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Tattooed Psychologists: A Discussion of Meaning, Professionalism, and Self-Disclosure

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Tattooed Psychologists:

A Discussion of Meaning, Professionalism, and Self-Disclosure

by

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George Fox University

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Abstract

Tattooing has been a form of self-expression and cultural participation for thousands of years. In the past in the United States, those who got tattooed were often viewed as fringe populations. Now, however, tattoos have entered mainstream society. Most current research shows that tattoos are tied to significant personal and cultural meanings for tattooed individuals. Given this and the growing number of people who choose to get permanent ink, the continued exploration of this topic can be useful for clinical psychologists in understanding clients and emerging themes of identity in our society. Perhaps of equal importance, is the unexplored topic of clinically active, tattooed psychologists; little research exists examining the reasons psychologists get tattooed. The purpose of this study is three-fold: (a) to examine professional attitudes toward psychologists' visible tattoos, (b) to examine client reception of visible tattoos and the psychologist's consequent personal disclosure, and (c) the psychologist's personal meaning and purpose behind their choice in tattoos. A two-phased study was conducted using a

general survey and a semi structured interview of psychologists with tattoos. A total of 120 psychologists and graduate students completed questionnaires in Phase I and 11 were interviewed in Phase II. Results indicate that not only are psychologists' tattoo trends following those of the general public, but that tattoos are a multilayered medium to engage in clinical dialogue. Future research is needed to expand upon these results.

Keywords: tattoos, therapy, professionalism, self-disclosure, psychologists, self-expression

Table of Contents

Approval Page ii
Abstract iii
List of Tables vii
Chapter 1: Introduction 1
A Brief History of Tattooing 2
Why Get Tattoos: Current Purpose, Stigma, and Status 5
Implications for Clinical Psychologists 8
Chapter 2: Methods 11
Participants 11
Demographics of participants in Phase I 11
Demographics of participants in Phase II 13
Materials 13
Procedure 14
A Note about the Personal Investment of the Researcher 16
Chapter 3: Results 18
Phase I 18
Questionnaire analysis: Tattoos 18
Significant differences of opinion 18
Items of agreement 19
Items only applicable to tattooed participants 20
Questionnaire analysis: Age 23
Comments on Questionnaire 24
Phase II 25
Tattoo content and meaning 25
Can tattoos be professional? 29
Tattoos as clinical tools 33

Tattoos and self-disclosure 36
Tattoos and boundary concerns 38
Other described themes 40
Chapter 4: Discussion 43
Limitations and areas of future research 45
Summary 48
References 49
Appendix A: Survey and Interview Questions 55
Appendix B: Mailing Letters and Email 60
Appendix C: Curriculum Vitae 64

List of Tables

Table 1: Items with Significant Differences in Opinion Split by Tattoo Possession.....19

Table 2: Items of Significant Agreement Aplit by Tattoo Possession.....21

Table 3: Items only Applicable to Those with Tattoos.....22

Table 4: Item Analysis Based on Age Difference. Median Split at 40 Years of Age 25

Chapter 1

Introduction

"I am a canvas of my experiences, my story is etched in lines and shading, and you can read it on my arms, my legs, my shoulders, and my stomach."

—Kat Von D

For thousands of years tattoos have held a significant place in cultures worldwide. The study of tattooing has ignited the curiosity of scholars in the arts and social sciences with research ranging from ancient tattooing techniques, the artistry of tattooing, psychodynamic perspectives on tattoo acquisition, and the role of tattoos in cultures today (Atkinson, 2004; Cross, 2013; DeMello, 1995; Deter-Wolf, 2013). The purpose of tattoos and symbolism of tattooed images vary across time and culture and are heavily embedded in cultural context. Today, tattoos embody a wide variety of meanings and purposes and the prevalence of tattooed people has increased significantly in recent years.

The implications for Western society are varied and the following literature review will touch on some of the current perspectives and purposes of getting tattooed. Most of the research shows that tattoos are tied to significant meanings for tattooed individuals (Dickson, Dukes, Smith, & Strapko, 2015). Given this and the growing number of people who choose to get permanent ink, the continued exploration of this topic can be useful for clinical psychologists in understanding clients and emerging themes in our society. Perhaps of equal importance, is the

unexplored topic of clinically active, tattooed psychologists. In the therapy room, every verbal and nonverbal disclosure by the therapist can be important to the therapy process – even something as seemingly innocuous as the art a psychologist chooses to put on their office walls. Visible tattoos then become of more importance when considering their potential personal meaning. This study seeks to explore the implications of tattoos for clinical psychologists in the following domains: (a) professional reception of visible tattoos, (b) client reception of visible tattoos and the consequent choice of personal disclosure, and (c) the psychologist's personal meaning and purpose behind their choice in tattoos.

A Brief History of Tattooing

The oldest tattoo ever discovered dates to approximately 8,000 years ago, found on a mummified body in South America (Deter-Wolf, 2013). For many cultures, tattoos were used to distinguish powerful warriors and people who had experienced significant life events (Reed, 2000). In Polynesian cultures, tattoos are a relational way of preserving lineage and familial stories (Hiramoto, 2014). Other cultures used tattoos as a rite of passage and to delineate age and social classes. Tattoos have also been used to enhance beauty and desirability among both males and females. Other uses of tattoos include sacred rituals and expressions of permanent devotion to the divine. Perhaps most jarring and relatable to westerners is the use of tattoos to discriminate against large groups of people, such as the tattoos used to register detained persons in World War II Europe. (Kosut, 2003; Peace, 2000; Schildkrout, 2004)

In the United States, the significance and purpose of getting tattooed has undergone several shifts in style, artistry, application, and types of people who get tattooed. In the early and mid-1900s tattooed persons were likely to be fringe members of society such as gang members,

convicted criminals, and sailors. Tattoos have often been associated with traditionally masculine occupations such as military service and with traditionally masculine character traits such as physical strength and risky behaviors (DeMello, 1995; Steward, 1990). This could be correlated with the fact that tattoos are a physically painful method of artistic self-expression and thus have been associated with painful occupations, life circumstances, and events. As tattoo technology, hygienic practices, and tattoo styles have evolved, more people have been getting tattooed and the art gained traction in artistic communities and with younger people.

The prevalence of tattoos has risen significantly since 2003 and is not showing signs of slowing down; the incidence of tattooing in the United States has increased from 14% of adults in 2003 to approximately 30% in 2015 (Braverman, 2012; Harris Poll, 2015). Approximately 45 million Americans today have at least one tattoo, 36% of people between the ages of 18 and 25 are tattooed, and 40% of people between the ages of 26 and 40 are tattooed (Pew Research Center, 2013). A Harris Poll conducted in 2015 with 2,250 participants, reported that 3 out of 10 Americans across all age groups have at least one tattoo, and 47% of millennials are tattooed (Harris Poll, 2015). Socioeconomic status and age interact to explain changes in the incidence of tattoos. Individuals of all ages from working class homes and lower SES tend to have more tattoos than those in the middle class, upper middle class, or upper class (Adams, 2009; Johnson, 2007). In recent years, more young people in the middle class have gotten tattoos which has furthered their acceptability and popularity. Despite what your mother might say, tattoos are no longer just for criminals and rebels, but are now for mainstream Americans.

Age isn't the only demographic variable that correlates with who gets tattooed nowadays. Data concerning race shows that an equal percentage of African Americans and Caucasians get

tattooed while Latinos tend to get tattooed at a higher rate (Harris Poll, 2015). Other demographic differences include geographic location; people on the west coast of the United States are more likely to be tattooed than those in other regions (Harris Poll, 2015)

Portrayals of tattoos in the media have also been on the rise which has made tattooing more acceptable to the masses (Kosut, 2006; Woodstock, 2011). More celebrity figures have visible tattoos, including popular artists like P!NK, Katy Perry, Kanye West, and Beyoncé. Reality shows depicting tattoo artists have emerged, with some of the most popular being Ink Master, Bad Ink, LA Ink, and Tattoo Nightmares. Celebrity tattoo artists have also arisen in popular culture, such as Kat Von D, former star of LA Ink, who is followed by millions of people on various social networks.

Increased attention on the artistry of tattooing has affected the public view of tattoos and the art industry itself; with more exposure, more people are aware of the complex art of tattooing (Woodstock, 2011). Tattooing started as a trade industry where prospective artists would apprentice under an experienced artist to learn the craft. While apprenticeship is still required for tattoo artist licensure, more and more prospective tattooists are already accomplished artists or are attending college for art before entering the field (Kosut, 2003; Kosut, 2006; Larsen, Patterson, & Markham, 2014). These changes have expanded the range of tattoo styles one can get and have opened the field to more individualized tattooing and increased artistry (Hall, 2014). No longer are tattoos limited to simplified images and lettering; tattoos can be as complex as any drawing or painting.

Why Get Tattoos: Current Purpose, Stigma, and Status

With the rapid growth of tattoo popularity, the questions that beg to be asked are why do people get tattooed and what role do tattoos play in our culture now? The social science literature is full of articles linking tattoos with social deviancy, poor mental health, and criminal behavior (Adams, 2009; Jennings, Fox, & Farrington, 2014; Larson et al., 2014). Some studies suggest people with tattoos are motivated by their need to feel unique and rebellious (Swami, 2012; Swami et al., 2015; Tiggemann & Hopkins, 2011). Other studies use the presence of tattoos on individuals as a correlate with experience of abuse and low self-esteem (Birmingham, Mason, & Grubin, 1999; Gueguen, 2012; Jennings et al., 2014; Romans, Martin, Morris, & Harrison, 1998; Rozycki, Lozano, Morgan, Murray, &Varghese, 2010).

Historically, tattoos have been perceived in a predominately negative light. Many people still see tattoos as undesirable and unprofessional. In a study done in 2008 with college students, half of the participants were given pictures of people without tattoos, and the other half were given the same pictures with tattoos photoshopped in. They were then asked to rate each picture of a person based on their perception of their personality. It was found that the ratings of tattooed people were consistently more negative than those without (Resenhoeft, Villa, & Wiseman, 2008). Several studies have found that having visible tattoos makes a person less likely to be offered employment (Timming, Mickson, Re, & Perrett, 2015). Others suggest that consumers and clientele are not as trusting of employees with tattoos when seeking services, especially in more professional arenas such as medical centers (Dean, 2011; Karl, Peluchette, & Hall, 2016). Even millennials, who are the most inked generation, recognize the importance of getting tattoos that can be concealed so as not limit their employment opportunities (Foltz, 2014).

However, there are some conflicting messages concerning the perception of tattoos. The Harris Poll (2015) found that most participants in their study were comfortable with people having visible tattoos across many occupations, including, bankers, police officers, chefs, athletes, real estate brokers, and even presidential candidates (Harris Poll, 2015). Not surprisingly, millennials were more likely to perceive professionals with tattoos favorably. Furthermore, most parents who took the poll indicated they were comfortable with their children being served by professionals with tattoos including coaches, pediatricians, primary school teachers, and baby sitters (Harris Poll, 2015). Wiseman (2010) found that visible tattoos on service industry workers do not affect perception of confidence in the individual's ability to perform a service and they could even be a positive addition. Williams, Thomas, and Christiansen (2014) recommend that social workers should recognize the presence of tattoos as a diversity issue rather than a deviant behavior.

