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Caitlin McInerney
The Shrink with Ink: Narratives from Female Clinical Social Workers with Visible Tattoos

ABSTRACT

The purpose of the study is to explore the subjective and objective experiences of female clinical social workers with visible tattoos in order to gain an understanding of how the body of the therapist emerges, influences, and impacts the therapeutic alliance with clients. Due to the lack of information on the topic, and a desire to reveal a deeper understanding of the phenomenon and its subjective meaning, this study used an exploratory research design. Nine female clinical social workers from all over the United States who had visible tattoos were selected using purposive and snowball sampling. These women participated in hour-long individual interviews that used unstructured open-ended questions. Data from these interviews was analyzed using a grounded theoretical approach (Glaser & Strauss, 1967), and was guided by a feminist relational lens (Dietz, Christine & Thompson 2004; Dietz & Thompson, 2004; Sommers-Flanagan & Sommers-Flanagan, 2009;Young-Eisendrath, 1990). Using open-coding and then focused coding, the interviewer connected ideas between interviews and discovered common themes throughout the data. These themes reveal the complex, simultaneously oppressive and empowering experiences of female clinical social workers with visible tattoos, provides new information for the field of social work to better understand how the physical self of a therapist emerges in the therapeutic alliance, and suggests exploration of the judgments within the field for further research.

THE SHRINK WITH INK: NARRATIVES FROM FEMALE CLINICAL SOCIAL WORKERS WITH VISIBLE TATTOOS

A project based upon an independent investigation, submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

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CHAPTER ONE

Introduction

The purpose of this study is to explore the subjective and objective experiences of female clinical social workers with visible tattoos in order to gain an understanding of how the body of the therapist emerges, influences, and impacts the therapeutic alliance with clients. Historically, tattooed women have been marginalized and stigmatized (Muffin, 2001). Tattoos are currently becoming more popular, especially with women (Haelow, 2010), and the majority of social workers identify as women (Gilbelman, 2003). This information highlights the importance for the field of social work to take a closer look at how tattoos can influence the therapeutic alliance. Using a feminist lens to explore the narratives of nine tattooed clinical social workers, this study intends to provide a platform for the voices of these women to be shared, with the goal of giving social workers a new look at how the physical body plays a role in the therapeutic process and deepens the disciplines' understanding of the healing relationship.

The Researcher In The Research

As a female second year MSW student with multiple visible tattoos, my interest in the topic of inquiry was sparked by a class discussion and my personal experiences in the field. Up until starting graduate school I did not fully comprehend how my ideas of what it meant to be a professional could be drastically different from my peers. I was somewhat naive to believe that it was only how I engaged with my coworkers and clients that defined my professionalism. The idea for this study came from a conversation in class surrounding the question, “What does it mean to be a professional?” I heard my peers say that in their experiences in the field of social

work that if an individual had visible tattoos they could never been considered a professional. I was shocked and insulted to hear that my physical self, specifically my tattoos, also negatively impacted how my colleagues viewed me as a professional.

Over the year that followed I became more and more aware of people looking at my tattoos, and more specifically, my clients looking at them, when they looked at them, and the reactions I was having to their stares. I noticed that the conversations that arose when my clients asked about my tattoos gave me some insight into what they wanted from a therapist, and from therapy in general. For example, my clients would say, "You have tattoos? That is cool, me too. May I see the rest of the tattoos on your arm?" in what felt like an attempt to create a sense of closeness based off of our shared tattooed skin, or perhaps to reassure them that I was also "cool," and maybe even to make sure that I was safe to talk to.

To better understand this phenomenon, I began talking to fellow clinicians and students with visible tattoos, and discovered I was not alone. They too expressed having some rich conversations and a subjective sense of closeness to their clients that arose from the discussions about their visible tattoos. They also shared concerns regarding how their clients and colleagues may have judged them for having and/or revealing their body art. These experiences motivated me to do this research, inevitably impacted the interviewing process, and played a role in the outcomes of the research. Inckle (2005) notes when research is conducted in a way that the separation between the participants and the researcher is small the objectification of participants is reduced, and that this process allows for an engagement with the material that reveals details not otherwise possible.

> I suggest that it is the very disruption of these borders that opens up possibilities for research methodologies, which can incorporate the tensions of subjectivity, ethics and

> representation within a framework that can engage with, rather than objectify or appropriate, the complexities of lived, embodied subjectivity. (p.17)

My location within the community being studied made it nearly impossible to remain objective and forced me to be vulnerable, but it also allowed me to manifest a safe space for individuals who often feel marginalized and gather information not otherwise obtainable.

The results of this study provide empirical data regarding subjective and objective experiences of female clinical social workers with visible tattoos. This study sought to provide clinical insight regarding the ways that the body of the therapist emerges, influences, and impacts the therapeutic alliance with clients, as well as increase awareness to the complexity of this experience, and reveal the amount of care that these women put into navigating visible tattoos within their professional identities. Finally, this study attempted to give voice to the many visibly tattooed female clinical social workers that have not (yet) been able to speak for themselves.

CHAPTER TWO

Literature Review

It is estimated that 40% of Americans ages 18 to 40 have at least one tattoo (Pew Research Center, 2007) and that the majority of people getting tattooed are women (Levins, 1997). These statistics are significant for social work because it is a female dominated field. In 2006, the National Association of Social Workers estimated that of the 310,000 licensed social workers, 81% were female (NASW, 2008). Seeing that the majority of licensed social workers are female, and that there is an increase in females getting tattooed, there is a strong possibility that a number of today's licensed social workers may have tattoos, and that tattoos enter the therapeutic space.

In order to understand how a female therapist's visible tattoos may influence the therapeutic alliance, a review of the literature was conducted. Firstly, a fundamental understanding of the history of tattooing and how it influences the current social perceptions of tattoos will be discussed, with a specific focus on tattooed women. Next, it will be necessary to define the term 'visible tattoo', and to clarify why this form of tattooing is unique from others. Finally, the literature review will explore what the therapeutic alliance is and how it is formed, maintained, and broken, to reveal areas in this process that are open to influence from visible tattoos.

What We Know About Tattoos From The Literature

Tattooed people are pathologized.

Tattoos being a part of the middle-class culture is a fairly recent phenomenon that began with the cultural movement in the 1960's termed the 'Tattoo Renaissance' (Oksanen & Turtiainen, 2005; Rubin, 1988; Rosenblatt, 1997). Before this movement tattoos were "disreputable marks, stigmatized as something only marginal, lower-class people would acquire. They were the province of sailors, bikers, carnival freaks, and so on" (Rosenblatt, 1997, p. 300). Although tattoos are more common after the Tattoo Renaissance, the literature on tattoos demonstrates that much of the stigmas towards tattooed people from earlier American history remain.

In the literature, tattoos have been viewed as evidence of mental health concerns such as substance use, antisocial personality disorder, depression, and a desire for being outside of social norms (Cardasis, Huth-Bocks, & Silk, 2008; Post, 1968; Tate & Shelton, 2008; Tiggermann & Golder, 2006). Studies often focus on prisoners and gang members (Borokhov, Bastiaans, & Lerner, 2006; Haines & Huffman, 1958) and link tattoos to risk of HIV and other blood born diseases (Armstrong, DeBoer, & Cetta, 2008; Bryan, Ruiz, & O'Neill, 2003; Strang, et al., 2000). The literature suggests that because there is a certain level of pain willingly inflicted during the tattoo process, tattooed individuals must struggle with body image issues and poor overall psychological functioning (Benjamin & Dula, 2010).

With the goal of providing clinical insight to therapists who work with tattooed individuals, Lemma (2010) draws on her work as a therapist, as well as from American popular culture and clinical research, to reveal the motivation for individuals who get tattooed. She concludes that tattooed individuals are excessively concerned with appearance and suffer from a

great deal of clinical issues, including body image disturbance, appearance anxiety, and body dysmorphic disorder. Lemma's conclusion brings the deviant history of tattooed people into the clinical process and perpetuates the notion that tattoos are symbols of psychiatric concerns that therapists need to be aware during assessment and treatment.

Visible tattoos.

There is very little information on 'visible tattoos', what the term means, and how they are different from other tattoos because they are difficult to conceal. Two articles consider the visible tattoo. Birmingham, Mason and Grubin (1999), found a correlation between visible tattoos and the intensity of mental disorders, substance abuse, and criminal behaviors in male prisoners. Drawing on a nationally representative data set of 500 tattooed and non-tattooed participants, Adams (2009) examined the social characteristics of those who are tattooed and the associations of tattooing with deviant behavior. This study found that even though tattoos are considered appealing, there is a strong association between tattoos and deviance, particularly criminal behavior, and that this association was strongest with the most visible tattoos.

Tattoos and employment.

Dean (2010) looked at the ways that consumers viewed service personnel who have visible tattoos, taking into consideration the placement of the tattoos (i.e., arms, hands and neck), and the job they held. Dean interviewed a sample of age-grouped subjects, and asked them about their perceptions of the appropriateness of visible tattoos on service personal in nine different occupations, as well as their inferences about tattooed people on five personal traits. This study discovered that visible tattoos on white-collar workers were seen as inappropriate, in particular financial service workers, but that visible tattoos were viewed as appropriate for blue-collar workers. Furthermore, this study noted that older respondents held more negative views of

service providers with visible tattoos, reporting that they believed that tattooed individuals were less honest and less intelligent than non-tattooed people. Swanger (2006) emailed 37 human resource managers and college recruiters. The email was a single, open-ended question, which asked them about their feelings around the impacts of visible tattoos and piercings on employment. The majority, 87% of respondents, reported that they considered visible tattoos and piercings would look negatively on their organization, and that they would be hesitant to work with individuals with visible body modification.

