"My Mental Health Counselor Should Not Have Tattoos": Impressions of Mental Health Counselors with Tattoos

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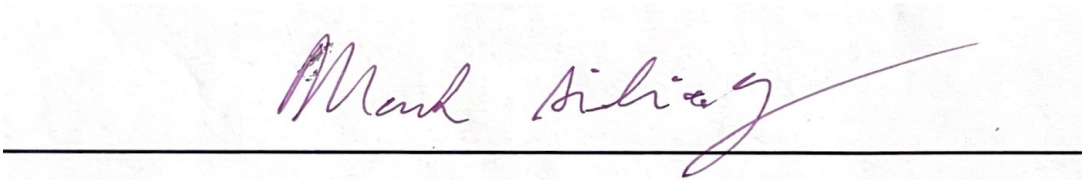

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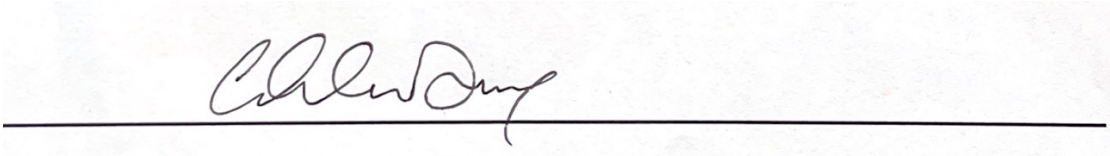

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Abstract

Tattoos may be one variable that influences the quality of the client therapist relationship. Previous researchers have found some evidence of public stigma and negative attributes toward health professionals displaying tattoos. The present study investigates people's impressions of clinical counseling job candidates with varying sizes and locations of tattoos. In addition, participant's eye movement duration on the candidate's tattoos was measured using a Tobii Pro Fusion eye-tracker. As hypothesized, the counseling candidate with large tattoos received more negative ratings of professional competency compared to the candidate with no tattoos. Unexpectedly, there were no significant associations between participants' competency ratings and eye-movement measures. The results from this research suggest that impressions of mental health counselors may be trending in a more positive direction, although some negative impressions of people with large tattoos still exists. Other findings are discussed in the context of the client-therapist relationship.

Keywords: Tattoos, Perception, Mental Health Counselors, Eye tracking

Impressions of Mental Health Counselors with Tattoos

In the field of mental health treatment, many factors play a role in the effectiveness and quality of treatment care. Specifically, the quality of the client provider relationship can affect treatment and mental health outcomes for the client (Dobson, 2022). In the past, psychotherapy guidelines have ignored and misunderstood the influence and importance of the therapeutic relationship (Norcross & Lambert, 2018). For example, past treatment guidelines have largely focused on treatment interventions and diagnostic criteria (Nocross & Lambert, 2018). Recently, greater attention is being paid to the therapeutic process, specifically the therapist and client working together as a team to discover and develop an understanding of issues that can improve client mental health (Dobson, 2022). Today, a positive client-therapist relationship is considered an important factor to achieve therapeutic goals and desired client outcomes (Dobson, 2022).

Critical factors that contribute to the quality of the therapeutic relationship and success of therapy include feelings and perceptions of trust, therapist competence, confidence, comfort, etc. It is important to understand what factors influence a client's perception of their mental health care provider to determine its influence on the therapeutic process and success of therapy. Multiple studies provide evidence that client opinions of the therapist themselves significantly influence the outcomes of therapy (Nocross & Lambert, 2018).

Therapeutic Alliance

To understand factors that play a role in the therapist client relationship, it is necessary to examine therapeutic alliance. Alliance is defined as a reflection of the relationship and bond between a mental health provider and client that reflects positive attributes and reciprocal positive feelings (Baier et al., 2020). In the therapeutic process, alliance occurs when the therapist and the client work together to build a bond in which they create shared goals in

relation to treatment and outcomes (Baier et al., 2020). Baier and colleagues (2020) found therapeutic alliance to be an independent influence of change within the therapeutic process, as their results showed that alliance mediated reduction of symptoms across a broad range of patients. This research suggests that the relationship that is built between the therapist and client is associated with therapeutic outcomes.

An influential factor of therapeutic alliance is client perception. A clients' perception of their providers competency influences the therapeutic relationship and process. The American Psychological Association's Ethical Principles and Code of Conduct requires professional psychologists to obtain and maintain competency within their practice of mental health services (Koocher & Keith-Spiegel, 2007). So yes, every psychologist should be competent within their area of work, but it is important that the client seeking services *perceives* their provider is competent. Before a client has built a relationship with a provider, they often base their expectations of their provider on initial opinions of trust and competence (Johnson, 2016).

A client's first impression of their mental health care provider can be important regarding their perception of services and outlook on therapy. Nasar and Devlin (2011) investigated ways in which the physical environment in which therapy takes place can influence the client's impressions of their provider. Previous research has shown the building environment and lay out of offices, hospitals, and other medical facilities, all influence the impressions patients have of their health care provider. For example, Nasar and Devlin (2011) manipulated the images of offices, demonstrating the relationship between these characteristics and participants' perceptions of how qualified, bold and friendly the therapist in different office settings were perceived. The researchers concluded that a professional's office setting can significantly impact a client's first impression and perception of their therapist.

Another factor that influences perception of a therapist is physical attractiveness. Cash et al. (1975) examined whether physical attractiveness could affect how a client perceives a mental health counselor. Participants of this study were given a video-taped recording of a professional who was either rated by others as attractive or unattractive. Participants had more favorable ratings of the attractive counselor than the unattractive counselor in regard to intelligence, friendliness, trustworthiness, and competence. In addition, they also found that physical attractiveness influences first impressions of professional mental health counselors.

Overall, previous studies suggest a client's impression and perception of their mental health provider plays a significant role in the quality of the client-provider relationship and possible therapeutic outcomes. However, there are other counselor characteristics that play a role, that have been found to be stigmatizing.

Stigma and Appearance

Negative perceptions, stigma and stereotypes can potentially effect client help seeking behavior, as well as the quality of the client-therapist relationship and therapeutic outcomes. For example, a provider's appearance of professionalism can relate to the patients' feelings of trust and competence (Johnson, 2016). Physical appearance based on first impressions, can be potentially stigmatizing. Tattoos have the potential to influence people's perception, which includes their thoughts regarding physical appearance, attractiveness and personality (Westerfield, 2012). Tattoos are largely permanent alterations in appearance and may violate client's expectations of what a mental health professional should look like.

In past decades, people often got tattoos to enhance their sense of self, identify with a group, to be unique and to express themselves (Firmin et al., 2008). Tattoos are perceived

differently by many people, and it is important to recognize differences in these perceptions, as tattoos are relatively permanent alterations to one's appearance (Johnson et al., 2016.)

