
Investigating the Removal of Body Piercings

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Although body piercing procurement continues to increase, 13% to 18% of them are removed. Reasons for piercing removal in college students were examined with three groups: (a) those who kept all their piercings, (b) those who removed some, or (c) those who removed all of their body piercings. Of the sample, 41% were still pierced; 50% in their lifetime. Their major purpose for the body piercing was "helped them feel unique." Females obtained more (in high school) and then removed more, usually as upperclassmen. Males and females reported themselves as risk takers at procedure time and currently; however, only 10% cited deviancy as a reason for the body piercing(s). Only removal elements of "I just got tired of it" and "I just decided to remove it" were present, especially with the Some Removed Group. Further examination of body piercing building personal distinctiveness and self-identity to promote their need of uniqueness is suggested.

Keywords: *body piercing; body piercing removal; college students; patient education; uniqueness*

Most articles on body piercing continue to examine the phenomenon of procurement. Yet, removing the decorative ornaments with the intent of not replacing the object, most often piercing jewelry, from the created

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tract has also been documented (13%-18%) in recent studies (Armstrong, Roberts, Koch, & Owen, 2004; Armstrong, Roberts, Owen, & Koch, 2004; Mayers, Judelson, Moriarty, & Rundell, 2002). Although tattoo removal requires considerable expense, time, and effort, when pierced individuals no longer want their body art, they can take the jewelry out of the opening, with the assumption that it will close (or produce a small amount of scar tissue), thus the body piercing is eliminated.

The purpose of the current study was to examine why body piercings are removed. Is there a relationship in the purposes and piercing experiences of those with piercings, with individuals who removed some, or all of them? Findings from the current study add another dimension to understanding body art procurement and providing information for applicable education to those considering or removing piercing(s). For the current study, *body piercing* was defined as "the insertion of a needle to create an opening for decorative ornaments such as jewelry" (Armstrong, Roberts, Koch, et al., 2004, p. 58); *removal* was the elimination of the decorative ornament from the tract with the intention of not replacing it. Ear lobe piercings in males and females were excluded.

Prevalence of Body Piercing

Scattered information is present about the increased prevalence of body piercing. Piercing rates of college populations were reported in 2001 as 17% by Forbes and 33% by Armstrong, Roberts, Owen, and Koch (2004). Mayers et al. (2002) reported a 51% rate but did not exclude male ear lobe piercings, as the other studies had done. In all three of these studies females reported more body art procurement than males. Gardyn (2001) cited 2% of the American public with body piercings in data obtained from the American Demographics survey. Piercing shops registered in Texas have increased from 476 in 2002 to 620 as of January 1, 2005 (M. Olsovsky, Texas Department of Public Health, personal communication, May 2, 2005).

Previous Body Piercing Removal Data

From 315 college students surveyed by Mayers et al. (2002), 58 (18%) reported removing their body piercings. No further demographic data were reported for this removal cohort. In another 2002 study of college students ($N = 908$) and body piercing, 58 (13%) reported removing their piercings within the past year (Armstrong, Roberts, Koch, et al., 2004). Data from that study are provided in the first two columns of Table 1. Data documenting

their risky behaviors for the pierced and removal groups are presented in Table 2.

Body Piercing Removal Factors From the Literature

Published factors for body piercing removal are limited as most studies examine motivation for procurement. Attitudes seem to contribute to the removal of body piercing. Seiter and Sandry (2003) used photographs of a pierced individual to look at employment in the commercial sector. The respondents judged the pierced people in the pictures to be attractive yet felt they had credibility and hireability problems. Trust, character, sociability, and competence for the job were also judged to be lower.

Another cited idea is that body piercing can serve as a “warning signal or screening device for risk-taking behavior” (Carroll, Riffenburgh, Roberts, & Myhre, 2002, p. 1021). Christensen et al. and Tweeten and Rickman (as cited in Millner & Eichold, 2001, p. 428) commented that health providers sometimes suggest removal because of piercing site complications; parental disapproval could be another factor (Martel & Anderson, 2002).