Armstrong (1991) looked at the intersecting identity of being a professional and a woman who is tattooed. This study surveyed 137 women who identified as career-oriented, and who were working in the medical field. The survey questioned how they perceived their tattoos impacting their self-identity, interpersonal relationships, and the social responses they felt they received in relationship to their tattoos. The study found that there was no personal or interpersonal risk to getting a tattoo, but that socially the women reported receiving negative feedback, such as negatively perceived looks and questioning to why they would choose to tattoo their bodies. Specifically, this study noted that the women felt as though their ability to be viewed as a professional was hindered by their tattoos, but that their current employment was not threatened.

Gender And Tattoos

Women are particularly pathologized.

For most of the history of tattoos in America, women were invisible from the culture, and then they appeared as freaks in sideshow carnival acts (Eason, 2008). However, more recent studies have explored modern perceptions of tattooed women. Hawkes, Senn, and Thorn (2004) researched undergraduate students’ attitudes towards tattooed women. They reported that both

men and women participants had more negative views of visibly tattooed women than non-tattooed women, and that the larger the tattoo the more negative the tattooed women was viewed. Wohlrab, Fink, Kappeler, and Brewer (2009) interviewed 278 undergraduate men and women and asked them to rate images of tattooed and non-tattooed virtual men and women. The participants were asked to rank the images for perceived aggression, attractiveness, dominance, health, masculinity (male figures), and femininity (female figures). Participants perceived tattooed male characters as more dominant, and tattooed female characters as less healthy, compared with their non-tattooed counterparts. Similarly, Resenhoeft, Villa, and Wiseman (2008) showed 158 community college students a photograph of a female model with tattoos, and one without tattoos. They found that participants viewed the tattooed woman as less honest and religious than her non-tattooed counterpart. Throughout the literature, women with tattoos are described as having personality disorders; specifically borderline personality disorder, and substance dependency; particularly heavy drinking, and histories of sexual abuse (Arya, 1993**;** Romans, Martin, Morris & Harrison, 1998; Swami & Furham, 2007).

Women's bodies are the property of men.

Objectification of women is another theme in the literature on tattooed women. Braunberger (2002) tells a history of tattoo shop owners banning women from getting tattooed unless they brought their husbands and marriage license along with them to the shop. This story reveals the historical idea that a woman does not own her body, and that her value is based on her physical beauty (as defined by society), and its ability to attract the opposite sex for marriage. It also highlights how tattoos are seen to devalue a woman's worth, unless, of course, her husband wants her to do so. Atkinson (2002) recounts a rape case that was dropped due to the woman having a tattoo on her lower back, and therefore (presumably) she was viewed as

‘enticing’ the man to engage in sex with her. This ruling is based in the idea that, again, this woman's body did not belong to her, but that as indicated by the tattoo, it was this man’s right to take this woman’s body for his pleasure.

Tattoos empower women.

In contrast to the pathologizing nature of much of the literature on women and tattoos, there is a body of literature that recounts the empowerment women can get from tattooing their bodies. Reyntjens (2002) explored personal narratives of tattooed women, and found that the tattoos were symbols of strength to these women. Many of the women in this study spoke of how they had used tattoos as part of their process to overcome traumatic events (i.e., by marking feelings of being a survivor, instead of a victim), and that they had no regrets around getting tattooed. The healing potential of tattoos is further brought to light through stories of women tattooing scars left behind after battling breast cancer and having mastectomies. Conners (1992) shares her personal story and how her rose tattoo transformed a scar that once represented pain into a symbol of strength: "Although something negative happened, it's now something beautiful that I am proud to show people" (p.1). Langellier (2001) recounts the tattoo narrative of Rhea, and how the tattoos that covered her mastectomy scars provided her with a renewed sense of strength that had been taken away by her breast cancer and by the cultural discourses surrounding women’s bodies. "Rhea's tattoos may be understood as a personal, healthy act of taking her body back from the spoils of disease and mutilating surgery as well as from cultural discourses, such as gender, class, ethnicity, and health, which define her identity in negative terms" (p. 149). Muffin (2001) linked the increase of women who tattoo mastectomy scars to the recent increase of the general female population getting tattooed, and discovered a positive sense of self in tattooed women because they use the tattoos as reminder of their individual strength.

The emergence of more female tattoo artists highlights the acceptance of women in an industry that historically worked to keep them out (Eason, 2008). Pearson (2003) takes her readers through a historical recounting of famous female feminists from 1970 to 2000, and how they used their bodies as a mode of resistance to oppression that has most recently culminated in tattooing. Tattoos can be a form of women taking control of their physical selves in a world which a woman's body, and the connection it has to what is beautiful, is socially defined around what men find attractive (Atkinson, 2002; Braunberger, 2000). This area of the literature focuses on how a woman who is tattooed can be seen as actively resisting oppression, and marking herself in a way that says to society, 'I am in control of my body and I, as a woman, decide what is beautiful.'

Race And Tattoos

The literature on the intersection of race and tattooing is limited. The literature does not bring to light the complex relationship between racial identity and tattooed identity. The literature presents both stories of reclaiming ones body as well as reinforcing racial stereotypes. While the number of individuals who identify as Black or Hispanic and are tattooed is about the same as tattooed white individuals (Whelan, 2001), the 'meanings' may be different. In Xuan Santos (2009) exploratory study on the increase of Chicanos in East Los Angeles getting tattooed, a complex relationship between culture, gender, and race was revealed:

> Chicanas are accountable to Chicano male tattoo artists' expectations of how femininity, a cultural insider, Chicano tattoo artists hold their Chicana clients accountable to dominant Chicano values. …Chicanas use their bodies as canvases to challenge the status quo and subvert the power imposed on them by men who are tattoo artists. (p.1)

Santos framed his work through the eyes of the Chicanas, and located a sense of power for these women arising from the tattoos. Julie Ganno Shoop (1994) relates the fact that tattoos are often

used by police officers to mark gang affiliation, and that such profiling systems institutionalize stereotypes and stigmatize young minority males. This unique intersection of identity needs more representation in the current literature.

Therapeutic Alliance

What is it?

The terms ‘therapeutic alliance’, ‘working relationship’, and ‘therapeutic relationship’ are terms to describe the healing relationship that occurs between the therapist and the client. It is believed that this alliance is the source of healing within the therapeutic process. “The therapeutic alliance is the treatment program. Without a positive working relationship between counselor and client, there is unlikely to be any treatment progress” (Adult Mental Health Division and the COSIG Mobile Team, 2009, p.1). The treatment of the client by the clinician requires this relationship. There are both unconscious and conscious aspects of this relationship which allow for it to be created and maintained, yet these can also hinder its ability to provide healing to the client. Bordin (1979) proposed that the relationship between the therapist and the client is the core to the healing nature of therapy: “the working alliance between the person who seeks change and the one who offers to be a change agent is one of the keys, if not *the* key, to the change process" (p. 1).

Unconscious aspects of the therapeutic alliance.

Freud’s psychoanalysis rested in the idea of free association. As a tool, free association allowed the analyst to notice the client’s secrets, desires and defenses, but it did not put the therapist in relationship with the client. Shortly into working with this idea, Freud discovered free association was impossible to do for too long. The client's defenses would block the emergence of thoughts and the client's thoughts or feelings that were central to their difficulties

would be transferred on to the therapist. This in turn makes the therapist the object of desire and/or extreme dislike, and it becomes difficult for the client to share thoughts or feelings with the therapist because those thoughts often pertained to the analyst (Rogers, 2009).

This idea that the client transferred thoughts and feelings onto the therapist brought the therapist into relationship with the client, and further away from the idea that the therapists could be an impartial observer. During the later 1900's, psychoanalytic therapists realized that the transference Freud had observed was only half the story, and that countertransference was the other half (Heimann, 1950; Racker, 1968; Rogers, 2009; Winnicott, 1960). Parlow and Goodman (2010) explain this process has a shared experience: "the mutual co-experiencing of patterns," and how an awareness of these patterns can provide a tool for the therapist to have insight into what the client is experiencing. "Therapists wind up with the complementary feelings, thoughts, daydreams, bodily feelings, and attitudes towards the patient, in their own counter-transference" (p.117).

The ideas of transference and countertransference reveal an engagement in a conscious and unconscious level, and that recognizing these layers allows for the therapeutic relationship to become transformative. Even though originally the therapist worked at creating a relationship where they acted as an observer of the client, with the goal of being a 'blank-slate,' it was not long until they realized that remaining outside the alliance was not possible, and that, in fact, it was the engagement in the relationship that was core to the therapeutic process.

Conscious aspects of the therapeutic alliance: boundaries and self-disclosure.

Not all of the healing aspects of the therapeutic alliance are unconscious. Two very conscious aspects that support the healing potential of the relationship are boundaries and self-disclosure. Setting boundaries and the establishment of limits in therapy, allows for safe

exploration within the therapeutic space by making it clear the danger lies outside the boundary (Peternelj-Taylor & Yonge, 2003; Schafer & Peternelj-Taylor, 2003). Boundaries are critical to the therapeutic relationship because they protect the client, the therapist, and the psychotherapeutic process (Smith & Fitzpatrick, 1995). Maintaining safe boundaries require that a therapist has ethical competency and education in current treatment modalities, continued reflection on transference and countertransference, and ongoing observations of all levels of communication (e.g. verbal and non-verbal) that occur in therapy (Smith & Fitzpatric, 1995).

One way that the therapist can uphold safe boundaries is through the motoring of their self-disclosure. Fehr (2010) mentions the therapist's self-disclosure as a tool for eliciting hope in clients, particularly in the group setting where the client's experience has not been normalized through the group participants. Audet and Everall (2010) interviewed nine clients on the experiences with their therapist self-disclosing, and found that therapist self-disclosure needed to be done with care, because it had the ability to influence the alliance both positively and negatively. Additionally, Thomason (2005) looked at how the theoretical orientation of a therapist, and their ideas around self-disclosure, can influence the client's perceptions of the therapist's clinical effectiveness. This study found that the participants choose a feminist, self-disclosing, therapist over any other type of therapist.

