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RESEARCH ARTICLE

The psychologist with the dragon tattoo: The effect of gender on perceptions of tattooed mental health professionals

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ABSTRACT

Stigma towards tattooed individuals has resulted in questioning the competency of workers with tattoos. Previous research has indicated that tattooed therapists are not viewed differently compared to their non-tattooed counterparts. However, prior research examining perceptions of tattooed mental health professionals did not consider the effect of the psychologist's gender on tattoo stigma. The present study used an experimental design to investigate whether gender influences negative tattoo stigma in the context of clinical psychology. Students and members of the general public in Canada (n = 114) were asked to rate their perceived competence of a clinical psychologist, their feelings towards the psychologist shown in their profile, and their attitude towards gender balance. Psychologist profiles varied by tattoo presence and by gender, with male, female, and non-binary psychologists represented. Results indicated that there were no main effects of gender and tattoo presence on participants' perceptions of a mental health care provider. There were also no significant interactions between the gender of a psychologist and the presence of tattoo stigma. These findings may suggest that people are becoming more accepting of body modifications in professional occupations, which runs counter to prior research on tattoo stigma in workplace settings.

Keywords: gender; professional perception; tattoo stigma; tattoos; workplace competency

Statistics Canada (2019) reports that roughly 5.3 million people in Canada needed some form of help for their mental health in the previous year. Finding an adequate mental health care provider can be troublesome, as roughly half of those people found their mental health needs either partially or fully unmet (Statistics Canada, 2019). Examining which factors contribute to choosing a mental health care provider is therefore important, particularly as the characteristics of providers may influence public acceptability.

Tattoos have become prevalent, with 32% of Americans (Schaeffer & Dinesh, 2023) and 22% of Canadians reporting having tattoos (Ipsos, 2012) and are particularly common among LGBTQ+ and Indigenous communities (Alvarez, 2019; Carrillo, 2014; Dolinsky, 2022; Ragmanauskaite et al., 2020). Despite their growing popularity, tattoos still carry stigma. Several studies have found that members of the public judge tattooed individuals more harshly than the same individuals without tattoos (Degelman & Price, 2002; Galbarczyk & Ziomkiewicz, 2017; Resenhoeft et al., 2008). Tattooed men were viewed as more masculine, dominant, and aggressive (Degelman & Price, 2002), and students across age groups rated tattooed individuals more negatively on personal characteristics such as honesty and generosity (Degelman & Price, 2002; Resenhoeft et al., 2008). Negative perceptions persisted regardless of tattoo visibility or content, though more visible tattoos attracted harsher judgements (Resenhoeft et al., 2008). Although Weiler et al. (2021) found that tattooed and non-tattooed individuals are more similar than different in personality, other research suggests that tattooed workers are still viewed as less competent and less favourable by customers (Dean, 2010; Hauke Forman et al., 2021).

Tattoo reception in the workplace varies by industry and context (Timming, 2015). White-collar workers with tattoos tend to attract more negative perceptions than blue-collar workers with the same tattoos (Dean, 2010), and tattooed workers are generally viewed as less intelligent and honest than their non-tattooed counterparts (Cohen et al., 2018; Hauke Forman et al., 2021). Gender appears to be a

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critical moderating factor. Baumann et al. (2016) found that female surgeons with tattoos faced more significant negative judgements than male surgeons, with tattooed women appearing to be doubly stigmatised. Broussard and Harton (2018) similarly found that tattooed women were rated as stronger and more independent but also more negatively on other character attributes. Ozanne et al. (2019) found that male servers with tattoos attracted more negative reactions than female servers, though overall differences between tattooed and non-tattooed individuals were not significant. These findings suggest that women in professional settings may be more vulnerable to tattoo-related stigma (Baumann et al., 2016; Broussard & Harton, 2018; Ozanne et al., 2019). Notably, while tattoo stigma has been observed in occupations such as law enforcement (Hauke Forman et al., 2021), it has not consistently emerged in health care settings (Cohen et al., 2018).

