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# The Tattooed Male Patient

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## Introduction

The incidence of tattooing is known to be high in certain selected groups.

Forty-six per cent of Royal Navy ratings are tattooed—Scutt (1967, 1968, 1969), whilst Watkins (1961) quotes 65 per cent for United States Navy enlisted men.

A strong association between tattooing and criminality was noted by Lander and Kohn (1943) in a series of army selectees. The high incidence of tattooing in penal institutions has been noted by Post (1968) and Bailey (1969) and is prominent even in young prisoners. Lepine (1969) found a 38 per cent incidence in English Approved School boys aged 15–19 years, the figure for a similar Australian group being 33 per cent (Verberne, 1969), whilst a figure of 90 per cent has been reached in a young prisoners' centre (*Pulse*, 1967).

The overall incidence of tattooing among male patients in a Special Security hospital for aggressive subnormals and psychopaths was 15 per cent (McKerracher and Watson, 1969). The overall incidence for first admissions to a North American psychiatric hospital was 16 per cent (Ferguson-Rayport *et al.*, 1955) and for acute admissions to an English psychiatric hospital 15 per cent (Gittleson *et al.*, 1969). All three of these studies noted a particularly high incidence of tattooing in patients categorized as suffering from psychopathic personality disorder, the incidences being 33 per cent, 57 per cent and 36 per cent, respectively.

In less selected populations the incidence of tattooing is uncertain. In a series of autopsies for the Chicago Coroner, just under 9 per cent were found to be tattooed (Rukstinat, 1941). A more recent estimate for Britain is 12·5 per cent (*World Medicine*, 1967).

Yamamoto *et al.* (1963) studied the male population of a general hospital in North America and found that 15 per cent were tattooed. The percentage of tattooed men in the psychiatric wards was no higher than that in the general medical or surgical wards; the tattooed men, however, exhibited significantly more evidence of personality deviation than the non-tattooed men. The investigators noted that because the hospital in question was run by the Veterans Administration the sample was biased 'militarily' and might also be biased socio-economically. Nevertheless, it is the nearest approach we have to our present object—the study of tattooing in a relatively unselected population.

## Method

After examining the practical difficulties involved it was considered that the nearest available approximation to an unselected sample of the general population was the population of a general hospital. Apart from accessibility and availability this setting enables the investigator to reassure the subjects that their anonyminity will be guaranteed—a particularly important factor when potentially embarrassing questions will be asked.

The Wharncliffe Hospital, Sheffield, was chosen. This hospital accepts the full range of both emergency and waiting list patients in the specialties of general medicine, general surgery and orthopaedics. In addition the hospital has a specialized Burns and Plastic Surgery Unit. There are no psychiatric wards, and the immediate resuscitation and treatment of patients who have attempted suicide is not undertaken. It is a National Health Service Hospital and does not accept private patients. It is possible, therefore, that the sample may be biased towards the lower socio-economic groups.

513 consecutive male admissions to the hospital were studied by personal interview and examination. The answers and observations were noted on a standard Item Sheet. It was



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made clear to all patients that the study was totally unrelated to their condition and treatment ('not for your benefit but for ours'). They were told that the investigators were doctors subject to the rules of professional secrecy and that the results might prove useful to others. Anonymity was guaranteed.

## Results

Of the 513 patients interviewed, 82, i.e. 16·0 per cent, were tattooed. Of the latter, 2 refused and 2 were too ill to answer further questions. Of the 431 non-tattooed men, 6 refused, and 1 was too ill to co-operate.

After excluding these patients, 78 tattooed and 424 non-tattooed men were available for detailed study and will be further described. In this group the incidence of tattooing is 15·5 per cent (78 out of 502), which does not differ significantly from the 16·0 per cent of the original total sample.

### 1. *Tattooed and non-tattooed men compared*

There were no significant differences between the various specialties for the incidence of tattooing (in agreement with the findings of Yamamoto *et al.* (1963)). For general surgical patients it was 15 per cent (34 out of 227), for general medical patients it was 18 per cent (30 out of 167), for orthopaedic patients it was 15 per cent (10 out of 68), for burns/plastic unit patients it was 10 per cent (4 out of 40).