Method

Survey Development

The authors, who have published numerous peer-reviewed body art articles and have long-term employment as college faculty, were the expert panel. Survey formation began with brainstorming, and from this seven elements were finalized (Table 3). In addition, applicable, reliable questions from previous studies were reviewed. The final survey of 118 questions had four sections and was written at a 10th-grade reading level. Questions were either multiple choice or 5-point Likert-type statements with a choice range of 1 to 5 (1 = *strongly disagreed or unlikely* to 5 = *strongly agreed or very likely*). Sections included: (a) demographics of those with body piercings: 9 questions, (b) obtaining the piercing: 31 questions, (c) removing the piercing: 46 questions, and (d) general participant demographics with risk-taking, education, and religious perspectives: 32 questions. Survey design routing was created so that specific respondents did not have to answer each section. Those with current piercings did not answer Section 3; those with total removal did not answer most of Section 1 and all of Section 2. Alpha

Table 1
Demographics of College Students: Groups Who Were or Are Pierced

Study	The Current Study				
	Body Piercing, <i>n</i> = 145, 32%	Removed Piercings, <i>n</i> = 58, 13%	Group II None Removed (NR), <i>n</i> = 239, 26%	Group III Some Removed (SR), <i>n</i> = 144, 15%	Group IV All Piercings Removed (AR), <i>n</i> = 88, 9%
Gender*					
Male	20, 13%	11, 19%	20, 9%	17, 12%	25, 28%
Female	126, 87%	47, 81%	211, 91%	124, 88%	61, 71%
Student classification					
Freshman	61, 42%	47, 81%	68, 29%	23, 16%	16, 18%
Sophomore	43, 30%	11, 19%	64, 27%	38, 27%	13, 15%
Junior	20, 14%	15, 26%	50, 21%	34, 24%	32, 27%
Senior	21, 14%	12, 21%	50, 21%	45, 32%	24, 28%
Parent's education					
BA or BS or greater, average	75, 52%	31, 53%	125, 52%	76, 53%	41, 47%
Obtained first piercing					
Female, high school	72, 58%	19, 57%	97, 46%	73, 61%	—
Male, high school	8, 48%	4, 43%	7, 35%	10, 59%	—
Female, college	42, 34%	14, 42%	62, 30%	13, 11%	—
Male, college	8, 47%	2, 29%	9, 45%	3, 18%	—
Piercings in lifetime	276, average 1.9	—	461, average 1.9	448, average 3.1	136, average 1.5
Piercings removed	None	109, 0	None	217, average 1.5	136, 0
Religious activities					
Strength, moderate to strong faith	109, 75%	44, 79%	160, 68%	84, 59%	60, 69%
Feel close to God	122, 84%	48, 83%	165, 71%	99, 71%	73, 85%
Daily prayer	84, 85%	33, 57%	104, 54%	63, 44%	43, 49%
Very likely to seek new and/or exciting experiences*	46, 32%	18, 31%	51, 21%	35, 25%	23, 26%
Very likely, even if illegal*	14, 10%	4, 6%	24, 10%	11, 8%	9, 10%
Interested in more piercings*	83, 57%	26, 45%	91, 39%	58, 41%	—

Source: Armstrong, Roberts, Koch, & Owen (2004).

**p* < .05.

Table 2
Risk-Taking Behaviors of College Students Who Have or Were Pierced

Study	The Current Study			
	Body Piercing, <i>n</i> = 145, 32%	Removed Piercings, <i>n</i> = 58, 13%	Group II None Removed (NR), <i>n</i> = 239, 26%	Group III Some Removed (SR), <i>n</i> = 144, 15%
Group				Groups IV All Piercings Removed (AR), <i>n</i> = 88, 9%
Yes, drank 5+ past month	91, 63%	29, 50%	140, 61%	90, 66%
Yes, drank 5+, past week	43, 30%	16, 28%	89, 40%	50, 37%
Drugs* (very often)	17, 12%	9, 16%	13, 5%	15, 11%
Tobacco* ½ pack+	29, 20%	9, 16%	39, 17%	27, 19%
Tattoos* 1–2	36, 25%	22, 38%	63, 26%	54, 37%

Source: Armstrong, Roberts, Koch, & Owen (2004).

**p* < .05.

reliabilities for the two scales from previous research were purpose .86 to .90 and religion .82 (Armstrong, Owen, Roberts, & Koch, 2002a, 2002b; Armstrong, Roberts, Owen, et al., 2004). Exempt study status for this descriptive, exploratory research was granted from the University Institutional Review Board.

