

2013-01-18

Why Would You Get THAT Done?!

Stigma Experiences of Post-Secondary Women with Piercings and Tattoos

Martin, Cayla

Martin, C. (2013). Why Would You Get THAT Done?! Stigma Experiences of Post-Secondary Women with Piercings and Tattoos (Master's thesis, University of Calgary, Calgary, Canada).

Retrieved from <https://prism.ucalgary.ca>. doi:10.11575/PRISM/28708

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Why Would You Get THAT Done?!

Stigma Experiences of Post-Secondary Women with Piercings and Tattoos

by

Cayla R. Martin

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE

DEGREE OF MASTER OF SCIENCE

DIVISION OF APPLIED PSYCHOLOGY

CALGARY, ALBERTA

January, 2013

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UNIVERSITY OF CALGARY

FACULTY OF GRADUATE STUDIES

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled "Why Would You Get THAT Done?!: Stigma Experiences of Post-Secondary Women with Piercings and Tattoos" submitted by Cayla R. Martin in partial fulfilment of the requirements of the degree of Master of Science.

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Abstract

Research in the area of piercings and tattoos has indicated the existence of commonly held stereotypes and assumptions (stigmas) concerning these body practices. These stigmas have been shown to impact the hireability of those with body modifications; women more so than men. In order to better understand the experiences of women with piercings and tattoos who are going into the professional workforce I interviewed 8 post-secondary women. A hermeneutic phenomenological approach was used utilizing van Manen's 6 activities for inquiry. Supplementary research using the Inventory of Parent and Peer Attachment Revised scale was conducted to see how relationships with family and friends influence or result in stigma experiences. Eight main themes were created through interpretation of the findings. It was discovered that, despite the mainstream obtainment of body modification (BoM), post-secondary women are still experiencing and/or anticipating workplace stigma. Implications of these findings for career counselling are discussed.

Acknowledgements

There are so many people in my life that, without whom, I would not have made it to this point. Thanks first goes to my amazing supervisor, Dr. Sharon Cairns, who supported a thesis topic that, while dear to my heart, was new to hers. Her support and guidance helped me through more than one mini freak-out; allowing me to put the process into perspective.

I am also extremely grateful to all of the women who participated in this study; who were open to sharing their experiences and who put their trust in me to get their message into the public. Further, I would like to thank all of those on my thesis committee who showed curious interest into the topic and who provided further insights and posed important questions.

I'd also like to thank everyone in my cohort. I have been truly blessed by the support and encouragement of such an amazing and talented group of people; people who quickly moved from classmates to friends. I would also like to express my thanks to the friends in my life who cheered me on and helped me believe in myself and my abilities; those who encouraged me to pursue a Masters degree, who listened to my struggles and who helped celebrate my accomplishments.

Last but certainly not least, I would like to thank my Mom, my Dad, and my Brother. Their constant support, encouragement, love and patience are what have made this (very) long educational journey possible.

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Chapter One: Why Would you Get THAT Done? An Introduction to the Topic and an Overview of the Chapters

Selecting a Topic

As I considered the topic that I intended to focus on for at least the next two years of my academic life, I realized that it had to reflect a subject area that I felt a personal connection to; something that I felt passionate about and that required further investigation. While working in the clinical department in the Addictive Behaviours Laboratory at the University of Calgary as a research assistant, I was introduced to the topic of stigma in mental health, specifically in gambling populations. While stigma was something I hadn't researched or focused on before this introduction, I had had many experiences with the topic in my personal life, stemming from my first facial piercing obtained when I was 16 years old. This piqued my interest in stigma, and it led me to the area of stigma associated with the pierced and tattooed population, specifically women such as myself, who are in post-secondary studies and who intend to work in the professional world. Upon reflection of my stigma story, I was also surprised to realize the effect that my family and friends played in my experience, for this reason, attachment

relationships with close friends and family become a secondary focus of this research topic.

Defining the Concepts

Stigma as defined by Goffman (1963) is an “attribute that is deeply discrediting and reduces the bearer from a whole and usual person to a tainted, discounted one” (p. 3). Stigma effects may be experienced through discrimination (negative behaviours of others directed at you) or prejudice (negative attitudes of others about you), further, stigma may become internalized (believing these negative things are true).

Body Modification (which will be subsequently referred to as *BoM*) as discussed in this study, refers to piercings on the body (outside of fairly common single lobe piercings), **and** tattoos. For pictorial diagrams of a variety of piercing placement and types, (many of which will be discussed within the thesis) please see Appendix A.

The term *University Women*, in this study, refers to women ages 18 to 30, who are currently attending one of three post-secondary institutions in Alberta.



My Story

Before I dive into the topic of this research I believe that it is important for me to share my personal stigma story. As my experiences have been a catalyst to the research at hand, they play an important role in how I view the world and how I have approached the

topic. A hermeneutic phenomenological approach (described in more detail in Chapter 3) was chosen specifically because it takes into account the role that my own experiences play within the current research. Writing and reflecting on my own story provided me a greater understanding of my own biases; therefore, I present to the readers my story so that they may better understand the lens through which I tackled the topic at hand.

Current Body Modification (BoM): one centre lip piercing obtained age 22, one Monroe piercing obtained age 20, one tongue piercing obtained age 19, one Daith piercing obtained age 18, one upper ear cartilage piercing obtained age 15, 7 ear piercings (4 right ear, 3 left ear) obtained ages 10, 14, 15, 23. One shoulder tattoo obtained age 18, 1 wrist tattoo obtained age 26.

Removed BoM: Eyebrow obtained age 16, re-pierced twice, and removed age 23, fourth ear piercing on left ear obtained age 23 and allowed to grow in same year



Piercings. I grew up in a more traditional home where the body was considered a temple and there was very little place for piercings and tattoos. While single ear piercings were accepted, I was not allowed to have my ears pierced until I reached an age that I could take care of them myself. I remember going into the small jewellery store at the age of 10, with my parents, going into the back of the store and carefully choosing the piercing studs that would become my most permanent accessory at the time. Using a piercing gun,

the store clerk lined up with the felt tip pen marks on my ears and squeezed the trigger. I officially had my first piercings.

I can't pin point the exact age at which I decided I wanted to take my piercings to the "next level," but I do know that after obtaining ear piercings 2 and 3, and ear cartilage piercing 1, I was ready to explore the arena of facial piercings. I "worked on" my parents for a good year to convince them to consent for me to obtain my eye brow piercing. Perhaps my research for this topic originally started at the age of 15, as I came at my parents' every concern with research I had gathered from the Internet regarding safety, health, sterilization, biblical support, and options for reputable tattoo shops, and I won! In fact, for my 16th birthday, my parents not only consented, but they paid for my eyebrow piercing.

Tattoos. Tattoos were a different story for me. While piercings were slowly becoming accepted in my home, tattoos were viewed as permanent and something I was not allowed to do while living under my parents roof. While at the time I was not happy about this, it did allow me to respect the decision when I did finally obtain my tattoos; it allowed me to see how important it was to really think about what was inked on my body. For a number of years I would "tattoo" myself with a pen, and was quite certain for my high school years that I would obtain a tattoo on my hand – something my Mom reminded me time and again would not be accepted by future employers. When I finally did move out of the house and obtain my tattoos, they were purposefully hide-able, for that reason.

Experienced stigma: Workplace. I have three distinct workplace related stigma memories:

1. I was in grade 10 when I wore my parents down and obtained my eyebrow piercing. I remember knowing that I had to run the idea of getting a facial piercing by my manager at a fast-food restaurant, where I worked part-time. I was so nervous that she [my manager] would say that it was not appropriate – I had worked so hard to get my parents to agree and I felt as though this was my way of expressing myself - I couldn't take the possibility that she might say no. I felt lucky that she did not end up having a problem with it; but as I reflect on this memory, I question why I should feel “lucky” that someone who wouldn't have a long term affect in my life would have so much control over what I did with my own body.

2. In my first year of University I worked at a popular department store. They have (or did at the time) a policy on piercings – that employees could not have them, or they had to cover them up. This required me to wear a band-aid over my eyebrow piercing. Nothing else had made me feel quite the level of embarrassment or shame as when children would either stare at me, ask their moms and point at me, or just ask me why I had to cover up my eyebrow. After explaining the situation to a number of shoppers, most would say how silly it was that I had to cover it.

3. I had interviewed for a voluntary research position at the University and got it. Shortly after starting, one of the women responsible for my getting hired on full-time after the volunteer position ended, started laughing and telling me about how the woman who hired me (and whom I replaced) had, in the top corner of my interview sheet, written “has

piercings.” Over the years we often joked about this as a lab group, but it has always bothered me that my piercings somehow reflected how I was perceived as a candidate for the position; as though it spoke to my abilities.

Removal of piercings. I feel as though the removal of my piercings was an organic process. My body, by nature of many facial piercings, began to reject my eyebrow piercing and slowly my piercing began to grow out. The third time this happened I decided not to re-pierce because I knew I wanted to get my lip pierced at some point and I thought that having “too many” facial piercings would send the wrong message to future employers, and that it might look gaudy on me (I feel very strongly about having piercings that fit a person’s personality or compliment their look, and felt as though having more than a couple of facial piercings would not look good on me). My fourth ear piercing on my left ear was a different story – it grew over one day because I had not put an earring it in, and I just did not feel as though I wanted to pay money to have it re-pierced. Regarding the future of my piercings; for me I feel as though I will not obtain any more (with exception of perhaps some more ear piercings) for a number of reasons. The first, is because I feel that as I have grown older, the fear of pain is higher; secondly, I esthetically like the ones that I have and feel as though more will not suit me; thirdly, as I am already concerned about how I will be perceived by potential employers, I would rather not “risk” it to have any more piercings.

Regarding removal of piercings and/or placement, I would rather not take out my piercings for a future position. I love them; I feel as though my BoM is a part of who I am. Some people prefer certain aspects of their body over others (i.e., their smile, their

eyes, etc.), for me, I love my piercings; they enhance my character. That being said, should the ideal future career present itself and require me to remove my piercings, it would be a difficult decision. Regarding my tattoos, I feel as though I will continue to obtain more, but get them in areas that are either “more acceptable” (e.g., ankle) or that are easily hidden. I do believe that stigma exists, and while I do not believe it to be correct, I feel as though I might have to “play the game” to be accepted. I do not make this decision lightly however, as I do still toy with the idea of having a shoulder piece done...but for right now, I hesitate.

Experienced stigma: Family and friends. I often feel as though my family, more so than my friends, influenced how I thought about my BoM and where I placed it. One of the biggest convincing factors for my parents, when I persuaded them to allow me to obtain my eyebrow piercing, was that they should let me get it now, while I am young and have time to enjoy it before I would have to get a “real job” and “obviously” take it out. There was always an assumption that employers would not be forgiving of my preferred method of expression. I have hung onto this belief, however true it might still be, and this belief has influenced the placement of my tattoos. While it has not stopped me from obtaining further facial piercings, I do still carry in the back of my mind a “what if” to the potential of me having to take them out due to a job. Interestingly enough, while I was writing this thesis I had a conversation with my Dad and Brother, which supported this notion of having to be careful about where you tattoo your body. Over the past 5 years both my Dad and Brother have obtained their own tattoos, all visible, but potentially coverable - something my Mom still is not happy about - (my Brother has a

half sleeve on his right arm and a tattoo on the side of his chest; my Dad has tattoos on each upper arm and one on his right calf). When my brother discussed adding more visible tattoos, my Dad commented on how he should re-consider this in case my brother ever wants to “climb the company ladder” one day. While my Brother disagreed with this potentially being an issue, it made me realize that even my Dad, someone who now has visible tattoos himself, remains aware of the stigma that this can carry, and the implications of employment due to that stigma.

While I believe myself to have a good relationship with my family and friends, there have been times when I did not feel supported or understood, and even stigmatized for my expression. When I first obtained my tongue piercing my Mom didn’t speak to me for a week; holding on to assumptions and stereotypes of what it might mean for me to have my tongue pierced. Many of my uncles, aunts and grandparents made, and sometimes still do make, references questioning why I would “do that to my face” or making references such as “you’ve got some dirt on your face.” Even friends, while mostly in jest, have made comments about my lip piercing – questioning if water comes out of it when I brush my teeth. With my wrist tattoo – Hebrew for the word Blessing – I am often inundated with questions such as: How do you know it says Blessings? and What if it actually said –insert random word here-? While I tend to let these types of comments slide off of my back, I do feel myself becoming a bit defensive from time to time. I have put a lot of thought into each of my BoM’s and it is insulting to me when someone else feels that their opinion should count more than mine on what goes on my body.

Relationships/attachment. Despite the negative reception I have sometimes received by friends and family, I do not believe they have permanently affected most of my relationships. My Mom and I agree to disagree on the topic of BoM, but I know she loves and supports me no matter what. Further, I do not feel that BoM has affected my relationships with my Dad or my Brother – in fact, I think that with the two of them, we now share a bond over our respective “work.” I have always found friends to be supportive of my BoM, even if they themselves would not obtain any. While I feel that my extended family is “coming around” on the topic, I do still find myself a bit aware of residual resentment to those family members who I believe made or still make comments out of spite rather than playful joking. However, over all, I think that the support and love I have had in these relationships has made me strong enough to have and share my viewpoints on the topic with others.

Moving into a professional career. Within my current MSc. program I do not feel that I have received stigma due to my BoM. However, when interviewing for my practicum placements I was careful to cover my tattoos and anticipated that my facial piercings would pose a problem; fortunately I found that this was not an issue. Now, as I am about to graduate and move into a professional career, I am once again concerned as to how I will be perceived. It is difficult for me to “turn off” the early messages I received regarding my BoM (e.g., you will have to take out your piercings when you get a “real” job; if you want to climb the corporate ladder you should hide your tattoos). Further, experiencing some negative feedback from the public due to my thesis topic, reading up on current literature and media coverage, and having discussed stigma

experiences with my participants, has added to my concerns regarding my hirability. I feel as though there is an image component to being professional, and that for some companies I can “be professional” through my actions and dress, but for others my BoM may pose an issue.

Approaching the Topic

Objective. Research has shown that I am not the only women with professional career aspirations with BoM. However, while the literature supports the notion that stigma exists in this context, I was left feeling as though the personal stories behind those stigma experiences were not fully captured. The objective of the current study then, was to better understand the personal experiences of stigma by women with BOTH piercings and tattoos as they negotiate their experiences with their future career goals. I approached this research through face-to-face interviews with self-identifying women, asking them about their lived and anticipated experiences with this topic. Through the use of hermeneutic inquiry, I hoped that the voices of these women would be heard in such a way that would round out the current, often more quantitative, data currently available.

Research questions. The core question created for this research is: What is the stigma experience of women in post-secondary with piercings and tattoos? In order to further capture the phenomenon of interest, the interview questions were structured in an open-ended manner and designed to answer the following complimentary questions: (a) What have been your reactions to instances of stigma?, (b) What have you found helpful in dealing with stigma?, (c) Explain instances where you felt stigmatized by potential employers, (d) Have you had experiences that indicate your BoM may pose as a

challenge with your future career goals?, (e) Have friends and/or family impacted your BoM choices, and (f) What have been the reactions of friends and family to your BoM?

Significance of the Study

As studies show that women are being stigmatized for their BoM, it is important to understand their experiences of marginalization. Through a method of phenomenological inquiry, it is intended that my analysis of this study will remain true to the voices of the participants, and in doing so, challenge the stigma and stereotypes associated with piercings and tattoos, specifically within the employment sector. It is hoped that by representing the voices of these women, that readers of this work will be inspired to continue with this line of research and that the larger population will be challenged in their automatic assumptions about these women and their capabilities. Understanding this phenomenon will also prove to validate the experiences of these women by allowing their personal experiences to be heard and to connect with those who have felt the same (or similar). Further, it is intended that this will bring awareness to the unique position middle-class women with piercings and tattoos face within the white-collared working world, hopefully expanding the views of many employers and encouraging them to become more aware of their automatic assumptions and judgements when hiring. I believe that this research will help career counsellors especially, and their understanding of the very real challenges faced by this population when job seeking.

Within my own research I have not come across any studies that view workplace stigma with women who have a combination of tattoos and piercings. That is not to say that this is not an issue discussed within the BoM community though - you need only

search online BoM forums to see that the fear of workplace stigma is being discussed - but there is a lack of peer reviewed research on this topic. Due to this gap in the literature, I conducted this study looking at the personal experiences of stigma within this population.

Further, attachment (or importance of significant friend and family relationships) in women with BoM does not appear to show up in the literature aside from studies on using BoM as forms of self-harm or as ways of overcoming negative experiences, or due to adolescent deviant behaviour. Therefore, it is important to obtain a better understanding of the effects relationships with parents might have within the experiences of women.

Summary of Chapters

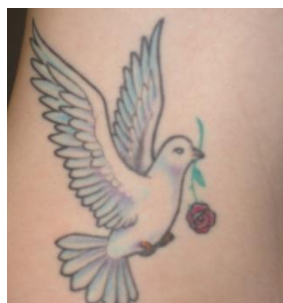
Within the current chapter, I reviewed my own story and the progression from my own interest towards the current research question. I have written the following chapters in a logically flowing manner, in order to present the area of interest, provide support for the further study of this topic, and describe the process in which this was conducted. Further, I conclude with interpretation and overall meaning derived from this work.

In Chapter 2, I present the current and relevant literature pertaining to stigma of those with piercings and tattoos, stigma in the workplace, and stigma in relation to BoM, women, and the workplace. Further, I present literature on negotiations of the BoM experience with regards to family and friend relationships within an attachment framework.

In Chapter 3, I focus on the research paradigm and chosen philosophical framework, namely phenomenology and more specifically, hermeneutic phenomenology. Information pertaining to participant recruitment and data collection are also discussed. Further, I address considerations and ways to enhance the quality of the data.

In Chapter 4, I introduce the 8 women who participated in the study. Chapter 5 was used to delve deeper in the stories of the women (providing the reader with a fuller understanding of each woman) to elaborate their experiences and discuss common themes and topics that presented themselves in the analysis.

In Chapter 6, I provide a summary and discussion of the findings, referring back to the literature in order to put into context the themes that emerged in the previous chapter. Within this chapter I also discuss limitations of the study, implications of the themes for practice, and implications of the themes for further research.



Chapter 2: Literature Review

The current chapter is by no means an exhaustive description of each topic but it is presented in such a way that one might become more familiar with the concepts that influenced me to conduct this research. Therefore, the following is a brief synopsis of the important topics, theories, and key literature meant to provide the reader with the necessary tools with which to familiarize themselves with the issues. Topics include the following: stigma in relation to BoM, stigma in relation to BoM and women, stigma in relation to BoM and the workplace, stigma in relation to BoM, the workplace, and women, and attachment in relation to BoM. Key theories include stigma theory and attachment theory.

Body modification (BoM) is not a new phenomenon. Piercings, tattoos, foot modification, scarification and branding have been a part of human culture dating as far back as 6,000 BC with roots in early ancestries across the globe (Doss & Ebesu Hubbard, 2009; Wood, 2003). Some cultures hold forms of body modification in high esteem due to the nature of their cultural meaning; piercings have stood for rank, power, age, and religion in certain cultures. Foot modification was once (and occasionally still is) a mark of beauty in Japan; tattoos were once a symbol of military culture and national pride (Laumann & Derick, 2006; Wood, 2003). Despite this, many of these modifications have

also held negative connotations. Tattoos became associated with many marginalized sects: traitors, criminals, gangs, punks; anyone who opposed or deviated from mainstream society (Wood, 2003). Further, despite the trend to alter one's body in numerous ways far precedes the last few decades, it wasn't until the early 1970's that ear lobe piercing became a commonplace practice in North America (Laumann, & Derick, 2006). As stigma is often associated with acts that are deviant from the normative culture, the current mainstream popularity that tattoos have recently garnered bring to question if tattoos are still deviant, and therefore stigmatized (Atkinson, 2003, p. 57). Atkinson (2003) states that these terms need not be mutually exclusive, that what is normative (or mainstream) can also be deviant (and therefore stigmatized). As John Gray put it "[A]ccording to the media, tattooing is about to go permanently mainstream. Don't believe it. Rumours of imminent respectability have been chasing the tattoo for a century" (1994, p.15). It stands to reason then, given that piercings are less mainstream than tattoos, that this stigma and attached deviance is also pertinent to piercings.

One need only to step outside to see a varied collection of body art and piercings, and tattoo artists within the Calgary area have indicated that tattooing is becoming more "mainstream" and accepted (French & Dirks, Oct. 2011; McGinnis, Aug 2012). The statistics regarding the number of people obtaining piercings and tattoos do support the point regarding these practices becoming mainstream. In a 2004 national probability sample of the United States, 24% of respondents reported having tattoos and 14% reported having body piercings (not including soft ear lobe piercings; Laumann & Derick, 2006). Ledger Marketing (2002) conducted telephone interviews in 2002 of a

representative sample of Canadians and found that 18% of Canadians have a tattoo or a piercing (not including soft ear lobe piercings; 12% have a body piercing, 11% a tattoo; 5% have both), 9% of men and 3% of women had a tattoo, and 4% of men and 9% of women had a body piercing. However, despite BoM obtainment becoming mainstream, a bigger question remains: is BoM accepted? This may not be the case; being mainstream, being tolerated, and being accepted are all different things. Atkinson (2003) suggests Canadian attitudes and viewpoints on tattoos (and piercings) are still in *flux*, meaning that there still exist many negative attitudes and assumptions regarding BoM despite the statistics and seemingly common occurrence of such expressions. The existence of this flux (and associated negative assumptions) was supported by the findings that of those Canadians who did not have any form of BoM, 25% were against tattooing and 30% were against body piercing (Leger Marketing, 2002).

Consistent with the growing trend toward consumption of public/online media, there exists a wide body of open source information (non peer-reviewed) regarding differing viewpoints and opinions on BoM, which capture the flux of attitudes. Certain online forum sites and Facebook groups are dedicated to all forms of discussion regarding BoM, including dialogues about how the public treats people with BoM. This wealth of source information was highlighted for me when I completed an autoethnographic pilot project prior to the current study. In this study I reflected on my own experiences of BoM stigma and then reviewed an online forum (www.thetattooforum.com) for shared experiences by others who had experienced workplace stigma as a result of their BoM. In doing this, I felt validated in the

experiences I had encountered, and I became more aware of the dialogues that were occurring within the BoM community (Martin, 2011). Print and online news media have also added to the discussion with recent articles about the topic; these articles are often inundated with public opinions in the discussion board sections of these sites. Many of these sources appear to have three things in common: (a) they accentuate the reality of the flux in our current cultures attitudes toward BoM, (b) they indicate a need for further research, and (c) they suggest that there is something happening to people with BoM that is worth talking about, namely stigmatization. The last of these is also touched on within the research literature, though empirical data on this topic is very limited, especially with regards to piercing, despite the growing prevalence within our culture (Swami & Furnham, 2007).