The tattooed and non-tattooed groups did not differ significantly in their mean ages (overall mean age = 49·3 years) or for the incidence of the following factors, and the percentages in brackets refer therefore to the overall mean incidence of that factor in the total sample of 502 men: patient born outside Great Britain (3 per cent); marital status (19 per cent single, 1 per cent divorced or separated, 9 per cent widowed, 71 per cent married or cohabiting); history of previous divorce (4 per cent); present employment status (24 per cent retired due to age or ill-health, 71 per cent working, 5 per cent unemployed); history of previous serious accident (46 per cent); alcohol as a factor in previous serious accident (3 per cent); history of previous mental illness (13 per cent); history of previous suicidal attempt (·6 per cent—3 men); history of jaundice (6 per cent); parents of patient widowed, divorced or separated before patient reached 16 years (18 per cent); patient's childhood assessed as clearly disturbed (8 per cent); irregular work record of patient's father (6 per cent); history of mental illness in parents or siblings (6 per cent); history of criminal convictions in parents or siblings (5 per cent).

Table I shows that compared with the non-tattooed men the tattooed men were five times less likely to be members of a Christian Free Church, more than twice as likely to have tattooed family members and three times more likely to give a history of criminal convictions.

Table I

*Tattooed and non-tattooed men compared*

| | Tattooed N = 78 | | Non-tattooed N = 424 | | Total N = 502 | | P |
|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | |
| Church of England or Scotland | 68 | 87 | 322 | 76 | 390 | 78 | |
| Roman Catholic | 7 | 9 | 31 | 7 | 38 | 8 | |
| Jew, Muslim, Hindu, Atheist | 1 | 1 | 7 | 2 | 8 | 2 | |
| Christian Free Church | 2 | 3 | 64 | 15 | 66 | 13 | ·005 |
| Positive family history of tattooing | 34 | 44 | 78 | 18 | 112 | 22 | ·0005 |
| Convicted once | 15 | 19 | 49 | 12 | 64 | 13 | ·005 |
| Convicted twice or more | 17 | 22 | 12 | 3 | 29 | 6 | |
| Criminal convictions | 32 | 41 | 61 | 14 | 93 | 19 | ·0005 |

The 78 tattooed men admitted 8 prison sentences, 6 crimes of serious violence, 14 of drunkenness and a total of 62 convictions. The corresponding figures for the 424 non-tattooed men were 4, 6, 14 and 91, respectively.

### 2. *The tattooed group*

#### A. *General description*

Getting tattooed is a young man's activity. Twenty-two per cent (17 men) were first tattooed before their 16th birthday, 46 per cent (36 men) before their 18th birthday and 78 per cent (61 men) before their 21st birthday.

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Despite the mean age of the tattooed men being 52·4 years only 22 per cent (17 men) were first tattooed after their 21st birthday.

There was in general a more superficial type of response to questions about the patients motives for being tattooed in this study than was obtained in a previous study of psychiatric patients in a psychiatric hospital (Gittleson *et al.*, 1969); this doubtless reflects the shallowness of the professional relationship. Nevertheless, it was possible to categorize the motives as follows. Sixty-two per cent (48 men) were conforming to and/or following a contemporary group craze or fashion, 17 per cent (13 men) were tattooed on impulse whilst in a state of boredom, 17 per cent (13 men) described a purposive wish of some duration. The situation did not permit further detailed assessment of these motives, 4 per cent (3 men) gave talismanic good health reasons and 1 per cent (1 man) was tattooed as payment for helping a tattooist to move his equipment.

The circumstances of the first tattoo were as follows. Forty-seven per cent (37 men) were in the Armed Services. Complete sobriety was claimed by 64 per cent (50 men). Only 15 per cent (12 men) were unaccompanied, and only 32 per cent (25 men) did not mention groups of friends as the main primary instigation. Sixty-three per cent (49 men) were first tattooed in their home country. This confirms previous studies in different populations (Ferguson-Rayport *et al.*, 1955; Gittleson *et al.*, 1969; Pollak and McKenna, 1945; and Yamamoto *et al.*, 1963), that getting tattooed is usually a group activity, in which alcohol may not necessarily play a major role, usually started in one's home country.

The men's expressed attitudes to their tattoos were as follows. Twenty-six per cent (20 men) definitely did not want their tattoos seen by others, 15 per cent (12 men) definitely did want other people to see their tattoos and 59 per cent (46 men) were indifferent. Asked directly whether they would have their tattoos removed if the necessary surgery were freely available and gratis, 24 per cent (19 men) definitely wanted surgical removal of their tattoos, 69 per cent (54 men) regretted being tattooed, and 15 per cent (12 men) took steps to conceal their tattoos by such measures as never rolling up their sleeves, etc.

