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A COMPARATIVE ANALYSIS OF BODY MODIFICATION BIASES IN THE MENTAL HEALTH FIELD

Lonese Ramsey

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A COMPARATIVE ANALYSIS OF BODY MODIFICATION BIASES IN THE
MENTAL HEALTH FIELD

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Lonese Ramsey
May 2024

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Approved by:

Thomas Davis, Faculty Supervisor, Social Work

Yawen Li, MSW, Ph.D., Research Coordinator

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ABSTRACT

Societal norms continue to shift and challenge our thoughts and beliefs. The notion of the standards of professionalism has evolved to assimilate to the steady progression in the field of mental health. However, change is not typically readily accepted by everyone. This is evident in the noticeable differences in the experiences of people from different generations. Unquestionably, body modifications are becoming increasingly popular throughout mainstream society. This shift has invariably impacted the landscape of professionalism and beliefs and values that are held true in the mental health profession. Limited studies have been conducted to identify if any correlations exist between body modifications and its impact on the mental health field. Using the snowball method, a cumulative sample size of 64 ($n=64$) respondents were surveyed to analysis their perspective on body modifications and the effect on the mental health profession. Drawing evidence from the quantitative analysis, this study demonstrates that no correlation exists between generational views on body modifications nor is there evidence of any overt biases when comparing different body modifications. Notably, this study revealed that there is a higher expectation for a mental health professional to self-disclose if the person receiving the services has body modifications.

DEDICATION

I applied to this program to further my education, increase my proficiency as a mental health provider and to achieve a goal that had not been previously achieved in my family. To earn my master's degree is a distinction that I looked forward to earning and in doing so setting a new bar for my family. I did not anticipate encountering the devastating challenges that I endured that would ultimately impact me achieving this goal and forever change the person who I am. Within the span of the four years that it has taken me to complete this degree, I gained four angels in heaven; my grandmother (6/1/20), my mother (8/6/21), my cousin/brother (10/27/21) and my grandfather (11/21/23) all of whom I envisioned cheering me on throughout this process and waiting for me at the finish line. A 3-month battle with active Covid sidelined my hopes of completing my degree in three years but, what matters is that I did it!

I could not have done it without the unwavering support of my angels on earth, Ke'Vonte', Ke'Laiyah, Mekhi, Mekhari, Khasi, Malaiyah Robert, and MeShayla. It takes a village and I believe that. I am grateful for the support of my uncle, sister, coworkers, and best friend turned sister, Kisha. We did it!

TABLE OF CONTENTS

ABSTRACT	iii
LIST OF TABLES	vii
LIST OF FIGURES	viii
CHAPTER ONE: PROBLEM FORMULATION.....	1
CHAPTER TWO: LITERATURE REVIEW.....	5
Introduction.....	5
History of Tattoos and Professionalism.....	5
Values, Ethics and Competencies.....	8
Theories Guiding Conceptualization.....	11
CHAPTER THREE: PRELIMINARY THOUGHTS ON DESIGN.....	13
Introduction.....	13
Study Design	13
Sampling.....	15
Data Collection and Instruments.....	15
Procedures.....	15
Protection of Human Subjects.....	16
Data Analysis.....	16
Summary.....	17
CHAPTER FOUR: RESULTS	
Introduction.....	18
Feasibility	18

Demographics.....	19
Summay.....	25
CHAPTER FIVE: DISCUSSION.....	27
Introduction	27
Discussion	27
Limitations and Strengths	27
Strengths	29
Implications for Social Work Practice.....	29
Conclusion.....	30
APPENDIX A: INFORMED CONSENT	32
APPENDIX B: A COMPARATIVE ANALYSIS OF BODY MODIFICATION BIASES IN THE MENTAL HEALTH FIELD QUESTIONNAIRE by Lonese Ramsey.....	35
APPENDIX C: INSTITUTIONAL REVIEW BOARD APPROVAL EMAIL.....	43
REFERENCES	455

LIST OF TABLES

Table 1. Characteristics of Sample.....	24
Table 2. Correlation Characteristics of Therapist and Participants.....	25

LIST OF FIGURES

Figure 1. Generational Data 20

Figure 2. Gender Data.....21

Figure 3. Racial Data,..... .22

Figure 4. Connection to Mental Health Field.....23

CHAPTER ONE

PROBLEM FORMULATION

The concept of professionalism is ambiguous, especially in today's workforce. As of 2022, there are approximately 38,000 mental health professionals employed in the United States (Zippia, 2022). Mental Health Professionals (MHP) include but are not limited to Mental Health Counselors, Licensed and Pre-Licensed Clinicians, Social Workers, and Mental Health Specialists. Of note, the mean age of sixty percent of MHP's is 44.5 years old followed by 30–40-year-olds representing twenty-seven percent and 20–30-year-olds representing twelve percent of all mental health professionals. (MENTAL HEALTH PROFESSIONAL Demographics And Statistics In The US, 2021). Thus, today's mental health workforce is comprised of multiple generations: Baby Boomers (1946 – 1964), Generation Xers/Baby Busters (1965-1980), Generation Y/Millennials (1981-1996) and Generation Zers/iGen (1997-2012) (Thompson, 2021) thereby creating a professional spectrum of sorts given the vast experience represented by the different generations.

Professionalism is associated with the way that a person dresses, how they communicate verbally and in writing as well as how they interact with others. Employers establish dress codes, codes of conduct and employee expectations based on their interpretation of professionalism and what has been determined as appropriate for their business. For instance, what is considered

professional for employees at Wal-Mart may not be considered professional for employees of social service programs.

