

## Temporary tattoos: Alternative to adolescent self-harm?

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**A**lthough self-harm behaviors such as burning or cutting are common among adolescents, they are a source of concern for parents and friends, and challenging to treat. Treatments have focused on distracting stimuli such as ice or the sting of a rubber band snapped on the wrist. Tattooing may be an alternative somatic strategy that can decrease self-harm and counter negative body image.<sup>1,2</sup>

In a study of 423 individuals with body modification (tattoos and piercings), 27% admitted to cutting themselves during childhood.<sup>3</sup> This study's authors concluded that these practices became a substitute for self-harm, helped patients overcome traumatic experiences, and improved satisfaction with body image.

In line with these observations, we decided to offer temporary tattooing to residents in our 60-bed child and adolescent treatment center. Patients were age 6 to 20 and 70% were female. We received consent from all patients' guardians after explaining the temporary, nontoxic nature of the ink or decals.

Our first trials were with adolescent females with a history of cutting, but we offered temporary tattooing to all patients within a few months. Overall, 7 females and 3 males, all of whom had an axis I mood disorder, participated in temporary tattooing as an alternative to self-harm. We noted borderline personality traits in female patients who engaged in severe self-harm. Patients either drew on themselves or, with therapist supervision, "tattooed" other patients using self-selected designs.

One older teenage girl used cutting to manage flashbacks of sexual abuse from a family member. She had multiple scars

from the cutting despite outpatient, hospital, and residential treatment over several years without symptom improvement. After 1 year of tattooing, her cutting episodes decreased from several times per month to once every 3 months. She also reported an improvement in positive perception of her body image from 0 on a 1-to-10 scale on admission to 5 at 1 year.

A younger teenage female without visible scars used cutting to manage feelings of being ugly associated with memories of sexual abuse. She reported that over 3 months, drawing tattoos improved her feelings about her body from 0/10 to 4/10, and she no longer reported thoughts of cutting or self-harm. Over 3 months, a male teenager without scars who cut himself when distressed about female relationships instead used tattoos to draw his conflicted feelings on his arm.

Tattoo designs included:

- flowers, vines, and roses
- patients' psychological issues
- 2 faces for a patient dealing with internal and external relationship conflicts
- 2 flags to represent melding different cultures
- 2 hearts fused to represent issues with the intensities of love
- foreign words to indicate secrecy and alienation
- fantasy daydreams reflected as unicorns and dolphins.

**Temporary tattooing may help adolescents alter self-harm behaviors and counter negative body image**

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### Disclosure

Dr. Masters reports no financial relationship with any company whose products are mentioned in this article or with manufacturers of competing products.

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Patients' conversations with their therapists about the tattoos enabled detailed discussions about abuse, body image, and relationships.

Parents and some of our staff initially were concerned that temporary tattoos would increase self-harm or high-risk behaviors. This did not occur, perhaps because patients felt the designs helped them visually express feelings and conflicts.

Our clinical experience indicates that temporary tattooing may be a method of

discussing and altering self-harm behaviors and negative body image in adolescent inpatients. Further evaluation of this strategy is warranted.

#### References

1. Muehlenkamp JJ, Swanson DJ, Brausch AM. Self-objectification, risk taking and self-harm in college women. *Psychology of Women Quarterly*. 2005;29:24-32.
2. Carroll L, Anderson R. Body piercing, tattooing, self-esteem, and body investment in adolescent girls. *Adolescence*. 2002;37:627-637.
3. Stirm A, Hinz A. Tattoos, body piercings, and self injury: is there a connection? Investigations on a core group of participants practicing body modification. *Psychother Res*. 2008;18:326-333.

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This supplement to CURRENT PSYCHIATRY was submitted by Asante Communications, LLC; supported by educational grants from Eli Lilly and Company and Janssen, Division of Ortho-McNeil-Janssen Pharmaceuticals Inc; and administered by Ortho-McNeil-Janssen Scientific Affairs. It was peer reviewed by CURRENT PSYCHIATRY.