In 2008, Firmin and colleagues (2008) reported that tattoos were becoming more accepted and opinions more positive in the U.S. population. In 2014, Fox News reported that about 20% of surveyed individuals reported having a tattoo (Blanton, 2014). A recent study surveyed over 8,000 Americans and found that 32% of adults have at least one tattoo, and 22% of them have more than one (Schaeffer & Dinesh, 2023). An increase in the prevalence of tattoos among the U.S. public may explain the mixed findings regarding stigma and tattoos.

Although the frequency of tattoos are more prevalent in the world today, they still appear to some social stigma and are stereotypically associated with negative attributes (Zidenberg et al., 2021). For example, Forman et al. (2021) investigated public perception of police officers with tattoos and piercings. The researchers showed participants edited photographs of both male and female police officers with either tattoos or piercings or no body art. Participants were asked to rate officers regarding their friendliness, trustworthiness, competence and assertiveness. The researchers found police officers showing tattoos were perceived as significantly less friendly, less trustworthy, less competent and more assertive. Other researchers have explored people's impressions of professionals working both in the health care and mental health care fields.

Tattoos and Healthcare Professionals

Research conducted by Johnson et al. (2016) investigated effects of tattoos and piercings on parent and patient confidence within health care physicians. Researchers presented participants with the prompt that their study was investigating healthcare provider appearance. The participant was presented with two professionals, dressed the same, but one with a tattoo and one without. Participants were then given a scenario, regarding childcare, and were asked their

thoughts regarding their provider. Participants then rated their clinical confidence on a scale about the first provider and the second provider. They were also asked if they preferred one provider over the other. The results showed that regarding care for children, people preferred the health care provider that was free of tattoos. Johnson et al. (2016) concluded that despite the gender, age and location of the participants, tattoos negatively impacted the confidence ratings given to the health care providers.

A study by Cohen et al. (2018) investigated whether the presence of tattoos impacts patients' perceptions of health care providers. Researchers had physicians and current faculty act as their own controls and surveyed patients regarding their perception. The questionaries included questions on how caring, confident, reliable, attentive, cooperative, professional and approachable the physicians were. There were no differences in patients' perceptions of physician professionalism, approachability, competence, or comfort whether the physician was tattooed, pierced, both tattooed and pierced, or had no tattoos. However, a limitation of this study is that participants were not asked if they were aware or became aware of the visual body art displayed on their provider. With this, researchers cannot conclude that there were no differences in patient's perceptions between the providers with tattoos and without.

Another study (Martinez & Campo, 2019), also looking at perceptions regarding health care professionals with tattoos found that even participants who had tattoos themselves gave lower scores to the professionals with tattoos. The results showed that, overall participants rated those with tattoos as less professional. The researchers also suggested that these impressions may be influenced by the design, size or location of the tattoo (Martinez & Campo, 2019). However, how are mental healthcare providers with tattoos perceived?

Mental Health Care Providers with Tattoos

A review of the literature finds only a small number of studies about tattoos within the area of mental health care. A study conducted by Zidenberg et al. (2022) looked at perceptions of psychologists with tattoos. Participants were presented with a profile of a clinical psychologist that they were informed was taken from a website. The profile or description of the provider remained the same for each condition, the only thing that changed was the picture of the clinician. The psychologist was described as having either "no tattoo", a "neutral tattoo" or a "provocative tattoo". The neutral tattoo consisted of a flower, and the provocative tattoo consisted of a skull with flames. The participants were asked to rate the clinicians regarding their levels of perceived competency and their feeling toward the clinician. Results from this study suggested that participants found the clinicians with tattoos to be significantly less professional, but participants also found the professional with a provocative tattoo to be more confident, interesting and likeable, compared to the provider with a neutral tattoo or no tattoo. The results suggested that participants feelings towards the clinician with tattoos were more positive, although professionalism was rated more negatively.

Current Investigation and Purpose

Past research suggests that a mental health care provider's tattoos may influence individuals' perceptions of their provider, however given the increased prevalence of tattoos, more research needs to be developed. Recent research by Zidenberg and colleagues (2021) found that having a provocative tattoo had a mild positive effect on ratings towards health care providers. Again, there seems to be a need for further investigation.

Similar to the study by Zidenberg et al. (2021), the present study using a repeated-measures within-subject's design, each participant viewed and rated a clinical mental health

counselor seeking a job displaying either no tattoo, a small tattoo, or a large tattoo (presented in random order). Participants competency ratings of the job applicants were compared across groups, as well as eye tracking fixations, durations, and visits. With the use of an eye tracker, we proposed to examine participants number of fixations and visits on the tattoos, along with the duration of fixations, in relation to ratings of competency. This research study attempted to look at stigma against tattoos one step further by using the Tobii Pro Fusion Eye Tracker.

The purpose of this investigation was to further study whether the presence of tattoos on mental health care providers affects the public's perception of the mental healthcare provider's capabilities, and their willingness to hire them for a position as a college mental health care counselor. For the present study, it was predicted that participants would rate the clinical counselor job applicant with large tattoos as significantly less competent than the candidates with small tattoos and the candidate with no tattoos (H1). It was also hypothesized that participants would rate the clinical counselor job applicant with large tattoos as significantly less professional than the candidates with small and no tattoos (H2). Regarding hiring opinions, we predicted that the candidate with no tattoos would have higher ratings (1-7) in response to the question, "Given you do not have a lot of information about this candidate, do you think the college should hire this candidate?" (H3), and that overall, more participants would choose to hire the candidate with no tattoos in comparison to the candidate with small and large tattoos (H4).

In terms of participants looking at the tattoos, we expected the eye tracking data to be negatively associated with competency ratings of the clinical counselors (H5). Eye tracking data consisted of eye fixations, gaze duration, and visits (looking at area of interest). Fixations reflect periods of time where the eyes remain still, holding the object of interest (tattoos) in focus for information intake (Tobii AB, 2024). The durations of fixations regard the amount of time (ms)

that occurs during the fixation and visits refer to a person glancing at the area of interest (Tobii AB, 2024). In other words, we predicted that participants would spend more time looking at the tattoos on the candidate than the non-tattoo candidate and gaze significantly more at the candidates with the large tattoo. We also hypothesized that participants would fixate and visit both candidates (entire body) with tattoos more than the candidate without tattoos, meaning they would in general spend more time looking at those candidates' images (H6).

