify gang affiliation or a sense of discontent with confinement, an example of which is a teardrop tattoo near the eye (Atkinson, 2014). Prison tattoos are also unique in style, and certain techniques, such as fine line work in blue or black ink, and certain images, such as a clock with no hands (symbolic of "doing time") can visually convey the relationship between the prisoner and the prison system, even once the individual is no longer incarcerated. Such longevity resonates with Atkinson's point that the involuntarily tattooing of prisoners not only affected them during their incarceration but also labeled them as "deviant" outsiders following their release. Although the prison tattooing that has happened in the United States over the past century is voluntary, the same principle applies, and this association with prisoners, as well as motorcycle gangs (which are often comprised largely of people who have served time) further cemented the societal labeling of tattoos as "deviant" (Burgess and Clark, 2010). Atkinson explains that for prisoners, motorcycle gang members and other individuals deemed "deviant" by society was a way of "outwardly representing feelings of discontent with society" (Atkinson, 2014, p. 42). Atkinson continues, writing

"Radically marking the body to achieve this goal drew attention to the social protestor in a culture where conservative codes about the body and its

representation predominated. Consequently, deviance and the tattoo were synonymous during this era." (Atkinson, 2014, p. 42)

Prior to the start of the 1970's, tattoos had become very taboo in North America society, and were almost always viewed as a voluntary symbol of social deviance, at least by mainstream, middle class society.

Between the 1970s and 1990s, tattoos became more popular and socially acceptable in the United States, but the social stigmatization of tattoo acquisition remained quite strong until the late 1990s and early 2000s. In the 2000s, researchers found that the practice of tattooing had begun to expand to include the middle class and to include individuals who did not have any diagnosed psychiatric disorders and were not associated with any deviant subcultures (DeMello & Rubin, 2000). Additionally, in 2002, researchers found that 26% of undergraduate women and 23% of undergraduate men had a tattoo (Mayers, Judelson, Moriarty, and Rundell, 2002). These studies not only demonstrate the changing societal perception of tattoos and growing prevalence of tattoos, but are also important in that their publishing put these facts into the media, thereby educating the public. Just as Lombroso's 1895 and 1896 books may have contributed to the negative societal view of tattoos at that time, these research studies, along with others published in the 1990s and 2000s may well have helped to begin to dismantle the association between tattoos and deviance that had been rampant in the United States for hundreds of years. Roberts & Ryan (2002) point out that the gradual acceptance of tattoos may be looked at through the lens of social learning processes. This study elucidates the process by which an increasingly diverse tattooed population has created more advocates for tattoo acquisition (Roberts & Ryan, 2002). Atkinson takes this idea a step further, and hypothesizes that people seeing others from their own social

group get tattoos may "lead to tattooing being seen less as a disturbing practice and more as a civilized one" (Atkinson, 2004, p. 749).

By the early 2000s, multiple tattoo parlors existed in every major city, and tattoos had become a commodity within a highly competitive market. Clients are consumers in this market, and they are willing to pay large sums of money, sometimes upwards of one thousand dollars per tattoo, to obtain the tattoos that they want (DeMello, 2000). Some other potential explanations for the increasing acceptance of tattoos in Western society is the desire to pursue uniqueness in one's appearance, especially in societies where the body is objectified and commoditized (Swami, 2011), the desire to reclaim agency over one's body (Pitts, 1998), and the fact that tattoo removal is now more accessible (Armstrong, Tustin, Owen, Koch, & Roberts, 2013). Television shows such as *Miami Ink* and *Inked*, first aired in the mid-2000s, indicate changing societal outlooks on tattoos, insofar as programs centered on tattooing enjoyed airtime on popular U.S. television networks. This exposure of tattoo culture in the mainstream media, along with many celebrities' decisions to get and publicly display tattoos was one factor that led to increased acceptance of tattoo acquisition in North America. As mentioned in regards to negative views towards tattoos being published in written media, the values exhibited in all types of media media can have a significant impact on societal acceptance or lack thereof. During the 2000s, "Celebrity Tattoo Artists" also became recognized in society, being praised for their artistry and skill, which made tattoo acquisition a bigger part of pop culture (Thompson, 2019).

Despite the fact that tattoos have become much more widely accepted in American society even since the early 2000s, with over 30% of Americans reporting at

least one tattoo as of 2017 (Pew research center, 2017), many individuals still worry that their tattoos will affect the way that people view them, especially if their tattoos are visible (Dean, 2011). This fear is particularly related to how the individual will be assessed in professional settings, such as a job interview or while working. There have been several relatively recent studies that have aimed to assess whether visible tattoos have an impact on a customer's impression of a service provider. One such study, from 2011, took a sample of 121 young adults ages 18-24, and assessed their confidence in a white-collar service provider, in this case an employee from a tax preparation company (Dean, 2011). The results of this study were statistically significant, and showed that young adults had less confidence in tax professionals whose appearance was "incongruent" with what was expected for their profession (i.e. having a tattoo) (Dean, 2011). This article discussed the conscious decision to sample young adults 18-24, and talked about how, in 2011, 46% of young adults considered a visible tattoo to be "normal," while only 3% of older adults age 65+ feel the same way (Dean, 2011). The study shows a bias against tattooed service providers from the age group that is most accepting of tattooed individuals. Additionally, generational discrepancies in tattoo acquisition indicates that as younger generations grow and older generations die out, trends in pro-tattoo perspectives writ large may persist.

Recent research has also demonstrated that inherent differences between tattooed individuals and non-tattooed individuals may be less pronounced than previously believed (Swami et al., 2016). Even within the past two decades, research has established correlations between tattooed individuals and a variety of undesirable traits, including drug and alcohol use and increased and riskier sexual activity in both adolescents

(Roberts and Ryan, 2002) and in adult community samples (Adams, 2009). In one study, which was conducted in Germany, Swami and his colleagues found that tattoo ownership did not vary by sex, nationality, education, or marital status; Swami also found a small effect size for the effect between having a tattoo and increased impulsivity (Swami et al. 2016). As a marker of the shifting demographic of tattooed individuals and of research scopes, Swami's study indicates that Western perspectives on tattoos continue to relax, raising critical implications for the future of such stances, particularly from a social learning processes standpoint.

Tattoos in Japanese Culture

One culture that potently captures the change in meaning of tattoos and acceptance of tattoos over time is the Japanese culture. Though the practice of tattooing in Japan predates its American counterpart by thousands of years, parallels between the two nations' tattooing cultures abound. Tattooing in Japan traces back to the Kodon period (about 10,000 B.C.E.), and was originally used by the tribal Ainu people of Hokkaido as a way to show sexual maturity in women and as a symbol of religious expression. Ainu women would get tattoos on their cheeks and lips, as well as on the forehead or eyebrows. The Ryukyu people of present-day Okinawa, who traditionally got tattoos on their wrists, the backs of their hands, and their knuckles, also used tattoos as a form of religious expression and as a sign of sexual maturity, as well as marital symbolism, as a distinction of gender and for therapeutic purposes, although their practice did not start as early in history as the practice of the Ainu people (Yoshioka, 1996).

Prior to and during the Edo period, tattoos also served as a way to represent affection towards a lover, or in the case of some geishas and prostitutes, towards a client. In this practice, known as vow tattoo or *Kishobori*, the individual would get a tattoo of their lover's name on the inside of their arm, along with the character meaning "life." *Kishobori* could also represent a vow to one's faith, and many practicing Buddhists would acquire *Kishobori* tattoos as a pledge to their belief system and commitment to their religion (Yamada, 2009). As tattoo acquisition became increasingly popular during this time period, especially among the working class, tattooing became stylish and was known as "the flower of the *Edo*," and "the spirited or courageous skin" (Yoshioka, 1996, p. 85).

During Japan's feudal era, another group of people adopted the practice of tattoo acquisition: criminals. Members of Japan's crime organizations, known as *yazuzas*, acquired tattoos to show loyalty to the *yazuzas*, as well as to demonstrate bravery. To note, while these tattoos may have initially been a form of punishment, *yazuzas* reclaimed the images to symbolize their affiliation and their pride in their organization. However, the Japanese society at large did not view *yazuza* tattoos in this same positive light, and, in addition to the preexisting meanings of tattoos in Japanese society, tattoos became a marker of criminals and outcasts. It was during this aptly named feudal era that the meaning of tattoos became quite dichotomous in Japanese culture, permeating even the language, as two separate words for tattoos emerged. *Horimono* referred to the practice of tattooing in general, while *irezumi* denoted tattoos acquired by criminals. Also during this same feudal era, tattooing was frequently banned by the authorities, along with other modes of self-expression including lifestyle, dress, and custom (Tamabayashi, 1959). In

response to this oppression from the superior class, a movement called *Iki*, or stylishness was born. People continued to get tattoos in the name of *Iki*, in order to resist this oppression and continue to express themselves freely (Yamada, 2009).

As these conflicting views of tattoos emerged, the turning point was the Meiji restoration, which started in 1868 and marked the abolishment of the feudal system in Japan. Suddenly exposed to Western culture during the Meiji period, the Japanese people adopted Western practices and ideologies to an extent yet unprecedented (Yoshioka, 1996). Due to tensions with dominating, Western imperial powers on the world stage, many Japanese practices at odds with Western culture, ideals, and values were considered barbaric and faced both explicit censure--via official edicts--and implicit disdain--via societal taboos. Among these practices was traditional Japanese tattooing. Indeed, the Meiji period saw an official ban on tattooing, a governmental attempt to emulate the antitattoo cultures of the U.K. and U.S. which lasted through the second World War (Yamada, 2009).

Much like the less formal previous bans, this ban spurred a movement of people getting tattoos as a way to fight the oppression of the government. In this instance, this movement caused tattoos to adopt a meaning of deviancy in Japanese society, and it became an "underground deviant craft" (Yamada, 2009, p. 322). Just as the U.S. and Japan have both borne witness to the use of tattoos among their criminal populations, the two cultures have likewise experienced similar trajectories of stigma when it comes to tattooing. Attempts to apprehend a quixotic "Western" culture transformed Japanese perspectives on nudity as well, which had grave implications for tattooing culture. Prior to the Meiji restoration, nakedness was not associated with sexuality, and bodily modesty

was not a societal rule or common practice in Japan. Before the Meiji restoration, people would dive for fish completely naked and would often bathe in public, and both of these circumstances would be opportunities for people to show off their tattoos. However, when Western visitors expressed their view that public nudity was barbaric and heathenish, the Japanese government made it illegal to be naked in public, which went into effect in 1871 (Yamada, 2009). As a result, people became embarrassed of their nakedness, and took on an extreme view of modesty (Nomura, 1990). This reflects Judeo-Christian ideals and is an example of the Westernization that occurred. This shift impacted attitudes towards tattoos, and was one of the reasons for the government ban.

While the underground market for tattoos continued to exist after the government ban on tattoos was established, and while the ban was officially lifted after World War II, widespread acceptance of tattoos in Japanese society largely came about only as Western perspectives on tattoos relaxed. Along with music, fashion, and accessories, Japanese youth today are strongly influenced by American and Western trends when it comes to tattoos. Many Japanese university students who had studied abroad in Canada in the mid-2000s cited their experience abroad as a main factor in their decision to get a tattoo (Yamada, 2009). Additionally, many Japanese people have adopted the Western practice of only getting one tattoo (known as wan pointo tatuu), which is in stark contrast to the Japanese traditional practice of full-body tattooing, which rose to prominence during the Edo period. This practice is seen as untraditional by many older Japanese people, and is even considered by some to erase traditional Japanese culture. One man described the process of getting a wan pointo tatuu as going to a convenience store, and stated that the traditional tattoo practice, as a longer and more painful process, confers more meaning

and represents a greater commitment than Western modes of tattooing (Yamada, 2009). Yet, worth noting is that Western influence on Japanese tattoo culture is by no means diametrically opposed to traditional practices endemic to the region. For instance, upticks in tattoo acquisition--precipitated by Western culture--have allowed for contemporary Japanese people to study, revisit, and reenact tattooing practices of their ancestors.

In modern society, there is still stigma around tattoos, and the association between tattoo acquisition and criminality remains ingrained in the Japanese culture, but an increasing number of people, particularly in their twenties and thirties, are choosing to get tattoos as a form of self-expression, a phenomenon that recalls tattoo practice before and during the Edo period (Yamada, 2009). One Japanese man described his experience of obtaining a tattoo that represented his commitment to his goals and values, which is very reminiscent of the vow tattoos, or *kishobori*, of the Edo period. Like the process of acquiring the *moko* tattoos of the Maori people described earlier in this chapter, the Japanese practice of hand-tattooing or *tebori*, is extremely painful and takes a considerable amount of time. For this reason, tebori tattoos are considered to be a symbol of commitment to the meaning behind the tattoo, and the tattoos themselves are extremely meaningful to their wearers (Yamada, 2009). As a result, many traditional tattooists in Japan are resistant to the practice of contemporary tattooing, and the presence of tattoos in mainstream culture. In their eyes, this detracts from the deep, rich history of traditional tattooing in Japan. At the same time, contemporary tattooists in Japan often incorporate traditional themes and ideas into their work, which is more reflective of the hybrid of traditional Japanese and Western cultures that have brought tattooing to where it is today in Japan.

The present-day reasons for acquiring a tattoo include self-expression, covering up scars or bruises, representing grief or pride, and to show commitment. In Yamada's 2009 study, he interviewed two traditional Japanese tattooists, along with one contemporary Brazilian tattooist living and working in Japan. Through his interviews with these tattoo artists, Yamada found and described several examples of people who chose to acquire a tattoo after experiencing a difficult and likely traumatic experience. One man had killed another man, and, in anguish, chose to get a tattoo of Kannon, the Buddhist goddess of mercy, on his back. A woman also in distress after the death of her husband, chose to get the same tattoo that he had had while he was alive, which she believed would help him in the afterlife. Another man got a tattoo of his son's face on his back following the death of his son to illness. Yamada describes how each of these individuals chose to get a tattoo to alleviate some of the pain that they were feeling after going through something difficult. However, the subjects' psychological responses to their tattoos remain largely unexplored, and the reader gleans little about the efficacy of tattoos as a means of psychological self-soothing. To be sure, Yamada notes that the man who got the tattoo of his son's face on his back felt better, but absent the perspective of the tattooed individual and/or further details surrounding his experience, Yamada's account is wanting.

Yamada's research is a helpful source in terms of providing a detailed and comprehensive history of tattoo acquisition in Japan, and shows the effectiveness of conducting qualitative research, and in-person interviews in particular. This study also hints at the use of traditional Japanese tattoos (and perhaps also modern tattoos) as a tool for healing after experiencing challenging life events. However, this source, like many

other studies on this general topic, does not go in-depth on the link between trauma and tattoos, and rather just introduces the relationship. This demonstrates the need for further research on the topic, and the fact that this theme has appeared in studies across the globe shows its universality. The use of personal narratives about tattoo acquisition is powerful, but the fact that the interviews were with tattoo artists and not the wearers themselves leaves room for greater depth and detail. Given the moderate efficacy of such secondhand accounts, it is likely that firsthand narratives—with the advantage of greater specificity, poignancy, and detail—will provide even more robust insights into post-trauma tattoo practices.

The changes that have taken place in Japan in regards to the meaning of and attitudes toward tattoos demonstrate how meaning is so dependent on cultural context, time, place, and person. One reason that Japan is an especially interesting case to examine in the context of this research is that many of the shifts regarding societal views towards tattoo acquisition parallels attitudes in the United States and other Western cultures (Yamada, 2009). Both cultures have experienced periods of deep disgust towards tattoos and periods of great appreciation for them. Right now, in 2020, both countries are experiencing a time of increased acceptance toward tattoos, which makes this an especially opportune time to conduct research on a potentially positive role that tattoos play. In the past, much of the research on tattoos conducted in Japan has been purely historical, and much of the research in the U.S. has had negative undertones.

As the story of tattoo acquisition in Japan shows, attitudes and views can fluctuate significantly over time, and the current time may present a unique setting in which to conduct research on this topic. Looking at the history of tattoos in Japan, as well as in the

Maori people of New Zealand, allows us to find evidence of early use of tattoos as tools for healing, since the United States is a relatively young country that was not largely accepting of tattoos for most of its existence. The parallels between American and Japanese culture in regards to acceptance of tattoos also show how traditions and values can be transmitted across cultures. This is important to keep in mind, because it may account for the intersections of tattoos and psychological trauma in the U.S., as well as provide grounds to explore other cultural contributors (outside of Japan) to the practice in the U.S.

