

The Tattooed Psychiatric Patient

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INTRODUCTION

Systematic psychiatric studies of tattooed men are rare. Lander and Kohn (1943) noted that they had a higher rate of rejection for military service on psychiatric grounds than non-tattooed men. Yamamoto *et al.* (1963) studied the male population of a Veterans Hospital. They compared the 65 (15 per cent) men who were tattooed with the 368 who were not. They found that the percentage of tattooed men on the psychiatric wards was not significantly higher than that on the general medical or surgical wards; the tattooed men, however, exhibited significantly more evidence of personality deviation than the non-tattooed men.

Pollak and McKenna (1945) surveyed 34 tattooed male psychiatric patients. Ferguson-Rayport *et al.* (1955) studied 37 tattooed first admission patients suffering from personality disorder or schizophrenia, together with 62 tattooed chronic schizophrenics. They concluded that the two diagnostic groups showed "striking differences" in the pattern of the tattoos. However, both these studies lack statistical analysis, and neither, therefore, yield valid conclusions about the psychiatric determinants of tattooing, which is the aim of this present study.

METHOD

All (33) tattooed patients entering one male acute admission unit over a 12-month period were studied and compared with those (185) who were not tattooed. These groups are designated Acute Tattooed and Acute Control groups respectively. As the unit of study is the individual patient, those who were readmitted during the 12-month period were counted only once.

In addition, the entire chronic male population of the hospital was screened for tattooed patients (34), who were then compared with the

non-tattooed chronic population of one "firm" (179). These groups are designated Chronic Tattooed and Chronic Control groups respectively. All the male tattooed patients were then grouped together and further analysed.

Two female tattooed patients found in this survey are not included in these comparisons and accompanying Tables, but are noted quite separately at the end of the results.

RESULTS

Tattooed and Control groups compared

Of the total of 218 acute patients 15 per cent (33) were tattooed. This figure is similar to the 16 per cent found by Ferguson-Rayport *et al.* (1955) for psychiatric new admissions, and by Yamamoto *et al.* (1963) for a psychiatric ward in a general hospital. The latter team found an incidence of 15 per cent for the population of the hospital as a whole.

In the acute groups, personality disorder (as defined by Schneider, 1958) is significantly more common in the tattooed than in the non-tattooed, comprising 48 per cent of the former, a figure approximating to the 54 per cent found by Ferguson-Rayport *et al.* (1955). This finding lends support to the views of Lander and Kohn (1943) and of Yamamoto *et al.* (1963) that amongst male tattooed patients, exhibiting psychiatric disturbances the diagnosis of "personality disorder" was more frequently made (and in our study significantly so) than other psychiatric diagnoses.

In the older chronic groups, personality disorder is infrequent as such cases seldom become chronic in-patients. Schizophrenia, however, is significantly less common in the tattooed than in the non-tattooed—a tendency seen in less marked form in the acute groups.

Despite the highly significant ($.001 > p$) 21-year mean age difference between the Acute and Chronic Tattooed groups, there is no

significant difference ($.8 > p > .7$) between their mean ages when first tattooed. This finding tends to validate the combining together of the Acute and Chronic groups. In the tattooed group as a whole, personality disorder is significantly more, and schizophrenia is significantly less common than in the non-tattooed group.

This series lends no support to the view of Ferguson-Rayport *et al.* (1955) and Yamamoto *et al.* (1963) that broken marriages are more common in the tattooed than in the non-tattooed. Like Yamamoto *et al.* (1963), this study finds no significant relationship between the presence of tattoos and a history of venereal disease, though the figures are unfortunately small.

THE TATTOOED GROUP

A. Analysis by diagnostic categories

The tattooed group comprises 17 patients with personality disorders (alcoholic 7, inadequate-asthenic 3, explosive-aggressive 2, sensitive 2, attention-seeking 2, sexual deviation 1), 31 schizophrenics and 19 other diagnoses.

A history of tattooing in the family is more frequent in the personality disorders—59 per cent (10 cases) than in the other two groups—29 per cent (9 cases) and 32 per cent (6 cases) respectively. The difference, however, falls just short of statistical significance ($\chi^2 = 3.4$).

Those with personality disorders had been tattooed on more than one occasion significantly more often ($\chi^2 = 5.4$; $.025 > p > .02$) than the schizophrenics and those with other diagnoses. The figures are 76 per cent (13 cases), 42 per cent (13 cases) and 37 per cent (7 cases) respectively. The schizophrenics and those with other diagnoses do not differ significantly. These findings agree closely with those of Ferguson-Rayport *et al.* (1955), who noted that 80 per cent of those with personality disorders and 50 per cent of the schizophrenics in his tattooed group had been tattooed on more than one occasion.