Recent research acknowledges the role of tattoos as self-expression and part of a personal narrative. Some studies indicate people use tattoos to memorialize their dead loved ones and to process grief and loss (Letherby & Davidson, 2015; Ord, 2009). Tattooing can also be a form of affect management in processing trauma and loss (Atkinson, 2004). Other people use tattoos to symbolize personal growth and overcoming challenges in life (Dickson et al., 2015). Still others use tattoos as a form of self-expression by choosing images that are pleasing to them and images that are representative of current self or desired self (Bell, 1999; Mun, Janigo, & Johnson, 2012; Peace, 2000). According the Bell (1999), we are now in a renaissance of tattooing where the meaning and purpose of tattoos is as varied as the people getting tattoos. A study done in 2015 showed that college students' tattoos are part of a "meaning making function in the formation of

adult identity" (Dickson et al., 2015, p. 106). Bell (1999) stated, "tattooing is a struggle for individualization in a society that is increasingly impersonal"; she associates tattooing with the effort for individuals to live their own "personal truth" (Bell, 1999, p 56).

In addition to being an expression of individuality, getting tattooed can be a demonstration of belonging. Tattoos have been used to profess membership in gangs, religious groups, and military service, to name a few examples. Even when the tattoos hold deeply personal meaning, the images chosen associate the individual with a particular group. For example, many people choose images of praying hands, prayer beads, and crosses to display their devotion in Christianity; even though the tattoo is personal, the meaning of the tattoos are easily recognized and the group the individual belongs to identified. It is also not uncommon for people to get matching tattoos with people they love, or to get tattooed with a small group of friends. Another example started trending within the last year after a person's tattoo went viral. A woman got a tattoo of a semi-colon to represent her battle with depression and decision to keep living. That image resonated with thousands of other people who had experienced similar things, and now the semi-colon tattoo is recognized as a symbol of overcoming depression and choosing life (Itkowitz, 2016). Even though each individual has his or her own experience, the images they choose to permanently etch on their bodies tie them to a group with similar experiences. Meaning in tattooing is highly tied to an individual's identity and to the communities they participate in, and thus, cannot be ignored by professionals who endeavor to understand and assist others.

Implications for Clinical Psychologists

Just like any other group of people, psychologists are inescapably tied to cultural expectations and influences. Therefore, psychologists are likely influenced by the changing attitudes toward tattoo acceptability, both personally and professionally.

In terms of psychologists' professionalism, there is no predominant standard that define visible tattoos as unprofessional. However, many graduate programs in psychology and workplaces do have regulations when it comes to visible tattoos requiring them to be covered. For example, Oregon Health and Sciences University (OHSU) requires faculty, staff, and students who have tattoos to cover them at work, and if the tattoos cannot be covered by clothing (e.g., tattoos located on hands or ankles), they must be covered with an adhesive bandage (Weiss, 2016). In settings where dress code is often not as strict, such as community mental health settings or treatment centers, it is not uncommon to see therapists with tattoos. Likewise, tattoos can often be seen on psychology graduate students, social workers, and drug and alcohol counselors. Williams et al. (2014) have urged social workers to reexamine the place of tattoos in professionalism as the acceptability of tattoos grows.

One argument for covering tattoos is that tattoos inevitably send a message about the person wearing them, making tattoos a form of unintentional self-disclosure. The information communicated with appearance is an inherent part of the therapeutic relationship. Depending on the therapeutic orientation and openness of the therapist, this could help or hinder the therapeutic process. With tattoos, certain images may have unintended interpreted meaning for different clients that could affect the therapeutic relationship without the therapist realizing it. On the other hand, tattoos could be a potential talking point to increase rapport in a relationship or bring

up deeper topics of meaning (Myers & Hayes, 2006). It can easily be said that some tattoos are better than others when it comes to therapy; a therapist with a visible, graphic, horror tattoo is going to be perceived much differently than a therapist with a visible tattoo of a daisy. Even so, both the horror tattoo and the daisy are likely to induce some sort of response from the client, just like a therapist's clothing choices or choices in office décor do (Devlin et al., 2013; Myers & Hayes, 2006). What then is acceptable in the therapy room? Is there a hard and fast line when it comes to tattoos? Understanding the consensus of the psychological community would be helpful when considering these questions.

Finally, the personal meaning of tattoos for psychologists who have them would be informative. Psychologists are a unique population when considering tattoos because of their professional status (having doctoral degrees), relatively high earning potential, and insight into human behavior. Psychologists often do not have the research microscope pointed in their direction (preferring to research others), so there is no current research examining the reasons psychologists get tattooed. Several studies have suggested there is important psychodynamic information a therapist can gather from their client's tattoos (Cross, 2013; Grumet, 1983). Would it not follow that the tattoos psychologists choose to get provide information about the psychologists themselves? Abby Stein (2011) provides a personal example of the meaning of her tattoos and the process of self-disclosure in her article *The tattooed therapist: Exposure, disclosure, transference*. Stein describes the way in which her client pulled at the meaning of her visible tattoos which then were used as fodder for personal insight for the client and herself. (Stein, 2011). The meaning behind the tattoos psychologists choose will likely give insight into

psychologists as individuals and as a group. More importantly, those meanings likely influence the therapeutic process whether tattoos are talked about explicitly or not.

The purpose of this study is three-fold: (a) to explore psychologists' personal meanings and decision processes in the choice to get tattoos, (b) to examine the process of self-disclosure in therapy related to the tattoos psychologists have, and (c) to examine professional reception of tattooed psychologists.

Chapter 2

Methods

There were two phases to this study: Phase I consisted of a predominately quantitative survey and Phase II consisted of semi-structured interviews conducted with participants identified in Phase I. Methodology varied per phase.

Participants

Participants in Phase I consisted of a random selection of licensed clinical psychologists belonging to the American Psychological Association (APA), and psychology doctoral students in APA accredited PhD and PsyD programs. Participants who were interviewed in Phase II, were tattooed psychologists and students who completed the survey and indicated they would be willing to be interviewed.

Out of the 150 questionnaires that were mailed out, 59 were returned with completed surveys. 49 were returned to sender by USPS as undeliverable, leaving 42 surveys unaccounted for. A total of 61 people responded to the online survey, leaving the grand total of participants in Phase I, 120. Of those, 27 participants were contacted via email to be interviewed in Phase II. A total of 11 participants responded and were interviewed.

Demographics of participants in Phase I. Regarding gender, 67.9% of participants self-identified as female and 32.1% self-identified as male. Participants were given an open response box to indicate their ethnicity. The majority of participants (87.2%) self-identified as white/Caucasian, 4.6% identified as African American, 2.8% identified as Latinx, 3.7%

identified as multi-racial, .9% identified as Native American, and .9% identified as Asian American.

The mean age of participants was 43.8 years with a standard deviation of 17.1 years. The oldest participant was 74 years old and the youngest was 22 years old. The average number of years participants had been practicing therapy was 13.1, with a standard deviation of 13.8 years. Most participants indicated they currently engage in clinical practice (83.9%) and 16.1% indicated they do not. Those who don't currently engage in practice identified as being retired from practice or are in their first year of their graduate program. Of the participants, 38 identified themselves as graduate students (35%).

In terms of theoretical orientation, most participants identified practicing cognitive behavioral therapy (32%). Approximately 18% of participants identified more than one therapeutic approach (or described themselves as eclectic or integrative) and 16% identified psychodynamic as their primary orientation. Other significant orientations identified were humanistic (7%) and interpersonal therapy (6%). 15% of participants did not identify an orientation and 6% identified with other orientations including family systems therapy and acceptance and commitment therapy.

More than one fourth of participants have at least one tattoo (26.8%), while 73.2% have none. Of those who have tattoos, 67% identified as female and 33% identified as male. Most tattooed participants identified themselves as European American or white (80%) while 6 participants identified as either multiracial, Indian, Latinx, or African American. Ethnicity and having a tattoo are significantly associated ($x2(1) = 4.07$, $p = .04$) such that more white people than expected by chance do not have tattoos and more non-white people than expected do have

tattoos. The sample size is small for this relationship, but it is significant; if the population were larger, the effect may be larger.

Over half of those with tattoos are still in graduate school (18 out of 30). Participants with tattoos (M = 33.2 years, SD = 12.62) are significantly younger than those without tattoos (M = 47.73 years, SD = 16.94, $F(1,109) = 18.27$, $p < .001$). Of those with tattoos, 14 (47%) only have 1 tattoo, and 53% have 2 or more. A total of 5 tattooed participants (17%) have more than 5 tattoos sometimes including full sleeves or pieces covering a large part of their body.

Demographics of participants in Phase II. All participants in Phase II had tattoos. Out of the 11 people interviewed, 5 identified as male, and 6 identified as female. At the time of the interview, 4 were younger than 30 years of age, and 7 were older than 30. Correspondingly, 8 were currently in graduate school, and 3 were licensed psychologists. Only 1 participant started getting tattoos after licensure, while the remaining 11 started getting tattoos either before or during graduate school. 3 proceeded to get more ink after licensure and nearly all participants expressed plans to get more tattoos in the future. Theoretical orientation was varied; 3 indicated they practice primarily from a humanistic theory, 3 identified as integrative, 3 identified as primarily practicing cognitive behavioral therapy, and 2 did not specify an orientation as they are still in training. 10 of the interviewees have easily visible tattoos in a professional setting (though they can be covered up), and 1 has tattoos in places not exposed in professional settings.

Materials

All participants received a questionnaire (see Appendix A) via the US postal service or distributed through email. The questionnaire included three parts: demographic questions, 56 items on a Likert scale, and a space for additional comments/information. A letter explaining the

purpose of the survey, consent to participate, and opportunity to opt into Phase II of the study accompanied all surveys (see Appendix B). Physical surveys also included a temporary tattoo and a stamped return envelope to encourage participation.

The questionnaire in Phase I was designed specifically for this study by the researcher and her advisors. No similar survey was found in the reviewed literature which necessitated the creation of a one. Questions were formulated to capture multiple aspects of the themes of the study and the experience of having tattoos in a clinical setting. Some questions were applicable to all participants (including those without tattoos) while others were only applicable to participants with tattoos. Currently, this survey seems to be a unique contribution to literature.

The survey created is a self-report measure designed to explore the ways psychologists think about tattoos in professional relationships, client relationships, and in their personal lives. Each item is a statement about tattoos set on a Likert scale with the following anchors: *Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree*, and *Not Applicable*. Participants were asked to rate each item on how it applied to them. Some items were only applicable to participants with tattoos, while others could be answered by all participants.

The interview in Phase II was semi-structured in nature. All participants were asked a standard set of questions (found in Appendix A) and asked naturally occurring follow up questions. Questions were tailored to be open ended to encourage narratives.

Procedure

The names and addresses of potential participants for Phase I were obtained through two different methods. Licensed psychologists were screened via the online membership directory of the APA. Through random selection using a random number generator, 150 APA members'

names and physical addresses were obtained. Graduate students were contacted via training directors and faculty from randomly selected APA accredited doctoral programs in clinical psychology. Those contacted were asked to forward the request for participation in this study to students.

