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Why Would You Get THAT Done?! Stigma Experiences of Women with Piercings and Tattoos Attending Postsecondary Schools
Pourquoi voudriez-vous vous faire CELA ? ! Expériences de stigmatisation de femmes au niveau postsecondaire qui ont des perçages et tatouages

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abstract

Research in the area of piercings and tattoos has indicated the existence of commonly held negative stereotypes and assumptions (stigmas) concerning these body practices. These stigmas have been shown to impact the hireability of those with body modification (BoM). In order to understand the experiences of women with piercings and tattoos who are entering the professional workforce, the first author interviewed 8 women attending postsecondary education between November 2011 and April 2012. Through analysis using a hermeneutic phenomenological approach, with a focus on experiences with work, friends, and family, 8 main themes emerged. Interpreting the data showed that, despite the increasing number of people with BoM, postsecondary women are still experiencing and/or anticipating workplace and familial stigma.

résumé

La recherche dans le domaine de perçages et tatouages indique l'existence de stéréotypes négatifs et suppositions stigmatiques concernant ces pratiques corporelles. Il est démontré que ces stigmates ont un impact sur l'embauchage des personnes ayant des modifications corporelles (BoM). Pour mieux comprendre l'expérience des femmes ayant des perçages et tatouages qui entrent dans le marché du travail, la première auteure a interviewé 8 femmes au post-secondaire entre novembre 2011 et avril 2012. Par moyen d'une méthode herméneutique phénoménologique, en mettant l'accent sur les expériences avec le travail, les amis, et la famille, 8 thèmes centraux ont été identifiés. Suite à l'interprétation, on a constaté que malgré la fréquence croissante de modifications corporelles, les femmes au postsecondaire anticipent toujours et/ou sont encore victimes de la stigmatisation dans leur lieu de travail et familial.

Body modification (BoM; within the current study, body modifications were limited to piercings and tattoos) is not a new phenomenon. Piercings, tattoos, foot modification, scarification, and branding have been a part of human culture dating as far back as 6000 BC with roots in early ancestries across the globe (Doss & Ebesu Hubbard, 2009; Wood, 2003). North American culture glorifies tattoo obtainment with TV shows such as *L.A. Ink* and *Ink Master*, and in Calgary, Al-

berta, tattoo artists have indicated that the practice of tattooing is becoming more "mainstream" and accepted (French & Dirks, 2011; McGinnis, 2012). In fact, statistics indicate that a significant percentage of individuals report having tattoos and/or piercing. In a 2004 national probability sample in the United States, 24% of respondents reported having tattoos and 14% reported having body piercings (not including soft ear lobe piercings; Laumann & Derick, 2006). Leger Marketing (2002) conducted telephone interviews in 2002 of a representative sample of Canadians and found that 18% of Canadians had a tattoo or a piercing, not including soft ear lobe piercings (12% had a body piercing, 11% a tattoo, and 5% had both). Furthermore, 9% of men and 3% of women had a tattoo, and 4% of men and 9% of women had a body piercing. In 2012, an online Harris Poll of 2,016 adults (18+) found that one in five U.S. adults currently has one or more tattoos (Braverman, 2012).

However, despite the increases in percentage of people obtaining a BoM (French & Dirks, 2011; Manuel & Sheehan, 2007; McGinnis, 2012), a larger question remains: Is BoM accepted? It may not be—"common," "tolerated," and "accepted" are all different things. Atkinson (2003) suggested that Canadian attitudes and viewpoints on tattoos (and piercings) are still in flux, meaning that many stigmas (i.e., negative attitudes and assumptions) still exist regarding BoM despite the statistics and its seemingly common occurrence. The dissenting attitudes and viewpoints regarding BoM are illustrated by the findings of Leger Marketing (2002) which indicated that, of those Canadians who did not have any form of BoM, 25% were against tattooing and 30% were against body piercing.

Stigma

Although the definition of *stigma* varies within the published literature, the popular definition is an "attribute that is deeply discrediting and reduces the bearer from a whole and usual person to a tainted, discounted one" (Goffman, 1963, p. 3; Link & Phelan, 2001). Goffman (1963) noted that a stigma may present itself as a relationship between an "attribute and a stereotype" (p. 4) where the attribute (stigma) "links a person to undesirable characteristics (stereotypes)" (Link & Phelan, 2001, p. 365). Link and Phelan (2001) further indicated that stigma occurs when there is convergence of the following: (a) differences between people are distinguished and labelled; (b) labelled individuals are negatively stereotyped by the dominant culture; (c) categorization accomplishes a separation of "us" and "them"; and (d) the labelling and categorization result in loss of status, discrimination, and inequity. Further, stigma is socially constructed, and occurs when "labelling, negative stereotyping, exclusion, discrimination, and low status co-occur in a power situation that allows these processes to unfold" (Link & Phelan, 2001, p. 367).

Body Modification and Stigma

DiPopolo (2010) proposed that BoM is a form of stigma based on the following: BoM continues to be viewed within a negative light by the general (North

American) culture and those with BoM are therefore considered to be part of a minority group. Those with BoM are thus often grouped together (whether appropriately or not) and are subsequently regarded as belonging to a *master status group*. A master status group is one that includes "persons whose physical appearance, behaviour, or life circumstance is statistically unusual and centrally defining" (DiPopolo, p. 370); membership in those groups tends to result in negative outcomes (Frable, 1993). Given that BoM is associated with physical appearance related to a behaviour not engaged in by the majority of North Americans, it does not seem a big jump to view individuals with BoM as members of a master status group. However, it is important to note that BoM may only encompass one aspect of a person's identity. Those persons who hold a strong self-identification with the BoM culture may experience the negative effects of stigma more so than those persons who do not identify (or who do not identify as strongly) with the group (DiPopolo, 2010; Major & O'Brien, 2005). Negative outcomes that often accompany BoM can be negative verbal responses, exclusion (in any domain of one's life: employment, friendships, etc.), lack of acceptance, and judgements (Armstrong, 1996; DiPopolo, 2010).