Understanding self-disclosure as a conscious and a potentially useful tool for building strong therapeutic alliances, this study embraces the idea that the therapist’s entire self, including their visible tattoos, can be used as a tool to aid in strengthening the healing potential of therapeutic alliance.

Moving Away From The Blank Slate And Into Relational Therapy

Feminist relational therapy.

Feminist theory and psychotherapy stress the importance of creating an egalitarian relationship between therapist and client. One of the distinguishing principles of the Feminist Relational Model is that it reframes healthy psychological development as a process where growth is seen as a movement towards connection rather than toward individuation (Jordan, 1997). Another unique aspect of this model is that the emphasis is on collaboration and the goal of sharing of power within the session, rather than the therapist having power over the client (Bergman & Surrey, 1997). In this framework, the therapist and the client are open and human with one another (Sommers-Flanagan & Sommers-Flanagan, 1997). Within this framework the therapist's use of self and their physical body are tools to the therapeutic process and aim to establish mutuality and empowerment in the therapeutic relationship (Sommers-Flanagan & Sommers-Flanagan, 2009).

Pregnancy is unique way of noticing that the body is a tool in bringing out content in therapy. O'Heron (2007) noted how the event of pregnancy for queer women brought conversations of sexuality, values around relationships and marital status, ideas around parenting, and gender identity into the room that may have otherwise not been presented in the relationship. This study found that the positive or negative impact of this conversation depended on the previous relationship between the therapist and the client, and the therapist's comfort with discussing sexuality and motherhood. This example reveals how the therapist and her body become a part of a therapeutic relationship, and this idea is viewed within the frame of Feminist Relational Model as something that can be used in a genuine way to connect with the client and promote healing.

When There Isn't An Alliance: Impasses And Mismatches

Thus far from the literature it has been established that the therapeutic alliance is the source of healing between two (or more) individuals and that it, in part, arises through the establishment of safe boundaries and the awareness of transference and countertransference. In order to fully understand the healing potential for working relationships, the instances where they are not effective also needs to be explored.

There are moments in treatment where the client and/or therapist may feel as though something is missing. "Patients and therapists who have a good enough fit with each other can nevertheless find themselves stuck in an impasse when their personal vulnerabilities and defenses intersect in problematic ways around specific issues" (Elkind 1992, p. 4). That good fit, or 'therapeutic alliance', allows for conflict to arise, to be addressed, and then overcome. There are times when a therapeutic alliance is hindered by mismatches between client and therapist, misattunement occurs, or an impasse causes the alliance to be broken. Elkind (1992) explores these aspects that prohibit growth within a therapeutic relationship, and describes such instances as both understandable and mysterious.

> Mismatches block the communication and empathy that are essential ingredients of psychotherapy, and can surface in relation to a variety of identifiable factors including gender, age (phase of life and level of psychological development of patient and therapist), personality characteristics, as well as in relation to core psychological vulnerabilities of the patient and therapist. But the source of a poor fit may also remain elusive, as mysterious as the course of a good fit. (p.18)

This definition takes in the entire person, not just what is said, and is implying that at times, no matter what is said, the appearance (e.g. age or gender) can impede on the relationship. It is not to say that these moments of struggle are the end of the relationship, but that the conflict offers opportunity for growth, and can at times bring to the surface difficult issues that otherwise may

have not been addressed (Elkind, 1992). The working relationship between therapist and client is both delicate and strong, and it is created in an almost magically complex manner that takes in all aspects of the parties involved.

So What Happens When The Therapist Is A Female With Visible Tattoos?

If during the forming of a therapeutic alliance it is revealed that the clinician is tattooed, the social history and personal narrative surrounding the tattoo become salient for both the tattooed therapist and the client. This phenomenon brings the tattooed skin of the therapist into the therapeutic alliance and is a moment when she has the opportunity to utilize a unique aspect of her physical self and become an active participant in forming a therapeutic alliance. Raddocchio (2010) explores her experiences as a heavily tattooed female clinical social worker and shares that she is continuously questioning how her tattooed skin enters her therapeutic alliance with clients.

> I seem to find myself in a liminal space, having taken on the task of finding a way to keep my tattoos a part of the analytic/analyzable field without using them as a way to assert or force my own subjectivity into the therapy room. And to do this, I must continue to explore the relationship I have to my own marking. (p.3)

Raddocchio ends her piece sharing that although her supervisors have urged her to cover her tattoos because "You're entering a professional community now," and that, "This is what it means to be a psychotherapist," Raddocchio very much "hopes this is not the case" (p.5). Following in the footsteps of Raddocchio, I too hope to reveal with my research on female clinical social workers who are visibly tattooed that there is a way to keep tattoos as part of the analytic field.

Summary

The literature shows that tattoos have a history linked to deviance and marginalized populations, and that this history influences current perceptions of tattooed people by framing them as being unintelligent, mentally unstable, unprofessional, and unemployable. These stigmas have been shown to be especially true if the tattoos are visible, and that tattooed women are viewed particularly harshly as untrusting drug addicts with trauma histories. The literature also notes that tattoos can also be a great source of strength for individuals in marginalized populations, such as women and individuals of color, and that the tattoos can be an act of reclaiming the body and marking a triumph over hardship.

Although there is much literature on tattooed individuals, there is little information regarding the unique experiences of female clinical social workers with visible tattoos. The literature provided makes it clear that the therapeutic relationship, particularly when viewed through a feminist relational lens, is a healing relationship created between the therapist and client. It is a relationship where both individual's entire selves are involved, and that if the therapist has tattoos that the relationship is influenced by the tattoos. What the literature has yet to answer is how the therapeutic alliance may be impacted by a female therapist having tattoos.

This research was exploratory in nature in order to provide the opportunity to begin to understand this unique intersection of identity, and qualitative research methods were used to provide depth and richness in the data collection. By providing a platform for the voices of these women to be heard, and for themes between the narratives to be revealed, a better understanding of the experiences of visibly tattooed therapists is provided. This information is important to the field of social work because it enhances our knowledge of how the body of a therapist can be

used as a tool within the therapeutic alliance, and broadens the notion of what a professional looks like in the field.

CHAPTER THREE

Methodology

Purpose Of The Research

The purpose of the study is to explore the subjective and objective experiences of female clinical social workers with visible tattoos in order to gain an understanding of how the body of the therapist emerges, influences, and impacts the therapeutic alliance with clients.

Research Question

What are subjective and objective experiences of female clinical social workers with visible tattoos, and in what ways does this information inform us of how the body of the therapist emerges, influences, and impacts the therapeutic alliance with clients?

Research Design

Description of the research strategy.

Due to the lack of information on the topic, and a desire to reveal a deeper understanding of the phenomenon and its subjective meaning, this study used an exploratory research design. To allow for the needed flexibility to follow unexpected ideas during research, explore processes effectively, have sensitivity to contextual factors, and the ability to study symbolic dimensions and social meaning, a qualitative methodology was the most appropriate methodology to undertake in this exploratory study.

The method used for sample selection.

The study used purposive sampling where "selecting a sample [is] based on your own judgment about which units are most representative or useful" (Rubbin & Babbie 2010, p.148).

However, as the study progressed, additional participants were recruited via snowball sampling. Snowball sampling is “a nonprobability sampling method used when the members of a special population are difficult to locate. Each selected member of the target population whom one is able to locate is asked to provide the information needed to locate other members of that population they happen to know” (Rubbin & Babbie, 2010, p.149).

Description of the data collection instrument.

The study used individual interviews using unstructured, open-ended questions. Interviews were collected over the phone and recorded using Google Voice, or in person using a personal digital recording device. The interviewer used an interview guide (See Appendix A) to guide the interviews. Nine questions were used to guide the interviews, although further exploratory questions arose during the interview process to collect more depth in participant responses. The guiding questions are as follows:

1. In what ways have you experienced your visible tattoos playing a role in conducting therapy?
2. Do you have any examples to share?
3. Do you notice yourself controlling when, and with whom, you show your tattoos to in therapy?
4. Do you notice yourself controlling when, and with whom, you show your tattoos to at work with colleagues?
5. How does having visible tattoos change your perception of the ways with which you form therapeutic alliances with your clients?
6. Do you have any examples to share when your visible tattoos influenced the subjective/objective experiences of clients?

7. How do your visible tattoos influence self-disclosure? Countertransference/transference? Boundaries?
8. What role does gender play in regard to being a clinical social worker with visible tattoos?
9. Is there anything else you would like to add?

Sample

A total of nine women from all over the United States participated in this study. The ages of the women who participated in this study ranged from twenty-six to fifty-nine. Seven of them identified as Caucasian, one as Native American, and one as African American. The total years of experience as a social worker varied from four to twenty-five years. Eight were licensed social workers, and one had her doctorate in psychology. These women worked in numerous settings including: substance abuse inpatient treatment, supportive housing, outpatient mental health, child protective services, and private practice. The number of tattoos that the women had varied from four tattoos to over fifty hours of tattoo work, and their artwork covered areas of the body such as feet, back, thighs, calves, wrists, shoulders, forearms, chest, neck, and hands.

These women were selected to participate in the research because they were all licensed clinical social workers with visible tattoos. The inclusion and exclusion criterion for the study was as follows:

Inclusion criteria

- Gender identity: Female
- Age: 18 years or older
- Race/Ethnicity: Any/All
- Tattoo: At least one visible tattoo on the neck, hands, forearm, chest, or knee to foot.