Chapter 3: Psychological Trauma and its relationship with Tattoo *Psychological Trauma*

Psychological trauma has been studied for many years, but has experienced an increase in attention and involvement in research over the past several decades (Roggenkamp, Nicholls, and Pierre, 2017). How psychological trauma is defined and categorized is a social construct, reflected in the many changes to its diagnostic criteria over time (Weathers & Keane, 2007). Therefore, it is unsurprising that a vast number of different definitions exist, which seek to apprehend "psychological trauma". For the purpose of this study, we will use a definition that is used within the field of clinical psychology and is understood as follows: "the unique individual experience of an event or enduring conditions, in which: the individual's ability to integrate his/her emotional experience is overwhelmed, or the individual experiences (subjectively) a threat to life, bodily integrity, or sanity" (Pearlman & Saakvitne, 1995, p. 451). This definition was selected for use in the present study because of the focus on the unique and subjective experience of the individual experiencing the traumatic event(s). This aspect of psychological trauma is also reflected in the design of the present study, in that there are no inclusion or exclusion criteria regarding what constitutes a traumatic event. Insofar as trauma represents a highly subjective and personal experience, this study is interested in preserving the agency of the participant by vesting them with the discretion to determine what constitutes a traumatic or nontraumatic experience. Research has shown that personality factors have a significant impact on how an individual responds to and experiences a difficult event, and the fourth version of the Diagnostic Statistical Manual (DSM-IV-TR; APA, 2000) expanded the concept of psychological trauma to include

individual differences in response (Painter, 2018). Briere and Scott (2015) identified several factors that are present in an individual prior to a traumatic event that impacts the individual's response to the event. These "victim variables" (Briere and Scott, 2015, p. 26) included gender, race, socioeconomic status, age, coping ability, the presence of other psychological issues, family dysfunction, prior trauma, and genetic predisposition (Briere & Scott, 2015). The unique combination of these factors that each individual has helps to determine how one experiences, reacts to, and copes with traumatic events. In addition, the presence of hope and resiliency may influence an individual's response to psychological trauma (Mejía, 2005). For example, American psychiatrist and Harvard Medical School professor Judith Herman (1997) found evidence to support the notion that people who believe they have control over their destiny tend to have greater stressresistance. There is also research suggesting that certain factors surrounding the type of trauma experienced by an individual can impact their response. Undergoing a personal violation, a human-induced trauma that features betrayal and interpersonal violence, or a willful act, can lead to more difficult coping and an increased likelihood of developing Post-Traumatic Stress Disorder (PTSD) (Briere & Scott, 2015; Herman, 1997).

Advancements in treating trauma survivors

As the knowledge pool on psychological trauma in the mental health care field burgeons, American society has seen an uptick in the development of trauma-informed therapy practices and research. Although psychological trauma has been recognized in the mental healthcare community since at least the end of World War I, and the first program designed specifically to help trauma survivors, *The Wellesley Project*, was implemented by Lindemann and Caplan in the early 60's (Caplan, 1961), a monumental

increase in research and awareness took place after the inclusion of PTSD in the DSM-III in 1980. In this version of the DSM, the American Psychological Association (APA) recognized that trauma occurs "...outside the range of usual human experience" (APA, 1980, p. 236). This shift in the focus of research and practice was also influenced by the surgeon general's (1999) announcement that psychological trauma was a significant public health risk and priority. Accompanying this new focus on trauma was what some describe as an overdiagnosis of PTSD, which in turn ignited an awareness in medical healthcare circles of the modalities of trauma that lie beyond the diagnostic bounds of PTSD, and which manifest in sundry ways (Weathers & Keane, 2007). This evolving conceptualization of trauma is reflected by the fact that in the DSM-V (APA, 2013), PTSD became part of a larger classification of disorders, Trauma and Stressor Related Disorders (TSRD), rather than a disorder within the category of Anxiety Disorders, and changes were made to the diagnostic criteria. Another development that may aid in the treatment and care of trauma survivors is psychological first-aid, which is relevant and helpful because it addresses immediate needs, and most of one's coping tends to occur in the time period directly after the traumatic event is (Tuval-Mashiach et al., 2004). An additional development that has impacted the way that trauma survivors are cared for is the field of Trauma-informed care, which was mentioned in the introduction and will be discussed further in chapter four. PTSD is being discussed in this chapter, because a diagnosis of PTSD is one way that mental health researchers can quantify and examine psychological trauma. Additionally, understanding the progression of PTSD classification and treatment over time inspires a more nuanced and in-depth understanding of the

advances in the contemporary development of treatments for people who have undergone psychological trauma in modern clinical settings.

An important model to look at in the context of the present study is Herman's (1997) Three-Stage Model of Recovery. In this model, Herman proposed three phases of recovery: Safety and Stability, Remembrance, and Reconnection (Applebaum, 2008). Herman's model is widely accepted in the literature as the steps necessary for survivors to take on their road to recovery. Although this model is typically used within the context of a therapeutic relationship with a therapist or counselor, these stages also apply to any survivor, in or out of the therapeutic context. In Herman's model, safety refers to the ability of the survivor to feel a basic sense of safety and stability, by regaining control over their internal states and external environment and events. Next, the remembrance stage "signals movement to a place where the client is ready to process internal emotions" (Painter, 2018, p. 52). In the final stage, reconnection, the survivor works to make meaning of their experience and ultimately redefine themselves, gaining closure and recognizing that their personal identity is more than their trauma. During this stage, the survivor also gains the capability to be increasingly present in their personal and professional lives. This model is relevant to the present study in that obtaining a tattoo may help individuals work through one or more of these three stages, depending on their personal experiences and characteristics, and depending on which part of the healing process they are in when they choose to obtain their tattoo.

Posttraumatic growth

Another aspect of psychological trauma that is relevant to the present study is the concept of Posttraumatic Growth. Although this concept was first introduced in the

scientific literature by Tedeschi and Calhoun in 1995, there was preliminary research being conducted throughout the second half of the 1900s by researchers such as Maslow (1954), Frankl (1963), Caplan (1964), and Yalom (1980). Indeed, the notion transcends contemporary medical literature; personal growth in the wake of challenging events is a theme that suffuses myth, literature, and religions, such as Buddhism, Christianity, and Islam, for thousands of years (Calhoun, Cann, & Tedeschi, 2010). Tedeschi and Calhoun (1995) proposed that enduring traumatic events can present unique psychological benefits, among them increased capacity for growth and resilience (Tedeschi & Calhoun, 1995). This research is a valuable addition to the literature in that it helps to broaden our understanding of what psychological trauma is, and recognize the complexity of psychological trauma in the scope of the human experience. One 2014 study found that positive outcomes reported by sexual assault survivors included "...making changes in one's life philosophies and priorities, development of value for oneself and others, and an increased role of spirituality in life" (Stermac, Cabral, Clarke, & Toner, 2014, p. 302). Other evidence of Posttraumatic Growth documented in the literature include positive associations with increased functioning in personal relationships, reduced avoidance, and improved coping following trauma (Tedeschi & Calhoun, 2004). In contrast to previous research concerning the typical responses of trauma survivors (e.g. Davidson et al., 1991; van der Kolk, 2000), which tend to be negative rather than positive, these nascent studies introduce much room for nuance, complexity, and variance in assessing an individual's potential for posttraumatic growth. Tedeschi and Calhoun (1995) used qualitative research to determine three broad categories of growth: changes in the perception of self, changes in the experience of relationships with others, and changes in one's general

philosophy of life. In 1996, Tedeschi and Calhoun used a factor analysis to generate a five-factor approach to Posttraumatic Growth, and these five factors were: personal strength, new possibilities, relating to others, appreciation of life, and spiritual change (Tedeschi & Calhoun, 1996). Two years later, research conducted by Davis, Nolen-Hoeksema, and Larson (1998) introduced other potential factors that may determine whether or not someone experiences growth after a traumatic event. In this study, the researchers recruited 205 participants from hospice settings, and interviewed them and had them complete a range of assessment measures before and after the loss of a loved one. The results of this study showed that participants who were able to find meaning in this traumatic event, or were able to recognize some beneficial aspect of the event were more likely to experience posttraumatic growth (Davis, Nolen-Hoeksema, & Larson, 1998).

Nolen-Hoeksema and Davis (2004) continued their research on posttraumatic growth, finding that reflective rumination leads to increased growth. A 2009 study using both American and Japanese samples, and using the *Rumination Scale* and the *Posttraumatic Growth Inventory*, found that deliberate rumination (i.e. ongoing conscious cognitive processing) is more strongly associated than other types of rumination or no rumination (Taku, Cann, Tedeschi, and Calhoun, 2009). These studies suggest that if and how individuals think about traumatic events may influence posttraumatic growth. In 2016, Wagner and colleagues found evidence to support the claim that therapeutic intervention can help individuals experience more posttraumatic growth. In this study, participants who received therapy for just three months displayed significantly higher levels of posttraumatic growth in comparison to individuals on a waitlist who did not

receive the treatment (Wagner et al. 2016). Other studies, such as Stermac et al. (2014) have shown mixed results regarding the presence of posttraumatic growth following psychological trauma, which highlights the need to examine the role of environmental factors, such as social support and living conditions. This discussion of post-traumatic growth is relevant to the present study because it is possible that getting a tattoo could help induce post-traumatic growth. The findings of Taku, Cann, Tedeschi, and Calhoun (2009), showed the importance of rumination and reflection in whether an individual experiences post-traumatic growth, and the process of deciding to get a tattoo to commemorate a traumatic event could be seen as a form of rumination or reflection on that past event.

Related Research

The present literature on tattoo acquisition and psychological trauma is in some regards robust: many studies have established a correlation between the two, and some go beyond mere correlation to investigate the healing power of post-trauma tattoos (e.g. Sarnecki, 2001). However, scholarship on the subject tends to operate under narrow demographic lenses, foregrounding, for instance, breast cancer survivors (Allen, 2017), Latina women (Cortez, 2013), and other demographic subgroups. In the literature to date, only one study, published by Everett Painter in 2018, resembles the current study in terms of design and research question. Painter's project will be discussed later in this chapter, but it bears noting that Painter's work diverges from the current study in background material, subject sample, and the theoretical model to which it subscribes.

In Peter Trachtenberg's 1998 memoir, 7 tattoos: A memoir of the flesh,

Trachtenberg effectively uses his own personal experience as the basis to make the

correlation between tattoo and psychological trauma. In his book, Trachtenberg tells the story of each of his seven tattoos, and describes the deeply personal meaning behind each tattoo. He writes,

"A tattoo, I've always believed, is a visual reminder of pain, which has the tendency to be forgotten quickly and so sometimes requires documentation. This tattoo was my document of a particular kind of suffering, suffering I wanted to keep in mind and was afraid I wouldn't: I knew what a fickle slut my memory can be." (Trachtenberg, 1998, p. 38)

Sarnecki's 2001 article "Trauma and Tattoo" further establishes the relationship between experiencing psychological trauma and deciding to get a tattoo (Sarnecki, 2001).

Sarnecki, who reports being inspired by Trachtenberg's (1998) book, asks the following questions in her article:

"Do tattoos usually mark painful stories rather than happy ones? Does pain, loss, and suffering require more drastic ways of telling, ways that involve our entire being? Does writing in the flesh in some permanent way help us both to let go and to memorialize a particularly painful or traumatic event in our life?" (Sarnecki, 2001, p. 39)

Sarnecki investigates these questions by interviewing a young man named Sky who was an ex-con and fifth-generation Cowboy, and who had several tattoos connected to traumatic events in his life, including two sparrows in memory of his friend who was killed in a gang war, and spider webs, each of which represented a year spent in prison.

In Sarnecki's interview with Sky, he described his tattoos as "constant reminders of where I never want to go again" (Sarnecki, 2001, p. 40). Sarnecki gathers from her interview with Sky that

"Sky's tattoos are his visual aids, helping him to articulate his life story; they allow him to remember those moments he chooses never to forget. In their own way, they memorialize his pain and loss. Yet they also, in some life-affirming way, facilitate the healing process and mark his continuing survival." (Sarnecki, 2001, p. 40)

The conclusions that Sarnecki makes based on her interview with Sky certainly help to strengthen the idea of a relationship between psychological trauma and tattoo acquisition, but this research is quite anthropological, observing a human behavior in the context of one's environment. The anthropological nature of this article is amplified by the fact that Sarnecki's other research subject was the character Derek in the popular film *American History X*, which Sarnecki frames as a reflection of human behavior in American Society.

Sarnecki, as well as Rohrer (2007) also suggested that tattoos could help individuals reclaim their sense of control. Based on the findings of their 2002 study. Manuel and Retzlaff suggested prisoners may use tattoos to cope with psychological trauma, based on PTSD scale assessment results but did not further elaborate on their findings (Manuel & Retzlaff, 2002). Snopek (2015) also listed sense of loss as a common reason for the acquisition of prison tattoos. Atkinson (2003) proposed the idea that tattoos may act as a form of affect management, which provides a controlled way for individuals to cope with pain, stress, and loss. Atkinson, along with others, suggests that tattoos may act as a type of memorial and that the act of getting a tattoo may in itself be a symbolic way to expel deep pain following a loss (Painter, 2018). Gentry and Alderman (2007) argued that tattoos might provide an alternative avenue through which people can express and process events. Additionally, in 2013, Mifflin documented accounts of tattoos with therapeutic functions by women covering breast cancer scars, and individuals who were leaving difficult circumstances such as gangs, prisons, and domestic abuse (Mifflin, 2013).

This documentation of women getting tattoos to cover their breast cancer scars connects to the fact that there have recently been many instances recorded in popular

culture of people choosing to get a certain type of tattoo after experiencing a specific type of psychological trauma. One example of this is the semicolon tattoo, which is a symbol of suicide awareness and suicide survivors. This symbol is representative of a story that is not yet over and in which there is more to be written (Munz, 2015). Another is the act of getting tattoos over self-mutilation or self-injury scars (Sawrey, 2016). Stacy Plaisance, of the Associated Press, found that many Hurricane Katrina survivors chose to get tattoos after living through Hurricane Katrina (2006). As part of her investigation, Plaisance interviewed several survivors. The reasons people reported getting their tattoo included "remembering, meaning, tribute, and the symbolism of putting the event behind them" (Painter, 2018, p. 84). The images found in tattoos included "location markers, storm symbols, crumbling bricks, the city skyline, and names" (Painter, 2018). Additionally, local tattoo artists reported that up to 50% of tattoos acquired in the year after Hurricane Katrina were in some way related to the storm (Plaisance, 2006). There are also accounts of people getting tattoos that match the ones forced upon their relatives in Nazi concentrations camps, as a vehicle for remembrance and connection (Rudoren, 2012). Another example documented in popular culture is the decision of many sexual assault survivors to get the Fire Unity Rose tattoo designed by Lady Gaga, which she unveiled in her 2016 Grammy performance and speech. These cultural phenomena provide even more evidence to support the correlation between psychological trauma and tattoo acquisition, and the present study will include interviews with some individuals who have acquired some of the types of tattoos listed above, which will provide valuable insight into the lived experience of these people, viewing them as individuals rather than solely as part of a large movement, which is, of course, also very important.

Witnessing

Peters' (2001) article discusses the importance of bearing witness in processing events effectively. Peters is specifically focused on "witnessing" in media, and in this context, tattoos can be viewed as a type of symbolic, bodily media. In his article, Peters talks about witnessing in relation to pain, which can be applied to psychological trauma. Peters speaks specifically about survivorship in terms of Holocaust survivors, and how these people are forced to carry the burden of bearing witness to their own experiences. Peters speaks, in the context of the work of Holocaust survivor and writer Elie Wiesel, about the deep responsibility placed on the shoulders of the survivor, who has to both experience and bear witness to their own suffering. "Testimony," Peters writes, "is unique to the survivor" (Peters, 2001, p.713). This ties in to the work of the present study on tattoo and trauma, in that tattoos can act as that unique, personal testimony for trauma survivors. Peters' work also discusses witnessing in relation to space and time. Peters describes four sorts of witnessing: presence in space, presence in time, absence in space, and absence in time. Tattoos obtained after trauma can in some ways fit into this categorization, and in some ways cannot, because both the tattoo and the trauma experience need to be accounted for.

Although Peters' work focuses on witnessing in the context of media, it is also recognized as an important step in processing and working through trauma. Herman (1997) describes the therapist or counselor as a witness in relation to the material discussed by a trauma survivor in a therapeutic context. Peters explains that the word "witness" can describe all three components of a basic communication triangle: 1) The agent who bears witness 2) The expression of the words 3) the audience who witnesses

(Peters, 2001). In a sense, getting a tattoo can serve as a way for an individual to get an automatic audience to bear witness to their pain, without actually having to talk about it with a therapist or counselor. In this way, the survivor can share some of the pain of their experience that they have already had to witness themselves without having to talk about their painful experience.