As stigma is often associated with acts that are deviant from the normative culture, the mainstream popularity that tattoos have recently garnered bring into question whether or not tattoos are still deviant and therefore stigmatized (Atkinson, 2003). Atkinson (2003) stated that these terms need not be mutually exclusive: what is normative (or common) can also be deviant (and therefore stigmatized). As John Gray (1994) put it, "[A]ccording to the media, tattooing is about to go permanently mainstream. Don't believe it. Rumours of imminent respectability have been chasing the tattoo for a century" (p. 15). Given that piercing is less common than tattooing, it stands to reason that this deviance and its attached stigma are also pertinent to piercings.

Body Modification, Stigma, and the Workplace

Facebook groups titled "Tattoo Acceptance in the Workplace" and "Tattoo/Piercing Acceptance in the Workplace" are popular, with over one million members and counting. The description for the group "Tattoo Acceptance in the Workplace" reads simply:

> Our goal is to take away the stigma attached to people who have tattoos in the workplace. Tattoos are art. Some of us have chosen to express ourselves not with vibrant shoes, or a colorful tie, but with body art. What is the difference? (Tattoo Acceptance in the Workplace, 2014).

Clearly this is a topic that is pertinent to those with BoM. In a 2011 survey conducted by the Medicine Hat Police Department, it was determined that there is "a strong link between satisfaction with police and appearance of the officers" in the community of Medicine Hat (Ho & McGinnis, 2012). Respondents to the survey indicated feeling uncomfortable when police officers had visible tattoos and unnatural hair colors. These findings resulted in the Medicine Hat Police services

banning officers from displaying their tattoos while on duty (Gerson, 2012). Further, in a study conducted by the *Patients Guide* (Roberts, 2012), it was found that laser tattoo removal had increased by 32% between 2011 and 2012 and that 40% of more than 700 patients reported removal due to "employment reasons."

The literature provides evidence to support why some may turn to laser tattoo removal for employment reasons. Seiter and Sandry (2003) conducted a study in which they provided undergraduate students and company managers with pictures of a male potential job candidate with or without piercings. They discovered that the candidate sporting some form of body jewelry was considered to be less credible, less competent, and less hirable than their nonpierced counterpart. Swanger (2006) found similar findings when measuring hospitality human resource managers and recruiters' (n = 37) perceptions toward job candidates with BoM. The majority of these participants (87%) indicated that visible tattoos and body piercings would be negatively received by their companies. Further, those with tattoos may anticipate that the reactions to their BoM, by coworkers and employers, will disrupt or impede future work achievement status or hirability, especially if the BoM is visible (Atkinson, 2003). Although specific laws on discrimination and BoM within the workplace do not yet exist, many companies have written BoM caveats into their dress code policies specifying that employees must cover or take out their BoM, or that BoM is not accepted to any degree.

Barrett and Aspen (2009) discovered mixed findings when they surveyed 16 human services professionals in the United States. Although respondents disagreed with the typical stigmas and stereotypes (e.g., they disagreed that individuals with BoM were criminals or of low income), they were undecided when it came to responding to the statement "I would hire an individual with visible tattoos" (p. 12). Further, when asked if they would hire an individual with visible piercings, the majority of responses fell between *agree* and *undecided*. Therefore, while some of the stereotypes may be dissolving, the stigma attached to those with BoM still remains.

Stigma, BoM, the Workplace, and Women

Due to the differing and ever-changing personal explorations of self through tattoo use, it is important to understand all aspects of how BoM are viewed; therefore, some studies have specifically sought to better understand the social worldviews of women with BoM. Studies in which participants have been presented with vignettes or drawings of women with or without tattoos indicate that women with tattoos are viewed as less honest, more promiscuous, heavier drinkers, less religious, less fashionable, less athletic, less attractive, and less intelligent than women without tattoos (Degelman & Price, 2002; Resenhoeft, Villa, & Wiseman, 2008; Swami & Furnham, 2007). This research has continued into the realm of work.

Atkinson (2002) discovered, through a qualitative study of 40 women exploring their experience with tattooing, that there was a shared concern regarding anticipated or experienced stigma in the workplace due to their tattoos. Further, it was found that many women negotiate their involvement in BoM due to negative

perceptions in the workplace and the economic interdependence that they have with these jobs (i.e., choosing to conceal BoM in order to obtain a job and thus a pay cheque; Atkinson, 2002). These findings support those by Armstrong (1991), who interviewed 155 career-oriented women with education levels beyond that of high school regarding their tattoo experiences and found that a portion of women felt a "sense of lowered credibility thus having to conceal the tattoo when meeting new people, interviewing or attending certain meetings, and losing clients/or jobs when the tattoo was spotted" (p. 219).

The number of educated (career-oriented) women obtaining BoM continues to rise, a stark contrast to the held stereotype that BoM equates with decreased intellect (among other things; Resenhoeft et al., 2008). In fact, the trend of people with higher education obtaining BoM is also being seen in today's youth (Barrett & Aspen, 2009), and tattoo artists indicate that they are daily seeing doctors, lawyers, and secretaries come in for tattoos (McGinnis, 2012). So why, despite the apparent stigma by both peers and hiring companies and the trend for women to obtain readily hidden BoM, are women continuing to obtain BoM? Are the felt stigmas different than those reported in the research literature? Current literature lags when it comes to answering these and many other questions; in fact, Atkinson (2002) emphasized the need to extend research on women's tattooing, and Hawkes, Senn, and Thorn (2004) indicated that future research is needed to better understand the real world ramifications of attitudes toward women with tattoos and their achievement in the workplace.