Stigma

While there exists variability on the definition of stigma within the literature, the popular and founding definition of stigma is: an “attribute that is deeply discrediting and reduces the bearer from a whole and usual person to a tainted, discounted one” (Goffman, 1963, p.3; Link & Phelan, 2001). Goffman (1963) further noted that stigma may present itself as a relationship between an “attribute and a stereotype” (p. 4) where the attribute (stigma) “links a person to undesirable characteristics (stereotypes)” (Link & Phelan, 2001, p. 365). Link and Phelan (2001) further indicate that “stigma exists when the following interrelated components converge”: (a) “people distinguish and label human differences,” (b) “dominant cultural beliefs link labeled persons to undesirable characteristics - to negative stereotypes”, (c) “labeled persons are placed in distinct

categories so as to accomplish some degree of separation of “us” from ‘them,’” and (d) “labeled persons experience status loss and discrimination that lead to unequal outcomes” (p. 367).

Stigma is socially constructed, and occurs when “labelling, negative stereotyping, exclusion, discrimination, and low status co-occur in a power situation that allows these processes to unfold” (Link & Phelan, 2001, p.367). Those who do not conform to the norm are often the victims of stigma by the general public; this public stigma is often seen manifested as self-stigma (internalizing public stigma) in those at whom stigma is directed (Horch & Hodgins, 2008).

Stigma “marks may be visible or invisible, controllable or uncontrollable, and linked to appearance, behavior, or group membership” (Major & O’Brien, 2005, p. 395). Attributes that are commonly stigmatized across cultures are those that are deemed to signal that a person: is a “poor partner for social exchange (e.g., criminal)” (an often held belief about those with BoM, specifically tattoos), possesses or carries an infection, or is a member of “an outgroup that can be exploited for ingroup gain” (Major & O’Brien, 2005, p.395). Further, those people who are stigmatized are often viewed as incompetent and/or lacking of warmth (Major & O’Brien, 2005). In viewing BoM as a social stigma, it is important to note that while tattoo and piercing shops are held to standardized safety regulations, there still appears to be a held belief association between BoM and negative health effects (i.e., possession of an infection).

DiPopolo (2010) proposed that BoM is a form of stigma based upon a few important aspects, namely, BoM is still viewed within a negative light, and those with

BoM are still a minority and often grouped (while appropriate or not) together resulting in a *master status group*. A master status group is one that includes “persons whose physical appearance, behaviour, or life circumstance is statistically unusual and centrally defining” (p. 370); membership to those groups tend to result in negative outcomes (Frale, 1993). Being that BoM is associated with physical appearance, which is associated with a behaviour that is not engaged in by the majority of North Americans, it does not seem a big jump to view individuals with BoM in this way. However, it is important to note that BoM may only encompass one aspect of a person’s identity. Despite being grouped as belonging to the BoM culture, those persons who hold a strong self-identification with the group may experience the negative effects of stigma moreso than those persons who do not identify (or who do not identify as strongly) with the group (DiPopolo, 2010; Major & O’Brien, 2005). Negative outcomes that often accompany BoM can be negative verbal responses, exclusion (in any domain of one’s life, employment, friendships, etc.), lack of acceptance, and judgements (Armstrong, 1996; DiPopolo, 2010), many of which will be discussed next.

Stigma and BoM

While scarce, studies that do focus on stigma in persons with BoM often tend to use vignettes or drawings of people (male/female) with different tattoos (i.e., dragons, dolphins), and often highlight negative attitudes toward those with BoM. Similar studies with piercings have yet to be conducted. That is not to say that stigma is not also associated with piercings, nor does it mean that there are no studies that discuss piercings,

but there does appear to be a significant gap in the literature where piercings are concerned.

One study that focused on stigma and BoM was conducted by Wohlrab, Fink, Kappeler, and Brewer (2009) who looked at “people’s attributions of personality characteristics toward tattooed and non-tattooed virtual human characters” (p. 1). Participants were 279 students at a German University, who were shown virtual male and female characters with or without black tribal tattoos on the upper arm or calf. According to their findings, tattooed male and female characters were considered to have a higher risk-taking personality (e.g., be more experience, thrill, and adventure seeking), be more susceptible to boredom, have a higher number of sexual partners, and be less inhibited than their non-tattooed counterpart.

Stigma, BoM, and Women

While BoM related stigma has been shown to affect both men and women, men have arguably been more accepted than women in many domains, including BoM (Braunberger, 2000; Hawkes, Senn, & Thorn, 2004). Despite women accounting for at least half of the tattoos currently being obtained, women are reporting facing negative reactions and stereotypical remarks by others (Armstrong, 1991; Atkinson, 2002), a finding that is supported within the literature. Hawkes and colleagues (2004) provided 268 male and female Canadian undergraduate students with short scenarios describing a fictional woman named Jennifer; tattoo status (tattooed or non-tattooed), visibility of tattoo (visible or hidden), size of tattoo (large or small), and no tattoo information (control group) were manipulated to create five conditions. Participants who had tattoos

themselves or who wanted to obtain tattoos rated the fictional woman more favorably than non-tattooed others; however, both male and female participants “held more negative attitudes toward the fictional women with visible tattoos than with hidden tattoos” (p. 602) regardless of personal tattoos status. Despite negative attitudes being similar between a large and small tattoo in this study, it is of import to note that stigmatization of BoM may be affected by a number of factors such as by type of tattoo (e.g., demonic images versus butterflies), number of BoM, visibility of BoM, commonality of BoM (e.g., nose versus cheek), and tattoos versus piercings; however more research into these domains is needed (DiPopolo, 2010).

Unfortunately, this stigma experienced by women with BoM has a long and sordid history, with acceptance for some (e.g., upper class women in the 19th century, 1960 rock stars like Janis Joplin) and rejection for others (e.g., lower class women in the 19th century, women during the outbreak of war in the U.S.), depending upon the cultural climate, class, and gender role “rebellion” at the time (Hawkes, et al., 2004). Human nature dictates the tendency to judge others (especially unknown others) based on appearance. What is acceptable appearance is often dictated by the normative standards of one’s social group (Atkinson, 2003). Given this, one popular explanation for the back-and-forth in the acceptance of women with BoM over the years is the concept of adherence to traditional gender norms. Doherty (1998; as cited in Hawkes, et al., 2004), when evaluating judging others based on appearance, found that both genders (male and female) judged women (but not men) “more negatively when they deviated from the group,” indicating that gender role expectations may play a role in how one is viewed

(p. 595). When a person refuses to act in accordance to gender norms or acts in ways that go against gender norms, they are viewed as a “threat to the social order,” and garner negative reactions by their peers (Hawkes, et al., 2004; Rosenfield, 1982). As tattoos are often associated with characteristics such as bravery, strength, and aggression (attributes that are more traditionally socially acceptable by men), it has been proposed that women who have tattoos are at a social disadvantage (Atkinson, 2003; Hawkes, et al., 2004). In fact, this was a suggestion in a recent study by Hawkes, et al (2004). In their study, it was found that the women in the scenarios with tattoos were viewed as being more powerful than those without tattoos. Hawkes, et al (2004) suggested that this may actually increase stigma toward women, as being a “powerful woman” violates traditional gender norms; a suggestion that was supported by findings that participants who held more conservative gender attitudes (regardless of tattoo status) also held more negative views on women than did participants with a more liberal gender attitude. As Braungerger (2000) puts it “masculine tattoo connotations - brave, heroic, macho - slip off the skin of women” (p. 1).

Despite, or because of this, women’s tattooing appears to play a number of roles. It has been postulated that some women may obtain tattoos (and other forms of BoM) for the purpose of resisting traditional ideations and assumptions of femininity equating with suBoMissive or sexually objectified personas (Atkinson, 2002). On the flip side of this, when interviewing women about their *body projects* (tattoos), Atkinson (2002), discovered that women often negotiate (e.g., obtaining tattoos as a cultural defiance but in places that can be or are hidden) or explore their femininity (identity, expression,

emotionality, empowerment) through their body projects, rather than use them as a source of defiance.

Due to these differing and ever changing personal explorations of self through tattoo use, it is important to understand all aspects of how BoM is viewed, therefore, some studies have specifically sought to better understand how the social world views women with BoM. These studies have shown that participants discriminate against those vignettes or drawings with BoM more so if they are female. Resenhoeft, Villa, and Wiseman (2008) looked at interpersonal perceptions due to tattoos on two samples of college aged students across two studies. In both studies they used a control photo of a woman without any BoM. In study one, participants were shown either the control photo, or a photo of the same woman with a black dragon tattoo on her upper left arm. In study two, participants were shown a photo of a woman with a blue and black tattoo of two dolphins on the upper right shoulder (or the control photo). Participants were then asked to rate their perceptions of these women across 13 interpersonal characteristics (e.g., fashionable, attractiveness, intellect, personality traits). Across these two studies, the photos of tattooed women were viewed as less honest, less religious, less fashionable, less athletic, less attractive and less intelligent than the photo of the woman without tattoos. These findings support those found by Degelman and Price (2002) who conducted the same study using high school participants and found that participants rated the photos of the woman with tattoos more negatively than the control photo. Further, Swami and Furnham (2007) presented 160 British undergraduates with computer created images of a woman with differing hair colour (blond, brunette), number of tattoos (no

tattoo, one, two), and tattoo location (arm, ankle, hip). The images of women with tattoos were viewed as being more promiscuous, heavier drinkers, and less physically attractive than the images of women without tattoos.

Despite the findings from these studies, that indicate that tattooed woman are socially stigmatized, many women are still obtaining body modifications. In an interest to see how these aspects affect a specific domain, I reviewed studies that looked at workplace stigma.

Stigma, BoM, and Workplace

Facebook groups titled “tattoo acceptance in the workplace,” and “tattoo/piercing acceptance in the workplace,” are popular groups, with over 1 million members and counting. The description for the group “tattoo acceptance in the workplace” reads simply:

Our goal is to take away the stigma attached to people who have tattoos in the workplace. Tattoos are art. Some of us have chosen to express ourselves not with vibrant shoes, or a colorful tie, but with body art. What is the difference?

Clearly this is a topic that is still pertinent to those with BoM. In a 2011 survey conducted by the Medicine Hat Police Department, it was determined that there is “a strong link between satisfaction with police and appearance of the officers” within the Medicine Hat community, indicating that the majority of BoM must be covered while on the job (Ho & McGinnis, Aug 9, 2012). Further, in a study conducted by the Patients Guide (Roberts, 2012), it was found that laser tattoo removal had increased by 32% between 2011 and 2012 and that of over 700 patients, 40% reported removal due to “employment reasons.”

These employment reasons appear to be valid as Seiter and Sandry (2003) conducted a study where they provided undergraduate students and company managers with pictures of a male potential job candidate with or without piercings. They discovered that when sporting some form of body jewelry, the candidate was considered to be less credible, less competent, and less hireable than their non pierced counterpart. Swanger (2006) found similar findings when measuring perceptions toward job candidates with BoM by 37 hospitality human resource managers, and recruiters. The majority of these participants (87%) indicated that visible tattoos and body piercings would be negatively received by their companies. Further, those with tattoos may anticipate that the reactions of co-workers and employers to their BoM will disrupt or impede future work achievement status or hireability, especially if the BoM is visible (Atkinson, 2003). While specific laws on discrimination and BoM within the workplace do not yet exist, many companies have written BoM caveats into their dress code policies which specify that employees must cover or take out their BoM, or that BoM is not accepted to any degree.

Barrett and Aspen (2009) discovered mixed findings when they surveyed 16 human services professionals in the United States, which may be indicative of the flux that Atkinson referred to. While respondents disagreed with the typical stigmas and stereotypes (e.g., they disagreed that individuals with BoM were criminals or of low income), they discovered that participants were undecided when it came to answering the question “I would hire an individual with visible tattoos” (p. 12). Further, when asked if they would hire an individual with visible piercings, the majority of responses fell

between agree and undecided. Therefore, while some of the stereotypes may be dissolving, the stigma still remains.

Stigma, BoM, the Workplace, and Women

Atkinson (2002) discovered, through a qualitative study of 40 women exploring their experience with tattooing, that there was a shared concern regarding anticipated or experienced stigma in the workplace due to their tattoos. Further, it was found that many women negotiate their involvement in tattooing due to negative perceptions in the workplace and the economic interdependence that they have with these jobs (Atkinson, 2002). This finding supported those by Armstrong (1991), who, when interviewing 155 career-oriented women (those with education beyond that of high school) regarding their tattoo experiences, found that a portion of women felt a “sense of lowered credibility thus having to conceal the tattoo when meeting new people, interviewing or attending certain meetings, and losing clients/or jobs when the tattoo was spotted” (p. 219).

The number of educated (career-oriented) women obtaining BoM continues to rise; a stark contrast to the held stereotype that BoM equates with decreased intellect (among other things; Resenhoeft, et al., 2008). In fact, this trend is also being seen in today’s youth (higher education and obtainment of BoM; Barrett & Aspen, 2009), and tattoo artists indicate that they are seeing doctors, lawyers, and secretaries come in for tattoos on a daily basis (McGinnis, Aug, 2012). So why, despite the apparent stigma both by peers, and hiring companies, and the trend for women to obtain readily hidden BoM, are women continuing along this trend? Are the felt stigma’s different than those reported in the research literature? Current literature lags behind when it comes to answering these

and many other questions, in fact, Atkinson (2002) emphasized the need to continue and extend research on women's tattooing, and Hawkes et al. (2004) indicated that future research is needed on real world ramifications of attitudes toward tattoos on women and their achievement in the workplace.

Stigma, BoM, and Relationships with Family and Friends

Another important aspect of stigma and BoM is how friends and close others influence the experience. Atkinson (2003) indicated that the relationships we have with others (parents, friends, coworkers), and the knowledge we have built up through years of engaging with our social world, provides us with information regarding the attitudes of others about tattoos (it does not seem a stretch to incorporate piercings into this as well), which often impacts one's image, location, and size of tattoo. Both Atkinson (2003) and Irwin (2001) suggest that the opinions of those people whose are viewed as more "consequential," (specifically family members, close friends) are more heavily considered within one's personal decisions regarding BoM, than with those people who are not deemed to be close. Further, those outside of the family and friend circle, such as co-workers may influence a person with BoM, however, these reactions are not as internalized (Atkinson, 2003).

As forms of BoM often tend to play a role in self-identity and the communication of that identity to society (Doss & Ebesu Hubbard, 2009), the results showing that BoM is stigmatized, lead to reasoning that those with BoM may internalize that stigma of others, especially the stigma by close others, leading to a weakened self-identity. However, it has been posited that those who do not place importance on the norms of

others (such as one's family or friends), or who have close others who support BoM, will not feel this self-stigma to the same extent as those who place heavy importance on others would (Atkinson, 2003; Irwin, 2001; Sinclair, Hardin, & Lowery, 2006; Smart, & Wegner, 1999). Further many tattooed participants in studies by both Atkinson (2003) and Irwin (2001) held hope or saw that even if parents were initially very negative about the BoM, that this would/did dissipate over time; so even if one does place importance on the norms of close others, they believe this stigma may not be binding.

Regarding peer and sibling relationships (regardless of tattoo status) pertaining to BoM, Atkinson (2003) found that these groups tend to respond more positively than parents. Further, despite not sharing in what or where a peer places their BoM (e.g., differing opinions on skull tattoos), there still remains a level of respect among others who are tattooed (there is a bond despite differing views on type of BoM). Given that the relationships one has with their family and friends may impact how one negotiates their BoM, it is important to discuss theories that exist to explain the importance of family on sense of self; attachment theory provides a basis for this type of understanding.

Attachment

Attachment, originally coined by John Bowlby, is “any form of behavior that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world” (1989, p. 238).

Bowlby further suggested that attachment behaviour is part of a biological behaviour system that evolved in order to increase survival - when a child is attached to a primary caregiver, they are ideally provided with security and protection in order to survive the,

as yet, unknown world (Ainsworth, Blehar, Waters, & Wall, 1978). Attachment is often more visible in childhood and typically begins within the first 4 months of life, however, the effects of attachment (or lack thereof) can affect one throughout the course of his/her life (Bowlby, 1969). Bowlby indicated that the degree of attachment is determined through experiences with the primary caregiver. These early experiences produce *internal working models* of self and others, which lead to expectations of others in relationships and in what a person believes he/she deserves in relationships with others (Bretherton & Munholland, 2008). For example, if a child encounters experiences where his/her primary caregiver provides him/her with reliable and constant support and care, the child will typically develop a strong and positive attachment (and expectations that others will provide and care, and that he/she deserves, secure relationships). However if the caregiver is neglectful or unreliable in how he/she cares for the child, the child may become distressed, unresponsive, and distrustful (and expect that others are not to be trusted and/or that he/she does not deserve secure relationships; Ainsworth, et al., 1978). These first primary caregiver attachment experiences are the ones that we base our interactions with others on, therefore, the type of attachment (which influences one's internal working model) one has in the beginning often dictates (though not exclusively, as other factors such as a child's temperament are also influential), how one might interact (or how one might expect others to act) with friends, other family members, co-workers, and partners throughout the course of one's life (Ainsworth, et al., 1978; Nielsen, 2008). Therefore, childhood relationships with caregivers influence later relationships with others (romantic and otherwise).

A popular understanding of adult attachment types was proposed by Bartholomew (1990) who revised the original 3 types proposed by Ainsworth et al (1978; secure, anxious resistant, and avoidant) to 4 types: secure, preoccupied, dismissing, and fearful. Securely attached adults are generally comfortable with intimacy, have high self-esteem, and have autonomy in relationships; this is usually a result of warm and positive parenting. Preoccupied people tend to be ambivalent, feel unworthy, and are overly dependent in relationships; primarily as a result of inconsistent parenting. Dismissively attached people deny any attachment, are dismissing and show counter-dependant tendencies; these people may maintain relationships but these relationships generally do not have any real substance. Lastly, with fearful attachment, people tend to fear attachment, and become socially avoidant; further, they may have received rejections from parents or peers growing up (Bartholomew, 1990). It is important to note that the attachment experiences and/or temperament of the caregiver, as well as factors such as life stressors, and living arrangements also make a difference as to how an attachment bond is formed with the child (Bartholomew, 1990).

It is of import to note that while much of attachment theory research focuses on the relationship between the child and the mother, attachment can form with whoever is the primary caregiver, be it the father, a grandmother, or a nanny (Bowlby, 1969). Further, while the attachment between the primary caregiver and the child is viewed as the most influential relationship, relationships with other close people in one's life have an impact on the success of adult romantic relationships, and even interactions with future co-workers, and friends. Further, there have been studies that discuss the positive

role that a sensitive, challenging, and supportive father (or father figure) relationship can play in one's relational development (Grossmann, Grossmann, Kindler, & Zimmermann, 2008). This finding is supported by early research conducted by Ainsworth who indicated that while the primary caregiver role is most important, attachment to multiple caregivers may also occur (Howes & Spieker, 2008).

Attachment and BoM

Until now (to my knowledge) there have been no studies that look directly at attachment and BoM in adults. There have been studies in adolescent research that have discovered some links between negative parent relationships, possessing tattoos, and deviant behaviours, but very few that look specifically at attachment. This finding is surprising considering that Silver, VanEseltine, and Silver (2009) indicate that adolescents with weak attachment to close others and institutions such as family, school, and church, are less concerned about the social consequences that might befall them in acquiring a tattoo. Within their study, a prospective longitudinal study of 13,101 U.S. adolescents looking at tattoo acquisition, it was found that those adolescents with lower levels of parent and school attachment and religiosity were more likely to obtain a first tattoo at a younger age than those with higher levels of attachment. Further, tattoo acquisition by adolescents often occurred by those who engaged in deviant behaviours (e.g., alcohol and marijuana use, violence), who were victimized by others, were from low SES families or non-nuclear family structures, or who had negative self-perceptions. While their findings do not specifically correlate type of parental attachment with

behaviour, it does suggest that relationships with others do affect how tattoos are viewed and used.

As the influence of close others holds weight in how one views BoM, it holds to question if type of attachment factors into the degree to which one considers these influences. For example, those with preoccupied attachments are often very concerned about how others view them and feel unworthy; knowing that BoM may be accompanied by stigma, are these people more likely to do what is more socially acceptable so as not to gain negative attention because of fear rather than because of internally held beliefs? In contrast, those people who are securely attached may put weight on the views and influence of close others as they have learned and share many of the norms and beliefs of this immediate social group. Therefore, is a securely attached person more heavily influenced by their close family and friends regarding how they display or obtain BoM (e.g., if parents are positive about BoM those who have BoM may feel more comfortable displaying it, however if close others view BoM negatively, this might dissuade someone from obtaining BoM, they may get BoM in opposition, or they may hide their BoM)? Do they conform more to the norms of their family/friend social group because they value these close relationships and do not want to disrupt them (Atkinson, 2003)?

Summary: Connecting the Dots

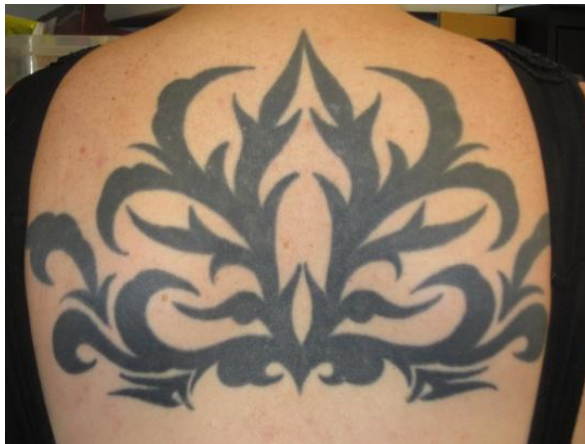
Despite having roots in early ancestry, and the recent popularization of BoM, there is much that is not known and/or viewed through a psychological research based lens regarding the practices and social effects associated with procuring BoM. While stigma research has been a focus in the realm of mental health, it still has a long way to

go with regards to its effects in other domains. While scarce, peer-reviewed studies on stigmatization in BoM do exist, though many of them focus on the stigmatization by others, neglecting to focus directly on those who are stigmatized. Further, of those studies that do exist, many ignore or do not discuss piercings, and even fewer look at a combination of piercings and tattoos. Many of the studies that do exist have shown clear evidence of stigma, specifically stigma against women, due to their BoM; an occurrence that affects a number of domains including employment. As the trend to obtain BoM continues to increase and become more “mainstream,” it becomes increasingly more important for the research literature to catch-up and understand the reality of the experiences of those being affected by negative stigma. For example, how are these women dealing with or approaching the stigma that is out there? For this study, there was a focus on the experiences of current university women because they are in a unique position given that most will have already experienced some form of work experience, as well, they are also pursuing education assumedly in hopes to enter the middle-class working environment where research has shown a degree of BoM related stigma. Given this, it was anticipated that they would be able to speak to both actual and anticipated experiences of stigma. As this topic has been recently popularized in the media, I believe that research is important for the employment and HR sector as well.

