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Sensation seeking, exposure to psychosocial stressors, and body modifications in a college population

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Abstract

A sample of 281 (females = 160) college students with body modifications completed a demographics questionnaire, questions about body modification practices, the Sensation Seeking Scale (SSS-V; Zuckerman, 1994), the Impulsivity subscale of the Zuckerman–Kuhlman Personality Questionnaire (ZKPQ; Zuckerman, Kuhlman, Joireman, Teta, & Kraft, 1993), and a selected portion of the History of Psychosocial Stressors (HPS; Scotti, 1992, 1999). Gender differences were found on the number of body modifications and when they were first obtained. In general, males with tattoos and piercings had higher scores than females on subscales of the SSS-V. Females with piercings and tattoos had higher scores on the Impulsive Sensation Seeking subscale of the ZKPQ. No gender differences were found when participants were asked if he/she would obtain another body modification or if his/her friends had a body modification. Gender and sensation seeking preference were predictive of number of tattoos but not number of piercings. Exposure with psychosocial stressors was predictive of number of piercings but not number of tattoos. These results suggest that sensation seeking preferences and exposure to a psychosocial stressor may be associated with obtaining a body modification in some college students.

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Keywords: Sensation seeking; History of Psychosocial Stressors; Body modifications; College students

1. Introduction

Expression of individual personality differences by external appearance is widely practiced. In particular, two commonly practiced forms of body modification are body piercing and tattooing.

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Tattoos are permanent marks or designs applied to the skin (Armstrong & McConnell, 1994). Body piercing are penetrations of the skin with a sharp implement to create openings through which ornaments may be worn (Grief & Hewitt, 1998). Tattooing and piercing have become more common in the United States within recent years (Anderson, 1992; Koenig & Carnes, 1999), and include non-traditional sites such as the nipples and genitals (Moser, Lee, & Christensen, 1993; Myers, 1992). Recent estimates suggest that between 7 and 20 million adults in the United States have a tattoo (Grief & Hewitt, 1999). More specifically, prevalence of adolescents and college students with tattoos and body piercings is increasing (Armstrong, Owen, Roberts, & Koch, 2002; Carroll, Riffenburgh, Roberts, & Myhre, 2002; Forbes, 2001; Grief, Hewitt, & Armstrong, 1999) with upwards of 25% of college students having a body modification (Grief & Hewitt, 1999).

Compared to other age groups, young adults (including college students) have more involvement in risk taking behaviors (Arnett, 1992; Jessor, 1992; Zuckerman, 1994). Having tattoos and body piercings are associated with involvement in various forms of physical and psychological risk taking including drug and alcohol use, unprotected sexual activity, criminal behavior, violence, and suicide (Braithwaite, Robillard, Woodring, Stephens, & Arriola, 2001; Carroll et al., 2002; Grief & Hewitt, 1998; Loimer & Werner, 1992). Various types of studies with adolescents that have body modifications indicate that they are more likely to engage in disordered eating, drug usage, sexual intercourse, suicide, violence perpetration, and school problems (Carroll et al., 2002; Roberts & Ryan, 2002). “At risk” samples, such as young females in residential facilities, who also have body modifications, are more likely to have higher incidences of anger, depression, and negative feelings toward their body (Carroll & Anderson, 2002). Severity of body modification (e.g., genital piercings) has also been associated with self-harming behavior in psychiatric samples (Ceniceros, 1998).

Prior empirical and non-empirical studies suggest that the psychological impact of obtaining body modifications can have negative outcomes for young adults. For some, psychological outcomes that may be associated with body modifications include embarrassment, low self-esteem, and disappointment (Armstrong, 1991; Armstrong & McConnell, 1994; Armstrong, Ekmark, & Brooks, 1995; Armstrong & Pace-Murphy, 1997). Body modifications may also be a manner of enhancing self-worth vis-à-vis increased acceptance by others, belongingness to one’s peer group, and self-perceived improved physical appearance (Zuckerman, 1994). Tattooed college students are more likely to identify themselves as adventurous, creative, artistic, individualistic, and risky than individuals without tattoos (Drews, Allison, & Probst, 2000). Although uncommon, obtaining a body modification has resulted in subsequent negative health outcomes including infection, bleeding, allergic contact dermatitis, illness, and trauma at the pierce site (Cronin, 2001; Grief & Hewitt, 1998; Koenig & Carnes, 1999; Schnirring, 1999; Tweeten & Rickman, 1998; Voelker, 1997; Weir, 2001; Wilson, 2002).

Males and females with body modifications vary in the types and frequency of risk taking behaviors. As compared to college students without body modifications, tattooed males are more likely to be arrested, have more sexual partners, and have body piercings, whereas tattooed females are more likely to shoplift and use illicit drugs (Drews et al., 2000). In addition, adolescent males with body modifications recruited from outpatient clinics have higher incidences of violence than peers without body modifications (Carroll et al., 2002). This is consistent with studies indicating that younger males have higher involvement in risk taking behaviors than younger females (Burger & Finkel, 2002; Zuckerman, 1994).

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