The Department of Labor (n.d.) characterizes professionalism by challenging the traditional idea of professionalism in terms of dress and explaining that professionalism has more to do with how one conducts themselves than how they dress. Merriam Webster's definition references conscientiousness, ethical standards, and conduct. The Department of Labor's explanation of professionalism aligns with Merriam Webster's definition of professionalism. Noticeably absent from these interpretations of professionalism is any reference to body modifications be it tattoos, facial piercings, scarification etc. Interestingly, employee handbooks routinely reference body modifications such as tattoos and facial piercings in the section regarding professional dress as being a dress code violation. So, that lends the question of whether body modifications such as tattoos and facial piercings are unprofessional based on today's normalization of such practices?

According to a study conducted by Caitlin Marie McNerney (2011) who interviewed nine female social workers to explore the implications of visible tattoos on female social workers, consideration on whether to cover or not cover their tattoos was made on a case-by-case basis depending on the client and the employer. Having visible tattoos prompted questions regarding self-disclosure, boundaries, discrimination, professionalism, trauma, and stereotyping. This study revealed that often, the therapeutic relationship with clients (except for

domestic violence survivors who were sometimes negatively affected by visible tattoos) was not affected by the social workers having visible tattoos. However, other social workers had a negative view of this form of self-expression as they considered it unprofessional. Professionalism with regards to appearance is based on individual interpretations and personal preferences. Given this vagueness, considerations should be made to refer to the National Association of Social Workers (NASW) to help guide policies regarding body modifications.

For social workers, professionalism is also guided by NASW's ethical standards and principles. While there is limited research on the relationship between professionalism, tattoos and other forms of body modification, there is early research that appears to explore the correlation between tattoos and the core values of social workers. This research includes Dignity and Worth of the Person (undermining tattooed peers and clients), Importance of Human Relationships (tattoos contributed to therapeutic relationship), Integrity (association between tattoos and deviant behavior), and Competence (association between tattoos and education). The modern history of tattoos associating them with deviant behavior continues to contribute to the stigma about tattoos often causing unfair judgement of individuals who choose to share this form of body art. Various forms of body modifications can be traced back to ancient times and are frequently symbolic of non-deviant associations. Despite the historical significance, biases about body modifications in the mental health field persist.

The outcome of this study seeks to determine if the increasing popularity of body modifications will inform what is considered professional with a comparative analysis of type of body modification and any significance with respect to generational gaps on one's perspective at the micro and macro levels. The findings at the micro level will facilitate a better understanding of the expectations and perceptions of mental health consumers. At the macro level, these findings will elicit an exploration of policy changes that are reflective of both the personal expression of mental health professionals as well as the overarching need of consumers. This study will address the following question: "Do body modifications deter consumers from seeking mental health treatment is there an impact to the therapeutic relationship?"

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will examine pertinent research on tattoos in the professional sphere, their effect on rapport building, the therapeutic relationship for social workers and the importance of destigmatizing self-expression through tattoos. The following subsections will explore the history of tattoos and their exclusion from professionalism as well as their role in the ever-expanding field of social work. This chapter's subsections will include a History of Tattoos and Professionalism, the Therapeutic Relationship and Values, Ethics & Competencies. The concluding section will focus on theories guiding conceptualization and discuss the theoretical perspectives that influenced previous research.

History of Tattoos and Professionalism

For more than 12,000 years, tattoos have existed in society (Klein & Kenedi, 2018). Historically, tattoos have been associated with social deviants, sailors, and uneducated individuals. According to Abby Stein from John Jay College of Criminal Justice, she learned early in her childhood that tattoos were unacceptable, associated with communicable diseases and inappropriate in the workforce. Despite these teachings, Stein was fond of this form of self-expression and desired to get tattooed.

A Harris Poll conducted in 2015 revealed that 30% of Americans surveyed have at least one tattoo and that that number increases when examining millennials; almost 50% of all millennials are tattooed (Hoose, 2019). In other words, roughly 34 million Americans are tattooed according to Pew Research Center. Yet, despite the growing popularity of tattoos and them becoming more socially acceptable, biases against tattooed individuals continue to persist.

As to be expected, Baby Boomers, Generation Xers, Millennials and Generations Zers' perspectives differ with regards to the appropriateness of tattoos in the work environment and if they are professional or not (Hoose, 2019). There is also debate as to whether visible tattoos on mental health professionals effect services provided to consumers. There is research to suggest that tattoos are more acceptable and expected amongst blue collar workers than white-collar workers. This research is indicative of biases and stereotypes regarding tattoos. However, there is hope that the continuous shift in mindsets will undoubtedly challenge public perception amongst the older generations and the appropriateness of current employment policies

The historic sentiment regarding tattoos cannot be ignored and consequently, nor can we ignore the increasingly growing popularity of this form of self-expression. Notwithstanding the evolution of the symbolic meaning of tattoos and how they have become commonplace in the mainstream, consideration for visible tattoos in the workplace must remain in the forefront as

it can be argued that protecting the professional image of the organization comes first (American Institute of Medical Sciences & Education, 2021).

Therapeutic Relationship. As the workforce transforms, older generations are retiring and the people entering the workforce are more than likely to be tattooed. Therefore, given the fact that 50% of millennials have tattoos, and they undoubtedly represent a significant percentage of the incoming workforce, consideration must be given to the validity of the discriminatory policies that are biased against tattoos. Facial pierces such as nose, eye and cheek are also often explicitly prohibited in the work. Taking into consideration that it is less likely for older individuals to have a visible tattoo and the limited research on this topic, it is difficult to surmise if tattoos influence treatment effectiveness and outcomes. Therefore, mental health professionals are encouraged to conduct a morale inventory to identify any biases or beliefs that will interfere with their ability to trust the judgement of tattooed peers. Notwithstanding this, consideration must be made with respect to the population being treated (i.e., children, criminal justice, domestic violence) and the appropriateness of visible tattoos as they may negatively impact treatment.

Through my examination of the sources used for this literature review, the studies revealed that visible tattoos frequently humanized the professional and could aid in building rapport and therapeutic relationship when appropriate. For example, a client with a history of substance abuse and incarceration who has been conditioned to believe that they are somehow less than someone without

their history may be less apprehensive about engaging in treatment with a mental health professional with visible tattoos as it makes the professional more relatable. Conversely, the content or presence of a tattoo may be triggering for a consumer depending on their history.