The Impact of Close Others on the Stigma Experiences of Women

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

In summary, the literature seems to suggest that BoM is still stigmatized, with particular concerns existing for women in the workplace. Yet, obtainment of BoM appears to be on the rise and, from what has been suggested by the aforementioned studies, the felt experience of stigma needs to be understood more clearly in terms of workplace stigma in collaboration with the identified contributing factors of coping with stigma, career-related concerns, and the role of family and friends. As many of the participants in the research studies have been postsecond-

ary students, and women in postsecondary education are assumed to be headed into the workplace, the lack of literature that focuses on the lived experiences of these women led to the topic at hand. Therefore, the research question *What is the stigma experience of women with piercings and tattoos in postsecondary education?* was posed by the first author.

METHODOLOGY

Research Paradigm and Methodology

This research falls within a social constructionist paradigm. Social construction theory posits that every person creates individual meaning from the experiences and objects around them through their past, current, and continued interaction with the world (Creswell, 2007). The goal of research within a social constructionist lens is to capture how individuals make meaning within different contexts (individual, family, societal) through the use of language, and specifically in this case through semistructured interviews. Within the current study, the hermeneutic phenomenology of van Manen (1990) was utilized because this method emphasizes participants' experience of a phenomenon and provides us with an understanding of how an individual creates meaning of these experiences. Hermeneutic phenomenology involves the interpretation of lived experience (Cresswell, 2007). Of the two broad schools of phenomenology, hermeneutic phenomenology was a better fit than descriptive phenomenology due to the valuing of being-in-the world, the person-environment interaction, and the belief that meaning can be found independently of preconceptions (Koch, 1996). While hermeneutic phenomenology does not employ a specific and "pure" method for conducting research, such as was suggested by Husserl (as cited in Ashworth, 2006), van Manen posited six activities. A researcher might use these activities in order to interpret and better understand the lived experiences of others in an exploration of the phenomenon in question, by following an interpretive philosophy. Van Manen's (1990) six activities are as follows:

1. *Turning to a phenomenon that interests the researcher*. Essentially, this first step is about discovering some aspect of the lifeworld that the researcher is connected to in some way, with the "ultimate aim" of becoming "more aware" of who we are (van Manen, 1990, p. 12). Within this step, the researcher formulates questions that will aid in this awareness. In this study, the primary question was: What is the stigma experience of women with piercings and tattoos in postsecondary education?
2. *Investigating our experiences as we live them*. Within this step, the goal of the researcher is to explore the phenomenon of interest by immersing oneself in one's own experience and the experience of others. As van Manen (1990) explained, it is often easier to start at a researcher's own experiences and work from there; logically, if you have experienced something, then it is likely that others have as well. I (first author) was drawn to this aspect of

hermeneutic phenomenology because I have experienced stigma due to my piercings and tattoos—from friends, family, and workplaces. I have had to endure comments such as "Why would you do that to your face?" and "Does your Hebrew tattoo even say what you think it does?" I have had to wear an adhesive bandage over my eyebrow piercing due to company policy, and I have not been able to apply for certain jobs because of their no BoM policy. I grew up surrounded by the message that when I "grew up" I would have to take out my piercings to obtain a "real" job and have always been concerned in job interviews that my BoM may affect employers' perceptions of me. Given these personal experiences, I was interested to see if and how others experience this phenomenon.

3. *Reflecting on core themes that characterize the phenomenon*. The goal of this step is to pose the question "What is it that constitutes the nature of this lived experience?" (van Manen, 1990, p. 32). Within the current study, themes and subthemes were created and re-created through listening and relistening to taped interviews, reading transcripts of interviews, and using the computer software NVIVO 9 to aid the first author in examining the interviews while posing van Manen's (1990) question: "Are there sentences or parts of sentences that appear to be thematic of the stigma experience of women with piercings and tattoos?" (p. 94)?.
4. *Describing the phenomenon through writing and rewriting*. Writing about a phenomenon is a Catch-22; as Merleau-Ponty (1973) put it, "When I speak I discover what it is I wished to say" (as cited in van Manen, 1990, p. 32). The writing and rewriting of the manuscript brought me to both immerse myself in and distance myself from the lifeword, and forced me to present the phenomenon and interpretation of findings in a way that allows readers to gain an insight into the experiences of the women in question.
5. *Retaining a strong and focused relation to the phenomenon*. When researchers are given the confidence of and openness from their participants and entrusted with the participant stories, they hold an ethical responsibility to remain true to those stories and to represent the participants in ways that do not harm or misrepresent them. For this reason, and in order to remain true to the purpose of the study, it is important for the researcher to remain as true as possible to the philosophical orientation and phenomenon.
6. *Balancing the research context by considering the parts and the whole*. This step requires not only that a researcher take a step back and consider the study as a whole, but also that the researcher look at the individual parts of the study and the individual voices of the participants. This was accomplished through going back and forth between individual participant stories and the stories as a whole throughout the analysis.

