

Body of evidence: Tattoos, body piercing, and eating disorder symptoms among adolescents

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Abstract

Objective: Tattoos and body piercing have been linked to risk-taking behaviors, including disordered eating, but the findings have come from selected samples that were at greater risk for bias due to comorbidity. This study set out to explore concurrently the prevalence of tattoos and body piercing, and eating disorder symptoms in a representative adolescent sample of a community in Sardinia, a major island in Italy. **Methods:** A community sample of 828 students (female, 535; male, 282; mean age=17.5±1.4 years) among those attending high school in the district of Cagliari, Italy, were invited to take the Eating Attitudes Test, the Bulimic Investigatory Test of Edinburgh, and the Body Attitudes Test, alongside a short questionnaire aimed at evaluating their resorting to body modification practices,

including tattooing and body piercing. **Results:** Females scored higher than males at all eating disorder inventories. More males than females admitted the use of tattoos (14.5% vs. 5.4%), whereas the reverse was found for body piercing (18.4% vs. 21.3%). Tattoos among females and body piercing in both genders were statistically associated with eating disorder measures related to bulimia symptoms. On the whole, the degree of association was modest. **Conclusions:** Tattoos and body piercing should be seen as desires to show a subject's identity rather than as a marker of psychopathology. Greater health education, however, is needed in the wake of the growing popularity of these body modification practices.

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Introduction

Tattoos and body piercings have gained ground in the Western culture, particularly among adolescents, after having been confined for a long time to marginal sectors of modern societies [1,2]. Population studies indicate that 10–16% of adolescents have permanent tattoos [3–5]. Less data are available on body piercing. One study found that up to 51% of college students in the United States reported to have undergone body piercing [6]. Conversely, in a German

sample, individuals aged 14–24 years reported a similarly high rate of endorsement of tattoos and body piercing (41% and 27% among females and males, respectively); in both genders, tattoos and body piercings were related to lower perceived mental health and reduced social integration [7]. In another study carried out in 1999 among 550 military recruits entering basic training at the US Marine Corps, 27% were found to have tattoos, and those with a tattoo were more likely to display health-risk behaviors [8]. Among Australian people aged 14 years and over, too, the prevalence of tattoos and body piercing has been found to be considerably higher among those displaying high-risk behaviors, including injecting drug users [9].

Other past studies reported a link between the use of tattoos and/or piercing and risk-taking behaviors, particularly

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behaviors imposing harm to one's health, such as the use of psychotropic substances, unhealthy diet habits, and self-harm [4,5]. Unhealthy diet habits and a propensity for self-harm are also two features of eating disorders [10–12]. Subjects with eating disorders, indeed, engage in a wide range of self-harming behaviors in both clinical and community samples and expose themselves to health-risk behaviors, including psychotropic substances abuse [11–14]. Adolescent people are most at risk: prevalence studies report rates between 0.5% and 0.8% for anorexia nervosa and around 1% for bulimia nervosa, with subthreshold and atypical variants involving another 3–5% of the population at risk, with the age group including 12- to 19-year-olds [10].

So far, no study has investigated the frequency and distribution of body modification practices, such as tattoos and body piercing, among adolescent students in Italy. Furthermore, no study has investigated the links between body modification practices and eating disorder symptoms with a sound methodology for the identification of eating disorder symptoms. In the past, symptoms of eating disorders have been interpreted as a kind of symbolic language used by people who do not know how to, or are afraid to, express powerful emotions directly with words (so-called alexithymia) and who lack a strong sense of identity [15,16]. Tattoos and piercings, in some way, would express both the intent to mark one's own identity and the intention to introduce a change in one's own habitual look [17,18]. Among people with eating disorders, resorting to body modification practices such as tattoos and body piecing could be seen as a strategy to emphasize the self by acting on the body.

This study set out to explore concurrently the prevalence of tattoos and body piercing, and eating disorder symptoms in a representative adolescent sample of a community in Sardinia, a major island in Italy. We expect people who score higher on validated screening instruments for eating disorders to be more likely to report the use of tattoos and/or body piercings.

Methods

Sample and procedures

The study was carried out in the spring of 2004 among a selected sample of schools in an urban district. The schools included in the study were randomly selected among all schools operating in the territory, in order to achieve a representative sample of young people in terms of social and cultural backgrounds. The survey involved one classic high school, one scientific high school, one technical and commercial school, and one vocational school (hotel management). The study involved the participation of 828 of 1000 initially selected students of both genders who are attending the three upper classes of the course

(ages 15–19 years; mean age=17.4 years, S.D.=1.4). A fraction of the students (17.2%) did not agree to participate in the study and/or were absent from school during the study. The final participation rate (i.e., 82%) was well within the range observed in recent similar community studies carried out in European countries [19]. The sample under investigation globally corresponded to 5% of the total young population of the same age in the district. The results could be generalized to the population of same-age adolescents attending high school; however, it cannot be assured that they can also be generalized to the entire young population of Sardinia, since adolescents attending a high school or a vocational school might not be representative of all their peers.

Informed consent was obtained from the headmasters of all schools and from the parents of students who took part in the study. Students were approached as a group in their classrooms and were individually asked to participate in the study. They were informed that the questionnaire was not an examination, that there were no right or wrong answers, that they did not have to take part in it if they did not want to, and that they could withdraw from the survey any time. The confidentiality of answers to the questionnaire was guaranteed, and informed consent was obtained from each student. The study was carried out in an anonymous form, in compliance with recent Italian law on privacy. The study was approved preliminarily by the ethical board on clinical investigation of the Department of Psychology of the University of Cagliari (Cagliari, Italy). This ethical board evaluates all planned studies involving human subjects with respect to their usefulness, participants' risk for harm, and evidence that the study does not expose involved subjects to negative stigma or any prejudice.

Measures

Body mass index [BMI=weight (kg)/height² (m)] was derived from self-reported data on weight and height. As a measure of socioeconomic status, we used the highest level of their parents' educational attainment [20], which was further classified into three categories: less than high school diploma, high school diploma, and college graduate or higher. The sociodemographic section was followed by a group of self-reported inventories chosen to explore abnormal eating patterns and their related psychological symptoms, including the Eating Attitudes Test (EAT), the Bulimic Investigatory Test of Edinburgh (BITE), and the Body Attitudes Test (BAT). The EAT [21] is a 40-item questionnaire aimed at measuring abnormal eating attitudes and behaviors, in particular those of a restrictive type, characterizing anorexia nervosa. A cutoff of 30 is thought to screen out clinically relevant eating disorders, mainly in the spectrum of anorexia. The sensitivity and specificity of EAT in the young Italian population was estimated at 0.50 and 0.95, respectively, for a cutoff of 30 [22].

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