There is a delicate balance between self-expression and its impact in the professional sphere. Psychotherapy informs that mental health professionals should present as a blank slate. Intentional or unintentional exposure of tattoos is a form of self-disclosure. Stein argues that mental health professionals must examine their own personal motivation as possible impact on consumers when considering rather or not to disclose tattoos. A rule of thumb, with regards to self-disclosure if the thing (i.e., tattoo, personal story) that you are considering sharing with a client is not beneficial to treatment then it should not be shared.

Values, Ethics and Competencies

The National Association of Social Work (NASW) Code of Ethics informs social work practice. According to the NASW (2022), “Professional ethics are at the core of social work. The profession has an obligation to articulate its basic values, ethical principles, and ethical standards. The NASW Code of Ethics sets forth these values, principles, and standards to guide social workers’ conduct. The Code is relevant to all social workers and social work students, regardless of their professional functions, the settings in which they work, or the populations they serve.”

Professionalism in terms of tattoos is not explicitly addressed in the code of ethics, however its influence is evident throughout the research conducted on this topic thus far. As previously mentioned, social work core value of Dignity and Worth of the Person was a recurrent theme in the literature review contributable to the perception of tattoos and professionalism. According to the NASW (2022), in addition to encouraging self-determination in clients are expected to “treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity.” While some studies suggest that given the stigma associated with tattoos, some mental health professionals opted not to have their tattoos visible because they felt judged by their coworkers and not necessarily the clients. Therefore, one can conclude that if a social worker or other mental health professional have a negative perspective of tattoos and judge their peers, this perspective will not only affect the professional relationship but will also likely affect treatment provided to clients who are tattooed as well.

The Importance of Human Relationships according to the NASW (2022) stresses the significance of strengthening relationships and engaging people as partners. This cannot be accomplished if a mutual respect between the social worker and client is not established at the onset of treatment. Therefore, regardless of if visible tattoos are perceived as being professional or not, the onus is on the social worker to identify or not their tattoos will hinder or aid in the promotion, restoration, maintenance, and enhancement of the wellbeing of

individuals, families, social groups, organizations, and communities as outlined by the National Association of Social Worker.

Granted the negative connotations of the historical context surrounding tattoos with the association of deviant behavior, it can sometimes be challenging for someone who views tattoos as unprofessional to separate the body art from the person and call into question that person's integrity. Alexia Elejalde-Ruiz (2018) in *Go ahead, get that tattoo. Your boss shouldn't mind* revealed that persons with tattoos were viewed as less intelligent. The unfortunate correlation between tattoos, education, and competence despite neither influencing the other perpetuates the negative stereotypes surrounding body art.

Theories Guiding Conceptualization

The contingency theory which analyzes the impact of internal and external influences on a person (Theories & practice models used in Social Work 2022) can provide a micro level analysis of contributory factors to the type of body modification that a person endures. This theory can inform if external influences such as social acceptance, religion, culture, and professionalism were a consideration with regards to the body modification. This theory can expose whether the internal influences notably values, perception of societal norms and interests guided the decision-making in category of body modification.

Mental health professionals with visible body modifications that have historical negative connotations assigned to them are tasked with considering the personal and professional impact of their decision. The sociological theory of structural functionalism provides insight into the desire to meet these sometimes-opposing needs; personal (biological) and professional (social). A removable or easily concealed body modification such as a nose piercing can satisfy one's need at a personal/biological level while also allowing one to maintain the current professional standards imposed in many mental health settings.

The necessity to implement interpretations of professional standards and prohibit certain body modifications in the mental health field can be explored through the lens of the consumer culture theory. This theory provides an

understanding of the interrelationship between what guides consumer actions and how businesses, namely mental health agencies, respond to these actions through the administration of policies and procedures. This theory can be beneficial in identifying the receptiveness of mental health professionals with body modifications by clients.

CHAPTER THREE

PRELIMINARY THOUGHTS ON DESIGN

Introduction

This study aims to bridge the gap in information on the impact of body modifications and mental health services. This study will seek to identify if visible body modifications with historical negative connotations deter consumers from seeking mental health treatment and if they impact the therapeutic relationship?” This chapter will explain how this study will be facilitated. Sections that will be included in this chapter are study design, sampling, data collection and instruments, procedures, protection of human subjects, data analysis and a summary.

Study Design

The purpose of this study is to examine whether self-expression in the form of body modifications affects the services provided to mental health consumers. This study design is exploratory due to the limited amount of research on this topic. Current research is focused on medical providers with visible tattoos and their patients' perception of the services received. Finite research with respect to the mental health field has been conducted. This study will attempt to provide insight from a generational perspective of both mental health professionals and consumers of mental health services.

A survey of open and closed-ended and Likert scale questions was used for this project. The survey questions are designed to identify any potential correlations between body modifications and mental health treatment. An advantage of using an exploratory, quantitative approach is the potential to access a large pool sampling. A strength of this study design is that surveys are known for their versatility, efficiency, and generalizability” (Grinnell & Unrau, 2005 p518). “Surveys also are efficient because many variables can be measured without substantially increasing the time or cost” (Grinnell & Unrau, 2005 p519).

A potential limitation of this study design is the comfort levels of individuals accessing an online survey. Given the goal of surveying individuals from generations, there is a risk that generations such as Baby Boomers may be hesitant or opposed to completing an online survey based on preferences related to generational norms. Another potential limitation of this study design is the frequency with which potential participants access the social media platforms to which this survey will be shared. One disadvantage of the structure of surveys is the inability to be all encompassing. Additionally, the algorithms embedded in the social media platforms may hinder potential respondents from seeing the survey post.