- Affiliation of participants: Any/All female licensed clinical social workers that are currently practicing individual therapy.
- Geographic location: United States.
- Language: Must be fluent in English as researcher does not speak other languages and will not be using a translator.
- Access to internet or phone: Must have access to a phone or email

Exclusion criteria

- Gender identity: Male
- Age: Under the age of 18
- Race/Ethnicity: None
- Tattoo: No tattoos on the neck, hands, forearm, chest, or knee to foot.
- Affiliation of participants: Males and females who are not licensed clinical social workers and/or not currently practicing therapy.
- Geographic location: Outside of the United States
- Language: Not fluent in English as researcher does not speak other languages and will not be using a translator.
- Access to internet or phone: No access to phone or email

Participants were recruited until researcher noticed themes being repeated in the interview content, and recognized that additional participants would not further support depth in data findings.

Data Collection

Procedures used to protect participants.

The researcher personally transcribed the audio recordings of the interviews. The researcher transcribed the recordings electronically and stored the data securely in a separate folder on her computer with password protection. It was not possible to guarantee anonymity in this study, as during the interview, the researcher had face-to-face contact with the participants.

Confidentiality was maintained and no identifiable information of the participants was shared with anyone. All identifiers were removed from the data before the data was shared with the researcher's advisor (Jo Rees, Ph.D.). All presentations and publications will be shared in such a way that the participants will not be identified, as data about participants will be presented as group themes. Illustrative vignettes and quoted comments were disguised. All data was removed from the researcher's computer onto a USB (Universal Serial Bus) flash drive and stored securely within her home. All data will be kept secure for three years as required by Federal regulations, and after that time they will be securely destroyed.

All participants were given, and signed, an informed consent document (See Appendix B) outlining confidentiality procedures. The signed copies of these documents have been stored in a sealed envelope along with the flash drive containing the data securely within her home.

Steps of the data collection process.

The following steps describe the process by which data was collected for the research.

Step-one: the recruitment letter and flyer.

The flyers were two-sided. The front was an image that represented the artistic nature of tattoos with the aim of catching the interest of potential participants (See Appendix C). The back of the flyer was the recruitment letter (See Appendix D) explaining the purpose of the research,

the eligibility requirements, the voluntary nature of participation, confidentiality, the benefits of participation, and the researcher's contact information.

Step-two: post flyers.

Flyers were posted within List-Serves and blog forums. List-Serves include Social Work World and CCSF-Drug and Alcohol Studies, which are both List-Serves for social workers with a focus on clinical applications. Tattoo Blogs included: www.tattoosnob.com, which is a site based in New York City; www.bmezine.com, which is one of the nation's largest online body modification communities; and www.lastsparrow.tattoo.com, a blog site for tattoo collectors, artists, and individuals interested in tattoo culture. Additionally, flyers were posted on the Facebook 'walls' of the National Association of Social Work-New York Chapter, Social Work Today Magazine, and California Social Workers pages.

After the Human Subjects Review Committee at Smith College School for Social Work approved the research and the recruitment flyer (See Appendix E), the researcher made a personal webpage using Google Sites. This site displayed both sides of the recruitment flyer as well as contact information. Having this site provided a way for the flyer to be distributed beyond list-serves, blogs, and Facebook.

Finally, the researcher sent the flyer and recruitment letter via email to individuals recommended to the researcher by participants and colleagues. The emails included both sides of the flyer as well as the recruitment letter (See Appendix D) in the body of the email.

***Step-three: initial contact*.**

Initially, potential participants made contact with the researcher via email. Although a telephone contact was provided, no potential participants contacted the researcher by phone. Upon receiving an email, the researcher returned the potential participant's email, answered any

questions they had, explained the research in further detail, and explored with them if they met the eligibility requirements. After interest in the study and eligibility for participation was confirmed, the interview date, time, and location were set. When potential participants were interested in proceeding with an interview over the phone, they were provided with a Google Voice number to contact the researcher, and it was explained that this number allowed for the interviews to be recorded and stored electronically.

Step-four: interview.

Participants were interviewed both over the phone and in person. For the one interview that was held in person, a quiet and private location was decided upon between the researcher and participant. The location aimed to maintain confidentiality as well as take in to consideration the participant's transportation needs, making it safe and easy to access for both parties.

The over the phone interviews were conducted using a free service called Google Voice. This service allowed for incoming calls on a generated phone number to be recorded. The participants were given this number in step-three. At the start of the interview, the interviewer reminded the participant that the conversations would be recorded, and informed them that the Google Voice service produced an infrequent beeping sound throughout the interview to remind the interviewee that they were being recorded (See Appendix A).

At the end of the interview participants were thanked for their time and asked if they would be interested in seeing a PDF version of the completed thesis. All participants requested a copy of the study and provided the interviewer with the best email to send the PDF.

Data Analysis

Data from these interviews was analyzed using a grounded theoretical approach (Glaser & Strauss, 1967), and was guided by a feminist relational lens (Dietz & Thompson 2004; Sommers- Flanagan & Sommers-Flanagan, 2009; Young-Eisendrath, 1990).

The data analysis process began with the researcher transcribing each interview, and then reading through each completed transcript once before beginning initial coding. During initial coding the Grounded Theory Method was used to categorize narrative data into thematic groups (Glaser & Strauss, 1967). The transcriptions were meticulously investigated line-by-line in a process referred to as 'open coding,' in which the researcher highlights possible themes grounded in the actual text (Ryan & Bernard, 2003).

A second round of 'focused coding' was then done to identify themes that related to processes, actions, and assumptions, as expressed by the interviewee (Ryan & Bernard, 2003). After going through the coding process for each interview transcript twice, the interviewer connected ideas between interviews and discovered common themes throughout the data. The themes were then named based on actual statements from the participants and/or the interviewer during the interviews, and will be presented in the following chapter.

CHAPTER FOUR

Findings

Through the process of in person and over the phone hour-long interviews, nine women from all over the nation, from February to March 2011, decided to share their stories about being tattooed clinical social workers. Below are the themes that arose from the interviews. Most of which were taken as direct quotes from the participants.

Analysis

"The role that my tattoos play in therapy is complicated."

The women shared that their experiences were complex and multifaceted, and that they were often simultaneously sources of strength and hurdles to overcome, but that they were thoughtful about their tattoos. This section aims to highlight the themes that were the most repeated by the participants to reveal the great thought and care that these women bring to their roles as female clinical social workers with visible tattoos.

"You're not the normal social worker; you're not like the rest of them."

Participants discussed the idea that being a female social worker with visible tattoos not only challenges the societal perceptions of what it means to be a social worker, but also how their professional identities contradict the stereotypes surrounding visible tattoos. "You sound smart, but then you have these tattoos so it is just the stigma of tattoos…like you are just not supposed to have them." As discussed in the following quote, the women expressed pride from this identity and a sense of empowerment from redefining what it means to be a professional social worker:

> It made me proud that I was able to pull that off. I like being able to change the stereotype that people have of it [tattoos]. … I have had people tell me before that, "most people with tattoos, I wouldn't think of them like you." …I like proving people wrong. Just because people have tattoos doesn't mean they are a bad person, or that they are unprofessional, or unintelligent. There are lots of stigmas regarding tattoos. They think that only gang members, you know the old stereotypes, and sailors and bikers have tattoos. Horrible things about people with tattoos and then I break the mold.

This participant expressed confidence in her ability to combine these two seemingly opposite identities and redefine both. She described how, in her experience, that tattooed people are viewed as unprofessional, dangerous, or stupid, and that by being a clinical social worker she is able to reveal that such stigmas are not always true. Because of the stigmas surrounding tattoos, the women shared stories where they were received with shock that they could be both social workers and tattooed. "I think that they wouldn't expect a social worker or a therapist, they think of us as maybe a square, and that we wouldn't have a tattoo." Across interviews, the women highlighted this notion that being a tattooed clinician combines the dangerous and the helpful, the intelligent and the unintelligent, and the unprofessional and the professional:

> I'm sure there are people, who think that people with tattoos have certain types of jobs, ride motorcycles, sing in a band, or drive trucks or whatever. They don't associate having a lot of tattoos with having a professional job. So they are thinking, "Wow you have tattoos. Why are you a social worker?" … So, if someone sees you they think that you aren't going to be a professional.

> I think that goes along with challenging ideas of what it means to be professional; what it means to be a professional woman. I think some people have certain assumptions of what therapists are like, or what they are going to be like. …Probably this quiet, soft spoken, and maybe even scientific mindset, and other people think of it as maybe even humble or meek. I think for a lot of people tattoos represent the opposite of that.

These women discussed how they walked the line between identities and find power from it. They shared experiences where this 'on the fringe' identity allowed them to connect with their clients in way 'normal' social workers were unable to. One woman told me that her clients would tell her that "you're not the normal social worker; you're not like the rest of them." From

these interactions with her clients, she felt they were saying to her that she understood them in ways the social workers they had met before could not. "I'm assuming from the conversations I have had with them that they view social workers as boring, very clean cut looking, no tattoos, very... plain. I think that a lot of the kids think that the quote unquote 'normal social worker' won't understand them, won't get them, and want nothing to do with them."

Participants stated that their tattooed skin spoke without words, and that it is their choice of how it is presented that is of importance. The interviews focused on how these women navigated being tattooed within the therapeutic alliance. This role brings strength to the women, and a hyperawareness to how their physical self influences their role as a social worker. The remaining themes that arose from the interviews reveal the challenges these women face and strengths they gain from not being “like the rest of them.”

Concealing and revealing: navigating social stigmas.

The women who were interviewed were aware that in sessions with clients, or meetings with coworkers, their tattoos could negatively influence the way people viewed them:

> I try to be sensitive. I have never had anyone directly tell me that they were uncomfortable with them [her tattoos] or that they caused them to question seeing me for therapy or anything. So, I’ve never been 100% sure if that would be an issue for people, but I want to be sensitive, just in case.

Understanding that the stigmas around tattoos are real and could influence the therapeutic alliance, participants talked about their methods of hiding and/or revealing their tattoos:

> Usually the first time I meet with someone [a client] I cover them [her tattoos]. I cannot cover the ones on my wrist ever, but I cover the ones on my arms because I want the person to get a sense of me first. Just in case it is someone who might not be comfortable with them [her tattoos].