Mental health trainees are frequently advised to cover tattoos to meet professional standards (Veilleux & Schwartz Mette, 2021; Zidenberg et al., 2022), though recent scholarship has questioned what counts as professionalism and who such standards may exclude (Curtis et al., 2024; Veilleux & Schwartz Mette, 2021; Zidenberg et al., 2022). Studies examining tattooed mental health care providers have generally found no impact on perceived competency (Hakimian, 2023; Jarvis, 2024; Smith, 2021; Zidenberg et al., 2022), and some evidence suggests tattoos may even strengthen the therapeutic alliance (Buckman, 2013; Hoose, 2019; Veilleux & Schwartz Mette, 2021). One exception is Tran Domingue (2024), who found that tattooed therapists were viewed as less reputable in certain specialisations. A consistent limitation across these studies is that the gender of the psychologist was not examined (Cohen et al., 2018; Smith, 2021; Zidenberg et al., 2022). Hoose (2019) found that female psychologists with tattoos were more sexualised by clients than their non-tattooed counterparts, while no equivalent effect was found for male psychologists, suggesting that gender may meaningfully shape how tattoos are perceived in clinical contexts.

Prior research has generally found no difference in perceived competency between tattooed and non-tattooed therapists, though profiles used in those studies typically featured a single female psychologist (Smith, 2021; Zidenberg et al., 2022). The present study addresses this gap by including male, female, and non-binary psychologist profiles to examine whether gender moderates tattoo stigma in a clinical psychology context. It was hypothesised that participants would not differ significantly in their views about psychologists with tattoos compared to those without tattoos when gender was not considered, and that participants would hold more negative judgements about the competency and personal characteristics of female psychologists with tattoos than non-binary or male psychologists with tattoos.

METHOD

Participants

In total, 232 participants completed our survey, but 118 participants were excluded. Of these exclusions, fifteen were excluded because they did not consent, seventy-seven were excluded because they did not answer at least 50% of the survey, and one was excluded because they were not at least 18 years of age. The remaining 25 were excluded because they failed the manipulation check. After these exclusions, a final sample of 114 participants was used for the analyses (see Table 1 for a full breakdown of demographics). The mean age of participants was 26.20 (*SD* = 10.23), with a minimum age of 18 and a maximum of 73. The participants were primarily female (65%) of Caucasian ethnicity (64%), identified as heterosexual (73%), were liberal in their political beliefs (48%), and were from Ontario (50%). Thirty-four percent of participants who had a tattoo and 54% of participants had a body modification. Sixty-six percent of the sample had experienced some form of mental health help and participants received various diagnoses and several intervention types ranging from prescriptions to talk therapy and Cognitive Behavioural Therapy (CBT).

Procedure

This study was reviewed and approved by the [REDACTED] Research Ethics Review Committee. Participants were recruited through the [REDACTED] Psychology 1000 student pool and through social media. Students who chose to participate earned a 2.5% mark which was used as an incentive to encourage students to participate. Posters were posted online on Redditt, Twitter, Facebook, and message boards dedicated to recruiting community participants (including non-students). Participants who chose to participate from the social media poster were allowed to enter a raffle to win one of two $50 Starbucks gift cards

used as incentives to help encourage participation. Once participants gave their consent, they were randomly assigned to one of six profiles featuring a photo and description of the psychologist. These profiles were similar to those used by Zidenberg et al. (2022), with a brief description of the psychologist (named Dr Campbell in the description) and a photo of a psychologist who either had a tattoo or not. The psychologist was either identified as female, male, or non-binary through the brief background paragraph about the psychologist. All photos were pilot tested to ensure they had similar base levels of professionalism, attractiveness, and perceived age (i.e., mid to late 20s), gender, and race and that the gender was perceived to match with the label of man, woman, or non-binary. All images used included a photo of one of three white individuals (i.e., man, woman, or non-binary individual) whose arms were visible. The arms were left as-is, or an image of a tattoo of a skull with flames and foliage was edited to appear on the arm of the model, creating six unique conditions. The tattoo selected was based on the results of Zidenberg et al. (2022) who found that there was virtually no significant difference between having a neutral element tattoo (i.e., a flower) while there were some significant differences for a provocative tattoo (i.e., a skull). Therefore, the provocative tattoo was used in this study. The skull tattoo, which was the same design used in Zidenberg et al. (2022), was designed by Chae Tattoo (@chae_tattoo) and was available through the INKHUNTER app (INKHUNTER Inc., 2020). Participants filled out the manipulation check, then the Modified Competency Questionnaire, the feelings questions, and the Attitudes Towards Gender Balance Measure, respectively. Finally, they were asked to fill out a brief demographics questionnaire and then provided a debriefing form for any questions they may have had about the study.