Method

Participants

The following research design was approved by Marietta College's Human Subjects Committee. Based on a G-power a priori linear bivariate regression analysis, with a .8 power level about seventy-two participants were needed to detect a small effect size. In total, eighty-nine participants were recruited from Marietta College psychology courses and undergraduate population. Participants signed up through the Psychology Department SONA system to participate in this study and by email. Participants were granted half a research credit (.5) for completing the study. The study involved approximately a half hour of participant's time. Before investigating and conducting data analysis, two participants were removed across all data sets (#4, #71). Both participants were removed from all of data collection for recognizing candidates within the conditions. For the following analyses, competency ratings, professional ratings, and eye-tracking metrics, three participants (#23, #37, #56) were removed from data analyzation for not following instructions and not completing the questionnaires. For the hiring rating analysis, only one participant (#37) was removed for not following instructions. One participant (#45) was removed for not choosing a candidate to hire on the demographic form and

therefore was not included in that analysis. Each participant was still granted participation credit.

Materials

Profiles

Photographs were taken of 3 females, who's ages ranged between 23-26. The tattoos on these images were digitally designed and added to the photos. There were 3 different "job" profiles used in this study. Each image included a female provider dressed in similar professional clothing. Each image was different regarding the visible tattoos on the provider's arm. In condition one, the provider had no visible tattoos (see Appendix B). In condition two the provider had two small visible tattoos. In condition three the provider had full visible arm covering tattoos that started around the wrist and went up both arms. A brief resume was included beside the image. Each candidate's resume included a Master of Education in Counseling from Ohio University, and similar previous work experience (see Appendix B).

Competency Questionnaire

A modified version of the Competencies Questionnaire (Zidenberg et al., 2022) was used to measure participants' ratings of provider's competency. The Competencies Questionnaire was originally developed to assess core competencies and characteristics that were deemed to be important in the practice of psychology (Kamen et al., 2010). The questions were modified to fit the hypothetical profile of the mental health counselors in this study. The scale measures competency by measuring feelings regarding empathy, interventions, and personal characteristics (see Appendix C).

Demographic Questionnaire and Debriefing

Before concluding the study, participants filled out a demographic questionnaire (see Appendix D). The form included questions regarding participant's gender, age, and college

major. There were also questions regarding their opinions and personal experiences with health care professionals and opinions regarding the professional appearance of health care professionals. They were also asked whether their health care providers have tattoos and were asked to disclose whether they themselves have any tattoos or piercings, or whether those whom they love have tattoos.

Participants were debriefed through a written debrief form that stated the true purpose of the study, an explanation of the hypotheses, and why deception was necessary (see Appendix E). All participants were asking if they had additional questions or concerns and thanked.

Procedure

Upon arriving to the psychology research lab, participants read the informed consent document and signed it if they agreed to participate (see Appendix A). Participants who agreed to participate in the study, were taken to a research cubicle and were verbally instructed, "The Psychology Department is participating in the search to find a clinical counselor to work at Marietta College. The department is interested in student feedback on a potential hire. We want to get your first impression, so please think about your willingness to seek mental health care from the job candidates. You will be presented with both their image and a snapshot of their resume."

The participants were seated at a PC, with a Tobi eye-tracker, and then (in random order) presented with a photo of a mental health counselor job candidate who has no visible tattoos, small tattoos (forearm), and a large tattoo (full sleeved arm tattoo/neck) (see Appendix B). The order in which each participant viewed the three conditions was randomized. Each participant reviewed one profile at a time. After viewing a job profile of a health care provider and a snapshot of their resume, participants completed a questionnaire regarding their opinions of the

applicant, including opinions of competence, professionalism, trustworthiness, and approachability as a mental health care provider (see Appendix C).

After participants completed all three profiles and questionnaires, they were guided by the experimenter back to the main lab area and instructed to complete the demographic form (see Appendix D). After completing the form, participants were asked if they knew what the study may have been about. Then participants were debriefed verbally and with a debriefing form (see Appendix E). Participants were asked not to share information about the study with other students, were thanked before leaving.

Results

The following analyses were conducted using JASP statistical software (JASP Team, 2022). The data obtained through this study can be found and is accessible through OSF (https://doi.org/10.17605/OSF.IO/RSVFE). A one-way repeated measures Analysis of Variance (ANOVA) was conducted to examine ratings of competency across the conditions (No Tattoo, Small Tattoo, Large Tattoo). Mauchly's test of sphericity indicated that the assumption of sphericity was violated $F = (2, 166) = 9.5, p = .03$). Greenhouse-Geisser corrections were used, and the following results are reported with those corrections. There was a statistically significant difference in competency ratings across the three conditions (No Tattoo, Small Tattoo, Large Tattoo), $F(1.8, 153.0) = 9.5,\ p = .001,\ n_p^2 = .103$. Post-hoc tests were conducted using Holm corrections. The post-hoc tests revealed that competency ratings for the Large Tattoo condition ($M = 5.44$, $SD = 0.66$) were significantly less than the competency ratings of the No Tattoo condition ($M = 5.74$, $SD = 0.61$), $t(84) = 4.37, p_{holm} < .001, d = 0.46, 95\%\ CI\ [0.19, 0.73]$. There were no statistical differences between competency ratings for the No Tattoo condition and the Small Tattoo condition ($M = 5.59$, $SD = 0.65$), $t(84) = 2.17, p_{holm} = .058, d =$

$0.23, 95\%\ Cl\ [-0.03, 0.49]$. Although there were no statistically significant differences, the mean differences were in the predicted direction (See Table 1). There were no statistical differences between competency ratings for the Small Tattoo condition and the Large Tattoo condition, $t(\ 84) = 2.20, p_{holm} = .058, d =\ 0.23, 95\%\ Cl\ [-0.03, 0.49]$. Again, the differences in means between groups is in the predicted direction (See Table 1 and Figure 1).

A one-way repeated measures ANOVA was conducted to conclude any differences between participants thoughts on professionalism between the three candidates. The one-way repeated measures ANOVA revealed a statistical difference across the three conditions (No Tattoo, Small Tattoo, Large Tattoo), $F(2, 170) = 42.74,\ p <\ .001,\ n_p^2 =\ .34$ for participants ratings of professionalism. Post hoc tests were conducted with Holm corrections. The post hoc tests revealed that participants rated the candidate with the large tattoo (M = 4.88, SD = 1.20) significantly less professional than the candidate with no tattoos, (M = 6.14 , SD = 0.80), $t(\ 84) = -9.097,\ p_{holm} <\ .001, d =\ -1.193, 95\%\ Cl\ [-1.58, -0.81]$. The large tattoo candidate was also rated significantly less professional than the small tattoo candidate (M = 5.31, SD = 1.14), $t(\ 84) = -3.12,\ p_{holm} =\ .002, d =\ -0.41, 95\%\ Cl\ [-0.73, -0.08]$. The small tattoo candidate was rated less professional than the no tattoo candidate, $t(\ 84) = -5.98,\ p_{holm} <\ .001, d =\ -0.78, 95\%\ Cl\ [-1.13, -0.44]$ (See Table 1 and Figure 2).