Sample

Students in the current sample were enrolled in a large state-supported university in a “predominately conservative political and religious community of a rural part of the southwestern area of the United States” (Armstrong, Roberts, Koch, et al., 2004, p. 58). First, a pilot study was conducted with 20 college students in an undergraduate Sociology Honor’s course; few suggestions were made. Next, students from numerous academic majors enrolled in general sociology classes were asked for their voluntary participation; their participation was one way to obtain extra credit for the class (Armstrong, Roberts, Owen, et al., 2004). The consent form provided the purpose and benefits. Although all students in the classes participated ($N = 940$), four surveys with incomplete data were eliminated. No names were asked to ensure candidness and anonymity. The SPSS (11th ed.) was used for data analysis. Cross-tabulation and chi-square analysis were performed.

Data analysis revealed four groups of students who participated in the current study ($N = 936$). Group I reported no piercings ($n = 465$, 50%), Group II had piercings with no removal ($n = 239$, 26%), Group III had some piercings and had some removed ($n = 144$, 15%), and Group IV students had removed all of their piercings ($n = 88$, 9%). This report concentrates on the piercing experiences of Group II-no removal (NR), Group III-some removal (SR), and Group IV-all removal (AR).

Demographics

The second half of Table 1 provides a synopsis of the three study groups’ (NR, SR, & AR) demographics. No gender differences were noted regarding age, ethnicity, level of education, marital status, and parent’s level of education. Males (16, 47%) had more immediate family members (1-3) with piercings than females (138, 42%, *ns*). Only 10 (3%) had consumed alcoholic drinks and 2 (.5%) had used drugs prior to the piercing procedure (*ns*). Many reported strong religion attributes. The Cronbach’s alpha for the three religion questions was .81.

Table 3
Focus Elements Considered for Piercing Removal and Findings

Element	Questions	Study Outcome
Decision making time: Is there a relationship with individuals who impulsively get piercings and their time of jewelry removal? (Those with short decision-making time, regret earlier?)	3	Some removal group (SR) took shorter time (1–2 weeks) for decision of removal.
Personality: Is there a relationship with pierced individuals who consider themselves low risk takers and jewelry removal? (risk taking, deviancy, perhaps low risk takers never get comfortable with the body piercing and remove)	14	All three groups describe themselves as risk takers at time of piercing and now (> 40%); few deviant feelings (< 10%) present.
Circumstances: Is there a relationship with the amount of negativity for body piercing and jewelry removal? (family, friends, and significant others never support the idea of a body piercing)	9	Strongly disagreed with all statements
Environment: Is there a relationship with the termination of an affiliate environment and piercing removal? (leave high school and/or college where they had friends' support for the piercing and remove when they leave college to look for a job because now there is no support for it)	3	Strongly disagreed with all statements
Health complications: Is there a relationship with the amount of and/or irritation of complications with body piercing and the removal of the jewelry? (got so infected, I just got rid of it)	11	Strongly disagreed with all statements
Personal development: Is there a relationship in their perceived difference of maturity from their high school and college days when they got the piercing and the removal of the body piercing? (removed piercing because they "grew up and don't want [or need] it any more")	3	Agreed with "I just got tired of it" and "I just decided to remove it."
Ease of removal: Is there a relationship with how easy it is to remove the jewelry to their act of removing it?	2	Agreed with "when I wanted to get rid of it, it was easy to remove."

Risk-Taking Behaviors

The second section of Table 2 presents data from the current study. General alcohol use remained high in all three groups (*ns*). Tobacco use was similar whereas drug use was lower. No gender differences were noted. Although the most common time for their first sexual intercourse was age 16 to 18 years, 106 (23%) reported age 15 years or younger as the next more common time. Significant differences in sexual activity were present with the NR (114, 49%), the SR (68, 49%), and AR (46, 55%) groups ($\chi^2 = 185$, $df = 8$, $p = .02$). More than one half of all three groups (266, 60%) reported between one and two sexual partners in 6 months (*ns*). Tattoos were significantly higher in the SR group (66, 49%) than the NR group (69, 29%; $\chi^2 = 23.5$, $df = 4$, $p = .00$), with females (108, 30%) having significantly more tattoos than males (19, 5%; $\chi^2 = 24.7$, $df = 4$, $p = .00$).