Physical surveys were mailed to the licensed psychologist selected. A letter explaining informed consent was included with the survey. Participants were asked to sign and return a portion of the letter to indicate they agreed to the terms of the study. Surveys were sent to psychology graduate students via email as there is currently no reasonable way to obtain the physical addresses. Informed consent was explained in the body of the email and consent was indicated by students filling out the survey. The survey was hosted by Survey Monkey and access to the survey was given by a link in the body of the email. A total of 150 surveys were mailed out to registered APA members. An additional 45 program directors from APA accredited programs were contacted via email to forward an online survey to their students and colleagues; therefore, the total number of students and psychologists who had access to the survey electronically is unknown. The online survey was also sent to the researcher's graduate program members. Participants with and without tattoos were sought to complete the survey

Of the tattooed psychologists and graduate students who participated in the survey, 27 indicated they were willing to be interviewed for Phase II of the study. Each of them was extended an invitation to be interviewed via their provided email address. Interviews were conducted over the phone or in person and took between 20 and 40 minutes to complete. Confidentiality was explained and all participants were given opportunity to withdraw from the

interview. Answers to the semi-structured interview questions were transcribed during the interview for analyses.

Completed questionnaires were analyzed using the Statistical Package for the Social Sciences (SPSS) looking for significant differences in responses between psychologists with and without tattoos. Response differences were also analyzed taking demographics into account. Mean responses to each item were considered to gain an understanding of psychologists' attitudes towards tattoos across the three domains. The same method of analysis was used to assess the differences in responses between younger and older participants with and without tattoos.

Transcribed interviews in Phase II were analyzed using a grounded theory approach. Each of the interviews were read by two reviewers (one of which was the researcher) who independently noticed and coded themes they thought were relevant in the interviews. The reviewers then collaborated on naming and integrating these themes to create a cohesive understanding of the information gathered in the interviews. Some of these themes were anticipated to be related to professionalism, meaning, and self-disclosure, but other themes emerged as well.

A Note about Personal Investment of the Researcher

This study came into fruition after one of the researcher's advisors (Dr. Kathleen Gathercoal) expressed curiosity about the topic. The researcher's personal experience involving tattoos and general passion for tattoos made this study a fitting dissertation topic. The researcher herself has several visible tattoos that are personally meaningful and often are topics of conversation within professional and therapeutic relationships. In the context of this study, the

researcher's personal experience influenced the creation of the questionnaire items and influenced conversation with fellow psychologists and students with tattoos. The researcher self-disclosed the personal nature of this topic in the letter accompanying the questionnaire and while interviewing participants. Such personal investment makes the creation and results of this study not wholly objective, which is important to note. However, the unique view of the researcher as a tattooed psychologist in training may have benefitted the study because of her passion for the topic, understanding of tattoos, and desire to understand the ways in which tattoos can influence the therapeutic relationship. The results and discussion will attempt to elucidate the particulars of how the researcher's personal lens influenced this study.

Chapter 3

Results

Phase I

Questionnaire analysis: Tattoos. In order to accurately describe the responses gained by the survey, participant responses were divided into two groups: those with tattoos and those without. For each item, the Likert scale was ordered from 1 to 5: 1 = *Strongly Agree*, 2 = *Agree*, 3 = *Neutral*, 4 = *Disagree*, 5 = *Strongly Disagree*. The mean of each group's responses was then compared via t-test to look for significant differences and similarities. Some items only applied to those with tattoos and those results are discussed in their own section.

Significant differences of opinion. Participants with and without tattoos had significant differences in their mean Likert scores on several items on the survey. T-test differences were deemed to be significant at a $p = .05$ level and are shown on the table below. In general, those with tattoos felt more strongly that tattoos have a valuable place in our culture and they were more likely to report having friends with tattoos. Participants with tattoos also indicated they appreciate tattoos for aesthetic reasons while those without are relatively neutral on the topic. Those with tattoos also identified having colleagues with tattoos more than those who do not have tattoos. Interestingly, those without tattoos indicated they are more likely to ask their clients about their tattoos than participants with tattoos are. However, when asked about the effects of such conversations on the therapeutic relationship, participants with tattoos felt more strongly that the conversations were meaningful. Regarding professionalism, participants with tattoos felt

more strongly that psychologists' visible tattoos are not unprofessional, while participants without tattoos were more neutral on the topic. A table of these results can be found in Table 1.

Table 1

Items with Significant Differences in Opinion Split by Tattoo Possession

Item	Participants with tattoos	Participants without tattoos	*p* value
I dislike tattoos aesthetically	4.77	3.19	$p < .001$
I dislike tattoos for moral reasons	4.83	4.40	$p = .001$
Many of my friends have tattoos	2.07	3.01	$p < .001$
I think visible tattoos are unprofessional	3.87	2.97	$p < .001$
I have colleagues who have tattoos	1.67	3.15	$p = .03$
I ask my clients about their tattoos	2.79	1.88	$p = .005$
I have had meaningful discussions with clients about tattoos	2.06	2.63	$p = .05$
Tattoos have a valuable place in our culture	2.27	2.77	$p = .01$

Note. **Strongly Agree* = 1; *Agree* = 2; *Neither Agree nor Disagree* = 3; *Disagree* = 4; *Strongly Disagree* = 5. The scores shown are the participants' Likert score means.

Items of agreement. Those with and without tattoos seemed to have similar experiences and viewpoints on a number of different factors. Most notably, participants largely agreed that tattoos reveal personal information about a person. Both groups were supportive of graduate students in clinical psychology getting tattoos, but those with tattoos were more supportive than those without. Similarly, neither group indicated they discourage other professionals from getting tattoos, but those with tattoos responded more strongly on the matter. Both groups agreed that their clients tend to have meaningful tattoos, that tattoos can provide meaningful information

about their clients, and that discussing tattoos in therapy may be beneficial for treatment. Likewise, both groups reported feeling closer to clients with whom they had discussed tattoos and did not feel discussions about tattoos impacted the therapeutic relationship in a negative way. Neither group reported discouraging clients from getting tattoos. On a personal level, both groups of participants seem to have been discouraged from getting tattoos at a similar rate and both groups indicated they do not believe tattoos are morally wrong. Likewise, both groups were relatively neutral when asked whether therapists should share the meaning of their tattoos with clients. Both groups also indicated tattoos in general have not had a strong impact on practicing therapy. A table of these results can be found in Table 2.

Items only applicable to tattooed participants. Psychologists and graduate students with tattoos (N=30) responded to items that only applied to this population. Nearly all tattooed psychologists indicated their tattoos are meaningful to them. None of the participants had ever had a tattoos removed and few regretted their decision to get tattooed. Most indicated they plan on getting more tattoos and are willing to discuss their tattoos with others. Tattooed participants responded more neutrally when asked if they got their tattoos impulsively or because they thought they were cool. Many indicated they got their tattoos during a positive period in their life. Considering professionalism, most participants indicated they are not commonly told they are unprofessional because of their tattoos, and are not regularly asked to cover their tattoos. Participants did indicate, however, that they do often cover their tattoos on their own and that the visibility of their tattoos was an important factor as they got them. Few people indicated they got matching tattoos with another person, or have tattoos related to their families. A table of these results can be found in Table 3.

Table 2

Items of Significant Agreement Split by Tattoo Possession

Item	Participants with tattoos	Participants without tattoos	*p* value
I think tattoos reveal personal information about the people who have them	1.77	1.69	$p = .54$
I was discouraged from getting tattoos	2.80	2.82	$p = .96$
Graduate students in psychology programs should not get tattoos	4.6	3.93	$p < .01$
I have discouraged other professionals from getting tattoos	4.76	4.35	$p = .004$
My clients tend to have meaningful tattoos	2.23	2.11	$p = .57$
Discussing tattoos in therapy can be beneficial for treatment	1.89	1.81	$p = .60$
I feel closer with clients with whom I have discussed their tattoos	2.48	2.76	$p = .26$
My client's tattoos have provided me with valuable information about them.	2.1	2.23	$p = .53$
I have discouraged clients from getting tattoos	4.58	4.31	$p = .22$
Tattoos have not had an impact on my work as a therapist	2.76	2.5	$p = .39$
In general, therapists should not share the meaning of their tattoos with clients	3.45	3.26	$p = .4$
Discussions about tattoos have had a negative impact on the therapeutic relationship	4.33	4.48	$p = ??$

Note. *Strongly Agree = 1; Agree = 2; Neither Agree nor Disagree = 3; Disagree = 2; Strongly Disagree = 1
The means shown are the participants' Likert score means

Table 3

Items only Applicable to Those with Tattoos

Item	Mean Score
The tattoos I have are meaningful to me	1.57
I regret getting the tattoo(s) I have.	4.37
I have had tattoos removed.	4.81
I considered whether my tattoos would be visible to others before getting them.	1.63
The placement of my tattoo(s) is meaningful to me.	2.6
I got at least one of my tattoos during a difficult period in my life.	2.9
I got at least one of my tattoos because I thought it was cool.	2.6
I thought about my tattoo(s) for more than 6 months before getting them.	2.5
I got my tattoos during a good period in my life.	2.03
Getting a tattoo was an impulsive decision.	3.73
I plan to get more tattoos.	1.8
I don't discuss my tattoos with people in my personal life	4.1
I have gotten matching tattoos with at least one other person.	4
At least one of my tattoos is meaningful to my family.	3.1
My family approves of my tattoos	2.5
I want to be able to hide my tattoo(s) if necessary.	1.93
I cover my tattoos in my place of employment.	2.67
I have been asked to cover my tattoos.	3.88
I have been told my tattoos are inappropriate for the workplace.	3.96
Other psychologists have asked me to cover my tattoos.	4.44
Other psychologists have asked me about the meaning of my tattoos.	2.63
I don't discuss my tattoos with other professionals.	3.73
I have been called unprofessional due to my visible tattoos.	4.5
Therapy clients have asked about my tattoos.	3.22
I cover my tattoos when I practice therapy.	2.8
My therapy clients have seen my tattoos.	2.71
I have told clients what my tattoos mean.	3.79
Clients have had negative comments on my tattoos.	4.14
Clients have had positive comments on my tattoos.	2.73
I only talk about my tattoos if clients ask about them.	1.88

Note. **Strongly Agree* = 1; *Agree* = 2; *Neither Agree nor Disagree* = 3; *Disagree* = 2; *Strongly Disagree* = 1. The means shown are of the participant's Likert score means.

Participants with tattoos were also asked to answer specific questions about the content and placement of their tattoos. One half of participants with tattoos reported having tattoos in places that could be visible in a professional setting. Regarding explicit tattoo content, several themes were evident. The most common tattoos were of natural elements such as floral designs, landscapes, or animals (30 described tattoos). The second most common tattoos were of spiritual or religious content such as bible verses, the cross, yin and yang, etc. (14 described tattoos). Other content included images related to psychology such as neurotransmitter structures (5 described tattoos) and tattoos related to family relationships (2 described tattoos). The rest of the described tattoos did not fit in discrete categories, examples of which include (but are not limited to) traditional tribal designs, historical images, and traditional Japanese koi fish designs (11 described tattoos). Participants were not asked about the meaning or symbolism of their tattoos so the content was tallied only by its initial visual meaning. Other personal meanings may be part of the participants' tattoos.

Questionnaire analysis: Age. For the second analysis, participants were divided into two groups: those with tattoos and those without. Each group was then divided in two again via a median split based on age. The use of a median split was to ensure each group had enough participants to conduct a t-test. The mean of each group's responses on each of the questionnaire items were then compared via t-test to look for significant differences and similarities. There were no significant differences found when comparing those with tattoos based on age. For those without tattoos, several differences arose between older and younger groups. The younger group was defined by those 40 years of age and younger, while the older group was defined by those 40.1 years of age and older.