Hiring Recommendations

A one-way repeated measures ANOVA was conducted to determine a statistical difference across responses to the following question, “Given you do not have a lot of information about this candidate, do you think the college should hire this candidate?”. There was a statistically significant difference in hire ratings between condition types (No Tattoo, Small Tattoo, Large Tattoo), $F(2, 170) = 5.25,\ p = .006,\ n_p^2 =\ .06$. Post-hoc tests were conducted

using Holm corrections. The post-hoc tests revealed that hiring ratings in the Small Tattoo condition ($M = 5.44$. $SD = 1.10$) were significantly greater than the hiring ratings in the Large Tattoo condition ($M = 5.04$, $SD = 1.05$), $t(86) = 3.17, p_{holm} = .005, d = 0.39, 95\%\ Cl\ [0.08, 0.70]$. There is no statistically significant difference between hiring ratings in the No Tattoo condition ($M = 5.31$, $SD = 0.99$) and Small Tattoo condition, $t(86) = -0.996, p_{holm} = .32, d = -0.12, 95\%\ Cl\ [-0.42, 0.18]$. Although in the predicted direction, there is no statistically significant difference between the No Tattoo condition and the Large Tattoo condition, $t(86) = 2.17, p_{holm} = .062, d = 0.27,\ 95\%\ Cl\ [-0.03, 0.57]$, (See Table 1).

A Chi-square analysis was conducted to determine if there was a statistical difference across the tattoo conditions (No Tattoo, Small Tattoo, Large Tattoo), regarding which candidate the participants chose for the college to hire. An outlier analysis was conducted for each of the variables under investigation. A Chi-Square Goodness of Fit test revealed a statistically significant hiring preference across tattoo condition, $X^2(2, N = 86) = 7.14, p = .028$. Upon conducting post hoc tests, it was found that participants preferred the candidate with no tattoos (39.53%) over the candidate with large tattoos (19.77%), $X^2(1, N = 51) = 5.67, p = .017$. The post hoc-test also revealed that participants preferred the candidate with small tattoos (40.7%) over the candidate with large tattoos, $X^2(1, N = 52) = 6.23, p = .013$. There was no statistical difference for hiring between the candidate with no tattoos and the candidate with small tattoos, $X^2(1, N = 69) = 0.01, p = .90$.

Eye-Tracking Across Tattoo Condition

Three separate Simple Linear Regressions were conducted to determine if eye-tracking fixations, durations, and visits could be considered as predictors for the average difference rating between the Large and Small Tattoo conditions. Regarding prediction of the average difference

rating, none of the three predictor variables (fixations, durations and visits) reached significance. The number of fixations did not reach significance, $t(84) = -1.51, p = .135,$ $95\%\ Cl\ [-0.26, 0.04]$. The duration of time spent fixating on the targeted tattoo areas did not reach significance, $t(84) = -1.84, p = .069,\ 95\%\ Cl\ [-0.27, 0.01]$. The number of times one visited the tattoos did not reach significance, $t(84) = -1.65, p = .102,\ 95\%\ Cl\ [-0.23, 0.02]$. Although none reached statistical significance, each of the 3 regressions conducted had slope values that lead in the anticipated direction, suggesting there may be a weak negative linear relationship between one's eye tracking data and competency ratings (fixations $b = -0.111$, durations $b = -0.128$, visits $b = -0.106$), (See Table 1 and Figure 3).

A one-way repeated measures ANOVA was conducted for all three conditions, and they eye tracking data of the candidate's entire body. There was a statistical difference for participant eye tracking fixations of the entire body across tattoo condition types (No Tattoo, Small Tattoo, Large Tattoo), $F(2, 170) = 6.01,\ p = .003,\ n_p^2 = .068$ (See Figure 4). Post-hoc tests were conducted using Holm corrections. The post-hoc tests revealed that participants had a greater number of eye fixations for the Large Tattoo condition (*M* = 25.19, *SD* = 12.31), than for the No Tattoo condition (*M* = 20.69, *SD* = 10.94), $t(\ 84) = 3.29,\ p_{holm} = .004, d = 0.38, 95\%\ Cl\ [0.09, 0.66]$. There were also significantly greater fixations for the Small Tattoo (*M* = 24.24, *SD* = 12.57) condition than there were for the No Tattoo condition, $t(\ 84) = 2.59,\ p_{holm} = .021, d = 0.3, 95\%\ Cl\ [0.02, 0.58]$. There are no statistical differences between the Small Tattoo condition and the Large Tattoo condition, $t(\ 84) = 0.7,\ p_{holm} = .49, d = 0.08, 95\%\ Cl\ [-0.2, 0.36]$. There were no statistical differences in the number of eye tracking visits between the three conditions (No Tattoo, Small Tattoo, Large Tattoo), $F(2, 170) = 1.84,\ p = .16,\ n_p^2 = .022$.

An exploratory analysis was conducted to determine if eye tracking whole body fixations and visits could be considered as predictors for the average difference rating between all three conditions. None of the predictor variables reached significance. The least favorable consisted of fixation differences between the large tattoo condition and small tattoo conditions, $F(1, 82) = 1.51,\ p = .22, b = \ -0.15, Cl\ [-0.262, -0.027]$.

Discussion

Given the increased prevalence of tattoos among the U.S. public, the purpose of the present study was to further investigate negative impressions and perceptions towards mental health care counselors with tattoos. Some research has suggested that tattoos negatively influence patient perception, but others suggest that it may not completely interrupt the perception of the provider. For example, Zidenberg et al. (2022) looked at competency ratings across participants for clinicians with no tattoos, a neutral tattoo and a provocative tattoo. The findings from the study suggested that participants found the candidates with tattoos to be less professional, but their responses did not indicate negative feelings towards these providers. Another study by Martinez & Campo (2019), looked at health care professionals with tattoos and found that participants who had a tattoo themselves were also found to be negatively influenced regarding their perception and overall ratings of providers.

Following similar procedures of Zidenberg et al. (2022), the present study investigated public perception of tattoos in the mental healthcare field with a focus on sizes of tattoos and the added support of the Tobii Pro Fusion Eye Tracker. With this design, there were several things we were looking at, one being participants impressions of the three clinical counselor job candidate's competencies. Considering the hypothesis predicting that participants would perceive the clinical counselor with large tattoos as less competent than those with small tattoos and no

tattoos, results demonstrated this hypothesis to be supported. Participants were found to rate the competency of the candidate with large tattoos more negatively than the candidate with no tattoos. There were no significant differences in ratings between the large and small tattooed candidates or the no and small tattooed candidates. With this, the non-significant results were in the predicted direction, as mean ratings for the candidate with large tattoos were lower than the small tattoo candidate and the small tattooed candidates' mean ratings were also lower than the no tattoo candidate. These results may suggest that smaller tattoos are becoming more equivalent to having no tattoo, but having a visible large tattoo can still be negatively influential on patient perception.