Participant Recruitment/Procedure

Eight participants were recruited between November 2011 and April 2012 from three postsecondary institutions in Alberta. Recruitment occurred through

media (print and television news) as a result of a pilot project completed prior to the study, university electronic mailing lists, and posters. All participants were self-selected, responding through e-mail to recruitment information. All participants met the following criteria: (a) has both piercings and tattoos, (b) self-identifies as having experienced stigma (more specifically workplace stigma) due to their piercings and tattoos, (c) is female, (d) is a current student at a postsecondary institution, and (e) is willing to be audiotaped. In total, 33 people contacted the first author through e-mail to participate; of these, 12 met the criteria while 8 participated. Interviews were conducted by the first author and occurred in well-lit, private rooms located within each of the postsecondary institutions. As the first author and participants had had previous contact through e-mails setting up interview times, there was already an established rapport upon meeting in person. Interviews were between 55 and 90 minutes in length and included five parts: (a) consent; (b) demographic form (regarding age, major, and information regarding type, placement, and age at which tattoos and piercings were obtained and/or removed or altered); (c) semistructured interview consisting of one primary question and several prompts if the area was insufficiently covered; and (d) photography of the participant's body modification (if consent was provided).

In total, 8 women between the ages of 18 and 29 (M = 22; SD = 3.16) participated. Participants had both tattoos and piercings, but the degree to which they had obtained these varied (Appendix A). The women indicated they were working toward degrees they hoped would lead to a career as teacher, writer, professor, speech pathologist, laboratory technician, psychologist, or social worker. All participants are referred to by pseudonyms in order to protect their identities. Ethics approval was obtained for this research through the University of Calgary Conjoint Faculties Research Ethics Board (CFREB).

The interviews commenced with the open general question: What does stigma mean for you? To ensure discussion of workplace stigma, coping, career concerns, and family/friends, the additional probes in Appendix B were used as needed.

Analysis

Interviews were transcribed verbatim by a professional transcriptionist and then analyzed by the first author using NVivo 9 as a tool to help explore the main themes that arose while using the hermeneutic circle. The hermeneutic circle is a constant back and forth between emerging themes, interpretations, review of the research question, review of transcripts, and identification of personal thoughts and feelings through the process, with a goal of considering the parts (i.e., each individual's experience) with the whole (i.e., larger themes that incorporate the parts). The circle is used because the hermeneutic process acknowledges that understandings continually change through the process of writing, questioning, and reflecting, with the goal of discovering a common meaning. As described by Gadamer, "the miracle of understanding is not a mysterious communication of souls, but [rather, the] sharing [of] a common meaning" (Gadamer, 1989, p. 292).

Journalling and member-checking were used to enhance the credibility of the data. Throughout the process, from first meeting the participants until final analysis, the first author kept a journal of her thoughts and feelings regarding the participants, their experiences compared to the author's own experiences, possible themes as they presented themselves throughout the analysis, and times where the first author noticed how her own experiences provided insights into the topic. Member-checking was used postanalysis. Via e-mail, participants were provided with a summary of the analyzed experience and the overall findings and given two weeks to respond through e-mail if they had any issues, concerns, or additions regarding these sections. Participants were told that lack of a response would indicate that they did not have any concerns with the material. Of the 8 participants, 6 responded, all of whom gave their consent to use the material as distributed. This indicates that the first author interpreted each participant story in ways that participants agreed with and that we came to a mutual understanding of their experiences, both individually and as a whole.

FINDINGS

Eight themes, or aspects of the phenomenon in question, emerged out of analysis of the interviews. In this section the themes will be described with illustrative quotes.

Theme 1. The Many Faces of Disdain: What does Stigma Look/Sound/Act Like?

> Body language for sure, you can just see in people's face. Or they look at you and then you can see the moment when they see the piercing on your face and the, the look across their eyes when they see it goes from like pleasant to talk to you to like just "ugghh." (Amanda, 29)

Stigma was experienced in different ways, be it through body language, the tone someone used, how someone looked at or treated the participant, or how people acted behind their backs. However, there were also instances where BoM encouraged positive discussion with others, where BoM acted as a tool to connect people instead of a stigma tool. For example, Leah, 22, indicated times when strangers would strike up a conversation once they saw her tattoos and would then proceed to show off their own tattoos to her or ask questions about them.

Theme 2. How Do I Obtain and Maintain a Job with BoM?

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

Seven of the 8 participants discussed having to remove or hide BoM in order to obtain, maintain, or advance their employment. Many participants noted that

they would cover, hide, or "tone down" much of their BoM while going into interviews in order to be on a more equal playing field to those without BoM. Although people do not always explicitly say that piercings have to be taken out or tattoos hidden, sometimes there is an unspoken rule. Leah learned that she was being held back from moving forward in her position by "playing around" with her BoM; after removing or replacing piercings with retainers, she was promoted from hostessing to serving. Amber, 21, indicated having had a very similar experience where she was told she could not move from hostessing to serving unless she removed her nose piercing.

Theme 3: Who Gets to Define Professionalism and Capability?

The word "professional" is used regularly, and it should be safe to assume that, because of socialization, most of us have a common idea of what professionalism is. However, this definition seems to be subjective, as it can change between person, between companies, and between occupations. During the interviews, almost every participant brought up professionalism and capability or representing the company and one's self. Most indicated that they have experienced stigma by others who do not equate professionalism with BoM. Some of the participants held strong viewpoints regarding capability. Beth, 22, stated, "I mean, my tattoos and my piercings don't affect my job output. They don't affect the quality of my work, they don't affect the hours that I work, they don't affect my personality." She further noted:

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

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

Theme 4: Whose Policy Do I Follow, and Is That Okay?

