

You Will Always Be With Me:

An Exploration of the Prevalence and Perceptions of Memorial Tattoos

Kaitlyn M. Burden

A thesis submitted to the Psychology Program in partial
fulfillment of the requirements for the degree of Bachelor of Arts (Honours),

Division of Social Science

© Kaitlyn M. Burden

Grenfell Campus

Memorial University of Newfoundland

April 2014

Approval

The undersigned recommend acceptance of the thesis

You Will Always Be With Me:

An Exploration of the Prevalence and Perceptions of Memorial Tattoos

Submitted by Kaitlyn M. Burden

in partial fulfillment of the requirements

for the degree of

Bachelor of Arts, Honours.

Dr. Jennifer Buckle

Thesis Supervisor

Dr. Sonya Corbin Dwyer

Alternate Reader

Grenfell Campus

Memorial University of Newfoundland

April 2014

Acknowledgements

I would like to thank my thesis supervisor, Dr. Jennifer Buckle, for all of your guidance, understanding, kindness, and especially your reassurance, which kept me determined and confident. Your enthusiasm and interest in my thesis made it an enjoyable and rewarding process. I greatly appreciate all the time you have put into this thesis and all the guidance you have provided. To my second reader, Dr. Sonya Corbin Dwyer, I am thankful for your insightful input and guidance throughout this project. I would also like to thank Kelly Brown and Dr. Peter Stewart; I appreciate all your help with my data analyses. To Nadine Lidstone, I would like to thank you for your help in getting my questionnaire on surveymonkey. I would also like to thank Dr. Jim Duffy for his guidance and support throughout my psychology degree. His enthusiasm, feedback, and concern has helped me become a more successful student.

To my parents, Nina and Brian Burden, who have supported me in so many ways throughout this degree and have never doubted me. Your love and support has helped me get to where I am today and I would like to thank you for all the lessons you have taught me over the years. You both have pushed me to always do my best and your encouraging words are always appreciated. I would also like to thank my good friend, Andrea Rose, who has supported me since day one of my undergrad degree. This experience would not have been the same without you. To my fellow psych girls who have made this last year the most enjoyable of them all, thank you. Finally, I would like to thank the psychology department who provided a very enjoyable environment to complete my undergrad. Each professor was always very welcoming and I am very proud to have completed my undergrad degree at Grenfell Campus.

Table of Contents

	Page
Title.....	i
Approval Page.....	ii
Acknowledgements.....	iii
Table of Contents	iv
List of Figures	vi
List of Tables	vii
Abstract.....	viii
Introduction.....	1
History of Tattoos	1
Stigma and Perceptions.....	4
Motivations for Tattooing.....	7
Memorial Tattoos	8
Current Study	9
Method.....	11
Participants.....	11
Materials	11
Procedure	11
Results.....	13

Discussion.....	26
References.....	32
Appendices.....	35
A: Informed Consent.....	35
B: Questionnaire	36
C: Script	44

List of Figures

	Page
Figure 1 <i>Locations of Tattoos</i>	14

List of Tables

	Page
Table 1 <i>Frequency of Type of Feedback on Tattoos</i>	15
Table 2 <i>Reasons to get Memorial Tattoos</i>	16
Table 3 <i>Means and Standard Deviations for Likert Scale Statements and Grieving</i>	18
Table 4 <i>Means and Standard Deviations for Likert Scale Statements and Having a Tattoo</i>	22

Abstract

Memorial tattoos are an increasingly common personal act of remembrance. This study investigated the prevalence and perceptions of memorial tattoos through an online questionnaire. A sample of 306 participants (245 women, 34 men, and 27 unspecified) with a mean age of 31.50 years (ranging from 19-75) voluntarily participated in the study. While 52.6% of the participants reported having a non-memorial tattoo, 18.3% reported having a memorial tattoo. Overall, the perceptions of memorial tattoos were more positive than non-memorial tattoos, with 96.3% receiving positive feedback, compared to 79.7% for non-memorial tattoos. Participants perceived memorial tattoos as less disturbing, less stigmatized by society, and more acceptable in the workplace compared to non-memorial tattoos. Participants perceived people with memorial tattoos as less likely to participate in risky and unhealthy behaviours than those with non-memorial tattoos. Grieving participants were significantly more likely to agree that memorial tattoos were an appropriate way to remember a deceased loved one than participants who were not currently grieving. Participants who were grieving and had a tattoo agreed portraits were more acceptable for memorial tattoos than participants who were grieving and did not have a tattoo. Memorial tattoos were perceived more positively than non-memorial tattoos, and the characteristics of having a tattoo or currently grieving the death of a loved one further improved these perceptions.

You Will Always Be With Me:

An Exploration of the Prevalence and Perceptions of Memorial Tattoos

Tattooing is the process by which pigment particles are injected into the skin using an electrical machine that vibrates a needle 50 to 3000 times per minute to create a permanent design (Millner & Eichold, 2001). Tattooing is a widespread and longstanding phenomenon that is practiced all around the world and dates back about 5000 years (Aguirre, 2008). Tattooing has become increasingly popular, and is used in a wide range of circumstances, including as memorials or remembrance symbols. After a death, visual representations of the deceased are often available, such as a headstone, urn, roadside cross (where the deceased may have died), memorial t-shirts, or memorial tattoos. There has been previous research on motivation to get tattoos and perceptions of tattoos; however, little research has investigated the motivations and perceptions of memorial tattoos. This study was aimed at addressing this gap in the literature.

History of Tattoos

Tattoos in Europe and North America began in the 18th century during the Pacific travels of Captain James Cook (DeMello, 2000; Sanders, 1991). Cook and his crew took notes of the tattoos they observed in the Hawaiian and Tahitian cultures, which were typically images of animals, humans, and geometric shapes, such as lines and stars (DeMello, 2000). By the 19th century, Cooks' crew were noting additional tattoo images which included rifles, cannons, and dates and names to honour deceased chiefs (DeMello, 2000). Several of Cook's seamen and officers obtained tattoos on their voyages, thereby contributing in the movement of tattoos to Europe (Sanders, 1991). Furthermore, in 1774 Cook returned from the South Seas with two tattooed Tahitians (DeMello, 2000).

European businessmen saw moneymaking potential in these tattooed individuals. Each of the tattooed Tahitians were on public display for entertainment (Allen, 1991).

Within the United States, tattoos were first worn by men in carnival exhibits. As the fascination with tattoos grew, tattooed bodies were increasingly used for entertainment purposes in the circus industry (Aguirre, 2008). In 1901, the connection between tattoos and circuses was strengthened in North America through the Buffalo World Fair, which exhibited tattooed individuals (Atkinson, 2003). Heavily tattooed individuals were on display at fairs and later at carnival midways (DeMello, 2000). The wives of these tattooed performers also began getting tattooed (Atkinson, 2003). Shows exhibiting tattooed women performers were the most popular and profitable shows until the 1940s.

In the 19th century, tattoos typically depicted occupational and religious emblems, personal mementos, and representations of patriotism and loyalty (Schildkrout, 2004). The attraction moved away from tattooed carnival men when tattooed navy men returned from overseas (Atkinson, 2003). They began to present themselves in America as live wild men. DeMello (2000) describes sailors and carnival men as “the middlemen through which the tattoo was transformed from a mark of primitivism to a mark of adventure” (p. 49). Tattoos were later worn by members of the working class, followed by bikers, convicts, and other marginalized groups in the mid-19th century (DeMello, 2000).