As hypothesized, participants were found to rate the candidate with large tattoos as less professional than the other two candidates, with no and small tattoos. The small, tattooed candidate was also rated as less professional than the no tattoo candidate. These findings follow along with other research and Zidenberg et al's (2022) study. Tattoos today may still be deemed as unprofessional. Whether professionalism effects overall competency and feelings towards the provider should be further investigated, as we found no difference in competency ratings between the no tattoo and small tattoo candidates.

At the end of the competency rating scale, participants were asked to directly rate candidates individually in the form of the following question, "Given you do not have a lot of information about this candidate, do you think the college should hire this candidate?". The results from this specific question differed from our hypothesis. Participants ratings of the small tattoo candidate were greater than the large tattoo candidate, but ratings did not significantly differ between the no tattoo candidate and large tattoo candidate.

After rating each of the providers, participants were to choose which counselor they thought the college should hire. Similar to our predictions, results revealed that participants significantly preferred both the candidate with no tattoos and the candidate with small tattoos over the candidate with large tattoos. Participants however did not prefer the candidate with no tattoos over the candidate with small tattoos, again showing equivalence between no tattoos and small tattoos.

With the use of the Tobii Pro Eye-tracker, this study hoped to provide evidence and support claims regarding perceptions and possible stigma towards mental health professionals with tattoos. Although hypothesized, there was no association between participants competency ratings and their eye-movement regarding the tattoos. Although participants did not gaze or fixate differently at the tattoos, based on eye tracking data, the three regression analyses conducted for eye-tracking fixations, durations and target visits showed slope values in the predicted direction. Future research with large sample sizes would provide a stronger test of whether tattoos of varying sizes draw participants eye gaze. Because with this regression we could only compare the large and small tattoo candidates, the regression is limited.

As predicted, we found that participants fixated more on both the large and small tattooed candidates in comparison to the candidate with no tattoos. These finding suggests that in general the tattoos of the candidates may have captured the participants attention more than the person with no tattoos. With this, there is potential that participants looked at the candidates with tattoos more because there is more to look at and therefore more to process. But, considering both the competency and professionalism ratings, along with the eye tracking data, we may suggest that tattoos have some type of influence on the public and in general bring more visual attention.

In all, the results from this research suggest that tattoos on mental health care professionals may have some influence on patient impressions and perceptions. As both competency and professional ratings were found to be lower for the candidates with small and large tattoos in comparison to the candidate with no tattoos, mental health care professionals may want to consider or at least be mindful of their tattoos when meeting new clients or are in the beginning steps of a therapeutic relationship. Further research needs to be done on the size and location of tattoos, as tattoos have the potential to influence some people's impressions, including hiring decisions.

Limitations and Future Direction

There are a few limitations to this study. In terms of the eye-tracking findings, using a between subject's design could have clarified some ambiguity, in terms of participant impressions and eye movement. Conducting a repeated measures design in which participants saw each of the three conditions (no tattoo, small tattoo and large tattoo), may have led participants to become aware of the study's true purpose. Participants responses may have also been influenced by attractiveness levels of the three candidates. Although the presentation of the counseling candidates was counterbalanced, future studies may benefit by using a between subject's design. A between subject's design would increase experimenter control, which could help control for variables such as, awareness and attractiveness.

On the demographic form, participants were asked whether professional health care providers "should have tattoos", with the choice of only "yes" or "no" to answer. We suggest that the wording of this question is tricky and difficult. Future research could structure the wording of questions better so that participants have a better understanding. With that, a few participants who chose "yes" also wrote next to the question "only if not visible", suggesting that providers

should not have *visible* tattoos. Researchers in the future should investigate participants opinions about the visibility of tattoos, as this may be a significant factor.

Another limitation to this study may include the age of the participants. Research in the past has suggested a negative influence from tattoos, and more present research has provided evidence of a positive influence. Some previous research suggest public perception and possible stigma of people with tattoos is changing overtime. Future research may want to investigate differences between younger and older participants, as we may expect for older adults to more negative opinions and perceptions of tattoos than younger adults.

Conclusion

In all, with the present study, we found evidence of differences between competency ratings of mental health care providers with varying sizes of tattoos, but the results were not associated with expected significant differences in participants eye fixations. Given the increase in the prevalence of tattoos among the general public, and the importance of the therapeutic relationship, future research should continue to explore perceptions of mental health care providers with tattoos, including varying sizes and locations.

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Table 1

Descriptive Statistics Across the Three Conditions (No Tattoo, Small Tattoo, Large Tattoo) for Competency

Tattoo Condition	Competency Ratings		Professional Ratings		Hiring Ratings	
	M	*SD*	*M*	*SD*	*M*	*SD*
No Tattoos	5.74	.61	6.14	.80	5.31	.99
Small Tattoos	5.59	.65	5.31	1.14	5.44	1.10
Large Tattoos	5.44	.66	4.88	1.2	5.04	1.05

Note. Recall that participants rated the competency of the large tattoo candidate significantly more negatively than the no tattoo candidate. Participants also rated the professionalism of the large tattoo candidate significantly more negatively than the no and small tattoo candidates. Participants rated the small tattoo candidate significantly greater than the large tattoo candidate, but there were no differences between the large and no tattoo candidate or small and no tattoo candidate. The mean values for each analyses are shown for the no tattoo condition ($N = 84$), the small tattoo condition ($N = 84$) and large tattoo condition ($N = 84$).

Table 2

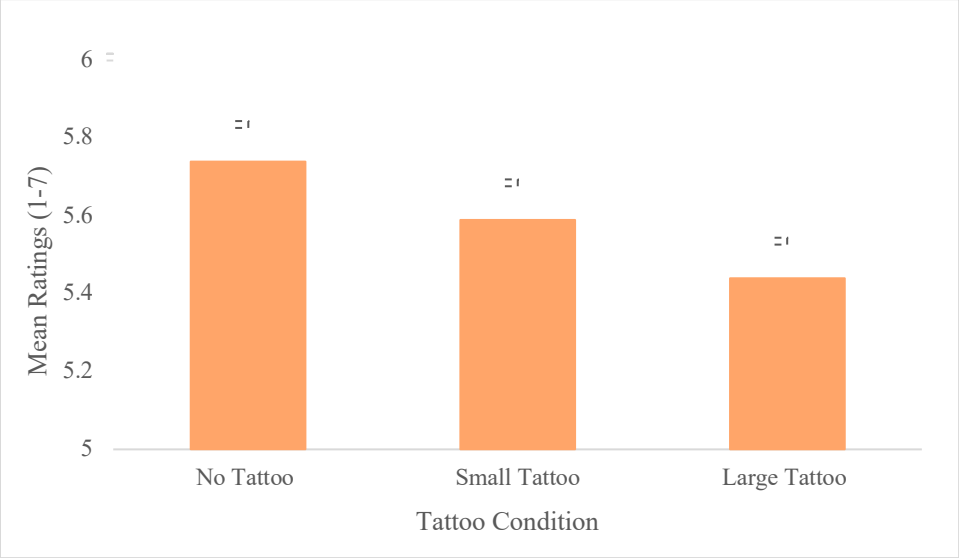
Regression Results for the three predictors (Fixations, Durations, and Visits)