Table 1

Demographic characteristics of participants (n = 114)

Characteristic	
Age (SD)	26.15 (10.23)
Gender	*N*
Male	31
Female	74
Non-Binary	7
Other	1
Transgender	
Yes	6
No	106
Sexual Orientation	
Heterosexual	83
Homosexual	3
Bisexual	13
Other	13
Level of Education	
Completed high school (Grade 12 or 13)	12
Some community college/vocational/trade school/CGEP	12
Diploma or certificate from community college/vocational/trade school/ CGEP	6
Some university	50
Completed a Bachelor's degree	12
Some graduate or professional school	6
Completed graduate/professional school	14
No schooling	1
Current Student Status	
Yes	80
No	32
Tattoo Status	
No	73
Yes	39
Piering or body modification status	
No	51
Yes	61
Location	
An urban centre	83
A rural centre	29
Political beliefs	
Very conservative	2
Conservative	10
Slightly conservative	11
Middle of the road	19
Slightly liberal	8
Liberal	23
Very liberal	24
Prefer not to answer	16

Note: Given that participants were not forced to answer any questions (including the demographics), total may not add up to 100%

Measures

Manipulation Check. The first measure used was a manipulation check. This four-item questionnaire sought to determine whether the participants actively participated in the study or clicked randomly without reading the instructions. The core question posed was, "Did the psychologist have a tattoo on them", if the answer is answered incorrectly, then the data contributed to by that participant was omitted.

Competency Questionnaire. The perceived competency of the psychologist shown in the profile was assessed using a version of several subscales of the Competencies Questionnaire (Kamen et al., 2010) that were modified for use in Zidenberg et al. (2022). The Competencies Questionnaire was developed to assess core

competencies and trainee characteristics considered essential for professional psychologists. The version consisted of 24 items (e.g., Ability to choose an appropriate intervention based on knowledge of client symptoms and diagnosis) rated on a 6-point Likert-type scale, with one being "extremely poor" and 6 being "excellent". The Intervention, Empathy, and Personal Characteristics subscales were used. The Competency Questionnaire (Kamen et al., 2010) was found to have a reliability Cronbach's alpha of .96. The Intervention, Empathy, and Personal Characteristics subscales had alphas of .90, .87, and .91, respectively, suggesting good internal reliability. The Interventions subscale assesses competencies related to intervention in professional psychology. It assesses concepts that relate to the ability of the psychologist to apply an appropriate intervention plan based on the client's symptoms and diagnosis. The Empathy subscale examines competencies related to the ability to build a therapeutic alliance and empathise with clients. The Personal Characteristics subscale examines personal characteristics, such as verbal and written communication, required for the practice of professional psychology.

Feelings questions. Participants were presented with a list of characteristics used in previous research focused on perceptions of tattoos (Zidenberg et al., 2022). Descriptors shown to the participants were focused on positive characteristics (i.e., caring, competent, confident, friendly, honest, intelligent, interesting, kind, likable, professional, respectful, sincere, stable, trustworthy, and warm) and negative characteristics (i.e., aggressive, angry, immoral, lazy, manipulative, mentally ill, secretive, violent). The positive and negative characteristics had alphas of .94 and .88, respectively, which suggest good internal reliability. Participants were also presented with questions seeking to determine their opinions on the psychologist profile, whether they felt the psychologist in the profile looked friendly, and their overall attitude towards the psychologist on a scale from 0 to 100.

Attitudes Toward Gender Balance Measure. Participants were asked to complete the Attitudes Towards Gender Balance measure (Goldscheider et al., 2014), in which the participants were presented with six statements. They used a 5-point Likert-type scale to rate how much they agreed with the statements. The scale started at 1, which corresponded to "don't agree at all", and went to 5, which was "agree completely", and a sixth point was also included and was "I don't know", which was converted to a score of 3 on the Likert-scale provided. A sample question from this measure was: "A society where men and women are equal is a good society". This measure was found to have a Cronbach's alpha of .78 which suggests good internal reliability. This measure was used in exploratory analyses examining the effect of gender bias on perceptions.