Given the findings that indicate that relationships with close others do play a role in obtainment and view of BoM and the lack of research within the attachment realm, I sought within this study to explore relationships in general with close others (family and

friends). It is hoped that this will serve as exploratory look at attachment within this domain and a call for future research.

These findings and implications led me to my over all research question of: What is the stigma experience of women in post-secondary with piercings and tattoos? and the follow-up questions of: (a) What have been your reactions to instances of stigma?, (b) What have you found helpful in dealing with stigma?, (c) Explain instances where you felt stigmatized by potential employers, (d) Have you had experiences that indicate your BoM may pose as a challenge with your future career goals?, (e) Have friends and/or family impacted your BoM choices, and (f) What have been the reactions of friends and family to your BoM?



Chapter Three: Methodology and Design

Research Paradigm

My research falls within a social constructionist paradigm. Social construction theory posits that every person creates individual meaning from the experiences and objects around them through their past, current, and continued interaction with the world (Creswell, 2007). Further, a person's social and historical interaction, and the norms and mores that are learned through these interactions, also influence how a person makes meaning for themselves (Creswell, 2007). It is important to point out that the individuals within the current study bring with them their own unique experiences, but they also grew up within a North American culture of which there have been many negative historical connotations and implications associated with body modification. The goal of research within a social constructionist lens then, is to capture how the individuals make meaning within these contexts (individual, family, societal) through the use of language, and specifically in this case, through semi-structured interviews.

Philosophical Framework

A mixed methods approach was used within the current research, with the use of both a semi-structured interview and a qualitative questionnaire. However, the questionnaire was used as a form of support and a way to provide corroborating evidence for and/or to aid in the construction of themes and theories. This is referred to as *triangulation* (Creswell, 2007). Therefore, the framework of the current study is mainly that of hermeneutic phenomenology supported by quantitative data.

Much could be said about the evolution of phenomenology and later, hermeneutic phenomenology, but at the very crux of how we understand this form of research, as it is in its current form, is due to the philosophers Edmond Husserl, Martin Heidegger, Hans-Georg Gadamer, and Max van Manen.

Edmond Husserl's phenomenology. As a philosophy, Edmond Husserl is credited as being the father of phenomenology. Husserl believed that it was pertinent to understand the essence of experience, or underlying component, which distinguished one scholarly discipline and empirical science from another (Ashworth, 2006).

Phenomenology was born out of Husserl's desire to create a rigorous methodology, which could be used to determine these essential concepts/essences (Ashworth, 2006). Husserl posited that each empirical science could be understood through their *eidetic* discipline - established concepts or basic essences, which are not directly attached to the real world, but that help define and make up the science in a way that researchers can use to make cognitive sense of the *real world*; comparing fact with essence as opposed to real with unreal (Annells, 1996; Ashworth, 2006).

So, just as geometry may posit a "straight line" as an item in its armory of eidetic truths - though it is another question entirely whether such a thing has any empirical manifestation - so the essences of other pure disciplines are to be established without attention being paid to the issue of *real existence* (Ashworth, 2006, p. 18).

In order to discover these essences, one must turn to the personal experiences of his/her *lifeworld* (every day experiences/phenomena as viewed within the context that

they are lived) and interpret these experiences through a study of their conscious understanding of it (Note: Husserl believed that all people are conscious agents, actively making meaning of their lifeworld; Ashworth, 2003; Giorgi, 2006). The way in which the lifeworld is experienced is subjective and personal; however, the goal of phenomenology is to discover the universal commonalities (eidetics) within these lifeworlds (e.g., subjective embodiment, temporality, selfhood; Ashworth, 2003). Husserl rejected the notion that there is something “behind” or more fundamental than experience, he stated that what appears is to be taken as reality, and we should start our investigation with what is experienced (Ashworth, 2003, 2006) whether it be real or imagined. A primary step in the investigation of experience is *bracketing*, meaning that researchers should strive and can strive to achieve complete freedom of bias from their own experiences in an attempt to understand the phenomenon of interest (aspect of the lifeworld) and/or the subjective experiences of others, in a pure way (Lavery, 2003; Moustakas, 1994). Further, in understanding another’s experience, it is important to focus on *pre-reflective* descriptions (descriptions of what, where, and how an experience occurred rather than how that occurrence was interpreted afterward) rather than interpretations, feelings, or thoughts associated with the experiences (Giorgi, 2006).

Hermeneutic phenomenology as a philosophy. Heidegger, the “father of hermeneutics,” was first introduced to the theory of phenomenology and the concepts of the lifeworld by Edmund Husserl (Lavery, 2003). However, Heidegger took phenomenology in a different direction than Husserl. While both Husserl and Heidegger sought to gain better understandings of experience and lifeworlds, Heidegger approached

this goal in a more holistic way. Heidegger proposed that the world influences our understandings while at the same time our understandings influence how we view the world; in essence, meaning is consistently co-created as we continue to interact with the world around us (Lavery, 2003); Husserl emphasized description, while Heidegger emphasized interpretation (hermeneutics), in understanding one's lived experience (Dowling, 2007). Unlike Husserl, Heidegger posited that a person cannot distance themselves from the object of study because the very nature of one's understanding comes from the interactions between him/her (the researcher) and the things around him/her (i.e., the objects of study; Polkinghorne, 1983). It was with this perspective that Heidegger proposed the *hermeneutic circle*, a now fundamental aspect of hermeneutic research, defined as a continuous, nonlinear back-and-forth between the micro (parts) and macro (whole) level understandings of an experience in order to more fully capture the depth of that experience; meaning is "achieved" when no new information is apparent (van Manen, 1990). Researchers must keep reflecting on their own experiences and understandings, constantly re-evaluating these as they obtain new and different information. Much like when one reads a book, the more chapters (parts) he/she reads, the fuller his/her understanding of the story will be (whole; Polkinghorne, 1983).

Martin Gadamer took hermeneutics one step further. He proposed, much like Heidegger, that language and understanding are interconnected, but unlike Heidegger, Gadamer believed that the purpose of hermeneutics was about "clarifying the conditions in which understanding takes place," not merely "developing a procedure of understanding" (Lavery, 2003, p.10). Gadamer believed that all interpreters come to the

text with expectations and assumptions based upon their previous experiences (and thus understandings of their lifeworlds). He indicated that in order to fully understand a text, interpreters (researchers) must negotiate between their lifeworld knowledge and the meaning of the words within a text; this was referred to as the *fusion of horizons* (Polkinghorne, 1983). The fusion of horizons is akin to climbing a mountain. A person may climb one mountain and gain a vantage point that provides them a view of one part of the world; however, the climber need only make their way to the next mountain to realize that there was more to be seen. Like this, in an effort to find understanding of an aspect of the lifeworld, a researcher must continually “climb mountains” (ask questions, immerse themselves in the research), with the realization that their understanding will continue to change as their viewpoint changes (Laverty, 2003).

Due to this continuous and ever changing understanding, Gadamer rejected the concept of bracketing. Therefore, within hermeneutics, there is an acceptance and/or recognition that researchers bring with them their own life experiences, which in turn, play a role in the meanings and understandings that are created within each study, this is referred to as *reflexivity* (Laverty, 2003). Max van Manen built upon this understanding of hermeneutics in a way that allows the researcher to place theory into practice, and that I followed throughout the course of this study.

van Manen’s hermeneutic phenomenology as a methodology. Within the current study, the hermeneutic phenomenology of van Manen (1990) was employed. While hermeneutic phenomenology does not employ a specific and “pure” method for conducting research, such as was suggested by Husserl, van Manen posits 6 activities. A

researcher might use these activities in order to interpret and better understand the lived experiences of others in an exploration of the phenomenon in question, by following an interpretive philosophy. van Manen's 6 activities, as used within the current study, are:

1. Turning to a Phenomenon that Interests the Researcher

Essentially, this first step is about discovering some aspect of the lifeworld that the researcher is connected to in some way, with the "ultimate aim" of becoming "more aware" of who we are (van Manen, 1990, p. 12). Within this step, the researcher formulates questions that will aid in this awareness. For this study, the core of these questions was: What is the stigma experience of women in post-secondary with piercings and tattoos? During analysis, following the hermeneutic circle, this step was revisited a number of times in order to affirm that the analysis remained true to answering this question.

2. Investigating Our Experiences as We Live Them

Within this step, the goal of the researcher is to explore the phenomenon of interest by immersing oneself in one's own experience and the experience of others. As van Manen (1990) explained, it is often easier to start at a researcher's own experiences and work from there; logically, if you have experienced something, then it is likely that others have as well. This step was highlighted in Chapter 1, and in essence, was really the first step within my own research; it was this personal experience that led me to my phenomenon of interest. The research into other's experience, women in post-secondary with piercings and tattoos, allowed me to "relearn" and "reawaken" my own experience

as well as gain shared and diverse understandings of the experience, “exploring the category of lived experience in all its modalities and aspects” (van Manen, 1990, p.32).

3. Reflecting on Core Themes that Characterise the Phenomenon

The goal of this step is to pose the question: What is it that constitutes the nature of this lived experience (van Manen, 1990, p.32)? Within the current study, themes and subthemes were created and re-created through a number of steps. First, I listened to the taped interviews, and reflected on what each participant was saying, while jotting down potential themes that stood out for me. Secondly, I listened to the tapes while reading through the transcripts, all the while revising previous themes and creating new ones. Third, I used NVIVO 9 (2010) to begin to analyse individual interviews. While there are three basic approaches that one might take to isolate statements within an interview (wholistic/sentence approach; selective approach; line-by-line approach), I used a selective analytic approach to coding, where I posed van Manen’s (1990) question of: Are there sentences or parts of sentences that appear to be thematic of the stigma experience of women with piercings and tattoos (p.94)? During this analysis, I revisited the audio version to gain further clarity when necessary. Subthemes between interviews were compared and re-visited to better portray meanings, as they became more apparent through continued analysis.

4. Describing the Phenomenon Through Writing and Rewriting

Writing about a phenomenon is a catch 22; as Merleau-Ponty (1973) put it “when I speak I discover what it is I wished to say” (as cited in van Manen, 1990, p. 32). By this token, the very process of my writing this thesis aided in my own conceptualization

and understanding of the topic at hand, bringing me closer to the lifeworld (and understanding of the stigma experiences of women with piercings and tattoos). However, writing and re-writing also distanced me from the lifeworld; we do not stay within the immediate experience, the writing, in and of itself, forces us to think about the experience, which, in turn, takes us from the immediate and causes us to interpret an interpretation (van Manen, 1990, p 26, adapted from Gadamer). Despite this, or perhaps because of this, I was able to use writing to my advantage; presenting the phenomenon and interpretation of findings in a way that allows the readers to gain an insight into the experiences of the women in question.

5. Retaining a Strong and Focused Relation to the Phenomenon

Qualitative data is different from quantitative data in that there are not rigid methods that a researcher “must” follow in order for it to be considered a valid study. However, this does not mean that there are not ways in which a qualitative researcher can uphold to a certain level of accountability. When a researcher is given the confidence and openness of their participants, and entrusted with the participant stories, there lies an ethical responsibility to remain true to those stories and to represent the participants in ways that do not harm or misrepresent them. For this reason, and in order to remain true to the purpose of the study, it is important for the researcher to remain as true to the philosophical orientation and phenomenon as possible.

6. Balancing the Research Context by Considering the Parts and the Whole

This step is really the crux of the hermeneutic circle, as it requires that a researcher not only take a step back and consider the study as a whole, but it also requires

that the researcher look at the individual parts of the study and the individual voices of the participants. With regard to turning subthemes within individual participant interviews into larger overarching themes, it was important that I look for commonalities between all of the participant texts, analyzing concepts that came up from individual analysis, and grouping them into subthemes, which were then turned into larger shared themes (Williamson, 2005). While I could not ignore the individual society, family, and cultural role that each woman brought with her, I could also not ignore the commonalities between each woman's stories either; therefore, it was a constant back and forth of evaluating between individual (parts) and group (whole) that allowed me to come to some of my interpretations (described in Chapter 5).

Participant Recruitment

Ethics approval for the current study was obtained in August 2011 from the University of Calgary's Conjoint Faculties Research Ethics Board (CFREB) and was revised in November 2011. Participants were recruited through a number of means. A call for participants was sent out across the University of Calgary campus through electronic list serves, online department newsletters, and weekly email updates. I also placed recruitment posters on poster boards across campus. Further, I was provided the opportunity to be interviewed by television news (Global and CTV), radio (CBC), and online print (Huffington Post) regarding a pilot project that had been completed in anticipation of the current research work. These interviews resulted in public recruitment; specifically Global News made a call at the end of the news story for all interested parties to contact me through my email address. All participants were self-selected, responding

through email as requested through the aforementioned recruitment means. Recruitment posters (Appendix B; and list serve emails) requested that all interested parties meet the following criteria: have both piercings and tattoos, self-identify as having experienced stigma (more specifically workplace stigma) due to their piercings and tattoos, female, current students at the University of Calgary (NOTE: SAIT Polytechnic and Mount Royal University students were also accepted but no external recruiting at these sites was conducted), and willing to be audio-taped. Upon receipt of prospective participant emails, I responded to all emails with screener questions in order to confirm that they met the required criteria.

As the goal of phenomenology is to gain a sense of the nature of the phenomenon in question by focusing on the lived experience and commonalities within participant stories (Creswell, 2007), it is important to obtain a sample size, which sufficiently provides a saturation of themes. Polkinghorne (1989) suggests a sample size of between five and twenty-five to meet this level of saturation, while Morse (1994) suggests that saturation typically occurs at six participants. For the current study, saturation was obtained at eight participants. In total, 33 people contacted me through email to participant; of these, 12 met criteria, and 8 participated. Reasons for exclusion included: exceeding age restrictions, gender, not having piercings, not having tattoos, not having experienced stigma as a result of piercings and tattoos, and not being a current student at one of the three institutions.

Interviews/Data Collection

I contacted all participants who met criteria and who were willing to participate through email and phone regarding times and places for a semi-structured, one-on-one, audio-tape recorded interview about their stigma experiences. Interviews took place at the University of Calgary Applied Psychology Educational Services (UCAPES), a classroom at Mount Royal University (MRU), my office at the Alberta College of Art and Design (ACAD), and my office at the University of Calgary, in order to provide central meeting places with private rooms where participants would feel comfortable. Overall interview length from start to finish ranged in time from 55 minutes to 90 minutes.

Interviews included 5 parts (which were conducted in order of presentation):

- 1) Gaining consent, as approved by the CFREB. As part of consent, participants were provided with the option of choosing a pseudonym for themselves or having me choose one for them. Pseudonyms were used in order to protect the privacy of each participant; however, participants were informed through consent, as per the CFREB, that their approval to have their body modification photographed introduced the potential for these photos to become part of public domain, outside of my control as a researcher (described more in part 5).
- 2) A self-completed demographic form including information regarding age, major, and information regarding type, placement, and age at which tattoos and piercings were obtained and/or removed (Appendix D).
- 3) Semi-structured interview consisting of 13 primary questions (Appendix E). Semi-structured questions are useful as they combine the questions of the researcher (aimed at

the phenomenon of interest) while striving to enter both the social and psychological worlds of the participants, opening-up doors to issues that the researcher might not have previously considered (Smith & Osborn, 2008). However, it is important to realize the influencing effects that the interviewer has, through the very process of how the questions are asked (Creswell, 2007); asking the questions themselves, may influence the participants to view or reconsider their experiences in a new way. Hermeneutic phenomenology is helpful then, as it requires that the researcher account (or embrace) for his/her reflexivity within this (and the analysis) process, thereby acknowledging this influence.

It is important to note that within hermeneutic phenomenology, participants are viewed as co-researchers in the research process (van Manen, 1990). As such, I strove to make sure that both the participants and I were coming to a shared understanding and meaning during the interview, using follow-up and clarification questioning when I felt unsure of my understanding of their stories. I noticed that this clarification questioning was also taken up by my participants when they did not understand what I was asking. Further, at the end of each interview I questioned if there was any additional information that the participants felt important to their experiences and/or that they felt was not addressed during the interview. The purpose of this question was to make sure that I had not missed out on any aspect of their experiences that might be essential to their stories.

4) As supplemental information, a self-completed attachment questionnaire, specifically the Inventory of Parent and Peer Attachment Revised (IPPA Mother, Father, Peer Version; Armsden & Greenberg, unpublished informal manual, 2009; Appendix F) was

administered after the semi-structured interview. More information regarding the IPPA Revised, and IPPA Revised analysis and findings can be found in Appendix G.

5) Photography of the participant's body modification by the researcher. This section was an addendum to the original ethics submission and was approved by the CFREB through the amended ethics approval mentioned above. Consent for this was indicated through the general consent form and participants were made aware that their consent or lack of consent for this section did not determine their eligibility to participant. Overall, seven of the eight participants provided consent.

Data Analysis

Audio-tape recordings of participant interviews were transcribed verbatim by a professional transcriptionist. The computer program, NVivo 9 (2010), a research software package used for qualitative analysis, was downloaded and used to organize themes and codes as I went through the analysis.

Analysis itself was conducted using van Manen's (1990) six activities for hermeneutic phenomenological research. It is important to note that while these activities are separated and can be defined as such, they are not to be conducted in an independent or linear manor. Hermeneutic analysis is meant to work in a cyclical way, with constant forward and backward movement between steps, encouraging the researcher to become as connected with the text, and the larger personal, family, and community context as possible (Cohen, Kahn & Steeves, 2000). This process is referred to as the hermeneutic circle (Williamson, 2005). Gadamer and Merleau-Ponty state that we see things from our own vantage point and interpret the horizons of others through a circular process of trial

and error, question and correction; this is known as *metaphor of horizons* (Cohen, Kahn, & Steeves, 2000). Similarly, the hermeneutic process acknowledges that our understanding continually changes through the process of writing, questioning, and reflecting; therefore, it is important to work in a circular manor, in order to make sure that the analysis stays true to the original research question and the phenomenon itself.

Adhering to the Story (Enhancing the Quality of Data)

Due to the vast differences in types of qualitative research and the interpretive nature of this form of research, quantitative forms of reliability and validity are not relevant in a traditional sense. However, qualitative researchers have come up with a multitude of ways in that to remain true to the phenomena and the voices of the participants in a way that mirrors validity, but with different, more applicable terms. Creswell (2007), Whittemore (2001), and Fade (2003) suggest the following: *credibility, authenticity, criticality, and integrity*. Whittemore further suggests that these 4 terms reflect the *primary criteria* of validity being that they are most heavily used among qualitative researchers despite continued debate over specific methods of validity. Together, these 4 types of validity fall within the umbrella of *rigour*. The use of these strategies together is purposeful in a desire to enhance the accuracy of the study and my findings.

Rigour. Rigour refers to the depth of that a researcher immerses themselves within the phenomenon and the detail to which they go to ensure that the interpretations follow accurately the participant stories (Creswell, 2007). Using the hermeneutic circle allowed me to continually question my interpretations and the degree to which I was

remaining true to the phenomenon. Further, my engagement with my own experiences with this topic, the interviews of my participants, discussions with family and friends about the topic, and the literature in this field of research aided me as I determined what was most important and relevant during coding, allowing me to remain as close as possible to the phenomenon (Creswell, 2007).

Credibility. According to Whittemore (2001), credibility is the degree to which the researcher remains accurate to the participant stories through the processes of analysis and interpretation. He suggests that researchers ask themselves the following questions in order to determine that their work is credible: Do the results of the research reflect the experience of participants or the context in a believable way? and Does the explanation fit the description? (p. 534). Creswell (2007) suggested that a researcher may account for credibility by taking analysis and interpretations to the participants in order to receive feedback regarding misinterpretations, missing information, and accuracy of interpretations.

In this study I used *member checking* in order to ensure that I was remaining true to the participant stories, and thereby credible. All participants were contacted via email and provided with their personal introduction (found in Chapter 4) and findings (Chapter 5) and given 2 weeks to respond back through email if they had any issues, concerns, or additions regarding these sections. As was discussed in consent and in the email, lack of a response indicated that participants did not have any concerns with the material. Of the eight participants, six responded; all of whom gave their consent to use the material as distributed. This indicates that I interpreted each participant story in ways that they

agreed with and that we came to a mutual understanding of their experiences individually and as a whole.

Authenticity. This point refers to the extent to which different participant voices are heard and/or distinguishable. Whittemore (2001) suggests that the researcher ask him/herself if “a representation of the emic perspective exhibit(s) awareness to the subtle differences in the voices of all participants” (p. 534). Activity six (balancing the research context by considering the parts and the whole) of van Manen’s hermeneutic phenomenology, and the crux of the hermeneutic circle, was the key to remaining authentic. This activity encourages the researcher to focus on what each individual participant is saying within their own context (part) while also creating larger scale themes that bring together each participant story to form common themes (whole). During the initial coding of the analysis phase I found that I was able to create larger themes but these themes had many sub-themes based on the individual stories. While it was a process to focus on “what is really important to the phenomenon,” and turn those sub-themes into larger themes, I believe that by remaining true to individual stories up until that point aided in the authenticity of my findings.

Fade (2003) suggested two other ways to remain authentic, when interviewing: 1) the researcher should allow room for each participant to talk about what is important to them, and 2) when reporting findings, the researcher should refer to the raw data. Within the current study, all interview questions were open-ended in order to encourage more descriptive answers and allow for freedom of such answers by participants. Further in

Chapter 5, direct participant quotes are used in order to enrich the individual voices and demonstrate each theme as authentically as possible.