Predictor Variables					
	Intercept	*b*	*r*	*t*	*p*
Fixations	-0.111	-0.008	-0.096	-1.509	.135
Durations	-0.128	-1.822x10-5	-0.068	-1.842	.069
Visits	-0.106	-0.025	-0.173	-1.651	.102

Note. Recall that it was predicted that eye tracking fixations, durations and visits would predict the average difference competency ratings. The predicter variables are calculated difference scores. Such that Small Tattoo Fixations were subtracted from Large Tattoo Fixations, Small Tattoo Durations were subtracted from Large Tattoo Durations and Small Tattoo Visits were subtracted from Large Tattoo Visits. See https://doi.org/10.17605/OSF.IO/RSVFE.

Figure 1

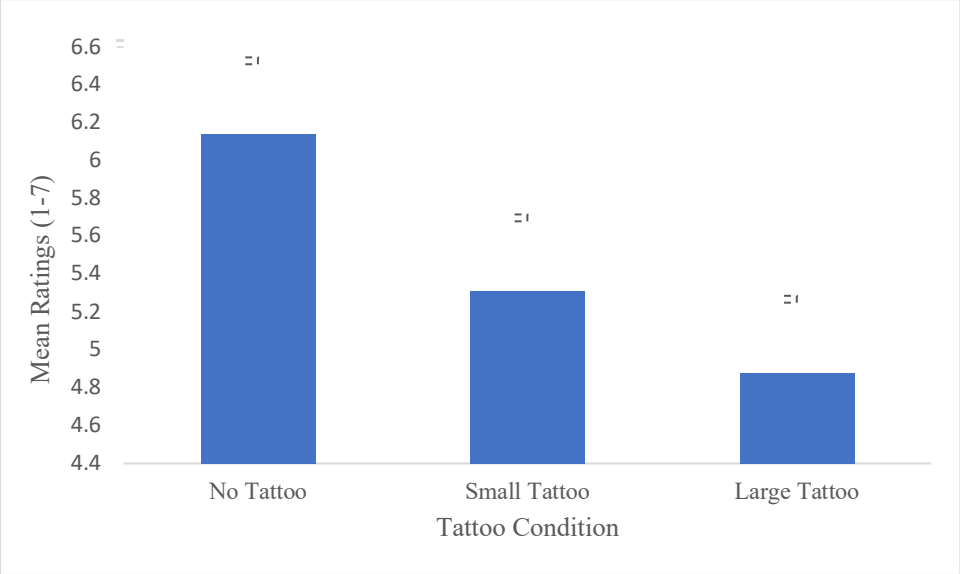
Mean Ratings of Competency Across Tattoo Conditions



Note. Average competency ratings are shown for participants across the three tattoo conditions, No Tattoo, Small Tattoo, and Large Tattoo. The bars provided represent 95% confidence error estimates.

Figure 2

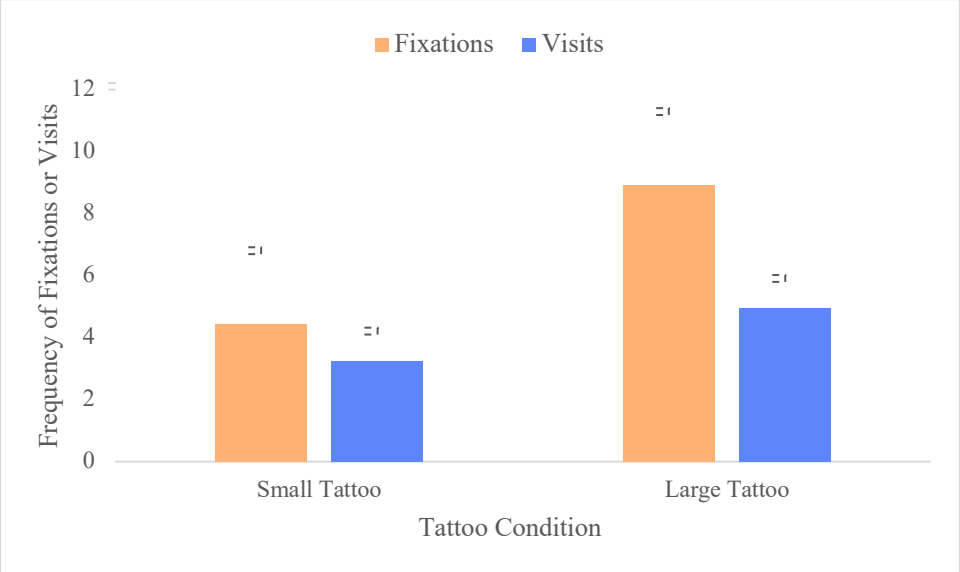
Mean Ratings of Professionalism Across Tattoo Conditions



Note. Average professional ratings are shown for participants across the three tattoo conditions, No Tattoo, Small Tattoo, and Large Tattoo. The bars provided represent 95% confidence error estimates.

Figure 3

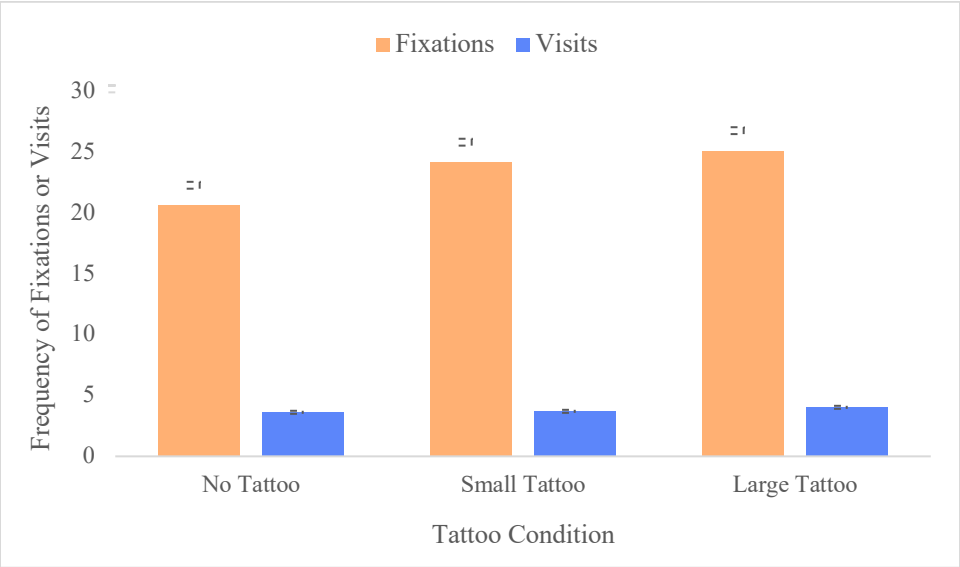
Average Mean for Fixations and Visits of the Small and Large Tattoos as Area of Interest (AOI's)