From the 1920s to the 1950s tattooing moved away from a circus act to a form of art (Aguirre, 2008). When carnival ladies came to an end, women were typically not seen with tattoos until the 1970s (DeMello, 2000). During this time some tattooists refused women or had a policy whereby women could only get a tattoo if they were 21, married,

and had their husbands' approval (Steward, 1990). Lesbians were the only exception, since they were seen as already having revoked their femininity (Steward, 1990).

Between the two World Wars was known as the Golden Age of Tattooing (DeMello, 2000). At this time tattooing had reached a peak in popularity. Due to the link between tattoos and patriotism, tattooing experienced a significant reduction in disapproval from society (DeMello, 2000). Men seen with tattoos were often thought to be in the army or had previously served. These American Servicemen typically tattooed images of patriotism (eagles or flags), military emblems (ships or anchors), sea creatures (mermaids or whales), and women (nude women, dancers, or sailor women) (DeMello, 2000; Schildkrout, 2004). These tattoos were usually placed on the man's back, chest, stomach, forearms, biceps, and calves (DeMello, 2000). Tattooing on the face and hands was seen as a taboo, unless the individual was heavily tattooed. However, after World War II the popularity of tattooing began to decrease (Demello, 2000). The prices of tattooing increased, and the sailors, who were the primary customers of tattooists, changed (DeMello, 2000). Sailors typically did not join the military for a lifelong career, and the military discouraged them from getting tattoos.

A period known as the tattoo renaissance began between the 1970s and the 1980s (Aguirre, 2008). During this time, tattoo artists were typically trained and had a background in fine arts (Aguirre, 2008; DeMello, 2000). The number of people getting tattoos increased greatly during this time, as well as the number of television shows that focused on tattoo artists and tattooed people (Munn, Janigo, & Johnson, 2012). Body art was celebrated at tattoo conventions and body art expos (Aguirre, 2008).

Today it is estimated that 10% to 15% of North Americans have at least one tattoo (Atkinson, 2003). Tattoos are seen across age, gender, socioeconomic status, ethnic background, religious affiliation, and sexual orientation (DeMello, 2000). In a survey by Stiegerm, Pietschnig, Kastner and Voracek (2010) of 230 women and 210 men, 15.2% reported having at least one tattoo. In this group tattoos were most common in 21- to -30-year-olds. While there were no significant differences in tattooing with respect to gender, political orientation, or religious beliefs, in this study, tattoos were more common among the higher educated and current smokers. Stiegerm et al. (2010) also included self-report information on tattoo size and placement. Of the 85 tattoos reported, 52 were small, 22 were medium, and 11 were large. A small tattoo was considered to be a tattoo that covered a small portion of the anatomic area, a medium tattoo covered half of the area, and a large tattoo was one that covered the whole body part. Overall, the back, upper arm, and lower leg were the most common placements for tattoos for participants in this study. However, there were sex differences present for the placement of tattoos; men typically had tattoos on the upper arm and women were more likely to have tattoos on the back.

Stigma and Perceptions

Throughout time there has been a persistent negative view of tattoos (Aguirre, 2008). When tattooing was first brought to Europe by Captain Cook, the trend of tattooing was adopted by many but the acceptance of tattoos was not (Samuel, 2009). Tattoos were seen as ruining the body and were strongly associated with crime and delinquent behaviours (Durkin & Houghton, 2000). In the late 1940s tattooed bikers, convicts and gang members began to emerge into the public eye (DeMello, 2000). These

subgroups were typically feared by the middle class, therefore contributing to the negative stigma of tattoos. Since the 1960s, the perceived popularity of bikers with tattoos have surpassed that of sailors with tattoos (DeMello, 2000). Biker tattoos were very different from the tattoos seen on working-class men. Their tattoos were not patriotic and instead were seen as antisocial by the public. Typical tattoos for bikers consisted of skulls, marijuana leaves, club logos, and Harley-Davidson motorcycles. Convicts, too, had distinguishable tattoos which were usually obtained during the prison sentence (DeMello, 2000). A common prison tattoo was a small teardrop beneath the eye. This tear tends to symbolize the man's imprisonment or in some cases it represents an act of murder. Although these subgroups were the minorities of the tattooed population, they became the well-known faces of tattooing. Sanders (1988) proposed that those who get tattoos are voluntarily accepting the social stigma that comes with them.

Studies show that stigma still exists in relation to tattoos. Durkin and Houghton (2000) investigated whether children and adolescents associate tattoos with delinquent attributes. In this study, 340 children between the ages of 6 and 16 looked at three different images of men, one of which showed a tattooed man. There were three different descriptions given to each child. The descriptions included a delinquent description, a pro-social description, and a neutral description. The children were asked to pair the images with the description of each man. Durkin and Houghton found that the participants in this study held a bias towards tattooed individuals, tending to associate the tattooed man with the delinquent description.

Lin (2002) surveyed and interviewed 335 non-tattooed adults to investigate the relationship between age, sex, education, religion and perceptions of tattoos. He found

significant differences with regards to age and religious attitudes. Of Lin's participants, younger people were more likely to perceive tattoos as positive, while older participants were less likely. This could be a result of the tattoo renaissance since many young people were obtaining tattoos as a method of self-expression and creativity (Lin, 2002).

Furthermore, Lin found a significant negative interaction between religious attitudes and perceptions of tattoos; the more religious the participant, the less likely he or she was to perceive tattoos positively.

Tattooed women may face even more stigma than tattooed men (Mun, Janigo, & Johnson, 2012). Swami and Furnham (2007) investigated perceptions of women with tattoos with respect to physical attractiveness, sexual promiscuity, and amount of alcohol consumed on a night out. The 76 men and 84 women undergraduate university students in the study viewed women with tattoos as less physically attractive, more promiscuous, and heavier drinkers than women without tattoos. Furthermore, as the number of tattoos on the women increased so did the negative ratings of them. Armstrong et al. (2008) surveyed 66 men and 130 women who had tattoos and found that women experienced more negative comments and stigma in public, workplace, and/or school settings than men regarding their tattoos. Another study by Resenhoeft, Villa, and Wiseman (2008) found that women with tattoos were rated less fashionable, athletic, attractive, caring, and intelligent than those without tattoos; however they were rated as more creative. Similarly, Degelman and Price (2002) found that their high school and university student participants rated an image of a tattooed woman significantly lower on athletic ability, attractiveness, motivation, honesty, generosity, mysteriousness, religiousness, intelligence, and artistic ability than a non-tattooed woman and the lower ratings were

independent of whether the participant had tattoos. Taken together, the results of these findings indicate that the presence of a tattoo on a woman led to a negative perception.

There is some evidence that perceptions of tattoos are changing, as popularity increases and as people increasingly view tattoos as a form of art (Aguirre, 2008). A study by Manuel and Sheehan (2007) found no relationship between presence of tattoos and perceptions of deviance among 46 men and 164 women, with participants noting that tattoos are becoming more mainstream. Although the perceptions of tattoos are changing, some tattoos still experience negative evaluation (DeMello, 2000). For instance, having a loved one's name (partner or spouse) tattooed on the body is typically viewed negatively by others, as these are seen as impulsive and unsophisticated. As the popularity of tattooing increases it may reduce the stigma of tattoos and increase interest in getting a tattoo (Aguirre, 2008; Atkinson, 2004).

Motivations for Tattooing

The motivators for getting a tattoo are wide ranging. Atkinson (2004) interviewed tattoo enthusiasts and tattoo artists and found that participants viewed tattoos as a form of identity expression, that is, tattooing gives the individual a sense of their own identity, or a sense of "I", within a broad group in society which can include family, friends, religious groups, and social classes (Atkinson, 2004). An example of a sense of personal identity linked to a broader group is clear in one of Atkinson's participants who described a cross tattoo as a symbol of an identity shift to a university graduate as well as a way to identify with other Christians.