Criticality. Whitemore (2001) suggests asking the question: Does the research process demonstrate evidence of critical appraisal (p. 534)? In other words, does the researcher acknowledge and look at all aspects of the research, even the unusual or unanticipated findings (Fade, 2003)? One way that researchers can become more critical of their findings (as well as enhance credibility), is through the use of *triangulation*. Triangulation is the use of two or more sources of data in order to corroborate a theme or perspective (Creswell, 2007, p.208). Although not traditionally used with hermeneutic phenomenology, this study used questionnaire data (IPPA Revised) as supplementary information for critical appraisal.

Triangulation was used within the current study regarding parent and peer influence and response to participant's body modification. Within the interview itself, these were points of discussion, specifically because neither of them are very well reflected within the literature. I also used an attachment questionnaire in an attempt to gain a more in-depth perspective on how participant relationships and negotiation of body modification occur in connection with, or despite of, each other. Using two different forms of data collection allowed me to interpret interviews and create codes with increased supporting evidence (Creswell, 2007).

Integrity. Integrity refers to the level that the researcher remains self-critical throughout the research process (Creswell, 2007). This point is reflective of one of three suggestions by Lavery (2003) who recommended that in order to remain trustworthy as a

qualitative researcher, one must engage in recording of emerging themes and interpretations. According to Whitemore (2001), a researcher should ask themselves if “the research reflect(s) recursive and repetitive checks of validity as well as a humble presentation of findings” (p. 534). In order to remain self-critical, trustworthy, and thereby retain integrity, I continually tracked and remained aware of my process and biases, through the use of a memo (within the NVivo 9 software). In this memo I reflected on decisions I had made, my ever changing understandings of the phenomenon, my initial (and ongoing) thoughts of participants and their stories, and any biases or prejudices that I was aware of throughout the process (Creswell, 2007). At times where analysis became more of a chore and I recognized that I was distracted from the importance and meaning of the participant stories, I made sure to take a break so that I could come back refreshed and better able to remain true to the themes as they became clearer.



CHAPTER 4: INTRODUCTION TO PARTICIPANTS

The first question asked of all participants was regarding their definition of stigma. This question was asked in order to assure a mutual understanding, and reliability in what was being studied. All participants shared a similar understanding of the phenomenon which coincided with that of Goffman (1963). All participants alluded to stigma being associated with negative perceptions or associations that revolve around appearance or assumption of character. One participant put it as such: “[A] negative attitude towards an action or an appearance within society... just kind of a representation of how people see you without actually knowing you.”

While each participant shared a common understanding of stigma, they all have their own individual experiences and stories of stigma. The next chapter will include discussion regarding common themes that arose across participant stories; however, in

order to better understand each woman's unique experience and to include the reader in van Manen's 6th activity, "looking at the parts and the whole," I first provide brief summaries of each participant and their story. These summaries were created through a review of the original transcripts as to remain as true to their individual stories as possible. A list of all participants' BoM can be found in Appendix H.

In order to gain a better understanding of the education that these women are completing, I asked them to indicate the degree that they are currently (or were at the time of the interview) pursuing. The following is a list of degrees being completed: Bachelor of Business Administration in General Management, Bachelor of Science majoring in Psychology, Undergraduate Linguistics, Undergraduate double major in English (creative writing) and History, Medical Laboratory Technology Diploma, Bachelor of Social Work, Bachelor of Education, and Bachelor of Arts.

Molly

Molly is a 21 year old who eventually plans to become a speech pathologist. Molly indicated that much of the stigma she has experienced has come from her parents whom Molly believes hold a traditional view of BoM, specifically they believe that tattoos deform one's body. She noted that she had taken out piercings or hidden and not told her parents about her tattoo because, while she loves BoM, she still "lives under [her] parent's roof." Molly has found this difficult to deal with as what is viewed as a "waste of money" to her parents, is "sentimental," "art," and "beautiful" to her. In contrast to this, Molly noted that her friends have been very supportive, and she has often obtained piercings and tattoos with friends.

Regarding work, she has experienced acceptance in some places and in others company policy that indicates having to hide BoM when working directly with customers. While Molly indicated that with this later job she works in the back and, therefore, this is not a problem for her; she also indicated that while policy is to cover tattoos, the owner himself does not have a personal problem with BoM. Molly does hold some understanding for the reason of this policy, noting that visible BoM could be bad for business because not all people share the same beliefs regarding it. Regarding future work, Molly stated that “there’s definitely that stigma out there,” she believes that the negative responses by her parents are ones that are shared by some people in the larger community who still hold stereotypes. She noted that because of this, when she obtains more tattoos, she will want to be able to hide them; as well, she stated that visible piercings might “burn some bridges” for a future career.

Leah

Leah is a 22 year old who eventually plans to become a High School teacher. Leah has experienced workplace stigma due to her piercings and tattoos to varying degrees. Leah stated that her BoM does influence obtaining employment: “If I don’t cover them [tattoos] or if they see the tattoos I either can expect not getting a call back or they’ll be very open and say “if we’re to hire you, you must hide these, you must purchase something to hide that or take that out.”” Some employers have threatened to send her home without pay on days where she has not covered her tattoos. Over time she has developed a number of ways to cover or hide her BoM, because of this negative response. Interestingly, she has often received inquisitive comments over her covers,

prompting more attention than if she had not covered her tattoos. Leah stated that she has also worked at some places where BoM was encouraged (in a body piercing store) or where they became more lenient on their BoM policy over time. She has also found that with some people her BoM has been a jumping off point for positive conversation with others with BoM.

Leah has taken to “shrugging off” a lot of the stigma related remarks, sometimes, to not feed into the negative perceptions some people hold of her due to BoM. Regarding future employment, Leah noted that she is unsure of potential responses from future employers, but strives to come across as professional, and go from there.

Regarding family, Leah noted that her father passed away when she was 15. Her mom, some aunts and uncles, and her grandparents haven’t been the biggest fans of her BoM, but she does go out of her way to respect her grandparents by “toning down” her BoM when they are around. Further, she noted that over time, her family has become more accustomed to her BoM. With friends, Leah noted that responses to her BoM have been positive and that many of her friends also have BoM. She did indicate that she knows some people who work to fit the stereotype, which makes it difficult for her and employers to differentiate between “the people who are purposely creating the stigma....[and] those who are trying to avoid it and just trying to be.” She further noted that there is definitely still a stigma out there, and that stigma toward those with BoM are “the same as a racist remark, or a prejudiced remark;” that with diversity comes those who are not comfortable.

Amber

Amber is a 21 year old who eventually plans to become an author and/or professor. Amber has quit jobs in the past due to a lack of advancement because of her BoM. She has also hid tattoos when first starting a job because of concern over possible reactions by employers due to her tattoos, primarily a tattoo that may be construed as controversial. She has noted a number of reactions to her tattoos, be it curiosity, assumptions of personal boundaries, and unfriendly reactions from coworkers. She has found a difference in reactions based upon city of residence (i.e., Edmonton being more accepting than Calgary), age (e.g., seniors may comment on her BoM), and atmosphere of company (e.g., a higher end restaurant in Kensington, versus a restaurant downtown). She noted that she tries to brush off or take remarks as a joke and that usually people respond well to this. Amber stated that she can “win people over right away and they just forget to think negative things about [her] piercings or tattoos.” This works within the employment realm as well as with her family and her partner’s family members.

Amber grew up surrounded by artistic peers where BoM was a normal part of growing up. She has always viewed BoM as a way to represent who she is and equates it to being part of her identity, and her friends have always been supportive of that. She did note that she is concerned about how her BoM will factor into getting a future career but stated that she expects this with non-career jobs more so than professorships, which she hopes to do in the future. Despite this, Amber noted that there needs to be “a balance between professionalism and being allowed to be who you are.” Amber noted that she

was raised by her grandmother who does not always understand Amber's desire to obtain BoM, but who supports and loves Amber for who she is, BoM and all.

Madi

Madi is an 18 year old who eventually plans to work in either a chemistry or hematology laboratory. Madi indicated that she has had to take out what she considers to be very inoffensive or statement making piercings (i.e., a very tiny nose piercing), in order to obtain and maintain employment. She further commented on how company policy and company mission statements do not always coincide with each other (e.g., no BoM allowed, however, the company values freedom of expression). Madi commented that she has received some stigma from classmates when showing her pierced ears; classmates stated that it was "unprofessional," a view point that Madi does not share, but which has caused her to worry about how the general public will respond to her when completing her practicum. While Madi anticipates obtaining more BoM, she noted that she plans to obtain ones that are not offensive (i.e., small piercings, pretty and meaningful tattoos), assuming that these will not be viewed negatively by future employers; however, she did state that people may have more issues with "uncommon" piercings (i.e., "a nose piercing is much more common than a lip piercing and a lip piercing is more common than an eyebrow piercing"). Madi stated that she strives to come across as professional and "cool," and it bothers her to think that people might not give her the chance to show these aspects of herself. She noted that even when sitting on a bus she feels people go out of their way not to sit next to her, something she is not sure reflects stereotypical ideas of piercings, or of being young, or both.

Regarding family, Madi's father has a number of tattoos but due to the lack of personal meaning and topic of some of them, Madi does not view them as always fitting within her own set of BoM boundaries; she indicated that for her, BoM must have meaning and enhance beauty. She noted that she has seen people look at her father's tattoos with judgement or fear, and stated that he wears long shirt sleeves to work. She views her piercings as a part of herself and would rather not have to take them out, though has on occasion for work. She has also covered her navel piercing due to negative viewpoints held by her grandmother. Madi noted that while her parents originally said no to her request for a few piercings, they eventually gave in; further, they have both been supportive of Madi's tattoo because of its representation for her grandfather. Madi also shared that she values her mom's opinion regarding her piercings, for example if her mom does not think a certain piercing would look good on Madi, Madi reconsiders obtaining the piercing. Madi stated that she has received support from friends and extended family regarding her BoM, and that she sometimes bounces ideas of potential BoM off of them to get their ideas on it.

Alia

Alia was a 24 year old third year who eventually plans to take her masters in clinical psychology and work as a psychologist at a non-profit agency. Alia conveyed that her BoM is part of her identity and a way to express this identity, further her tattoos represent important people and specific times in her life. Alia noted having experienced a number of workplace stigmas because of her BoM, something that came as a surprise to her at times. She has been told things such as "you are ruining your body" and "why did

you get that done?” The stigma has been so bad at times, that she has had to step outside of her comfort zone or deviate from her normal responses (e.g., confront the person and situation, ignore the person) in order to continue working. Alia also noted having worked for a company who changed their policy on BoM years after she had started working there. Alia stated that concern about not being taken seriously in her future career has stopped her from obtaining more visible tattoos.

Alia has also experienced stigma due to her back tattoo piece by the general public. She indicated that random people on the street have made judgemental comments to her or behind her back. While these comments are not always negative, such response to her BoM has promoted her to “change (her) behaviours like the way (she) dresses depending on the circumstance.” She also has found positive self-talk to be helpful in dealing with the stigma. Further, Alia mentioned having taken out facial piercings in the past as she felt the public she worked with at her job treated her differently (e.g., tone of voice) because of them.

Regarding family members, Alia noted that her partner’s mother has been very negative toward her BoM, even going as far as to offer to pay for Alia to remove her tattoos. She stated that her parents were very against her obtaining piercings, indicating that piercings would affect her employment opportunities, but she went ahead with them anyway as a way to assert her independence and “challenge [her parent’s] ideas on what is ok and what is not ok.” She noted that over time her parents have come to be more accepting, and even positive about her BoM. She further indicated that she received positive encouragement from friends in obtaining BoM.

Kasey

Kasey was a 22 year old third year who eventually plans to work as a registered social worker. Kasey noted that BoM has always interested her and that they tell a story about people's experiences and the lives they lead. She noted being surprised at some of the stigma she has encountered. Kasey indicated having felt oppressed and annoyed having had to remove her piercings for her shifts at a position in high school, and that often policy and reality did not always work together (e.g., policy said no BoM showing but sometimes managers were slack about enforcing this). While not all experiences have been negative, Kasey indicated that in the past, one place where she felt accepted with her BoM also labeled her as "the girl with the tattoos and piercings." Kasey noted that she has experienced stigma that has been communicated through the tone that a person uses with her and that it is not always specific words that indicate stigma.

Growing up, Kasey noted that she heard messages such as "(BoM) is gross" or "(BoM) is bad," and when people (adults or youth) are curious about her BoM, she likes to educate (e.g., discuss safe obtainment of BoM) and be honest about it rather than condemn the practice. Kasey also indicated having received some messages about professionalism from working for her Dad. She stated that she "bought into" representing a company (while she worked for her dad) and toned down her BoM in order to work positively with some of the older people who she worked with. She also shared that she had been anticipating stigma with regards to upcoming practicum interviews, assuming that BoM will be viewed negatively. She stated not knowing if she should cover up

tattoos or take out extra earrings while at interviews in order to come across as more professional.

Kasey shared that being taken seriously in a future career is important to her, she also values being true to who she is and not representing something that she is not. She feels that some positions may be more accepting than others (e.g., working non-profit vs. working in a government position), and that this uncertainty makes her feel a bit insecure about how she will be perceived for future employment.

Regarding family, Kasey stated that her siblings are positive about it. Growing up, her parents were unhappy when she obtained any piercings. When she obtained tattoos, once out of the house, the reactions were not positive; however, over time, Kasey noted that her dad began to show more interest in her BoM, and that her BoM had not negatively impacted her relationship with either of her parents. Regarding friends, Kasey stated that most are positive, however, one friend often comments on how BoM will make it difficult to obtain employment.

Amanda

Amanda is a 29 year old who eventually plans to work as a high school teacher. Amanda noted that personally she views BoM as representing certain times in her life, and as artistic. Amanda grew up in a small town where piercings and tattoos were extremely uncommon. She stated that in her job during junior high and high school her boss would give her a hard time about her piercings, making her take them out and threatening her job if she did not. Amanda noted that when she was older and more

confident, she found she was better able to stand up for herself, and that there was a level of respect with her boss, which decreased the negative comments.

Amanda noted that despite being hired with her piercings, she feels there are certain cultural expectations, and that this, and wanting to represent the company, has led her to choosing to take out or hide piercings when working at her current position in an office. Amanda also noted that she has removed some piercings due to the reactions of the public (who she felt judged her because of her piercings) while working. She noted that her tattoos have been placed purposefully so that she can hide most of them and that this allows her to be respectful to those who do not share her views on BoM (“it’s a two way street”). While she does not feel that her current BoM (which is more toned down than it was in her early 20’s) will pose a threat to a future career, she has experienced stigma by coworkers during her recent practicum, where she was hired despite a policy against BoM.

In the past when she had quite a few piercings, she indicated that sometimes people did not know how to read her and were curious because she would dress “in a way that (didn’t) fit what people assume(d) (she) should look like because of (her) piercings.” She feels that some people are negative and pass judgements, but that other people are more curious about her BoM. Further, she also indicated that sometimes body language is used to convey stigma, for example someone avoiding eye contact or viewing you differently once they see the piercings. She further stated that the media, especially celebrities, influence what people view as acceptable, and that different BoM are

differently viewed. For example, nose piercings are more common and more acceptable because it is about beauty, and with some cultures, about religion.

Amanda indicated that her mom sent a lot of messages about BoM, stating that Amanda would never obtain a job if she had it; so Amanda grew up hiding a lot of her BoM. Despite having a fairly good relationship with her mom (and her mom letting her know that she would never stop loving her despite not liking the BoM), her mom was always against BoM. Amanda noted that her mom does not comment on her (or her partners') BoM anymore and that while she believes her mom still feels the same about BoM, she has become accustomed to it. Amanda noted that her parents separated when she was 14 and that she has had a stronger relationship with her Mom. She stated that her brother, her partner, and her friends have always been positive about BoM, and that growing up she had a very close group of friends.

Beth

Beth is a 22 year old who eventually she plans to take her masters of Latin American Studies and work in South America potentially teaching English. Beth stated that while she does not feel she should have to cover her tattoos, she has gotten ones that she can cover because of an assumption of others that BoM is unprofessional. She further noted that her BoM does not affect her job output or personality but that companies tend to think that BoM doesn't fit their image. She noted that despite her nose piercing being a very small stud, she has always had problems with it regarding employment. She has been told to take out her piercings and cover her tattoos, despite (within her current job), working with people who, because they are not in more office roles, the no BoM policy is

not enforced with. Beth noted that this hypocrisy with policy and enforcement across different positions is what bothers her more than having to cover and remove her BoM. She noted that if she really has to remove piercings she will, but only if this is something enforced with everyone.

She stated that occasionally she is stigmatized by the general public through under the breath comments, disapproving looks, and harsh unfriendly tones. Beth noted that she sometimes covers her BoM so that she does not have to deal with “the people and their negative opinions of people with tattoos.” She stated that she finds it disappointing that “society is so close minded” with regards to the stereotypes held about BoM. Further, Beth stated that some piercings carry more stigmas with the general public (e.g., assumptions about tongue piercings). Despite this, Beth commented that she is not very concerned about BoM playing a negative role in future careers because she plans to work overseas; however, she is still hesitant to obtain a wrist tattoo because it would be visible and she anticipates that there will be problems due to stigma because of it. Further, she noted that she would have to weigh out the costs and benefits if a potential career job ever wanted her to remove her piercings.

Regarding her family, Beth noted that her family is “pro body art” and that her uncle gave her her first tattoo. She indicated that she is very close with her mom and takes her moms opinions about BoM seriously. She noted that as long as her BoM choices are tasteful (e.g., tattoos that are meaningful; a nose stud vs. a hoop) and are not names, her family will be accepting.



CHAPTER 5: WORKING TOWARD AN UNDERSTANDING

When presenting and creating most of the larger themes that came out of coding, I found it helpful to write short narratives that combined participant, personal, and overheard stories together as a way to make sense of, and help the reader better understand the importance of each theme. These narratives are found in italics below, with subsequent themes, descriptions, participant quotes, and explanations.

The Many Faces of Disdain: What does Stigma Look/Sound/Act like?

Maybe I'm just being narcissistic thinking the ladies behind me are talking about me, but I'm almost positive I heard something about tunnels. I mean, I realize that it's not everyone's cup of tea, but what right do they have to care what I do to my body?! If you are curious about it, then talk to me, but if you just have some ignorant remark to make, then just stop it! I'm so sick of such close minded views, my BoM reflects my identity, it's who I am, if you are negative about my BoM then you must not think very much of me either.

As will be discussed, many of the participants have experienced stigma due to their BoM with regards to policies and being hired, as well as negative assumptions about their capabilities and professionalism. Sometimes stigma is experienced in different ways be it through body language, the tone someone uses, how someone looks or treats you, or how people act behind your back. The following are examples of how the participants recognized stigma while it was happening, and were combined from the following subthemes: a) body language of others that indicate stigma, b) assumptions about certain BoM, c) strangers talking about my BoM, and d) people are fine until they see BoM. For Amber, BoM is one tool that people use to determine initial perceptions of you, and which, depending upon one's views on BoM, can be negative and accompany stereotypes and assumptions:

I find people's views seldom don't change in one way or the other when it comes to piercings and tattoos. Um, like if someone's used to you and they don't notice it anymore...But my, when you're first meeting someone and everything's new and they're still forming opinions on you and stuff, soon as you mention those kind of things and mention your opinion on them I can just almost see it in their eyes like their perspective definitely changes. Um, just like if you tell someone that your maybe born in a certain city or you practice a certain religion. Like it's one of those landmark kind of things where people use it to navigate you.

Amanda noted that she went as far as to take out some of her facial piercings because of the negative responses (verbal or non) that she was getting as a result of them.

She described the stigma as such:

Body language for sure, you can just see in people's face. Or they look at you and then you can see the moment when they see the piercing on your face and the, the look across their eyes when they see it goes from like pleasant to talk to you to like just "ugghh."

Beth relayed having a similar experience with her new tattoo:

I had a luncheon that I had to go to and it was a bunch of older people and you could sort of the way that they would look at you when they walked by, you could tell that it was disapproving...So ah, it was out and everybody was seeing it and it was still raised so everybody knew it was brand new and the looks that I was getting and just the way that people would, they would change how they would talk to me...So they'd talk to me one way and then after seeing that tattoo they would change how they were talking to me. Like harsher tones, harsher words and it seemed like they were less friendly.

For Alia, a complete stranger stopped her in the street to comment on her back piece, and when discovering that only part of her back piece held personal meaning his "tone of voice" changed to one of judgement. She also noted other similar examples of strangers talking behind her back:

I can think of times where I've been on the bus or something and then I hear people talking behind me and saying or somebody saying like "Oh I would never get that" like, and I could hear them clear as day.

For Leah, Beth, and Amber, stigma was experienced because of public assumptions of their character due to the nature of their BoM. Leah, while travelling in Germany was assumed to be a prostitute at one point, due to her tattoos. Beth, who at one point in time had her tongue pierced, noted that:

People assumed that I got it [tongue piercing] for sexual reasons. It wasn't the case. I got it because I wanted it. It had absolutely nothing to do with that...So I guess it's another stigma about certain piercings you know.

Amber, who has a tattoo taken from symbol of her favorite band, which includes a sperm going into an egg, indicated that:

A lot of like drunk men between the age of I'm guessing about 25 to 40 would see my tattoo and ah, assume that it meant that I had no personal boundaries and they could just ask me whatever they wanted and get kind of rude.

It is important to note that Madi, Kasey, and Amanda attributed stigma as being due to BoM in combination with factors such as their age, growing up in a small town, amount of piercings, and other physical appearance factors (e.g., dreadlocks). For example, Madi stated that:

I think it's probably the fact that I'm a teenager and I think my earrings do kind of make people go "Oh wow she's a little scary" because a lot of people that have bad reps tend to have like the, lots of piercings, kind of hard core looking you know.

On the opposite side of this, six of the eight participants indicated that they have come across some of the public or workplaces that "don't care" if you have BoM, and

who are often more curious about the BoM than anything else. Leah indicated times where strangers would strike up a conversation once they saw her tattoos and would then proceed to show off their own tattoos to her, or ask questions about them. For Kasey, when working with children, she indicated that, after seeing her tattoos, many of the kids would comment on how their moms also have tattoos. In these stories BoM seems to act as a tool to connect people instead of a stigma tool.

How do I Obtain and Maintain a Job with BoM? and Who Gets to Define Professionalism and Capability?

I covered all of my tattoos and hid the tunnels in my ears as best as I could with my hair. I know I answered all of the interview questions appropriately, and think that I had a good connection with the interviewer, but I noticed her give a quick look when I forgot about my tunnels and tucked my hair behind my ears. She didn't say anything about it but now if I don't get the job I'll never know if it was because there was a better candidate or if it was because of my piercings. I mean, eventually I would have slowly shown my piercings and tattoos at work, but that would be once they realized I was capable and professional, shit, why did I have to go and tuck my hair behind my ear?!