Piercing Experiences

Procurement. In the three groups, 472 (50%) had piercing(s) in their lifetime; those that remained pierced were 383 (41%). Males seemed to get their first piercing in their freshman or sophomore years in college (12, 32%), whereas females obtained more of them in high school (170, 51%, *ns*). Then, females (158, 48%) obtained between one to two more piercings as lower classman. Some of the males (12, 35%) and females (132, 40%) want to continue their body piercing interest and obtain more (*ns*). In the NR and SR groups, more females (104, 27%) significantly reported their body piercings as “helping them feel unique” and obtaining the piercings “for the heck of it” ($\chi^2 = 34.7$, $df = 16$, $p = .004$). These two groups (NR and SR) had between three to five friends (245, 64%) with piercings (*ns*). When asked about their five closest friends, more than one half of the females (219, 66%) and males (20, 54%) had three to five friends with piercings (*ns*).

Purpose. The only statement that NR (99, 41%) and SR (78, 54%) significantly agreed and/or strongly agreed with was that piercings “help me feel unique” ($\chi^2 = 11.3$, $df = 4$, $p = .023$). There was no gender difference. The Cronbach’s alpha was .86.

Cues. More than 60% agreed and/or strongly agreed that “friends did prompt them” and “I did it for the heck of it” (*ns*). No gender differences were noted.

Piercing Removal

With piercing removal, upperclassman had removed the most. Significant differences were present between males removing one to two piercings (35, 57%) and females (164, 42%; $\chi^2 = 403$, $df = 6$, $p = .00$). Females (124, 82%) almost had significantly more friends (1-4) who had already removed their piercings than males (20, 48%; $\chi^2 = 7.6$, $df = 3$, $p = .056$).

Those that partially removed their piercings (SR) had significantly more (88, 62%) piercings (three or more) in their lifetime than the AR group (13, 15%; $\chi^2 = 26.4$, $df = 8$, $p = .001$). Gender differences were also present in the SR group: females (114, 92%) significantly removed more of their piercings (1-2) than the males (14, 82%; $\chi^2 = 63.3$, $df = 6$, $p = .00$). Removal reasons cited were "I got tired of it" and "I just decided to remove the jewelry." More females (48, 33%), rather than males (4, 24%), in the SR group reported that their piercings "help them feel unique"; they were the same group that removed the piercings because "I just decided to remove the jewelry" ($\chi^2 = 30.0$, $df = 16$, $p = .018$).

Elements Thought to Stimulate Body Piercing Removal

Decision making. One half (190, 50%) of the NR and SR groups said they "wanted the piercing for a long time, then just took a few minutes [to decide] once the opportunity presented itself" (*ns*). However, when it came to the removal decision, significant differences were present in the SR group (45, 32%), who took between 1 to 2 weeks, when compared with the AR group that "took a few months" for their decision (36, 43%; $\chi^2 = 11.6$, $df = 4$, $p = .2$).

Personality. Definitely more disagreed and/or strongly disagreed responses were present regarding their reasons for removing the piercings (Cronbach's alpha .73). The NR and SR groups had strong disagreement with wearing clothes to cover the piercing being a problem (197, 85%), any experienced stigma (207, 89%), and being labeled a risk taker (211, 91%; *ns*). The SR group was significantly more vocal than the NR group about not experiencing embarrassment, gossip, depression, and lowered body image (see Table 4).

What the groups (NR, SR, AR) did agree and/or strongly agree about was being risk takers at the time of the piercing (173, 46%) and presently (196, 42%; *ns*). However, the three groups strongly disagreed and/or disagreed to deviant feelings (292, 76%) at the procedure time and now.

Table 4
Various Feelings Not Experienced by Those
Removing Body Piercings

Element: Personality (Disagreed or Strongly disagreed)	Group III Some Removed (SR), <i>n</i> = 144	Group IV All Removed (AR), <i>n</i> = 88	χ^2
Embarrassment	133, 92%	76, 86%	$\chi^2 = 11, df = 4, p = .025$
Gossip	137, 95%	80, 91%	$\chi^2 = 9, df = 3, p = .032$
Depression	136, 94%	80, 91%	$\chi^2 = 9, df = 3, p = .026$
Lowered body image	128, 89%	68, 77%	$\chi^2 = 11, df = 4, p = .0029$

Of the remaining 24% that answered this question, some were uncertain (64, 14%), whereas 46 (10%) identified with deviant feelings (*ns*).

