

# A Comparative Study of Mental Health Issues among Tattooed and Non-tattooed Young Adults

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*The present research work titled, 'A Comparative Study of Mental Health Issues Among Tattooed and Non-Tattooed Young Adults', is based on the enquiry, could many tattoos, in different parts of the body done over a period of time, an indication of onset of mental illness? Why people willingly inflict pain on their body? Do the young adults who get multiple tattoos on different parts of their body have mental health issues? The objectives of the study were to study the mental health of young tattooed adults with the Hypotheses: a) There will be an effect of tattoos on the mental health of young adults with tattoos on different parts of the body, and b) There will be a significant difference between the mental health of tattooed and non-tattooed young adults and the Variables being tattoo (IV) and mental health (DV). Tool: Mental Health Inventory by Jagdish and A.K. Srivastava (1983) that has 56 questions covering six dimensions i.e., positive self-evaluation (10 questions), perception of reality (8 questions), integration of personality (12 questions), autonomy (6 questions), group-oriented attitudes (10 questions), and environmental mastery (10 questions). The Sample Population was 60 young adults between the age range of 18 and 25 years (30 with tattoos on different parts of the body and 30 without tattoos) using purposive sampling and Exploratory Research Design. The statistical analysis was done using Descriptive Statistic test and correlation. This study clearly indicates that tattooed young adults scored poorly in mental health status.*

**Keywords:** Body tattoo, body coverage, mental health, young adults

## Introduction

A body tattoo is an art form in which certain symbols, letters, designs, or motifs are permanently imprinted onto the skin of the individual with a permanent dye or ink by tattoo artists. The individual may be motivated by desires, trends, culture, an interest in attracting others, beautifying oneself, or enhancing identity. The body parts that are selected by the individual also tell a

story. Even though body tattooing is invasive, it brings a curious relationship with emotional redemption, self-esteem, and self-image that are purely and actively sought by many. Many people have prodded and researched the relationship between tattoos, emotions, self-identity, self-image, esteem, sociocultural influence, and fashion. The psycho-dermatology focuses on the psychological states, location, and significance of the tattoo design.

## Psychoanalytic Aspects of body tattoos

Symbols are fundamental to human civilization and have helped humans deal with reality in different abstract ways. They have been used in sculptures, paintings, and etchings on fabrics and skin to symbolically tell a tale. They have been testaments to complex experiences expressed in simple motifs that bear meaning born out of intrapsychic conflicts. It may also depict the developmental stages of ego and dealing with reality. Psychoanalytically, tattooing may have several motivations: trying to be relevant to a trend,

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community, or oneself; exhibitionism; separation from a mother-child relationship; spiritual agony; the need to feel whole by inflicting pain on the body. While Freud discusses group psychology in papers on totems and taboos, he expressly states that tattoos have a direct relationship with group dynamics. He states that the individual egos of people seem to dissolve in a group. This is taken over by a collective “insuperable power” in the individual, which helps to part with personal responsibility and values. It may lead to acting on primitive drives, often taking violent measures and displaying destructive tendencies in the name of heroism. He states that people may start to abandon personal motivations, values, and desires to fulfil group goals for the sake of group allegiance. In his book *Totems and Taboos*, Freud discussed how tattoos and taboos come from the same Polynesian word “tapu,” which he studied among Australian aboriginals. He found that the Oedipus complex played between the father, who held power, and his sons. The siblings would kill their father, eat his flesh, and celebrate their victory over his power. Soon they started celebrating killing the totem animal and eating its flesh as a symbolic ritual of taking over the power figure yet again. Soon, this totem animal became etched onto the skin as a symbol of power and an ancestor. This totem has since protected tribal identity, family identity, and clan identity, which has now evolved to express individuality, sometimes the sacred identity, and the hidden personality in prehistoric clans. Today, it represents something precious, frightened, and hidden that is etched on the skin. While talking about skin, Freud relates skin with ego development, where the pre-verbal infant communicates with the mother mostly through the skin. Hence, he concludes that tattooing on the skin can be a way of expressing and non-verbally communicating feelings, emotions, and thoughts.

The skin is the barrier between the self and others. Tattoos imprinted in this barrier may be the result of unconscious conflicts, particularly with a parental figure, for the need to connect with or separate from. In order to deliberately balance this conflict, the tattoos may be reinforcing the boundaries or penetrating the subjective barrier. Winnicott talks about transitional objects that are defences against anxiety. Freud uses Winnicott’s definition of “transitional objects” to justify tattooing as a defence against the anxiety and intense feelings born out of parent-child conflict. Given that the tattooing procedure is followed by penetrating the skin and then

creating a symbol, where first it is invasive and then boundaries are set, this justifies the ego adjustment of the separation-individuation process in individuals.

In the following pages the review of related literature is presented with focus on three issues, the relationship between tattoos and deviance, the relationship between tattoos and personality traits, and the relationship between multiple tattoos and psychopathology.