> [I would hide my tattoos if] I was meeting with someone and I wanted to make sure I seemed like I was a respectable person. That is a stereotype, I know, but they are still there.

> It became very clear to me that the clients I was working with had real ideas, and real prejudices against women who had tattoos. Also some of the women I was working with were very triggered by tattoos because a lot of the women who I was working with had been victims of domestic violence, and for a lot of people tattoos can be a trigger for flashbacks and PTSD. Usually there is a visible tattoo, or *often* it is a visible tattoo, that a woman will focus on to kind of dissociate when they are being assaulted sexually. So there were a lot of different reasons for me to not show my tattoos.

These women recognized that their tattoos can be perceived negatively and therefore are strategic in how they manage them with their clients. Although, in every interview it was made clear that these women felt most judged and pathologized from their colleagues, not by their clients. "I am also surprised that it is our clients that are accepting, and our colleagues that are not; our peers." They shared numerous stories of being given the "Why are you covered in tattoos?" look, and being told that they could not be a therapist because of their tattoos. They expressed being worried about what this meant for clients working with social workers who they felt judged by:

> I have no problem with my client's seeing my tattoos, but with other professionals, yeah I do. Even people that I might be close with I hesitate to show it. … If they think negatively of me, that is their issue and not mine. … This is important because then you can go one more step and say, "how do those colleagues then view a person who has tattoos?" …Well then if they are judging me, and they know me, then they might be judging their clients just based on the fact they have a tattoo. …I don't know though if it transfers over into their work. I don't know if it does, but to me, the way that they react to my tattoo, instead of being like, "Hey I like your tattoo," or, "Tell me about your tattoo," they are looking down their nose at you.

The participants communicated that the negative judgments they experienced around their tattoos forced them to develop the ability to sense if it was safe to show their tattoos in the work place:

> With this job, I don't know, I just get the vibe. I haven't even asked, but I get the vibe that we are supposed to look professional in this way. So it is really like kind of an intuitive feeling things out you know? And it is less for my clients and more for the managers of my program; my bosses.

They talked about how they picked up on subtle cues that made their peers uncomfortable if they showed their artwork. "They will sometimes say, and they will try to say it in a joking way, 'You

wear a jacket today?' and I'm like, 'No, its hot!' and they are like, 'Oh.' They said it like they are implying that I need to be wearing a jacket because I am showing my tattoos." Sometimes the women expressed getting messages from coworkers that were not subtle:

> I asked my supervisor how do people receive people with tattoos, and how does he feel about people who have tattoos? And he said, "Let me put it to you this way," I remember it like it was yesterday, "Let me put it to you this way, if people here have tattoos I wouldn't know it." That is how he said it… So he made it very clear that I wasn't to show my tattoos or anything like that.

These women voiced moments when they received clear messages that being tattooed meant that you could not be a professional:

> I say that because it [visible tattoo] is against professionalism. That is what we are taught. From the get go even as kids we are taught that professionals are doctors or lawyers, and they wear suits, and they wear lab coats, and they are prim and proper. You never see the professional with a sleeved tattoo arm. You don't ever see that. …I've heard people say that it is going to affect how you're viewed as a professional.

The women talked about feeling as though their professional roles and their capabilities were constantly questioned, and that their every moved was closely watched:

> I would notice that people would be really, really, really, observant like to see what I was doing. Even if I was in a meeting and I'm sitting there, they would be sitting there to see exactly what I am doing. Like when it is my turn to talk, what exactly am I going to say? Because once I started they would be able to determine if "Is she just a ghetto chick with tattoos or is she actually really smart and just has tattoos?" People are usually startled. It makes me feel judged, or pre-judged, like people are really going to be on the edge of their seats waiting to hear what I say.

Participants explained how this close scrutiny forced them to develop coping strategies to protect themselves and their professional identities. Like a shield, the women often carried clothing to work that would hide their tattoos and keep the focus on the clinical work they did, not on their skin:

> I always have a cardigan with me. I don't wear sleeves above my elbows usually, but my tattoos do go below my elbow. You know, casual days my arms will stick out much more than other days. I understand the setting; you know I go to court with the kids on a regular basis. In court initially I was much more conservative about covering my tattoos,

> but my feet show at all times and they are both done. … I was very conscious of it at first when I got the job, but as I have become more well known in our agency it's become less of a concern. Because they know it is not about what I look like, or what they perceive about what I look like, it is about the work I do.

The women articulated that the constant awareness that their visible tattoos could undermine their colleague's trust in their professional abilities did not stop in the work place. The women discussed often feeling marginalized in the academic realm as well.

> I always wore an oxford, something 3/4 [sleeved] because I saw the way that my professors were pathologizing me. Just last year I went to a conference on self-harm and one of the lecturers actually referenced tattoos at the same time that they were talking about cutting and burning. [Professors were] looking at me and thinking, "Oh that poor woman, or that poor girl." Also you can't be a woman, you are a girl …a woman wouldn't deface herself.

Although these women shared that they felt as though they were at times perceived as unhealthy, and had their competency and professionalism reduced, this is not to say that they were helpless victims. Instead, the women's experiences painted a picture of individuals who had learned to take great care and integrate a unique tool into their practice.

"I am my own person and I am going to do what I want with my body."

The participants voiced feelings of empowerment arising from being a tattooed woman:

> That we are supposed to be passive, submissive, and I think tattoos sometimes show that we're a bit hardcore. We are not that tiny little creature that people think we are supposed to be. ... I am my own person and I am going to do what I want with my body.

The women brought up many aspects of how gender played a role in how their tattoos were perceived by society. From which areas of the body they felt were viewed to be more feminine (and therefore less threatening), to feeling as though tattooed men faced less stigma:

> I think that being a tattooed female in the social work workplace is very different compared to my male friends who have tattoos in the workplace. Most people accept that most guys have tattoos or what not. So it kind of does give an image because…they think that girls who get tattoos are tough or mean, and then they meet me and I'm not that at all. It adds a little, it gives me something different…it's just been really helpful for me because it is one more thing that I can identify with them on [female clients].

This participant's feeling of being as though her tattoos enabled her to connect with her female clients in a special way was one of the most prevalent themes throughout the interviews:

> Living in a female body, in a patriarchal misogynist culture, is a marked status; and then if you want to pile on top of that, if you choose to, which I did obviously, having piercings and tattoos and looking different than that again is a double whammy you know? … I think that tattoos for me have been a process of reclaiming how I choose to represent myself to look different in ways that are appealing to me. That I create an appearance for myself through body modification, fashion, and style, that is intentionally against the status quo. There is power in that, there is a lot of power in that…And hopefully I can bring that back to the clinical work I do. That in some way it can help with rapport building, and relational stuff like that. Maybe it can also model to the women that I work with that we are able to create our own power, and put the locus of control back in ourselves instead of on the outside. So, if I am showing up for group therapy to a room full of women who have long term substance use issues, serious trauma issues, and serious powerless issues, and I look different… I am modeling for them by being in my own body, and being in my own power. That is therapeutic work. I think that is a huge part of what we do.

Participants conveyed feeling that in a sexist society where a woman receives multiple images of how they are to look, feel, act, and take care of their bodies, tattoos put the source of control back onto the individual woman. The participants spoke to how they feel their tattoos can be signs used to model feminine strength and communicate empowerment, health, and love of oneself to their clients. The ways that the women used this strength, and how they modeled it within the alliances they formed, was diverse. The connections they built, the control over how much of themselves they allowed to enter the relationship, and how they maintained a relationship based on therapy, were experiences they shared.

Rapport, self-disclosure, and boundaries.

Most participants explained that during their careers they felt as though their tattoos supported the building of rapport with their clients. "It's just been really helpful for me because it is just one more thing that I can identify with them on." The idea was that visible tattoos made them seem more genuine or real. "They [clients] kind of look at me like more human, more down

to earth." This idea was then connected to experiences of feeling as though their tattoos made them more relatable, and therefore their tattoos supported rapport building with their clients. "I'm a real person just like you. It could be helpful showing that you are a person with a real life." The women shared that rapport building was helped by visible tattoos because they felt the tattoos minimized the power difference between therapist and increased safety in the relationship:

> Yes, I think it is important [to show tattoos] in the process to build that safety for the patient. Because it is allowing them to be more comfortable and confident in who they are…I have tattoos and they show. I think that can help with some patients. …It kind of helps give them comfort because they always think they are by themselves and that they are the only one who feels this way. … I think that the people that are still classified as a freak or whatever; they feel alone. They are already feeling isolated because of their mental illness…So on a level it [tattoos] creates a comfort that, "Hey there is someone else and it is kind of cool that they are sitting in that chair talking to me." I have had people actually say that to me.

The participants relayed that having an ability to connect with their clients without using words broke down layers of the power dynamic between therapist and client.

> I have actually found it to help. … The patients, the ones who comment on them, I think it helps with rapport and kind of gaining some trust. … I found that it helps because even though we are professionals, we are still humans and we still have our own style, and we are our own people. I think that helps with some of the clients that are more guarded and distrustful of professionals.

Being more open, more genuine, and more relatable is part of rapport building, and is also closely linked to self-disclosure. The women spoke to the idea that how much of one's self a therapist chooses to let enter the room is individual to the therapist, and that it is unique to the relationship and requires thought. "It [showing tattoos] is kind of a way of self-disclosing that may help the therapeutic relationship. That is the way I look at it. So if I need to I'll do that [let her tattoos show]." It was not the norm that the women let their tattoos show all the time. The stigmas mentioned earlier are very real, as is the tradition of the therapist being a 'blank slate' and not bringing themselves into the room. The women talked about navigating the process around

revealing their tattoos, and that they often did not disclose their tattoos to make sure they did not impact the relationship:

> They could say that about anything, tattoos or whatever, but there is something about that, personally for me, it is putting my thoughts out there. That's what it is, putting my thoughts out there that is risky for me. And I don't want my shit to influence other people… So I don't want to put too much of myself out there [by letting her tattoos show].
>
> And so, although I think a lot of people do get tattoos to be seen, they are much more for me, and they are my story. They map out my story. So it is very difficult for me when clients ask to see my full sleeve. They want me to pull up my clothing sleeve. So that is what I notice the most. That happens pretty much every time a new client sees my tattoos. They will eventually ask. It definitely is almost too much [self-disclosure]. I am very kind of old fashioned and kind of traditional in how I see the therapeutic process.