This study seeks to answer two questions regarding biases as they relate to body modifications and professionalism in the mental health field: 1) Does visible body modifications deter consumers from seeking mental health

treatment? 2) Is the therapeutic relationship impacted by the body modifications of mental health professionals?

Sampling

The intended populations for this study are mental health professionals and individuals who have engaged in or sought mental health treatment. Posts to social media platforms such as Facebook, Instagram, Reddit, and Twitter will be made to promote the survey. The snowballing sampling method will be the method employed to gather responses to survey questions aimed at determining if tattoos affect the therapeutic alliance or consumers accessing mental health services. It is anticipated that a minimum of one hundred subjects will participate in the survey.

Data Collection and Instruments

The data in this study will be collected using the Qualtrics survey maker. It is anticipated that the survey will be administered between March 2023 and June 2023. Demographical information that will be collected will include generational information, gender, race, and involvement in mental health services. Participants will be asked to complete one survey only to limit the potential of the data being manipulated.

Procedures

A flier will be created to explain the purpose and goals of the study. The flier will include preferred criteria of the participants needed to engage in the study. Posts to social media platforms Facebook, Instagram, Reddit, and Twitter

will include the Qualtrics survey QR code and link for participants to engage in the survey. The post will include a request for (a) everyone who sees it to share it on their page and (b) participants to share the survey with their friends. Participants will be entered into a random drawing using the email address provided in the survey (at their discretion) for their participation. A currently underdetermined gift card will be emailed from an email address created for the purposes of this study to the winner of the drawing.

Protection of Human Subjects

Personally identifiable information from the participants will not be requested as the survey will be completely random and confidential. Participants will be asked not to include any personal identifiable information in the text spaces provided on the survey as an additional measure to protect their identities. Informed consent will be required for participants to proceed with completing the survey. Data will be stored in a secure file on a personal computer for three years after the completion of the survey. All data will be permanently deleted from the computer after three years.

Data Analysis

A bivariate or possibility ANOVA analysis of the data gathered in the surveys will be conducted to examine if hypothesis was answered.

Summary

This study examined whether self-expression in the form of atypical social normative body modifications affect the services provided to mental health consumers from the perspective of mental health professionals and mental health patients from different generations. The survey will challenge participants to explore their own biases and beliefs with regards to body modifications from the lens of the historical concept of professionalism. To achieve the goals outlined in this research, quantitative methods are most appropriate.

CHAPTER FOUR

RESULTS

Introduction

This study sought to identify biases within the mental health field with respect to body modifications. This chapter will report the findings of this study. Using quantitative data, the researcher collected responses from 64 participants who either worked in the mental health field, had family members who worked in the mental health field or were consumers of mental health services. The data was collected using a Qualtrics questionnaire disseminated through social media platforms such as Facebook and Instagram and utilizing the snowball method in which participants shared the survey with other respondents via direct text messaging, word of mouth and social media platforms. The questionnaire was administered during the Spring 2024 semester. The proceeding sections of the chapter will address demographics of the participants in the study to analyze and review the questionnaire responses.

Feasibility

In preparation for this research project, I discussed my interest in the topic of tattoos and professionalism and the impact on mental health services with my coworkers and peers in my cohort. I also inquired with friends and associates who are not in the mental health field but have engaged in individual therapy about their perspectives on tattooed therapists.

Due to the expectation of using the snowball method to gain an understanding of the consumer perspective on tattooed therapist, it is unknown at this time of my sample size. However, a sample size of 100 participants to complete the survey is ideal.

In the unforeseen event that I do not have access to my anticipated sample population, I will utilize social media, namely Facebook and Instagram to gain access to the needed sample population.

Demographics

The initial portion of this study focused on participant demographics. For the purposes of capturing the age band of respondents, participants were asked to identify the generation in which they were born. The generational data captured revealed that 23 participants identified as Baby Boomers and Busters (born 1946 – 1980) with an equivalency rating of 35.9% of respondents. Thirty-four participants identified as Millennials (born 1981–1996) with an equivalency rating of 53.1 % of respondents. Participants who identified as Generation Zers (born 1997-20212) represented 7 respondents with an equivalency rating of 10.9% of all respondents. The results can be viewed in Figure 1 below.