Tattoos and Commemoration

In the realm of specifically commemorative tattoos, there is more research about the lived experience of individuals who choose to get this kind of tattoo. Davidson's (2016) definition of a commemorative tattoo states "...they may be in memory or honor of a living or deceased person or animal; of a place, relationship, life event or transition; of something accomplished, worked at or for, still to be achieved, or yet to be dreamed" (p. 6). Davidson started The Tattoo Project with the goal of cataloguing and better understanding the meanings behind commemorative tattoos. With this project, she aims to "disrupt" the skewed and antiquated associations of tattoos with negative human behavior and character (Davidson, 2016). According to Atkinson (2003), this type of tattoo represents identity and relationship, both to self and with others. This type of tattoo can also act as a reminder of the event itself (Gentry & Alderman, 2007) and may allow people to experience better emotional regulation, connect better with others, and heal (Bates, 2009). Davidson also points out the scarcity of data and research on this topic, stating that her Google Scholar search for studies related to memorial tattoos generated only 218 results, compared to 4,260 related to tattoos and deviant behavior. This demonstrates the lack of research on this topic, especially compared with research linking tattoos to deviance and other negative characteristics.

Furthering the Research

In 2013, anthropological researcher Acharya studied tattoos and storytelling. Her formal interviews with 9 participants yielded three main storytelling themes: 1) placement, 2) memorial, and 3) partnering. For the participants in this study, the most prevalent type of tattoo was memorial. Six of the participants discussed remembrance, with reported reasons including keeping memories alive and sharing with others. When questioned about the experience about getting a tattoo for the purpose of remembrance, factors described by participants included the indestructible nature of tattoos, the constant presence and connection provided by tattoos, daily reminders, and the need to share their own story (Acharya, 2013). These findings seem to suggest that tattoos may be reflective of individual life stories, and a window into individuals' lived experiences. Burden's (2014) undergraduate thesis, which employed a descriptive, quantitative approach with a sample of 361 individuals ages 19-61, indicated more favorable perceptions of memorial tattoos from other people than non-memorial tattoos, particularly if the tattoo connected to grief and remembrance (Burden, 2014). The participants in the study considered memorial tattoos to be less disturbing, possess less stigma, and be more acceptable in work settings than non-memorial tattoos, and considered people with memorial tattoos less likely to fit and conform to stereotypes of deviant behavior (Burden, 2014).

Everett Painter's doctoral dissertation study aims to begin to fill in this gap in the data, and employs a study design similar to that of the present study to achieve this aim. In his dissertation, Painter writes,

"It seems clear there is some therapeutic connection, that tattoos may in some way instill hope, facilitate empowerment, or help to solidify and communicate our stories. Yet, there is a clear and wide gap in empirical data. More work is needed

to fully understand this process and move beyond reliance on popular, anecdotal, and clinical accounts." (Painter, 2018, p 87)

Painter interviewed six women ages 20-48 about their tattoos acquired after self-identified psychological trauma, and found 5 themes: "It spoke to me," "I want it to mean something," "I'm in control now," "It makes me happy," and "I've lived through it and I've overcome." He then applied these themes to Herman's (1997) 3-stage model of recovery. Painter's study is a valuable contribution to the literature, and shows the value of semi-structured interviews and qualitative research in general. Another recent study utilized a similar study design, but focused only on survivors of sexual assault and only on their motivations, rather than their lived experience. In this study, which employed a sample of nine survivors of sexual assault, the researchers found that the sexual assault survivors in their sample chose to acquire their tattoos as a means for healing, making this valuable research to add to the growing literature on this topic. The authors wrote:

"Results of our study indicate that survivors of sexual violence seek out tattoo as a non-traditional form of healing. Survivors sought out tattoos as a means of regaining control of their bodies and their environment, reclamation and antinormative healing and deviance from the patriarchy." (Maxwell, Thomas & Thomas, 2019, p. ii)

The present study will aim to further fill in this gap in the research, and further explore the potential of tattoos to aid in coping with and healing from psychological trauma, by employing a larger, more diverse sample, and testing a different theoretical model, as will be described in the chapter on methods.

Chapter 4: Theoretical models

Karacaoglan's (2011) model

The main theoretical model used in the present study is one proposed by researcher Uta Karacaoglan based on case studies conducted in Germany. Central to Karacaoglan's theory is the concept of potential space, first introduced by psychoanalyst D.W. Winnicott in his book *Playing and Reality* in 1971. Potential space, as described by Winnicott, is an area of play that is "outside the individual, but it is not the external world" (Winnicott, 1971, p. 51). Winnicott also explains that playing involves trust, and belongs to the potential space that existed at first between the baby and mother-figure, with the baby depending on and trusting the mother-figure.

Winnicott writes,

"Into this play area the child gathers objects or phenomena from external reality and uses these in the service of some sample derived from inner or personal reality. Without hallucinating the child puts out a sample of dream potential and lives with this sample in a chosen setting of fragments from external reality." (Winnicott, 1971, p. 51)

Karacaoglan takes this concept of potential space and applies it to tattoo acquisition to create his theoretical model.

Karacaoglan asserts that psychological trauma punctures holes in an individual's potential space, leading to a decreased ability to feel safe in their environment, and a decrease in their ability to be playful and carefree (Karacaoglan, 2011). Karacaoglan also brings up the idea, proposed by Winnicott in 1951, of a "transitional object," which is an object that reminds the child of their first external object (the mother) and allows them to feel safe in her absence (Winnicott, 1951). Winnicott used the example of a security blanket or stuffed animal to explain transitional objects, but in a broader sense, the term

can be used to describe anything that helps an individual feel more connected to their potential space even in the absence of the external object, or the initial source of trust. Karacaoglan argues that a tattoo can serve as a type of symbolic transitional object, and act as a patch for the holes blown into an individual's potential space by a traumatic event or events (Karacaoglan, 2011). He explains that a transitional object that entirely fits the description put forth by Winnicott would inflate the "balloon," and fully reconstruct the potential space. However, Karacaoglan acknowledges that deciding to get a tattoo is only a marginally successful attempt to create a transitional object, because it only possesses some of the qualities of a transitional object laid out by Winnicott, since it is a permanent part of the body. Accordingly, Karacaoglan adjusts his metaphor, and likens getting a tattoo to providing a patch in the holes that have been punctured in the potential space.

Karacaoglan also addresses, through his description of his case studies, the fact that many people choose to get a tattoo in an attempt to reconstruct or reconnect to their potential space when physical transitional objects cease to function effectively. He describes how his patient Mia, unable to effectively communicate or function in her therapeutic relationship with him, would play her guitar in an attempt to fill the silence. He explains that her use of her guitar as a transitional object had become ineffective, and the guitar was no longer serving as a transitional object. When all physical objects ceased to fill her need for a transitional object, Mia chose to get a tattoo. Karacaoglan also describes how his patient Martin had had a stuffed animal that he used as a transitional object as a child that was no longer itself able to function as a transitional context of his adult life. Martin chose to get the word "Gruff" tattooed on his back for a variety of reasons, which is very reminiscent of the name of his stuffed animal, "Gruffy."

The present study will attempt to provide supporting evidence for Karacaoglan's theory by demonstrating participants' increased ability to experience feelings of safety, stability, trust, and playfulness following the act of getting their tattoo. The present study will also apply the idea of "witnessing" as described by John Durham Peters in his 2001 article "Witnessing," to Karacaoglan's existing theoretical model to create a novel model that the work of the present study can aim to test and use as a theoretical framework. The recognition of the role of witnessing in getting a tattoo after a traumatic event more accurately reflects the experiences of participants in this study.

Trauma-Informed Care

As mentioned in the introduction, Trauma-informed care is a field of counseling dedicated to serving individuals who have experienced trauma. This practice focuses on six main principles: safety, transparency & trustworthiness, choice, collaboration, empowerment, and consideration of cultural, historical, and gender issues (SAMHSA, 2014). Tattoo acquisition may relate to nearly all of the components of this approach in different ways. Tattoo acquisition relates to choice in that getting a tattoo typically represents an autonomous choice made by the individual for their own personal reasons. This relevance is even further heightened for individuals who have experienced physical or sexual trauma, as this choice gives them an opportunity to make a choice about their body, which they may have been unable to do in their past experience(s). The present study will explore this with a measure focused on understanding how each participant came to the decision of getting their tattoo(s). Tattoo acquisition relates to safety in that it is a practice with low risk to personal safety. Tattoo acquisition relates to trustworthiness and transparency in that the individual trusts the tattoo artist to express what they want to

express on their body. The present study is investigating this through a measure that inquires about the individual's relationship with their tattoo artist, and whether they had worked with this artist on another tattoo. Similarly, tattoo acquisition relates to collaboration because the individual is in many cases working with their tattoo to come to a design that they are happy with and that represents what they want it to represent. This principle will be investigated through a question focused on how the participant came to the idea for the design, and if they worked with their tattoo artist to get the design they wanted. These connections to the six principles of trauma-informed care show the potential for tattoos to act as a conduit for healing that could integrate well with the well-established trauma-informed care protocol. As previously mentioned, in the context of the present study, healing refers to the process of minimizing or relieving suffering (Egnew, 2005).

Interviewing participants about their lived experience in obtaining a tattoo after trauma will provide the opportunity to investigate whether their experiences fit into and validate Karacaoglan's theoretical model and the model of Trauma-Informed Care.

Chapter 5: Research Methods

Researcher Positionality

In October of 2017, I was sexually assaulted by someone who I considered to be a friend. It took me almost a year to come to terms with this, and I did not tell anyone except for my therapist. In November of 2018, which is also a time when I was struggling with managing my mental illness, I got a tattoo of a lotus with a sun over it. Like many of the participants in my study, I have a vague, abridged version of what it means, that I use when people I don't know very well ask me about it, or people who I just don't want to know what happened. For me, this abridged explanation is something along the lines of "the lotus grows in mud and darkness, so it's a reminder that you can still experience growth during difficult times, and the sun is a reminder to radiate positivity." As more people would ask me about my tattoo, quite a few people who asked about it would tell me that they had also gotten a tattoo following a traumatic experience, which is what inspired me to embark on this study for my honors thesis. Researcher positionality is an important consideration in qualitative research because it "not only directly influences how the research is carried out but also determines the prevailing outcomes and results whose voice(s) will be represented in the final reports or decisions." (Coghlan & Brydon-Miller, 2018). Having this shared understanding with my participants proved beneficial to the study broadly, as it brought a sense of comfort, ease, and openness to my interactions with participants sharing their traumatic experiences.

Recruitment

The present study employed a qualitative approach to understand the lived experiences of individuals who have chosen to get a tattoo in response to a traumatic

event. A total of 12 semi-structured interviews were conducted with young adults ages 18-27. To qualify for this study, a participant had to be at least 18 years old and had to have acquired a tattoo as a result of experiencing a psychologically traumatic event. It was up to the participants to self-determine whether they had experienced a traumatic event. This was a key element of the recruitment methods used in this study, as it enshrines a subjective conception of psychological trauma and is in keeping with the previously stated definition of psychological trauma used in this study (Pearlman & Saakvitne, 1995). As will be discussed later in this paper, this lack of exclusion criteria regarding what constitutes a traumatic event also resulted in a wide range of stories and experiences shared.

Recruitment of participants occurred through an open call in a wide variety of classes and extracurricular groups on the campus of a large, public university. Two participants were referred to the study by another participant, which constitutes a type of unintentional "snowballing." This also led to the diversification of the sample, in terms of age and affiliation with the university, since these participants were both unaffiliated with the university and were older than the majority of participants.

Semi-Structured Interviews

Once contact had been established with a potential participant, the principal investigator would provide more information about the study, sharing that the interview would be 30-60 minutes long, consist of approximately 15 questions, and that the participants' information would be kept confidential and their privacy would be protected. The principal investigator also offered to share a copy of the IRB-informed consent before the potential subject agreed to take part in the study, and shared the

study's inclusion criteria to ensure that all qualifying bases were met. The principal investigator also shared the inclusion criteria of the study to ensure that the individual would meet the inclusion criteria for the study.

After providing these further details about the study, the principal investigator worked with the participant to set up a location and time for the meeting. Participants were encouraged to select a location where they would feel comfortable talking about sensitive and personal topics. Four interviews took place in participants' homes, three interviews took place in the principal investigator's home, two interviews took place in on-campus dining halls, one interview took place in a residence hall classroom, and two interviews were conducted over Skype, with both the principal investigator and the participant in their own home. Allowing participants to select a meeting place where they felt comfortable sharing their story was important, and the range of locations demonstrates the individual preferences and comfort levels of the participants. Prior to beginning the interview, the principal investigator provided the participant with a more precise description of the project, both verbally and through the IRB-approved consent form that they signed before the interview began. Each participant received a copy of the Internal Review Board (IRB)-approved consent form, which emphasized that their participation in this research was voluntary, and that their information would be kept confidential. After reading the consent form, each participant turned in the signed portion to the principal investigator and kept the informational portion for their personal records. This provided each participant with the choice to not participate in the study if they no longer wished to, and gave them a lot of information about what participating in this study entailed.

The interviews conducted in this study were semi-structured, giving participants the ability to share their stories and experiences freely. A semi-structured interview schedule consists of interviews conducted conversationally with one respondent at a time, and incorporates both closed and open questions, often accompanied by follow-up questions (Newcomer, Hatry, & Wholey, 2015). Semi-structured interviews differ from a standardized survey or interview in that "the dialogue can meander around the topics on the agenda—rather than adhering slavishly to verbatim questions as in a standardized survey—and may delve into totally unforeseen issues" (Newcomer, Hatry, & Wholey, 2015, p. 493). This flexibility, along with the depth of understanding it allows for and its relative inexpensiveness are some of the benefits of following a semistructured interview schedule (Babbie, 2012). After weighing these strengths against the weaknesses associated with a semi-structured interview protocol, which include the huge amount of time and effort associated with this approach and the tendency for small sample sizes and low generalizability (Babbie, 2012), the principal investigator for the present study opted to follow a semi-structured interview schedule.

The semi-structured interview guide (Appendix A) was developed by the principal investigator and her Advisor, and consisted of twelve questions, along with a variety of avenues for follow-up. Each interview began with the principal investigator saying:

"I want to start out by saying that we can stop the interview at any point, and that if you feel like you need to take a break at any point, just let me know. You can also choose to pass on a question or choose to not elaborate on your answer. Also, your name will not be used in the project, and your privacy will be protected. If you feel comfortable with all of this, let's get started." (Appendix A)

After the participant gave verbal confirmation that they understood this and wanted to move forward, the principal investigator would start by asking the first question in the semi-structured interview guide. In the interviews, the questions were typically asked in the order that they were listed in the interview guide. However, in some cases the follow-up questions asked would lead into a question that was already in the interview guide. In order to cause as few disruptions as possible, the principal investigator followed the natural course of the interview in these cases, which led to some out-of-order questions. Additionally, there were two questions that the principal investigator incorporated into her line of questioning after conducting the first half of the interviews, in order to further investigate themes that were starting to emerge. These questions were: "Do you feel a sense of pride when you look at or think about your tattoo?" and "Do any of your family members have tattoos?"

Each interview lasted around forty-five minutes on average, with lengths ranging twenty minutes to seventy-five minutes. Despite the sensitivity of the topics covered in this project, and although participants were given the opportunity to pass on questions or not elaborate on their responses, none of the participants chose to pass or not elaborate on any of the questions. This is important to note, and may speak to the appropriateness of the questions asked and the principal investigator's ability to create a comfortable environment, given the sensitive and often heavy nature of this research. Many participants expressed that they appreciated having the time and space to share their experiences in a safe environment with a trustworthy listener who genuinely wanted to hear their story. Additionally, as mentioned previously, the fact that the principal investigator had also chosen to get a tattoo after experiencing trauma, and shared that

with the participants, may have helped to create a more comfortable and trusting environment for participants. Speaking with an interviewer who could relate to their choices and experiences may have allowed participants to feel more at-ease and inclined to open up.

If participants had multiple tattoos, they were encouraged to discuss any that were obtained following and as a result of experiencing psychological trauma. Ten participants shared about one tattoo, one participant discussed two tattoos related to different traumatic events, and one participant talked about three tattoos related to the same traumatic experience.