### **Relationship between Tattoos and deviance**

The American Academy of Pediatrics reported that tattooed adolescents and young adults engage in high-risk behaviours (Breuner, 2017). Tattooed people reported feeling significantly worse in mental health issues in a nationally representative sample of Germans (Stirn, 2006). This indicates that tattooing may come with comorbid mental health issues. Swami et al. (2016) concluded that tattooed individuals show higher motor impulsivity and take recreational health risks. Tattooing has been claimed to reinforce beliefs pertaining to self-perception, illusionary beliefs of self-esteem, and an individual’s internal locus of control, as was found in a study conducted on recreational drug abusers who were tattooed (Pirrone et al., 2020). Tattooing is associated with violence, regular alcohol consumption, illicit drug abuse, and school dropping, according to a Taiwanese study (Yen et al. 2012). Usage of cannabis, alcohol, engaging in self-injurious behaviours, sexual disinhibition, gang affiliation, and others are more common among tattooed individuals, according to a study in North America. Other researchers propose that tattooing may be a protective or mitigating practise for suicide ideation and suicide attempts in teens and young adults. (Solis-Bravo et al., 2019; Stirn, 2008). The youth self-report questionnaires, the Children’s Depression Inventory, and a detailed semi-constructed inquiry to assess psychiatric and psychosocial variables with body tattooing and piercing were administered to 607 high school students in Istanbul. 4.8% of students had body tattooing and also showed a high frequency of alcohol and drug abuse. With a habit of externalising problems, delinquent and aggressive behaviours were the top notable behaviours among tattooed and pierced students (Ekinci et al., 2012). Bosello et al. (2013) administered questionnaires about the presence of tattoos, alcohol or smoke abuse, familiar conflicts, and some temperamental features like novelty seeking, avoidance, and reward dependence on 829 students at Padua. They found that between 4 and 24% of the

adolescents had tattoos, and 2.5% had both tattoos and piercings. A statistically significant ( $p < 0.001$ ) association has been found between tattoos and smoking or alcohol abuse. These subjects were found to have familiar conflicts and received minor perceived support, with high scores on the novelty seeking scale. 62% of the students desired to have a tattoo, showing high reward dependence. Deviant behaviours have been associated with body tattooing. A study has found that people with multiple tattoos have more aggression among young women going to the College of Hyderabad, with a sample size of 60. 94.33% of the young women had moderate aggression, while only 6.66% had mild aggression (Joseph et al., 2017).

### **Relationship between Tattoos and personality Traits**

Tattooing has been associated with psychopathic personalities and personality disorders. Tattooing is common among people with antisocial, negativistic, sadistic, and borderline personality traits, according to a study of prison inmates (Manuel et al., 2002). Rebelliousness, anger, and verbal aggression have been associated with tattooed individuals (Raspa et al., 1990). Another study showed high scores on extraversion and experience seeking for tattooed individuals (Swami et al., 2012). Similarly, Lamberg (1996) supported the conclusion that tattooed individuals do exhibit aggression, impulsivity, and drug use. A study conducted on adolescent prisoners has found 85.5% cases of conduct disorder, 61.8% having attention deficit hyperactivity disorder, almost 50% having depression, about 40.8% having substance abuse, 19.7% suffering from post-traumatic stress disorder, and 3.9% having psychotic disorder, with a 65.8% higher tattooing frequency among these than the control group. They also exhibited risky behaviours such as smoking, drug abuse, and having multiple sex partners more frequently than the non-tattooed inmates. (Ceylan et al., 2019).

### **Multiple Tattoos and Psychopathology**

A descriptive cross-sectional study was conducted among university students in Istanbul from December 2009 to February 2010 to compare the risk-taking behaviour and frequency of piercing and tattooing. Of the 1303 subjects, 64.3% were girls. 107 students had tattoos. It found that a statistically significant ( $p = 0.05$ ) proportion exhibited some type of risk-taking behaviour like smoking, drinking, carrying weapons, having unprotected sex, sex with multiple partners, indulging in extreme sports, and abusing substances (Balci et al., 2015).

### **Rationale of the Study**

Even though the tattooing process is painful, the tattooing trend is popular among young adults. The researcher seeks to explore why do individuals willingly inflict pain on their body, at what expense and to understand the psychological satisfaction that is being chased by the young adults.

This research seeks to add to the body of research to further explore the psycho-social factors or deficiencies that lead to tattooing and multiple tattooing among young adults and how it gets associated to deviant tendencies.

### **Objectives and Hypotheses**

The major objectives of the study are to examine the mental health of young tattooed adults, wherein the tattoos are considered as independent variable, and mental health as a dependent variable. The hypotheses are-

a) there would be an effect of tattoos on the mental health of young adults with tattoos on different parts of the body and

b) there would be a significant difference between the mental health of tattooed and non-tattooed young adults.

### **METHOD**

#### **Sample**

A total of 60 young adults aged between 18 and 25 years (30 with tattoos on different parts of the body and 30 without tattoos) participated in the study. The purposive sampling was used for selecting tattooed participant. Those participants were excluded who had any diagnosed mental illness, diagnosed personality disorder and are under the influence of substance abuse.