Circumstances. Again, friends' support for body piercing activities could be seen, whether in the previously documented procurement phrase or now in the removal. This was validated by the SR and AR groups disagreeing and/or strongly disagreeing that they removed their piercings because of any disapproval from work, school, public, friends, family, significant others, parents, or health providers (*ns*; Cronbach's alpha .79). Their close friends had body piercings, and then these close friends were also removing them at the same time as the participant. Only one statement "I removed the jewelry because of compliance with someone's expectations" produced significant differences between the two groups ($\chi^2 = 15, df = 4, p = .006$); the SR group had a higher disagreement (113, 78%) with the statement than the AR group (57, 65%).

Environment. The NR and SR groups disagreed or strongly disagreed with the three statements of "going too far, becoming addicted" (344, 90%) or removing body piercing(s) because the "employer won't like it" (280, 73%; *ns*). Problems with achieving goals or getting a promotion were also disagreed and/or strongly disagreed, with significant differences present between the NR group (227, 95%) and the SR group (128, 90%; $\chi^2 = 7.1, df = 2, p = .03$).

Health problems. Students from the SR or AR groups strongly disagreed and/or disagreed to any health concerns that could have triggered removal such as hepatitis, enlarged lymph nodes, pain, infections, or embedded jewelry (*ns*; Cronbach's alpha .86).

Personal development. Although the SR and AR groups disagreed and/or strongly disagreed with the statement "I just grew up" (132, 57%), they agreed and/or strongly agreed with "I just got tired of it" (126, 54%) and "I just decided to remove it" (155, 67%) statements (*ns*).

Ease of removal. Groups SR and AR agreed and/or strongly agreed with "when I wanted to get rid of it, it was easy to remove" (136, 59%; *ns*).

Discussion

The current study investigated three groups of students who (a) had not removed (NR) any of their piercings, (b) removed some (SR), and (c) removed all (AR) their piercings. Piercing and removal experiences were examined for clues about why they did or did not remove their piercings. Several findings were validated while several elements for piercing removal were eliminated (Table 3).

Procurement

Body piercing continues to increase. As in other studies, females got more piercings (Armstrong, Roberts, Koch, et al., 2004; Armstrong, Roberts, Owen, et al., 2004; Forbes, 2001; Martel & Anderson, 2002; Mayers et al., 2002). In the current study, females obtained more of their first piercings in high school, then, almost one half of the females with piercings got more piercings (1-2) in college. Males obtained more as lower classmen. Few of either gender used alcohol or drugs before the piercing procedure to impair their decision making for the procedure, as in other studies (Armstrong et al., 2002a, 2002b; Armstrong, Roberts, Koch, et al., 2004; Armstrong, Roberts, Owen, et al., 2004). No major differences in the SR and NR groups were evident for their piercing purpose.

Religion

Although religious perspectives were strong, these beliefs did not seem to prohibit the procurement of body art (Koch, Roberts, Armstrong, & Owen,

2004). Gardyn (2001) also reported in his survey that only 20% felt that their religion prohibited the piercings.

Support

As in Armstrong, Roberts, Owen, et al. (2004), two of five pierced students had family members with piercings. Friends' support was also strongly evident, whether getting the piercing, or when the students were removing it.

Risk Taking

The recent National Survey on Drug Use and Health (Substance Abuse and Mental Health Services, 2004) provides a comparison for the sample's risky behavior (Table 2). Tobacco use was slightly lower (national figure, 40%); however, alcohol use in this study (national figure, 44%) was higher. Tattooing was higher in this study (Table 2 average: 31%) compared to recent studies (19%-23%; Armstrong, et al., 2002a, 2002b; Armstrong, Roberts, Koch, et al., 2004; Armstrong, Roberts, Owen, et al., 2004). Drug use could not be compared.

A few researchers (Carroll et al., 2002; Roberts, Auinger, & Ryan, 2004) believed the presence of body art is a visual sign of deviant behavior in this age group. In contrast, Armstrong et al. (2002a, 2002b; Armstrong, Roberts, Koch, et al., 2004, p. 60) and Forbes (2001) questioned the label of *deviance* when developmental characteristics of this age group seek new experiences, sometimes in the form of risky behavior as part of building self-identity. Although these students admitted to being risk takers, this is not necessarily a negative trait (Lynn & Snyder, 2002). In addition, the sample demographics do not reflect negative stereotypical perspectives, and it is interesting to note that only 10% of the respondents identified their piercing(s) as a type of deviant behavior.