Note. Participants average fixations and visits for the tattoos as the area of interest (AOI's) are displayed above across the Small Tattoo and Large Tattoo conditions. Fixations represent periods of time where the eyes remain still, holding the object of interest (tattoos) in focus for information intake. Visits refer to glances at the area of interest. The bars provided represent 95% confidence error estimates.

Figure 4

Average Mean of Fixations and Visits for all Three Candidates Entire Body Area of Interest (AOI's)



Note. Participants average fixations and visits for the candidate's whole body as the area of interest (AOI's) are displayed above for the No Tattoo, Small Tattoo and Large Tattoo conditions. Fixations represent periods of time where the eyes remain still, holding the object of interest (candidates' whole body) in focus for information intake. Visits refer to glances at the area of interest. The bars provided represent 95% confidence error estimates.

Appendix A

Informed Consent

Informed Consent Document

Project Title: Thoughts and Perceptions of Mental Health Care Providers

Investigators: Tia Jarvis (740)-885-0330, Email- tdj002@marietta.edu &
Dr. Mark Sibicky, Marietta College Dept. of Psychology. Mills Hall, (740) 376-4762. Email- sibickym@marietta.edu

Purpose of Project: The purpose of this study is to measure people's opinions and perceptions of mental health care providers.

Your Participation: You must be at least 18 years old to participate in this study. If you agree to participate in this study, you will be guided towards a computer that has an eye-tracking machine. During this process you will be addressed to view three profiles of mental health care providers. After viewing one profile, you will be directed to fill out a questionnaire that addresses your thoughts and perceptions about the provider that was presented to you. After completing questionaries for all three profiles, you will then fill out a demographic form with several follow up questions. Please understand that all information and opinions we collect will be kept confidential and after you sign this consent form it will be separated from the other questionnaires. Your answers to all the questions in this study will not be connected to your identity in any way. *There are no correct or incorrect responses, we simply want your honest answers to the questions.* Again, the information we collect is confidential and will only be used for scientific purposes. We do ask that you not discuss your participation or the specific questions with any other students because doing so may ruin the honesty of responses. We will be happy to share our findings with you if you are interested after the study is completed and we have analyzed all the data.

Possible Risks: Researchers that have used the same questionaries have reported minimal risks for those who participate. Most of the questions ask for your personal opinion towards a provider. Remember your participation in this study is completely voluntary. If for any reason you feel uncomfortable, you may discontinue the study at any time without penalty, (i.e., you will receive your research participation credit). Again, all the information you provided is confidential, please be as honest in your responses and we thank you for helping us with this research.

Benefits: The total time to complete this study is a half hour and you will receive .5 credits of psychology research participation credit. In addition, once the study has concluded we will be happy to email you with our findings, if you are interested. If you would like to learn more about our research and findings, please feel free to email Tia Jarvis at tdj002@marietta.edu and she will email you our findings.

Confidentiality: All your responses on the questionnaires will be kept confidential and only the experimenters will have access to the unidentifiable data set. All data will only be used for scientific purposes and stored in a secure data storage device in the psychology dept. research lab in Mills Hall. After signing the agreement to participate below, you will view a set of questions and your name will only be used to assign you research participation credit, and not used to identify your responses to questions.

In conclusion: This is important research and we appreciate you taking your time to participate. Please take your time reading and answering the questionnaires and please give us your honest opinions. Feel free to contact the experimenter if you have questions (i.e., Tia Jarvis (tdj002@marietta.edu, (740)-885-0330). If you have additional concerns about this research, you may contact the Chair of the MC Human subjects committee – Dr. Ali Doerflinger at ad001@marietta.edu

The research study has been approved by the Marietta College Institutional Review Board.
Approval #_____

Please Read the Following:

I understand that my participation in this study is voluntary, and I understand my answers will be confidential. I also understand I have the right to withdraw from the study at any time without penalty. I hereby give my consent to participate in this research and have the experimenters use my information for scientific research purposes.

Please Print your name: _____

Please sign your name here: _____

Please write your college email address: _____

If you do not agree to participate you are finished and please wait quietly (e.g. read etc.).

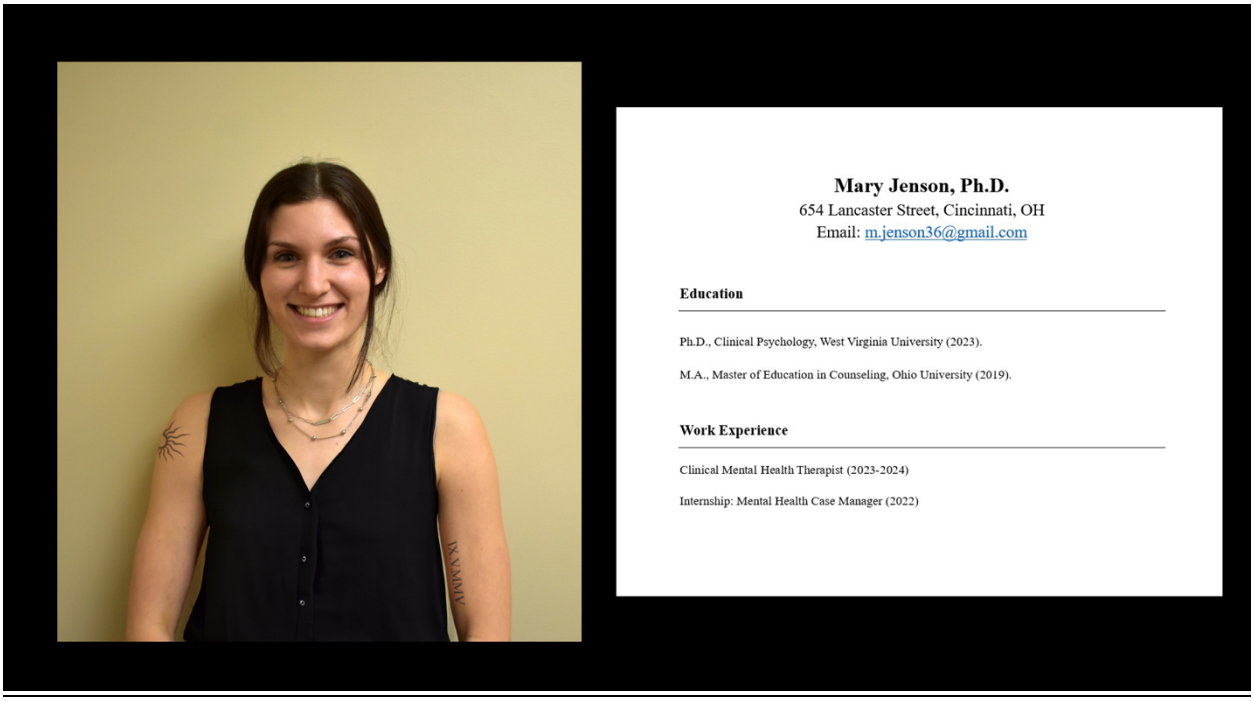
*This research has been approved by the Marietta College Human Subjects Committee