Participant Demographics

The principal investigator collected demographic information on race/ethnicity, age, education level, and gender identity. Participants were young adults ranging in age from 19 to 25, with a mean age of 21.8 and a median age of 22. The sample was 59% Caucasian, and 33% people of color, and 8% of mixed heritage. Two respondents identified as Latinx, one participant identified as African American, one participant identified as Middle Eastern, and one participant identified as African American and Caucasian. The sample was 67% female, 25% male, and 8% gender-fluid/non-binary. This relative diversity in terms of race/ethnicity and gender identity can be considered a strength of this study, given that similar studies have been less diverse in these regards. Seventy-five percent of respondents had completed some college, 17% had obtained a bachelor's degree, and 8% had completed some medical school. Forty-two percent of participants were currently enrolled at the university attended by the principal investigator. In terms of the type of trauma participants had experienced there was a wide

variety of traumatic experiences, including Sexual Assault, Self-Harm, Personal Loss, Mental Illness, Difficult Life Transition, Physical injury, and Stroke caused by Addiction. A table containing demographic information about each participant can be found in the Biographical Appendix (Appendix B). All names used are pseudonyms selected by the participants.

Data Security and Analysis

Each interview was audio recorded with the participant's permission. After each interview, the principal investigator transferred the files from the recorder to a password-protected computer, for the purpose of having the data stored in two separate locations. Following finishing the analysis of the interviews, the files on the recorder were deleted entirely. After completing the 12 interviews over the course of 4 weeks, the principal investigator transcribed each of the interviews. Interviews were transcribed to include colloquial words and other verbal sounds.

The next phase was the analysis portion of the project. During this process, the principal investigator coded the transcript documents line-by-line, highlighting an emerging theme in a specific color. This type of coding employs an inductive approach, where the researcher finds emerging themes by reading the transcripts rather than looking for predetermined themes (Thomas, 2006). These themes were then compiled in a separate document using short, descriptive phrases to help keep track of which participant had said what. Upon compiling all the memos under respective themes, the memos for each theme were then explored again for sub-themes. Quotes were retrieved from the transcriptions to be used in the paper. The resultant themes will be described and explored in Chapters Six and Seven.

Chapter 6: Findings – The Before

The intent of this research is to determine how tattoos can be healing for people who have experienced trauma. This chapter will focus on how the decision making process behind getting a tattoo, choosing the design of the tattoo, and selecting the artist all serve as part of the healing process.

The Intended Purpose

Thematically, analysis of interviews brought to light a common motivation behind participants' choice to get a tattoo: to aid in post-trauma healing. Under the broad intention of healing from past trauma, three main intended functions of the tattoos became apparent: 1) to do something for themselves, 2) to signify personal growth, and 3) to close a chapter on a painful experience.

In tandem with this coherence, however, individual interviewees expressed unique coexisting motivations behind the choice to get a tattoo, underscoring the manifold and complex modalities of agency for which the acquisition of a tattoo allows. Respondents were asked the following question: "Prior to getting your tattoo, did you think your tattoo would help in the healing process?" Every respondent except for one answered yes to this question, with varying levels of enthusiasm. It is worth noting that the participant who answered "no" to this item later indicated that their tattoo had actually ended up being helpful to their healing process, even though they had not initially anticipated that it would be. Some participants got the tattoo specifically to aid in the healing process following a traumatic event. Meanwhile, other participants had one specific purpose in mind, but found that having the tattoo actually helped them in completely different ways than they had initially expected. Additionally, over the course

of the interviews, participants shared what purpose they were trying to serve or what need they were trying to meet by getting their tattoo. There were several different purposes that people hoped their tattoos would serve.

"Doing something just for me"

Many respondents discussed the idea of getting their tattoo as a way to prioritize themselves during a difficult time, and focus on their healing and well being. One key factor in this was the amount of time that had passed since their traumatic experience. The amount of time between experiencing their trauma and deciding to get their tattoo ranged from 2 weeks to 9 years for all participants. However, when examining only the participants who themselves brought up this idea of doing something for themselves, the range was 2 weeks to 6 months, which may connect back to Herman's Stage Model as discussed previously in Chapter Three, which asserts that survivors at different stages in their healing process have different needs and motivations (Herman, 1997). Specifically, this motivation to get the tattoo for self-prioritization in the midst of difficult at time relates to Herman's first stage of stability, because the participant is focusing on themself, and not starting to try to trust or reconnect with other people.

Interviewees across a range of backgrounds, traumatic experiences, and demographics reported self-prioritization as the primary motivator behind acquiring their tattoo. One respondent, Jules, talked about how she was so excited to do something completely for herself that she didn't notice the pain of getting her tattoo as much.

Jules: Um yeah it definitely hurt, like getting jabbed with needles a bunch of times. This one hurt more I think because it was bigger but this one I think I was just so excited, it wasn't a bad time, but just when it got to the ankle, I was like "AH!" But even through the pain I was super happy because I was just so excited about doing it, doing something for me and having the experience, and it was just like "Oh my god I cant believe I'm doing this! I'm doing it!" so that kind of

Personal Loss)

overrode the pain a little bit, which was nice. Um but yeah it hurt, but I was just really happy throughout the whole thing, and it was nice to have a friend there because she would talk to me and distract me.

(Female, Caucasian, 22, Life Transition and Depressive feelings)

Both Kai and Sebastian discussed how they wanted to do something completely for themselves as a way to process their anger and begin to move forward from their traumatic experiences (which, in both cases, was sexual assault).

Kai: Yeah so it helped a lot with that idea of like I didn't need to be angry anymore, and I was doing a bunch of shit and it was really annoying, and it made me a little angry, but it was like, I could do something for me, that was just something that could help me feel done with it.

(Gender-fluid, Caucasian, 23, Sexual Assault and

Sebastian: I don't remember when that was but it started giving me the thought of like "Okay, I should potentially look into this at some point, because it's very cute, and it would be something very memorable, because both me and my mom are sexual assault survivors. She was 8 years old and it happened for like 3 years, and for me, it happened when I was 13, then when I was an RA, and then again last summer. So it was just everything started coming up and I was just like "Okay, I need to do something for myself" to like get out all this anger in a way, and, um, I had asked my mom about it.

(Male, Latinx, 21, Sexual Assault)

Anna explained how making a decision that was just for her, and that didn't fit in with other people's expectations, was a big part of her healing process and personal growth.

Anna: It's weird because it wasn't as much of the physical design that was part of the healing process. It was making a decision that was for life, and for me, and that a lot of people would have a problem with. And because that's such a big issue for me with people-pleasing and trying to make other people happy, that was part of my healing process, just being like "I want this." Like "This is my body, I'm going to claim it." So more of like a claiming of who I am and of my flesh, more than just the tattoo per se.

Signifying Personal Growth

Many respondents talked about how they had gotten their tattoo in order to signify their personal growth since the time of the traumatic event(s) that impacted them. Among these subjects, the tattoo designs selected to symbolize personal growth reflected the diversity of the sample group itself. Some participants chose to use floral imagery to symbolize growth, while others chose other, more personal symbols, or did not reflect that concept in their tattoo design.

Four respondents discussed intentionally getting their tattoos over scars. Three of these participants, Charlie, Nikki, and Peter, explicitly mentioned that these scars were caused by self-mutilation, while the fourth participant, Cory, did not specify how he had gotten his scars. Three out of these four respondents specifically got their tattoos over their scars with the intention of representing their personal growth and the work they have done to change their behaviors and attitudes since the time that they had self-harmed.

Charlie: So it's a rose on my thigh. And it's covering a lot of self-mutilation scars. I chose a rose, I was gonna choose like any flower, really signifying and symbolizing growth from that time. Like it's on, literally on my scars, showing like growth. It's like growing from that. So that's kind of the significance of a rose on there.

(Female, Caucasian, 20,

Self-Harm)

Nikki: Ok so it's a clock with roses surrounding it, so kinda going off the clock piece specifically its kinda that whole saying of like "time heals all wounds" and then obviously roses are really beautiful flowers so that basically is where the rose aspect comes into play...The tattoo specifically was a cover-up, because when I was younger, I used to self-harm, so I had like scars on that thigh. And I feel like the time heals all wounds thing kinda relates to that, so that was the idea with that. (Female, 22, African American and Caucasian,

Self-Harm)

Peter: Yeah so I felt like it (the meaning) would stay for quite a while, so I felt okay getting a tattoo of it, and I put it on my side because that was where I used to cut, so I kind of put it over the area of some scars and stuff.

PI: Like moving on kind of?

Peter: Yeah definitely. And to protect me from doing those behaviors again, so kind of like represents that.

(Male, 25, Caucasian, Self-Harm and Mental

Illness)

Just as Charlie and Nikki had specifically chosen to get flowers over their selfharm scars to represent growth and beauty, Brenna also chose to get flowers to represent that she could still experience growth during trying times, and to represent her choice to persevere rather than to give in to her severe depression.

PI: Could you kind of tell me a little bit about, like, the image, like what that represents for you, with like the flowers and the hands?

Brenna: Yeah it's someone clearly upset, like their body language is upset, but it's a very minimal design, which I like, and then from that emotion you can kind of see growth and things growing from it.

(Female, Caucasian, 21, Mental Illness)

Alongside such overt narratives of self-growth through tattooing were more tacit understandings of tattoos as marker of personal progress. For instance, Anna's decision to get her tattoo, though in one sense representing a decision to "do something just for me," was also a marker of personal progress for Anna, insofar as it served as evidence of a conscious lifestyle change to devote time to self-growth. On the other hand, some participants rejected symbolic imagery as a conduit for conveying personal growth. Among them, Jules discussed how she chose not to include any symbolism in the design of her tattoo, because to her it represented purely personal growth and doing something

for herself, and she wanted that meaning to shine through rather than symbolism about a psychologically traumatic time in her life.

Jules: Oh yeah, I definitely don't understand people who get something traumatic on their body, because it's just like this tattoo is more a symbol of me doing something for me, just personal growth, me doing self-love and self-care during a time when I really needed it. But I would never want a tattoo that symbolizes an event of like "I broke up with my boyfriend for a while" like I wouldn't want that reminder on my body, so this is more of that hopeful side of what I did during that time, like I did practice self-care and growth and all that during that time, but I feel like if I got a tattoo that symbolized that time explicitly, it would've made me sadder, it would've been like "I hate this time in my life so much, I'm going to permanently mark it on my body."

(Female, Caucasian, 22, Difficult Life

Transition)

Body placement also factored in to the story behind each tattoo: Peter discussed how he reflected his personal growth with his choice to put two of his tattoos on his biceps. To him, this placement symbolizes the strength that he has gained over time.

Peter: I think putting it on your bicep represents strength and so kind of like the idea of no longer seeing them as not shameful or a weakness but actually like being able to be stronger with them or that you're strong because you can put up with them, that kind of thing. So kind of like representative of strength.

(Male, Caucasian, 25, Self-Harm and Mental Illness)

Peter also discussed more generally how his choice to get his tattoos in general was for the purpose of helping him to accept his diagnosis of Bipolar Disorder. Choosing to get his three tattoos (all obtained during the same session) was, to Peter, an outward signifier of his transition from shame to acceptance as he navigated his relationship to his bipolar diagnosis.

Peter: ...and then kind of getting the ones related to bipolar I think kind of came with like this switch when I was thinking about what it means to have diagnosis and stuff. Initially I was really ashamed of it and didn't want to talk about it with anyone really, and honestly kind of denied it for a while, because it seemed like a bad thing to have. And then it kind of switched and I realized like feeling good about it meant being like honestly like more proud about it and more willing to

share it, so I felt like getting like tattoos related to it would be a good way to show acceptance of it.

(Male, Caucasian, 25, Self-Harm and Mental Illness)

Closing a Chapter

Many participants described their decision to get their tattoos as a way to mark the closing of a painful chapter of their life or deal with a painful experience. Some also viewed getting their tattoo as the final step in their journey of healing, which would allow them to move on to better days ahead.

Jordan's story exemplifies this narrative; choosing to wait until she had reached acceptance with the untimely loss of a close friend before getting her tattoo, Jordan treated her tattoo as the final stage in a long process of grieving and healing. This was also reflected in the fact that Jordan was the only respondent who purposely got their tattoo in a visible place, welcoming the chance to share her story.

Jordan: So I think allowing myself to fully grieve and talk about it and then after the fact get my tattoo, I think that definitely helped, and now I've just solidified like, I'm okay, I've processed it, it sucks but I can't do anything about it and like this is my way of honoring him. I think that was kind of like my final step of like healing, and just kind of being like my solidifying moment of like "I'm never going to forget him and how much he meant to me" and it's kind of my way of saying "he meant enough to me that I'm going to permanently remember him on my body."

(Female, African American, 19, Personal Loss)

Like Jordan, Sebastian spoke of his choice to get a tattoo as the last step in his healing process. Sebastian had shared earlier in the interview that he had been sexually assaulted three times, the first instance of which occurred when he was thirteen. He expressed his desire to close that chapter and move forward from the pain that he has been living with for years.

Sebastian: ...for me, this tattoo is just a way to seal everything and stop dwelling on those events and just move on completely. That doesn't mean that it might not

happen again in the future, like hopefully not, but at least for the time being I've kind of sealed and, like, ended that chapter in my life. So yeah.

PI: Yeah. Did you feel a sense of closure with that?

Sebastian: I honestly did. The first time it happened, I was 13, so I never cried or anything, and never really processed it. And then, it wasn't until the second time, when I was an RA, that it hit me hard, because I told, like most RA friends about it because I was just mentally gone for 2 weeks, cause that's when I was processing the first time and the second time, and like, I started getting over that, and then in the summer, I had literally just gotten asked out, like to be someone's boyfriend, and he then did it to me like 30 minutes later.

Sebastian also talked about how getting his tattoo coincided with his college graduation, rendering the experience a potent opportunity to put many negative memories behind him. He also discussed how this tattoo had a different meaning than his other tattoos, which represent gay pride and unity with his parents, respectively; in contrast, this new tattoo singularly represents something that won't always be at the forefront of his life. As a third reflection on his experiences, Sebastian explained that getting this tattoo has helped him to recognize how privileged he is to be able to close this chapter and move forward with his life.

Sebastian: I think this is the only one I thought of a closure to something... I think it's helping with my healing because I've graduated from college, and left behind all the stresses and burdens I had in college and I got this tattoo both as a grad gift and a closure of that huge chapter of my life.

(Male, Latinx, 21, Sexual Assault)

In keeping with Sebastian's experience, both Charlie and Anna discussed getting their tattoos as a way to move forward from a painful time in their lives in order to focus on the positive things that lie ahead for them. In her interview, Charlie presented her tattoo as opening new metaphorical doors as old ones closed:

Charlie: (the tattoo was) closure, but like an open door to a different mindset and new experiences.

PI: Like as you grow on your journey and continue forward?

Charlie: Yeah, exactly. It's like a different door and a different thought process. It just opens a lot more positive things, after it closed kind of that old door.

(Female, Caucasian, 20, Self-Harm)

Kai discusses how they chose to get their tattoo because it would allow them to put not just their traumatic experience, but also their anger, behind them.

Kai: That's an interesting one, because I've never felt the need to particularly reclaim my body or any of that, that has just not been like a salient idea for me, it's been a lot more about trying to get over a lot of the anger that I'm holding, and I think it helped me a lot with that, because it was about getting something that could make me feel like the situation was over, like I didn't have to be mad about it.

(Gender-fluid, Caucasian, 23, Sexual Assault and Personal Loss)

As is evident in the above interview excerpts, most of the respondents discussed that they anticipated that their tattoo would aid in their healing process at the time they got their tattoo. This ties back to the idea that tattoos can serve many different functions and purposes, which can depend on historical and geographical context, as well as individual differences and experiences (Roggenkamp, Nicholls, & Pierre, 2017). This theme relates to how getting a tattoo can be healing for people who have experienced trauma, because it shows that these individuals may often get the tattoo with the express purpose in mind of helping themselves heal in one way or another. The findings related to this theme show that, in this sample, participants were hoping getting a tattoo would help them experience healing because the tattoo allowed them to do something just for themselves, and the tattoo signified personal growth, or closing a chapter on a painful experience.

Planning to ensure a positive experience

Another theme that emerged when coding the interview data was the idea that putting in ample forethought during the planning process was important, as it gave interviewees a sense of security in anticipating that obtaining and having the tattoo would be a positive experience of growth. In this planning process, respondents considered tattoo design, placement on the body, and a host of factors in selecting a tattoo artist, representing participants' common desire to exercise autonomy over their own bodies. The two aspects of this theme that will be focused on are the participants' choices of where on their body to get their tattoo(s) and the process of collaborating with their tattoo artist.