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

Currently there are no laws concerning the type of policy a company can create or enforce with regards to BoM, or that determine if a company's BoM policies are discriminatory and/or stigmatizing. Because of this, there does not appear to be a set rule as to when or where a BoM policy is enforced. Many of the women

described instances of disconnect between policy and implementation of policy, or between the reason for the policy and the real world necessity. For example, Beth noted:

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

Beth further explained that:

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

While some participants reported their place of employment as being positive to BoM, there were often caveats associated with that. Within the replies coded as "Work is okay with BoM," there were subcategories of (a) because I don't work with customers, (b) because I worked them [employers] into acceptance, (c) most coworkers are okay, but not all, and (d) I'm still labelled. Molly, 21, discussed her employer being very accepting of BoM, but noted that "he doesn't care but his policy is, 'cuz he's the owner, 'When you're out in front of the customers I need them hidden.'"

Theme 5: There Is No "How-to Guide" to Deal or Feel

Participants discussed three main ways that they coped with stigma: shrugging off the stigma, taking action, and creating compromises.

Shrugging off the stigma. Participants indicated that they expect to have to deal with the stigma, and they weigh the consequences of fighting against the stigma versus not saying anything about it. When shrugging off the stigma, participants decide whether or not it is worth making a big deal out of it.

> Um, I mean really ah, there's not really much I can do about it. I mean I could get all defensive and get all, "Well you this or you that" or you so and so. It just, it doesn't work in the end 'cuz then it's just proving the way they are looking at it. "Oh tattoos, she's gonna be quick to get angry, she's gonna blow up, she's gonna come after me" like that kind of stuff and basically I was kinda like "Well this is what I like okay, that's a great opinion, oh yeah that's what you think okay, sure that's cool" um, I just try and not let it affect me. I mean inside I'm probably just like "You ignorant little" but I just kind of "Okay, um sure." (Leah)

Taking action. This subtheme demonstrated a variety of actions, with participants choosing to respond to stigma by educating others about BoM, exerting power over their coworkers who stereotyped them, rejecting a job, reporting the

stigma, using comebacks, ignoring the policy, and/or ignoring the employer. For example, when going out of her comfort zone to confront and address the problem with a coworker who "kept going on and on about (her) tattoo" didn't work, Alia, 24, reported it to her supervisor. When this didn't work she began ignoring the coworker and used her status within the company as a way to deal with the negative comments. "Um, I'm more knowledgeable I guess, so I used that as a way to be more powerful than him I guess."

Creating compromises. This included trying to make compromises with coworkers/employers or having to compromise one's self by "toning down" or removing BoM. For example, Kasey, 22, and Alia indicated trying to (or anticipating trying to) work around the BoM issues with their managers by either finding a middle ground where certain BoM is acceptable, or through discussion, by providing scenarios to prove their point.

Theme 6: Evolving Acceptance: Concerns and Views on Future Careers

Three main subthemes emerged from this theme: (a) yes, BoM will pose a challenge, (b) it will be okay (this came with caveats such as I will work companies into acceptance, I will take out BoM for the "right" job, or if I'm still professional), and (c) I'm not sure what to expect. However, it is important to note that there was overlap between categories. An answer in one of these categories was by no means exclusive, as some participants indicated that it would pose a challenge but also that it would end up working out.

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

Theme 7: Hope for Future Change

Of the eight women, seven discussed a hope for future change in how BoM is viewed. For Amber, Beth, and Madi, 18, their hope came from a belief that acceptance will change more as generations "cycle through;" that as the current and younger generations begin to take more prominent roles in society, there will be a lessening of traditional and stereotypical views of BoM. Madi put it thusly:

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

However, this hope is also met with some reservation. Kasey stated that there will always be a stigma. She noted:

> I think the stigma is not as negative but there's still a stigma. People are still judging you about it … I don't think … like people of my age group will look at me when we're older and be like "Oh you you're a dirt bag" or you know.

> You're immature or this or that. "You're juvenile." But I think they'll still have some kind of judgement about it.

Theme 8: Do They Get It?: Navigating BoM in Friend and Family Relationships

Participants indicated varying experiences with friends and family.

Friends. Friends were reported as being accepting of BoM and helpful "bouncing boards" (i.e., helping in deciding if new BoM would be a positive idea) when talking about obtaining new BoM. For some participants, obtaining BoM could be viewed as a shared experience, with some obtaining BoM at the same time as friends or significant others.

Family. Some family members were completely fine with BoM; others were only accepting of certain BoM, or BoM was only acceptable once they were out of their parents' house; for others, BoM caused tension in relationships. Only one participant indicated a real strain with her parents regarding BoM. She noted that her parents are very traditional and feel that BoM should not extend further than a couple of ear piercings, and that any more is deforming your body. However, they did allow her to obtain certain body piercings, such as her navel. In no case did participants indicate any relationship issues with siblings due to BoM; in fact, most commented that their siblings also had BoM or enjoyed it.

Some participants indicated that, despite their parents or extended family originally not accepting or still not enjoying the BoM, the relationships have not been negatively affected. Others acclimatized their family to their BoM over time. Amanda discussed the distinction between disliking the BoM and the quality of relationship as follows:

> [Amanda's Mom is] like "You know I'm not gonna stop loving you because of what you choose to do to your body but I don't have to like it." I said, "Well I think that's pretty fair. I would hate to think that you would just disown me because I pierced my face." She was pretty clear about that too. Like you know, "I don't not love you but I don't like it."

Partner's family. Two of the participants indicated anticipated or real (partner's mother offering to pay to have her BoM removed) stigma from their partner's family.