In 29 per cent (23 men) the tattoos were visible when normal clothing was worn (i.e. a suit with long sleeves).

The frequency with which the various sites were used for tattooing was as follows: forearm 71, hand 23, upper arm 14, chest 7, back 3, abdomen 1, thigh 2. The content of the tattoos had no statistically significant association with any particular factor.

B. *Analysis by single versus multiple tattooing*

The tattooed group was further analysed by comparing those who had been tattooed on one occasion only (46 per cent) with those who had been tattooed on more than one occasion (maximum 63 occasions). There were no significant differences between the two groups for all the factors previously listed in Section 1 of the results, including distribution by specialty, religion, family history of tattooing, mean age and mean age when first tattooed (overall mean = 17·9 years).

The circumstances of the first tattoo were similar in the two groups as were also their expressed attitudes to their tattoos.

Table II shows that the man who has been tattooed on more than one occasion is more likely to have purposefully sought to be tattooed, to have tattoos that are visible in normal clothing and to be tattooed on both sides of the body. It is of interest that 8 per cent (3 men) were tattooed on both sides of the body at their sole tattoo session.

3. *Comparison of psychiatrically ill and physically ill tattooed men*

In a previously reported study (Gittleson *et al.*, 1969) of tattooed men in a psychiatric hospital in the same city and with approximately the same catchment area, it was concluded that being tattooed was associated with personality disorder rather than psychosis. If this is indeed so, then (assuming that personality variation and psychosis are independent variables) we would expect to find that the associated and/or determining factors of being tattooed in a psychiatrically ill population would be similar to those for a physically ill population. To test this hypothesis,

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TABLE II

*Comparison between men tattooed on one occasion only and those tattooed on more than one occasion*

| | Tattooed on one occasion only N = 36 | | Tattooed on more than one occasion N = 42 | | Total N = 78 | | P |
|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | |
| *Criminal convictions admitted* | | | | | | | |
| Convicted once .. | 7 | 19 | 8 | 19 | 15 | 19 | |
| Convicted twice or more .. .. | 4 | 11 | 13 | 31 | 17 | 22 | n.s. |
| Criminal convictions | 11 | 31 | 21 | 50 | 32 | 41 | n.s. |
| *Motivation for tattoos* | | | | | | | |
| Incidental (fashion, boredom, impulse) | 33 | 92 | 29 | 69 | 62 | 79 | |
| Talismanic health | 1 | 2 | 2 | 5 | 3 | 4 | |
| Purposeful .. | 2 | 6 | 11 | 26 | 13 | 17 | ·05 |
| *Situation of tattoos* | | | | | | | |
| Tattoos visible in normal clothing | 6 | 17 | 17 | 40 | 23 | 29 | ·05 |
| Tattoos on one side of body only .. | 33 | 92 | 21 | 50 | 54 | 69 | ·0005 |
| Now regrets being tattooed .. | 26 | 72 | 28 | 67 | 54 | 69 | n.s. |

therefore, this section compares the psychiatrically ill tattooed men previously reported in 1969 with the present series of physically ill tattooed men.

For the following factors there was no significant difference between the two groups, and the figures in brackets refer to the mean of the combined mentally and physically ill tattooed groups: incidence of tattooing (15 per cent); proportion tattooed on one occasion only (48 per cent); mean age when first tattooed (18·4 years); history of previous serious accident (42 per cent); alcohol as a factor in previous serious accident (15 per cent); parents of patient widowed, divorced or separated before the patient reached 16 years (16 per cent); positive family history of being tattooed (41 per cent).

The two groups were similar for the following factors which relate to the (first) act of being tattooed: instigation by group pressure (64 per cent); whilst in the armed services (51 per cent); whilst sober (68 per cent); whilst unaccompanied (20 per cent); in their home country (68 per cent); tattoos visible in normal clothing (25 per cent); tattooed on one side of the body only (66 per cent); distribution on body site; cumulative age incidence.