Removal

Although the common time for piercing removal was as upperclassmen, only the removal factor of *ease to remove* surfaced in the current study. Rather, these findings seemed to eliminate many of the commonly thought reasons for removal, even from an expert panel (see Study Outcome, Table 3). In the student's opinion, possessing the piercing(s) did not cause embarrassment, gossip, depression, lowered body image, clothes problems, or stigmas. In addition, negativity and health problems were not reported.

Some removed (SR) group. Of all three groups, the SR group presented with the most different piercing history. They obtained their piercings earlier (freshman and sophomore) in high school, had more piercings in their lifetime, and had more support for them from their many pierced friends and family members. They also cited stronger beliefs that their piercings “helped them feel unique,” especially in the female students.

This group especially rejected most of the removal elements the expert panel had commonly thought to stimulate piercing removal. When they removed some of their piercings, their average number of piercings dropped closer to the other groups, producing “normalcy” in the number of their piercings. Their decision time for removal was shorter; they were more aligned to the statements of “I got tired of it” and “I just decided to remove the piercing.”

Uniqueness

Almost one half of all the pierced students reported that their piercings helped them feel “unique,” a descriptive word that has also been reported in other studies (Armstrong et al., 2002a, 2002b; Armstrong, Roberts, Koch, et al., 2004; Armstrong, Roberts, Owen, et al., 2004). Could body piercing(s) help them feel unique by “building their personal distinctiveness, raising their self-identity, and enhancing their self-esteem?” (Lynn & Snyder, 2002 p. 395).

In research from the psychology of marketing, interesting work on the need for uniqueness and the desire or pursuit of unique consumer products is beginning to surface. What is currently known about uniqueness is that everyone seeks some individuality to set themselves apart from others (our individual nature), yet those who have an increased need for uniqueness or desire for unique products usually ascribe to a higher level of counterconformity; the amount depends on how much they want to risk going against societal norms when pursuing unique products (Lynn & Snyder, 2002). Students here, as in other studies (Armstrong et al., 2002a, 2002b; Armstrong, Roberts, Koch, et al., 2004; Armstrong, Roberts, Owen, et al., 2004; Forbes, 2001) admitted to being risk takers but not to perceiving body piercing as deviant behavior. Acknowledging and implementing their different levels of uniqueness could explain the reason for the three different groups (keeping them, removing some, or removing all) and why they still consider themselves risk takers. Because this trait of uniqueness is seen as positive (Lynn & Snyder, 2002), this helps to understand why the students do not feel this risk-taking activity of body piercing is deviant behavior.

How long is this need of uniqueness satisfied when a particular product, such as piercing(s), is acquired? When asked about removal, the student responses, especially of the SR group, could be viewed as flippant (“I just got tired of it”), yet further information about the trait of uniqueness could be applied. When a product no longer satisfies their need for uniqueness, they easily and inherently make changes (Lynn & Snyder, 2002), as in this case by removing some or all of their piercings. Particular body piercing sites might have satisfied their need for uniqueness more than others; our research did not examine which piercing sites were removed and which remained. Perhaps as some of their body piercings lost uniqueness, internal feelings of “I just decided to remove it” surfaced, rather than external concerns of “someone else’s expectations of removal.” With body piercing, they could make the decision quickly because the piercing was “easy to remove.” More research concerning the trait of uniqueness related to the procurement of body art (tattooing and/or body piercing) is suggested to further explain this need for uniqueness and if the pursuit of body art is an example of a product that satisfies this uniqueness.

Application to Nursing

Examining body piercing removal adds another dimension to the holistic perspective of body art procurement. Yet these findings are limited for generalizability as this convenient, cross-sectional sample of college students was only conducted in one university environment in a conservation community. Seeking cues for piercing removal(s) and the need for uniqueness could have some relevance to nursing as the profession continues to assess patient developmental differences and evaluate the planning and implementation of our patient teaching process.

Developmentally, the trait of uniqueness could have application for adolescents and young adults in their “unique biological and psychosocial stage of their life cycle, different from childhood and adulthood . . . [producing an] evolution of self-discovery and emerging independence” (Irwin, Burg, & Uhler Cart, 2002, p. 92). As adolescents and young adults are characterized by increased risk taking, obtaining body art could satisfy a need to take risks and be different.