DISCUSSION

The women who participated in this study indicated that the stigma regarding BoM continues to still be very real despite appearing more frequently in the mainstream. Further, the women reported social exclusions that were consistent with the proposed negative reactions by others (e.g., negative verbal responses, exclusions, lack of acceptance, and judgements) due to BoM as a form of stigma (DiPopolo, 2010). In the theme "The Many Faces of Disdain: What Does Stigma Look/Sound/Act Like?" many of these negative judgements and responses were discussed by participants—for example, people talking behind their back, and

using negative tones of voice. These findings are consistent with previous research, which described the stereotypes and assumptions respondents displayed against people (specifically women) with BoM when shown vignettes or images of women with differing types ("feminine" tattoos versus "masculine" tattoos; larger versus smaller tattoos) (Degelman & Price, 2002; Resenhoeft et al., 2008; Swami & Furnham, 2007).

As suggested by one of the participants, people tend to use BoM (or other forms of appearance) as "landmark" indicators of how to navigate interpersonal relationships. The navigation of those who hold stereotypes and negative assumptions of BoM will often lead to the stigma behaviours discussed by the women in this study (e.g., using negative tones, talking behind backs of people with BoM).

Consistent with Atkinson's (2003) findings, the majority of participants in this study acknowledged times where they would remove or cover up their BoM. The times and reasons participants would cover or hide their BoM were (a) due to anticipation of stigma, (b) for interviews, (c) to compromise with those who don't like it, or (d) for certain jobs. One proposed theory as to why this occurs was discussed by Major and O'Brien (2004), who suggested that when an "individual appraises the demands imposed by a stigma-relevant stressor as potentially harmful to his or her social identity, and as exceeding his or her resources to cope with those demands" (p. 402), they are experiencing *identity threat.* Perhaps this concern regarding identity threat plays a role in why women chose to obtain BoM that could be hidden. Without being told, many of the women hid or toned down their BoM in interviews (stigma-relevant stressor) because they anticipated that there would be a negative stigma (e.g., assumptions of capability) attributed to them due to their BoM. They identified this situation as threatening and used covering up as a way to cope. Atkinson (2003) found that a "fear of presenting one's tattoos to others is mainly fuelled by the potential deleterious reactions from … family members, close friends, and superiors at work" (p. 122). This fear resulted in waiting to obtain tattoos or hiding tattoos. Seen through the lens of identity threat, it would appear that those who hide or refrain from being tattooed may not believe they have the coping mechanisms necessary to deal with the potential stigma by these groups and thus use other ways of coping.

Professionalism and capability are not closely looked at within the literature, with the exception of studies that show people stereotype those with BoM as neither professional nor capable. Those who are more accepting of BoM believe one can be capable and professional while having BoM; however, more research into this is needed.

Many of the participants in this study experienced stigma through discordance with company policies and varying manager opinions on the topic, leaving them with an uncertainty of what to expect with future career acceptance of BoM. One might hypothesize that this inconsistent response to BoM is due (at least in part) to a commonness dimension of stigma (DiPopolo, 2010)—managers who are used to BoM (or have BoM themselves) are more lenient when it comes to company policy, and managers for whom BoM is not common turn to assumptions and stigmas.

Within the theme "There Is No How-to Guide to Deal or Feel," there were three main ways in which participants coped with stigma. According to Major and O'Brien (2005), there are no "gold standard" agreements as to how to conceptualize coping strategies within the stigma literature. However, their review does discuss some commonly used coping strategies and categories. Major and O'Brien note that one way of understanding coping strategies used to deal with identity threat caused by stigma is categorizing these strategies as either *engagement* (fight) or *disengagement* (flight) strategies. These two classifications appear to fit with the themes discovered within the current study; "taking action" fits within the engagement category, "shrugging off the stigma" fits into the disengagement category, and "creating compromises" is somewhere in the middle of these.

Major and O'Brien (2005, p. 404) also identified *disengagement* versus *striving* as one of three "popular" coping strategies (along with "attributing negative events to discrimination versus to the self" and "increasing identification with one's stigmatized group versus distancing from the group") discussed within the literature. Disengagement occurs when a person disidentifies with situations (or domains) in which a person or group is negatively stereotyped, and striving occurs when a person overcomes the stigma in alternative ways. Within the current study, those who shrugged off the stigma disidentified with those situations in which they experienced stigma due to BoM by presenting (or pretending) to others that the stigma was not bothering them (whether this was true or not). In some cases the women were so used to the stigma (and thus disengaged) that they just did not let it bother them. On the other side of this category, those who tried to find compromises with coworkers or family regarding BoM attempted to find "alternative way(s) to cope with identity threat in social valued domains" (Major & O'Brien 2005, p. 405), thus fitting within a striving form of coping.

Despite participants having their own experiences of stigma and often relaying stories of stigma experienced by friends with BoM, they felt hope coupled with uncertainty about how they would be perceived in future careers. Swami and Furnham (2007) found that despite perceiving women with tattoos negatively, "more than two thirds of participants … indicated that they would consider getting a tattoo," a finding that they proposed was due to a "dissociation between perceptions of the self and others, which leads to other being judged more negatively in comparison to self" (p. 349). Although the current study was a bit different, given that the participants had their own experiences of stigma, this dissociation between perceptions of current/past stigma experiences and future self does appear to exist.

According to Atkinson (2003), this dissociation may have merit, as increasing tolerance, indifference, and global diversity may positively impact how others view BoM. He suggested that increased tolerance of cultural diversity has influenced and allowed for elasticity in how body practices are viewed. Further, due to globalization and our visual and information-oriented way of life, "one could argue that representation through highly visible body modification is becoming more deeply ingrained in our collective habituses" (p. 155). In essence, it appears as though there is hope and opportunity to move from how BoM is currently viewed and

treated to an acceptance of BoM practices. However, given that women in 2012 were still continuing to cover or remove BoM due to stigma, stereotypes, and negative receptions by others—behaviour that Armstrong (1991) discussed over two decades ago—the time required for this larger social change could be extensive.