"I wanted to be able to choose: tattoo placement"

One of the questions on the interview guide (Appendix A) was "How did you decide where on your body to get this tattoo?" The follow-up question for this item was "This seems like a placement where many people might see/not see it – was this intentional?" This question allowed the principal investigator to understand participants' thought processes behind the placement of their tattoos. The vast majority of participants (11/12) reported that at least part of their decision-making process was choosing an area that they would be able to cover up if they wanted to, but could also show off if they wanted to. Their reasons for this included wanting to limit people asking questions when they didn't want to talk about it, being able to cover up their tattoo in professional settings, and hiding their tattoo from disapproving family members.

Rose, Hermione, Brenna, and Anna all talked about how they got their tattoos on places easily concealed by a sleeve or pant leg, but also easily visible should they wear something shorter:

Rose: Yeah so I knew it was a place that I could just pull a sleeve over if I wanted to, and it's kind of higher on my lower arm, so if I had a ¾ sleeve it would still be covered, even if I rolled up my sleeve.

(Female, Caucasian, 21, Stroke)

Hermione: Yeah, definitely. It covers easily but I can have it visible if I want to. (Female, Middle Eastern, 23, Physical Injury and Depressive Feelings)

Brenna: Well I wanted a spot that won't sag too much when I'm older, and other places were already taken. I also liked that is was on the underside of my arm, so people wouldn't necessarily see it right away, and I could always choose to wear long sleeves.

(Female, Caucasian, 21, Mental

Illness)

Anna: I was weird about it because I was like "I don't want to do it on a place where my skin is going to stretch," because I have a tendency for my weight to fluctuate a lot. And I was like "that's going to not be cute." And I really wanted a place where I could see it, but I also wanted a place where if I wanted to hide it, per se, I could. Which I didn't really accomplish, because it was bigger than planned and it literally covers my entire arm (laughs).

(Female, Caucasian, 23, Personal Loss)

Sebastian pointed out that placing his tattoo on his upper back gives him the ability to choose whether to reveal his tattoo and in doing so reveal his identity as a sexual assault survivor. Furthermore, he explained that his body dysmorphia makes taking off his shirt a significant decision, so having the tattoo in a place only visible without a shirt makes showing others his tattoo an act of great trust.

Sebastian: Yeah, I have really bad body dysmorphia, so I'm not someone who's like, naked all of the time, and so showing this tattoo requires me to take off my shirt, which I don't really do a lot, because it's not comfortable for me. So the fact that I have to take off my shirt in order for this tattoo to be revealed shows that I am not only open to whatever's happening in the moment but that I'm, like, trusting whoever I'm with, even if it's just a hookup or whatever, there's still a form of trust there, like a form of consent in a way. Taking off the shirt is saying like "Yes, I'm a sexual assault survivor", so I guess there's some kind of consent being formed with that.

PI: Yeah. Do you feel like it represents choice for you, like you're choosing to show that or not?

Sebastian: Yeah, I think so, because I could easily keep my shirt on at all times, like you only need to use the bottom part for that type of stuff, so, you don't really need the top, so me taking off my shirt is an extra layer to like me feeling comfortable. It's like not only am I now comfortable to show you my body, but I'm now comfortable to show you my body and kind of just the baggage that comes with the tattoo in a way.

(Male, Latinx, 21, Sexual Assault)

Nikki and Peter both said that being able to cover their tattoos in professional settings was a factor in their decision of where to get their tattoo. Nikki was worried about potential employers disapproving of tattoos. And although Peter wanted to put his two tattoos that were not covering scars somewhere where people would see them, to force him to accept his diagnosis and talk about it, he also knew that he needed to put his tattoos in a place where he could cover them for work, and does do that now that he has them. This relates back to the idea that while societal attitudes towards tattoos in the United States are changing, there is still a stigma against tattoos in certain professional settings.

Peter: ...I think opening up about it and accepting it vs. hiding it and being ashamed of it was putting them places where people would, like see them. Um to kind of like almost force that, so in general friends and stuff react pretty well, parents were not so happy about tattoos, and then like being in the hospital and stuff, which is usually where I work, I do usually have to cover them up just for work purposes, so really nobody sees them there.

(Male, Caucasian, 25, Self-Harm and Mental Illness)

Nikki: People are typically shocked, because I do try to get my tattoos in areas that aren't visible, just because how society is with tattoos and the field of work I want to go into, so I try to get them so they're not super visible.

(Female, African American, 22, Self-Harm)

Additionally, Cory, Jules, and Charlie discussed how they had thought about the fact that they could hide their tattoos from disapproving family members if they wanted to, when deciding where to put their tattoo.

Cory: Yeah and mostly because my parents were heavily against tattoos and I wanted to feel independent but I didn't want to disrespect them, so I didn't want to get something too obvious. I mean like now I'm older but at the time I really didn't want to, and now they know and we're all like, my mom actually got tattoos last year for the first time, and I was shocked, never saw it coming.

(Male, Latinx, 23, Difficult Transition to the U.S.)

Jules: Like I know professionally it wasn't an issue, and I feel like for me personally, it's just kind of like, my personal views on it are more affected by like my family, because I feel like without them there, I'd have a sleeve already, and both of these tattoos would have gone on my arm. Well maybe this one but not that one. Anyway, that was definitely in my mind when I was going through it. But I think I chose my ankle kind of lower down for this one in a place where I could see it and other people could see it, so not hidden, but a place I could hide very easily it if I needed to.

(Female, Caucasian, 22, Difficult Life Transition)

PI: It sounds like this tattoo was in a pretty specific spot, where the scars were. Is that how you decided where on your body to get it?

Charlie: I mean yeah, that was probably the main reason I got it in that particular place, but it was also a place where I could easily hide it, because also my family didn't know I had gotten a tattoo. I think for a long time, I wanted to cover up a lot of those scars, and not in shameful way, but more of like but more of like a growing way and an embracing way.

(Female, Caucasian, 20, Self-Harm)

The theme of body placement speaks to the critical nature of the pre-tattoo planning period in ensuring that the participants had a sense of choice and agency throughout the tattoo process, conferring autonomy over whether their tattoos would be visible to others. Even for Charlie, Cory, and Nikki, who chose to use their tattoos to cover pre-existing scars, whether to hide or show their tattoos to others was a major consideration in their choice of placement. What's more, the one participant who got their tattoo in a place that no one can ever see expressed that they wished they could

choose whether to show it off or not. Perceived social stigmas played heavily into such placement decisions, as participants expressed that they wanted to avoid workplace discrimination and tensions with family members, while reserving the possibility of showing their tattoos to others based on trust level, environment, and mood. It is worth noting that, in terms of the relatively low concern about stigma from family members, this sample may have been skewed, as eight out of the twelve participants reported that at least one of their parents had a tattoo. The care that participants took to ensure that they would be able to choose whether or not to show their tattoo relates to how important it is for trauma survivors to be able to exercise autonomy and choice, further reflected in the fact that choice is one of the principles of Trauma-Informed Care (SAMHSA, 2014). This is one way that participants are able to have control of their choices and their futures in a way formerly inaccessible, and to ultimately regain a degree of autonomy and power.

Collaboration with Artist

One of the themes that came up frequently in the interviews was working together with a tattoo artist to come up with a design that the participant genuinely loved. Many participants also mentioned either working with a tattoo artist who they had worked with previously, or who had been highly recommended by a friend. Even in cases when the participant neither knew their tattoo artist previously nor connected with them on a personal level, they still described the process of trusting their artist and collaborating with them. Taking the time to work with their artist to come up with a design that they felt really good about allowed participants to feel confident that they would have a positive experience actually having the tattoo on their body. The relationship between tattoo artist and tattooed also often involved a third person, as many participants

embarked on the experience with a companion in tow, hoping to ensure a positive experience from the get-go.

Nikki and Cory both chose to go to artists they had been to before, in interviews expressing feelings of trust for their artists, who they subsequently chose for later tattoos. Both respondents cited the artists' demeanors as well as satisfaction with their prior tattoos in choosing to work with the same artist again.

Nikki: Honestly, I really trusted my tattoo artist, since he had done my other tattoos, so I kind of brought him an image and I like told him to tweak it so it was more similar to the pieces of mine he had already done. And I don't think he made too many alterations to the image, like I think he changed the font of the clock numbers and then maybe the surrounding flowers around it a little bit, but he didn't really change too much from the original image, from what I remember. But yeah just kind of gave him a general idea and he kind of went from there. (Female, African American and Caucasian, 22, Self-Harm).

Cory: Yeah so that guy like did the moose and the skull and I don't know, he was a really good friend, well I don't know, he wasn't my friend, but he was a really friendly guy.

PI: And you trusted him?

Cory: Yeah and like we had a good connection. I feel like it was really important. And the one who poked me here also did a smiley face on my butt, and I was friends with him. And the person who did this one is my friend, like my neighbor, and she used to watch my dog. Like she did it in the shop, but I really liked that. And then this one, I really like too but I didn't really get along with the guy too much and he was like asking me for the measures and I was like "could we sit down and draw it?" I liked it at the end but it made me feel a little... like the first guy he was like "have you had breakfast yet?" and I was like "No, I just brought money for the tattoo." And was like "let's go get tacos, and he like bought me tacos."

(Male, Latinx, 23, Difficult Transition to the U.S.)

Jules and Peter discussed how they both went to an artist who was recommended to them by a friend, and worked with him to create the designs they wanted. They discussed how they liked their artists' demeanors, and felt comfortable going to them because of glowing recommendations from trusted friends.

Jules: So that was a theme I noticed when I was looking for my lion tattoo, and I found a design I really really liked and so I sent to a guy that (coworker) recommended the place to me, a place in (nearby city) so I sent the design to the guy and was just like "can I get something like this" and he just changed the design of like a few of the flowers but other than that it was the same as the image I found, and I just absolutely love it still, so every time I look at it on my leg I'm like "Ooh I love it!" So that's how I know, like over a year later and I still love it so that's a good sign.

(Female, Caucasian, 22, Difficult Life Transition)

Peter: Yeah, I got them all at the same appointment, and (mutual friend) had referred me to the tattoo artist, so I felt good about going to him.

(Male, Caucasian, 25, Self-Harm and Mental Illness)

Kai and Jordan described their experiences of going in with a general idea, but letting their tattoo artist take any liberties that they wanted to.

Kai: Yeah I was just like "Just write this." and he was like "do you like it?" and I was like "Yeah man, just fuck it, its cool, just go for it." So it was kind of like a collaborative thing still, because he just wrote it, like it was in his handwriting.

(Gender-fluid, Caucasian, 23, Sexual Assault and Personal Loss)

Jordan: Yeah so I just went to the guy and I was like "these are the letters and I want just a simple, basic, times new roman type font." And he drew it up, and I was like that's perfect, so, I knew kind of.

(Female, African American, 19,

Personal Loss)

Echoing Kai's above sentiment of "I have the inspiration, but they're the artist," other participants discussed in their interviews the experience of their tattoo artist suggesting a change to their planned design because it would make the tattoo look better. Jules, Anna, and Brenna all told of how their tattoo artists suggested that they get their tattoos larger than planned so that the artwork would look better on their bodies.

Jules: Yeah exactly, so I was definitely intending on this one being a little bit smaller, but once I got into the shop and he had kind of been like "It'll look better on you if it's a little bit bigger, so the design details can come out," I was like "Hells yeah, let's do it!"

(Female, Caucasian, 22, Difficult Life

Transition)

Anna: It was actually supposed to be much smaller, like the size of a circle. But my tattoo artist was pretty gruff and he was like "If you don't get it bigger, it is going to look like shit." Like he literally said that to me. He was like "Yeah, the lines are going to blur together, when you get older you're not going to like it. So I trusted him and took his advice.

(Female, Caucasian, 23,

Personal Loss)

Anna also expressed that although she hadn't met her tattoo artist before, she trusted him based on his reviews and past work of his that she had seen, and he gained her trust even more once she saw his design. Anna also talked about how she planned even further in advance than most participants, and collaborated with her artist to create a tattoo that could fit in with a floral sleeve tattoo that she wanted to get in the future.

Anna: I found a design on pinterest, of course, which I really like. But I wanted to be respectful, because I know a lot of tattoo artists don't really like when you bring in stuff from pinterest, because they're artists. Um and so I brought it in and then what I think I did was I sent him like ten photos of floral sleeves that I really liked as well, and so he designed my tattoo based on a floral sleeve I want someday.

PI: So it was kind of planning in advance that you could add more to it and it could coexists with future tattoos.

Anna: Yeah.

PI: And did you know your tattoo artist beforehand?

Anna: No, I went to a place with excellent ratings, obviously, and I had seen his work, but I didn't know him.

PI: And did you feel like you could trust him with this permanent thing?

Anna: I trusted him because I had seen his work, but he was very gruff, and when you think of a stereotypical tattoo shop. Like I was in the chair and there was scream-o music behind me.

PI: Did you feel like once you started talking about it with him you felt more comfortable? Like he was in his element?

Anna: I think immediately, because I gave him the photos and I gave him a little bit of free reign, and so once I saw what he had actually designed and drew, I loved it. And so at that point I was like "This guy is legit." Yeah I loved the work he did.

(Female, Caucasian, 23,

Personal Loss)

Collaborating with a tattoo artist to create the piece of art that each participant wants to have on their body permanently relates to the idea of healing after trauma in several ways. First of all, trusting someone enough to work with them to create the desired tattoo could be a means of regaining the ability to trust others after a traumatic experience, a tenet of the healing process in that Trust is a principle of Trauma-Informed Care. Another principle of Trauma-Informed Care is Collaboration, which participants apprehended in the process of coming together with a tattoo artist to work toward a common goal, further significant insofar as the act of opening up to someone else and sharing ideas with them can be very helpful in the healing process (SAMHSA, 2014).

Both carefully considering the placement of their tattoo and collaborating with the tattoo artist to make the tattoo look the best it possibly can are ways that participants were able to feel confident that they would like their tattoo and have a positive experience actually having it on their body. When thinking about the placement of their tattoo, besides putting it in a place where they could choose whether they wanted to show it, some of the above quotes, specifically from Brenna and Anna, explain their desire to get it in a place where their skin will not sag or change in the future, showing long-term planning. Sebastian also mentioned this idea, and Jules brought up the fact that she chose to get a tattoo of something that she knows she will love forever, also demonstrating trying to avoid issues that could arise in the future. The concept of "planning to ensure a positive experience" is especially salient when considering that these individuals have

lived through traumatic and difficult events. Putting thought into the placement of the tattoo and working with the tattoo artist to make sure the design is perfect are methods that helped participants feel like they had choice in what they were putting on their bodies, and choice in who would see their tattoo in the future. Choice is another principle of Trauma-Informed Care (SAMHSA, 2014), and the focus of participants in this study on making decisions about their tattoo(s) shows that the process of planning to obtain a tattoo may help trauma survivors heal, by allowing them to exercise choice and feel confident about their decisions.

Chapter 7: Findings – The After

The previous chapter foregrounded the decision-making process behind getting a tattoo, choosing the design of the tattoo, and selecting the artist as part of the healing process for respondents who experienced trauma. This chapter will focus on how the lived experience of *having* the tattoo serves as part of the healing process.

No Regrets

Each participant interviewed reported that they are extremely satisfied with their tattoo, and expressed happiness over having their tattoo(s) and their decision to get their tattoo(s). This is an important finding, and one worth exploring, especially considering the lack of information regarding lived experience with tattoos obtained after traumatic events in the existing literature. The questions for which participants' answers most often related to this theme were "Do you think having your tattoo has helped in the healing process?" and "How often do you think about or touch your tattoo? Does this bring you comfort in any way?" Participants' answers to other questions, including "Is there anything else you would like to share?" and "does your tattoo bring a sense of pride?" also illustrated how respondents had no regrets in their decision to get a tattoo.

In the excerpts below, participants' answers demonstrate their enthusiasm regarding their love for each of their tattoos, and their confidence in their decision to get their tattoo(s). These responses focus specifically on a deep love for the tattoo itself, rather than the decision to get it.

Jules: I just absolutely love it still, so every time I look at it on my leg I'm like "Ooh I love it!" That's how I know, like over a year later and I still love it so that's a good sign.

(Female, Caucasian, 22, Difficult Life Transition)

Anna: And I mean, I adore it, I love my tattoo, I've never once regretted it since I got it.

(Female, Caucasian, 23, Personal Loss)

Hermione: Oh I love it. And I'm really happy I got it.