Some tattoos represent liberation or a sense of regaining control and can be motivated by fear or anxiety as a result of illness or disease, such as cancer, or through

other bodily traumas, such as abuse or sexual assault (Atkinson, 2004). Many of these situations leave an individual feeling helpless and the tattoo becomes a component of regaining a sense of self-empowerment (Sarnecki, 2001). Furthermore, some tattoos are procured for the purpose of venting frustration or anger. In these situations tattoos are seen as affect management (Atkinson, 2004). The tattoo is used to express negative emotions and thereby serves as a coping mechanism. Atkinson (2004) found that those with tattoos often see them as a component of emotional work. Some tattoos are attained for the purpose of representing a current relationship including feelings of love, happiness, excitement, and belonging. Within Atkinson's study, emotional accounts of social life were interpreted from the participants' narratives. Specifically, the participants explained tattooing as a method of “etching controlled representations of emotional experience onto the body, or managing problematic emotions stirred through social interaction” (Atkinson, 2004, p. 136). Through Atkinson's participants it is seen that obtaining tattoos can allow the individual to take control of problematic emotions and express positive emotions.

Memorial Tattoos

There are many reasons behind obtaining a memorial tattoo. Memorial tattoos can be used as a method to manage emotions, to connect, and to heal (Bates, 2009). When a loved one dies, family and friends who are left behind can feel a range of emotions that are difficult to manage (Bates, 2009). For some, memorial tattoos are used as a way to bring these emotions, specifically grief, to the surface in order to confront and feel the pain of the loss. A participant explained, “feeling the pain of the tattoo, it was actually making it okay that those guys got killed and I did not” (Lanigan, 2007, p. 42). Some

tattoo artists and tattooed individuals explain the painful tattoo process as “a cathartic component of the memorization process” (Lanigan, 2007, p. 42). The pain from the tattoo helps the individual overcome the emotional pain of his or her loss (Lanigan, 2007).

Memorial tattoos are also used as a method to connect with a deceased loved one; they allow the individual to make a personal and permanent mark that will last forever (Lanigan, 2007). This will ensure that the lost loved one will never be forgotten. A participant explained, “I look at it every day when I stand in the mirror shaving, and I think about my dad. He and I are now a part of each other, and that is something we did not have before” (Klein, 2003, p. 6). For many, memorial tattoos provide a connection between the survivor and the deceased.

Memorial tattoos are also used as a method of healing (Bates, 2009). Many people agree that getting a memorial tattoo helps one heal from the grief of losing a loved one. When a loved one dies there can be both physical and psychological loss; getting a tattoo can give a sense of control and empowerment (Sarnecki, 2001). Memorial tattoos are not always received immediately after the death of loved one, even so they can help one heal (Bates, 2009). Senuik, a soldier of the Vietnam War, received a memorial tattoo after almost 40 years (Lanigan, 2007). He wanted the names of his deceased soldiers permanently tattooed to provide comfort that he would never forget them. He felt the tattoo gave a sense of closure and truly helped the healing process (Lanigan, 2007).

Current Study

Although research exists about perceptions and motivations to get a tattoo, very few studies investigated memorial tattoos. The limited research available sheds light on the purpose of memorial tattoos for the wearer, which included managing emotions,

connecting to the deceased, and healing (Bates, 2009). It is well known that people with tattoos have experienced stigma. It is unknown if memorial tattoos receive the same negative views from society. Furthermore, women have experienced more negativity as a result of having tattoos than men (Mun, Janigo, & Johnson, 2012; Swami & Furnham, 2007). It is unknown if men and women with memorial tattoos are perceived differently.

There is a clear lack of research regarding prevalence, purpose, and perceptions of memorial tattoos. The focus of the current study was to investigate perceptions of memorial tattoos and compare these perceptions to other tattoos. This study explored three research questions: (1) Are memorial tattoos perceived differently than non-memorial tattoos; (2) Are these perceptions influenced by whether the participant was currently grieving a loss of a loved one; and (3) Are these perceptions influenced by having a tattoo(s)?

Method

Participants

A sample of 306 participants (235 women, 34 men, and 27 unspecified) volunteered to complete an online questionnaire. The mean age for men was 31.69 (ranging from 19–61) and the mean age for women was 31.34 (ranging from 19–75). The overall mean age was 31.50 years of age. Of the participants who responded, 27.4% reported currently grieving.

Materials

A questionnaire to assess the prevalence and perceptions of tattoos, specifically memorial tattoos, was developed for the purpose of this study. Each participant read an informed consent notice. A copy of this notice can be found in Appendix A. The participants were asked to complete the questionnaire, which included forced choice questions and statements rated on Likert scales from 1 (*strongly disagree*) to 5 (*strongly agree*) and demographic questions regarding the participants' age, gender, and whether they identified as currently grieving (see Appendix B).

Procedure

The questionnaire was administered using surveymonkey.com. Participants were notified of the questionnaire through an e-newsletter which was sent to the students, staff, and faculty of Grenfell Campus, Memorial University. The link to the questionnaire was also posted on personal profiles on social networking sites, such as Facebook. A copy of this email can be found in Appendix C. Upon clicking the link, participants read an informed consent notice informing them of the purpose of the study, the anonymity and confidentiality of their response, as well as contact information should they have any

questions. Once they read and agreed to the terms of the consent notice they were asked to complete the questionnaire. At the end of the questionnaire participants were thanked for their time.

Results

Descriptive statistics, mixed and two-factor independent ANOVAs, and both independent and repeated measures *t*-tests were used to analyze the data collected from the questionnaire. In the descriptive statistics, response ratings did not always equal 100%. One question asked participants to check all options that applied, therefore, many of the participants chose multiple options. When these options were summed, the frequencies often exceeded 100%. Additionally, some participants did not respond to all of the questions.

Of the 306 participants, 52.6% reported having at least one tattoo, and of those without a tattoo, 64.3% considered getting one. For tattooed participants, the mean number of tattoos was 3 ($SD = 3.27$), ranging from 1 to 25. Of the total participants, 56 (19%) reported having a memorial tattoo, and 172 (72.9%) of the participants without a memorial tattoo considered getting one. Of the participants who had a non-memorial tattoo, 91.7% considered getting a memorial tattoo. The mean number of memorial tattoos was 1 ($SD = .76$), ranging from 1 to 4. The majority of participants reported their friends had non-memorial tattoos (97.1%) or memorial tattoos (80.4%). A large portion of participants had family with tattoos (82.0%) and about half had family members with memorial tattoos (50.3%). Overall, 27.4% who responded were currently grieving the death of a loved one, and, of these, 80.4% considered getting a memorial tattoo. Of the participants who reported not currently grieving (72.6%), 70.9% considered getting a memorial tattoo.

The percentages of memorial and non-memorial tattoos in a range of body locations are found in Figure 1. The most common locations for non-memorial tattoos

were the arms (22.2%) and lower back (15.3%). The most common locations for memorial tattoos were also arms (23.8%), followed by the midsection, which includes areas such as the sides, chest, and stomach (21.3%).