The decision to show one's tattoos in therapy sessions was not spoken about lightly or mentioned without showing a great amount of thought put into the process. Most of the women spoke about having rules for when to show them or not show them. The first session was one where the opinion of the participants differed. Many of the women thought that this is when they needed to hide their visible tattoo the most. One participant shared that she recently started to show her tattoos in the first session because that was the session where the most information is gathered; where both the client and the therapist are getting to know each other, and when they are deciding if they want to work together:

> In my private practice I have very specific rules for myself. I have been really challenging myself to show a very small amount of my sleeve in the first session when introducing myself and going through all the emotions. That is the session where that person is really giving you a lot of information. It is kind of an information gathering session. I find people are a lot less likely to make comments then, than after they get to know you and relax a little bit. … So I've been noticing that that has been working really effectively. Where if they meet me, and they see that I have tattoos, but they don't feel comfortable enough to question me about it. I've done this with four people now and none of them have said anything about it, if you can believe that.

Her surprise that no one said anything about her tattoos brings to light how often people do say things about the tattoos. The clinicians had to sense out whom they were talking to because they

did not want their tattoos, their self-disclosure, to derail the session or for their tattoos to become a distraction or misinterpreted. "I probably purposely wear clothes that don't show them. Depending on what I am doing that day. … Just because I don't want to take the chance that it could distract or make an impression I don't want." The way that the participants spoke about sharing their tattoos was similar to the way that they saw all forms of disclosure. Sharing their tattoos had to be done thoughtfully with the best interest of the clients in mind. Furthermore, self-disclosure was viewed as a personal choice, defined by each clinician around what they feel comfortable with and what they felt allowed them to maintain an alliance with their clients:

> That really comes in time. It is just like learning about self-disclosure. At first you are like "Oh crap I should have never done this. I should never do this. This is something that should never be done!" You know? Depending on who teaches you about it. But then, some people will tell you, "Look hey, it is okay to do this sometimes if you think it is something that is going to assist you with this client." So I think it is the same thing. It is something that you learn along the way and you find a balance. You kind of have to.

Not only did these women put careful thought into choosing whom to disclose their tattoos to, they also talked about how it could be seen as respectful to share with their clients because their clients are sharing so much with them. "I feel way more comfortable giving a little of myself (showing tattoos) to my clients in exchange for what they are giving me." It was a safe form of sharing because it was deliberate. Self-disclosure is a part of boundaries between therapist and client. The participants discussed how the information in their personal tattoo narrative, the story behind the tattoo, was what made sharing their tattoos self-disclosure. It was this information that made them think about if they wanted to share their tattoos, and if they did, how they would share them:

> I've developed over the years different ways to answers those [questions about tattoos] just depending on my comfort level. So they're maybe certain tats that have more personal meaning; so I do not share those with most people and I have developed vague

> responses to those questions. Then [there are] others that are more about interests, or visual images that I'm drawn to, so I'm really comfortable talking about those.

The woman's approach to therapy played a role in how she felt about boundaries, and therefore how she felt about showing her tattoos:

> In private practice they are choosing who they want to have that relationship with and thinking of it as a long-term relationship. So as I have been reading and talking to people … the idea that has come to me, and that has been working, is that the more you show yourself and a little bit about yourself, the more you will find people who fit better working with you.

This participant shows that she feels it is important to the alliance to share a little about herself and therefore show her tattoos. Another participant brings forth a political spin to why she has a certain view of boundaries and sharing her tattoos:

> I like pushing the boundaries. One of the things I equate it to is that a boundary denotes a fence. I kind of grew up with this idea; to think about this country and who started fencing it. It is a dominant culture that started fencing and putting up boundaries, and as a social worker I try to break down boundaries so people can heal. … Because over time, the longer and longer I was a therapist, I noticed that they are giving you all this information and what are you sharing? And I think that the sharing can be very therapeutic It can open you up to some therapeutic situations.

Throughout the interviews with the participants it was made clear that sharing their tattoos was a form of self-disclosure that, if used carefully, could be a useful therapeutic intervention.

Teens, drug addicts, women, and prisoners.

The impact that tattoos have on a clinician's development of rapport, self-disclosure, boundaries, and the ways their tattoos shaped a therapeutic alliance were linked to specific populations. The women shared feeling as though their tattoos enhanced their work with some populations more than others. Specifically, with teenagers, individuals who are struggling with a chemical dependency, women, and individuals who are part of the criminal justice system.

The women shared that their tattoos allowed them to talk about identity formation with teenagers and young adults:

> I think it is challenging their idea of what an adult is supposed to be like, or what a professional is like. And that is a theme that comes up a lot when I am working with teens and people in their twenties. A lot of them are afraid that when you hit 30, who you are changes, and what you become is this boring and monotonous person wearing a suit to work every day or something. We talk about that a lot. That who you are stays the same, and you might express it differently throughout your life, but that you can still be creative and have interests that may not be mainstream, but that are not unhealthy. So I guess it is a way to have those conversations.

Participants said that using the conversation about how to be an adult, and what tattoos mean, was a doorway to other conversations with their adolescent clients. "They just bring it up and I am able to apply it to other areas of their life. …It helps them question, and identify other things. I think adults just get distracted by things." The women reported that these conversations were often discussions about healthy boundaries and impulse control; areas that teenagers are working with developmentally:

> It has helped me in individual [sessions]… and it has helped me as a mentor. To show them I know what they are going through; what's going on. We talk about placement and then it all comes back to what is important for their future. What will affect them; what they do now will affect them later. You know, educationally, job wise, making smart decisions, thinking things through.

With teens, the participants said that tattoos allowed for conversations about impulse control and decision making to arise, while with individuals struggling with substance abuse it was the concept of pain:

> Yes, because I am noticing their marks on their legs and I will say it, "Hey I'm noticing your track marks."… Then I will actually talk to them about the pain of the needle, and how they can withstand the pain of the heroin needle. How they withstand that pain, and then there is a discussion about what is going through their mind when they have to have their fix and stab the needle in their arm. So it can lead to a discussion.

With drug users, tattoos provided a normalizing affect where these therapists felt as though their clients did not feel judged by them because they had tattoos. "Working in substance abuse work I feel like it kind of gives me a little bit more credibility with my clients, and they think I may be a little bit more understanding."

The participants noted feeling that their therapeutic alliances with female clients benefited from having a female tattooed therapist with visible tattoos because it promoted feelings of connectedness:

> There is this woman, she told me she sees me as a role model and that she really loves that I am pretty heavily tattooed; that I am a woman, and that I am also a professional. To her that really speaks to how I can integrate my personal life with my professional life. So for her it's been really useful and really helpful in connecting. It just all depends on the person.

Some participants shared that in gender responsive work it is believed that women need less of a 'blank slate' and more of a relationship to heal, and therefore sharing tattoos can be a safe way for therapists to share themselves and level some of the power difference in the healing relationship:

> But a little bit of sharing yourself to demystify the “I'm the therapist and you’re my client, I’m the expert.” I think that can be therapeutic. … And that is where my style comes into play. I do use more of myself as apposed to old school blank slate. I have only worked in gender responsive work, so philosophically that is a huge piece for working with women, and women working with women.

The women explained that sharing of tattoo narratives lent to sharing of more personal content for the clients as well. The participants noticed that when working with the forensic population their tattoos allowed them to get more depth in their conversations when their clients saw their tattoos:

> When I have worked with prisoners and gone into prisons, they have the homemade tattoos. I can say ”Oh what does that mean?” and then I can show them mine if I have slacks on… Then I can get a context of when that happened, who did it in the prison, and what it means … So, it really has been an opener…you know you get lots of stories.

The participants noted that the sharing of stories allowed for them to collect information that they felt others without visible tattoos would not have access to as easily. The women said that they felt their tattoos gave them strength and an advantage when working with these specific populations.

"It is only fair."

Throughout the interviews I was reflecting on what it meant for me to be part of the community I was interviewing, if I should disclose this information during phone interviews, and if so how. I began to share this information when the participants began to ask if I was also tattooed:

> Participant: No, you did not miss anything, but do you have tattoos?
>
> Researcher: I do.
>
> Participant: Visible?
>
> Researcher: Yes, one, two, three, four, five on my arm…
>
> Participant: See! How nice!
>
> Researcher: Thank you for asking. You are the first person who has asked me, and I appreciate that.
>
> Participant: It’s nice to know that you are, for lack of better words, not an 'outsider' looking in at this 'other' community of social workers.
>
> Researcher: I am one too.

Through the interview process I realized that sharing that I was tattooed supported the creation of a safe space for the participants. I then reflected on my feelings of insult and disappointment that had motivated the research project, and how I did not want to perpetuate these feelings through my research. Participants discussed how, although it was complicated and impacted the objectivity of my data collection, my disclosure that I was also a tattooed therapist *was only fair*:

> Participant: I was just really excited when I read your [research] questions. I don’t know if you sensed how guarded I was when you originally contacted me. … It is very good for me to know that you are tattooed and that this is something that you struggle with. It is interesting because that is the definition of a 'me-this'; that you’re not supposed to know that kind of thing. Technically it is hard to have objectivity when you are interviewing people so much like yourself.