Those in the younger group tended to view tattoos more favorably that those in the older group. Younger participants were more likely to find tattoos visually appealing while older participants were more neutral on the topic. Younger participants also tended to express a desire to get a tattoo and they tended to have more colleagues and friends with tattoos. Both groups did not discourage others (graduate students, colleagues, clients) from getting tattoos, but younger participants had a stronger opinion on the matter. As expected, older participants indicated they had been practicing therapy longer; older participants had been practicing therapy for an average of 31 years while younger participants had been practicing for a mean of 7.69 years. One similarity between groups was of note. Both groups felt similarly neutral on whether or not tattoos are unprofessional, as shown in the means being nearly perfectly correlated. These results are shown in a table in Table 4.

Comments on questionnaire. The end of the survey provided a space for participants to provide comments or feedback to the survey. Nineteen participants provided feedback and 7 of those included additional opinions about tattoos not covered in the survey. Most of these shared that they believe a psychologist's visible tattoos can be distracting to therapy as the psychologist should attempt to be a blank slate or avoid calling attention to themselves. Others indicated they have been planning to get tattoos but have not yet. Finally, one participant wrote that not having tattoos has been a barrier for treatment with several clients and shared that their colleagues with tattoos have used their tattoos to build rapport with clients.

Table 4

Item Analysis Based on Age Difference. Median Split at 40 Years of Age

Item	Younger participants without tattoos	Older participants without tattoos	*p* value
I dislike tattoos aesthetically	3.5	2.93	$p = .045$
I have thought about getting a tattoo but haven't actually gotten one	2.48	3.34	$p= .014$
Many of my friends have tattoos	2.24	3.38	$p = .000$
I have discouraged other professionals from getting tattoos	4.48	4.09	$p = .014$
I have colleagues who have tattoos	1.64	2.71	$p = .000$
Graduate students in psychology programs should not get tattoos	4.17	3.66	$p = .039$
I have discouraged clients from getting tattoos	4.57	4.09	$p= .043$
I have thought about getting a tattoo but haven't due to my professional goals	3.66	4.26	$p = .021$
I think visible tattoos are unprofessional	2.98	2.97	$p = .992$

Note. **Strongly Agree* = 1; *Agree* = 2; *Neither Agree nor Disagree* = 3; *Disagree* = 2; *Strongly Disagree* = 1. The means shown are of the participant's Likert score means

Phase II

Tattoo content and meaning. A number of common themes were found when exploring the participant's tattoos and their purpose. Most tattoos described in the interviews had relational meaning; tattoos were gotten as tributes to important people in their lives, the participant got paired tattoos with an important person in their life, or the event of getting a tattoo was a bonding

experience with another person. Other themes identified include tattoos related to personal mental health, tattoos related to current and former professions, tattoos related to self-expression and self-concept, memorial tattoos, tattoos representing a positive life change, and tattoos acquired for fun or for aesthetic purposes.

When considering relational content, 9 out of 11 participants had at least one tattoo that fit in this category. Of those, 3 had memorial tattoos for people in their lives who had died. Several had distinct pieces for people in their lives to commemorate specific events, struggles others had gone through, or important aspects of the person. For example, one participant has tribute tattoos to his adoptive parents on his chest depicting things that are of value to them. Another has a tattoo of her sister's favorite flower as a tribute to her sister's strength in overcoming a mental illness. Other participants described tattoo acquisition as a bonding experience. One example of this came from a woman who had been considering getting a tattoo for years but had not acted on it. One day her husband suggested they each get one and they got tattoos related to their shared spirituality that day. Another participant described bonding with his sister by both getting tattoos on their ankles at the same time.

By far the most poignant examples of tattoo meanings described were related to participant's own experiences with mental health struggles. One participant described a tattoo she acquired as part of her journey of overcoming an eating disorder. She indicated the choice to get the tattoo was related to her decision to move forward in her life and commit to treating herself better. Another woman got a tattoo after completing therapy focused on her experience of sexual assault. She described her tattoo as part of her journey of healing and self-expression. Others described tattoos used to make positive life changes or personal reminders. One

participant said this about her tattoos of an arrow, “It was at a particular time in my life when I was overwhelmed…. I read this quote about how in life you’re like an arrow – in order to move forward you have to be pulled back and that just really resonated with me”.

Several participants had tattoos related to their professions as psychologists or psychologists in training. One licensed psychologist has this quote from Shakespeare’s *The Tempest* on his forearm “what’s past is prologue”. He explained that the quote applies to his work as a therapist and is something he’s found poignant in his work with clients. This same participant used another tattoo as a physical reminder to “be the change I want to see in the world” particularly related to his profession. Another licensed psychologist who works in forensic settings, has a tattoo on his calf of prison themed symbols with the number 1096 - the police code for mental health subjects. He explained that this tattoo is both a physical reminder of the important work he does, and a social statement about how jails are essentially today’s mental institutions. This same participant has a tattoo of the Psych symbol and the Greek words for “do no harm”, both related to his responsibilities as a psychologist.

Tattoos used as markers for self-expression or self-concept were also prevalent. One participant described a tattoo of a leprechaun with a sad expression to communicate the importance of his Irish heritage and to depict his own depressive tendencies. Another participant has a world map across her shoulders because of her interest in travel. Tattoos signifying phases of life related to self-concept were also apparent. The participant with the jail tattoo mentioned earlier, also has tattoos related to previous professions and interests that are meaningful to his identity. A current graduate student has flowers from his childhood home. Yet another

participant described his two tattoos as related to an injury he experienced as a child that significantly impacted his life.

Getting tattoos for aesthetic reasons was also common. As one participant noted, "A lot of mine I just got for fun or because I like them. Not everything has to have some big significant meaning to it. It can just be there because I like it." Several participants had similar ideologies about at least one of their tattoos. In a notable story, one participant got a tattoo on his torso of a stomach with an enchilada in it because he thought it was funny, it was part of a joke with his wife, and because enchiladas are his favorite food.

The participant with the childhood injury used tattoos for a mix of aesthetic and practical reasons. He sustained a long scar on his arm from an injury and he later got a tattoo of a zipper on the scar. He had the following to say about it:

> Part of the reason I got it was because people looked at it funny and wondered what happened. A lot of people thought it was a suicide attempt which it wasn't, but I understand the assumption. A lot of people are afraid to ask about it but I would catch them staring so I decided to get the zipper tattoo to make it more… approachable I guess.

For him, humor alleviates the pressure of having a visible scar. This same participant also got a tattoo displaying an allergy he has to a common medication. He said,

> It's 50/50 being practical and symbolic. I mean I'm horrible at spelling [the medication name] so now I don't have to remember how to spell it! I know EMTs don't really read tattoos but there is a hope that if something bad were to happen to me they might see it and be like "okay don't give him [that]" and save my life but who knows.

The rest of his tattoo is layered with artistic embellishing and other symbols both for aesthetics and other personal meanings.

Many of the tattoos described by participants had more than one meaning or purpose. One clear example of this is one participant's memorial tattoo for her father on her left foot. The design she chose was meant to pay tribute to her father, illustrate her sibling relationships (three roses for three sisters), and pay homage to the participant's name and heritage. Even the placement was meaningful as she associates new beginnings with starting a march with her left foot.

All participants expressed a desire to get more tattoos and some have detailed plans to obtain them. Only 2 described getting truly impulsive tattoos (i.e. spur of the moment, had not thought about content of tattoo prior to that event), while all described thinking about the tattoos they got for an extended period of time. One participant plans on covering his body (besides his hands and neck) in tattoos and has plans for this to be complete; he has invested in over 100 hours' worth of tattoo work on his body thus far.

Can tattoos be professional? Professionalism is a complicated construct to define and harder when considering tattoos. Most participants in the interview indicated tattoos have largely been a "non-issue" for them in practicum placements, school setting, and in their professional roles as psychologists. As one psychologist put it, "my supervisors didn't really care. They just wanted me to show up to work with clothes on and do a good job." Many participants had isolated incidents of superiors or peers giving them feedback that their tattoos were unprofessional. Many of these incidents were described as occurring in school settings (i.e., professors expressing concerns about professionalism) or in more conservative areas (e.g., one

participant in a conservative part of Texas received feedback about professionalism at practicum) that will be described in the following section. Overall, however, all participants indicated their experience having visible tattoos has not resulted in any major difficulties professionally and had not been a problem in most settings.

All participants, save one, were of the opinion that it is okay for psychologists to have visible tattoos while in practice, as long as the tattoos did not include offensive content. The definition of offensive content was unclear, but the following subject matters were deemed offensive by multiple participants: pornographic tattoos, misogynistic tattoos, racist/white supremacist tattoos, tattoos of hateful words, or tattoos associated with gang activity. The participant who did not wholly approve of visible tattoos during clinical work indicated there were too many variables to consider such as content of the tattoo, clinical population, context of treatment, etc. He said:

> It's the same as like wearing a religious symbol like a cross necklace or star of David. You're giving information about yourself that may be detrimental to the relationship. Or at the very least, you're introducing an additional element into the therapy room that doesn't need to be here. At the same time, if you're working for Catholic Charities or at a Jewish center, feel free to wear your cross or star; context matters there. So, for tattoos, I used to work at a LGBTQ youth center and everyone had piercings and tattoos. At that place, tattoos were a non-issue and were accepted without thought. It was more okay to show them then. Context and purpose matter. So yeah therapists can have tattoos, but I always tell people to color the skin they can hide so they have the option.

Several participants identified times they felt stigmatized by colleagues about their tattoos. One participant indicated his tattoo on his forearm is often a focal point for criticism on professionalism. He explained that in a conversation with a training director, he was told to cover his tattoo because "don't you know that people are afraid of that?" His tattoo, mentioned previously, is a leprechaun with a grimacing face. This participant further explained that he often gets negative comments about the tattoo or notices that others don't like it by "the looks on their faces". This participant expressed a desire to improve the artistry of the tattoo because of this and because he desires to change some of the overt meaning of the tattoo.

Other participants experienced stigma in the form of passive verbal feedback from supervisors or other professionals. One explained,

> I had one supervisor at our school clinic who was…. pretty old school and strict in her practice. She never asked me explicitly about my tattoos but would make passive aggressive comments about how I should put on a sweater because I must be cold. I asked other students with tattoos about this and they were like "yeah, you're going to keep getting comments so you should cover them" so I did. That was…. Awkward.

Others recollected being asked to cover their tattoos by supervisors. One practicing psychologist noted that "the field of psychology is not that accepting of ink…. Which is the only reason I don't have my neck and hands tattooed". This same psychologist recounted times he asked for explanation for why he must cover his tattoos and was unsatisfied with the answers superiors gave him. Nearly all participants noted concern about the visibility of their tattoos, either by choosing placements that could be covered if necessary and/or by asking superiors if visible tattoos were okay. One practicing psychologist who also teaches noted that he is intentional

about when and how he shows his tattoos; most of the time he keeps them covered and only when he knows his audience does he start to show them. A graduate student indicated he prefers to keep his tattoos hidden in more conservative or religious settings even when he's not required to just to avoid questions or potential issues. Another graduate student chose to get her tattoo done in white ink to decrease visibility of the tattoo.