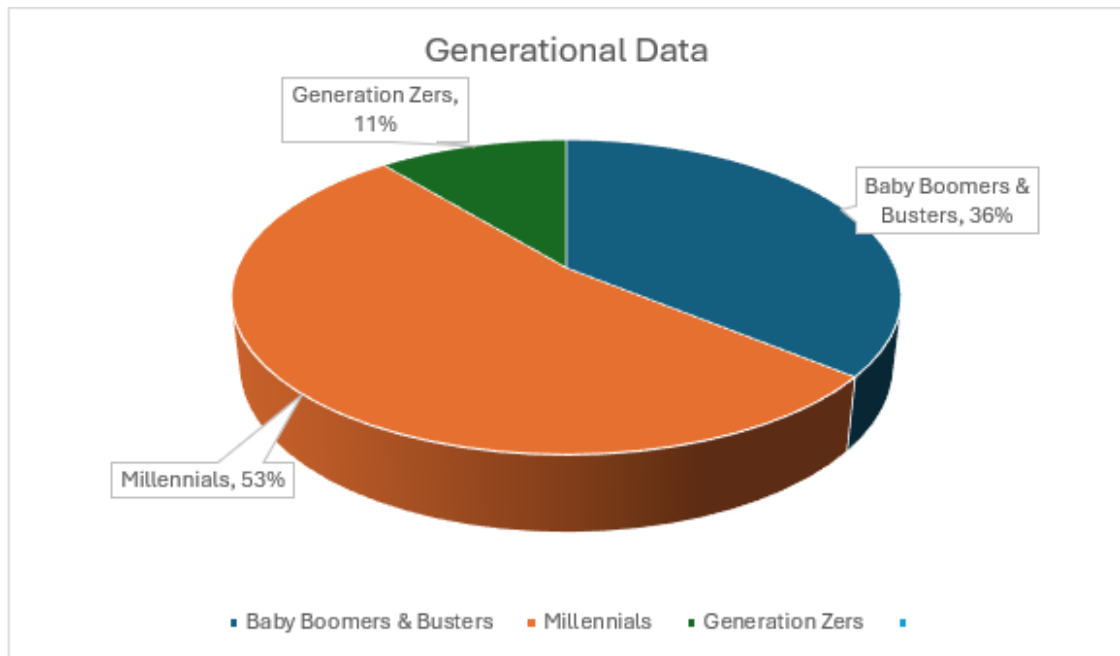


Figure 1. Generational Data

Participants were asked to identify their gender based on the respondents' level of comfort in providing this information. Of the 64 participants, 56 identified as female with a corresponding percentage of 87.5% of respondents. Six participants identified as male with a corresponding percentage of 9.4% of respondents. One participant identified as non-binary with a corresponding percentage of 1.6% of respondents. One participant identified as transgender female with a corresponding percentage of 1.6% of respondents. The results can be viewed in Figure 2 below.

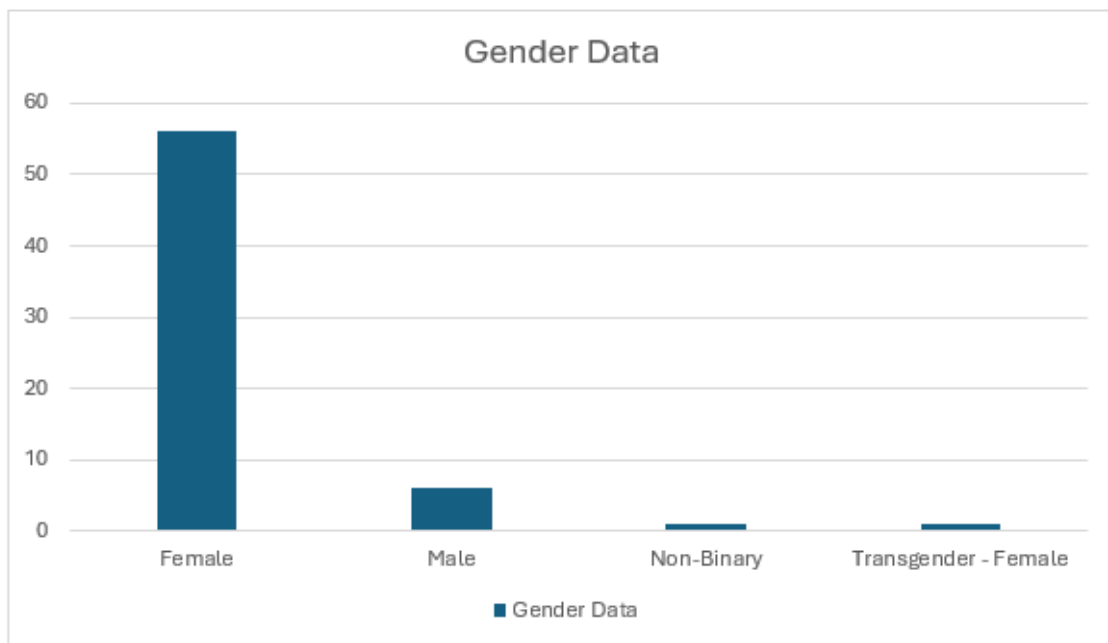


Figure 2. Gender Data

Participants were asked to identify their race based on the respondents' level of comfort in providing this information. Of the 64 participants, 4 participants identified as Asian (6.3%), 27 participants identified as Black or African American (42.2%), 19 participants identified as Hispanic or Latino (29%), 3 participants identified as Multiracial (4.7%), 10 participants identified as White (15.6%), and 1 participant identified as Other Race (1.6%). The results can be viewed in Figure 3 below.