Appendix B

Profiles- Designed by Emory Spitler, Graphic Designs Major at Marietta College

Condition 1: NO TATTOO

Condition: SMALL TATTOOS



Condition 3: LARGE TATOOOS

Appendix C

Competency Scale

Code # _____

Competency Questionnaire

Based on the profile, please answer indicate how competent you would expect this clinical counselor to be on the following domains:

1 A Little	2	3	4 Somewhat	5	6	7 A Great Deal

1. Candidate's ability to convey warmth and genuineness.

1 2 3 4 5 6 7
A Little Somewhat A Great Deal

2. Candidate's ability to build a therapeutic relationship with clients.

1 2 3 4 5 6 7
A Little Somewhat A Great Deal

3. Candidate's ability to empathize with others.

1 2 3 4 5 6 7
A Little Somewhat A Great Deal

4. Candidate's ability to effectively communicate verbally

1 2 3 4 5 6 7
A Little Somewhat A Great Deal

5. Candidate's ability to handle intense emotions

1 2 3 4 5 6 7
A Little Somewhat A Great Deal

6. Candidate's ability to understand and tolerate interpersonal conflict

1	2	3	4	5	6	7
A Little			Somewhat			A Great Deal

7. Candidate's ability to exercise critical thinking skills

1	2	3	4	5	6	7
A Little			Somewhat			A Great Deal

8. Candidate's ability to remain open to feedback (both positive and negative)

1	2	3	4	5	6	7
A Little			Somewhat			A Great Deal

9. Candidate's ability to maintain an appropriate appearance for a professional setting

1	2	3	4	5	6	7
A Little			Somewhat			A Great Deal

For the remaining questions please use this scale.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither	5 Somewhat Agree	6 Agree	7 Strongly Agree

10. This provider is a professional.

1	2	3	4	5	6	7

11. This provider is a good psychologist.

1	2	3	4	5	6	7

12. This provider maintains a professional appearance.

1	2	3	4	5	6	7

13. This provider looks friendly.

1 2 3 4 5 6 7

14. This provider looks approachable.

1 2 3 4 5 6 7

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither	5 Somewhat Agree	6 Agree	7 Strongly Agree

15. If I had a mental health issue in the future, I would consider going to this provider for treatment.

1 2 3 4 5 6 7

16. If my friend or family member was having a mental health issue in the future, I would recommend this provider as a treatment provider.

1 2 3 4 5 6 7

17. This provider would be a good therapist for college students.

1 2 3 4 5 6 7

18. Given you do not have a lot of information about this candidate, do you think the college should hire this candidate?

1 2 3 4 5 6 7

Appendix D

Demographic Form

Please fill in the blank spaces below and circle

Which candidate do you think the college should hire?

Candidate #1 Candidate #2 Candidate #3

Do you personally know any of these candidates?

YES NO

Your Age: _____

Year:

Freshmen Sophomore Junior Senior

Major & Minor: _____

Are you currently enrolled in a PSYC 101 course?

YES NO

If yes, please say which professor you have for PSYC 101 _____

Gender:

A. Female

B. Male

C. Other

Do you think that health care providers or therapist should dress professionally?

YES NO

Do you think that professionals should wear jewelry?

YES NO

Do you think that professionals should have piercings?

YES NO

Do you have piercings?

YES NO

Have you ever had a health care provider who has piercings?

YES NO

Do you think that professionals should have tattoos?

YES NO

Do you have tattoos?

YES NO

Have you ever had a health care provider who has tattoos?

YES NO

Do you think that there is a professional way that provider should wear their hair?

YES NO

Do you think that professionals should wear casual clothing?

YES NO

Appendix E

Debrief Form

Debriefing Statement

Thank you for participating in this study. As mentioned, this study involves people's perceptions and attitudes about mental health care providers. Our goal was to see if perceptions would differ between the different candidates. Specifically, the purpose of this study is to investigate stigma of mental health care providers with tattoos. In addition, we hope to see if other opinions, beliefs or background experiences influence how people think about mental health care professionals.It is true that the college plans to look for potential clinical counselors in the future, however these are not candidates for the position.

We ask you not to share your experience or discuss the questions that are provided with other students who potentially will or can participate in this study. Doing so may ruin the honesty of other responses.

As we mentioned, all information we collected is confidential and all responses will be grouped together for statistical analysis. Because some of the questions we ask concern your mental health, and the people you care about, we want you to know that there is help available if you are seriously depressed or feel you are having a mental health concern or crisis. The national suicide and crisis phone lifeline number is (dial 988), and the Marietta college center for health and wellness is 740 376-4477.

If you would like to know more about the results of our research, we would be happy to share them with you at the final conclusion of the study (Please email Tia Jarvis at tdj002@mareitta.edu). If you have any questions or concerns about your participation in this study now, please feel free to ask the experimenter.

Finally, we want to thank you for your valuable time and consideration with our research.

Take Home Debriefing Statement

Thank you for participating in this study. We ask you not to share your experience or discuss the questions that are provided with other students who potentially will or can participate in this study. Doing so may ruin the honesty of other responses.

As we mentioned, all information we collected is confidential and all responses will be grouped together for statistical analysis. Because some of the questions we ask concern your mental health, and the people you care about, we want you to know that there is help available if you are seriously depressed or feel you are having a mental health concern or crisis. The national suicide and crisis phone lifeline number is (dial 988), and the Marietta college center for health and wellness is 740 376-4477.

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Finally, we want to thank you for your valuable time and consideration with our research.