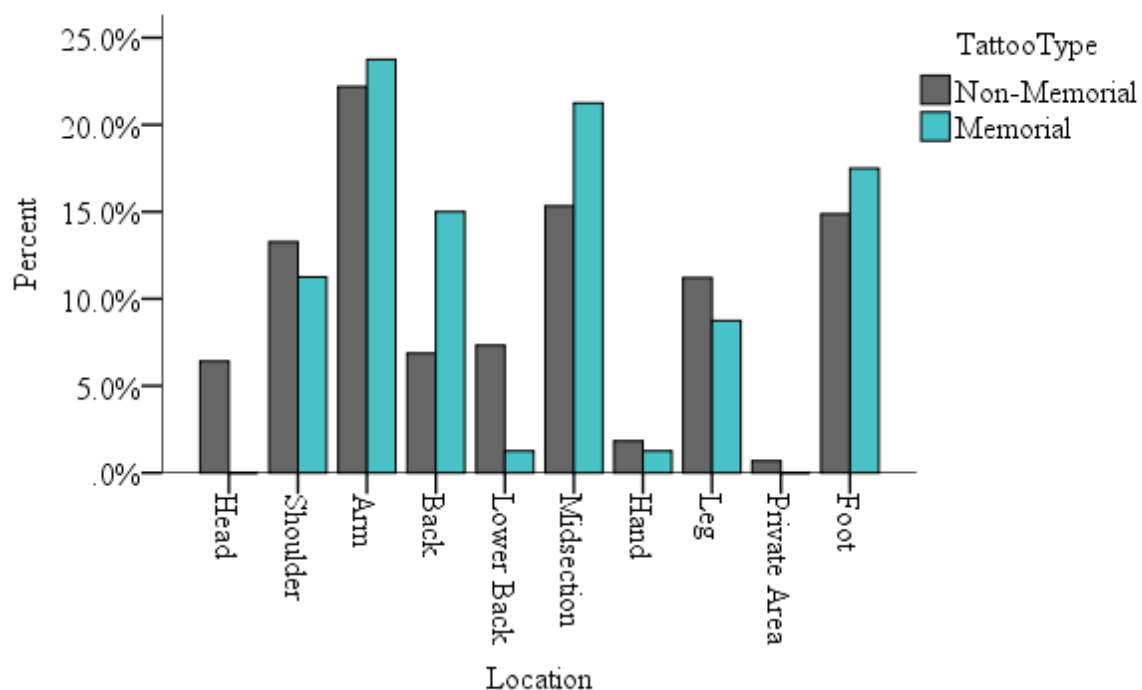


Figure 1. The percentages of non-memorial and memorial tattoos in each location.

For participants with tattoos, 93.3% had received feedback on their tattoos and 90% received feedback on their memorial tattoos. Table 1 represents the frequencies of positive, neutral, and negative feedback for non-memorial and memorial tattoos. A chi square test for independence was used to compare the frequencies of positive and neutral feedback; negative feedback was removed because no one reported receiving negative feedback on memorial tattoos. There was a significant association between the type of feedback and the type of tattoo, $\chi^2(1, N = 203) = 6.73, p < .001, \phi = 0.03$. Memorial tattoos received more positive feedback than non-memorial tattoo and non-memorial tattoos received more neutral feedback than memorial tattoos.

Table 1

Frequency of Type of Feedback on Tattoos

Feedback	Tattoos (%)	Memorial Tattoos (%)
Positive	79.7	96.3
Neutral	17.6	3.7
Negative	2.6	0.0

Table 2 displays the results from a check all that apply question which asked participants about the reasons underlying the decision to get a memorial tattoo. The most common responses were to remember a deceased loved one, (84%) and to honour the deceased (80.7%). Participants who selected “other” stated, “to show someone who never met the deceased a little something about who they where in there life time,” “so you can carry a piece of them with you always,” and “an excuse, justification, reason to get a tattoo when they want one but can't connect with their own self expression/art/desires.”

Participants were asked to rate a series of Likert scale statements about perceptions of tattoos from 1 (*strong disagree*) to 5 (*strongly agree*). These statements were identical except for the terms “tattoo” or “memorial tattoo.” Table 3 displays the means and standard deviations for those who were currently grieving or not on the Likert statements for memorial and non-memorial tattoos and Table 4 displays the means and standard deviations for those with a tattoo and those without a tattoo on the Likert statements for memorial and non-memorial tattoos.

Table 2

Reason to get Memorial Tattoo

Reason	% Yes Response
To remember a deceased loved one	84.0
To honour the deceased	80.7
To have a permanent connection to the deceased	67.3
For comfort	64.7
For closure	46.7
To heal	46.1
To overcome a feeling of numbness after a loss	23.9
To convert emotional pain to physical pain	15.4
To feel a sense of control	14.7
For attention	14.1
To serve as a constant reminder of the death	12.1
To be trendy	9.8
To be a part of a group	8.8
To remain sad	2.6
Other (please specify)	2.6

Mixed ANOVAs were used to analyze the parallel Likert statements seen in Tables 3 and 4. The Bonferroni correction adjusted the alpha level to 0.0045. In each mixed ANOVA, the dependent variable was the score on the Likert statement and the two independent variables were grieving or not and having a tattoo or not. The first mixed

ANOVA analyzed participants' perceptions of non-memorial and memorial tattoos as an appropriate artistic expression of self-identity in relation to whether the participants had a tattoo or were currently grieving. There was a significant main effect between participants who had a tattoo and those who did not regarding non-memorial and memorial tattoos as an appropriate artistic expression of self-identity. Those with tattoos perceived both non-memorial and memorial tattoos as more appropriate than those without tattoos, $F(1, 267) = 32.37, p < .001, \eta_p^2 = .11$. A second mixed ANOVA analyzed participants' perceptions of non-memorial and memorial tattoos as a disturbing alteration to the body in relation to whether they were currently grieving or had a tattoo. A main effect was found showing that participants agreed more that non-memorial tattoos were disturbing alterations to the body than memorial tattoos, $F(1, 268) = 19.04, p < .001, \eta_p^2 = .07$. A significant between main effect showed that participants with tattoos more strongly disagreed that tattoos (regardless of type) were a disturbing alteration of the body than those participants without a tattoo, $F(1, 268) = 40.22, p < .001, \eta_p^2 = .13$. There was also a significant interaction between tattoo type (non-memorial tattoo or memorial tattoo) and whether the participant had a tattoo or not, $F(1, 268) = 8.80, p = .003, \eta_p^2 = .03$. Both repeated and independent measures t -tests were used to determine where the significant differences were in the interaction. The repeated measure was the paired Likert statements and the independent measure was having a tattoo. Participants without tattoos more strongly agreed that non-memorial tattoos were a disturbing alteration of the body than memorial tattoos, $t(130) = 4.88, p < .001, r^2 = .40$. Participants without tattoos agreed more that tattoos, both non-memorial and memorial tattoos, were a disturbing alteration to the body than participants with tattoos, $t(225.21) =$

-8.13, $p < .001$, $r^2 = .48$. The final significant difference in this interaction was that participants without tattoos agreed more strongly that memorial tattoos were a disturbing alteration of the body than participants with tattoos, $t(238.30) = -5.24$, $p < .001$, $r^2 = .32$.