Although they had been tattooed on more occasions (as a group) the mean age of those with personality disorders was significantly (C.R. = 4.7 and 6.3 respectively; $.001 > p$)

TABLE I
Tattooed and Control groups compared

	"Acute" group			"Chronic" group			"Acute" and "Chronic" groups combined											
	Tattooed No.	%	Controls No. %	p	Tattooed No.	%	Controls No. %	p	Tattooed No.	%	Controls No. %	p						
<i>Diagnosis:</i>																		
Schizophrenia	9	27	76	41	n.s.	22	65	152	85	.02	31	46	228	63	.02			
Personality disorder	16	48	28	15	.0005	1	3	2	1	n.s.	17	25	30	8	.0005			
Other diagnosis	8	24	81	44	n.s.	11	33	25	15	.02	19	28	106	29	n.s.			
History of VD	3	9	0	0	n.s.	3	9	6	3	n.s.	6	9	6	2	n.s.			
<i>Marital:</i>																		
Single	13	39	75	41	n.s.	13	38	151	84	.0005	26	39	226	62	.001			
Widowed	3	9	22	12	n.s.	3	9	3	2	n.s.	6	9	25	7	n.s.			
Divorced																		
separated	5	15	18	10	n.s.	6	18	9	5	n.s.	11	16	27	7	n.s.			
Married	12	36	70	38	n.s.	12	35	16	9	n.s.	24	36	86	24	n.s.			
"Broken" marriages	5	29	18	20	n.s.	6	33	9	36	n.s.	11	31	27	24	n.s.			
Present age	36.2		45.1		.001	57.4		51.8		.025	46.9		48.4		n.s.			
	S.D.=12.2			S.D.=17.0			S.D.=12.8			S.D.=11.6			S.D.=16.4			S.D.=14.9		
Age at first tattoo	18.8					19.1					19.0							
	S.D.=3.8						S.D.=4.4											

younger (32.2 years; S.D. = 8.9) than that of the schizophrenics (49.6 years; S.D. = 16.4) and those with other diagnoses (55.7 years; S.D. = 12.8), the last two groups not differing significantly. However, the mean age when first tattooed did not differ significantly between the three diagnostic groups, the overall mean being 19.0 years. This is similar to the range of 17–21 years found by Pollak and McKenna (1945), Ferguson-Rayport *et al.* (1955) and Yamamoto *et al.* (1963).

There are no significant differences between the three diagnostic groups for the following factors, and the percentages in brackets refer, therefore, to the tattooed group as a whole: patients' childhood disturbed (25 per cent = 17 cases); history of serious accident (33 per cent = 22 cases); conviction for drunkenness (19 per cent); convicted of lawbreaking (60 per cent); and marital status (see Table I). These figures are similar to those of Yamamoto *et al.* (1963), who noted a disturbed childhood in 33 per cent and arrests leading to gaol in 65 per cent. Pollak and McKenna (1945) found that 29 per cent of their patients had been arrested for drunkenness.

All patients were asked about their personal reasons and motives for being tattooed. In no case did there seem any reason to doubt the sincerity of the replies. Forty-five patients (67 per cent) were conforming to and/or following a contemporary group craze or fashion; one was consciously imitating his father; for eight patients (12 per cent) being tattooed was an "ordeal" by which they proved their masculinity and toughness; two deliberately disobeyed their fathers' orders not to get tattooed, as a means of asserting their independence. Only four patients (6 per cent) gave "decoration" as their motive. In two cases talismanic protection against ill luck or ill health was the motivation. One schizophrenic said that the voice of Florence Nightingale in his head had ordered him to get tattooed, and another had similarly been tattooed as a result of "orders" received during a passivity experience. Three patients were unable to remember their motives at the time. There were no significant differences between the three diag-

nostic groups for the relative incidence of "conforming" motivations as opposed to other motivations.

The circumstances surrounding the first tattooing showed no significant differences in the three diagnostic groups. Fifty-five per cent (37 patients) were in the Armed Forces, and another 10 per cent (7 patients) were in prison at the time of the first tattooing. Pollak and McKenna (1945) found that 38 per cent of their subjects were first tattooed whilst in the Armed Forces. Complete sobriety when first tattooed was claimed by 73 per cent (49 patients). The corresponding figure from the series of Yamamoto *et al.* (1963) was 42 per cent and from Pollak and McKenna (1945) 65 per cent. These last authors found that only 3 per cent (1 patient) was alone with the tattooist when tattooed, and stressed, as do Ferguson-Rayport *et al.* (1955) and Yamamoto *et al.* (1963) that being tattooed is a group activity. This present series finds that only 25 per cent (17 patients) were unaccompanied when first tattooed, and that only 15 per cent (10 patients) did not mention groups of friends as the main primary instigation. Seventy-five per cent (50 patients) were first tattooed in their own country, the United Kingdom—a figure similar to the 82 per cent obtained by Pollak and McKenna (1945) for the United States of America.