Though stigmatizing incidents were poignant and noted, experiences of positive professional responses were also described. Many of the graduate student participants expressed admiration for supervisors and professors with tattoos. Likewise, participants noted that other psychologists with tattoos will "coach" younger psychologists with tattoos by having discussions with them about the use of tattoos in therapy, how tattoos can be beneficial in work with clients, and use the conversation to build stronger supervisory relationships. Several participants acknowledged in engaging in "professional development" conversations about their tattoos, and they expressed these conversations were helpful and not stigmatizing.

Younger participants with tattoos acknowledged that many of their peers have tattoos. All participants mentioned they have colleagues/professors/peers with tattoos. Two indicated cohort members were supportive of their tattoos and even accompanied them to the tattoo shop. Other professionals were described as "curious" and "excited" about tattoos and all participants with visible tattoos recounted positive interactions with other professionals about their tattoos. Within these conversations, the issue of comfortability arose. Three participants indicated it is important for one to be comfortable with their own ink otherwise it's harder to have tattoos in this field. Comfortability with tattoos includes being comfortable with the story of your tattoo and being comfortable fielding questions about it.

Tattoos as clinical tools. While not all participants have visible tattoos in clinical settings, the ones that do described a variety of clinical experiences with layered implications. For the majority of participants, having visible tattoos in therapy was at the least a non-issue and at the most an important clinical tool.

Most participants explained that tattoos were helpful in building rapport with clients across clinical settings. Tattoos were described as most useful in forensic settings, when working with children and adolescents, and working with young adults. Participants described tattoos as an ice breaker for clients, useful for reducing shame and stigma in therapy, and as a common ground for relating to clients from different backgrounds. One participant who works in a residential home for adolescents said that his tattoos made him more "cool" and thus clients are more eager to talk with him and trust him more. Another participant who formerly worked in a jail described having visible tattoos as a useful way to relate to inmates; he received feedback from many former clients that he seemed "less stuffy" than other psychologists and that inmates were more willing to be "real" with him. This participant gained the title "Dr. Ink" which, in that setting, was a useful title to get to know his clients. Other participants described how clients showed curiosity in their tattoos and how clients described being more comfortable with them after discussing tattoos. All participants in some form mentioned that tattoos have or could be used to build rapport.

Participants also described other ways in which tattoos were helpful in treatment. Those who worked with youth described using their tattoo visual content as an avenue for discussing client values and interests. One participant described letting children color in the "pictures" on his arm as a way for more quiet kids to engage in therapy more. Another described having

conversations with adolescents about tattoos they might get and in turn discussing the significance of them related to individuation and value formation. For work with adults, tattoos become an easy way for the conversation to turn to client tattoos and their meaning. One participant described an interaction this way:

> I don't think I told her the meaning of [my tattoo]. It wasn't really necessary because the conversation was more about her and about our relationship. She was able to talk about the meaning of her tattoo and it facilitated a therapeutic conversation.

Another participant described a coworker who used her tattoos to facilitate treatment:

> I worked with a therapist…. in a treatment center who was really awesome. She had done a lot of cutting as a teenager and had a tattoo to cover up her scars. She was a really cool person and very authentic practitioner. We worked with teenagers mostly and she would share with her clients what her story was. I mean, her tattoo was already visible, we were working with teens with similar issues, and working on DBT skills so it all flowed together and was a really useful tool. It was extremely powerful to hear her share and then relate with her clients.

This example in particular highlights the poignant way a therapist's tattoos can be used in therapy.

Client tattoos were also highlighted as important in clinical work. Several participants talked about the useful clinical information they learned about clients. One participant described it this way:

> I actually think it gives really good insight into who they are and what they carry in terms of their experiences. And it's meaningful to know what's meaningful to your clients. The

> conversations have gone really well in terms of deepening understanding of my clients and their past experiences and insight into the things they hang onto and what forms their self-concept. It can really deepen therapy and it gives people a way to be vulnerable in a safe way.

Another participant who largely works within residential settings indicated she can get an idea of a person's level of insight and how impulsive they are based on their tattoo descriptions. Other clinicians described using tattoos to inform clinical narrative or as metaphors. For example, one participant described a client who had a tattoo of song lyrics that were previously very meaningful but were connected to a difficult period in their life. The tattoo itself was visibly fading and the clinician used this as a metaphor to help the client accept that period of their life, acknowledge it's importance and purpose, and then letting it change meaning as they moved on. Another described a client who struggled with an eating disorder and behavioral patterns related to poor self-esteem. She got tattoos throughout her time in therapy which the clinician then used in a narrative on how she was changing in learning to own her body and love herself.

Notably, many participants were careful about the importance of client privacy related to tattoos meanings. Many said they rarely ask clients about their tattoos because it either doesn't seem relevant to treatment or because tattoos are immensely personal and they do not wish to invade a client's privacy. One summed the dilemma up this way:

> I think tattoos are very meaningful but I'm very careful about probing for information so I would want to be careful about that. I wouldn't want to push too hard because I've had those issues before. If I had enough of a relationship with them it might be okay. I wouldn't want to ask them at any time it might be awkward or too intrusive.

Others described letting clients bring up tattoos on their own or letting their clients know they can talk about them if they want to.

Tattoos and self-disclosure. Though participants noted having tattoos could be beneficial for treatment, the timing and purpose of self-disclosure regarding their tattoos seemed to be considered in depth by many. To begin with, many noted the reality of implicit exposure, that is, they acknowledged the fact that having visible tattoos in clinical settings tells others about oneself in a non-verbal fashion. Most agreed that content and context were important to consider when it comes to implicit disclosure. As stated earlier, all participants indicated that tattoos can send harmful messages based on content. However, for the "average" tattoo (that is regrettably not well-defined) this disclosure did not seem to make a difference. Many participants also noted that certain populations may be less accepting of clinicians with tattoos; those frequently mentioned were geriatric populations and conservative populations. The experiences described with these populations were mixed. One participant described working in a geriatric center where his clients would "playfully" comment on his visible tattoos and ask him "what [his] parents would think about those tattoos". He further elaborated that this did not seem to be a detriment to his work with them. Others described older clients expressing more curiosity about tattoos than other adult clients. However, these participants also acknowledged the reality that clients may not verbalize implicit disclosure and still make decisions based on their judgment of the exposure.

When talking about explicit self-disclosure, such as describing a tattoo to a client after being asked about it, all participants talked about being intentional about what they choose to share based on their relationship with the client, context, and purpose of the disclosure.

Participants seemed to fall on a spectrum in their willingness to share the meaning of their tattoos; on one end were participants who were comfortable and/or excited about talking about tattoos with clients, while on the other were participants who regularly refused to answer questions about their tattoos or did not share the meaning of their tattoos regularly. Most were more in the middle and described an internal process of judging the situation based on clinical purpose and their own comfortability. Several described talking about their tattoos in a less detailed way so they still answer the question without disclosing too much information. For example, one clinician described the process this way "I will explain that it's a memorial tattoo if they ask but that's about it. I don't go into all the reasons for it and most people are happy with the memorial tattoo answer". Another described the process this way

> Clients ask me about them regularly but my answers change depending on the client. If I'm comfortable with the client and I can tell there's something therapeutic behind the question I'll ask them what's pulling them to know more about my tattoos. More often than not they just want to know more about me as a person and I oblige in different ways. I just deflect it back to them or say a vague statement about my tattoos. I always keep the conversation client focused. I don't explain the full meaning of my tattoos ever because they have significant meaning to me and I don't want the session to be about me.

The participants that were more comfortable described having therapeutic approaches that were more egalitarian in nature but they also seemed to have visible tattoos that they were comfortable talking about. The ones that were more wary to disclose described being less comfortable with self-disclosure in general and/or less comfortable talking about the meaning of their tattoos with anyone. One participant summed up the dilemma of whether to disclose in this way

> I would ask why they want to know first…. and then if it was to disclose I would explain it in more vague terms. It depends on the context of course. In general I'm okay with self-disclosure. I think my tattoo has a lot to say about family narratives and it is closely tied to my identity. So if I were with a client who had a similar experience I could use it as a metaphorical tool or to build rapport and identify with them. Not if it would ruin the relationship or make therapy more about me.

Choosing to disclose personal tattoo meanings required a lot of care for most participants. Likewise, participants were careful to note that they did not want the focus of therapy to shift to themselves in a detrimental way, and they were careful to judge rapport with their client before disclosing.

Unintentional disclosure was also a theme that arose in a couple interviews. One participant who was otherwise very diligent about covering his tattoos in clinical practice described an experience where he ran into two clients in his personal gym locker room. Besides the obvious issues with this experience, his clients were then aware of his tattoos and asked about them in their next session. Another participant explained that she had intended to get a tattoo that would not be visible in professional settings but that the design was created a little bit too big and would sometimes be exposed. She otherwise keeps her tattoo's meaning very private and said that when clients unintentionally notice it, she often feels uncomfortable talking about it.

Tattoos and boundary concerns. Personal boundaries, clinical or otherwise, are closely tied with self-disclosure. Though the majority of participants did not describe significant

boundary breaches, a couple had noteworthy experiences with their boundaries being crossed in relation to tattoos. The most severe incident was described by a clinician in private practice.

> I was seeing this guy who had just gotten laid off from work for groping a coworker at a work party and like I didn't know initially what the real context for this situation was…. Like he might have just misunderstood or maybe they were making out and it was just inappropriate because of the context but anyway I was seeing him and he had some other poor boundaries. So the tribal tattoo that goes up my back can peek out of my shirt sometimes if I'm not wearing a tie. I had gone to the gym and forgot my tie so I guess it was a little visible and the client asked me about it. He said he wanted to see my tattoos and I just said you know that's not really part of our relationship and I asked him why he wanted to know and what that meant for him and he dropped it and moved on. But then at the end of session, as he was leaving, he grabbed my shirt and literally ripped it off so two buttons popped off to see my tattoo. It was very aggressive but I just calmly said "okay I'll see you next week and we'll have to talk about what just happened here" because obviously we had to talk about it. He didn't come back next week. He had some boundary issues.

While this incident is not the norm, it does illustrate potential concerns related to tattoos and self-disclosure. Another participant described her process learning how to set boundaries within a substance abuse treatment center. She described needing to be direct with patients by saying "I'm not comfortable sharing the meaning of [my tattoos] at this time" or "no, that's not appropriate to ask me". Power dynamics were particularly important to this participant when describing this setting.

Another theme related to boundaries was described by two female participants. They both described noticing the sexualization of tattoos and their experience having visible tattoos as female clinicians. The participant who worked in a substance abuse treatment center described clients making sexually explicit comments about her tattoos or using them when they made sexual passes at her. The other participant noticed that after she got her tattoo, people were more inclined to physically touch her or sexualize her when they did not previously. She attributed this to "some dynamic related to social boundaries, sexuality, and femininity".

As a comment on tattoo content, disclosure, and boundaries, one participant described a potential risk concern in a largely humorous way. His tattoo describes a medication he is allergic to. He had the following to say:

> I realized about a year ago, that I will never take baked goods from a client because of my tattoo. I mean, that's a whole other discussion about whether we should take gifts but I realized, I literally have the perfect way to poison me written on my arm. All anyone would have to do it put [this medication] in my food haha. I don't think that would happen so I mean that kind of to be funny but it's a real thing to think about. I work with people with personality disorders then I've been in forensic settings so it has crossed my mind.