RESULTS

Ratings of competency

A 2(Tattoo Presence: Tattoo, No tattoo) x 3(Gender: Man, Woman, Non-Binary) ANOVA was conducted to test for significant main effects of gender and tattoo presence on perceptions of competency and significant interactions between gender and the presence of tattoos on participants' perceptions of the psychologists' competency. As shown in Table 2, there were no significant main effects of tattoo presence on participants' perceptions of the psychologist's total competency, F (1, 107) = .71, p = .401 or for each subscale of the competency measure as there was not a p-value below .217. However, as shown in Table 1, participants in the tattoo condition (M = 4.89, SD = 1.04) rated the psychologist as more open to feedback (both positive and negative) compared to the non-tattoo condition (M = 4.49, SD = .99), F (1, 108) = 4.81, p = .030, regardless of gender with a medium effect size. There were no main effects of gender on participants' perception of the psychologist's total competency, F (2, 107) = 1.66, p = .195, or for each subscale of the competency measure (all ps > .173).

There were no significant interactions between the gender and tattoo condition groups while examining the total competency of a psychologist, F (2, 107) = .03, p = .972. There were also no significant differences for each subscale of the competency measure in regard to the intervention competency of the psychologist, F (2, 108) = .16, p = .853, the competency of the psychologist to display empathy, F (2, 108) = .03, p = .975, and competency of the psychologist based on personal traits, F (2, 107) = .07, p = .933.

Table 2

Feelings and perceptions about psychologist competency by tattoo condition

	Conditions (*M, SD*)				
	Male		Female		
Competency Measure	Tattoo	No Tattoo	Tattoo	No Tattoo	
Total Competency scale	112.64 (12.10)	110.52 (14.61)	120.27 (19.86)	116.54 (13.74)	117.84
Intervention scale	48.00 (3.51)	46.00 (5.43)	50.91 (7.18)	48.85 (6.18)	49.32 (
Empathy scale	14.29 (1.73)	13.95 (2.55)	14.91 (2.63)	14.69 (2.11)	15.21 (
Personal Characteristics Scale	50.36 (7.79)	50.19 (7.56)	54.45 (10.24)	53.00 (6.57)	53.31 (
Ability to convey warmth	4.86 (.77)	4.59 (.96)	4.82 (.98)	4.88 (.71)	5.21 (1
Ability to handle intense emotions	4.79 (.80)	4.68 (1.04)	5.00 (1.48)	4.88 (.99)	4.95 (.8
Ability to remain open to feedback (positive or negative)	4.71 (.99)	4.55 (1.18)	5.27 (.65)	4.42 (.86)	4.79 (1

*$p < .05$

Feelings towards the psychologist

There were no significant main effects of the tattoo conditions on participants' positive (F [1, 105] = 1.55, p = .215) and negative feelings (F [1, 107] = .001, p = .976) towards the psychologist. However, as seen in Table 3, there was a significant main effect of gender when examining the participants' perception of Dr. Campbell's professional appearance, F (2, 108) = 6.71, p = .002 with a large effect size. Participants rated female psychologists (M = 5.51, SD = .61) as significantly more professional than the non-binary (M = 4.61, SD = 1.28) and male (M = 5.06, SD = .92) psychologists. There were no other significant main effects of the tattoo or gender conditions. There were no significant interactions between gender and the tattoo conditions while considering positive (F [2, 105] = .25, p = .777) and negative feelings (F [2, 107] = 2.72, p = .071) as well as overall liking of Dr Campbell (F [2, 106] = 1.89, p = .156). Specific items on the feelings measure were examined to see any interactions between the gender and tattoo conditions. However, all p-values were above .420.