(Female Middle Eastern, 23, Physical Injury and depressive feelings)

Brenna: So the experience the day of was kind of shitty, but the tattoo itself, I'm glad I have it, and it's one of my favorites, and I don't really care that it was a crappy day to get it, because it was a crappy year (laughs).

(Female, Caucasian, 21, Mental Illness)

Kai, Jordan, Peter, and Nikki's responses focused more on feeling good about their decision to get their tattoo. They all mentioned a sense of pride or happiness with their decision to get a tattoo which also relates to encouraging a positive self-image, which will be examined further later in this chapter.

Kai: I feel like that was a situation that took a lot more than a tattoo to help with, so to some extent it kind of helped because it's something I can look back on, like "I like my tattoo in a lot of ways, and I think I made every decision right in getting it, and I'm like really happy with it."

(Gender-fluid, Caucasian, 23, Sexual Assault and Personal Loss)

Jordan: Yeah I'm very happy with it. I think back to it all the time, like it was such a special experience, especially being there with my parents and them knowing how much it meant to me, because they were both there when like I found out and so they've kind of been with me through the entire process.

(Female, African American, 19, Personal Loss)

PI: Do you think there's ever a sense of pride with it? Like "I got this thing and it's really cool."

Peter: Oh 100%. And initially, like right after getting them, I was nervous to go out in short sleeves and what would people think about them and stuff, and what do I do if someone asks me about it, like what's the best way to explain it. And yeah now it's like, like now I enjoy going out in short sleeves, and people seeing them, and wondering about it and stuff, so I do think it has become more of a badge of pride.

PI: It's also cool that over time you've become more comfortable explaining it and everything. It kind of speaks to the process.

Peter: At first I was like "well hopefully this does not get worse, because then it could be a long road" its like you end up not being comfortable with them or regret or something. I always think about that, like people who get their tattoos and immediately regret them, like that's got to be tough.

(Male, Caucasian, 25, Self-Harm and Mental Illness)

PI: Do you ever feel proud that you made the choice to get it? Like "Oh wow, I made the choice to get myself a cool tattoo"?

Nikki: Yeah that's definitely nice too, because like I've paid for all of them myself, you know, so it's like "Ah like that was a good financial investment" like 10/10 definitely would do again.

(Female, African American and Caucasian, 22, Self-Harm)

Rose and Cory also both share that they love their tattoos despite superficial flaws or aesthetic details. Rose explained how she does not regret any of her tattoos, despite disliking certain design aspects of some of them. Cory also brought up the fact that he really appreciates all of his tattoos, even the one that is just a dot from a tattoo gun done by his friend, which he referred to as "the crappy one." This love of their tattoos despite design flaws demonstrates a personal attachment to the tattoo that is stronger than the opinions of other people.

Rose: Getting a tattoo really hurts, but I'd say it's really worth it. But I don't regret my tattoos – I might regret the placement or the size or where they are or how they look, the font, etc., but I never regret, like, them.

(Female, Caucasian, 21, Experienced Stroke as a Result of Addiction)

Cory: Yeah I really like all my tattoos, like and even the crappy one, it's just, I kind of, I really like them. It's not the affirmation of other people, like it's cool, but for me when I look at it, I like the way it looks, but like I don't want, I guess its a narcissist thing to get a tattoo, but that's not who I am.

(Male, Latinx, 23, Difficult transition to the U.S.)

Nikki and Cory also both discussed that they feel that their tattoo was a good financial choice, or as Nikki put it, in her above excerpt, an investment.

Cory: Yeah and then um my friends really like it like even I don't even get into the meaning of the actual tattoo. like "that's so cool." Best \$50 of my life, I swear.

(Male, Latinx, 23, Difficult transition to the U.S.)

The main takeaway from this theme is that the respondents interviewed in this study have very positive feelings towards their tattoos after having their tattoo for various amounts of time, ranging from one week to five years. Since the sample employed in this study was composed of young adults, with a mean age of twenty-two, it is worthwhile to note that none of the participants have had their tattoos for more than five years, so it is possible that participants could grow to regret their tattoo over time. However, at the time this research was conducted, all twelve respondents expressed that they felt happy with their tattoo(s) and their decision to get the tattoo(s), and did not have any regrets regarding their tattoo(s) or their choices.

It has helped with the healing process

During the course of the twelve interviews with survivors of psychological trauma who chose to get a tattoo as a result of their traumatic experience(s), all twelve respondents answered "yes," to the question "After getting your tattoo, do you think it has actually helped you in the healing process?". There were two main ways that the participants' tattoos have helped them heal, one is that the tattoos served as a positive reminder, and the second is that the tattoos helped to improve self-image.

A positive reminder

Many participants explained that when they look at or touch their tattoo, they are reminded of it's meaning or of their own strength that they utilized to heal after their traumatic event(s). Several participants reported that when they see their tattoo, it reminds them over how far they've come, and they feel comforted by it. For other

participants, it is a way to remind themselves that they are still working to heal, and that they are accomplishing a lot just by functioning normally. For some participants, touching their tattoo is very comforting and a great reminder of the personal significance of the tattoo, while others are simply reminded of their tattoo and what it means to them when they see themselves in the mirror or look down at their body.

Charlie, Cory, and Sebastian discussed that seeing or touching their tattoo reminds them that they are now in a better place than they were previously, and that they are now able to move forward from difficult times and from their traumatic experiences. Charlie talked about how seeing the rose tattoo instead of seeing the scars that the tattoo is covering reminds her that she is doing a lot better, and that it represents hope.

PI: Do you feel like (the tattoo) has been helpful to you?

Charlie: Yeah, I think so. Because maybe if I would be like wearing shorts or something before I got my tattoo, I'd like look down at my legs covered in scars and be like "ugh, that's kind of shitty to look at." And then now, it's kind of like I'm embracing the scars but also like moving forward. So in that shape and form it does make me think like "This isn't just some shitty thing now. It's better."

(Female, Caucasian, 22, Self-Harm)

Cory talked about how seeing his tattoo reminds him that things aren't as bad as he once thought they would be. He explains that looking back on that difficult time when he sees his tattoo reminds him of the growth he's accomplished, and that he's in a better place than he once was, and in a better place than he thought he would be at this point in his life.

Cory: Yeah I like seeing it, rather than like just having blank skin or a scar. And a lot of the time I don't think of the tattoo of the sign itself, but it reminds me of that stage of my life I was in, and I like looking back on it, like a lot of other things are not hard as I thought they were back then.

(Male, Latinx, 23, Difficult transition to the U.S.)

Sebastian, meanwhile, discussed how he has found meaning in his routine of patting his tattoo to clean it. He explained that, to him, patting his tattoo is like "a pat on the back," and reminds him that he has worked hard and gotten through some really difficult times, and that he can move forward from those experiences and do anything he wants to.

Sebastian: ...Like you have to scrub it with your fingers and everything but then I pat, like you have to pat it to dry it and stuff like that, and in my head that's like a pat to the back of like "Good job, you got through it" type of thing so like I do feel like every time I touch it and pat it and stuff, I feel it's my own personal way of saying, you did this you got through it, like you went through so much pain, so much trauma, so much hatred, so much everything, and you got to the other side, what are you going to do now? Who the fuck knows, but the whole thing is that you got through it all, so it's just kind of like a pat on the back.

(Male, Latinx, 21, Sexual Assault)

Like Sebastian, several other participants described their habits of physically touching their tattoos, and explained how this brings them comfort, and reminds them of the personal significance of their tattoo. This theme often came up in response to the question "How often do you think about or touch this tattoo? And then if you do, does it bring you comfort in any way?"

Anna: I think about it a lot, like probably at least weekly, and I um rub my arm that has it a lot, and it does bring me a lot of comfort. Just because I struggle so much with trusting myself, and this is a decision that I made that I'm like obsessed with still, and for me it's just very comforting and it's something you can see and it's just a symbolism of that I have my own back, which is really really important to me right now in my life.

(Female, Caucasian, 23, Personal Loss)

Jordan: I find that when I'm nervous, I always touch it and rub it, and I feel, it's the same thing, when I brush my teeth I'll pause and be like "It's so cool that I have this now, and I got this for him." So it's definitely comforting and I think it actually calms me down a lot just to feel that it's there and it won't go away.

(Female, African American, 19, Personal Loss)

Nikki: My tattoos still have texture if that makes sense; you know how you can still feel the lines and stuff? So I actually really like touching my tattoos sometimes, because they feel nice.

(Female, African American and Caucasian, 22, Self-Harm)

Brenna: I don't know if I think about it all that much, but I do really like touching my tattoos.

PI: And when you touch your tattoo, does it bring you comfort? Or bring up any emotions?

Brenna: I don't think it necessarily brings up negative emotions, when I see it I feel more just like gratitude that I'm not in that place any more.

(Female, Caucasian, 21, Mental Illness)

Peter and Rose both talked about how when they look at their tattoos, they are reminded of their strength, and the hard work they are putting in for the sake of healing every day. For them, the reminder is about their present and that they are doing hard work and have a lot of strength and a lot to be proud of.

PI: Does seeing (your tattoos) or touching them bring you comfort in any way? Peter: Yeah definitely the part about seeing it in the mirror, it's a nice reminder so like definitely like think about it like every day or every other day or something. So like that's also why having them in a visible location is nice, like not only for other people but also for yourself. And so like I'd say it's a nice brief reminder to see it in the mirror and stuff, like a nice little strength boost, like "Yeah, I am dealing with something that's tough," and being raw with it.

(Male, Caucasian, 25, Self-Harm and Mental Illness)

Rose: I can look at it and just think "I got through this, this CRAZY thing", like anyone else would've died under these (traumatic) circumstances. And I'm still dealing with it and living with it on a daily basis, and I'm strong."

(Female, Caucasian, 21, Experienced Stroke as a result of Addiction)

This recurring theme that the tattoos served as positive reminders demonstrates one way in which participants' tattoos have helped them in their healing processes after experiencing psychological trauma, and how they continue to help on a daily basis.

Healing after a traumatic event is a difficult and complex process (Herman, 1997;

Tedeschi & Calhoun, 1995; Painter, 2018; Pearlman & Saakvitne, 1995), and having

something that can help to aid and maintain that process permanently could be extremely beneficial.

Improved self-image

Many participants shared that having their tattoo has helped their self-image and their self-confidence. One aspect of this is feeling proud of their decision and feeling good about themselves as a result, as mentioned earlier when discussing how participants did not have regrets in getting a tattoo. This section will not elaborate on that idea further, since it was discussed in-depth earlier in this chapter. However, another aspect of this is that having the physical tattoo itself on their body helps the participant to feel more confident and better about their overall self-image.

Jules and Brenna expressed that their tattoos made them feel more confident, and feel good about themselves. Jules described her tattoos as making her feel "sexy," and "confident," while Brenna shared that her tattoos make her feel like a "bad-ass." Both Jules and Brenna talked about how they really enjoy seeing their tattoos on their bodies and enjoy looking at them in the mirror, Jules while she's getting ready in the morning and Brenna when she is working out.

PI: So how often do you think about or touch your tattoo?

Jules: Probably like every day, when I'm getting ready I'll be like spinning my ankle, even if it's just a second, kind of like "ooh! look at me with my tattoos." and just on a side note, I think tattoos are incredibly sexy, I think they're beautiful but they're also hot as fuck....Um so it's just kind of like checking myself out. I just kind of do that in the mirror every once in a while, like once a day, I don't really think about it, I just do it. But definitely like in the shower if I look down like "ooh look at me!" and I think it's harder because I have to twist to see it, but I think when I get the shoulder one I'll be doing it all the time probably.

PI: So since you find them sexy, do you feel like you feel confident when you look at them?

Jules: Definitely! When I go to bars I'm like – even though I have a boyfriend and would never do anything of course, it's just like, you still notice people looking at you, and even though you have no intentions and don't want anything with them it definitely gives you such a huge ego boost!...I definitely think it enhances my confidence, I'm like "look at me with my tattoos!" and I think this'll go down a little as more and more people get them, but you feel a little bit edgy. You're like "oh yeah, I have tattoos."

(Female, Caucasian, 22, Difficult Life Transition)

Brenna: Definitely, I think I look like a bad-ass with my gauges and my earrings and my tattoos. And then I'll flex on them. And I do really love having my tattoos in the mirror when I'm working out because I really love seeing them then, specifically.

(Female, Caucasian 21, Mental Illness)

Charlie and Kai both shared how their tattoos actually have helped to change how they think about themselves and certain parts of their lives. Charlie described the happiness and relief she feels when she looks down at her thigh and sees a beautiful tattoo rather than self-mutilation scars, which made her feel "shitty" and bad about herself.

PI: How often do you think about or touch your tattoo? And does it bring you comfort in any way when you see it?

Charlie: ...when I would look down without my tattoo there, I'd just be like Oh my gosh, it's so many scars. Like it's nice to look down and be like "Oh it's a nice flower", and thinking about the process of healing from the tattoo and all that I went through, and the good times. And it's good, and think about it a lot and I touch it a lot, and it came out really pretty. I was pretty impressed with how it turned out, so all in all I touch it a lot, look at it a lot.

(Female, Caucasian, 21, Self-Harm)

Kai discussed how they actually integrate their tattoos into their self-image and their body image, and it allows them to feel "pretty" and better about themselves and their fight with body dysmorphia.

Kai: And I like got it tattooed this big, just because I thought it was pretty. And since I got it, I've just been like, "Wow, that's a lit tattoo, I'm so happy, I love it." and the one on my hand I was super nervous about because its like on my hand,

but it's like ever since I got it, I've been "this is great," because once I get a tattoo, I start to incorporate it into my body more, and be like "this is me, I'm pretty."

(Gender-fluid, Caucasian, 23, Sexual Assault and Personal Loss)

The idea of participants' tattoos having helped with their healing process is the theme that connects most directly to this study's investigation of the potential of tattoos to help with healing after trauma. These two main methods of healing, a positive reminder and improved self-image, help demonstrate exactly how and in what ways the lived experience of having a tattoo can help trauma survivors in their healing process.

Versions of the same story

Another interesting finding regarding the participants' lived experiences with their tattoos had to do with participants exercising their ability to decide who to share their story with, in what settings, and to what extent. The discussion of this concept was often prompted with the question "How fully do you explain the meaning of your tattoo? And does the explanation change based on who you're talking to?" Many participants spoke of having a "short version" and a "full version" explanation in terms of the meaning of their tattoo(s), and some also discussed having a back up option of sharing no information at all in certain situations. Respondents explained that the amount of information that they share and level of detail that they go into often depends on how well they know and trust the other person.

Charlie: If it's a friend, or someone I trust, I'll be more open with them, but if it's someone I don't know very well who asks me I'll get kind of uncomfortable and I'll just be like "it's a flower" or "the flower represents growth."

(Female, Caucasian, 20, Self-Harm)

Brenna: I might give more or less detail depending on how well I know the person, but it's the same story. Just a more or less detailed version of the same story.

(Female, Caucasian, 21, Mental Illness)

Peter: I did figure beforehand that people would ask about them, of course, because that's just like people just tend to do that. I would say in terms of the level of detail, like happy to share that I have a diagnosis of bipolar disorder. Usually with (tattoo with a name), since that one's more personal, unless I know the person super well I'll usually be like "Oh, I was going through a really tough time in high school and this person wrote me a letter that helped me get through these times. So to kind of come from a place of truth but not like get into all of the details. Especially because if you just met someone, I don't think its necessarily appropriate to go into like suicide, and all of that stuff, but happy to open up about it to some extent.

(Male, Caucasian, 25, Self-Harm and Mental Illness)

PI: Do a lot of people ask you about your tattoo? Was this more or less than you expected?

Anna: Not as many people ask as I would think, however when they do ask, they want to know the in-depth story and it makes me a little uncomfortable, because I don't really want to talk about it. If it's one of my close friends who I trust, that's fine, but if it's stranger Joe at the grocery store, I don't want to tell Joe about my 23 years on Earth. Like "I don't know who you are."

PI: And that kind of ties in to my next question, but how fully do you explain the meaning of your tattoo to other people, and does this answer change based on who you're talking to?

Anna: Yeah it very much changes. Like usually if someone asks me, I'll be like "Oh it just represents the cycle of life," but if someone's close to me, I'll explain more about what I've been through and why I chose to get the tattoo.

(Female, Caucasian, 23, Personal Loss)

Several respondents also discussed that they used social cues to interpret whether someone truly wanted to hear their story, or if the story would be an imposition or a burden on them. They described how their perception of an individual's level of interest and overall energy influenced how much they shared.