> Researcher: I had to decide from the get go that I was going to share that I was tattooed as well.
>
> Participant: Yeah, there has to be a certain level of self-disclosure, that's good.
>
> Researcher: Yeah, definitely, it is only fair sometimes.
>
> Participant: I think that that point, that it is only fair, really speaks to how marginalized females with tattoos are. …You know what I mean? It is only fair that you know this about me. We don't always celebrate it.

My being a part of the group that this study is looking at influenced the research process and outcomes. It meant that I was looking at the data from the inside out, from part of the community, and therefore may have missed aspects that someone who does not identify as a female clinical social worker may have seen. It also means that I was able to create a safe space to protect the participants, to foster a sense of community by confirming that these women were not alone, validate their experiences by showing interest in the topic, and finally present a platform for tattooed women to share their experiences.

CHAPTER FIVE

Discussion

This study aimed to explore the experiences of female clinical social workers with visible tattoos and their perceptions of how the tattoos influenced the therapeutic alliance. Tattoos played a complex, often two-sided, role in the participant's lives. Patterson and Schroeder's (2010) study on the comodification of the body notes how the social meanings assigned to tattoos are often contradictory and double-sided. They note that tattooing "marks and remarks a boundary that cannot be fixed," and is constantly moving between the dualities that we use to arrange our experiences and structure knowledge (Patterson & Schroeder', 2010, p.123). For example, the notion that tattoos are personal, yet they make one a member of the tattooed subculture. (Or that tattooing is simultaneously private and public.) The tattooed body is both subjective and objective; a personal identity project subject to external gaze (Oksanen & Turtiaine, 2005). Rosenblatt (1997) noted that when someone is telling their tattoo narrative, they go back and forth between the personalized meanings and the reactions of others. The paradoxical meaning of tattoos was an experience shared by all the participants in this study.

The women talked about feeling stigmatized and having their capabilities as a professional social worker questioned when they showed their tattoos. While at the same time, the women shared how being different gave them strength; and that they had to use this power carefully to only reveal their tattoos when they felt it was safe for both their clients and themselves. The women explained careful strategies of how and when they showed their tattoos, and revealed an awareness of their bodies that aimed to use the tattoos to best serve the needs of

their clients. All of the women who participated in this study shared the feeling that being a visibly tattooed female social worker is both an oppressive and empowering experience.

Oppression

Up to date the majority of the literature on tattoos supports the notion that tattoos are a sign of that something is wrong with the tattooed individual. It perpetuates negative images of tattooed people by labeling them as mentally ill criminals who hate their bodies (Benjamin & Dula, 2010; Birmingham, Mason & Grubin, 1999; Lemma, 2010; Post, 1968; Tate & Shelton, 2008; Tiggermann & Golder, 2006). Taking into consideration these depictions, it is not surprising that Swanger's (2006) study of tattoos in the workplace found that visible tattoos and piercings make getting employed more difficult. Many studies reveal that tattooed women are sick in some way. Women with tattoos are described as having personality disorders; specifically borderline, substance abuse, particularly heavy drinking, and histories of sexual abuse (Arya, 1993; Romans, Martin, Morris & Harrison, 1998; Swami & Furham, 2007). The history of tattooed women is a history rooted in the idea that a woman's body is the property of a man and that its purpose is for male desire (Braunberger, 2002; Atkinson, 2002).

The women interviewed were very aware of the stigmas that people have around tattoos. As discussed in the interviews, this awareness led them to create methods and rules for when and with whom they showed their tattoos based on personal safety and the safety of the therapeutic alliance. They shared that they hid their tattoos from coworkers, professors, and clients, and that they felt the most negatively judged by colleagues. Furthermore, because of the stigma attached to tattoos, these women expressed concern that at times their tattoos could distract, trigger, or impact the ability for clients to trust them, and therefore they would be cautious to reveal their artwork to their clients. Additionally, the women hid their tattoos during initial meetings with

clients, which allowed them to gauge how much it would negatively impact their rapport. The stigma of tattoos set them apart from other social workers, and some of the participants expressed pride in their difference. The use of the associations of "not the normal social worker" gave some women the feeling that they were more able to build rapport with the populations that shared the 'deviant' social status.

This study showed that the women interviewed experienced the negative views of women who are tattooed, particularly in the work environment. They discussed how they developed professional identities around attire that allowed them to control the ability to conceal and reveal their tattoos. They emphasized that the more "professional" the setting, such as court and staff meetings, the more hid their tattoos. They shared that they felt their male coworkers did not have to worry about their tattoos as much because not only are tattooed men more socially accepted, but that male work attire is less revealing and therefore more easily covers the tattoo. Furthermore, the women expressed feeling that their tattoos went against social norms of femininity, and that this contradiction led coworkers and clients to see them as: less professional, wild, unintelligent, inappropriately sexy, ghetto, abnormal, or psychologically unstable. These negative views felt by the women echo the literature surrounding tattooed women.

Empowerment

The literature says that some women find strength in their tattoos. That they use the tattoos to cope with trauma (Conners, 1992; Reyntjens, 2002), that tattoos are a way for women to take ownership of their bodies in a society that provides them limited definitions of what an attractive woman looks like, (Atkinson, 2002; Braunberger, 2002; Person, 2003) and that this ownership leads to positive self-image (Muffin, 2001).

Supporting the literature, the participants shared that their tattoos helped them to overcome hardships. This research shed light on the fact that the personal growth from overcoming hardships gave the women confidence in life and as a therapist, and that the women saw their tattoos as a way to model healthy development for their female clients. It was the idea that without words they were showing their clients that it is possible for women to be successful and confident in various shapes, sizes, and colors. This self-awareness shaped the alliances the women made with their clients.

Research has shown the quality of the therapeutic alliance is directly related to the effectiveness of the treatment (Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000). The therapist's experience, their countertransferance, has an influence on the forming of a therapeutic relationship. When the therapist perceives the relationship to be positive, most often so does the client, and that if a therapist is in tune with their countertransferential experiences then they are more aware of the shared experiences occurring within the therapeutic alliance and are able to use these experiences to guide their interventions (Auerbach & Kilmann 1977; Heimann, 1950; Parlow, & Goodman, 2010; Racker, 1968; Winnicott, 1960).

Boundaries and self-disclosure are two ways that a therapist can decide to use themselves and their countertrasferencial experiences within the forming of the alliance. Establishing and maintaining boundaries within the therapeutic alliance define the relationship as safe, promote exploration within therapy, and protect the relationship, client, therapist, and psychotherapeutic process (Peternelj-Taylor & Yonge, 2003; Smith & Fitzpatrick, 1995). Feminist psychotherapy stresses the importance of the therapist use of self, including their physical bodies, to establish a therapeutic relationship based on mutuality and empowerment (Sommers-Flanagan & Sommers-Flanagan, 2009). Within relational feminist theory, growth is seen as the movement toward being

connected rather than toward individualization, (Jordan, 1997; Bergman & Surrey, 1997) and the therapist is seen as open and human with their clients (Sommer-Flananagan & Sommer-Flananagan, 1997).

Feminist relational theory is what best describes the shared experiences of the women interviewed. The women talked about using their tattoos to share themselves with their clients with the goal of mutual empowerment to aid in healing. Most participants shared that they hid their tattoos initially because they understood that there is a social stigma around tattoos, and that the initial alliance built can be a predictor for the success of the therapy. By hiding their tattoos they were reducing the amount of self-disclosure getting in the way initially, as well as making sure it was safe for them to share that information. The tattoos were unanimously seen as a form of self-disclosure and a way to navigate boundaries. They expressed an awareness to use their tattoos tactfully with the aim of strengthening the alliance. The women did not want to disclose too much or set a porous boundary, but instead wanted to make sure they used their tattoos in a way to make their clients feel seen, safe, and understood.

The women's tattoo narratives were filled with themes of overcoming hardship, strength, protection, and reclaiming their bodies. They shared a hope that this strength permeated their therapy sessions, allowing them to be role models to those who have overcome hardship. They shared that their tattoos had helped them build rapport because they felt their clients would then see them as more human, complex, more understanding and relatable, and more trusting. This use of self allowed them to have conversations that they felt they may not have been able to have without tattoos, and that it gave them credibility with hard to reach populations.

Summary

The themes that arose from the narratives of these nine visibly tattooed, female clinicians provided useful information for the field of social work. The findings provide insight to the simultaneously oppressive and empowering nature of being a female clinical social worker with visible tattoos, and furthers the understanding of how the therapist is in the relationship with the client beyond her verbal presence. The themes presented in this study offer empirical data as to how the therapist can engage in a therapeutic alliance without the use of words, and the importance of being aware of how the physical self of a therapist emerges in the therapeutic alliance.

Limitations of this study include the lack of diversity in the participants, the small sample size, and generalizability of the findings. The fact that all the participants had to speak English left out many women whose voices could have added to the results. The fact that all the participants were female left out the male experience of being a tattooed clinician. This information could enhance the understanding of how being a visibly tattooed therapist influences the building of a therapeutic alliance. Additionally, these findings were related to a very specific experience from a small number of women. Although the findings reveal information about how the therapist's physical self emerges in the therapeutic alliance, these findings were linked to the unique history of tattooed females making it difficult to generalize the results.

Overall, this study was the first look at a contemporary issue that needs further investigation. Further research needs to be done to uncover the stigmas of tattoos within the field of social work. An understanding why these women felt most subjugated by fellow social workers could provide insight to how social workers view each other, and why it is that perhaps

we have less compassion for each other and more for the individuals we serve. This study and its efforts to present the voices of the shrink with ink is just the start.

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APPENDIX A: INTERVIEW GUIDE

Before we start the interview I want to make sure you don't have any questions regarding the informed consent form you signed. You understand participation is voluntary an all efforts to protect your confidentiality will be made.