Table 3

Feelings towards psychologists by gender condition

	Conditions (*M, SD*)				
	Male Psychologist		Female Psychologist		Non-Binary
Feeling Questions	Tattoo	No Tattoo	Tattoo	No Tattoo	Tattoo
Positive Feelings	0.50 (8.00)	69.95 (10.05)	77.46 (13.96)	74.08 (8.01)	75.06 (11.01)
Negative Feelings	14.21 (4.71)	16.81 (4.32)	21.18 (14.44)	16.15 (7.79)	14.79 (4.57)
Overall Rating	141.36 (22.12)	141.10 (21.52)	145.64 (38.75)	146.24 (18.70)	151.47 (27.85)
Professional Perception	4.57 (.94)	5.36 (.79)	5.36 (.67)	5.58 (.58)	4.89 (1.05)
Suitability for children	4.00 (1.04)	4.41 (1.14)	5.00 (1.27)	4.58 (1.27)	4.58 (1.43)

*$p < .05$

Analyses by participant tattoo status and participant gender

Further analyses of variance were conducted to determine if the participants' tattoo status affected

their feelings towards the psychologists. Female psychologists with a tattoo (M = 24.63, SD = 2.69) were rated higher on negative feelings than psychologists in all other conditions when only examining participants with no tattoos (F (2, 67) = 4.27, p = 0.018). There were no other significant main effects or interactions when examining participants' feelings towards the psychologist when the participants did not have a tattoo. When examining the feelings participants with a tattoo had towards the psychologist in the conditions, there was found to be a significant main effect of gender. Participants with tattoos rated male psychologists (M = 68.46, SD = 8.89) significantly lower on positive feelings than their female (M = 76.00, SD = 11.36) and non-binary (M = 74.36, SD = 11.22) counterparts (F (2, 34) = 4.20, p = .024) with a large effect size. There were no other significant differences for participants without tattoos. There were no differences based on participant gender.

Gender bias as a covariable

An exploratory analysis of covariance was run to examine if gender bias, as measured by the Attitudes Towards Gender Balance measure (Goldscheider et al., 2014), affected participants' perceptions of positive and negative feelings about the psychologist and the psychologists' competency in their interventions, empathy, and personal characteristics. Gender bias did not significantly affect the main effects of the gender and tattoo conditions or the interaction between gender and tattoo presence on perceptions of the psychologist, as all p-values were above .067.

DISCUSSION

The present study explored the effects of gender on tattoo stigma for mental health care providers. The results indicate that there were no differences in participants' overall attitudes as well as perceptions of the psychologists' competence when comparing across the tattoo conditions. This aligns with previous studies that found no significant differences between tattoo conditions when examining mental health care providers (Hakimian, 2023; Smith., 2021; Zidenberg et al., 2022). There were also no significant interactions when examining if the gender of a psychologist affects the presence of tattoo stigma. This contrasts previous research conducted on other health care professionals, which suggested that female individuals seemed to be attributed more negative traits with a tattoo than males (Broussard & Harton, 2018; Ozanne et al., 2019) and accounts of bias towards women with tattoos in psychology (Hoose, 2019). The first hypothesis was supported and aligned with previous research examining tattoos amongst mental health care professionals. However, the second hypothesis was not supported as there were no significant interactions between gender and the presence of a tattoo. This may suggest that society is moving into a more accepting age of body modifications and different genders in a mental health care provider role.

Perceptions of tattooed mental health care providers

The first hypothesis examined in this study was supported as a tattoo did not significantly affect participants' overall attitudes or perceptions of a psychologist's competency. Past research has suggested that this could be because the type of professional occupation one is in impacts the presence of tattoo stigma (Timming, 2015). This may suggest that psychology is one occupation in which people do not judge physical appearance quite as harshly. This is in line with research conducted by Zidenberg et al. (2022) and Smith (2021) focused on potential clients and research by Hakimian (2023) focused on recruitment, as participants did not generally differ in their views about mental health care professionals upon seeing a tattoo on the professional.

Tattooed therapists were viewed by participants to be significantly more open to feedback (both positive and negative) compared to non-tattooed therapists in this study. This finding is contrasted by prior studies, which have shown individuals to be historically rated more harshly on personal characteristics such as being caring, motivated, honest, and generous (Degelman & Price, 2002; Resenhoeft et al., 2008;). This finding is also not in line with previous research examining the prevalence of tattoos in society, as even as of 2012, two in ten people had a tattoo (Ipsos, 2012) and this number only seems to be increasing over time (Schaeffer & Dinesh, 2023). This suggests that society today may differ from when the previous studies were conducted due to tattoos being so common today.