How people view or value themselves can be impacted by the reactions of their close others (coworkers, friends, family; Atkinson, 2003). The findings in the current study supported many of Atkinson's findings with regards to reactions to and acceptance/rejection of BoM by close others. As the opinions of close others are more readily internalized than the opinions of outsiders, how family and friends view BoM translates into examples of what to expect from others. For example, if parents are negative about BoM then one may assume that this is a commonly held belief among the general public (and hiring companies); thus, an individual with BoM may cover up their BoM in anticipation of the stigma (Atkinson, 2003). Atkinson (2003) further suggested that the closer one is with one's family (or close others), the more impact family reactions have to an individual's sense of self; if parents' reactions to BoM are strongly negative and one values their opinions, this may lead to a decreased sense of self and greater fear regarding how one's BoM is interpreted by others (and vice versa). However, consistent with Irwin's (2001) findings, it is important to note that for some participants, initial negative reactions by parents dissipated over time and did not permanently affect the relationship.

Similar to both Atkinson's (2003) and Armstrong's (1991) findings, participants in the current study noted that their siblings and peers were more accepting and supportive of their BoM than were parents or even coworkers. Further, in both Atkinson's studies (2002, 2003) and this study, peers were often used as "sounding boards" with regards to ideas of what BoM to obtain next; according to Atkinson, this is because individuals with BoM believe that their close friends "will provide the most honest and objective feedback regarding their redesigned bodies" (p. 218). Further, as many of the participants in this study noted, having peers or siblings with BoM served to make the practices of BoM more normative.

IMPLICATIONS FOR PRACTICE

The findings from this research have a number of implications for counselling practice, especially within the field of career counselling. As was shown within this study, workplace stigma still affects and is of concern to women with BoM. Although the participants in this study did not identify that they were seeking or in need of counselling, their experiences suggest that the following tips may be helpful for counsellors working with individuals with BoM who have concerns regarding anticipated or experienced workplace (or family/friend) stigma.

1. Identity

Learning about the meaning of or how people relate to their BoM can be important in determining the degree to which stigma may affect them. As discussed by DiPopolo (2010) and Major and O'Brien (2005), those who hold strong self-

identification within a certain group (e.g., BoM culture) may experience more negative side effects to BoM stigma than those who do not identify as strongly with that group. Further, as discussed by Atkinson (2003), an individual's sense of self interplays with how close others react to or treat them due to their BoM. Therefore, it may be important to explore this area with the following questions: (a) Do you identify as being part of the BoM culture? (b) How do you view your BoM (e.g., choice, as part of who you are)? (c) Have you experienced BoM stigma? If so, how has this affected you? (d) What does it mean for you? (e) Who did the stigma come from? (f) Does it impact how you view yourself? (g) What have been the reactions of your parents and peers to your BoM? and (h) How have these reactions impacted your sense of identity or the way you view your BoM?

2. Negotiating Personal Limits

Some participants in this study indicated that they have or would consider taking out certain piercings or covering tattoos if there were no choice or if it was the "right" job. Given that some company policies may require this, it may be important to discuss where personal limits are so that clients are prepared to deal with the possible situation. The following questions may serve to start a conversation: (a) Are you willing to remove/cover BoM? If so, what types of jobs (e.g., career vs. other) are you willing to do this for? (b) Would you consider a job with a no-BoM policy?

3. Considering Ways to Deal with Stigma

As was discussed in the theme "There Is No How-To Guide to Deal or Feel," participants coped with stigma in a variety of ways; however, not all of these proved positive (according to the participants). The following questions may be helpful conversation starters: (a) How does stigma make you feel? (b) How do you currently deal with or react to BoM stigma? Has this been positive/negative? (c) How would you like to deal with stigma? (d) Are there certain forms of stigma that are harder to deal with than others? If so, by who, what is it, and why? (e) How would it be/feel for you to cover your BoM? What would it mean for you to cover your BoM? What might you gain or lose either way?

4. Negotiating Visibility

For some participants, telling different family, friends, or employers about their BoM was difficult, and often resulted in their decision to cover or "hide" their BoM. Important talking points for this area could include (a) Are there important people from whom you hide your BoM? (b) For what reasons do you hide your BoM? (c) What reactions are you concerned about getting by showing your BoM? (d) How do you hope conversations or reactions will go when discussing your BoM?

Our life experiences change our interpretations over time. Thus, it is important to note that those with BoM who have had positive experiences or who have worked in professional careers for different lengths of time may very well differ in

the extent to which BoM stigma affects them. As discussed, some employers and family/friends do not have as much of an issue with BoM as others; therefore, women who have experienced this acceptance may not feel concerned about BoM stigma and vice versa. While the suggested counselling talking points may be very important for some, they may not be as relevant for others.

CONSIDERATIONS

As is generally the case with qualitative research, the results of this research are context-specific to the time (early 2012), the place (Alberta), and the postsecondary women who were interviewed. Further, the degree to which the women had BoM and the extent of their work history may impact the findings. Given the flux in society and the recent media attention surrounding this topic, it is important to go to the root of who is being affected by BoM stigma at this time. Although the media are able to capture and highlight important issues, personal interviews with those affected cut to the particular reality of those experiencing this stigma.

Hermeneutic phenomenology allows the researcher room to consider their own experiences with the phenomenon. The first author's own experiences of stigma and positive regard for BoM helped in understanding participants' experiences. While the context of the study may have influenced the interpretation of the results, the first author's own experiences with the topic were used much like those of an extra participant, rather than a biased observer. Journaling and member checking were used to enhance credibility of the findings.