(If doing phone interview) I also want to let you know that the internet recording program that I will be using aims to protect individual's rights around telephone conversations being recorded without both parties consent. In order to do so, the program produces an automated announcement at the start and at the end of the recording. In addition, there will also be a dull beeping that will occur throughout the recording to remind the interviewee that they are being recorded. I cannot hear this beep and apologize for any inconvenience this may cause for you during the interview. Please ask me to repeat myself if the conversation gets disrupted due to the beeping.

I am going to ask you some preliminary demographic questions first and then go into the questions that will require more detailed answers. Please stop me at any time if you need to take a break or if there is a question you do not wish to answer.

Demographics:
Your age today:
Race/ethnicity:
Total number of years working as a clinician:
Please briefly describe the clinical work you are currently doing:
What is your clinical license in?
Total number of tattoos or hours of tattoo work:
Number of tattoos that are visible:
Location on body of visible tattoo(s):
Age of first visible tattoo:
Age of first tattoo:

Questions

The focus of the next set of questions is to explore how you have experienced your visible tattoos within the development of therapeutic alliances.

1. In what ways have you experienced your visible tattoos playing a role in conducting therapy?
2. Do you have any examples to share?
3. Do you notice yourself controlling when, and with whom, you show your tattoos to in therapy?

4. Do you notice yourself controlling when, and with whom, you show your tattoos to at work with colleagues?
5. How does having visible tattoos change your perception of the ways with which you form therapeutic alliances with your clients?
6. Do you have any examples to share when your visible tattoos influenced the subjective/objective experiences of clients?
7. How do your visible tattoos influence self-disclosure? Countertransference/transference? Boundaries?
8. What role does gender play in regard to being a clinical social worker with visible tattoos?
9. Is there anything else you would like to add?

APPENDIX B: INFORMED CONSENT FORM

February 2010

Dear Potential Research Participant,

My name is Caitlin McInerney and I am a MSW student at Smith College School of Social Work conducting qualitative research for my master's thesis. The purpose of my research is to explore how female clinicians who have visual tattoos perceive the influence of their tattoos on the building of therapeutic alliances.

As a participant you will be asked to engage in an hour-long interview with me that will be audio recorded and then be transcribed by the researcher. Participants must self-identify as female, be a social working in clinical practice with an MSW and eligible for licensing who currently does individual therapy as part of their work and whom has visual tattoos. For the purpose of this study visible tattoo is defined as tattoos on the hands, fingers, the forearm, below the knee and the feet, collarbone, neck and face. If you fit these requirements, participate in the interview and your transcription is used you will be asked sign a confidentially pledge.

There are minimal risks associated with involvement in this research, the most being emotional discomfort or stress that could potentially arise during the interview. As a clinician it is assumed you are aware of local resources if such discomfort arises, though a list of referrals can be presented if requested. There is no monetary compensation for participation in this research although all participants will be given a bound hardcopy of their transcript in appreciation for their participation. Further benefits of participation include the broadening of culturally understanding of what it means to be a female who is tattooed in the clinical field and a better understanding of how our bodies are tools for building therapeutic alliances.

Confidentially can be reasonably provided in this research. Advisors to my research will have access to the data for this study. Confidentiality will be maintained to the extent possible through the chosen location of the interview that is decided on an individual basis depending on participants concerns and transportation needs. The recording will immediately be uploaded to researcher's personal computer that is password locked and stored securely in interviewers home. No outside transcriber will be used. All data (notes, tapes, transcripts, etc.) will be kept in a secure location for a period of three years as required by Federal guidelines and data stored electronically will be protected. If the data is needed beyond the three year period, they will continue to be kept in a secure location and will be destroyed when no longer needed.

Participation in this study is voluntary. You may withdrawal from the data collection process and may refuse to answer any question. Furthermore, for up to two weeks following the interview

you may contact the researcher by phone or email and have your interview transcript removed. At that time all materials pertaining to you will be immediately destroyed. If you have any additional questions or wishes to withdrawal please contact researcher through contact information listed below. Should you have any concerns about your rights or about any aspect of this study, you are encouraged to call me or the Chair of the Smith College School for Social Work Human Subjects Review Committee at 413.585.7974.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Participants Signature Date

Researchers Signature Date

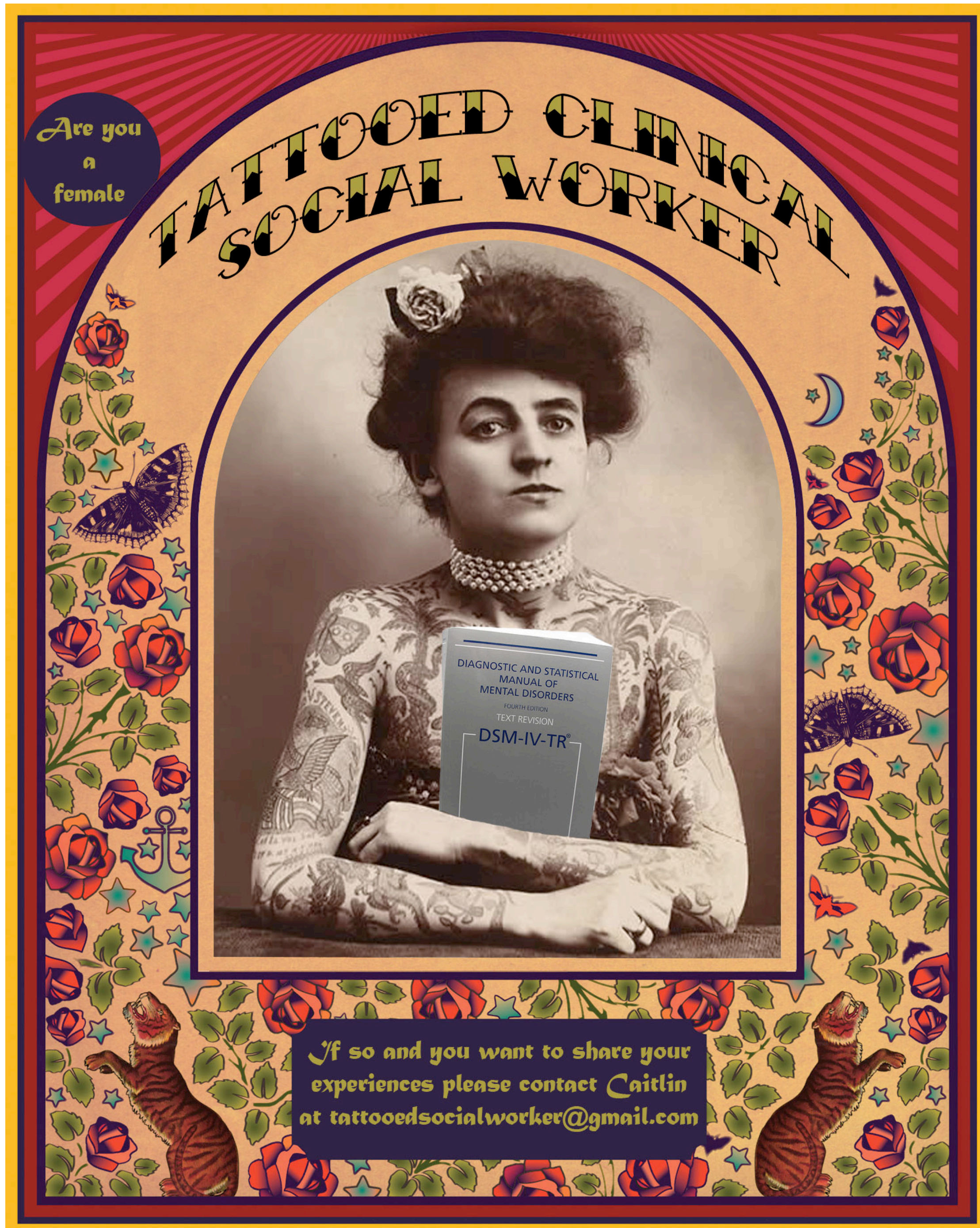
Please keep a copy of this form for your records.

Thank you for your time and I look forward to continuing to work with you.

Warmly,

Caitlin McInerney
Brooklyn, New York

APPENDIX C: RECRUITMENT FLYER FRONT



APPENDIX D: RECRUITMENT LETTER/ BACK OF FLYER

Dear Potential Research Participant,

My name is Caitlin McInerney and I am a MSW student at Smith College School of Social Work conducting qualitative research for my Master's thesis. The purpose of my research is to explore how female clinicians who have visible tattoos perceive the influence of their tattoos on the building of therapeutic alliances.

As a participant you will be asked to engage in an hour-long interview with me that will be audio recorded and then be transcribed. Participants must self-identify as female, have an MSW or PhD in Social Work, be a clinician (licensed or working towards licensure with at least one year of experience practicing individual therapy) and have at least one visible tattoo. For the purpose of this study, a visible tattoo is defined as any tattoo on the hands, fingers, forearm, below the knee, feet, collarbone, neck and face. If you fit these requirements, participate in the interview, and your transcription is used; you will be asked sign a confidentially pledge.

There is no monetary compensation for participation in this research, although benefits of participation include the broadening of culturally understanding what it means to be a female who is tattooed in the clinical field, and gaining a better understanding of how our bodies are tools for building therapeutic alliances.

If you or someone you know would be interested in participating in this research study please email me at tattooedsocialworker@gmail.com or call [illegible]

Thank you for your interest!

Caitlin

APPENDIX E: HUMAN SUBJECTS REVIEW APPROVAL LETTER

Smith College
Northampton, Massachusetts 01063
T (413) 585-7950
F (413) 585-7994

January 11, 2011

Caitlin McInerney

Dear Caitlin,

Your revised materials have been reviewed and all is now in order. We are now able to give final approval to your study. I must say, I loved the picture and can understand why you want it on your flier. It is great!

Please note the following requirements:

Consent Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project. It will be interesting to see how recruitment goes. I hope you find enough participants.

Sincerely,

Ann Hartman / lhw

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Jo Rees, Research Advisor