When providing patient education, could the need for uniqueness be a reason why some health consumers are not as compliant with health care regimens, expectations, and recommendations as others? Although everyone considers himself or herself to be an individual, there are different levels of risk taking and ways that individuals separate themselves from others. Yet

frequently our health education tends to be “one size fits all,” too busy to consider their viewpoints or inquire the reason for their decisions. Although our society often looks up to leaders who “think outside of the box,” for uniqueness, distinctiveness, and creativity, health care often pushes for conformity, compliance, and consistency. Typically, these characteristics do not set well with those who want to be different. Our health care system needs to embrace these human differences (Lynn & Snyder, 2002), building on an individual’s need for uniqueness when designing or tailoring health education. Nurses caring for adolescents and young adults must step up to the challenge of providing effective nonjudgmental care and education to successfully address the trait of uniqueness in different behavioral and lifestyle responses.

References

- Armstrong, M. L., Owen, D. C., Roberts, A. E., & Koch, J. R. (2002a). College students and tattoos: Influence of image, identity, family, and friends. *Journal of Psychosocial Nursing, 40*(10), 21-29.
- Armstrong, M. L., Owen, D. C., Roberts, A. E., & Koch, J. R. (2002b). College tattoos: More than skin deep. *Dermatology Nursing, 14*(10), 317-323.
- Armstrong, M. L., Roberts, A. E., Koch, J. R., & Owen, D. C. (2004). Contemporary college students and body piercing. *Journal of Adolescent Health, 35*, 58-61.
- Armstrong, M. L., Roberts, A. E., Owen, D. C., & Koch, J. R. (2004). Toward building a composite of college student influences with body art. *Issues in Comprehensive Pediatric Nursing, 27*, 277-295.
- Carroll, S. T., Riffenburgh, R. H., Roberts, T. A., & Myhre, E. B. (2002). Tattoos and body piercings as indicators of adolescent risk-taking behaviors. *Pediatrics, 109*(6), 1021-1027.
- Forbes, G. B. (2001). College students with tattoos and piercings: Motives, family experiences, personality factors, and perception by others. *Psychological Reports, 89*, 774-786.
- Gardyn, R. (2001). *Ink me stud—Survey data on consumer attitudes towards body decoration—Brief article—Statistical data included*. Retrieved August 25, 2005, from www.findarticles.com/p/articles/mi_m402/is_2001_Dec1/ai
- Irwin, C. W., Burg, S. J., & Uhler Cart, C. (2002). America’s adolescents: Where have we been, where are we going? *Journal of Adolescent Health, 31*, 91-121.
- Koch, J. R., Roberts, A. E., Armstrong, M. L., & Owen, D. C. (2004). Correlations of religious belief and practice with college students’ tattoo-related behavior. *Psychological Reports, 94*, 425-430.
- Lynn, M., & Snyder, C. R. (2002). Uniqueness seeking. In C. R. Snyder & S. L. Lopez (Eds.), *Handbook of positive psychology* (pp. 395-410). New York: Oxford University Press.
- Martel, S., & Anderson, J. E. (2002). Decorating the “human canvas”: Body art and your patients. *Contemporary Pediatrics, 19*(8), 86-101.
- Mayers, L. B., Judelson, D. A., Moriarty, B. W., & Rundell, K. W. (2002). Prevalence of body art (body piercing and tattooing) in university undergraduates and incidence of medical complications. *Mayo Clinic Proceedings, 77*, 29-34.

- Millner, V. A., & Eichold, B. H. (2001). Body piercing and tattooing perspectives. *Clinical Nursing Research, 10*(4), 424-441.
- Roberts, T. A., Auinger, P., & Ryan, S. A. (2004). Body piercing and high-risk behavior in adolescents. *Journal of Adolescent Health, 34*(3), 224-229.
- Seiter, J. S., & Sandry, A. (2003). Pierced for success? The effects of ear and nose piercing on perceptions of job candidates' credibility, attractiveness, and hirability. *Communication Research Reports, 20*, 287-298.
- Substance Abuse and Mental Health Services Administration. (2004). *Results from the 2003 national survey on drug use and health: National findings* (Office of Applied Studies, NSDUH Series H-25, DHHS Publication No. SMA 04-3964). Rockville, MD: U.S. Department of Health and Human Services.

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