Table 3

Means and Standard Deviations for Likert Scale Statements and Grieving

Statements	Non-Memorial Tattoo		Memorial Tattoo	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Appropriate artistic expression of self-identity				
Overall	3.90	1.11	3.74	1.17
Grieving	3.93	1.16	3.95	1.18
Not Grieving	3.89	1.09	3.67	1.16
Disturbing alteration of the body				
Overall	1.72	0.95	1.49	0.87
Grieving	1.72	1.10	1.45	0.97
Not Grieving	1.71	0.95	1.50	0.82
Against my personal morals				
Overall	1.14	0.93	1.49	0.96
Grieving	1.43	0.97	1.38	0.94
Not Grieving	1.40	0.92	1.52	0.96
Comfortable around a man with tattoos/memorial tattoos				
Overall	4.49	0.80	4.59	0.68
Grieving	4.49	0.82	4.63	0.65
Not Grieving	4.49	0.79	4.57	0.69
Comfortable around a woman with tattoos/memorial tattoos				
Overall	4.51	0.78	4.57	0.68
Grieving	4.48	0.83	4.61	0.66
Not Grieving	4.52	0.75	4.56	0.69
Appropriate to show a tattoo/memorial tattoos in the workplace				
Overall	3.20	1.17	3.34	1.18
Grieving	3.00	1.29	3.39	1.29
Not Grieving	3.27	1.11	3.32	1.13

Table 3 Continued

Means and Standard Deviations for Likert Scale Statements and Grieving

Statements	Non-Memorial Tattoo		Memorial Tattoo	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Appropriate to show a tattoo/memorial tattoos at school				
Overall	3.68	1.09	3.50	1.14
Grieving	3.38	1.22	3.55	1.16
Not Grieving	3.51	1.16	3.48	1.13
More likely to participate in riskier behaviour				
Overall	1.68	0.97	1.37	0.48
Grieving	1.58	1.00	1.34	0.72
Not Grieving	1.71	0.95	1.38	0.66
More likely to participate in unhealthy behaviours (e.g., smoking/alcohol consumption)				
Overall	1.66	0.96	1.40	0.70
Grieving	1.57	0.93	1.32	0.68
Not Grieving	1.70	0.97	1.43	0.70
More likely to participate in criminal activities				
Overall	1.43	0.79	1.35	0.67
Grieving	1.47	0.95	1.28	0.63
Not Grieving	1.41	0.72	1.38	0.68
Society stigmatizes people with tattoos/memorial tattoos				
Overall	3.93	0.99	3.05	1.10
Grieving	3.86	1.10	3.16	1.19
Not Grieving	3.95	0.95	3.01	1.07

A mixed ANOVA with a dependent variable of participants' ratings for the Likert scale statement referring to non-memorial and memorial tattoos being against personal morals and the independent variables of whether the participant had tattoos or was currently grieving was conducted. A significant between main effect illustrated that participants without tattoos agreed more that tattoos (non-memorial and memorial) were against their personal morals than those with tattoos, $F(1, 267) = 34.84, p < .001, \eta_p^2 =$

.12. A mixed ANOVA using the paired Likert scales for participants' ratings of their comfort around a man with tattoos in relation to whether the participant was currently grieving or had a tattoo revealed a significant between main effect that showed participants with tattoos were more comfortable around men with tattoos than those without tattoos, $F(1, 264) = 21.22, p < .001, \eta_p^2 = .07$. Another mixed ANOVA analyzed participants' level of comfort around a woman with tattoos and whether the participant had a tattoo or was currently grieving. A significant between main effect demonstrated that participants with tattoos felt more comfortable around a woman with tattoos than participants without tattoos, $F(1, 265) = 17.84, p < .001, \eta_p^2 = .06$. In another mixed ANOVA, which used currently grieving and having a tattoo as the independent measures and the paired Likert statement referring to the appropriateness of non-memorial and memorial tattoos in the workplace as the dependent variable, a main effect showed all participants, regardless of their grieving and tattoo statuses, more strongly agreed that memorial tattoos were appropriate in the workplace than non-memorial tattoos, $F(1, 266) = 12.59, p < .001, \eta_p^2 = .05$.

A mixed ANOVA assessed participants' perceptions of people with non-memorial and memorial tattoos and their likeliness to participate in risky behaviours. The independent variables were currently grieving and the presence of a tattoo. A significant main effect showed that people with memorial tattoos were seen as less likely to participate in risky behaviours than people with non-memorial tattoos, $F(1, 264) = 27.50, p < .001, \eta_p^2 = .09$. A significant between main effect showed that participants without tattoos agreed more that people with non-memorial and/or memorial tattoos were more likely to participate in risky behaviours than participants with tattoos, $F(1, 264) = 19.74,$

$p < .001$, $\eta_p^2 = .07$. Another mixed ANOVA assessed the participants' level of association between people with tattoos (non-memorial or memorial) and unhealthy behaviours in regards to whether the participants were currently grieving or not and whether they had a tattoo or not. A significant main effect showed that people with memorial tattoos were seen as less likely to participate in unhealthy behaviours than those with general tattoos, $F(1, 267) = 27.92$, $p < .001$, $\eta_p^2 = .09$. Also, a between main effect indicated that participants without tattoos were more likely to agree that people with tattoos were likely to participate in unhealthy behaviours than those with tattoos, $F(1, 267) = 13.57$, $p < .001$, $\eta_p^2 = .05$. Another mixed ANOVA looked at participants' perceptions of individuals with non-memorial or memorial tattoos and their likeliness to participate in criminal activities in regards to whether the participants were currently grieving or not and whether they had a tattoo or not. There was also a significant between main effect found between criminal activity and whether the participant had a tattoo; participants without tattoos thought that people with tattoos were more likely to participate in criminal activities than those participants with tattoos, $F(1, 267) = 18.08$, $p < .001$, $\eta_p^2 = .06$.

A mixed ANOVA with currently grieving and the presence of a tattoo as the independent variable, and used the paired Likert statement which referred to the perceived stigmatization of non-memorial and memorial tattoos by society as the dependent variable, showed a main effect that memorial tattoos were perceived as being less stigmatized by society than non-memorial tattoos, $F(1, 267) = 123.44$, $p < .001$, $\eta_p^2 = .32$). Also, a between main effect found participants with tattoos more strongly agreed

that people with tattoos (memorial or non-memorial tattoos) were stigmatized by society than participants without tattoos, $F(1, 266) = 8.84, p = .003, \eta_p^2 = .03$.

Table 4

Means and Standard Deviations for Likert Scale Statements and Having a Tattoo

Statements	Non-Memorial Tattoo		Memorial Tattoo	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Appropriate artistic expression of self-identity				
Overall	3.90	1.11	3.74	1.17
Tattoo	4.24	1.02	4.07	1.08
No Tattoo	3.43	1.11	3.32	1.15
Disturbing alteration of the body				
Overall	1.72	0.95	1.49	0.87
Tattoo	1.35	0.66	1.25	0.71
No Tattoo	2.19	1.06	1.77	0.94
Against my personal morals				
Overall	1.14	0.93	1.49	0.96
Tattoo	1.07	0.40	1.23	0.71
No Tattoo	1.81	1.17	1.77	1.13
Comfortable around a man with tattoos/memorial tattoos				
Overall	4.49	0.80	4.59	0.68
Tattoo	4.71	0.55	4.76	0.50
No Tattoo	4.23	0.95	4.40	0.79
Comfortable around a woman with tattoos/memorial tattoos				
Overall	4.51	0.78	4.57	0.68
Tattoo	4.69	0.62	4.74	0.52
No Tattoo	4.28	0.91	4.37	0.78
Appropriate to show a tattoo/memorial tattoos in the workplace				
Overall	3.20	1.17	3.34	1.18
Tattoo	3.42	1.14	3.58	1.12
No Tattoo	2.98	1.18	3.13	1.22