How do I obtain and maintain a job with BoM?

So I think it's just like people like that, and views like that whereas it's not ok to discriminate against someone cuz they're a female in a job interview. But if you come in and you have say, I don't know, a tattoo on the top of your hand, they're going to somehow justify that as like a write off or, or a, like you know, they

might hire someone above you because they don't want their company to be perceived as whatever the, I don't know, the dominant view of that is (Kasey).

Seven of the 8 participants discussed having to remove or hide BoM in order to obtain or maintain employment. Many participants noted that they would cover, hide, or "tone down" much of their BoM while going into interviews in order to be on a more equal playing field to those without BoM. When questioned if she would cover her tattoos for interviews, Alia stated:

Yeah, yeah. So, which kinda makes, kinda makes me feel like [I'm] being deceptive but I don't know. I still think there would be a bit of stigma but if, if they got to know you and they liked your work and you did a good job then they'd be more lenient about it.

Leah furthered this with her experiences:

Well it's always a hard time to get a job. Especially if you um, aren't covering your tattoos or your piercings. Basically going into any job, if I don't cover them or if they see the tattoos I either can expect not getting a call back or they'll be very open and say "If we're to hire you, you must hide these, you must purchase something to hide that or take that out."

While people do not always flat out say you have to take out piercings or hide tattoos, sometimes there is an unspoken rule. Leah figured out that she was being held back from moving forward in her position by "playing around" with her BoM; after removing or replacing piercings with retainers, she was promoted from hostessing to

serving. Amber indicated having had a very similar experience where she was told she could not move from hostessing to serving unless she removed her nose piercing.

Who gets to define professionalism and capability?

It's just this whole notion of like looking professional. I don't really know what that is. Like, because like this notion of looking professional. Like be a professional woman. It's like oh, well you have the pencil skirt, and you have like the collared jacket and I'm just like, I don't know like I don't know where I fit into that. So like I would wanna incorporate, like I would still want to try and like look, like adhere to their image of professional but still have myself there. (Kasey)

I think what Kasey stated about "I don't really know what that (professionalism) is" is an important point. This word is thrown around every day and because of socialization I think it is safe to assume that most of us have an idea of what professionalism is; however this definition seems to be subjective as it can change between people, between companies, and between occupations. Further, as Kasey noted, there appears to be a struggle between finding who you are as a person [with BoM] and creating an image of who you are as a professional or a representative of a company.

Amanda brought up this latter part when she noted:

You know when I got this job and I started having to dress up and go into the office, um, I would take my septum ring out and I would take my lip ring out or turn it inside out so you couldn't see it because I was going into the office building and I felt that I was gonna represent the company poorly or something like that. So it was really weird that I kinda put it on myself. I never thought

about that before but yeah it wasn't um, it wasn't my employer cuz she didn't care.... You know, I've worked for the company for 5 years so I went from being fresh out of school and kind of naïve and, and feeling really maybe not super confident because you're kind of broke and you don't have, um, you haven't collected a nice wardrobe that that you think is appropriate for the office or like professional mannerisms and, and clothes and you know what I mean. Like you haven't kind of accumulated that yet so, but there was probably competence where now I don't think about it because I've had 5 years to learn how you're supposed to act and how you're supposed to dress and what's appropriate and not appropriate so I don't think about it anymore.

Clearly this topic is an important one as almost every participant brought up professionalism, capability and/or representing (company or self) during their interviews with me. Why this would be an issue worth talking about was brought up by Beth who stated: "Everybody assumes that it's really unprofessional to have any sort of piercing or tattoo."

In some cases, participants noted hiding, or obtaining BoM that could be hidden or removed, in order to come across as more professional. Madi made the following statement about this:

But like that's probably the thing that would concern me the most. Because I don't want anybody to think that I'm mean or unprofessional just because of my piercings, and I only have a tattoo on my back currently because I didn't want anything being too obvious for at the moment, for starters...I would try to keep as

professional looking as I can for whatever I'm doing and you know. That's why I have my tattoo hidden currently and like all that stuff.

The ever inconsistent company views of professionalism were visible through many of the participant's experiences. In one position, Leah indicated having to cover her tattoos to remain true to the company's view of professionalism. However, she also indicated that she had worked for places where it was fine for workers to show off BoM as long as they "wore their nice clothes." Beth furthered this idea of inconsistent professionalism by stating: "If we're talking about professionalism I think my nose ring is much more professional than wearing flip flops to work."

Some of the participants held strong viewpoints regarding capability. Regarding this point, Beth stated: "I mean, my tattoos and my piercings don't affect my job output. They don't affect the quality of my work, they don't affect the hours that I work, they don't affect my personality." She further noted that:

People don't understand that you have to work past that a little bit and really get to what's underneath, because a lot of people who have piercings and tattoos are very intelligent people. Doctors and lawyers and I don't understand why everybody sees it and assumes that it's a bad thing.

For Kasey, this topic was one that she felt strongly about, and which supported Beth's views. She indicated that many people and companies rely too heavily on appearance, be it by some places only accepting resumes with pictures of the applicants, or by judging capability by BoM.

Even though you're just as competent, if not more, than anybody else because they want a certain image of a girl that you likely don't fit into because you have other interests, other things that appeal to you (Kasey).

Who's Policy Do I Follow, and Is that Ok?

Sam's a fantastic manager! He's really great at creating a cohesive group at work and I feel that if there is an issue I can actually bring it up with him. I think we really connected over our shared tatt's; sometimes that can be the thing that bonds people. Though, he always covers his arm sleeves, and he always, well, most always makes sure that I cover mine. I mean, I get it, it's not really his fault, he didn't make the rules, the higher up's did. Sometimes that just doesn't sit well with me though. He knows I'm a great worker and says he doesn't care about my art, but why do I have to follow this stupid policy then?

Unless they say something like blatantly sexist or racist then of course you can go to the manager but because ah, piercings and tattoos are kind of like this great area of limbo it's not really considered discrimination (Amber).

Currently there are no set laws concerning the type of policy a company can create or enforce with regards to BoM, or which determine if company BoM policies are discriminatory and/or stigmatizing (as many participants feel they are). Due to this, there does not appear to be a set rule as to when or where a BoM policy is enforced. Many of the women described instances of disconnect between policy and implementation of policy, or between the reason for the policy and the real world necessity. For example, Beth noted:

Well when I was hired I was hired for um, a warehouse position. They have the same dress code they aren't supposed to have piercings either. It doesn't matter there so I was told you know, "You're not supposed to have them, but because you're working in the warehouse it doesn't matter."

Amanda reported having been hired for a practicum position with her visible piercings and tattoos, and not finding out until later that the school has a no BoM policy. Further, Leah noted that:

The hiring manager had told me that um, she probably wouldn't have been allowed to hire me if the owner had seen me. But because the owner didn't see me they just allowed her to hire me.

In Leah's case, policy indicated that she had to cover her tattoos, specifically because she worked with the public. Leah ended up finding that more people reacted and commented to her covers (often out of curiosity) than they did to her actual BoM. She was able to use this as a way to convince her manager to become more accepting of her showing her BoM. So really, the policy brought on the opposite of what it was created for - it produced more attention to the BoM than less. Leah's case is not the only time where this occurred, Alia indicated that after working at a company for a few years, a new policy was implemented that banned BoM, she stated:

They, they sort of tried to play it off as if um, it wasn't really them who were uncomfortable with the piercing it was the retired residents. But I, from the actual retired residents, nobody, either they didn't say anything or they were like "Oh

you got your nose pierced” and then that was it. Like I never had a negative experience with the actual residents.

While some participants reported their place of employment as being positive to BoM, there were often (though not always) caveats associated with that. Within my coding under work is ok with BoM, there were subcategories of: a) because I don’t work with customers, b) because I worked them into acceptance, c) most co-workers are ok, but not all, and d) I’m still labelled. Molly discussed her employer being very accepting of BoM, but noted that: “He doesn’t care but his policy is, cuz he’s the owner. “When you’re out in front of the customers I need them hidden.”” Beth also shared her experience with this:

The person that’s on me about it all the time, he doesn’t actually care but it’s company policy so that’s why he keeps bothering me about it. I was talking to him the other day, he told me that it doesn’t really bother him, you know, it’s not a huge deal, it’s just a nose ring. But its policy and that’s why he nags me about it.

There is No “How to Guide” to Deal or Feel

“Why did you put that crap on your face?” Once again someone who thinks they have a right to say whatever they want about my body because it differs from the “norm,” gets to say whatever is on their mind, and I just what, have to deal with it? What are my options? I suppose I could speak up, but I can’t afford to lose my job. I could explain that every butterfly represents a close friend who passed away, but why should I have to?; that’s personal to me. At least the people who don’t really know what to say and are more curious about my BoM than anything else are more joking than they are

serious. I suppose I'll have to shrug it off, this isn't the first time, nor will it be the last time that I hear comments like that.

During the interviews, participants indicated experiencing a number of emotions due to BoM stigma: anger, annoyance, “dirty,” disappointed, surprised, sad, singled out, feeling as though someone else has power over you, not being able to express who you are, and upset. For three of the eight participants, the stigma they were receiving came as a shock; most not expecting that others would be so negative toward them for their BoM. Alia noted that: “I definitely was surprised because I assumed that if people didn’t like my piercings and my tattoos that they just wouldn’t say anything.” Perhaps this surprise came as a result of many of the participants not thinking that their BoM was “a big deal” or that “it shouldn’t matter.” Madi noted: “I’m kinda like, “It’s a little nose piercing, it’s not hurting anybody, you know, like I said it doesn’t bother my grandma.””

One of the interview questions pertained to how the participants have dealt with the stigma, and the resulting emotions. For this, there were no right, or wrong answers, dealing with the stigma showed to be both person and context driven, however, there were a few responses that stood out to me the most, and which were common among the participants: 1) having to “shrug off the stigma,” 2) “taking action,” and 3) “creating compromises?”

Shrugging off the stigma. This response was a combination of three initial codes: a) take it in stride, b) have to suck it up, and c) shouldn’t have to, but have to expect the stigma. The reason this category was created was typified by Molly who stated: “I don’t think that it’s necessarily something that you should have to hide [BoM],

but, that's the society that we live in right now. Is that it's not entirely acceptable" and by Leah who noted:

Um, I have to accept these are the things I've chosen to do to my body and there's always going to be somebody with a smart ass remark to come back at.

Knowing that there are people who do still view BoM in a negative light, and for some participants, being in situations where quitting or not accepting a job was not an option, they have had to just "deal" with the stigma they receive. Kasey made the following statement about "dealing" with the stigma:

[I] knew if I was hired [at Starbucks] like they asked me I think in the interview "Would you be willing to take it out because we have this dress code" and I think I said "Oh yeah sure." Just cuz I really needed the job.

For others, shrugging off the stigma includes weighing consequences; whether or not it is worth dealing with in another way. It does not mean that the stigma did/does not negatively affect the women, but it does mean that it's not worth the fight. Madi put it as such:

Um, yeah I don't know, I just pretty much go with it. I haven't really defended myself. I've been like mad or annoyed on the inside but I'm not gonna like put up a fight about it. Like make a scene about it or anything like that. It just kind of annoys me so I'm just like "Ok, I won't talk about it then, I'll just listen to you."

Leah agreed with this statement, noting that:

Um, I mean really ah, there's not really much I can do about it. I mean I could get all defensive and get all, "Well you this or you that" or you so and so. It just, it

doesn't work in the end cuz then it's just proving the way they are looking at it.

"Oh tattoos she's gonna be quick to get angry, she's gonna blow up, she's gonna come after me" like that kind of stuff and basically I was kinda like "Well this is what I like ok, that's a great opinion, oh yeah that's what you think ok, sure that's cool" um, I just try and not let it affect me. I mean inside I'm probably just like "You ignorant little" but I just kind of "Ok, um sure."

Taking action. For a few participants, shrugging off the stigma wasn't enough for them. They were not ok with just letting things go and felt it was necessary to fight back against the stigma in their own ways. Taking action took on a number of forms for different participants, thus this code was created through the combination of the following initial codes: a) educate, b) exert power over the negative co-worker, c) respond in new ways out of self norm, d) report it, e) reject job, f) have own comebacks and remarks, and g) ignore policy or employer.

Kasey felt that some of her co-workers would judge her for showing her tattoos and talking to the children she worked with about them, but she felt it was important to address the tattoos with the kids when they asked.

If they said "Oh I want to get a tattoo, I wanna get a piercing" I'd be like "that's great but make sure you wait till you're, make sure you do it safe. Like don't do it yourself." Clearly like just try and like educate.

In one situation Alia tried a number of things in order to deal with the stigma. When going out of her comfort zone to confront and address the problem with a co-worker who "kept going on and on about (her) tattoo" didn't work, she reported it to her

supervisor. When this didn't work she began ignoring the co-worker and used her status within the company as a way to deal with the negative comments: "Um, I'm more knowledgeable I guess, so I used that as a way to be more powerful than him I guess."

For Leah, and Amber, the reality or possibility of having to work for a company that requires or required them to remove or hide their BoM or who changed their BoM policy after having been hired, led them to leave or reject the position. Leah shared her experience with this:

Um, I've left jobs for that as one of the reasons, um, basically as soon as I, I had a job where I started getting more piercings and tattoos after I felt stable. Um, and they weren't many visible tattoos or piercings. Um, but um, people around the business started finding out about them. Um, and it started because of that, I ended up butting heads with the owners more and more frequently. Um, so that was one of the contributing factors.

For some, ignoring or rejecting the BoM policy was their way of fighting back. Beth described her experience with "fighting" back: "They've told me to take them [ear piercings] out and I've told them no." While for others, they would remove themselves from the situation or have their own comebacks to remarks. Amber described her experience with this: "Um, I was lucky with my last job because I was hostessing and not serving...Um, I, I did have the ability to just be like "Ok, your server will be with you soon" and walk away which was nice." While Leah indicated:

Um, a lot of it is ignorant remarks. Um, "Oh you put that hole in yourself, how could you ever fix that if you had to get rid of it." Well "you know, holes heal it's

a wound if I really wanted to but I'm quite happy with the way it is." "Why would you get that tattooed on yourself?" "It has its own meaning for me."

Creating Compromises? For some participants there was a third way to deal with the stigma, compromising. For some, this was a compromise to satisfy both parties, while for others this meant compromising themselves in order to fit in. This category was created through the combination of: a) work people into accepting the BoM, b) taming down the BoM, and c) try and work around the BoM.

Kasey reported toning down her BoM as a way to remain true to herself while also trying to fit in with company image: "I took out my bigger earrings and I'd wear something that covered up more like black attire that I don't usually, like wouldn't usually wear." Leah, Beth, and Madi indicated having similar experiences, all three toning down their BoM by taking out or replaced piercings with retainers while at certain jobs. However, for these three, they experienced negative side effects, be it holes closing up, losing retainers, or having to re-pierce their piercings.

For Amanda and Molly things were different. Amanda said:

I reacted more just by doing what everybody told me I should be doing. You know, work "Take that crap out of your face, you shouldn't have that." Ok, so I took it out you know.

Molly noted that she needs to "cut her losses" and accept that she should only have minimal BoM due to the stigma by her parents and others as she graduates and goes on to career jobs.

On the opposite side of compromise, Amber stated that she uses her personality to overcome the stigma: “Um, I can win people over right away and they just forget to think negative things about my piercings or tattoos.” While Kasey and Alia indicated trying to (or anticipating trying to) work around the BoM issues with their managers by either finding a medium where certain BoM is ok, or through discussion, by providing scenarios to prove their point. For example, Alia mentioned one time where she talked with her boss and “gave them the scenario of like...what if somebody who was religious came in and had you know their nose pierced would you make them take it out?” While in Alia’s case, this was not well received, it does show that many of these women are open to trying to meet their employers (and others) half way. As Leah put it when discussing how she responds to BoM in relation to her grandparents:

So a lot of the time we do the respectful thing, wearing our hair down or you know wearing the long sleeves or just giving them the respect just to say you know, we won’t make you feel uncomfortable, we know you’re trying so we might as well try too.

Evolving Acceptance: Concerns and Views on Future Careers

All participants were asked if they believed their BoM would pose as a challenge in future careers once finished their degrees. Within initial coding, three main themes emerged: a) yes BoM will pose a challenge, b) it will be ok, and c) I’m not sure what to expect. However, it is important to note that there was overlap between categories, answering to one of these categories was by no means mutually exclusive; some participants indicating that it would pose a challenge but also that it would end up ok.

Yes, BoM will pose a challenge to my future. Within this theme the following sub-themes emerged: a) BoM will pose a challenge to future advancement, b) immediate plans work with BoM but if those change there might be an issue, and c) yes it will be an issue so I went into a program where I don't have to work with the public. Madi stated wanting to work away from the public's judgements, while Kasey indicated that she is "insecure" that BoM will close doors for her, a concern also held by Leah, Molly, and Amber. Kasey further noted that this insecurity comes from messages or examples from others who had found it difficult to find jobs with very visible tattoos. Beth indicating weighing consequences of obtaining any more BoM because of the possibility that it might close doors:

I don't think that it's something that's going to make my life easier. I think that if I'm gonna get it done [obtain another tattoo or piercing] it's because I really want to get it done. And I have to weigh the consequences and there are always consequences so tattoos, it's just a little bit more obvious.

This idea of weighing consequences with BoM is one that was brought up by six of the eight women, though type of consequence varied from considerations about work, to not wanting to obtain a visible tattoo until after wedding picture, to not having the finances to get anymore work done, to ever changing interests and not wanting to rush into something they will be bored of weeks later.

It will be ok. It is possible that the reason most participants fit within both the "BoM will pose a challenge" and "it will be ok" groups are because, within the current theme, there were many caveats. Sub-themes to "it will be ok" included: a) if BoM is not

controversial, b) if BoM is in moderation, c) because (current BoM is hidden or) willing to take out or remove BoM for the “right” job, d) if being professional, and e) because I will work the company into acceptance. For example, Amanda discussed how over time she has tamed down her BoM and now feels that she looks more acceptable, so is not as concerned about her hirability. Beth stated that she wouldn’t have an issue because she can cover her tattoos if she needs to. While Amber stated: “as long as you’re dressing professionally and you look professionally I don’t think the piercings or the tattoos change that.”

I’m not sure what to expect. Despite having numerous experiences of work place stigma in her non-career jobs, Leah indicated that she wasn’t sure what to expect with regards to her BoM and how that will be received when she becomes a teacher. She explained this uncertainty, saying:

I’m not sure exactly how in the end it’s all gonna play out. I’m just going to have to try my best or cover them all until I get you know, a stable position or something. I’m hoping it won’t be as hard as some people have said.

Madi reported having heard stories from other people in her program about the negative reception by the public that previous practicum students with BoM have dealt with. She noted that she is curious to see what the responses will be to her BoM, and what generation of people the negative stigma will come from (i.e., if the “older generation” has more issues than the younger aged public she works with). Amber also discussed how generations may play a role in this; when discussing this topic with Amber and her goals of becoming a professor, she noted:

I haven't really seen a lot for piercings and tattoos on professors. Albeit most professors are older, like they're in their 30's and up and I feel like the piercing and tattoo thing really starts to catch on with our generation so like maybe the next wave of professors will have more piercings and tattoos. I think if anyplace would be more open to it, it would be a university but I'm not really sure. I don't know what to expect.

Hope for Future Change

I already see some changes in how people are viewing BoM, I mean my grandma just got a tattoo last year; it made me happy that she felt she could finally express that part of herself. I know the stigma is still out there and it will probably stick around for awhile, but as the older generation moves on, I think that BoM will become the new normal, and companies will just have to accept that. Most of my friends have piercings or tattoos and when my age group starts running and managing companies, I really don't think BoM will be a big deal at all. For now though, the reality is that there is stigma, and I have to deal with that.

Of the eight women, seven of them discussed a hope for future change in how BoM is viewed. Within the code of "hope for future change," there were sub-codes of: a) not sure if the stigma will ever fully go away, and b) more and more people have BoM, so it should be more accepted. Amanda really captured this topic when she stated:

In society there's a divide and I think it's narrowing...You know, in a big city it's [BoM] way more common and you're seeing that now in the older generations. Not people um, you know, around my age that grew up with this kind of thing,

but people that were on the opposite of the spectrum that really hated it and didn't understand why a 16 year old, why we would want to put holes in our body.

They're thinking now it's cool because the celebrities are doing it and their kids and their family and their bosses and their like, their co-workers and everybody is starting to be - to have a piercing or a tattoo even if it's really small. It's becoming normal....So it's really interesting the shift that's happening and what's gonna happen when those of us that grew up this way get older.

Leah discussed how she has developed hope that people will start to be more accepting of BoM because of her experience of being able to work her current manager into accepting her BoM. She hopes that this will be the norm and that if she can work one manager into acceptance, she can work another. However, she indicated that this hope also comes with "reservation," and that, at least for now, she will continue to be mindful of her BoM especially when going into job interviews. Alia also discussed having some reservations given her experiences of random strangers negatively commenting on her BoM. However, she also noted that within our culture BoM is moving from being a deviant act to being a non-conformist or conformist act, and that, over all, her experiences with BoM have been "positive and self-affirming."

Kasey noted that despite the stereotype that people with BoM are punks or delinquents, it gives her hope for the future of BoM when she sees someone with visible BoM working in "the public eye" within an agency. Amber relayed having a similar experience when she noticed a business woman in her 50's or 60's on the C-train with her nose pierced and a green streak through her hair. Further, Madi discussed how companies

will have to start being more accepting because BoM is becoming more mainstream and they can't turn everyone away.

Amber, Beth and Madi discussed their belief that acceptance will change more as generation's cycle through. As Madi put it:

I think our generation is a lot more open minded vs. like my grandma's generation. Like we're a lot more accepting that yeah people are getting tattoos now, people are getting piercings now. You know, like anybody can get married and all that stuff but like when you ask your grandma they might be like "Ummmm."

However, despite sharing this view that the younger generation is more accepting and that views on BoM are changing, Kasey stated that there will always be a stigma. She noted:

I think the stigma is not as negative but there's still a stigma. People are still judging you about it...I don't think...like people of my age group will look at me when we're older and be like "Oh you you're a dirt bag" or you know. You're immature or this or that. "You're juvenile" but I think they'll still have some kind of judgment about it.