Nikki: Yeah definitely. Like I said, it definitely depends on who's asking or like, I don't know, you can always tell somebody's tone of like "oh you have tattoos"and I'm like "yes" and then I don't really give an explanation. But if they're like "Oh my gosh, I have tattoos too" so yeah it's really dependent on the energy the individual has and obviously the relationship and stuff like that. On how much I tell them

PI: I think that tone piece is really interesting too. Because you can kind of intuitively be like "Ok like I don't really want to share with them."

Nikki: Just like "Yeah I have a tattoo, gotta go."
(Female, African American and Caucasian, 22, Self-Harm)

PI: So this kind of gets into my next question. So how fully do you explain the meaning of your tattoo? And does the explanation change based on who you're talking to.

Cory: I mean yeah because oftentimes I feel like it's not the certain scenario to get into a full discussion about it. Like I would rather tell someone who is genuinely interested, and like the conversation flows into it. And like it's not me imposing like how thoughtful I am about my tattoo. But like if somebody wants to know, I'll give them a little synopsis. And then the more they want to know or if it seems like they're interested.

(Male, Latinx, 23, Difficult transition to the U.S.)

Two participants spoke about wanting to protect younger individuals from hearing certain details of their story.

PI: So my question is like, with your niece, did you want to protect her from (the motivation behind your tattoo?)

Sebastian: With my other relatives and cousins I now if I say sexual assault rape they're going to know because of what my mom has told them, and its not a further convo its like they know, like "we understand" and with her I was just like will she understand why I got it or will she just keep asking questions like I was not in the place to answer those questions because I was on vacation just trying to enjoy my time, so I was like I just don't know if I want to dive deep into such a heavy situation I guess, so yeah.

(Male, Latinx, 21, Sexual Assault)

Rose: Yes, ABSOLUTELY it does. I have the really complicated, terrible version with all the gruesome details, like where I went wrong and where other people went wrong, and then I have the "child" version, and if I'm in a time constraint or if I'm talking to someone I don't know very well, or if they're younger, I would not tell them the parts about about addiction or drugs, I could kind of tone it down.

(Female, Caucasian, 21, Experienced Stroke as a result of Addiction)

Only one participant did not discuss changing their explanation of the meaning of their tattoo based on their audience. It is worthwhile to note that this is the same participant who was also the only respondent who did not think about being able to hide their tattoo when deciding on their placement. Thinking about Herman's (1997) Stage model of recovery, it is possible that this participant, Jordan, is in a later stage than some or all of the other respondents. In Herman's (1997) Stage model of recovery, the three stages are Establishing Safety, Remembrance and Mourning, and Reconnection. Jordan explains that she is done mourning her loss, so it is likely that she is in the final stage of Reconnection. Other participants who are still processing their trauma may be in earlier stages, in the context of Herman's (1997) model. Additionally, Jordan has had five years to process and grieve her loss, so her comfort level in showing off and fully explaining her tattoo could have to do with that as well.

Jordan: I'm pretty open about it, if a random person will just ask me what it's for, I'll be like "It's for my friend who passed away." And if they ask what happened, and like I said, it's been long enough that I can grieve appropriately and like I've processed it, so I'm able to talk about it without getting upset. So it's just kind of been, I don't know, I don't really mind talking about it anymore.

(Female, African American, 19, Personal Loss)

Similarly to the earlier theme about wanting to be able to choose to get a tattoo, this theme demonstrates participants' exercising their autonomy, by deciding how to present their story, and being able to change it based on their comfort and trust levels with each individual who asks them about it, and depending on the situation and their mood. This idea also connects back to the notion of participants wanting to be able to make decisions about their tattoos. That theme was about participants' making decisions that would allow them to have control over their lived experience and being able to decide when they wanted or didn't want to share their story, and this theme is about how the participants actually choose to exert that control, now that they have the tattoo.

These three themes that are associated with the lived experience of having the tattoo, which are *No Regrets*, *It has helped with the Healing Process*, and *Versions of the Same Story*, relate to the study's aim of investigating tattoos as a potential avenue for healing after trauma, because they demonstrate some of the benefits that participants have experienced from actually having their tattoo(s). The fact that no participants spoke about having regrets about their decision or their tattoo also shows the positive nature of participants' lived experiences. Participants' feelings of pride and confidence in their decisions, having a positive reminder of their strength and resilience, having improved self-image, and being able to have the autonomy tell their story on their own terms are all ways that actually having a tattoo has helped participants heal after experiencing psychological trauma.

Chapter 8: Discussion and Conclusion

Discussion

The purpose of this study was to investigate tattoos as a form of healing after psychological trauma. This study utilized a qualitative approach, employing semi-structured interviews in order to understand the lived experiences of individuals who have chosen to obtain a tattoo as a result of a traumatic event or events.

As the previous sections indicated there were several themes that emerged through the analysis of interview transcripts. These main themes were: participants deciding to get their tattoo with some form of healing in mind, exercising choice in the decision-making process of getting their tattoo, feeling good about their decision to get their tattoo, participants feeling that their tattoo has helped them heal, and being able to control their own narrative by choosing how much to share about their tattoo with different people.

The findings of this study provide support for Uta Karacaoglan's (2011)

Theoretical model, which asserted that tattoos can act as a patch for holes that are blown through individuals' potential space as a result of experiencing trauma, constituting an incomplete, symbolic transitional object. The theme of the present study that provides the most support for this theory is in the finding that the respondents believe the tattoos have helped them. The fact that all twelve participants reported that their tattoo has helped them in the healing process demonstrates that getting a tattoo after experiencing psychological trauma may be something that can help in the healing process for survivors, or even, perhaps expedite it. Respondents reporting that their tattoo has helped them in their personal healing process, and that they feel better and more free after

getting it may indicate a change in the state of their potential space, which refers to a sense of an inviting and safe interpersonal field in which one can be spontaneously playful while at the same time connected to others (Diamond, 2017). Participants reporting that they feel increasingly able to talk about what has happened after getting their tattoo, as discussed earlier, may also speak to the "connection to others" aspect of potential space. The section focusing on the different healing-related purposes that participants had in mind when acquiring their tattoo(s) talks about *closing a chapter*, and discusses participants' ability to move on from their traumatic experiences after getting their tattoos(s). Some respondents specifically used the word "closure," while others referred to "closing an old door and opening a new one" and "closing that chapter." This sense of closure, and finally being able to move forward also supports the idea of a patch. The fact that many participants reported feeling comfort and safety when they saw or touched their tattoo(s) also provides support for the idea that the tattoo acts in some ways like a transitional object. In order to more fully support this idea, there would need to be a greater focus on how getting a tattoo may have helped participants' regain aspects of their lives more closely related to Winnicott's (1951) theory of potential space. While the findings of this study support the main idea behind Karacaoglan's theory, the findings of this study do not provide support for the theoretical mechanics behind that theory, since it is not a study focused on potential space and the intricacies of that concept. The findings of this study can support the idea of the tattoo acting as a patch for holes blown through potential space, but cannot necessarily contribute to the understanding of how this phenomenon happens, in terms of partially reconstructing potential space.

As mentioned previously, Trauma-informed care is a field of counseling dedicated to serving individuals who have experienced trauma. This practice focuses on six main principles: safety, transparency & trustworthiness, choice, collaboration, empowerment, and consideration of cultural, historical, and gender issues (SAMHSA, 2014). The findings of the present study demonstrate how the act of obtaining a tattoo after and because of psychological trauma relate to and fit in with these principles. The findings of the present study connect to the principle of safety in that choosing to get a tattoo is a choice with low risk to personal safety, and during which participants are not in danger. The principle of transparency and trustworthiness really comes up in the theme that includes the idea of Collaboration, which discusses how participants put their trust in their tattoo artist to put what they actually want on their body, permanently. This principle also relates to the discussion of how many participants adjust their story, the level of detail, or how much they share, depending on how much they trust the person they are talking to, among other factors. The principle of choice relates to the study as a whole in that the study is focused on participants' choice to get a tattoo following a traumatic event or events. More specifically, this principle relates to the section which discusses participants' carefully planned choice of where on their body to place their tattoo, and how that choice was often affected by their desire to be able to choose whether or not they showed their tattoo, once they had it. The principle of choice also ties into the theme relating to participants telling different versions of the same explanation to different people, because this theme explains how participants, once they actually have their tattoo, exercise choice in terms of deciding how much information or detail about their tattoo to share with each person who asks about it. The principle of collaboration

connects with the finding that participants trusted and collaborated with their tattoo artists, because this theme is all about the collaboration between the participant and their tattoo artist to arrive at a perfect design. The principle of empowerment relates to the shared experience of the participants not regretting their tattoo, because many participants spoke about feeling really good about their decision to get their tattoo, which could empower them in making decisions in the future. This also relates to the section regarding improved self-image, which explained how many participants discussed how having their tattoos have helped them feel more self-confident and have higher self-esteem, which can lead to increased feelings of empowerment. One principle of trauma-informed care that the findings of this study did not relate to was the principle of consideration of cultural, historical, and gender issues. While participants may have considered these issues when choosing to get this tattoo, the findings of this study do not demonstrate any connection between the decision to get a tattoo after experiencing psychological trauma and this principle of Trauma-Informed care.

The findings of this study also relate to the idea of Post-Traumatic growth proposed by Tedeschi and Calhoun in 1995, because the findings of this study reveal that participants experienced growth and positive feelings after trauma, specifically after obtaining a tattoo related to their traumatic experience(s). Tedeschi and Calhoun's (1996) Post-Traumatic Growth Inventory includes factors of New Possibilities, Relating to Others, Personal Strength, Spiritual Change, and Appreciation of Life. All of these factors except for Spiritual Change connect to the findings of the present study. Additionally, some of these findings also tie in to Herman's (1997) Stage model of recovery, because participants who have had more time since their traumatic experience

have different needs and act differently than participants' whose traumatic event(s) happened more recently.

In conclusion, the findings of this study provide basic support for Uta Karacaoglan's model, which states that a tattoo can act as an incomplete, symbolic transitional object as a patch for holes that have been blown through an individual's potential space as a result of experiencing psychological trauma. The findings, however, do not necessarily support the theoretical mechanics behind the model, since the present study did not focus at all on potential space or psychoanalysis, and since the tattoo cannot be considered a complete transitional object, given that it is part of the body. The findings of this study also connect to five out of the six principles of Trauma-Informed Care, which suggests that getting a tattoo after trauma could be beneficial to trauma survivors, and could help promote healing without putting the individual at significant risk of physical or emotional harm. This is significant, because some experiences can be triggering or re-traumatizing to trauma survivors. So the fact that the findings of this study show connections between the practice of getting a tattoo as a result of a traumatic event and five out of six principles of Trauma-Informed Care demonstrate that this may be a practice that is both helpful and safe for trauma survivors.

Limitations and Future Directions

As stated previously, this study employed a sample of young adults ages 19-25. This is a limitation, because this sample is not representative of the entire population of people who have obtained a tattoo after experiencing trauma, constituting low generalizability. Additionally, the low average age of participants may have influenced what types of psychological trauma they shared about. Also, it is more unlikely that these

participants would have regrets about their tattoos, because they potentially would have had their tattoos for a much shorter amount of time than older individuals. This is especially important to note given that one of the themes found in this study was: *no regrets*, and none of the respondents reported regretting their tattoos. Furthermore, this sample was 67% female, and while information regarding social class was not formally collected like other identities, which is a limitation in itself, all participants shared that they had at least completed some college. And while the sample used in this study was fairly diverse in terms of race and ethnicity (58% Caucasian), and more diverse than most similar studies, it still could have included more individuals from different racial and ethnic backgrounds, in order to be more representative of the population at large. Future studies should focus on recruiting more diverse samples in terms of age, gender identity, socioeconomic status, and race/ethnicity, so that samples are more representative of the whole population being studied.

Participants were recruited through an open call, which resulted in the principal investigator personally knowing many participants beforehand, which may have influenced how some participants answered questions, depending on their pre-existing comfort level with the principal investigator. This could in some ways be considered a strength, because of the existing trust between the interviewer and some of the participants, but is also a limitation because it is impossible to tell how this may have affected the data. Future studies could consider more random recruitment methods to remove any bias that may be caused by the interviewer and the participant having a pre-existing relationship of some kind.

The sample size of this study, while larger than those of comparable studies, was still quite small (n=12). This may be due in part to the difficulty in recruiting participants to partake in a research study regarding sensitive topics such as psychological trauma. Future research should focus on recruiting larger and more diverse samples, to increase the validity of the research.

Other future directions could include a longitudinal study, in which the same participants are followed over time. This could help to understand if attitudes towards tattoos obtained as a result of psychological trauma change over time. This would also help to address some of the issues brought up as a result of the present study employing a very young sample. A longitudinal study could help answer the question of whether these participants having reported that none of them regret their tattoo(s) is a result of their young age, or if they would maintain these feelings over time. Another potential avenue for research would be a quantitative study exploring the same research question as the present study, using Tedeschi and Calhoun's (1996) Post-Traumatic growth inventory to quantitatively measure the post-traumatic growth that participants had experienced following their decision to get their tattoo.

Conclusion

Regarding the future of research investigating tattoos and psychological trauma, this project is one of the first of its kind, and much more research needs to be conducted in this area to better understand this correlation and the common lived experiences of people who choose to get tattoos following psychologically traumatic experiences. This research could also help to develop new forms of treatment for trauma survivors, by understanding the mechanics behind how getting a tattoo helps trauma survivors to heal.

This study contributed to that understanding, by gathering information regarding actual survivors' lived experiences, and connecting the findings to the model of traumainformed care. The findings of this study, particularly the themes relating to participants' lived experiences, as described in Chapter 7, suggest that tattoo acquisition may help trauma survivors in their healing process. This project contributed to the body of research on this topic, which is currently very small, and is one of only two studies to look at the lived experiences of survivors of multiple types of trauma, as compared to one specific type of trauma. Additionally, the present study was more diverse in regards to gender identity and race/ethnicity than comparable studies, and employed a larger sample size than these studies. Furthermore, this is the only study of its kind to examine the experiences of young adults, which can be viewed as both a limitation and a strength. As mentioned earlier in this chapter, there are several limitations to this project, including small sample size, small age range, and relative lack of diversity in terms of race and gender. Therefore, the generalizability is limited. Nevertheless, the findings of the present study are a valuable addition to the current body of research.

Researcher Positionality Revisited

This project has, on a personal level, shown me that I am not alone. The fact that my participants were able to be so vulnerable with me is extremely moving to me, and I think that the fact that I could relate to a lot of what they said may have made it feel more comfortable on both ends, but definitely on my end. Hearing different participants share similar feelings or stories made me realize that this is a phenomenon partaken in by so many people, and I feel privileged to get to share some of their stories and some of the common themes from what my participants shared.

If I place my own experience in the context of this study, I can personally relate to many of the themes and findings, particularly doing something just for myself, showing personal growth, exercising choice in the decision-making process, collaborating with my tattoo artists, never regretting my tattoo, having my tattoo serve as a positive reminder of what I have overcome, improved self-image, and choosing how much I want to share about my tattoo depending on who I'm speaking with. I am still on my journey of healing, and have still not shared my story with many people, which makes my participants' openness and candor all the more inspiring. The trust that they put in me to hear about and write about their experiences has helped me to feel more comfortable trusting others with my story, which is something that has been very difficult for me after my assault. After one of my interviews, I spoke about my own experiences with one of the participants, which was the first time I had shared the full meaning of my tattoo with another person. I have noticed that I myself am starting to feel increasingly comfortable opening up regarding the meaning of my tattoo after completing this project, and writing these words is definitely representative of my personal growth. I still have a long way to go on my personal journey of healing, but deciding to get a tattoo as a result of my own psychological trauma has been helpful in my personal healing process, and so has writing this thesis. From a hunch inspired by my own experiences to interviewing twelve other trauma survivors about their tattoos, this study has shown that I'm not the only one whose tattoo has helped them heal, and has paved the way for more research into this topic.

Works Cited

- Abramson, P.D. (1931). Tattooing a brief review of its history: pathology and methods of removal. *New Orleans Medical and Surgical Journal*, 84, 191-194.
- Acharya, A. (2013). Skin deep: Storytelling through tattooing. *Creating Knowledge*, 6, 16-20.
- Allen, D. (2017). Moving the needle on recovery from breast cancer: the healing role of postmastectomy tattoos. *Jama*, *317*(7), 672-674.
- American Psychiatric Association. (1980). Diagnostic and statistical manual of mental disorders (3rd ed.). Washington, DC: Author.
- American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC: Author.
- American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text revision). Washington, DC: Author.
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: Author.
- Appelbaum, J. (2008). Trauma and research: Bearing responsibility and witness. *Women's Studies Quarterly*, 36(1&2), 272-275. doi:10.1353/wsq.0.0003
- Atkinson, M. M. (2014). *Tattooed: the Sociogenesis of a Body Art*. Toronto: University of Toronto Press.
- Babbie, E. R. (2012). *The Practice of Social Research* (13th ed.). Belmont, CA: Wadsworth Cengage Learning.