Table 4 Continued

Means and Standard Deviations for Likert Scale Statements and Having a Tattoo

Statements	Non-Memorial Tattoo		Memorial Tattoo	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Appropriate to show a tattoo/memorial tattoos at school				
Overall	3.68	1.09	3.50	1.14
Tattoo	3.57	1.14	3.70	1.10
No Tattoo	3.38	1.19	3.32	1.07
More likely to participate in riskier behaviour				
Overall	1.68	0.97	1.37	0.48
Grieving	1.43	0.74	1.21	0.51
Not Grieving	1.98	1.14	1.54	0.79
More likely to participate in unhealthy behaviours (e.g., smoking/alcohol consumption)				
Overall	1.66	0.96	1.40	0.70
Tattoo	1.44	0.81	1.25	0.55
No Tattoo	1.92	1.06	1.57	0.79
More likely to participate in criminal activities				
Overall	1.43	0.79	1.35	0.67
Tattoo	1.21	0.54	1.21	0.52
No Tattoo	1.67	0.95	1.52	0.78
Society stigmatizes people with tattoos/memorial tattoos				
Overall	3.93	0.99	3.05	1.10
Tattoo	4.08	0.86	3.23	1.12
No Tattoo	3.72	1.10	2.82	1.00

Two-factor independent ANOVAs were used to analyze the Likert scale statements strictly related to memorial tattoos. The two factors were grieving or not grieving and tattooed or not tattooed. Three, two factor independent ANOVAs were conducted with the Bonferroni correction applied, resulting in a new alpha level of 0.017. Participants were asked to rate on a scale of 1 (*strongly disagree*) to 5 (*strongly agree*) how much they agreed with the following statement: “Memorial tattoos are an

appropriate way of remembering a deceased loved one.” There was a significant main effect for whether the participant had a tattoo or not; participants with a tattoo more strongly agreed that memorial tattoos were an appropriate way to remember a deceased loved one ($M = 4.24, SD = 0.96$) than those without tattoos ($M = 3.58, SD = 1.20$), $F(1, 268) = 17.10, p < .001, \eta_p^2 = .06$). There was also a significant main effect for currently grieving; those who were currently grieving the death of a loved one agreed more that memorial tattoos were an appropriate way to remember a deceased loved one ($M = 4.21, SD = 1.01$) than participants who were not currently grieving ($M = 3.84, SD = 1.15$), $F(1, 268) = 8.10, p = .005, \eta_p^2 = .03$.

Another Likert scale statement assessed participants’ perceptions on dates and names as acceptable for memorial tattoos. A two-factor independent ANOVA with the factors currently grieving or not and the presence of a tattoo or not demonstrated a between main effect that participants with tattoos agreed significantly more that dates and names were acceptable ($M = 4.43, SD = 0.82$) than participants without a tattoo ($M = 3.87, SD = 1.02$), $F(1, 269) = 14.82, p < .001, \eta_p^2 = .05$. Another between main effect found that participants who were grieving agreed significantly more that dates and names were acceptable for memorial tattoos ($M = 4.42, SD = 0.74$) than those participants who were not currently grieving ($M = 4.08, SD = 1.01$) $F(1, 269) = 14.82, p < .001, \eta_p^2 = .05$.

A two-factor independent ANOVA assessed participants’ perceptions on portraits as memorial tattoos with the factors currently grieving and the presence of a tattoo. There was a significant between main effect which found participants with tattoos agreed more that portraits were acceptable for memorial tattoos ($M = 3.95, SD = 1.10$) than participants without tattoos ($M = 3.34, SD = 1.15$), $F(1, 266) = 7.15, p = .008, \eta_p^2 = .03$.

There was also a significant interaction between whether the participant had a tattoo and whether they were grieving with regard to their perception that portraits were acceptable for memorial tattoos $F(1, 266) = 11.00, p = .001, \eta_p^2 = .04$. Independent t -tests were used to assess the significant differences. Participants without tattoos who were currently grieving the death of a loved one more strongly agreed that portraits were appropriate for memorial tattoos ($M = 3.91, SD = 1.11$) than participants without tattoos who were not currently grieving ($M = 3.10, SD = 1.10$), $t(122) = 3.75, p < .001, r^2 = .32$. Participants who were grieving and had a tattoo agreed significantly more that portraits were acceptable for memorial tattoos ($M = 4.00, SD = 1.10$) than participants who were grieving and did not have a tattoo ($M = 3.10, SD = 1.10$), $t(193) = 5.69, p < .001, r^2 = .38$.

Discussion

The purpose of this study was to examine the prevalence and perceptions of memorial tattoos in comparison to non-memorial tattoos. Furthermore, these perceptions were investigated to determine if they were affected by grief or the presence of tattoos. Approximately half of the participants had at least one tattoo and 18.3% reported having a memorial tattoo. The average number of non-memorial tattoos of the tattooed participants was three and the average number of memorial tattoos was one. Of the participants without a memorial tattoo, 72.9% considered getting memorial tattoo. A high percentage of participants reported having friends and family with non-memorial tattoos (97.1% and 82.0% respectively) and memorial tattoos (80.4% and 50.3% respectively).

The most common locations to get a non-memorial or memorial tattoo were the arms and the feet. The midsection was also a common area for memorial tattoos, while the lower back was common for non-memorial tattoos. Previous studies have found the back, shoulder, leg, arm, ankle, and stomach to be popular locations to get a tattoo (Millner & Eichold, 2001; Stigerm, Pietschnig, Kastner, & Voracek, 2010), with less prevalent areas being the wrist, side, neck, knuckle, elbow, and thigh (Millner & Eichold, 2001). Millner and Eichold and Stigerm et al. found the back to be the most common area for a tattoo. The differences found in the frequency of tattoo locations in the current study versus previous studies could be explained by the categorization of locations. In the present study, the lower back and back were separated into two sections to account for what is colloquially known as the “tramp stamp,” while Millner and Eichold, and Stigerm et al. included the lower back with the back.

For participants in this study, it was a common occurrence to receive feedback on

their tattoos. Memorial tattoos received significantly more positive feedback than non-memorial tattoos. This is an interesting finding which has not been previously explored. Memorial tattoos may have been seen more positive simply because their purpose is clear and may be more highly valued or respected; memorial tattoos are in response to the death of a loved one. Memorial tattoos may also be viewed more positively because of the potential purpose they serve for the tattooed individual; when viewed as a symbol of grief and/or remembrance, others perceive these tattoos more favourably than non-memorial tattoos. Most people tend to respect memorials for deceased (e.g., graves, roadside memorials, cremains) and since memorial tattoos are just that, this level of respect appears to extend to them as well.

The two main themes endorsed by participants regarding reasons to get a memorial tattoo were to honour and remember the deceased loved one and to assist in the experience of grief. Memorial tattoos allow individuals to permanently mark their bodies with a memorial of their deceased loved one (Bates, 2009). Memorial tattoos also allow the individual to ensure they will always remember his or her deceased loved one. Furthermore, memorial tattoos are often used to manage emotions, to connect, and to heal (Bates, 2009). It is theorized that memorial tattoos are used to bring emotions to the surface in order to confront and feel the pain; to convert the emotional pain to physical pain (Lanigan 2007).

Although, Sigmund Freud's psychoanalytic theory of grief work involved detaching one's emotional energy attached to the relationship with the deceased and investing it into other relationships, newer theories addressing the grief experience focus on the ongoing relationship or continued bond with the deceased (Buckle & Fleming,

2011). Memorial tattoos may be a method for individuals to continue a relationship with a deceased loved one by permanently tattooing a memorial for the deceased on the body.

Regarding perceptions of tattoos, overall memorial tattoos were perceived more positively than non-memorial tattoos. In general, memorial tattoos were perceived as less disturbing, less stigmatized, and more acceptable in the workplace. The greater positive perception of memorial tattoos may also be accounted for by the understanding of the purpose those tattoos hold for the individuals with memorial tattoos. Furthermore, people with memorial tattoos were seen as less likely to participate in risky or unhealthy behaviours, again establishing that memorial tattoos are perceived differently than non-memorial tattoos. By identifying a tattoo as a memorial, it appears to be excused from the typical perceptions of tattoos in a variety of ways.