Do They Get It?: Navigating BoM in Friend and Family Relationships

It's incredibly frustrating and hurtful when the people closest to you don't understand or reject something that makes up who you are. It's gotten better over time, but when I catch myself playing with my lip ring in front of my mom, I'm very cognisant that she's probably cringing inside. Though the comments of "there is something sticking

out of your face” have lessened, I still hold a bit of resentment toward my uncle for the years I felt I had to explain myself to him. It was actually shocking when my Grandpa didn’t make a negative comment when I explained the meaning of my new tattoo to him, perhaps he’s also starting to come around to the idea. At the end of the day, my BoM is part of me, I just hope that I can stop worrying what others think and move on.

Relationships with friends. For the most part, the women in this study indicated that their friend relationships were not negatively affected by their obtaining BoM. In fact, friends were reported as being accepting of BoM, and helpful bouncing boards when talking about obtaining new BoM. For some participants, friends were also reported to positively influence participant decisions to obtain BoM; in fact, obtaining BoM could be a shared experience with some obtaining BoM at the same time as friends or significant others.

Molly, Leah, and Madi all shared that friends positively influenced their decisions for certain piercings. Molly stated that she got a lot of her BoM done with her friends and that this attached sentimental meaning to them, allowing her to remember good times spent with her friends. Both Molly and Madi indicated getting certain piercings because they liked how they looked on their friends. For Leah, when she was younger, it became an unspoken competition with friends to see who could get the most piercings. Kasey indicated that her friends’ BoM didn’t influence her to get specific BoM, but it opened her eyes and exposed her to new ideas and types of BoM.

Amber discussed how BoM acted as a bonding tool with some of her friends, it was something that helped them distinguish themselves from others and feel “cool.” Alia

noted that she's never experienced negative feedback from her friends about her BoM and Beth stated that her friends have always been very supportive.

Leah indicated that there has only been one friend where she thought there might be an issue due to her BoM, because her friend is quite religious. However, because they were roommates while in Germany for school they were both kind of "thrown into" the friendship. Leah stated that:

I don't think I'm the kind of person she normally would have been friends with but because there's no option to create a barrier between us, or to not have to interact, then it didn't become so much of an issue.

Family. Experiences with parents, siblings, and extended family, in relation to participant BoM, were mixed. Some were completely fine with BoM, others were only ok with certain BoM, or BoM was only ok once they were out of their parents' house, and for others BoM caused tension in relationships. In no case did participants indicate any relationship issues with siblings due to BoM, in fact most commented that their siblings also had BoM or enjoyed it.

Partner's family. Both Alia and Amber commented on being worried about stigma from their partner's family. Amber indicated being worried about meeting her partner's grandparents as they are very traditional and she had heard that the grandfather had been "furious" when his daughter obtained a tattoo. This concerned her because it is very important to Amber that she get along with her partner's family. Fortunately, Amber indicated that her personality "won them over" in the long run. Alia was not so "lucky." She indicated that when she first met her partner's mother, the mother indicated that in

their country (in Southeast Asia), they do not like tattoos; something Alia discovered was more a personal dislike than a cultural one. Alia noted that this put pressure on her to cover her tattoos and keep quiet as to not “make waves.” Alia further indicated that her partner’s mother went as far as to offer to pay to have her tattoos removed.

Negative effect on relationship. Of all the women, Molly indicated having the most issues with her parents, especially on the topic of BoM. She noted that her parents are very traditional and feel that BoM should not extend further than a couple ear piercings, and that any more is deforming your body. However, they did allow her to obtain certain body piercings such as her navel. Molly stated that this has been one of many causes of tension within her relationship with her parents. She put it as such:

I don’t tell them everything cuz I know how judgmental they are. Not just with like the tattoos but with other stuff as well. Cuz like I said, they’re very traditional.

Molly described how she hides her BoM from her parents (and has taken out piercings) because of how negatively they have responded to both her and her sister’s BoM. While Molly indicated that she can do what she wants BoM wise when she moves out of the house, she does not feel that this will equate with her parents being ok with it.

Negotiating relationships with BoM: family dislike does not equate with negative relationship. Leah indicated that one of her uncles’ often makes negative “joking” comments about her BoM such as “that’s the ugliest piercing I’ve ever seen.” However, Leah noted that while “he legitimately hates it, it’s not gonna affect the relationship.” Leah stated that in many of her family relationships (i.e., mother,

grandparents) when she initially obtained her BoM it negatively impacted her relationships with them, be it not seeing them as much, receiving negative comments, or them being awkward and not knowing how to react to her anymore. However, Leah noted that this has positively changed over time; that while there was a “temporary blip” in the relationships, they are all “used to” her BoM now. Kasey indicated sharing a similar experience, noting that while her parent’s reactions were initially negative, it did not have any repercussions on her life or her relationships with her parents. Madi noted that her grandmother is against certain forms of BoM, but that as long as she hides them around her, it does not affect the relationship.

Amanda indicated that her Mom (who was her primary caregiver as her parents separated when she was 14), was always the “cool mom” growing up; letting her dress up and dye her hair any color that she wanted. However, her mom was never accepting of BoM and was “livid” when she discovered Amanda’s first piercing; something that did not make sense to Amanda given how accepting her mom was about other appearance factors. Amanda noted that while she obtained BoM despite this, she often got things that could be covered or hidden because she respected her mom. Amanda noted that despite not seeing eye-to-eye on the topic of BoM, this did not negatively affect their relationship. About this Amanda said:

She’s [Amanda’s Mom] like “You know I’m not gonna stop loving you because of what you choose to do to your body but I don’t have to like it.” I said “Well I think that’s pretty fair. I would hate to think that you would just disown me

because I pierced my face.” She was pretty clear about that too. Like you know, “I don’t not love you but I don’t like it.”

Amber indicated that her grandmother raised her while she was growing up, and that while she didn’t always understand the need to obtain BoM, she always accepted Amber for it. As Amber put it:

I am me, and I, I’m not going to worry about what other people think about that. Like my family and my friends have to take me as I am or not at all. So I’ve been like that my whole life since I was a little kid so deciding that I wanted piercings and tattoos and then saying to my grandmother who raised me “Gammers,” that’s what I call her, “I want piercings and tattoos” she was like “Well I don’t really get it but I’m not gonna stop you.”

Acclimatizing to BoM. Family becoming accepting or used to (or tolerant of) BoM over time, as was the case with Leah, was one that was common in many of the interviews. Madi stated that she wore her dad down to be able to get her nose and navel pierced. Kasey indicated that her dad was originally against her BoM, but has come around and is curious and interested in it. Both Amanda and Leah commented on how, because of the amount of BoM either they, their siblings, or their partners have, their parents have become so used to it that they either do not notice the BoM any more or at least don’t say anything about it anymore. Alia noted that while her parents always indicated that they would pull out any piercings she obtained, and that they weren’t exactly happy about her piercings when she got them, they have come to accept it and now sometimes “brag” to their friends about Alia’s BoM.

Positive relationships and pro body art. Madi and Beth indicated having close relationships with their mothers. Both Madi and Beth indicated that their parents were ok with BoM, as long as it was kept within certain standards. Madi noted that her dad has tattooed sleeves and that as long as her BoM is tasteful and meaningful it is well received by her parents. Beth indicated that her family is so pro body art that her first tattoo was done by her Uncle, and that her, her mom, and her sister all got piercings together. Both women also indicated that the opinions of their mothers influence their own BoM to a certain extent; Beth stated that “my mom and I are really close so her opinions on my body art, they matter more to me than other people.” Madi noted that her mom commented on how she does not like snake bites (2 lip piercings on the lower lip), so Madi reconsidered doing this. Beth noted that her mom is against getting anyone’s name tattooed on you; something that Beth also feels strongly about because this can change over time.

Themes: A Personal Reflection of the Process

As part of van Manen’s 6 activities, I kept a memo while I coded participant interviews. As with hermeneutic phenomenology it is recognized that my own experiences will influence how I understand participant stories, it is important that I remain as open and honest as possible as to what led me to the codes that I used and how my own experiences played a role. How the themes turned out were not exactly how I had envisioned them, but while writing, there seemed to be an organic process with the combination of storytelling and interpretation, specifically guided through the writing of the narratives. When I first began the Findings chapter I had not intended to include an

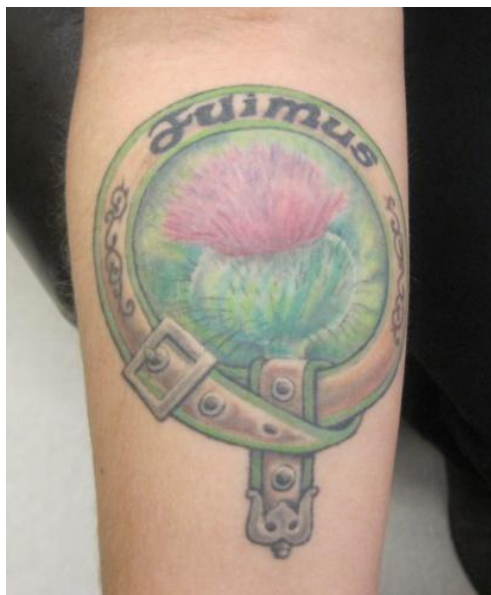
introduction to participants, thinking that what I wrote in findings would make up for much of that. However, I believe that summarizing participant stories and having to revisit the original transcripts at this point served to bring me back to what was important. It also helped turn what would have been themes based mainly on the questions I had asked during interviews to ones that incorporated a number of points together - like life, many factors related to BoM work together to create an experience.

I definitely found myself drawn to certain participant stories or parts of stories over others. With Amanda I was drawn to her small town experience and the positive relationship she had with her mother despite not seeing eye-to-eye on BoM, as I shared similar experiences in my own life. With Alia I was drawn to her real life experiences of stigma and her considerations of how BoM might impact her future given that we both took an undergraduate degree in Psychology and want to work in a similar field.

However, I was also drawn to stories that I had not experienced. For example, I believe that Kasey, Leah, and Amber provided very rich interpretations of their experiences, which led me to think about the topics of professionalism and capability in ways that I had not prior to their interviews. Admittedly, I was less than happy with some of the interviews at first glance because they either did not fit what I had “wanted,” or discussed acceptance in certain domains, while I was very focused on the negative receptions to BoM. However, after having spent more time with the transcripts and topics I found that all interviews provided rich information. For example, with Molly, the majority of her interview focused on her relationship with her parents. While I was disheartened that it

was not more work focused, it provided me with a better look into how BoM can cause issues in parental relationships.

I have found it extremely interesting that almost all participant interviews had what could be referred to as contradictions. For example, some participants indicated various experiences of workplace stigma, yet were not worried about that stigma in future careers. I do not interpret these as negative though. The very world of BoM and the acceptance, or lack-there-of, is changing and has become such a focus of conversation recently that it makes sense that these women (and myself) might still be navigating their own way through what it means to have BoM in a white collar world where policy and hiring practices are constantly changing and unreliable. Due to this, I believe that these contradictions only serve to prove that the flux between acceptance and tolerance of BoM is very real and one that actively affects the women involved.



Chapter Six: What Does It All Mean?

In the previous chapter, I reviewed the themes that emerged through analysis of interviews with eight women about their experiences of stigma due to BoM. These themes were: 1) The many faces of disdain: what does stigma look/sound/act like?, 2) How do I obtain and maintain a job with BoM?, 3) Who gets to define professionalism and capability?, 4) Whose policy do I follow, and is that ok?, 5) There is no how to guide to deal or feel, 6) Evolving acceptance: concerns and views on future careers, 7) Hope for future change, and 8) Do they get it? Navigating BoM in friend and family relationships. The focus of this research was to better understand the stigma experiences of women in post-secondary with BoM. In order to bring together current and previous research, in this chapter I will discuss how these themes interplay with the extant literature, limitations of the study, implications of the themes for practice, and implications for further research.

Discussion

The many faces of disdain: What does stigma look/sound/act like? Much of what was said in the interviews by the women who participated in this study indicated that the stigma regarding BoM is still very real and continues to occur despite mainstream obtainment. Further, the women indicated experiences that were consistent with the proposed negative reactions by others (negative verbal responses, exclusions, lack of acceptance, and judgements) due to BoM as a form of stigma (DiPopolo, 2010). In the theme “the many faces of disdain: what does stigma look/sound/act like?” many of these negative judgements and responses were discussed (e.g., people talking behind their

back, using negative tones of voice). These findings are consistent with those discussed in Chapter 2, which described the stereotypes and assumptions participants had against people (specifically women) with BoM when shown vignettes or images. As was suggested by Amber, people tend to use BoM (or other forms of appearance) as a “landmark” indicator to navigate how to interact with you. For those that hold stereotypes and negative assumptions of BoM, their navigation will often lead to the stigma behaviours discussed by the women in this study (using negative tones, talking behind backs of people with BoM). As reviewed by Burgess and Clark (2010), this “landmark” indicator is known as the *primacy effect*, “the first information to be processed about a person is disproportionately important in influencing people’s subsequent judgments of that person” (p. 758). Burgess and Clark (2010) go on to note that this primacy effect may lead those with negative perceptions of BoM to disregard a person’s “disposition or suitability for a job” once they view a person’s tattoo, where the tattoo acts as a “negatively biased prime” (p. 759), thereby evoking the stigma behaviours and assumptions.

Who’s policy do I follow, and is that ok?, Who gets to define professionalism and capability?, and Evolving acceptance: Concerns and views on future careers.

DiPopolo (2010) suggests that people may depend upon stereotypes if they do not have firsthand experience to rely on. For example, if a person does not have previous experience with someone with BoM on which to draw from (positive or negative), and in turn make an informed decision about (e.g., regarding capability, intelligence), they may turn to stereotypes when assessing the person with BoM. This suggests that there is a

“commonness” dimension of stigma; for people who are socialized with BoM (or certain forms of BoM), their acceptance may be greater than for those who are not used to these practices, because the practice is more “common” to them. Many of the participants in this study indicated experiencing stigma through discordance with company policies and ever varying manager opinion on the topic, leaving them with an uncertainty of what to expect with future career acceptance of BoM. Perhaps this inconsistent response to BoM is due (at least in part), to this “commonness” dimension of stigma, with managers who are used to (or have themselves) forms of BoM being more lenient when it comes to company policy, and managers with whom BoM is not common, turning to assumptions and stigmas (as per the primacy effect).

Professionalism and capability are not closely looked at within the literature, with the exception of studies that show people hold stereotypes that those with BoM are neither professional nor capable. Perhaps this same commonness dimension works within these topics as well, with those who are more accepting of BoM believing one can be capable and professional while having BoM; however, more research into this is needed.

How do I obtain and maintain a job with BoM? In support of Atkinson’s (2003) findings, the majority of the participants in this study acknowledged times where they would remove or cover-up BoM (be it due to anticipation of stigma, for interviews, to compromise with those who don’t like it, or for jobs). One proposed theory as to why this occurs was discussed by Major and O’Brien (2004) who suggest that when an “individual appraises the demands imposed by a stigma-relevant stressor as potentially harmful to his or her social identity, and as exceeding his or her resources to cope with

those demands (p. 402)” they are experiencing *identity threat*. Perhaps, this concern about identity threat plays a role in why women chose to obtain BoM that could be hidden. Without being told, many of the women hid or toned down their BoM in interviews (stigma-relevant stressor) because they anticipated that there would be a negative stigma (e.g., assumptions of capability) attributed to them due to their BoM in this situation; therefore, they identified this situation as threatening and used covering up as a way to cope. Atkinson (2003) found in his research that a “fear of presenting one’s tattoos to others is mainly fuelled by the potential deleterious reactions from...family members, close friends, and superiors at work (p. 122).” This fear resulted in waiting to obtain tattoos or hiding tattoos. Through the lens of identity threat, it would appear that those who hide or refrain from being tattooed may not believe they have the coping mechanisms necessary to deal with the potential stigma by these groups, and thus use other coping mechanisms.

There is no how to guide to deal or feel. Within the theme “there is no how to guide to deal or feel,” I discussed a number of ways in that participants chose or learned to deal with BoM stigma. According to Major and O’Brien (2005), there are no “gold standard” agreements as to how to conceptualize coping strategies within the stigma literature. However, in their review, they do discuss some commonly used coping strategies and categories; I discuss two of these as they pertain to my research. They note that one way of understanding coping strategies used to deal with identity threat caused by stigma, is by categorizing these strategies as either *engagement* (fight) or *disengagement* (flight) strategies. These two classifications appear to fit with the

categories created within the current study with “taking action” as fitting within the engagement category, “shrugging off the stigma” as fitting into the disengagement category, and “creating compromises” as being somewhere in the middle of these.

Major and O’Brien (2005) also identified *disengagement* versus *striving* as one of three (along with “attributing negative events to discrimination versus to the self,” and “increasing identification with one’s stigmatized group versus distancing from the group”; p. 404) “popular” coping strategies discussed within the literature.

Disengagement occurs when a person disidentifies with situations (or domains) where a person or group is negatively stereotyped, and striving occurs when a person overcomes the stigma in alternate ways. Within the current study, those who shrugged off the stigma disidentified with those situations where they experienced stigma due to BoM, by presenting (or pretending) to others that the stigma was not bothering them (whether this was true or not). In some cases the women were so used to the stigma (and thus disengaged) that they just did not let it bother them. On the other side of this category, those who tried to find compromises with coworkers or family regarding BoM, attempted to find “alternative way(s) to cope with identity threat in social valued domains (p.405),” thus fitting within a striving form of coping.

Do they get it? Navigating BoM in friend and family relationships. How one views or values themselves can be impacted by the reactions of a person’s close others (coworkers, friends, family; Atkinson, 2003). The findings in the current study supported many of Atkinson’s findings with regards to reactions and acceptance/rejection of close others to BoM. As the opinions of close others are more readily internalized than the

opinions of outsiders, how family and friends view BoM translates into examples of what to expect from others (e.g., if parents are negative about BoM than one may assume that this is a commonly held belief among the general public, and thus an individual with BoM may cover-up their BoM in anticipation of the stigma; Atkinson, 2003). Atkinson (2003) further suggested that the closer one is with their family (or close others), the more impact their reactions have to an individual's sense of self; so if parents reactions [to BoM] are strongly negative and one values their opinions, this may lead to a decreased sense of self, and more fear regarding how one's BoM is interpreted by others (and vice versa). This suggests that the degree of attachment one has with their parents may impact the strength to which they value and internalize their parent's opinions of their BoM. In the case of the current study, this was apparent in how those with pro body art families tended to have stronger attachments and value their mother's opinions on their BoM moreso than did those participants who had lower degrees of attachment. Further, attachments with fathers were shown to be generally less than those with participant's mothers. This finding may be supported by Armstrong (1991) who, in a qualitative study of 137 career-oriented women with tattoos, found that women reported strong support of their BoM from friends, mild support from mothers, and negative or lack of response from their fathers. The findings in this study were also consistent with those proposed by Irwin (2001), in that, many believed or had experienced times where initial reactions by parents were negative but dissipated over time, thus not permanently affecting the relationship.

As well, one's family norms may trump those of outside social norms (Atkinson, 2003); this was present in Molly's case, where her parents held very traditional views on what is and is not ok to do with one's body. Molly was held to the norms of her parents, where BoM was viewed as desecrating her body; therefore she held onto fear regarding possible reactions of her parents to her tattoo, something she has and continues to hide from them. As societal norms are (as discussed) in flux, there are many people with whom Molly's hidden tattoo would not be an issue; therefore, in Molly's case, the norms of society may be more lenient than the more extreme norms by her parents; thereby her family norms trump societal norms.

As consistent with both Atkinson's (2003) and Armstrong's (1991) findings, participants in the current study noted that their siblings and peers were more accepting and supportive of their BoM, than were parents or even coworkers. Further, in both of Atkinson's studies and this study, peers were often used as "bouncing boards" with regards to ideas of what BoM to get next; according to Atkinson, this is because individuals with BoM believe that their close friends "will provide the most honest and objective feedback regarding their redesigned bodies (p. 218)." Further, as many of the participants in this study noted, having peers or siblings with BoM served to make the practices of BoM more normative.

Hope for future change. In the literature review I posed the following question: Why, despite the apparent stigma both by peers and hiring companies, and the trend for women to obtain readily hidden BoM, are women continuing along this trend? I believe that to answer this question it is important to look at the theme of "hope for future

change.” Despite having their own experiences of stigma, and often relaying stories of stigma experienced by friends with BoM, there was a hope or uncertainty about how they would be perceived in future careers. Swami and Furnham (2007) found that despite perceiving women with tattoos negatively “more than two thirds of participants...indicated that they would consider getting a tattoo,” a finding that they proposed was due to a “dissociation between perceptions of the self and others, which leads to other being judged more negatively in comparison to self (p. 349).” While the current study was a bit different, given that the participants had their own experiences of stigma, there does appear to exist this dissociation between perceptions of current/past stigma experiences and future self. According to Atkinson (2003), this dissociation may actually have merit, as increasing tolerance, indifference, and global diversity, may positively impact how others view BoM. He suggested the following: “as individuals have become more tolerant of or indifferent to others’ cultural practices, attitudes, about what constitutes acceptable body practice becomes more elastic (p. 150).” Further, “as we transform into a more visually stimulated, information-oriented biologically threatened, ethnically diverse, and global figuration, one could argue that representation through highly visible body modification is becoming more deeply ingrained in collective habituses” (p. 155). In essence, it appears as though there is hope and opportunity to move from the current flux in how BoM is viewed and treated, to an acceptance. However, given that women in 2012 are still continuing to cover or remove BoM due to stigma connotations, stereotypes, and negative receptions by others, behaviour that

Armstrong (1991) discussed occurring over a decade ago, the timeline for this change could be extensive.

As is generally the case with qualitative research, my findings are not generalizable; they are specific to the time (early 2012), place (Calgary, Alberta), and women (post-secondary individuals) who were interviewed. However, this does not indicate that the research and the findings are not important. Given the flux in society and the recent media attention of this topic, it was/is important to go to the root of who is being involved and affected by BoM stigma during this time in order to more adequately capture the phenomenon of interest. While the media is able to capture and highlight important issues, personal interviews with those affected cut to the reality of these issues and help people better understand the issue from a first person perspective; one with more than a 10 second sound bite. Further, research in the area of BoM provides information on important next steps, and counselling implications.