Though the content of his tattoo is uncommon, it does shed light on the impact information from tattoos could have.

Other described themes. Two significant themes came up in the course of interviews that were not explicitly asked about. The most common theme came up in several interviews and was analyzed as the participants' desire for the field of psychological practice to be more

authentic and congruent in relation to tattoos. Some participants highlighted their desire for professional systems to be more accepting of tattoos. One participant explained that psychologists need to be accepting of other psychologist's mental health struggles; she explained,

> But yeah. I wish we were better at talking about our own issues or that psychologists were more open in general. We should be the most comfortable with our own stuff but we're not…. I would feel more comfortable if there wasn't a stigma about tattoos or about psychologists having gone through their own stuff.

Others said that being able to show tattoos is important and it's important for psychologists to be authentic in the room. In the words of one participant,

> When I go to interviews I don't cover [my tattoos] up…. because I'm not going to cover them up at work so why should I interview that way? I want to work at a place I can be myself and if they aren't going to accept me at the interview what's the point? Plus, it's not very therapeutic theoretically speaking to have therapists cover their tattoos or piercings. I mean we talk about authenticity with clients and want them to life their lives as their best self, so I don't want to work in a place that's going to make me not be myself. It's hypocritical.

In general, participants expressed frustration with the field because of the lack of acceptance of tattoos, but also because they recognized incongruence between what we do and what we preach as psychologists.

Related to this incongruence was another idea expressed by several participants – that therapy skills and professionalism are not related to a psychologist having tattoos. In the words

of one participant, “But my mentality is that you’re a good therapist or you’re not. Tattoos don’t change that. There are tattoos I don’t necessarily like, like neck tattoos or face tattoos but I don’t think they should be an indicator of professionalism.” Another said:

> And I think the answer is yeah, [visible tattoos are okay] ... because you can’t be totally sterile and removed from the room and be genuine at the same time. Bringing your whole self into the room is important. It builds trust and empathy and lets your client know where you’re coming from.

The second quote came from the afore mentioned participant who had a tattoo that he described as looking like a “prison tat”. Even though he had previously expressed discomfort and concern about how others would interpret his tattoo in professional arenas, he still expressed a desire to be an authentic and open as a therapist. Regardless of how participants felt about their tattoos, they expressed a desire to be judged by their clinical ability and authenticity than other factors.

Chapter 4

Discussion

"Our bodies were printed as blank pages

to be filled with the ink of our hearts" -Michael Biondi

Defining the purpose and meaning of tattoos in our evolving cultural, is a difficult task and not explicitly addressed in this dissertation. However, it is clear based on both the quantitative and qualitative results of this study that psychologists are recognizing that tattoos do have personal meaning and can influence therapeutic work. Furthermore, it seems that psychologists' tattoo habits tend to follow those of the general population; more psychologists are getting tattooed, especially those of younger generations.

The implications of these results are many and varied. To begin with, it is clear there are significant age differences tattoo acquisition and interpretation of their meaning. Even older participants in this study who embraced ink more than the average person seem to be more wary about self-disclosure about their tattoos and what it could mean for them professionally. This could be for a variety of reasons some of which could be their learned professional experience or the impact of their training to be objective clinicians. Younger participants in general were much more relaxed and flexible about their tattoos and did not seem as concerned about their tattoos being visible. There were exceptions to this however. Those in more conservative settings (e.g., Texas, Catholic schools, etc.) were appropriately careful about visible tattoos. A mediating factor

to this effect seems to be a person's comfortability with their own narrative and how their tattoos fit with their identity. Having tattoos seems to be easier for those psychologists that are able to be more open about who they are and congruent about their values.

In a similar vein, the expectation that professionalism means limited self-expression, seems to be diminishing. Though there were individuals in the surveyed population that believe that visible tattoos should be limited, the general results seem to show that psychologists and graduate students do not consider the majority of tattoos an issue when context and client population are considered. Most of the reported negative professional perceptions of tattoos seemed to come from other psychologists rather than from clients. Correspondingly, most participants with tattoos seemed to be more concerned about being judged by professors or other clinicians when showing their tattoos.

Most interactions with clients seem to be positive or a non-issue in the therapy room. Though it was not possible in this study to assess the implicit problems in therapist-client relationships related to tattoos, it seems that negative reactions from clients are minimal or isolated incidents with many variables influencing the situation. This seems to be in line with the trend of the general population becoming more comfortable with tattooed professionals. It seems that psychologists with tattoos are careful about how they expose them and consider the consequences of such exposure in a nuanced way; all participants interviewed were cognizant of the implications of having tattoos, expressed care for boundaries, and expressed care for how they are perceived by clients and other professionals.

In therapy, it seems that tattoos can be a useful talking point either to build connection or rapport with clients, or to use as a context for therapeutic work. Even psychologists without

tattoos seem to recognize that tattoos can be a mine of clinical information and an important avenue to explore in therapy. As shown in this study and in others, tattoos can be incredibly meaningful to their owners especially related to important relationships, personal narrative, and a person's mental health.

This isn't to say that every psychologist should go out and get tattoos or that psychologists should be tattooed indiscriminately. Given the complexity of tattoos in terms of meanings and the variety of roles psychologists play within the field, giving proper thought to tattoo content and clinical content is important. Nevertheless, it seems that the field is moving in a direction that is both more accepting of tattoos and more accepting of psychologists' personal stories. As several participants pointed out, there is tremendous power in embracing authenticity and showing one's true self. As psychologists we have a responsibility not only to perform our professional duties and responsibilities, but to acknowledge the realities of being human, which includes understanding and accepting our own stories. For some of us, tattoos are an important form of self-expression and way to process relationships and personal joys and struggles. It seems that not only are the majority of tattoos not problematic, they are useful tools in which to engage with clients on a personal level. As other researchers have pointed out (Williamson 2014) perhaps it is time to consider tattoos as a diversity factor rather than a deviant behavior. Clearly there is something deeper being expressed in the acquisition of tattoos than simply social deviance.

Limitations and Areas of Future Research

The results of this study also come with limitations and thus, areas of future research. As outlined previously, tattoos are not regularly studied in psychology and this study cannot claim

to be all the research necessary on this topic. In particular, it would be useful to explore client perception of tattooed psychologists and how they have influenced therapeutic relationships. Given that professionalism is a regularly stated concern about tattoos, elucidating the real professional reception of tattooed psychologists with clients is important to explore. Likewise, it would be useful to know how clients experience conversations about tattoos in therapy and if they feel these conversations have been useful in some way. While tattoos are unlikely to be a main focus of treatment, exploring the ways in which clients engage with tattoos would be helpful when considering the importance of them in therapy. It would also be helpful to investigate client population and clinical context differences in responses.

Likewise, diversity components in this particular study could be researched further given that most of the participants were white. It would be helpful to explore a larger research sample with emphasis on diverse participants in order to explore difference cultural meanings of tattoos. The results of this study seemed to indicate there is a higher rate of tattooed psychologists who are not white; it would be interesting to see if this statistic holds true with a larger sample size. Similarly, this study was only conducted in the United States and further exploration will be needed when considering psychologists in other countries and cultures. A strength in this study lies in age diversity of participants. The survey encompasses psychologists in their 70s and first year graduate students. This is likely due to the use of paper surveys which many of the older participants responded to.

The sample of Phase II of the study could also be expanded. Though 11 participants is a reasonable size for a qualitative interview and analysis, it may have been helpful to have more diversity in age and professional experience amongst the participants. Hearing from more

psychologists from different areas of the country and with more diverse client populations and experiences would be useful.

As the number of tattooed psychologists grows, our understanding of tattoos in clinical contexts will need to be explored more. In particular, it may become antiquated for visible tattoos to be banned exclusively because of "professionalism". A more nuanced, explicit policy exploration of tattoos in the workplace will likely be necessary both within the field of psychology and without. On a broader scale, the issue of what is professional and what is not seems to be in flux. Where tattoos are concerned, this may be an area where younger psychologists will need to lead changes in policies on professional conduct and help the field grow in a more authentic, personable direction. It may also be useful to explore the hiring practices of professional psychologists to see whether having visible tattoos as a psychologist impacts one's ability to obtain a job in a significant way.

And adjacent area of potential research lies in the content and meaning of tattoos. The psychologists in this study expressed powerful sentiments and stories about their tattoos and many of them used their tattoos as ways to process difficult experiences. It would be interesting to explore the ways in which tattoos can be used as a medium of processing life experiences, particularly trauma and emotional difficulties. The act of making intangible experiences physical by making them a part of one's body seems to be a powerful action. A study of the physiology and emotional experience of getting tattoos and their relation to this process could pave the way in understanding the role of tattoos in our culture and how they relate to mental health. There does not seem to be (and probably will not be) one solid reason people get tattooed; however,

there are themes and significant reasons for people to choose to be tattooed. As tattoos become more popular, understanding these reasons will become more important.

Summary

The results of this study add to the body of research illuminating the importance of tattoos in our culture and uncover a piece of how tattoos influence clinical work. Tattooed psychologists choose their tattoos intentionally and are cognizant of how they may influence their professional lives. When they are visible in clinical settings, the majority of interactions with them seem to be at least a non-issue and at most a beneficial tool in therapy. The majority of difficulties expressed seem to be more within professional relationships though even those are generally accepting of the growing number of psychologists with tattoos. This information is helpful when considering policies of professionalism and how they might change, and in understanding how tattoos are used in out culture and what they might mean within the therapeutic relationship.

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Appendix A

Phase I: Survey Questions

1. How old are you?_____
2. What is your gender? Male____ Female_____ Other (please describe)_____
3. What is your ethnicity? _____
4. How many years have you been a licensed psychologist?_____
5. How many years have you practiced therapy?_____
6. If you are in graduate school, what year in school are you? _____
7. What is the highest degree of education you have received? _____
8. Which geographical location do you live in in the United States:
   Northwest_____ Southwest_____ South_____ Midwest____ Northeast____ Other____
9. What is your theoretical orientation? _____
10. Do you currently engage in clinical practice? Yes____ No_____
11. Do you have tattoos? Yes___ no____
    a. If yes, how many tattoos do you have? _____
    b. At what age did you get your tattoo(s)? _____
    c. Where are your tattoos located? _____
    d. What images do you have? _____

For each of the statements below, please indicate the degree to which you agree or disagree.

Personal Meaning						
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Disagree	N/A
1. The tattoos I have are meaningful to me.						
2. I regret getting the tattoo(s) I have.						
3. I have had tattoos removed.						
4. I considered whether my tattoos would be visible to others before getting them.						
5. The placement of my tattoo(s) is meaningful to me.						
6. I got at least one of my tattoos during a difficult period in my life.						
7. I got at least one of my tattoos because I thought it was cool.						
8. I thought about my tattoo(s) for more than 6 months before getting them.						
9. I got my tattoos during a good period in my life.						
10. Getting a tattoo was an impulsive decision.						
11. I plan to get more tattoos.						
12. I think tattoos reveal personal information about the people who have them.						
13. I don't discuss my tattoos with people in my personal life.						
14. I dislike tattoos aesthetically.						
15. I dislike tattoos for moral reasons.						
16. I was discouraged from getting tattoos.						
17. My parents have tattoos.						
18. Tattoos have a valuable place in our culture.						
19. I have thought about getting a tattoo but haven't actually gotten one.						
20. Many of my friends have tattoos.						