Regarding factors that influence perceptions of tattoos, it was found that having a tattoo further improved the positive perception of tattoos generally, and memorial tattoos specifically. Tattooed participants believed people with tattoos were more stigmatized by society than people without tattoos. They also were more likely to endorse that tattoos were an appropriate artistic expression. Participants with tattoos more strongly disagreed that tattoos were against personal morals and disturbing than people without tattoos. Furthermore, people without tattoos more strongly agreed that non-memorial tattoos were more disturbing than memorial tattoos, and they perceived memorial tattoos as more disturbing than those with tattoos. Tattooed people were more comfortable around both men and women with tattoos than non-tattooed people. Compared to those with tattoos, people without tattoos were more likely to agree people with tattoos were likely to participate in risky, unhealthy and criminal activities. Durkin and Houghton (2008) found

a similar result in their investigation of whether children and adolescents were likely to associate tattooed people with delinquent behaviours. Children most often associated an image of a tattooed man with a delinquent description. The study did not explore whether the participants had tattoos; however, it is unlikely they did based on their age. An explanation for this finding may be that people with tattoos were more likely to think positively of tattoos since they themselves had tattoos. In a sense, they were already biased towards thinking positively of tattoos, and also of memorial tattoos. Furthermore, 91.7% of participants who reported having a tattoo (but no memorial tattoo) stated they would consider getting a memorial tattoo. This could also explain the increased positive perception of memorial tattoos.

Participants with tattoos more strongly agreed that memorial tattoos were an appropriate way to remember a deceased loved one than those participants without tattoos. Furthermore, participants with tattoos more strongly agreed that dates and names were acceptable for memorial tattoos than participants without tattoos. Finally, tattooed participants agreed more that portraits were acceptable for memorial tattoos than non-tattooed participants. Again, this may be explained through the overall more positive perspectives of tattoos from people with tattoos. Bates (2009) found many common themes from her participants with memorial tattoos. They each expressed a deep love for the deceased, and a sense of appreciation for the symbol itself. Many claimed to love the symbol because it held a great importance to them; for this reason memorial tattoos may be perceived as an appropriate way to remember a deceased loved one and it could further explain why tattooed people agreed that portraits, names, and dates were appropriate for memorial tattoos.

Regarding the influence of grief on perceptions of memorial tattoos, grieving further improved the perceptions of memorial tattoos. Compared to those who were not grieving, people who were currently grieving agreed more that memorial tattoos were an appropriate way to remember a deceased loved one, and that portraits, names, and dates were appropriate for memorial tattoos. Grieving may have further improved the perceptions of memorial tattoos because those people could more strongly relate to the grief the tattooed individual was feeling at the time of receiving the tattoo and thereafter. Of those who were grieving, 80.4% reported they considered getting a memorial tattoo. These findings may explain the improved perceptions of memorial tattoos since the majority of grieving participants considered getting a memorial tattoo.

There were some limitations to consider in this study. Gender differences could not be meaningfully investigated because of greatly unequal numbers of men and women. Age differences also could not be meaningfully explored because, despite a range of 19 – 75 years, the majority of the participants were young adults between the ages of 19 and 23. There was also the potential limitation of selection bias; it may be that people who were interested in tattoos, specifically memorial tattoos, were more likely to complete the questionnaire.

Future research could examine gender and age differences in the perceptions of memorial and non-memorial tattoos. Furthermore, studies could investigate whether there are significant differences in the choice of location of memorial and non-memorial tattoos. While this study found that memorial tattoos were generally perceived more positively, a study to explore the reasons behind these positive perceptions would be very informative.

In conclusion, it is evident that memorial tattoos were perceived differently from non-memorial tattoos. Overall, memorial tattoos were perceived more positively than non-memorial tattoos, and having a tattoo and/or currently grieving the death of a loved one further improved the perceptions of memorial tattoos.

References

- Aguirre, S. A. (2008). *Written on the body: An interpretive phenomenological analysis of memorial tattoos*. (Unpublished doctoral dissertation). Available from ProQuest dissertation and theses database (Document ID 3340817)
- Allen, T. (1991). *European explorers and Marquesan tattooing: The wildest island style*. San Francisco, CA: Hardy Marks Publications.
- Armstrong, M., Roberts, A., Koch, J., Saunders, J., Owen, D., & Anderson, R. (2008). Motivation for contemporary tattoo removal. *Archives of Dermatology*, *144*, 879–884.
- Atkinson, M. (2003). *Tattooed: The sociogenesis of a body art*. Toronto, ON: University of Toronto Press.
- Atkinson, M. (2004). Tattooing and civilizing processes: Body modification as self-control. *The Canadian Review of Sociology and Anthropology*, *41*, 125-146. doi:10.1111/j.1755-618X.2004.tb02173.x
- Bates, S. B. (2009). *Embodying the soul's pain: A study of memorial tattoos and the grieving process*. (Unpublished doctoral dissertation). Available from ProQuest dissertation and theses database (Document ID 1475392)
- Buckle, J. L., & Fleming, S. J. (2011). *Parenting after the death of a child*. New York, NY: Routledge.
- Degelman, D., & Price, N. D. (2002). Tattoos and ratings of personal characteristics. *Psychological Reports*, *90*, 507-514.
- DeMello, M. (2000). *Bodies of inscription: A cultural history of the modern tattoo community*. Durham, NC: Duke University Press.

- Durkin, K., & Houghton, S. (2000). Children's and adolescents' stereotypes of tattooed people as delinquents. *Legal and Criminological Psychology, 5*, 153 -164.
- Klein, S. (2003). *Portrait of a tattoo artist*. Retrieved December, 2013, from <http://metro.times.com/editorial/story.asp?id=4550>
- Lanigan, K., (2007) Memorial in ink. *Veterans of Foreign War Magazine, 95*, 42-43.
Retrieved from: <http://www.highbeam.com/doc/1P3-1416444361.html>
- Lin, Y. (2002). Age, sex, education, religion, and perceptions of tattoos. *Psychological Reports, 90*, 654-658.
- Manuel, L., & Sheehan, E. (2007). Getting inked: Tattoos and college students. *College Student Journal, 41*, 1089–1097.
- Millner, V. S., & Eichold, B. H. (2001). Body piercing and tattooing perspectives. *Clinical Nursing Research, 10*, 424-441. DOI: 10.1177/10547730122159030
- Mun, J. M., Janigo, K. A., & Johnson, K. K. P. (2012). Tattoo and the self. *Clothing and Textiles Research Journal, 30*, 134-148. doi: 10.1177/0887302X12449200
- Resenhoef, A., Villa, J., & Wiseman, D. (2008). Tattoos can harm perceptions: A study and suggestions. *Journal of American College Health, 56*, 593-596. doi: 10.3200/JACH.56.5.593-596
- Samuel, S. A. (2009). *An examination of the psychological role of tattoos in mourning*. (Unpublished doctoral dissertation). Available from ProQuest dissertation and theses database (Document ID 3436691)
- Sanders, C. (1988). Marks of mischief: Becoming and being tattooed. *Journal of Contemporary Ethnography, 16*, 395–432. doi: 10.1177/0891241688164001