Limitations

The use of the IPPA in this study was experimental, due to the IPPA being used primarily with adolescents, and due to the revised version having limited psychometrics and no cut-scores. However, the IPPA Revised version was the one advocated by the researcher because it has strong reliability with the original IPPA (which itself has high reliability and validity), and it separates father figures from mother figures, a point that proved to be crucial in my study given that not all participants had a father figure growing up. It is also important to note that specific peer figures were not divulged by participants as they filled in this part of the measure. Given that, I was unable to control

for number of peers thought about or age at which (i.e., ages when obtained BoM vs. current age) these peers were in the participants life. Given the lack of attachment measures that look at each of the three domains (father, mother, peer) I chose to use the measure despite its limitations. Further, in order to more fully triangulate interview data with IPPA data, it would have been helpful to add in more specific questions regarding overall relationships with parents within the interview itself.

Despite attempts at limiting research bias, it is important to mention that this is always a limitation with qualitative research. While hermeneutic phenomenology provides the researcher with more opportunity to insert their own experiences into the data than most other forms of research, it is important that these times be captured and highlighted. While I did not have anyone recode my interviews to check for bias that way, I did keep a running journal of my thoughts and decisions throughout the process. As well, I checked in with my participants regarding their personal introductions in Chapter 4 and the interpretations in Chapter 5 as a way to double check that I had a level of understanding that met their expectations.

Implications for Practice

The findings from this research have a number of implications for counselling practices, especially within the field of career counselling. As was shown, workplace stigma is one that is still affecting and/or of concern to women with BoM; therefore the following are suggestions for working with women with BoM who are anticipating or experiencing workplace (or family/friend) stigma. It is important to note that these may

not be issues faced by everyone; however, given they showed up within the current study, they are worth discussing/acknowledging.

1. *Identity*: Learning about the meaning and/or how a person relates to their BoM can be important in determining the degree to which stigma may affect them. As discussed by DiPopolo (2010) and Major and O'Brien (2005), those who hold strong self-identification within a certain group (e.g., BoM culture) may experience more negative side effects to BoM stigma than those who do not identify as strongly with that group. Further, as discussed by Atkinson (2003), an individual's sense of self interplays with how close others react or treat them due to their BoM. Therefore, discussing this with clients may be a first point of conversation, as a way to see if further conversation is necessary. Questions that may be useful include:

Do you identify as being part of the BoM culture? How do you view your BoM (e.g., choice, as part of who you are)? Have you experienced BoM stigma? If so, How has this affected you? What does it mean for you? Who did the stigma come from? Does it impact how you view yourself?, What have been the reactions of your parents and peers to your BoM? and How have these reactions impacted your sense of identity or the way you view your BoM?

2. *Negotiating personal lines*: Some participants in this study indicated that they have or would consider taking out certain piercings or covering tattoos if there were no choice or if it was the "right" job. Given that some company policies may

require this, it may be important to discuss where personal lines are so that clients are prepared to deal with the possible situation. The following questions may serve to start a conversation:

Are you willing to remove/cover BoM? If so, what types of jobs (e.g., career vs. other) are you willing to do this for?, Would you consider a job with a no BoM policy?

3. *Considering ways to deal with stigma:* As was discussed in the theme “there is no how to guide to deal or feel” there are various ways participants used to deal with stigma; however, not all of these proved positive. The following questions may be helpful to start a conversation about this:

How does stigma make you feel? How do you currently deal or react with/to BoM stigma? Has this been positive/negative? How would you like to deal with stigma? Are there certain forms of stigma that are harder to deal with than others, if so by who, what is it, and why?

4. *Starting conversations:* For some participants telling different family, friends, or employers about their BoM was difficult, often resulting in covering or hiding BoM. Important talking points for this could include:

Why are you hesitant to bring your BoM up? For what reasons do you hide your BoM? What reactions are you concerned about getting by showing your BoM? How do you hope conversations or reactions will go when discussing your BoM?

Like much of what is discussed in counselling, it is important to collaboratively agree on the focus of work. Given this, not all women with BoM will want to discuss or feel it necessary to discuss stigma; however, knowing that this can be an issue (or concurrent issue, for example BoM may be one of many strains within a familial relationship) and being prepared with ways to discuss and deal with it are important to have in one's counselling "toolbox."

Implications for Further Research

While I hope that I have stepped up to the call for further research in this domain by Atkinson (2002) and Hawkes et al. (2004), I do not believe that this topic will ever be fully "solved" given the ever evolving nature of cultural norms and the increase of more "extreme" forms of BoM that are starting to become more popular (e.g., branding, scarification). However, that is not to say that research into this topic is not important. As piercings and tattoos start to become the less "extreme" forms of BoM, it may be interesting to see if acceptance of these start to change as they become more "normal" and BoM such as branding and scarification take their place as being the more deviant body projects. Continued education and expression by those affected is necessary in order to show those who hold BoM stereotypes that people with BoM are equals and as capable of contributing to society as anyone else.

As research, the media, and the women in this study all indicated a flux in acceptance or hope for acceptance of BoM, further interviews with those being affected by BoM stigma are important in order to track the evolution of acceptance; to see if acceptance actually changes, or if it remains stagnant in the way that Gray (1994)

suggested (that despite media indicating tattooing is mainstream, respectability continues to be chased). While it is outside of the scope of the current study, it would be interesting to follow these women in a longitudinal study in order to see how they are responded to as they seek out career jobs following their graduation.

Further, as was suggested by many when they heard about my study, it would be of interest to interview both those affected by BoM, and hiring companies (those who do and do not have BoM policies) in order to gain a more rounded understanding of the BoM stigma cycle. In this way, perhaps education in both domains would occur, with BoM individuals gaining specific reasons why policies exist (as reasons tend to be perceived as non-existent or lacking in merit) and companies realizing that BoM does not equate with decreased capabilities or professionalism

More research into capability and professionalism is needed in this domain. It became a very important topic within the current research but is one that is very rarely discussed within the literature. While it is hoped that the current research will be a testament to how important it is for women with BoM to be viewed as both capable and professional, personal and professional negotiation of how this works or what it looks like in action are needed. This study assumed participants were capable and professional given they were post-secondary students preparing for professional careers.

Lastly, more research into attachment and relationships of those with BoM is also needed. This study suggests that there may be a link between the relationships one has with important people in their life and how BoM is expressed (e.g., hidden) or how BoM stigma is dealt with (e.g., creating compromises vs. shrugging it off). As attachment in

this area is not researched, there remains a hole in the literature that needs to be filled. It would be interesting to delve more into how attachment interplays with the confidence one has with being able to show off their BoM or treat it as no big deal.

Conclusion

In this study, I interviewed eight post-secondary women with piercings and tattoos about their experiences of stigma within three specific domains: work, friends, and family. Eight main themes emerged from the hermeneutic phenomenological analysis of the interviews. It is suggested from review of the themes that BoM stigma is a very real phenomenon that requires continued and further research. Specifically within the work domain, women are receiving inconsistent experiences with and responses to their BoM, providing uncertainty as to what to expect from career jobs once they have graduated. Reactions to BoM from friends and family have been varied; however, within the current study, only one participant acknowledged that BoM had contributed to a continued (rather than a temporary) strain in her relationship with her parents. Despite these findings, there also appears to be hope that the current flux in attitudes toward BoM (in the forms of piercings and tattoos) will eventually lead to acceptance.



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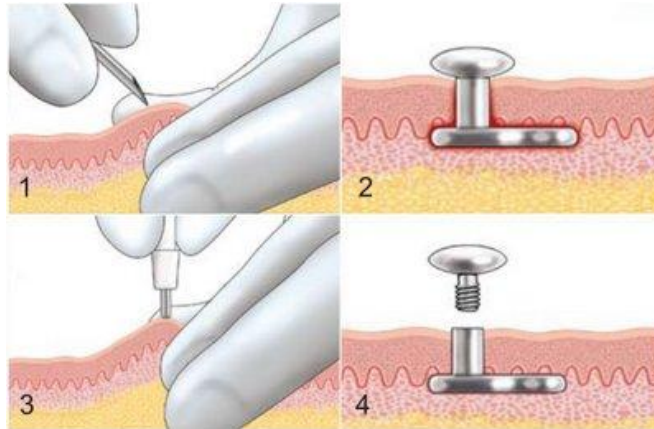
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Appendix A: Pictorial/ Written Descriptions of Various BoM

Dermal Piercing: a piercing that is placed just below the skin so that only the cap is showing.



Picture obtained from: <http://theearthhouseinc.blogspot.ca/2011/04/wonderful-world-of-dermal-anchors.html>

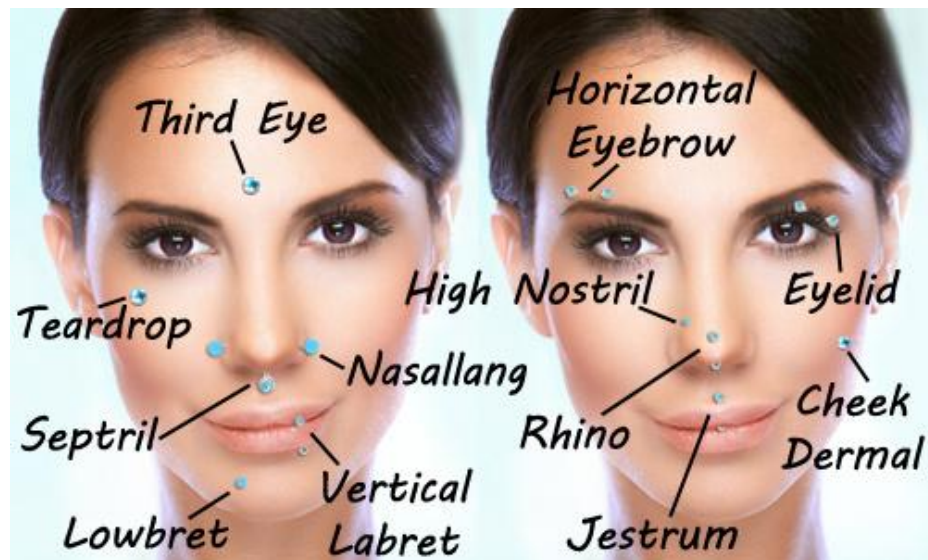
Ear Piercings:



Picture obtained from: <http://www.availtattoo.com/piercings>

Stretched Ears/Tunnels: When standard lobe piercings are stretched or “punched out” to create a larger hole.

Facial Piercings:



Pictures obtained from: <http://blog.bodycandy.com/2012/08/24/whats-that-called-facial-piercing-names-and-locations-part-2/>



Pictures obtained from: <http://blog.bodycandy.com/tag/lip/page/2/>

Appendix B: Recruitment Poster



Educational Studies in Psychology

Faculty of Education

Have you Experienced Stigma due to your Piercings and Tattoos?

Female Participants Needed for a Study on

Stigma in the Workplace

If you are a woman with piercings **AND** tattoos, have experienced stigma, are between the ages of 18 and 30, and are fluent in English, then you are eligible to participate in a study on personal experiences of stigma in the workplace resulting from piercings and tattoos.

Participation involves an informal interview about your experiences (or anticipated experiences) of stigma in the workplace due to your tattoos and piercings and a self-report questionnaire regarding relationships. If you successfully complete the requirements of this study you will be placed into a draw to win a \$50 gift certificate for CrossIron Mills.

Please contact the researcher if you are interested in finding out more.

Cayla Martin
bodyartstigmastudy@gmail.com

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Appendix C: Consent Form



Name of Researcher, Faculty, Department, Telephone & Email:

Cayla R. Martin, B.A., M.Sc. Student (Counselling Psychology), Applied Psychology/Education, University of Calgary, Email: crmartin@ucalgary.ca, Phone: 403-389-5835

Supervisor:

Dr. Sharon Cairns, Ph.D., R.Psych., Associate Professor, Applied Psychology/Education, University of Calgary, Email: scairns@ucalgary.ca, Phone: 403-220-3671

Title of Project:

Understanding Stigma: Experiences of Women with Piercings and Tattoos

This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study.

Purpose of the Study:

Research in the area of piercings and tattoos have indicated the existence of commonly held stereotypes and assumptions concerning these body practices. Further, many companies view tattooed and pierced applicants unfavourably and significantly less hireable than their non-modified comparisons. As well, studies have shown that female participants with tattoos shared a concern regarding anticipated or feared stigma in the workplace, which caused many to obtain tattoos that could be hidden. In spite of this fear of stigma, a large number of women are still obtaining forms of BoM (Home et al, 2007). According to Katherine Irwin (2001), having tattoos doesn't have to mean that you feel stigmatized; according to her findings, it depends on how one negotiates their body art within the different aspects of their life.

In order to further understand this literature, the researchers are examining stigma due to piercings and tattoos as experienced by University Women. The purpose is to gain an understanding of this phenomenon through the lens of those directly affected. Stigma has been defined as "an attribute that is deeply discrediting and reduces the bearer from a whole and unusual person to a tainted, discounted one." Stigma effects may be experienced through discrimination (negative behaviours of others directed at you) or prejudice (negative attitudes of others about you), further, stigma may become internalized (believing these negative things are true).

What Will I Be Asked To Do?

Participation in this study is completely voluntary and confidential and you may withdraw from the study at any time. You will be asked to talk about your own experiences of stigma that you attribute to having felt due to your piercings and tattoos. As a participant, you will be asked to participate in a one-on-one audiotaped interview lasting between 60 to 90 minutes with the researcher, where you will be asked to

answer questions about your tattoos and piercings, your stigma experiences, and how, if at all, your close family and friend relationships have impacted these experiences. You will then be required to fill-out a self-report questionnaire on your relationships with your parent(s). Once the interview and questionnaire are complete, you will be placed into a draw with the other participants for a chance to win a \$50 gift card to CrossIron Mills. You **MUST COMPLETE** this section of the study in order to be placed in the draw to win the gift card.

You will be asked to provide a pseudonym or allow the researcher to provide one for you, which can be used for the researcher's thesis, and any future publications or presentations. Should you consent to be part of this study, direct quotations from your interview may be used within the researcher's thesis and any future publications or presentations, however, only your pseudonym will be used, no identifying information will be used.

Further, the researcher will contact you for one follow-up between 4 to 9 months after the initial interview, in order to confirm her understanding of your experience. For this, you will be asked to provide your e-mail and phone number in order for the researcher to contact you. You will be provided two weeks to respond, with a lack of response indicating that you approve the material as is.

What Type of Personal Information Will Be Collected

No personal identifying information (with the exception of your email and phone number) will be collected in this study, and all participants shall remain confidential. Should you agree to participate, information such as gender, age, education level and future career goals will be collected. Your name will not appear on any typed reports for this study. Your name and email will remain in a separate document **ONLY** for use in contacting you for the follow-up. Interviews will be audio-taped for analysis purposes. **PLEASE NOTE:** if you agree to grant permission for the researcher to photograph your piercings and/or tattoos, confidentiality cannot be guaranteed, in that your face or unique tattoos may be identifiable to those who know you. Further, please note that, where intended reporting of photographed or videotaped images includes public display, the researchers will have no control over any future use by others who may copy the images and repost them in different formats or contexts, including online.

There are several options for you to consider if you decide to take part in this research. You can choose all, some or none of them. However, to participate in this study, you must consent to being audio taped, and having a pseudonym of some sort. Please put a check mark on the corresponding line(s) that grants me your permission to:

The pseudonym I choose for myself is: _____

You may choose a pseudonym for me: Yes: ____ No: ____

I grant permission for the researcher to contact me by email or phone so that I may review my contributions to the study: Yes: ____ No: ____

I grant permission for the researcher to photograph (and publicly display images of) my tattoos. Yes: ____ No: ____

I grant permission for the researcher to photograph (and publicly display images of) my piercings. Yes: ____ No: ____

My email is: _____

My phone number is: _____

Are there Risks or Benefits if I Participate?

If you participate in this study, you will have the opportunity to inform the literature regarding female experiences of stigma in this area. The potential benefits associated with your participation include an awareness of your experiences, a chance to be heard, and an outlet for your own voice within the literature.

As this study requires you to discuss feelings of stigma and the result stigma has had in your life, there is potential for upsetting memories to occur. It is possible that in answering these questions, you may become emotional or distressed. If such distress occurs, you may drop-out at any time during the study. There is also help available from the following free-of-charge help-line: Distress Centre Calgary: 403-266-1605. I would also like to advise you that there are other resources: the University Counselling Centre is located in the MacEwan Student Centre – Room 375 and will accept either walk-in appointments or appointments made by telephone (220-5893); The Calgary Counselling Centre located Suite at 200, 940 - 6 Avenue S.W works on a sliding scale and appointments can be made by telephone (403-265-4980); South Calgary Health Centre located at 31 Sunpark Plaza SE (2nd floor) offers free-of-charge walk-in service Monday to Thursday from 4pm – 7pm and Sunday from 12pm – 3pm.

What Happens to the Information I Provide?

Participation is completely voluntary and confidential. You are free to discontinue participation at any time during the study. If you do choose to withdraw from the study, the researcher will retain all data collected up until withdrawal with the option to use that data if necessary. No one except the researcher, her supervisor and a transcriber will be allowed to see or hear any of the taped interviews. There will be no real names on the transcribed interviews. Only group information will be summarized for any presentation or publication of results, with the exception of possible quotes, which will only be identified using a pseudonym. The hard-copy transcripts of interviews will be kept in a locked cabinet only accessible by the researcher and her supervisor. All electronic data will be stored in a password protected folder on the researcher's computer. All data will be kept for a period of 5 years and then destroyed.

Signatures (written consent)

Your signature on this form indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project, and 2) agree to participate as a research subject.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project at any time. You should feel free to ask for clarification or new information throughout your participation.

Participant's Name: (please print): _____ Date: _____
Participant's Signature: _____ Date: _____
Researcher's Name: (please print) : _____ Date: _____
Researcher's Signature: _____ Date: _____

QUESTIONS/CONCERNS

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

Miss. Cayla Martin
Educational Studies in Psychology, Faculty of Education
403-389-5835, crmartin@ucalgary.ca or bodyartstigmastudy@gmail.com
and
Dr. Sharon Cairns
Educational Studies in Psychology, Faculty of Education
403-220-3671, scairns@ucalgary.ca

If you have any concerns about the way you've been treated as a participant, please contact the Senior Ethics Resource Officer, Research Services Office, University of Calgary at (403) 220-3782; email rburrows@ucalgary.ca

A copy of this consent form has been given to you to keep for your records and reference.

Appendix D: Demographic and General Information Questions

1. Age:_____

2. Degree:_____

3. Year of Study:_____

4. Undergraduate or Graduate?_____

5. Describe Piercings (placement, age obtained, and age removed if applicable):

6. Describe Tattoos (placement, age obtained, and age removed if applicable):

Appendix E: Interview Questions

1. What does “stigma” mean to you?
2. What is your experience of stigma due to your body modification?
3. Describe instances where you felt stigmatized by potential or current employers
4. What are your future career goals?
5. How do you feel your BoM (Body Modifications) will affect or pose as a challenge with your future career goals?
6. Would you or have you hidden tattoos or taken out piercings/tattoos for jobs?
7. Has the concern regarding stigma in the workplace impacted where you placed your BoM or impacted your decision on obtaining future BoM? If so, please explain.
8. What have been your reactions to instances of stigma?
9. What have you found helpful in dealing with stigma?
10. How have relationships with parents and family impacted your BoM choice?
11. How has BoM affected your relationships with your parents and family?
 - a) What were their initial reactions to your BoM?
 - b) What are their current reactions?
12. How have relationships with close friends impacted your BoM choice?
13. How has BoM affected your relationships with your close friends?
 - a) What were their initial reactions to your BoM?
 - b) What are their current reactions?

Appendix F: Inventory of Parent and Peer Attachment (IPPA) Revised

(Armsden & Greenberg, unpublished informal manual, 2009, as obtained from authors)

This questionnaire asks about your relationships with your **mother**. Each of the following statements asks about your feelings about your mother or the woman who has acted as your mother (e.g., a natural mother and a step-mother). Answer the questions for the one you feel has most influenced you.

| | Almost Never Or Never True | Not Very Often True | Sometimes True | Often True | Almost Always or Always True | | | |
|-----|--|------------------------|-------------------|---------------|------------------------------------|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | | | |
| 1. | My mother respects my feelings. | | | 1 | 2 | 3 | 4 | 5 |
| 2. | I feel my mother does a good job as my mother. | | | 1 | 2 | 3 | 4 | 5 |
| 3. | I wish I had a different mother. | | | 1 | 2 | 3 | 4 | 5 |
| 4. | My mother accepts me as I am. | | | 1 | 2 | 3 | 4 | 5 |
| 5. | I like to get my mother’s point of view on things I’m concerned about. | | | 1 | 2 | 3 | 4 | 5 |
| 6. | I feel it’s no use letting my feelings show around my mother. | | | 1 | 2 | 3 | 4 | 5 |
| 7. | My mother can tell when I’m upset about something. | | | 1 | 2 | 3 | 4 | 5 |
| 8. | Talking over my problems with my mother makes me feel ashamed or foolish. | | | 1 | 2 | 3 | 4 | 5 |
| 9. | My mother expects too much from me. | | | 1 | 2 | 3 | 4 | 5 |
| 10. | I get upset easily around my mother. | | | 1 | 2 | 3 | 4 | 5 |
| 11. | I get upset a lot more than my mother knows about. | | | 1 | 2 | 3 | 4 | 5 |
| 12. | When we discuss things, my mother cares about my point of view. | | | 1 | 2 | 3 | 4 | 5 |
| 13. | My mother trusts my judgment. | | | 1 | 2 | 3 | 4 | 5 |
| 14. | My mother has her own problems, so I don’t bother her with mine. | | | 1 | 2 | 3 | 4 | 5 |
| 15. | My mother helps me understand myself better. | | | 1 | 2 | 3 | 4 | 5 |

- | | | | | | | |
|-----|--|---|---|---|---|---|
| 16. | I tell my mother about my problems and troubles. | 1 | 2 | 3 | 4 | 5 |
| 17. | I feel angry with my mother. | 1 | 2 | 3 | 4 | 5 |
| 18. | I don't get much attention from my mother. | 1 | 2 | 3 | 4 | 5 |
| 19. | My mother helps me talk about my difficulties. | 1 | 2 | 3 | 4 | 5 |
| 20. | My mother understands me. | 1 | 2 | 3 | 4 | 5 |

**Almost Never
Or
Never True**

1

**Not Very
Often True**

2

**Sometimes
True**

3

**Often
True**

4

**Almost Always
or
Always True**

5

- | | | | | | | |
|-----|--|---|---|---|---|---|
| 21. | When I am angry about something, my mother tries to be understanding. | 1 | 2 | 3 | 4 | 5 |
| 22. | I trust my mother. | 1 | 2 | 3 | 4 | 5 |
| 23. | My mother doesn't understand what I'm going through these days. | 1 | 2 | 3 | 4 | 5 |
| 24. | I can count on my mother when I need to get something off my chest. | 1 | 2 | 3 | 4 | 5 |
| 25. | If my mother knows something is bothering me, she asks me about it. | 1 | 2 | 3 | 4 | 5 |

The next set of questions asks you about your relationship with your male Parent (i.e. **father** or whomever takes/took care of you).