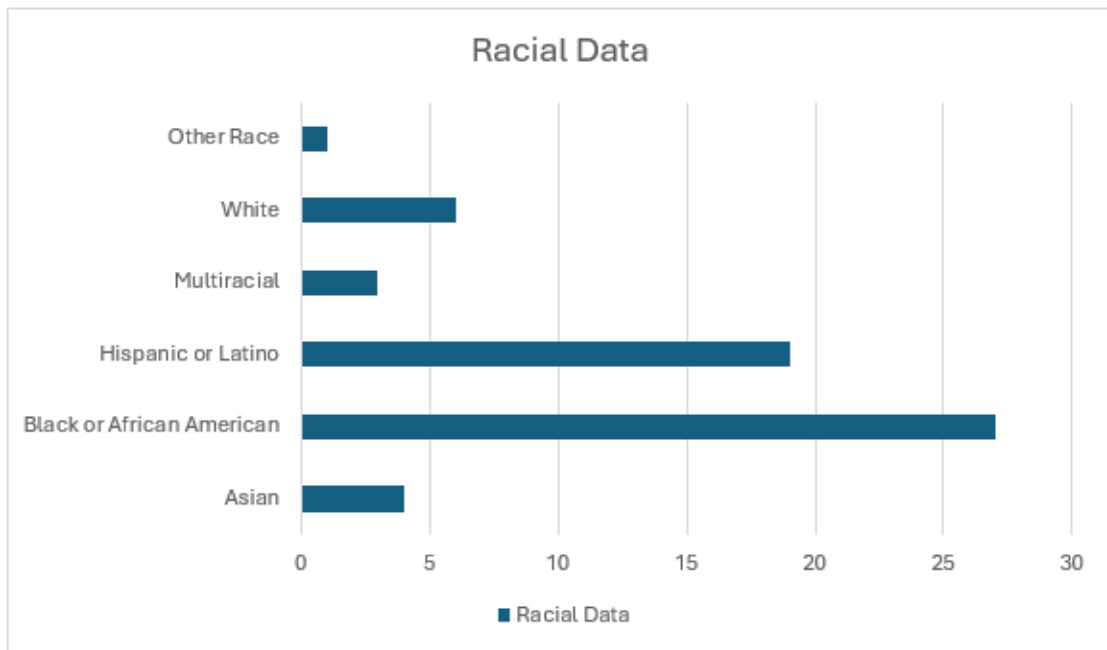


Figure 3. Racial Data

To differentiate the respondent's connection with the mental health field, participants were asked to identify whether they or a family member currently or previously worked in the mental health field or if they were consumers of mental health services. Eighty four percent of respondents, or 54 participants reported that they themselves or someone in their family were currently or previously employed in the mental health field. Conversely, of the total 64 respondents, 47 participants reported that they were consumers of mental health services. For the purposes of this study, a separate distinction to identify overlap between those who are currently or previously employed in the mental health field versus those who have family members who are currently or previously employed in the

mental health field who are also consumers of mental health services was not made. The results can be viewed in Figure 4 below.

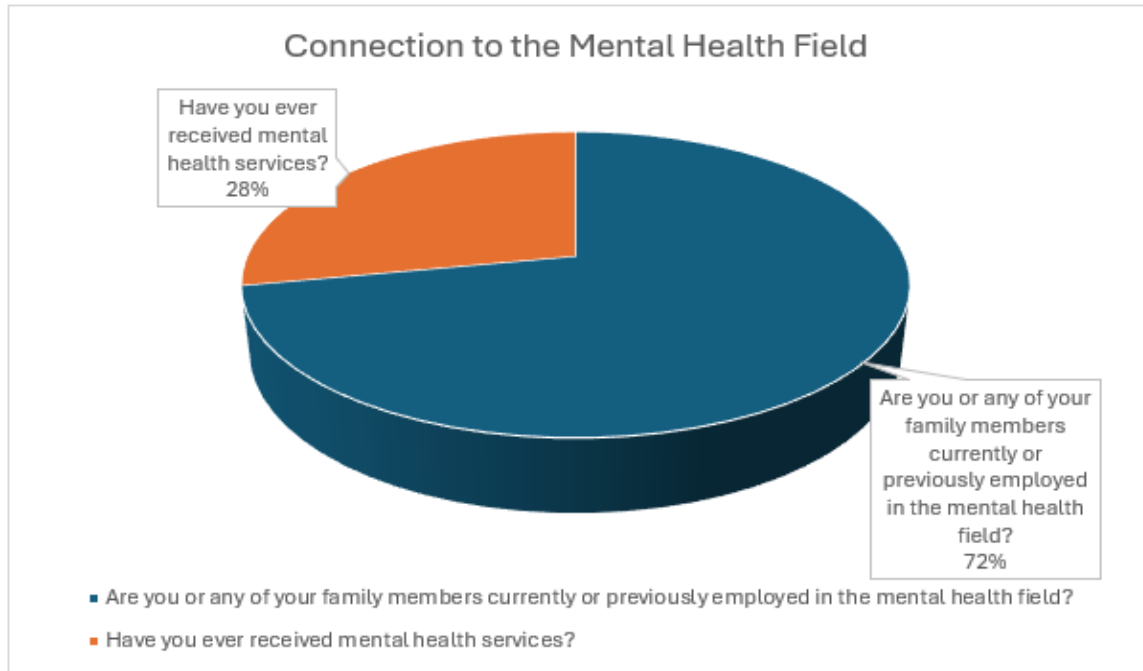


Figure 4. Connection to Mental Health Field

Sample characteristics of all demographic information are represented in Table 1 below.

Table 1			
<i>Characteristics of the Sample</i>			
Variables	<i>n</i>	%	<i>M (SD)</i>
Generation			
Baby Boomers & Busters (1946-1980)	23	35.9	
Millennials (1981-1996)	34	53.1	
Generation Zers (1997-2012)	7	10.9	
Gender			
Male	6	9.4	
Female	56	87.5	
Non-binary	1	1.6	
Transgender Female	1	1.6	
Race			
Asian	4	6.3	
Black or African American	27	42.2	
Hispanic or Latino	19	29.7	
Multiracial	3	4.7	
White	10	15.6	
Other Race	1	1.6	
Number of Body Modifications (Self)			2.66 (1.7)
Number of Body Modifications Refused			2.45 (1.9)
<i>Note. N = 64.</i>			

Following the demographics, participants were asked a series of questions to identify the factors that were important when choosing to work with a mental health professional and whether any biases in body modifications were identified. There was a positive correlation ($n=2.33$, $M = 64$, $SD = 1.57$, $C=0.49$) of participants whose preferences were that their therapist identify as the same race as them. There was a also a positive correlation ($n=1.95$, $M = 64$, $SD = 1.04$, $C=0.58$) of participants whose preferences were that their therapist be from the same generation as them. Lastly, there was a positive correlation ($n=1.77$, $M = 64$, $SD = .94$, $C=0.38$) of participants whose preferences were that

their therapist should share personal things about themselves. Conversely, it was identified that people who themselves had body modifications had a higher expectation for their therapist to self-disclose. Results can be viewed in Table 2 below.

Table 2										
<i>Correlation Characteristics of Therapist and Participants</i>										
Variables	<i>n</i>	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7
1. Number of Body Modifications (Self)	2.66	38	1.71	1						
2. Number of Body Modifications Refused	2.45	31	1.99	-0.04						
3. My therapist should ID as same gender as me	2.2	64	1.38	0.05	0.06					
4. My therapist should ID as same race as me	2.33	64	1.57	-0.01	0.09	0.49**				
5. My therapist should be from the same generation as me	1.95	64	1.04	0.15	-0.05	.58**	.37*			
6. My therapist should share personal things about themselves with me	1.77	64	0.94	0.43*	-0.27	0.16	0.14	.38*		
7. My therapist should be neatly groomed, have natural colored hair and minimum jewelrys	1.83	64	1.06	-0.12	0.29	-0.07	0.03	0.09	0.05	1
* $p < .01$, ** $p < .001$, two-tailed.										