21. I have gotten matching tattoos with at least one other person.						
22. At least one of my tattoos is meaningful to my family.						
23. My family approves of my tattoos						
Professional Reception						
24. I want to be able to hide my tattoo(s) if necessary.						
25. I cover my tattoos in my place of employment.						
26. I think visible tattoos are unprofessional.						
27. I have been asked to cover my tattoos.						
28. I have been told my tattoos are inappropriate for the workplace.						
29. Other psychologists have asked me to cover my tattoos.						
30. Other psychologists have asked me about the meaning of my tattoos.						
31. I have colleagues who have tattoos.						
32. I have asked my colleagues about their tattoos.						
33. I don't discuss my tattoos with other professionals.						
34. Graduate students in psychology programs should not get tattoos.						
35. I have discouraged other professionals from getting tattoos.						
36. I have had meaningful conversations with other psychologists about tattoos.						
37. I have thought about getting a tattoo but I haven't due to my professional goals.						
38. I have been called unprofessional due to my visible tattoos.						
Self-Disclosure with Clients						
39. Therapy clients have asked about my tattoos.						
40. I cover my tattoos when I practice therapy.						

41. My therapy clients have seen my tattoos.						
42. I have told clients what my tattoos mean.						
43. I ask my clients about their tattoos.						
44. My clients tend to have meaningful tattoos.						
45. I have had meaningful discussions with clients about tattoos.						
46. Discussing tattoos in therapy can be beneficial for treatment.						
47. I feel closer with clients with whom I have discussed their tattoos.						
48. I feel closer with clients with whom I have discussed my tattoos.						
49. My client's tattoos have provided me with valuable information about them.						
50. I have discouraged clients from getting tattoos.						
51. Tattoos have not had an impact on my work as a therapist.						
52. Clients have had negative comments on my tattoos.						
53. Clients have had positive comments on my tattoos.						
54. Discussions about tattoos have had a negative impact on the therapeutic relationship.						
55. I only talk about my tattoos if clients ask about them.						
56. In general, therapists should not share the meaning of their tattoos with clients.						

Phase II: Interview Questions

**semi-structured interview. These three questions will be asked of all participants in Phase II with individualized follow-up questions depending on their response.*

1. How many tattoos do you have and when did you get each tattoo?
2. Do your tattoos have special meaning to you? If so, would you mine sharing? If not, how did you decide what tattoos to get?
3. Have you ever talked with a therapy client about their tattoos? If so, could you tell me about a time this occurred?
4. Have you ever talked about your own tattoos with a client? If so, could you tell me about a time this occurred?
5. Have you ever talked with your colleagues/professors about your tattoos? Could you tell me more about that?
6. Do you think it's ok for clinical psychologists to have visible tattoos? Why or why not?

Appendix B

Letter and informed consent included with mailed out surveys

Are you a clinical psychologist? Do you practice therapy? Do you have tattoos? Do you have colleagues who have tattoos?

My name is Liz Hoose. I'm a doctoral student at George Fox University studying clinical psychology. You have been randomly selected to participate in my dissertation on tattooed psychologists. Specifically, I'm curious about how psychologists' visible tattoos influence the therapeutic process, how they impact professional relationships, and the personal meaning behind their acquisition. Don't have tattoos? Don't worry, this study still applies to you!

I found your name and address through a random selection of clinicians on the APA database. I would really appreciate it if you took the time to fill out the survey starting on the back of this paper and returning it with the envelope provided. I need participants with and without tattoos to answer the survey to get a general idea about how tattoos are perceived both professionally and personally. Phase II of my study will be conducting interviews with tattooed clinical psychologists and graduate students. If you are tattooed and are willing to be interviewed, please let me know on the back of this page! All participants will have the opportunity to be entered in a drawing for either a custom tattoo design or a $25 VISA gift card. Also included in this envelope is a temporary tattoo, which is my way of saying thank you in a poor-graduate-student way ☺.

Here are the steps for completing the survey (it's really easy!):

1. Get a pen, get comfortable, and sign the informed consent on the back of this page and check all boxes that apply to you.
2. Fill out the questionnaire.
3. Make sure to give me contact information if you have tattoos and can be interviewed about them and/or if you would like to be entered into the drawing.
4. Detach your signature and information, fold it up with the questionnaire, and put them in the stamped return envelope included.
5. Feel my undying gratitude as you place your return envelope in the mailbox
6. Put on your temporary tattoo and show it off to all your friends! (Or don't. your choice!)

Thank you so much for reading this far. I look forward to reviewing your responses! If you have any questions or concerns, feel free to contact me at ehoose14@georgefox.edu or to contact my dissertation chair at wseegobin@georgefox.edu.

Peace,

Liz Hoose M.A.

Informed Consent

The Department of Clinical Psychology at George Fox University supports the practice of protection of human participants in research. The following will provide you with information about the survey that will help you in deciding whether or not you wish to participate. If you agree to participate, please be aware that you are free to withdraw at any point.

In this study, we will ask you to answer questions related to your experience with tattoos. All information you provide will remain confidential and will not be associated with your name. If for any reason during this study you do not feel comfortable, you may discontinue the survey and your information will be discarded. Your participation in this study will require approximately 15 minutes. When this study is complete you will be provided with the results of the experiment if you request them. If you have any further questions concerning this study please feel free to contact us through phone or email: Liz Hoose at ehoose14@georgefox.edu, (971) 279-6941 or Winston Seegobin at wseegobin@georgefox.edu (503) 554-2370. Your participation is solicited, yet strictly voluntary. All information will be kept confidential and your name will not be associated with any research findings. Please indicate with your printed name, signature, and date on the space below that you understand your rights and agree to participate in the study.

(Please cut along the dotted line to return your signature slip)

_____

Printed Name

_____

_____

Signature Date

CHECK ALL BOXES THAT APPLY TO YOU:

□ I have tattoos and would LOVE to be interviewed for this study. Or, alternatively, I have tattoos and I wouldn't mind being interviewed. You can reach me at: (Please provide a valid email address and/or phone number)

_____

□ I would like my name entered in a drawing for a **custom tattoo design** or a **$25 VISA gift card** (Please circle one). Here's my email address:

_____

□ I would like to see the results of this study. You can send them to me at:_____

Emailed request for survey responses

My name is Liz Hoose. I'm a doctoral student at George Fox University studying clinical psychology. I need assistance contacting graduate students (and clinical psychology professors if interested) to complete a survey for my dissertation. It would be extremely helpful if you could forward the message at the end of this email including the survey link to the students in your program. If there is a better contact person for this process, please let me know and I will reach out to them. If you have any questions, feel free to reach out to me or my dissertation chair (Dr. Winston Seegobin – wseegobin@georgefox.edu).

Thank you in advance for your help! I deeply appreciate it.

Liz Hoose M.A.

Ehoose14@georgefox.edu

~~~~~~~~~~~~~~~~~~~~~~~~

Hello fellow clinical psychology students!

My name is Liz Hoose. I'm a doctoral student at George Fox University studying clinical psychology. You have been selected to participate in my dissertation on tattooed psychologists and clinical psychology graduate students. Specifically, I'm curious about how psychologists' and graduate students' visible tattoos influence the therapeutic process, how they impact professional relationships, and the personal meaning behind their acquisition. Don't have tattoos? Don't worry, this study still applies to you!

I need participants with and without tattoos to answer the survey to get a general idea about how tattoos are perceived both professionally and personally. Phase II of my study will be conducting interviews with tattooed clinical psychologists and graduate students. If you are tattooed and are willing to be interviewed, please let me know at the end of the survey! All participants will have the opportunity to be entered in a drawing for either a custom tattoo design or a $25 VISA gift card.

Please follow this link to take the survey:

Thank you! (Seriously)
~~~~~~~~~~~~~~~~~~~~~~~~

Liz Hoose M.A.

Ehoose14@georgefox.edu

Appendix C

Curriculum Vitae

Elizabeth Hoose

422 N Meridian St. #V308 Newberg, OR 97132 | 607-343-0977 | ehoose14@georgefox.edu

Education

Doctor of psychology, Clinical psychology **Expected: May 2019**
- George Fox University**,** Newberg, OR
  Graduate Department of Clinical Psychology: APA Accredited

Master of Arts, Clinical psychology **May 2016**
- George Fox University**,** Newberg, OR
  Graduate Department of Clinical Psychology: APA Accredited

Bachelor of Science **December 2012**
- Brigham Young University, Provo, UT

Supervised Clinical Training and Experiences

Pacific University Student Counseling Center **August 2017 – Pres.**
- Location: Forest Grove, OR
- Title: Student Therapist
- Treatment Setting: University Counseling
- Population: Undergraduate and graduate students
- Supervisor: Robin Keillor, PhD
- Clinical Duties:
  - Conduct individual therapy with students utilizing humanistic and psychodynamic interventions.
  - Write therapy notes and intake reports using Titanium
  - Conduct risk assessments and substance abuse screenings
  - Participate in outreach services on campus and write wellness articles in the campus newspaper

Morrison Child and Family Services **August 2016 – July 2017**
- Location: Gresham, OR
- Title: Student Therapist
- Treatment Setting: Community Mental Health Clinic
- Population: Children, adolescents, and families from diverse backgrounds
- Supervisor: Grace Huang, PsyD; Beth French, PsyD
- Clinical Duties:
  - Provide trauma informed individual and family therapy
  - Conduct long term and short term therapy and crisis intervention services with regular risk assessments

- Collaborate with case managers, medication management providers, physicians, and schools on treatment planning
- Administer and interpret assessments and write professional reports
- Work with clients presenting a wide range of issues such as ADHD, attachment disorders, conduct disorder, depression, anxiety, trauma, and family systems issues
- Utilize interpreters to provide services in different languages
- Complete mental health assessments, treatment plans, and services notes for billing using Evolv

George Fox Behavioral Health Clinic **October 2015 – August 2016**

- Location: Newberg, OR
- Title: Student Therapist
- Treatment Setting: Low-Cost Community Mental Health
- Population: Children, adolescents, adults, and couples
- Supervisor: Joel Gregor, PsyD
- Clinical Duties:
  - Provide weekly therapy in a solution-focused model for low income and uninsured community members
  - Conduct intake interviews, develop treatment plans, and write formal reports
  - Administer urgent need intakes for clients seen in the emergency room the previous night
  - Provide short-term (8 sessions) and long-term therapy to a wide range of individuals with a variety of presenting problems
  - Collect payment from clients and schedule appointments using Titanium
  - Manage clinic, including preparing training materials, ordering supplies, keeping the clinic organized, and assisting in procedural modifications
  - Create manual on how to work with survivors of intimate partner violence
  - Facilitate psychoeducational anger management group therapy

Clinical conceptualization and application team **August 2014 – Present**

- Location: George Fox University, Newberg, OR
- Title: Doctoral Candidate
- Treatment Setting: multiple sites
- Population: Children, adolescents, adults, and college students
- Supervisor: Rodger Bufford, PhD; Elizabeth Hamilton, PhD; Joel Gregor, PsyD; Paul Stolzfus, PsyD
- Clinical Duties:
  - Yearly teams consisting of first, second, third, and fourth year graduate students
  - Participate in formal presentations and team dialogue of clinical case conceptualizations, practical issues of assessment, psychotherapy, professional development, and ethical and legal issues of practice to a team of approximately 7 students and a licensed clinical psychologist
  - Work collaboratively as a group to promote clinical skills, professional development, and growth, and to receive consultation and feedback on practicum clients