Gendered effects on tattoo stigma

Our second hypothesis was that we expected participants' perceptions of the psychologist to differ with the presence of a tattoo based on the gender of the therapist and, in particular, female psychologists to be at the most significant risk for

more negative perceptions (Hoose, 2019). To determine this, we ran a series of two-way ANOVAs to determine if the gender of the therapist affects perceptions of overall attitudes and views about the personal characteristics of the therapist as well as the therapist's overall competency in various facets based on the presence of a tattoo. However, our second hypothesis was not supported as there was no significant interaction when examining gender's effect on the presence of tattoo stigma. These findings contrast previous literature that found that women tend to be likely to experience negative stigma based on the presence of a tattoo (Broussard & Harton, 2018; Ozanne et al., 2019). The lack of different perceptions of different gendered psychologists with the presence of a tattoo could be due to biases towards certain genders in a caregiver role. Perceptions of what makes a therapist competent also may explain our result.

According to Kuittinen et al. (2014), various factors encompass competence in psychologists. Two significant factors shown in competent psychologists are the ability to have interpersonal relationships, professional identity, and autonomy. Men in caregiving roles traditionally tend to take a more problem-centred approach and show more autonomy and independence in the caregiving role, whereas historically, women tend to make the “personal the professional” and are more potent in interpersonal relationships in caregiver roles (Griffin & Karepova, 2011; Mott et al., 2019). This may suggest that certain genders, particularly women, are stronger in certain aspects of psychological competency than others. Prior research looking at different genders and tattoos found that women and men with tattoos were ranked as more independent, masculine, and dominant compared to non-tattooed individuals (Broussard & Harton, 2018; Degelman & Price, 2002). Being attributed as more masculine or independent is not as detrimental, particularly for different genders in a mental health care provider role, because of the wide range of traits associated with competence in psychologists. Additionally, the results of this paper indicate that female psychologists appeared more professional with or without a tattoo compared to male and non-binary psychologists. Despite this difference, there was no reduction in willingness to seek treatment from the male and non-binary professionals. This finding may help to encourage more LGBTQ+ therapists to openly express themselves and increase representation in the field as has been requested by LGBTQ+ service users (Rosati et al., 2022; Wright et al., 2023). These findings seem to be in line with more traditional views of competency in psychology which focus on being caring and nurturing and may point to gender bias (Griffin & Karepova, 2011; Kuittinen et al., 2014; Mott et al., 2019).

Depending on the tattoo status of participants, there were some gendered effects. Specifically, those participants with tattoos rated male psychologists significantly lower on positive feelings than their non-binary and female counterparts. For participants with no tattoos, female psychologists with a tattoo were rated higher on negative feelings than psychologists in all other conditions. This difference could lend credence to the notion that tattooed women in particular are judged harshly by observers (Swami & Furnham, 2007). Despite some evidence that those tattoos tend to be more forgiving of others with tattoos (Arndt & Glassman, 2012), most research seems to indicate that those with tattoos still rate others with tattoos more negatively (Dean, 2010, 2011; Foltz, 2014). Smith (2021) found no differences based on participant tattoos status and Zidenberg and colleagues (2022) found that participants with no tattoos rated the psychologist with a provocative tattoo as more competent than the psychologist with no tattoos on the intervention competency scale and for the total competency scale, meaning that neither of these previous results were replicated in the current study.

The results of this study suggest that there are very few significant main effects of gender or tattoo presence on negative perceptions of mental health care providers. Furthermore, there were no meaningful interactions between gender and the presence of tattoo stigma while considering participants' views of the psychologist's competency and various aspects of their opinions about the personal characteristics of the therapist. This may suggest, contrary to prior research, that society is moving into a more accepting age of body modifications and different genders in professional occupational roles (Curtis et al., 2024; Eagly & Karau, 2002; Powell & Cochran, 2021; Steinpreis et al., 1999). Despite this optimising interpretation of the results, it is important to note that these results may have alternate explanations such as limited sample diversity or methodological constraints.