Summary

The results of the researcher's quantitative study are reflected in this chapter. This study sought to determine biases against body modifications in the mental health field as a means of determining their overall impact on consumers seeking services. There was a total of 71 responses to survey, however after removing responses that appeared to be from the same respondent, a data analysis was conducted on a total of 64 respondents. The results revealed that body modifications are insignificant when consumers are recipients of mental health services. Additionally, the results revealed that there was not a significant

difference between the generations and their beliefs regarding body modifications.

CHAPTER FIVE

DISCUSSION

Introduction

This study examined consumer perceptions of mental health providers having body modifications. This chapter will discuss the findings of the surveys completed by persons who either work in the mental health field, have family members who work in the mental health field and who participate in mental health services. This chapter will also include an examination of the strengths and limitations of the study as well as suggestions for future research.

Discussion

This study sought to discover the impact of mental health professionals having visible body modifications. Further research is needed to identify the implications of body modifications on the mental health field.

Limitations and Strengths

There was limited research with respect to the impact of body modifications on the mental health field. Most previous research was conducted in the medical field and sought to identify if patients preferred to work with medical professionals who did not have any visible body modifications. This research provided some insight as to how the appearance of providers affected patient's viewpoint of them. Previous research suggests that medical providers who had

visible body modifications were viewed as less competent by their patients and peers.

While the survey endeavored to determine if there was a perceptual difference between persons who work(ed) in the mental health field or have family members who work(ed) in the field and persons who were consumers of mental health services, the survey did not make that distinction therefore the information was not captured. Gathering this information may have provided insight into if familiarity of the field made a difference. Additionally, this information may have been revealed if persons with body modifications in the field had more liberal views of other professionals with body modifications.

One of the goals of the survey was to determine if there was a difference in how the different generations viewed body modifications. Of the 64 respondents used for the purpose of this research, respondents representing the Baby Boomer (1946-1964) generation only represented 6% of responses therefore creating a need to combine their results with that of Generation Xers/Baby Busters (1965-1980). Likewise, of the 64 respondents used for the purpose of this research, respondents representing the Generation Zers/ (1997-2012) only represented 12% of responses. Higher representation of these generations that were more in align the number of responses from the other generations may have provided more well-rounded insight of the impact of body modifications in the mental health field.

Strengths

A strength of the research is the revelation that persons with body modifications prefer their therapist to self-disclose. Additional research would be needed to examine more in depth to determine why the positive correlation exists. This information can be used to inform future interventions to explore the importance of this belief. Social work ethical practices inform about the use of self-disclosure. Mental health providers would need to evaluate whether self-disclosure is appropriate or not regardless of the consumers preference.

Another strength of this research is expanding knowledge with respect to body modifications in the mental health field. Results of this survey despite its identified limitations will be helpful to inform future social work practices. The results of this survey will also be helpful for hiring personnel when considering candidates for open positions. Historically, visible body modifications have been prohibited in the workplace. Results of this survey reveal that body modifications are inconsequential to consumers.

Implications for Social Work Practice

Results from this survey found that body modifications are inconsequential to consumers when determining whether to work with a mental health professional. Research has shown that a significant percentage of the incoming workforce (Generation Zers and Millennials) have more liberal views regarding body modifications when compared to older generations. These views

directly correlate to the increase of those generations having body modifications, especially tattoos. Prohibition of certain body modifications (often any visible body modification not including ear piercings) are typically part of the grooming policies of agencies and therefore inform hiring practices. Agencies who employ mental health professionals would benefit from reviewing and updating their policies and hiring practices so as not to exclude otherwise eligible persons.

Historically, certain body modifications i.e. tattoos have been associated with people who do not follow societal norms such as criminals, biker gangs and gang members. This historical context creates biases and impact service delivery. The increasingly growing popularity of body modifications and societal acceptance will force persons in the mental health field to perform a self-evaluation of themselves and their views of body modifications.

Conclusion

The study aimed to identify biases against body modifications in the mental health field. The research suggests that consumers of mental health services were not swayed by the presence of visible body modifications without prejudice between the various types of modifications. One can reasonably conclude that the increasing acceptability of body modifications may have influenced the overall acceptance of amongst the generations. The limitations of this research could serve as the basis for future research. It is recommended that mental health agencies evaluate current grooming and hiring policies. It is

further recommended that further qualitative and qualitative research be conducted to expand knowledge of the impact of body modifications on the mental health field.

APPENDIX A
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine biases against body modifications in the mental health field. The study is being conducted by Lonese Ramsey, a graduate student, under the supervision of Thomas Davis, Faculty Advisor at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to examine biases against body modifications in the mental health field.

DESCRIPTION: Participants will be asked to complete an online survey of questions to provide demographical information, identify role in the mental health field, views regarding professionalism, stance on various body modifications and the effect of body modifications on mental health services.

PARTICIPATION: Your participation in the study is entirely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential, and data will be reported in group form only.

DURATION: It will take 15 to 20 minutes to complete the survey.

RISKS: There are no anticipated risks associated with participating in this survey. All questions are voluntary and confidential. Should discomfort be experienced in responding to any of the questions, please skip the question(s) or end your participation.

BENEFITS: Participants may benefit from gaining an awareness of conscious and unconscious biases. Findings from the study will enhance our knowledge in the area of research.

CONTACT: If you have any questions about this study, please feel free to contact Thomas Davis at (909) 537-3839.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2024.

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • SAN BERNARDINO • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

APPENDIX B

A COMPARATIVE ANALYSIS OF BODY MODIFICATION BIASES IN THE
MENTAL HEALTH FIELD QUESTIONNAIRE

By Lonese Ramsey

APPENDIX B

Q1

In what generation were you born?