IMPLICATIONS FOR FURTHER RESEARCH

While we hope that we have stepped up to the call for further research on the topic of stigma and BoM by Atkinson (2002) and Hawkes et al. (2004), we believe that this area is ripe for future inquiry, especially given the ever-evolving nature of cultural norms and the increasing trend toward more "extreme" forms of BoM (e.g., branding, scarification). Further, there remains a lack of published research on stigma and piercings, indicating that current research and understanding is lagging behind practice. Continued education and expression by those affected are necessary in order to show those who hold BoM stereotypes that people with BoM are equal, capable, and contributing members of society.

Further, it would be of interest to interview both those affected by the stigma of BoM and hiring companies (those who do and do not have BoM policies) in order to gain a more rounded understanding of the BoM stigma cycle within the workplace. In this way, perhaps education in both domains would occur, with BoM individuals gaining specific reasons why policies exist (as they tend to perceive the reasons as nonexistent or lacking in merit) and companies realizing that BoM does not equate with decreased capability or professionalism.

More research into capability and professionalism is needed within the area of BoM and the world of work. Although this emerged as an important topic within

the current research, it is rarely discussed within the literature. Although it is hoped that the current research will be demonstrate how important it is for women with BoM to be viewed as both capable and professional, personal and professional negotiation of what this means and how this looks within the workplace is needed. This study assumed participants were capable and professional, given they were postsecondary students preparing for professional careers.

It would also be of interest for future research to focus more fully on the role that the "generation gap" may play in the use and interpretation of meaning that piercings and tattoos have with younger adults (such as the participants in this study) and adolescents, as opposed to older adults. It is possible that this "generation gap" may largely contribute to the stigmas that the participants in this study experienced in regard to parents and employers.

CONCLUSION

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

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Appendix A
Table of Participants

Piercing	*Tattoo*	*Age Obtained*	*Removed or Altered*	*Age*
Molly				
Several on each ear		15–18	Removed all but 2 on each ear lobe	19
Navel (top)		15		
Navel (bottom)		18		
Tragus		Unsure		
	Lower left hip	18		
Leah				
2 earlobe		5	Stretch first earlobe piercing	16
2 earlobe		14	Removed	17
2 upper ear cartilage		14	Removed	17
Right eyebrow		15	Removed	18
2 earlobe		16	Removed	17
Industrial ear		16	—	—
Vertical tragus (ear)		17	Removed	17
Nose		17	—	—
2 conch		17	—	—
2 earlobe		18	Removed	18
2 earlobe		18	Removed	18
Vertical labret		19	Removed	20
Septum		20	Removed	21
Cartilage (ear)		20	—	—
4 microdermals along chest/ collarbone		21	Removed and replaced 4 times within 1 year and eventually removed	22
Navel		21	—	—
Lip (side)		21	Removed	Unsure

Piercing	*Tattoo*	*Age Obtained*	*Removed or Altered*	*Age*
Tragus		21	—	—
Nose		22	—	—
	Left wrist band	15	—	—
	Right ankle	17	Covered with different tattoos	20
	Left foot	17	—	—
	Left side abdomen	20	—	—
	2 toe tattoos	20	—	—
	Left ankle	20	—	—
	Forearm	20	—	—
	Back	20	—	—
Amber				
Single earlobe		8	—	—
Nose		17	—	—
Tongue		17	—	—
Navel		17/18	Removed	19/20
Labret		20	—	—
	Right collarbone	19	—	—
	Left back shoulder	Started age 19	Completed	21
Madi				
10 on ears: 8 lobe piercings, 2 mid ear		10–17	—	—
Nose		16	—	—
Navel		17	—	—
	Lower back	18	—	—
Alia				
Nose		16	—	—
Tongue		18	Removed	20
Dermal anchor on left upper cheek		20	—	—
Lip ring (middle)		20	Removed	22
Lip ring (right)		22	Removed	22
	Full back tattoo	Partially done age 16	Completed	20
Kasey				
2 nose		13	—	—
3 earlobe		13	First ear lobes stretched to 2 gauge	Unsure
1 middle ear piercing		13	—	—

Piercing	*Tattoo*	*Age Obtained*	*Removed or Altered*	*Age*
Tongue		16	Removed	21
Surface piercing on chest		18	Removed	20
Lip (middle)		21	—	—
	Mid-upper back	18	—	—
	Unspecified	18	—	—
	Lower leg	20	—	—
	Back of arm	21	—	—
	Half upper arm	22	—	—
	Unspecified	22	—	—
Amanda				
Earlobe		10	Stretched to 00 gauge	16–18
Earlobe		13	Upper ear removed	22
Earlobe		22	Removed	Unsure
Lip		20	Removed	28
2 tongue		17	One tongue removed	27
Tongue web		18	Removed	Unsure
Septum		19	Removed	27
Eyebrow		16	Removed	17
Nipples		16, 18, 20	Removed	16, 18, 20
2 nose		25	—	—
	Lower back	16	—	—
	Foot	17	—	—
	Behind right ear	20	—	—
	Upper back	21	—	—
Beth				
2 earlobes		2 and 12	—	—
Nose		16	—	—
Upper ear cartilage		14	Removed	18
Navel		17	Removed	18
Tongue		20	Removed	21
	Left calf	14	—	—
	Back	20	—	—
	Right ankle	21	—	—

* "Unsure" indicate ages or BoM that was not specified by participants.

Appendix B
Interview Probes

1. How do you respond to instances of stigma?
2. What helps you in dealing with stigma?
3. How have you experienced stigma by potential employers?
4. What experiences have you had that indicate BoM may pose as a challenge with future career goals?
5. Do friends and/or family impact your BoM choices?
6. How do friends and family react to your BoM?

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