Limitations and future directions

The tattoos shown in the profiles given to participants were all located on the arm of the psychologist. There was no variation in the location of the tattoo on the psychologist which may have impacted the perceptions of the psychologist as previous research has shown that certain tattoo locations can be perceived more negatively (Brown et al., 2018). Additionally, the participants may have been primed to think about the tattoos during the manipulation check. The question about tattoos was couched in a number of questions about the profile in order to obscure the true nature of the study. The sample of participants was likely skewed towards Westernized ideology, with most participants being white, heterosexual women. Exploring perceptions of a more diverse sample may result in more generalizability. Additionally, future research looking at the gender of the respondents could be useful to further understand the nuances of these judgements. The sample was also relatively small, which could have contributed to a lack of significance in some of the analyses. Additionally, high attrition rates may impact the generalizability of the current findings. It is unknown whether the individuals who chose to discontinue their participation would have differed from those who chose to continue. Future studies should attempt to recruit large, representative samples to combat these issues. This study also lacked aspects contributing to ecological validity. Participants only viewed a small biography about the psychologist in the profile, so the psychologist in the profile would not be considered as the participant's actual psychologist. This decreases the generalizability of the study because it may not represent how people would react in person to the viewing of different gendered psychologists with a tattoo. The mean age of the participants was 26, which may have impacted the results as young people may be more likely to have more favourable perceptions of the profiles given in this study. Indeed, older participants in Hakimian (2023) rated those individuals with tattoos as being less professional. These results were specific to the recruiters in their sample, but it could be the case that it is true for potential clients as well. Future studies could examine these differences and determine if the standard view of older people being less accepting of a diverse workplace is still present compared to young people.

Although the present study adds to current literature regarding the effects of gender on the presence of tattoo stigma and ideas on gender bias and tattoo bias independently for mental health professionals, there are further questions to be asked when examining this topic. One area of research to consider is different ethnicities' or cultures' views on the presence of tattoos. The present study used only white models for the profiles given to the participants. This is significant as much research has been conducted on the Western world's view on tattoos in the workplace or the general population. However, more research needs to examine the presence of tattoo stigma cross-culturally. Although tattoos are increasingly common in Canada and the United States, there are still areas where they are less common (Adisa et al., 2021). It is unknown whether tattoo stigma is more common in such areas or if people from these ethnicities may be more predisposed to viewing individuals with tattoos in a different light. Therefore, examining this area would provide more extensive contributions to the current literature about tattoo stigma. Another topic of interest that may require further research is the effects of the tattoo content on the perceptions of individuals with the tattoo. Research has shown that a tattoo's content can significantly affect perceptions of competence in an occupational setting. However, these differences relied upon the tattoo content, the generational cohort of a hiring manager, and the gender of the candidate (Tews et al., 2020). Future research examining if having more recognisable tattoos may influence perceptions of certain genders, particularly tattoos that are commonly linked to specific negative associations, would help add to the current literature about gender differences when it comes to tattoos and whether tattoos can be associated with more negative or positive traits.

CONCLUSION

To conclude, this study sought to determine if gender affected the presence of tattoo stigma for mental health care professionals. Based on the results, there was no significant interaction between the gender of the psychologist and the presence of tattoo stigma on perceptions of the therapist's competence in numerous facets. There were also no significant interactions between gender and tattoo stigma while considering participants' overall attitudes and views of the therapist's characteristics. This suggests that while considering the gender of a psychologist, there are no differences in an individual's perception of that

professional when a tattoo is present compared to not. Little research has examined this topic, especially when considering mental health care providers, so the results help fill the current knowledge gaps surrounding these issues. These results also indicate that advice from clinical supervisors or instructors to cover up tattoos may not be warranted. Clinical supervisors, practicum supervisors, and those in charge of other clinical training opportunities should be aware that stigma related to tattoos seems to be unsubstantiated and take care not to have their personal views impact their decisions. While tattoo acceptance may seem trivial on its surface, exclusion of tattooed individuals from training and clinical opportunities can have a profound impact on diversity in the field as tattoos may be used for religious or spiritual reasons (Rush, 2005) and may be used to affirm a marginalised identity (McGuire et al., 2016). The decision to reveal or conceal a tattoo is a matter of personal preference and seems to have no reliable impact on client perceptions regardless of gender.

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