



Petter Gjersvik (born 1952) is a Senior Associate Editor of the Journal of the Norwegian Medical Association. He is a dermatologist and Associate Professor at the Institute of Clinical Medicine, Oslo University Hospital Rikshospitalet.

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Tattooing is about identity, fashion and beauty. Body decoration is a reflection of our times – free, diverse and changing

The skin as canvas

Tattooing has a long history (1). In modern times, tattooing was long associated with sailors who, sober or under the influence of alcohol, were adorned with maritime motifs – with or without the name of a girlfriend back home – on their arm, shoulder or chest. Tattoos of this type were often worn as a sign of pride in one's occupation, but some people regretted them and wished to hide or remove these signs of youthful abandon. In the 1980s, punks and other youthful rebels used tattooing as a mark of protest against the establishment. Later on, tattooing also became common in other subcultures, such as the hard rock and biker communities. The formation of identity is often group-based – individuals establish their identity by categorising themselves and others (2). Tattooing was – and still is – a way of displaying one's identity, one's affiliation and one's distance from others (3).

For a long time, tattoos were therefore a marker for marginal or marginalised groups, but over the past few years it has become common outside of such groups, particularly among the young. This has been helped along by popular music and international sports celebrities, with eye-catching tattoos over large areas of their bodies. «Ordinary» people, including well-adjusted «normal» young people, now get themselves tattooed – quite simply because they think it is decorative and beautiful. Tattooing has become «mainstream»; it is no longer stigmatising – it has become the fashion.

Tattooing is of interest to medical science for many reasons. It can give rise to a number of medical complications, e.g. infections, contact dermatitis and hypertrophic scarring (3–5). Tattooing may be an indicator for risk behaviour and should always be noted as an objective finding in a clinical examination. In our encounter with patients, particularly the young, body decoration must be interpreted, recognised and respected as a form of identity marking – risk behaviour can also function as a provider of identity (6). Some people go to the doctor to have tattoos removed. Small tattoos may be removed surgically or with various types of laser, but the result is seldom fully satisfactory (3, 7). A medically justified use is the tattooing of a serious diagnosis, for example Type 1 diabetes, onto the forearm to ensure that the condition is recognised in case of emergency (8).

Several studies have been published in the past 10–12 years indicating that young people who are tattooed may somehow be different from those who are not. In a Norwegian study, young teenagers with tattoos and piercings were more often linked to intoxication, smoking and proximity to communities of drug users (6). In a questionnaire survey of adults in the USA, tattooing and piercing were associated with more frequent use of intoxicants, earlier imprisonment for offences and low religious affiliation (9). In a large and representative sample of Australian adults, of whom approximately 30% of the women in their twenties had tattoos, tattooing was associated with smoking, use of cannabis (only among women) and multiple sex partners (10). Studies of this type indicate that body decoration continues to be associated with risk behaviour

and weaker social integration. Future studies will be able to indicate whether this association becomes weaker over the years.

Although tattooing has become common and mainstream, the psychology of tattooing is as complicated as ever (1, 2, 6). Paradoxically enough, tattooing can be motivated as much by a wish for individuality as by the wish to belong to a group – it is possible to mark both uniqueness and conformity at one and the same time. Tattooing continues to be about communicating – identity, attractiveness, creativity, aesthetics. The individual in modern society has been largely freed from culturally dictated categories of identity – our identity is no longer determined by our parents' social status or the community into which we are born (2). We must choose our identity ourselves. We must create ourselves. Thus the body and the images others have of us have become more important for our self-understanding. Lifestyle, appearance, choice of clothes and tattooing become important markers of identity. Young Jews have themselves tattooed with their grandfathers' prison numbers from the Nazi concentration camps of World War II to keep alive the memory of the Holocaust (11). Tattooing is analysed by social anthropologists, media researchers and even art historians (12). Time has brought us new images of tattooing, new user groups and new ways of regarding tattoos. Tattooing is still about identity and communication, but it can also be art.

Body decoration is a reflection of our times – free, diverse and constantly changing. Tattooing is no longer (only) for sailors, punks and rebels – it is (also) fashion, aesthetics and art. As doctors we must learn to regard tattooing as more than risk behaviour and social stigmatisation.

References

1. Carlsen T. Tatovering som meningsdannelse. Tidsskr Nor Lægeforen 2004; 124: 1802–3.
2. Vik LJ, Breidablik HJ, Ekeland TJ et al. Kroppsdekorering, helse og identitetsutvikling. Tidsskr Nor Lægeforen 2004; 124: 960–2.
3. Gjersvik PJ. Tatovering – en kulturell uttrykksform. Tidsskr Nor Lægeforen 2000; 120: 1953.
4. Cuyper CD, Perez-Cotapos ML, red. Dermatological complications with body art. Heidelberg: Springer, 2010.
5. LeBlanc PM, Hollinger KA, Klontz KC. Tattoo ink-related infections—awareness, diagnosis, reporting, and prevention. N Engl J Med 2012; 367: 985–7.
6. Meland E, Breidablik HJ, Vik LJ et al. Tenåringer med piercing og tatovering. Tidsskr Nor Lægeforen 2004; 124: 1760–3.
7. Choudhary S, Elsaie ML, Leiva A et al. Lasers for tattoo removal: a review. Lasers Med Sci 2010; 25: 619–27.
8. Chadwick S, Shah M. Tattoos: ancient body art may assist in medical emergencies. Eur J Pediatr 2013. E-publisert 15.2.
9. Laumann AE, Derick AJ. Tattoos and body piercings in the United States: a national data set. J Am Acad Dermatol 2006; 55: 413–21.
10. Heywood W, Patrick K, Smith AMA et al. Who gets tattoos? Demographic and behavioral correlates of ever being tattooed in a representative sample of men and women. Ann Epidemiol 2012; 22: 51–6.
11. Rudoren J. Proudly bearing elders' scars, their skin says «Never forget». The New York Times 30.9.2012. www.nytimes.com/2012/10/01/world/middleeast/with-tattoos-young-israelis-bear-holocaust-scars-of-relatives.html [17.4.2013].
12. Kahn EM. Tattoos' impressions in print and in film. The New York Times 31.1.2013. www.nytimes.com/2013/02/01/arts/design/tattoos-in-more-books-and-films-dog-art-at-william-secord.html [17.4.2013].