Table III shows that the psychiatrically ill as compared to the physically ill tattooed men had (as expected) a more frequently positive family history of mental illness, and a higher proportion of them were immigrants. They also showed

TABLE III

*Comparison between psychiatrically ill and physically ill tattooed men*

| | Psychiatrically ill tattooed men N = 67 | | Physically ill tattooed men N = 78 | | P |
|---|---|---|---|---|---|
| | No. | % | No. | % | |
| Positive family history of mental illness .. .. | 17 | 25 | 4 | 5 | ·005 |
| Born outside Great Britain .. | 10 | 15 | 2 | 3 | ·02 |
| Childhood clearly disturbed | 17 | 25 | 9 | 12 | n.s. |
| Patient divorced or separated ever.. .. .. .. | 11 | 16 | 7 | 9 | n.s. |
| Positive family history of criminal conviction .. | 12 | 18 | 5 | 6 | n.s. |
| Patients with criminal conviction(s) .. .. | 40 | 60 | 32 | 41 | ·05 |
| Patients with prison records.. | 7 | 10 | 8 | 10 | n.s. |
| Patients convicted of drunkenness .. .. | 13 | 19 | 14 | 18 | n.s. |
| Likes tattoos seen by others .. | 27 | 40 | 12 | 15 | ·005 |
| Dislikes tattoos seen by others | 19 | 28 | 20 | 26 | n.s. |
| Indifferent whether tattoos seen by others .. .. | 21 | 31 | 46 | 59 | ·005 |
| Desires surgical removal of tattoos .. .. .. | 41 | 21 | 19 | 24 | n.s. |

a greater incidence of criminal convictions. They were also more likely to wish to display their tattoos. These last two differences may truly represent actions and attitudes which are associated with being an in-patient in a psychiatric hospital and which might be termed disinhibitory. On the other hand these differences might possibly be due to the greater degree of frankness with which a psychiatric patient talks to a psychiatrist as compared with a physically ill patient talking to a psychiatrist in a research

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project. Be that as it may, the similarities between the psychiatrically and physically ill tattooed men are far more important, numerous and striking than the differences. In particular, there are no significant differences between the psychiatrically and physically ill tattooed groups for factors relating to the factual circumstances of the tattooing act itself. This comparison, therefore, lends further support to the view that being tattooed is related to personality factors rather than overt psychosis.

## Conclusions

In a general hospital population the tattooed man is three times more likely to have been criminally convicted than the non-tattooed man. Tattooing seems to 'run in the family' to a certain extent and to be relatively rare in members of the Free Christian Churches.

The act of being tattooed is a group activity usually carried out in youth and regretted in maturity.

It is very probable that being tattooed is associated with personality factors rather than psychosis or overt mental illness.

## Summary

Of 513 consecutive male admissions to a general hospital 82, i.e. 16 per cent were found to be tattooed. A detailed study was possible in 502 cases of whom 78, i.e. 15·5 per cent were tattooed.

The tattooed men were equally distributed between the specialties of general surgery, general medicine, orthopaedics and burns/plastic surgery.

Compared with the non-tattooed men the tattooed men were three times more likely to give a history of criminal convictions, more than twice as likely to have tattooed family members and five times less likely to be members of a Christian Free Church.

The instigation and execution of tattooing is a group activity first carried out at a mean age of 17·9 years, the forearm being the most common site.

Within the tattooed group the 54 per cent who had been tattooed on more than one occasion were more likely to have purposefully sought to be tattooed, though no less likely to regret it ultimately and more likely to be tattooed on sites visible when normal clothing is worn.

Comparing this physically ill group of tattooed men with a previously reported group of psychiatrically ill tattooed men from the same area shows that the latter have a higher incidence of lawbreaking and a more positive attitude to exhibiting their tattoos. In other respects the two groups behaved similarly.

It was concluded that being tattooed was related to personality factors rather than overt mental illness.

## Addendum

Over a four-month period (1.2.70–31.5.70) the staff of the University of Sheffield Department of Psychiatry were asked to note certain extra particulars in addition to their routine psychiatric assessment of all patients seen in two general hospitals on account of having attempted suicide.

Of the 33 males, 39 per cent (13) were tattooed (6 on one occasion only) which is a significantly higher incidence ($p < \cdot 005$) than the 16 per cent (82 out of 513) reported here for physically ill men in hospital or the 15 per cent (33 out of 218) reported incidence for acute admissions to a psychiatric hospital (Gittleson *et al.*, 1969). The tattooed and non-tattooed men were similar in their mean age, diagnostic categories and in the percentage (21 per cent) who had made a previous suicide attempt.

Of the 95 females, 4 per cent (4) were tattooed (2 on one occasion only) which is greater incidence though not significantly so that the ·2 per cent (2 out of 938) reported for female acute admissions to a psychiatric hospital.

It was concluded that for males at least there is a relationship between suicidal attempts and the presence of tattoos.

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