Research Experience

Consultant/research assistant **September 2016 – April 2017**

- Faculty Advisor**:** Marie-Christine Goodworth, PsyD
- Consult with George Fox Behavioral Health Clinic to evaluate effectiveness of supervision using APA competencies
- Provide supervision training to current psychological interns
- Conduct a pre- and post- survey to both the supervisors in training and those whom they supervise to measure the effectiveness of the training through the supervisory relationship

Doctoral Dissertation

- Title: Tattooed Psychologists: A Discussion of Meaning, Professionalism, and Self-Disclosure
- Summary of Research: This study explores the meaning behind psychologists' tattoos, the professional reception of tattoos, and self-disclosure in therapy due to visible tattoos. Quantitative and qualitative methods of research are utilized.
- Committee Chair: Winston Seegobin, PhD
- Committee Members: Kathleen Gathercoal, PhD; Elizabeth Hamilton, PhD
- Relevant Dates
  - Proposal Approved: November, 2016
  - Expected Completion of Data Collection: December, 2017
  - Expected Date of Defense: March 2018

Member, Research Vertical Team

- Faculty Advisor**:** Winston Seegobin, PsyD
- Bi-weekly group for developing research competencies
- Engage in dissertation development
- Develop fellow colleagues' areas of research interests
- Various areas of team interest and focus: Trauma, Hope and Resilience, Therapy effectiveness, Religion/Spirituality, Diversity/Multiculturalism, qualitative research

Research Assistant

- Brigham Young University
  - 4/2011 – 2/2013 | Assistant to Dr. Jeffrey Reber
  - 10/2011 – 4/2012 | Assistant to Dr. Gary Burlingame

Research Presentations and Publications

Hoose, E., Ford, N., Rose, A., & Gathercoal K. (2017). *Female Exotic Dancers' Healthcare Needs in Oregon.* Poster presented at the annual meeting of the Oregon Psychological Association, Eugene, OR.

Hoose, E. (2017). The Naked Unseen: An overview of exotic dancers in Oregon. *The Oregon Psychologist: Bulletin of the Oregon Psychological Association.* Vol. 3

Cormier Castañeda, M., Hoose, E., Rodriguez, D., DiFransico, N., Goodworth, M. (2017). *Assessing Effectiveness of Supervisor Training on APA Guidelines: A Pilot Study.* Presented at Oregon Psychological Association, Eugene, OR.

Seegobin, W., Han S., Smith, S., Hoose, E., Brewer, A., Rodriguez, D., Rabie, A., Egger, A., & Chang, K. (2016) *A Comparative Study of Religion and Racial Prejudice Using the Implicit Association Test (IAT)*. Poster presented at the annual convention of the American Psychological Association, Denver, CO.

Liebel, S., Tillman, S., Hoose, E., Downs, S., & Reber, J. S. (2012). *The role of implicit assumptions on the therapeutic relationship: Implications and points of conflict.* Paper presented at the annual meeting of the American Association of Behavioral and Social Sciences, Las Vegas, NV.

Hoose, E., & Reber, J. S. (2012). *Faith-related Prejudice in admissions to clinical psychology doctoral programs.* Paper presented at the annual meeting of the American Association of Behavioral and Social Sciences, Las Vegas, NV.

Liebel, S., Tillman, S., Hoose, E., Andelin, B., & Reber, J. (2012). A Pilot Investigation of the Role of implicit Assumptions in the Therapeutic Relationship: Implications and Points of Conflict. *The American association of Behavioral and Social Sciences Journal, 16, 66-85*

Research Grants and Awards

May, 2017: Research Award for Professionalism and Relational Competency
For demonstration of the values and integrity of professional psychology and relationships with a range of clients as they relate to the field of psychology
2017 Annual Conference of the Oregon Psychological Association
Feb. 2012: BYU ORCA Mentoring Grant for $1500

Teaching & Supervision Experience

Clinical Conceptualization and application team **August 2017 – Present**
- Location: George Fox University, Newberg, OR
- Position: Fourth Year Oversight, Graduate Department of Clinical Psychology
- Supervisor: Glena Andrews, PhD, MSCP
  - Provide clinical oversight of two second year PsyD students
  - Aid in the development of their clinical and assessment skills, and professional development
  - Collaborate in development of theoretical orientation and personal style of therapy
  - Provide formative and summative feedback on clinical and professional skills in formal and informal evaluations

Advanced Counseling Teaching Assistant **August 2017 – December 2017**
- Location: George Fox University, Newberg, OR
- Position: Graduate Teaching Assistant, Undergraduate Psychology Department
- Supervisor: Kris Kays, PsyD
  - Meet with 3-4 undergraduate students weekly to facilitate group work
  - Demonstrate role-plays and provide students feedback on in-vivo training exercises
  - Course develops students person-centered skills, while exposing them to a variety of theoretical approaches
  - Review mock therapy videos and provide individualized feedback

Comprehensive Assessment Teaching Assistant **August 2017 – December 2017**
- Location: George Fox University, Newberg, OR
- Position: Graduate Teaching Assistant, Graduate Department of Clinical Psychology
- Supervisor: Marie-Christine Goodworth, PhD
  - Provide individualized feedback on comprehensive assessment reports
  - Lead class discussions in case conceptualization

Student Mentor **August 2015 – August 2016**
- Location: George Fox University, Newberg, OR
- Position: Student Mentor
- Supervisor: Glena Andrews, PhD, MSCP
  - Mentor 1st year PsyD student in their personal and professional development as they become acquainted to the George Fox PsyD program

Psychology 101, Teaching Assistant **August 2010 – August 2012**
- Location: Brigham Young University, Provo UT
- Position: Undergraduate Teaching Assistant, Department of Psychology
- Supervisors: Jeffrey Reber, PhD; Harold Miller, PhD
  - Assist in teaching courses with 100+ students.
  - Conduct test preparation groups and lectures

University Service

Student body representative, student council **April 2017 – Present**

- Location: George Fox University Graduate Department of Clinical Psychology, Newberg, OR
- Represent the student body, participate in planning and organization of student events, conduct yearly elections of new members, and facilitate communication between student body and department
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Related Work Experience and Volunteerism

Columbia care services **February 2015 – April 2017**

- Location: Wilsonville, OR
- Title: Qualified Mental Health Associate
- Treatment Setting: Adult Mental Health Group Home
- Population: Adults
  - Provide care for 5 adults with schizoaffective disorder, including passing medication, preparing billing notes, transportation, and conducting milieu therapy.

Department of Child and Family Services **February 2013 – July 2014**

- Location: Spanish Fork, UT
- Title: Child Welfare Case Manager
  - Manage child welfare permanency cases
  - Prepare court documents, attend court and make recommendations
  - Connect families to necessary services and advocate for child safety
  - Interview children

The Cupcake Girls **November 2015 – April 2016**

- Location: Portland, OR
- Title: Client advocate
  - Assist and empower adult industry workers
  - Fundraise and participate in sponsored events
  - Conduct research

Utah County Crisis Line **October 2010 – June 2012**

- Location: Portland, OR
- Title: Client advocate
  - Assist and empower adult industry workers
  - Fundraise and participate in sponsored events
  - Conduct research

Academy for Child and Family Services **August 2011 – October 2012**

- Location: Provo, UT
- Title: Supervisor
  - Supervise visitation and exchanges of children in high conflict families.
  - Interview children

Utah State Hospital **January 2011 – April 2011**

- Location: Provo, UT
- Title: Vocational Rehabilitation Assistant
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Continuing Education and Training

March 2017	*Difficult Dialogue* Winston Seegobin, PsyD, Mary Peterson, PhD, ABPP, Mark McMinn, PhD, ABPP and Glena Andrews, PhD
March 2017	*Domestic Violence: A Coordinated Community Response* Patricia Warford, PsyD and Sgt. Todd Baltzell
Feb 2017	*Native Self Actualization: It's assessment and application in therapy* Sidney Brown, PsyD
Nov 2016	*When Divorce Hits the Family: Helping Parents and Children Navigate* Wendy Bourg, PhD
Oct 2016	*Sacredness, Naming and Healing: Lanterns Along the Way* Brooke Kuhnhausen, PhD
March 2016	*Working with Multicultural Clients with Acute Mental Illness* Sandy Jenkins, PhD
Feb 2016	*Neuropsychology: What Do We Know 15 Years After the Decade of the Brain?* Dr. Trevor Hall
Feb 2016	*Okay, Enough Small Talk. Let's Get Down to Business!* Trevor Hall, PsyD and Darren Janzen, PsyD
Oct 2015	*Let's Talk About Sex: Sex and Sexuality Applications for Clinical Work* Joy Mauldin, PsyD
Sept 2015	*Relational Psychoanalysis and Christian Faith: A Heuristic Dialogue* Marie Hoffman, PhD
March 2015	*Spiritual Formation & Psychotherapy* Barrett McRay, PsyD
Feb 2015	*Credentialing, Banking, the Internship Crisis and other Challenges for Graduate Students* Morgan Sammons, PhD, ABPP
Nov 2014	*Therapy: "Face Time" in an Age of Technological Attachment* Doreen Dodgen-Magee, PsyD
Oct 2014	*ADHD: Evidenced-based practice for children & adolescents* Erika Doty, PsyD and Tabitha Becker, PsyD

Assessments Administered

- 16 Personality Factor Questionnaire
- Altman Self-Rating Mania Scale
- Adaptive Behavior Assessment System -III
- ACORN
- Autism Diagnostic Observation Schedule
- Behavior Assessment for Children 3– Teacher, Parent & Self Form
- Beck Anxiety Inventory
- Beck Depression Inventory
- Conner's 3 – Teacher, Parent & Self Report
- Conner's Continuous Performance Test 3
- Conner's Adult ADHD Rating Scales
- Delis-Kaplan Executive Function System (Color Word Inhibition, Trail Making)

- Goldberg Bipolar Screening Questionnaire 5
- House-Tree-Person Drawing
- Incomplete Sentences – Adult Form
- Mini-Mental Status Exam 2
- Minnesota Multiphasic Personality Inventory 2 & MMPI-Restructured Form
- Minnesota Multiphasic Personality Test-Adolescent
- OCD Screener
- Outcome Rating Scale
- Parent Child Relationship Inventory
- Personality Assessment Inventory
- Robert's Apperception Test for Children - 2
- Session Rating Scale
- The Bipolar Spectrum Diagnostic Scale
- *Vineland Adaptive Behavior Scales 2*
- Wechsler Adult Intelligence Scale IV
- Wechsler Abbreviated Scale of Intelligence II
- Wechsler Intelligence Scale for Children V
- Wechsler Individual Achievement Test III
- Woodcock Johnson IV Tests of Achievement
- Woodcock Johnson IV Tests of Cognitive Abilities

Professional Memberships

American Psychological Association—Student Affiliate August 2014-Present

Professional References

Dr. Joel Gregor, Psy.D.
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Dr. Kathleen Gathercoal, PhD
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