The tattoos of the personality disorder group were significantly ($\chi^2 = 5.2; .05 > p > .02$) more often visible when normal clothing was worn than those of the schizophrenics and the other diagnoses, the figures being 41 per cent (7 cases) 16 per cent (5 cases) and 5 per cent (1 case) respectively.

The diagnostic groups, however, did not differ significantly in their attitudes to the tattoos. Twenty-eight per cent (19 cases) definitely did not want their tattoos seen by others, 40 per cent (27 cases) definitely did want other people to see their tattoos, and 31 per cent (21 cases) were indifferent. Asked directly whether they wanted their tattoos removed if the necessary surgery was freely available and gratis, 21 per cent (14 cases) definitely wanted surgical removal of their tattoos, 75 per cent (50 cases) definitely wanted to keep their

tattoos and 4 per cent (3 cases) were indifferent.

All but one case was tattooed on the forearm, which was easily the most common site. No diagnostic group was associated with any particular pattern of site or content of the tattoos. The frequency with which the sites were used was as follows: forearm 66, hand 13, upper arm 10, chest 5, leg 4, thigh 3, back 2, head 2, breast 1, genitals 1.

B. Analysis by single versus multiple tattooing

The tattooed group was further analysed by comparing those who had been tattooed on one occasion only with those who had been tattooed on more than one occasion. This method was chosen because the number of occasions was always clearly remembered, whilst a total count of tattoos was made difficult by doubt as to whether a pattern should be counted as one or as several tattoos. This series agrees with the findings of Pollak and McKenna (1945) that 50 per cent of all tattooed patients have been tattooed on only one occasion. The most tattooed man in this series was a 24-year-old personality disorder patient who between the ages of 16 and 17½ had been tattooed 44 times.

Table II shows that the patient who has been tattooed on more than one occasion is more likely to be categorized as suffering from a personality disorder and as being a lawbreaker than a patient who has been tattooed on one occasion only. In addition he obtains his first tattoo at an earlier age, and his tattoos are more

likely to be visible in normal clothing, i.e. a suit with long sleeves.

It is of interest that 21 per cent (7 cases) were tattooed on both sides of the body at their sole tattoo session.

For all the other factors previously noted in section A there were no significant differences.

The youngest age when first tattooed was 10 years. The patient now 66 years old had "hoped it would wear off". Elliott (1968a, b) has recently expressed concern about the tattooing of schoolchildren and suggested that legislation for the protection of minors is overdue. Accordingly the case sample was analysed by age, the results being as follows: 12 per cent (8 cases) were first tattooed before their 16th birthday, 42 per cent (28 cases) were first tattooed before their 18th birthday and 70 per cent (47 cases) were first tattooed before their 21st birthday.

C. Female tattooed patients

Only two tattooed females were found amongst the 938 female patients admitted during the 12 months study-period and none at all in the "chronic" wards. These two, however, conformed to the pattern exhibited by the tattooed males. Both had severely disturbed personalities, a history of disturbed childhood, and criminal records. Both were in a group and young (11 years and 18 years) when first tattooed. Both were tattooed on the forearm and upper arms and regretted it. One had been tattooed on three occasions, the other on one occasion only.

TABLE II
Comparison between patients tattooed on one occasion only and those tattooed on more than one occasion

	Tattooed on one occasion only		Tattooed on more than one occasion		Total		p
	No.	%	No.	%	No.	%	
Positive family history of tattooing ..	9	26	16	48	25	37	n.s.
Convicted of drunkenness	3	9	10	30	13	19	n.s.
Convicted of lawbreaking	15	44	25	76	40	60	.02
Diagnosis of personality disorder ..	4	12	13	39	17	25	.025
Present age in years	49.6 S.D. = 14.4		44.2 S.D. = 18.0				n.s.
Age when first tattooed	20.0 S.D. = 4.3		17.9 S.D. = 3.7				.05
Tattoos visible in normal dress ..	2	6	11	33	13	19	.02
Likes tattoos seen by others	13	38	14	42	27	40	n.s.
Tattoos on one side of body only ..	27	79	15	45	42	63	.01

CONCLUSIONS

In a male psychiatric population the act of being tattooed is usually instigated by and carried out in groups. It is positively associated, especially if it is repeated, with a diagnosis of personality disorder.

SUMMARY

Sixty-seven tattooed male patients from a psychiatric hospital were studied.

Fifteen per cent of the acute admissions over a 12-month period were found to be tattooed.

Compared with controls the tattooed group contained a significantly higher proportion of personality disorders.

The instigation and execution of tattooing is a group activity first carried out at the mean age of 19 years, the forearm being the commonest site. The pattern and content of the tattoos is not diagnostically specific.

Within the tattooed group, the 49 per cent who had been tattooed on more than one occasion were significantly more likely to be diagnosed as personality disorder, to have been convicted of lawbreaking, to have been first

tattooed at an earlier age and to have their tattoos visible in normal clothing, than the 51 per cent who had been tattooed on one occasion only.

It was concluded that being tattooed was associated with personality disorder.

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