- Bates, S. B. (2009). *Embodying the soul's pain: A study of memorial tattoos and the grieving process*. (Unpublished doctoral dissertation). Institute of Transpersonal Psychology, Palo Alto, CA.
- Briere, J., & Scott, C. (2015). *Principles of trauma therapy: A guide to symptoms,* evaluation, and treatment (2nd ed.). Thousand Oaks, CA: SAGE publications.
- Burden, K. M. (2014). You will always be with me: An exploration of the prevalence and perceptions of memorial tattoos (Unpublished undergraduate thesis). Memorial University: Newfoundland.
- Burgess, M., & Clark, L. (2010). Do the "savage origins" of tattoos cast a prejudicial shadow on contemporary tattooed individuals?. *Journal of Applied Social Psychology*, 40(3), 746-764.
- Chard, K. M., & Gilman, R. (2005). Counseling trauma victims: 4 brief therapies meet the test. *Current Psychiatry*, 4(8), 50
- Clinard, M. B., & Meier, R. F. (2015). Sociology of deviant behavior. Nelson Education.
- Coghlan, D., & Brydon-Miller, M. (2014). *The SAGE encyclopedia of action*research(Vols. 1-2). London: SAGE Publications Ltd doi:

 10.4135/9781446294406
- Cohen, M. J., et al. (1927). Tattooing: Some medical and psychological aspects. British Journal of Dermatology, *39*, 290-297.
- Cortez, C. P. (2013). Survivors ink: Self-transformation, self-creation and healing through tattoo (Unpublished Doctoral Dissertation). University of California Santa Barbara, Santa Barbara, California

- Davidson, D. (2016). The tattoo project: Commemorative tattoos, visual culture, and the digital archive (Ed.). Toronto, CA: Canadian Scholars.
- Davidson, J. R., Hughes, D., Blazer, D. G., & George, L. K. (1991). Post-traumatic stress disorder in the community: an epidemiological study. *Psychological medicine*, *21*(3), 713-721.
- Davis, C. G., Nolen-Hoeksema, S., & Larson, J. (1998). Making sense of loss and benefiting from the experience: Two construals of meaning. *Journal of Personality and Social Psychology*, 75(2), 561-574.
- DeMello, M., & Rubin, G. S. (2000). *Bodies of inscription: A cultural history of the modern tattoo community*. Duke University Press.
- Dorfer, L., Moser, M., Bahr, F., Spindler, K., Egarter-Vigl, E., Giullén, S., ... & Kenner, T. (1999). A medical report from the stone age?. *The Lancet*, *354*(9183), 1023-1025.
- Egnew, T. R. (2005). The meaning of healing: transcending suffering. *The Annals of Family Medicine*, *3*(3), 255-262.
- Ellingson, K. (2016). Finding catharsis through the art of tattoos. Retrieved from http://www.pbs.org/newshour/art/finding-catharsis-through-the-art-of-tattoos/
- Ferguson-Rayport, S. M., Griffith, R. M., & Straus, E. W. (1955). The psychiatric significance of tattoos. *Psychiatric Quarterly*, *29*, 112-131.
- Frankl, V. (1963). Man's search for meaning. Boston, MA: Beacon Press
- Friedman, M. J., & Schnurr, P. P. (1995). *The relationship between trauma, post-traumatic stress disorder, and physical health.* Philadelphia: Lippincott, Williams & Wilkins Publishers.

- Gentry, G. W., & Alderman, D. H. (2007). Trauma written in flesh: Tattoos as memorials and stories. In D. A. Hidalgo, & K. Barber (Eds.), Narrating the storm:

 Sociological stories of hurricane Katrina (pp. 184-197). Newcastle upon Tyne,

 UK: Cambridge Scholars Publishing
- Goodwin, R. D., & Stein, M. B. (2004). Association between childhood trauma and physical disorders among adults in the United States. *Psychological medicine*, *34*(3), 509-520.
- Harris Poll (2015). Tattoo takeover: Three in ten Americans have tattoos, and most don't stop at just one. Retrieved October 2, 2019, from http://www.theharrispoll.com/health-andlife/Tattoo Takeover.html
- Herman, J. L. (1997). Trauma and recovery: The aftermath of violence from domestic abuse to political terror. New York: Basic Books.
- Karacaoglan, U. (2012). Tattoo and taboo: On the meaning of tattoos in the analytic process. *The International Journal of Psychoanalysis*, 93(1), 5-28.
- Koreti, S. (2016). Socio-cultural history of the Gond tribes of middle India. *International Journal of Social Science and Humanity*, 6(4), 288.
- Lombroso, C. (1895). Criminal anthropology. Forum, 20, 33–49.
- Lombroso, C. (1896, April). The savage origins of tattooing. *Popular ScienceMonthly*, 793–803.
- Manuel, L., & Retzlaff, P. D. (2002). Tattooing among prisoners. *International Journal of Offender Therapy and Comparative Criminology*, 46(5), 522-531. doi:10.1177/030662402236738

- Maslow, A. H. (1954). The instinctoid nature of basic needs. *Journal of Personality*, 22, 326–347.
- Maxwell, D., Thomas, J., & Thomas, S. A. (2019). Cathartic Ink: A Qualitative Examination of Tattoo Motivations for Survivors of Sexual Trauma. *Deviant Behavior*, 1-18.
- Mifflin, M. (2013). *Bodies of subversion: A secret history of women and tattoo*. Brooklyn, NY: powerHouse Books.
- Mejía, X. E. (2005). Gender matters: Working with adult male survivors of trauma.

 **Journal of Counseling & Development, 83, 29-40. doi:10.1002/j.1556-6678.2005.tb00577.x*
- Munz, M. (2015, September 10). Semicolon tattoos signify new start, inspire hope in others with mental illness. St. Louis Post-Dispatch. Retrieved June 5, 2019, from http://www.stltoday.com/lifestyles/health-med-fit/health/semicolon-tattoos-signify-newstart-inspire-hope-in-others-with/article_bd06a041-b46d-5c07-bb88-625c157e468e.html
- Newcomer, K. E., Hatry, H. P., & Wholey, J. S. (Eds.). (2015). *Handbook of practical program evaluation*. USA: John Wiley & Sons.
- Nolen-Hoeksema, S., & Davis, C. G. (2004). Theoretical and methodological issues in the assessment and interpretation of posttraumatic growth. *Psychological Inquiry*, 15, 60-64.
- Painter, E.W. (2018). Therapeutic Aspects of Tattoo Acquisition: A Phenomenological Inquiry into the Connection Between Psychological Trauma and the Writing of

- Stories into Flesh (Unpublished Doctoral Dissertation). University of Tennessee, Knoxville, Tennessee.
- Parry, A. (1934). Tattooing among prostitutes and perverts. *Psychoanalysis Quarterly*, 3, 476-482.
- Pearlman, L.A. & Saakvitne, K.W. *Trauma and the Therapist*. New York: Norton, 1995. Peters, J. D. (2001). Witnessing. *Media, Culture, and Society*, 23, 707-723.
- Pitts, V. L. (1998). Reclaiming the female body: embodied identity work, resistance and the grotesque. *Body & Society*, *4*(3), 67-84.
- Plaisance, S. (2006, July 8). Tattoos a tribute to scars left by Katrina. *Houston Chronicle*,

 Retrieved October 25, 2019, from

 http://www.chron.com/news/hurricanes/article/Tattoos-a-tribute-to-scarsleft-by-Katrina-1499939.php
- Roberts, T. A., & Ryan, S. A. (2002). Tattooing and high-risk behavior in adolescents. *Pediatrics*, 110(6), 1058-1063.
- Roggenkamp, H., Nicholls, A., & Pierre, J. M. (2017). Tattoos as a window to the psyche: How talking about skin art can inform psychiatric practice. *World journal of psychiatry*, 7(3), 148–158. doi:10.5498/wjp.v7.i3.148
- Rohrer, F. (2007, October 9). So why do 'normal' people get tattoos? *BBC News*.

 Retrieved November 2, 2019, from

 http://news.bbc.co.uk/2/hi/uk_news/magazine/7034500.stm
- Rudoren, J. (2012, September 30). Proudly bearing elders' scars, their skin says 'never forget'. *The New York Times*. Retrieved from

- http://www.nytimes.com/2012/10/01/world/middleeast/with-tattoos-young-israelis-bearholocaust-scars-of-relatives.html?pagewanted=all&_r=0
- Sarnecki, J. H. (2001). Trauma and tattoo. Anthropology of Consciousness, 12(2), 35-42.
- Sawrey, K. (2016, April 11). A new start: tattooing over self-harm scars. Retrieved

 November 2, 2019, from https://www.abc.net.au/triplej/programs/hack/the-scarsproject-whitney-develle/7304854
- Serup, J., Kluger, N., & Bäumler, W. (Eds.). (2015). *Tattooed skin and health*. Karger Medical and Scientific Publishers.
- Snopek, M. (2015). New fashion, new trends: The modern aspect of tattoos in prison creativity. *Polish Journal of Social Rehabilitation*, 9, 241-266.
- Stein, A. (2011). The tattooed therapist: Exposure, disclosure, transference.

 *Psychoanalysis, Culture & Society, 16, 113-131. doi:10.1057/pcs.2010.17
- Stermac L., Cabral, C. M., Clarke, A. K., & Toner, B. (2014). Mediators of posttraumatic mental health in sexual assault survivors. *Journal of Aggression, Maltreatment & Trauma*, 23, 301-317. doi:10.1080/10926771.2014.881948
- Substance Abuse and Mental Health Services Administration. (2014). Concept of trauma and guidance for a trauma-informed approach. Rockville, MD.
- Tamabayashi, H. (1956) Bunshin Hyakushi (A Hundred Tattoos). Tokyo: Bunsendo.
- Te Awekotuku, N. (2009). Memento Mori: Memento Maori-moko and memory.
- Taku, K., Cann, A., Tedeschi, R. G., & Calhoun, L. G. (2009). Intrusive versus deliberate rumination in posttraumatic growth across US and Japanese samples. *Anxiety*, *Stress, and Coping*, 22(2), 129-136. doi:10.1080/10615800802317841

- Tedeschi, R. G., & Calhoun, L. G. (1995). *Trauma & transformation: Growing in the aftermath of suffering*. Thousand Oaks, CA: SAGE.
- Tedeschi, R. G., & Calhoun, L. G. (1996). The Posttraumatic Growth Inventory:

 Measuring the positive legacy of trauma. *Journal of traumatic stress*, 9(3), 455-471.
- Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, *15*, 1–18. doi:10.1207/s15327965pli1501 01
- Thomas, D. R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American journal of evaluation*, 27(2), 237-246.
- Thompson, B. Y. (2019). LA Ink: tattooing, gender, and the casual leisure of tattoo television. *International Journal of the Sociology of Leisure*, 2(3), 301-316.
- Trachtenberg, P. (1998). 7 tattoos: A memoir of the flesh. New York: Penguin.
- Tuval-Mashiach, R., Freedman, S., Bargai, N., Boker, R., Hadar, H., & Shalev, A. Y. (2004). Coping with trauma: Narrative and cognitive perspectives. *Psychiatry*, 67(3), 280-293. doi:10.1521/psyc.67.3.280.48977
- Van der Kolk, B. (2000). Posttraumatic stress disorder and the nature of trauma. *Dialogues in clinical neuroscience*, *2*(1), 7.
- Wagner, A. C., Torbit, L., Jenzer, T., Landy, M. S. H., Pukay-Martin, N. D., Macdonald, A., ... Monson, C. M. (2016). The role of posttraumatic growth in a randomized controlled trial of cognitive-behavioral conjoint therapy for PTSD. *Journal of Traumatic Stress*, 29, 379-383. doi:10.1002/jts.22122

Weathers, F. W., & Keane, T. M. (2007). The criterion a problem revisited:

Controversies and challenges in defining and measuring psychological trauma. *Journal of Traumatic Stress*, 20(2), 107-121. doi:10.1002/jts.20210

Williams, G. (2014). The renaissance of the tattoo. FinWeek, 24-29.

Winnicott, D. W. (1951). Transitional objects and transitional phenomena in DW Winnicott: Collected papers. New York: Basic Books.

Winnicott, D. W. (1971). Playing and reality. London: Tavistock.

Yalom, I. D. (1980). Existential psychotherapy (Vol. 1). New York: Basic books.

Yamada, M. (2008) 'Meanings of Tattoos in the Context of Identity-construction – A

Study of Japanese Students in Canada', *Japan Studies Review*, 12, 3–21

Yamada, M. (2009). Westernization and cultural resistance in tattooing practices in contemporary Japan. *International Journal of Cultural Studies*, *12*(4), 319-338.

Appendix A

Semi-Structured Interview Guide

Interviewer: I want to start out by saying that we can stop the interview at any point, and that if you feel like you need to take a break at any point, just let me know. You can also choose to pass on a question or choose to not elaborate on your answer. Also, your name will not be used in the project, and your privacy will be protected. If you feel comfortable with all of this, let's get started.

Interviewer: Do you have any tattoos? How many do you have? The purpose of this study is to talk about tattoos that have significant meaning to you in relation to a traumatic event. All of the following questions will be about your tattoo.

Interviewer: So, when did you get this tattoo? Was it your first tattoo? *If it is not, ask how many tattoos they have.*

Interviewer: Tell me a little bit about the process of how you decided to get this tattoo.

- What led you to make this choice?
- Did you come to the decision by yourself?

Note outside influences

Interviewer: Can you tell me, in your own words, the significance of your tattoo? *Make it clear that they can share as much or as little as you want.*

Interviewer: How long did you think about getting this tattoo before you got it? *Ask about general idea vs. actual design*

Interviewer: How did you decide on the design for your tattoo? Did you design it yourself?

- Did you collaborate with a tattoo artist?
- How did you decide to work with your tattoo artist?
- Did this tattoo artist do any of your other tattoos

If not, ask whether they got inspiration from any online or media sources.

Interviewer: How did you decide where on your body to get this tattoo?

• This seems like a placement where many people might see/not see it – was this intentional?

Interviewer: What have other people's reactions to your tattoo been?

Interviewer: Have members of your family seen this? Have your friends reacted differently than your family?

• Do any of your family members have tattoos? (added after interview 3)

Interviewer: Do a lot of people ask you about your tattoo? Did you expect this?

Interviewer: How fully do you explain the meaning of your tattoo? Does your explanation change based on your audience?

Interviewer: Prior to getting your tattoo, did you think that your tattoo would help in the healing process?

• Did your experiences with previous tattoos lead you to think this?

Interviewer: Has having your tattoo actually helped in the healing process?

Interview: What was the physical sensation of getting this tattoo like?

• Did it hurt more or less than you anticipated?

Interviewer: How often do you think about or touch your tattoo? Does this bring you comfort in any way?

• Does it bring up any other emotions for you?

Interviewer: Is there anything else you would like to share?

Added after interview 4

Interviewer: When you see or think about your tattoo, do you ever feel a sense of pride?

Appendix B: Biographical Appendix

Participant	Demographic Data	Age	Education Level	Trauma Type
Rose	Female, Caucasian	21	Some College	Experienced Stroke as a result of Addiction
				Physical injury, Depressive
Hermione	Female, Middle Eastern	23	Bachelor's Degree	feelings
Sebastian	Male, Latinx	21	Bachelor's Degree	Sexual Assault
Jules	Female, Caucasian	22	Some College	Difficult Life transition
	Female, African American and			
Nikki	Caucasian	22	Some College	Self-Harm
			Some Medical	
Peter	Male, Caucasian	26	School	Self-Harm, Mental Illness
				Difficult transition to the
Cory	Male, Latinx	23	Some College	U.S.
Charlie	Female, Caucasian	20	Some College	Self-Harm
				Sexual Assault, Personal
Kai	Gender-fluid, Caucasian	23	Some College	Loss (friend)
Anna	Female, Caucasian	23	Some College	Personal Loss (father)
Brenna	Female, Caucasian	21	Some College	Mental Illness
Jordan	Female, African American	19	Some College	Personal Loss (friend)