- ☐ Baby Boomers (1946-1964)
- ☐ Generation Xers/Baby Busters (1965-1980)
- ☐ Generation Y/Millennials (1981-1996)
- ☐ Generation Zers/iGen (1997-2012)

Q2

What is your gender identification?

- ☐ Male
- ☐ Female
- ☐ Non-binary / third gender
- ☐ Transgender Male
- ☐ Transgender Female
- ☐ Other, please specify:
- ☐ Prefer not to answer

Q3

What is your race?


- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or Africa American
- ☐ Hispanic or Latino
- ☐ Multiracial
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Some other race alone, please specify

Q4

Are you or any of your family members currently or previously employed in the mental health field?

- ☐ Yes
- ☐ No

Q5

 [Display this question](#)

Which title best describes you or your family member's role as a mental health professional?

- ☐ Peer and Family Advocate
- ☐ Mental Health Specialist
- ☐ Social Worker
- ☐ Social Service Practitioner
- ☐ Clinical Therapist
- ☐ Clinic Supervisor
- ☐ Other, please specify:

Q6

Have you ever received mental health services?

- ☐ Yes
- ☐ No

For the next 7 questions, please rate the level of importance when working with or seeking a new therapist from 'Not at all important' to 'Extremely important.'

Q7

My therapist should identify as the same gender as me.

- ☐ Not at all important
- ☐ Slightly important
- ☐ Moderately important
- ☐ Very important
- ☐ Extremely important

Q8

My therapist should identify as the same race as me.

- ☐ Not at all important
- ☐ Slightly important
- ☐ Moderately important
- ☐ Very important
- ☐ Extremely important

Q9

My therapist should be from the same generation as me.

- ☐ Not all important
- ☐ Slightly important
- ☐ Moderately important
- ☐ Very important
- ☐ Extremely important

Q10

My therapist should be knowledgeable of different therapy theories.

- ☐ Not at all important
- ☐ Slightly important
- ☐ Moderately important
- ☐ Very important
- ☐ Extremely important

Q11

My therapist should share personal things about themselves with me.

- ☐ Not at all important
- ☐ Slightly important
- ☐ Moderately important
- ☐ Very important
- ☐ Extremely important

Q12

My therapist should be neatly groomed, have natural colored hair and minimum jewelry.

- ☐ Not at all important
- ☐ Slightly important
- ☐ Moderately important
- ☐ Very important
- ☐ Extremely important


Q13

I would refuse to work with a therapist who had the following body modifications. Check all that apply.

- ☐ Nose Ring(s)
- ☐ Multiple Ear Piercings
- ☐ Conch Ear Piercing(s)
- ☐ Lip Ring(s)
- ☐ Eyebrow Piercing(s)
- ☐ Cheek Piercing(s)
- ☐ Tongue Piercing
- ☐ Facial Tattoo(s)
- ☐ Neck Tattoo(s)
- ☐ Hand Tattoo(s)
- ☐ Other Visible Tattoos
- ☐ Stretched Earlobes
- ☐ Other Body Modifications. Please specify:

The following questions seek to explore your own personal preferences with respect to body modifications.


Q14

 [Skip to](#)

Do you have any body modifications?

- ☐ Yes
- ☐ No

Q15

 [Display this question](#)

If Do you have any body modifications? Yes Is Selected

Please select the type(s) of body modifications that you have.

- ☐ Nose Ring(s)
- ☐ Earlobe Piercing
- ☐ Conch Ear Piercing
- ☐ Lip Ring
- ☐ Eyebrow Piercing
- ☐ Cheek Piercing
- ☐ Septum Piercing
- ☐ Tongue Piercing
- ☐ Stretched Earlobe
- ☐ Facial Tattoo(s)
- ☐ Neck Tattoo(s)
- ☐ Hand Tattoo(s)
- ☐ Other Visible Tattoo(s)
- ☐ Other Body Modifications Not Listed. Please specify:

Q16

What factor(s) most influenced your body modification decision?

- ☐ Culture
- ☐ Religion
- ☐ Politics
- ☐ Trend
- ☐ Lost a Bet
- ☐ Other, please specify:

Q17

What factor(s) if any, influenced the location of your body modification? Please specify below.

Q18

Generally speaking, how satisfied are you with your body modification(s)?

- ☐ Extremely dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat satisfied
- ☐ Extremely satisfied

Q19

[Skip destination](#)

Please provide any additional feedback here.

Q20

If you would like to be entered into a random gift card drawing for your participation in this survey, please include a valid email address in the space provided.

End of Survey

We thank you for your time spent taking this survey.

Your response has been recorded.

APPENDIX C

INSTITUTIONAL REVIEW BOARD APPROVAL EMAIL

IRB-FY2023-160 - Initial: IRB Admin./Exempt Review Determination Letter

1 message

do-not-reply@cayuse.com <do-not-reply@cayuse.com>
To: lonese.ramsey3618@coyote.csusb.edu, tom.davis@csusb.edu

Tue, Jun 6, 2023 at 6:32 PM



June 6, 2023

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2023-160

Thomas Davis Lonese Ramsey
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Thomas Davis Lonese Ramsey:

Your application to use human subjects, titled "A Comparative Analysis of Body Modification Biases in the Mental Health Field" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.

This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's [COVID-19 Prevention Plan](#) for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.

<https://mail.google.com/mail/u/0/?ik=11a5ea8e45&view=pt&search=mail&permthid=thread&1768005616780011252&siml=msg&1768005616780011252> 1/2

4/14/24, 8:38 PM

CoyoteMail Mail - IRB-FY2023-160 - Initial: IRB Admin./Exempt Review Determination Letter

- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2023-160 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

King-To Yeung

King-To Yeung, Ph.D., IRB Chair
CSUSB Institutional Review Board

KY/IMG

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