#### **TOOLS**

**Mental Health Inventory-** It is developed by Jagdish and Srivastava (1983). It has 56 items covering six dimensions, i.e., positive self-evaluation (10 questions), perception of reality (8 questions), integration of personality (12 questions), autonomy (6 questions), group-oriented attitudes (10 questions), and environmental mastery (10 questions). The scoring scale ranges from Always = 4, Often = 3, Rarely = 2, and Never = 1. Males and females have separate mental health norms, which are further classified as very good, good, average, poor, and very poor. The psychometric properties include the reliability determined by 'split half method' using odd even procedure, and with overall reliability coming to 0.73. The Construct validity of the scale is 0.54.

**Procedure**

The researcher approached the young adults who were visiting tattoo artists to get more tattoos on their bodies. The purpose of the study was explained to them before obtaining their consent. The inventory was explained before being filled out individually by each participant.

**Results**

The six dimensions of mental health are used to examine the differences in mental health of non-tattooed and tattooed participants for which the t-test was done. The mean, S.D. of the Tattooed and Non-Tattooed groups are tabulated below.

**Table 1**  
**Scores on all Six dimensions of mental health between tattooed and non-tattooed young adults**

Dimensions of Mental Health	Mean		SD		t-score	Significant/Not significant (0.05 and 0.01)
	Tattooed	Non tattooed	Tattooed	Non tattooed		
Perception of reality	27.53	31.43	5.475	4.88	0.00	Not significant
Positive self-evaluation	26.4	35	3.82	3.60	0.83	Not significant
Integration of personality	30.9	19	8.56	6.14	5.60	Significant at 0.05 and 0.01
Autonomy	18.23	39.26	7.18	3.15	0.59	Not significant
Group related attitudes	28.26	26.2	5.54	4.52	3.22	Significant at 0.05 and 0.01
Environmental competencies	27.36	32.7	4.76	3.93	0.00	Not significant
Overall Mental health status t- score	155.86	183.33	18.71	11.03	3.93	Significant at 0.05 and 0.01

The t-test result in-between non-tattooed and tattooed individuals for overall mental health status is 3.93097.

**Table 2**  
**Number of participants with their mental health status on each dimension of Mental Health in Tattooed group**

Mental Health Status	Perception of reality	Positive self-evaluation	Integration of personality	Autonomy	Group related attitudes	Environmental competencies	Overall status
Good	6	6	4	3	5	4	4
Average	11	11	7	15	12	16	9
Poor	11	10	11	7	10	7	13
Very poor	2	3	6	2	2	3	4
Very Good	0	0	2	2	0	0	0

The table shows overall 13 tattooed young adults from sample size 30 showed poor mental health status with 6 of them having very poor integration of personality, 11 of them have poor scores in perception of reality

and integration of personality. Curiously, 15 adults have average scores in autonomy and 16 have shown average scores in environmental competencies.

**Table 3**  
**Number of participants with their mental health status on each dimension of Mental Health in Tattooed group**

Mental Health Status	Perception of reality	Positive self-evaluation	Integration of personality	Autonomy	Group related attitudes	Environmental competencies	Overall status
Good	9	14	8	12	9	7	19
Average	12	11	13	12	14	16	7
Poor	2	4	3	1	3	3	0
Very poor	2	0	1	0	0	0	0
Very Good	5	1	5	5	4	4	4

This table shows that over all 19 non-tattooed young adults have shown good mental health status with 16 of them being average in environmental competencies. Maximum non-tattooed individuals have shown average scores in all 6 dimensions.

### DISCUSSION

The null hypothesis for t-test is rejected for Integration of personality and Group related attitudes, meaning there is a significant difference in the mean of the two samples, but for other four dimensions i.e., perception of reality, positive self-evaluation, autonomy and environmental competence, the null hypothesis for t-test cannot be rejected as the P score is not significant at 0.01. The Overall Mental health status however has the P score at significant at 0.01.

The t-test result between non-tattooed and tattooed young adults for overall mental health status at 3.93097 is evidently supporting the hypothesis of the study. The test results are consistent with the understanding that tattooed young adults have poor integration of personality that may lead to aggression, rebellious nature and come with other comorbid symptoms. Their poor self-evaluation may also result in low self-esteem and lead to illusionary beliefs about self which is consistent with a study conducted on recreational drug abusers (Pirrone et al., 2020). The results of table 1 and table 2 has shown that both tattooed and non-tattooed

individuals have shown average results in environmental competencies. The tattooed individuals with poor scores are found to have low scores in personality integration and perception of reality, in spite of which their scores are average for autonomy and at par levels with the non-tattooed participants. The compensation in their poor scores may be attributed to the psychological satisfaction incurred from tattooing process. And hence, the poor and very poor scores of tattooed participants are yet to be accounted for their dysfunctional family dynamics or associated with drug abuse. The scores spectrum for both tattooed and non-tattooed young adults lie in average scores for most of them, but tattooed young adults are showing poor scores in all 6 dimensions. Further investigation is required to see how the poor scores are being compensated in different aspects of their life. Conclusions cannot be drawn regarding the autonomy expression or needs as both tattooed and non-tattooed individuals have shown similar scores in this dimension. This study clearly indicates that tattooed young adults scored poorly in mental health status.

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Received: 25.01.2023

Revision Received: 12.02.2023

Accepted : 23.03.2023