- Sanders, C. R. (1991). Memorial decoration: Women, tattooing, and the meaning of body alteration. *Michigan Quarterly Review*, 1, 146- 157.
- Sarnecki, J. (2001). Trauma and tattoo. *Anthropology of Consciousness*, 12, 35-42
- Schildkrout, E. (2004). Inscribing the body. *Annual Review of Anthropology*, 33, 319-344.
- Stiegerm S., Pietschnig, J., Kastner, C. K., & Voracek, M. (2010). Prevalence and acceptance of tattoos and piercings: A survey of young adults from the Southern German-speaking area of Central Europe. *Perceptual and Motor Skills*, 110, 1065-1074.
- Steward, S. M. (1990). *Bad boys and tough tattoos*. Binghamton: NY: Routledge.
- Swami, V., & Furnham, A. (2007). Unattractive, promiscuous and heavy drinkers: Perceptions of women with tattoos. *Body Image*, 4, 343-352.
doi:10.1016/j.bodyim.2007.06.005
- Schwarz, R. (n.d.). *Memorial tattoos*. Retrieved December, 2013 from
<http://www.bellaonline.com/ArticlesP/art5179.asp>
- Watkins, R. (2008). *Memorial tattoos help with grieving process*. Retrieved December, 2013, from http://www.associatedcontent.com/article/722367/memorial_tattoos_help_with_grieving.html

Appendix A

Informed Consent

This study is being conducted to investigate your perceptions of tattoos, in particular perceptions of memorial/remembrance tattoos. It is being conducted by Kaitlyn Burden as part of the course requirements for Psychology 4951/4959, at Grenfell Campus, Memorial University of Newfoundland. I am under the supervision of Dr. Jennifer Buckle. It will take approximately 10 minutes to complete the questionnaire. There are no obvious risks or benefits involved in this study, and your responses are anonymous and confidential. No IP addresses will be collected. All information will be analyzed and reported on a group basis; therefore individual responses will not be identified. Your participation in this study is completely voluntary and you are free to stop participating at any time prior to finishing the questionnaire. This study has been approved by an ethics review process at Grenfell Campus, Memorial University of Newfoundland. By completing this questionnaire you acknowledge that you have read and understand the nature and purpose of the study and are freely consenting to participate. By clicking “next,” you are consenting to participate in this study.

Appendix B

Perceptions of Tattoos

Please answer the following questions about your perceptions of tattoos.

1. Do you have a tattoo?

Yes No

If yes:

a) How many? _____

b) What is the location of your tattoo(s)? (eg., upper arm, lower back, etc.)

If no, would you ever consider getting a tattoo?

Yes No

2. If you have a tattoo(s), have you ever received feedback/comments from others on your tattoo(s)?

Yes No

If yes, was this feedback/comments:

Positive

Neutral

Negative

3. Do any of your friends have tattoos?

Yes No

4. Do any of your family members have tattoos?

Yes No

Please respond to the following statements by selecting the number that best represents your opinion.

5. Tattoos are an appropriate artistic expression of self-identity.
- | | | | | |
|-------------------|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly Disagree | | | | Strongly Agree |
6. Tattoos are a disturbing alteration of the body.
- | | | | | |
|-------------------|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly Disagree | | | | Strongly Agree |
7. Tattoos are against my personal morals.
- | | | | | |
|-------------------|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly Disagree | | | | Strongly Agree |
8. I am comfortable around a man with tattoos.
- | | | | | |
|-------------------|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly Disagree | | | | Strongly Agree |
9. I am comfortable around a woman with tattoos.
- | | | | | |
|-------------------|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly Disagree | | | | Strongly Agree |
10. It is appropriate to show a tattoo in the workplace.
- | | | | | |
|-------------------|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly Disagree | | | | Strongly Agree |
11. It is appropriate to show a tattoo at school.
- | | | | | |
|-------------------|---|---|---|----------------|
| 1 | 2 | 3 | 4 | 5 |
| Strongly Disagree | | | | Strongly Agree |

12. People with tattoos are more likely to participate in riskier behaviour than those without tattoos.

1 2 3 4 5

Strongly Disagree

Strongly Agree

13. People with tattoos are more likely to participate in unhealthy behaviours (e.g., smoking or alcohol consumption) than those without tattoos.

1 2 3 4 5

Strongly Disagree

Strongly Agree

14. People with tattoos are more likely to participate in criminal activities.

1 2 3 4 5

Strongly Disagree

Strongly Agree

15. Society stigmatizes people with tattoos.

1 2 3 4 5

Strongly Disagree

Strongly Agree

A memorial or remembrance tattoo is a tattoo in memory of a deceased loved one (person or pet).

16. Do you have a memorial/remembrance tattoo?

Yes No

If yes:

a) How many? _____

b) What is the location of your memorial/remembrance tattoo(s)? (eg., upper arm, lower back, etc.)

If no, would you ever consider getting a memorial/remembrance tattoo?

- Yes No

17. If you have a memorial/remembrance tattoo(s), have you ever received feedback/comments from others on your memorial/remembrance tattoo(s)?

- Yes No

If yes, was this feedback/comments:

- Positive
 Neutral
 Negative

18. Do any of your friends have memorial/remembrance tattoos?

- Yes No

19. Do any of your family members have memorial/remembrance tattoos?

- Yes No

Please respond to the following statements by selecting the number that best represents your opinion.

20. Memorial/remembrance tattoos are an appropriate way of remembering a deceased loved one.

1 2 3 4 5

Strongly Disagree

Strongly Agree

21. Memorial/remembrance tattoos are an appropriate artistic expression of self-identity.

1 2 3 4 5

Strongly Disagree

Strongly Agree

29. People with memorial/remembrance tattoos are more likely to participate in unhealthy behaviours (e.g., smoking or alcohol consumption) than those without memorial/remembrance tattoos.

1 2 3 4 5

Strongly Disagree

Strongly Agree

30. People with memorial/remembrance tattoos are more likely to participate in criminal activities.

1 2 3 4 5

Strongly Disagree

Strongly Agree

31. Society stigmatizes people with memorial/remembrance tattoos.

1 2 3 4 5

Strongly Disagree

Strongly Agree

32. Portraits are acceptable for memorial/remembrance tattoos.

1 2 3 4 5

Strongly Disagree

Strongly Agree

33. Dates and names are acceptable for memorial/remembrance tattoos.

1 2 3 4 5

Strongly Disagree

Strongly Agree

34. Why do you think people get memorial/remembrance tattoos? Please check all that apply.

- To remember a deceased loved one
- To honour the deceased
- To convert emotional pain to physical pain
- To have a permanent connection to the deceased
- To overcome a feeling of numbness after a loss
- To serve as a constant reminder of the death
- For comfort
- For closure
- To heal
- For attention
- To remain sad
- To be trendy
- To be a part of a group
- To feel a sense of control
- Other

Please specify: _____

Demographics

35. What is your gender? _____

36. How old are you? _____

37. Are you currently grieving the death of someone important to you?

- Yes No

Thank you for your participation

If you have any questions or concerns about the study or if you are interested in the results of this research, please contact Kaitlyn Burden at kburden@grenfell.mun.ca or Dr. Jennifer Buckle at 639-6524 or jlbuckle@grenfell.mun.ca. If this study raises any personal issues for you, please contact the Mental Health Crisis Line toll free at 1-888-737-4668. If you would like to hear a presentation of the results of this study, you are invited to attend a psychology student research conference at Grenfell Campus, Memorial University of Newfoundland in April of 2014. The results of this research will be presented, used to write an honours thesis, and may be published in the future.

Appendix C

We want your opinions on tattoos, specifically memorial/remembrance tattoos.

The questionnaire will take about 10 minutes to complete. If you are interested in participating in the study, please click the link below and complete the questionnaire.

This study has been approved by an ethics review process at Grenfell Campus, Memorial University of Newfoundland.