- | | | | | | | |
|----|---|---|---|---|---|---|
| 1. | My father respects my feelings. | 1 | 2 | 3 | 4 | 5 |
| 2. | I feel my father does a good job as my father. | 1 | 2 | 3 | 4 | 5 |
| 3. | I wish I had a different father. | 1 | 2 | 3 | 4 | 5 |
| 4. | My father accepts me as I am. | 1 | 2 | 3 | 4 | 5 |
| 5. | I like to get my father's point of view on things I'm concerned about. | 1 | 2 | 3 | 4 | 5 |
| 6. | I feel it's no use letting my feelings show around | | | | | |

| | | | | | | |
|-----|--|--------------------------------|---------------------------|-----------------------|---|---|
| | my father. | 1 | 2 | 3 | 4 | 5 |
| 7. | My father can tell when I'm upset about something. | 1 | 2 | 3 | 4 | 5 |
| 8. | Talking over my problems with my father makes me feel ashamed or foolish. | 1 | 2 | 3 | 4 | 5 |
| 9. | My father expects too much from me. | 1 | 2 | 3 | 4 | 5 |
| 10. | I get upset easily around my father. | 1 | 2 | 3 | 4 | 5 |
| 11. | I get upset a lot more than my father knows about. | 1 | 2 | 3 | 4 | 5 |
| 12. | When we discuss things, my father cares about my point of view. | 1 | 2 | 3 | 4 | 5 |
| | Almost Never Or Never True | Not Very Often True | Sometimes True | Often True | Almost Always or Always True | |
| | 1 | 2 | 3 | 4 | 5 | |
| 13. | My father trusts my judgment. | 1 | 2 | 3 | 4 | 5 |
| 14. | My father has his own problems, so I don't bother him with mine. | 1 | 2 | 3 | 4 | 5 |
| 15. | My father helps me understand myself better. | 1 | 2 | 3 | 4 | 5 |
| 16. | I tell my father about my problems and troubles. | 1 | 2 | 3 | 4 | 5 |
| 17. | I feel angry with my father. | 1 | 2 | 3 | 4 | 5 |
| 18. | I don't get much attention from my father. | 1 | 2 | 3 | 4 | 5 |
| 19. | My father helps me talk about my difficulties. | 1 | 2 | 3 | 4 | 5 |
| 20. | My father understands me. | 1 | 2 | 3 | 4 | 5 |
| 21. | When I am angry about something, my father tries to be understanding. | 1 | 2 | 3 | 4 | 5 |
| 22. | I trust my father. | 1 | 2 | 3 | 4 | 5 |
| 23. | My father doesn't understand what I'm going through these days. | 1 | 2 | 3 | 4 | 5 |
| 24. | I can count on my father when I need to get something | | | | | |

- | | | | | | |
|---|---|---|---|---|---|
| off my chest. | 1 | 2 | 3 | 4 | 5 |
| 25. If my father knows something is bothering me, | | | | | |
| he asks me about it. | 1 | 2 | 3 | 4 | 5 |

The next set of questions asks you about your relationship with your **close friends**.

- | | | | | | |
|--|---|---|---|---|---|
| 1. I like to get my friends' point of view on things I'm concerned about. | 1 | 2 | 3 | 4 | 5 |
| 2. My friends can tell when I'm upset about something. | 1 | 2 | 3 | 4 | 5 |
| 3. When we discuss things, my friends care about my point of view. | 1 | 2 | 3 | 4 | 5 |
| 4. Talking over my problems with friends makes Me feel ashamed or foolish. | 1 | 2 | 3 | 4 | 5 |
| 5. I wish I had different friends. | 1 | 2 | 3 | 4 | 5 |
| 6. My friends understand me. | 1 | 2 | 3 | 4 | 5 |

**Almost Never
Or
Never True**

**Not Very
Often True**

**Sometimes
True**

**Often
True**

**Almost Always
or
Always True**

1

2

3

4

5

- | | | | | | |
|--|---|---|---|---|---|
| 7. My friends help me to talk about my difficulties. | 1 | 2 | 3 | 4 | 5 |
| 8. My friends accept me as I am. | 1 | 2 | 3 | 4 | 5 |
| 9. I feel the need to be in touch with my friends more often. | 1 | 2 | 3 | 4 | 5 |
| 10. My friends don't understand what I'm going through these days. | 1 | 2 | 3 | 4 | 5 |
| 11. I feel alone or apart when I'm with my friends. | 1 | 2 | 3 | 4 | 5 |
| 12. My friends listen to what I have to say. | 1 | 2 | 3 | 4 | 5 |
| 13. I feel my friends are good friends. | 1 | 2 | 3 | 4 | 5 |
| 14. My friends are fairly easy to talk to. | 1 | 2 | 3 | 4 | 5 |
| 15. When I am angry about something, my friends try to be understanding. | 1 | 2 | 3 | 4 | 5 |
| 16. My friends help me to understand myself better. | 1 | 2 | 3 | 4 | 5 |
| 17. My friends care about how I am. | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|---|---|---|---|---|---|
| 18. I feel angry with my friends. | 1 | 2 | 3 | 4 | 5 |
| 19. I can count on my friends when I need to get something off my chest. | 1 | 2 | 3 | 4 | 5 |
| 20. I trust my friends. | 1 | 2 | 3 | 4 | 5 |
| 21. My friends respect my feelings. | 1 | 2 | 3 | 4 | 5 |
| 22. I get upset a lot more than my friends know about. | 1 | 2 | 3 | 4 | 5 |
| 23. It seems as if my friends are irritated with me for no reason. | 1 | 2 | 3 | 4 | 5 |
| 24. I can tell my friends about my problems and troubles. | 1 | 2 | 3 | 4 | 5 |
| 25. If my friends know something is bothering me, they ask me about it. | 1 | 2 | 3 | 4 | 5 |

IPPA Revised Scoring

Mother, Father, and Peer Attachment total scores are calculated by:

- (1) Reverse-scoring the items whose numbers are listed below and
- (2) Summing all 25 items for each scale.

| Attachment Scale | Items to be reverse-scored |
|------------------|----------------------------|
| Mother | 3 6 8 9 10 11 14 17 18 23 |
| Father | 3 6 8 9 10 11 14 17 18 23 |
| Peer | 4 5 9 10 11 18 22 23 |

How to Score the Revised Version in Order to use the original IPPA subscales:

| SUBSCALE | ITEM NUMBER ON REVISED VERSION | |
|----------------------|--------------------------------|----------------------|
| Direct-scored items | Direct-scored items | Reverse-scored items |
| Parent Trust | 1 2 4 12 13 20 21 22 | 3 9 |
| Parent Communication | 5 7 15 16 19 24 25 | 6 14 |
| Parent Alienation | 8 10 11 17 18 23 | |
| Peer Trust | 6 8 12 13 14 15 19 20 21 | 5 |
| Peer Communication | 1 2 3 7 16 17 24 25 | |
| Peer Alienation | 4 9 10 11 18 22 23 | |

(Armsden & Greenberg, unpublished informal manual, 2009, p. 11-12)

Appendix G: IPPA Supplementary Information and Findings

The unpublished IPPA (Mother, Father, Peer Version) is a revised version of the original published IPPA that consisted of two sections: Parents and Peers with a total of 53 items. The revised version is comprised of 25 items for each of the participants' Mother, Father, and Peers, resulting in a total of 75 items. Items are rated by the participant on a 5 point Likert scale ranging from 1 (Almost Never or Never True) to 5 (Almost Always or Always True). The IPPA was developed to measure perceived quality of attachment between adolescents and their parents and peers based upon the attachment theory of Bowlby and three dimensions of attachment (degree of mutual trust, quality of communication, and extent of anger and alienation; Armsden & Greenberg, unpublished informal manual, 2009). These three degrees of attachment have been validated with the original IPPA and scoring for these degrees as well as an over-all total has been developed for the revised IPPA. The original IPPA has strong support for both reliability and validity having been used in studies since 1987. In a study by Armsden (as cited in Armsden & Greenberg, unpublished manual, 2009) with a sample of 27 participants ages 18 to 20, internal reliability (Cronbach's alpha) for the IPPA Revised version were found to be comparable to those of the original IPPA (IPPA: parent α .93, peer α .86; IPPA Revised: Mother α .87, Father α .89, Peer α .92). The IPPA has also been shown to significantly correlate with family support and cohesiveness in late adolescents, and self-esteem, life satisfaction, social adjustment, and affective status with parent and peer scores (Haigler, Day, & Marshall, 1995).

Despite lack of published findings using the IPPA Revised version, this measure was purposely chosen because it is one of very few that contains both separate parent and peer sections. For 3 of my participants, either one or both parents were not considered present in their lives growing up. Further, due to the literature presented in Chapter 2 regarding relationships with both friends and parents in the negotiation of body modification, a measure that could be used to identify attachment in each of these groups separately was paramount in order to capture these relationships in their fullness. While the IPPA and IPPA Revised version have mainly been used with older adolescents, this was not viewed to be a significant issue for the current study as the majority of the 8 participants were in their early 20's. While the IPPA-R has been used with 18-20 year olds, use in the current sample is an exploratory extension.

Analysis

The IPPA (Mother, Father, Peer version) was scored for each participant. All scores were added resulting in a sum total attachment score (for Mother, Father, and Peer) and a total for each subscale (Trust, Communication, Alienation) of the IPPA Revised version. While there are no published cut-scores, higher total, trust, and communication, and lower alienation scores reflect more secure levels of attachment. Scores for each subscale of each section were compared between participants using a graph. Due to the small sample size, more detailed analysis was not conducted.

IPPA Revised Findings

It is important to note that Amber (participant 3) indicated having no father figure and therefore all of her 'father scores' are 0. Further, participant 2 (Leah) indicated that

her father passed away when she was 15, and participant 7 (Amanda) noted that her parents divorced when she was younger. Therefore, it is possible that the lack of a father (or consistent father) figure may influence the findings.

According to findings from tables 1 and 2, the degree of trust and communication with peers was rated as high, or higher than with the mother or father. While ratings of mother and father trust were very similar, communication was higher with the mother than with the father. For all participants alienation was generally low for all three domains (mother, father, peer). However, participant 2 (Leah) indicated much higher alienation with peers than with either parent; this finding was consistent with other findings of this participant who rated peer attachment lower than that of both parents in all scales.

Five of the 8 participants scored higher on total peer attachment than they did on either mother or father attachment totals. Participants were equally split on which parent scored higher on attachment. Consistent with Molly's (participant 1) interview information, which suggested that her relationship with her parents was strained more so than other participants, all scores were often lower (alienation scores were higher) than other participants. Further Molly's mother scores for all scales were the lowest rated of all participants.

Table 1

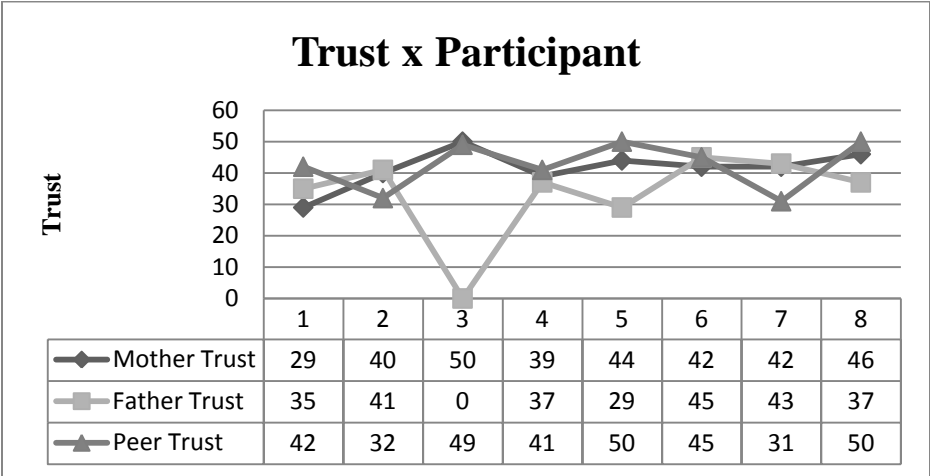


Table 2

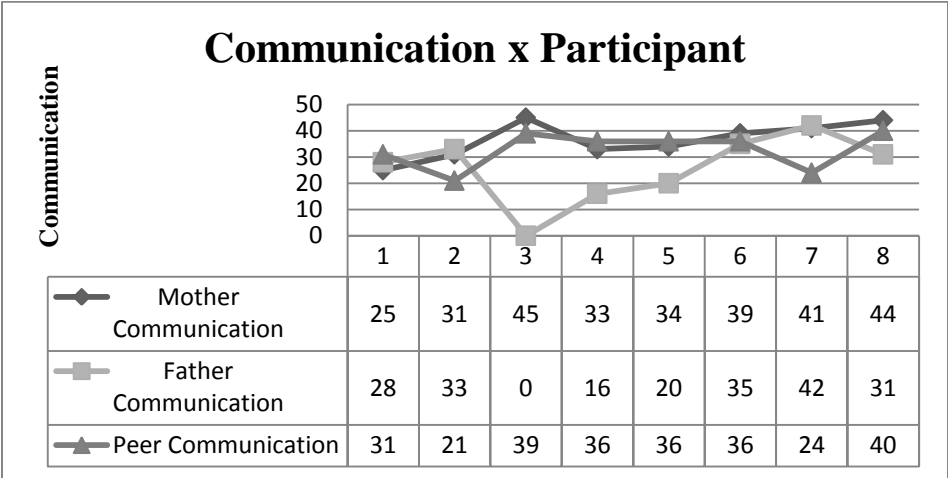


Table 3

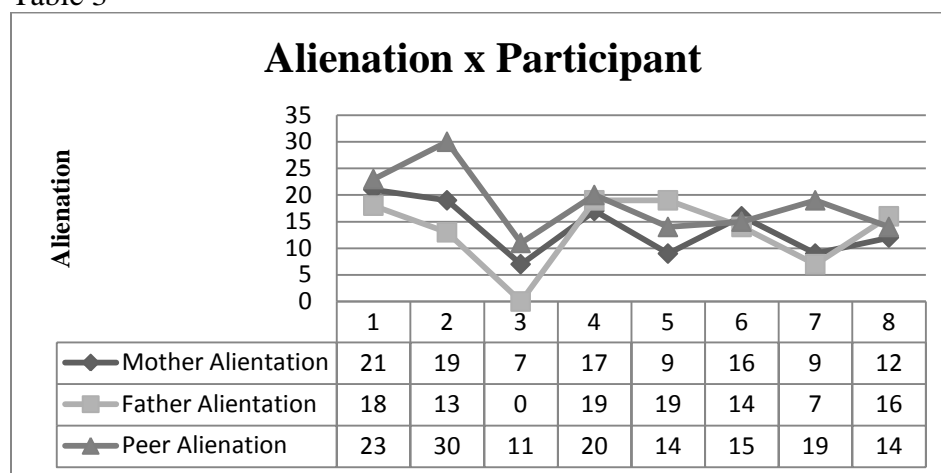
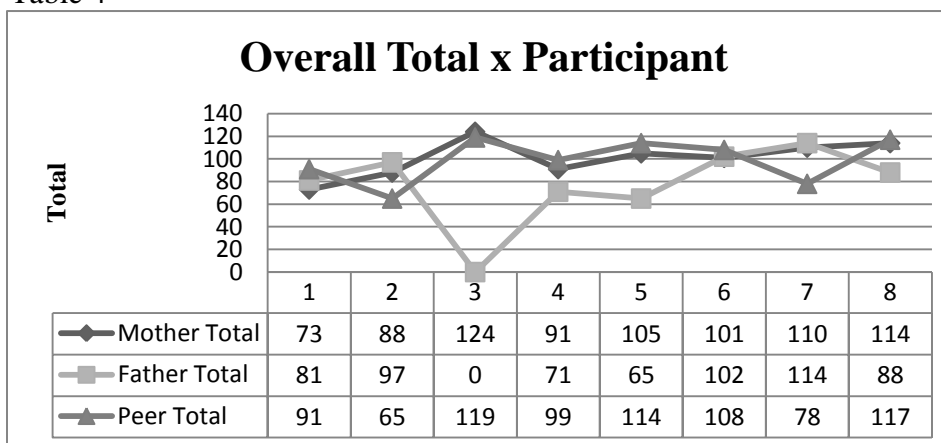


Table 4



Appendix H: List of Participant BoM

Molly

| Piercing | Age Obtained | Age Removed/Altered | Age |
|---------------------|---------------------|------------------------------------|------------|
| Several on each ear | 15-18 | Removed all but 2 on each ear lobe | 19 |
| Navel (top) | 15 | - | - |
| Navel (bottom) | 18 | - | - |
| Tragus | ? | - | - |
| Tattoo | Age Obtained | Altered | Age |
| Lower left hip | 18 | - | - |

Leah

| Piercing | Age Obtained | Age Removed/Altered | Age |
|---------------------------------------|---------------------|---|------------|
| 2 earlobe piercings | 5 | Stretch first earlobe piercing | 16 |
| 2 earlobe piercings | 14 | Removed | 17 |
| 2 upper ear cartilage | 14 | Removed | 17 |
| Right eyebrow | 15 | - | 18 |
| 2 earlobe piercings | 16 | Removed | 17 |
| Industrial ear | 16 | - | - |
| Vertical tragus (ear) | 17 | Removed | 17 |
| Nose | 17 | - | - |
| 2 Conch | 17 | - | - |
| 2 earlobe | 18 | Removed | 18 |
| 2 earlobe | 18 | Removed | 18 |
| Vertical Labret | 19 | Removed | 20 |
| Septum | 20 | Removed | 21 |
| Cartilage (ear) | 20 | - | - |
| 4 Microdermals along chest/collarbone | 21 | Removed and replaced 4 times within 1 year and eventually removed | 22 |
| Naval | 21 | - | - |
| Lip (side) | 21 | Removed | - |
| Tragus | 21 | - | - |
| Nose | 22 | - | - |
| Tattoo | Age Obtained | Altered | Age |
| Left wrist band | 15 | - | - |
| Right ankle | 17 | Covered with different | 20 |

| | | | |
|-------------------|----|---------|---|
| | | tattoos | |
| Left foot | 17 | - | - |
| Left side abdomen | 20 | - | - |
| 2 toe tattoos | 20 | - | - |
| Left ankle | 20 | - | - |
| Forearm | 20 | - | - |
| Back | 20 | - | - |

Amber

| Piercing | Age Obtained | Removed/Altered | Age |
|--------------------|----------------------------|------------------------|------------|
| Single ear lobe | 8 | - | - |
| Nose | 17 | - | - |
| Tongue | 17 | - | - |
| Navel | 17/18 | Removed | 19/20 |
| Labret | 20 | - | - |
| Tattoo | Age Obtained | Altered | Age |
| Right Collarbone | 19 | - | - |
| Left back shoulder | Started 19, finished at 21 | - | - |

Madi

| Piercing | Age Obtained | Removed/Altered | Age |
|---|---------------------|------------------------|------------|
| 10 piercings on ears: 8 lobe piercings, 2 mid ear | 10-17 | - | - |
| Nose | 16 | - | - |
| Navel | 17 | - | - |
| Tattoo | Age Obtained | Altered | Age |
| Lower back | 18 | - | - |

Alia

| Piercing | Age Obtained | Removed/Altered | Age |
|-----------------------------------|---------------------|------------------------|------------|
| Nose | 16 | - | - |
| Tongue | 18 | Removed | 20 |
| Dermal anchor on left upper cheek | 20 | - | - |

| | | | |
|-------------------|---------------------|----------------|------------|
| Lip ring (middle) | 20 | Removed | 22 |
| Lip ring (right) | 22 | Removed | 22 |
| Tattoo | Age Obtained | Altered | Age |
| Full back tattoo | Partially done 16 | Completed | 20 |

Kasey

| Piercing | Age Obtained | Removed/Altered | Age |
|---------------------------|---------------------|--------------------------------------|------------|
| 2 Nose | 13 | - | - |
| 3 ear lobe | 13 | First ear lobes stretched to 2 guage | ? |
| 1 middle ear piercing | 13 | - | - |
| Tongue | 16 | Removed | 21 |
| Surface piercing on chest | 18 | Removed | 20 |
| Lip (middle) | 21 | - | - |
| Tattoo | Age Obtained | Altered | Age |
| Mid-upper back | 18 | - | - |
| ? | 18 | - | - |
| Lower leg | 20 | - | - |
| Back of arm | 21 | - | - |
| Half upper arm | 22 | - | - |
| ? | 22 | - | - |

Amanda

| Piercing | Age Obtained | Removed/Altered | Age |
|-----------------|---------------------|------------------------|------------|
| Ear lobe | 10 | Stretched to 00guage | 16-18 |
| Ear lobe | 13 | Upper ear removed | 22 |
| Ear lobe | 22 | Removed | ? |
| Lip | 20 | Removed | 28 |
| 2 Tongue | 17 | One tongue removed | 27 |
| Tongue Web | 18 | Removed | ? |
| Septum | 19 | Removed | 27 |
| Eyebrow | 16 | Removed | 17 |
| Nipples | 16, 18, 20 | Removed | 16, 18, 20 |
| 2 Nose | 25 | | |
| Tattoo | Age Obtained | Altered | Age |
| Lower back | 16 | - | - |

| | | | |
|------------------|----|---|---|
| Foot | 17 | - | - |
| Behind right ear | 20 | - | - |
| Upper back | 21 | - | - |

Beth

| Piercing | Age Obtained | Removed/Altered | Age |
|---------------------|---------------------|------------------------|------------|
| 2 Ear lobes | 2 and 12 | - | - |
| Nose | 16 | - | - |
| Upper ear cartilage | 14 | Removed | 18 |
| Navel | 17 | Removed | 18 |
| Tongue | 20 | Removed | 21 |
| Tattoo | Age Obtained | Altered | Age |
| Left calf | 14 | - | - |
| Back | 20 | - | - |
| Right ankle | 21 | - | - |

* Question marks indicate ages or BoM that was not specified by participants.