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How do visible tattoos influence the perception of professionalism compared to counsellors without visible tattoos?

2209269

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Dissertation submitted to partially fulfil the requirements for a Bachelor of Science (Honours) in Psychology and Counselling.

DECLARATION

This work has not previously been accepted in substance for any degrees and is not being concurrently submitted in candidature for any degrees.

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Date: 24/03/2025

This dissertation is being submitted in partial fulfilment of the requirements for the degree of Psychology and Counselling.

Signed: Matthew Wilson

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This dissertation is the result of my own independent work/investigation, except where otherwise stated. Other sources are acknowledged by giving explicit references. A reference list is appended.

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Date: 24/03/2025

I hereby give consent for my dissertation, if accepted, to be available for photocopying and for inter-library loan, and for the title and summary to be made available to outside organisations.

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Abstract

For many years, tattoos have been negatively perceived in the workplace. Initially, they represented cultural identity, but more recently, they are recognised as a form of art. This study examines the impact of visible tattoos on the perception of professionalism among counsellors. Using a mixed-methods approach, participants evaluated counsellors with and without visible tattoos on stereotype activation and perceived competence measures. The results indicated no significant difference in stereotype activation between the two groups, $t(18) = 1.62, p = .06$. However, a significant difference was found in perceived competence, $t(18) = 1.78, p < .05$, with tattooed counsellors receiving higher competence scores ($M = 35.82, SD = 2.99$) compared to non-tattooed counsellors ($M = 31.56, SD = 7.28$). These findings challenge traditional assumptions that tattoos negatively impact professional perceptions, suggesting that visible tattoos may enhance perceived competence in counselling settings. Further research is needed to explore whether this study's findings are applicable to a broader setting, representing a more reflective cross-section of the population.

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Chapter 1: Review of Literature

Tattoos represent a significant cultural phenomenon prevalent across various societies worldwide for millennia. This ancient art form has experienced a resurgence in popularity in recent years, with a growing number of individuals choosing to acquire tattoos for diverse reasons, including spiritual, personal, and medical motivations (Altunay et al., 2022). In 2019, over 120 million individuals globally opted for tattoos as a means of self-expression, underscoring their widespread appeal across different age groups and genders (Qader et al., 2024)

The perception of individuals with tattoos can vary, with many of those views being negative. (Resenhoeft et al., 2008). The prevalence of tattooing exhibits significant variability across diverse populations and geographic regions. Research findings suggest that approximately 18% of individuals aged 18 years and older within the general population possess at least one tattoo, with notable variations by country: 31.5% in the United States, 22.3% in Brazil, 11.8% in China, and 11.7% in Russia (Kluger et al., 2023). However, individuals who adorned themselves with tattoos may have been perceived as contravening societal norms and expectations pertaining to personal appearance (Setter, 2005). Conversely, tattoos have gained immense popularity and are now viewed as a fashion statement, reflecting a more modern and expressive culture that has flourished (Al-Twal and Abuhassan. 2023). Today, the distinction between tattooed and non-tattooed individuals is minimal, with the individuals often perceived as more unique and outgoing (Swami et al., 2012). Moskowitz & Gill, (2013) define perception as the constitution of the cognitive processes involved in categorising individuals and their behaviours. This discipline encompasses the formulation of inferences regarding their qualities and the underlying causes of their actions, leading to

attributions that elucidate behaviour. Furthermore, it involves predicting individuals' characteristics and likely future conduct (Moskowitz & Gill, 2013).

This perception extends into the professional sphere, where tattoos may influence judgments of competence and professionalism. Tattoos are frequently perceived as detrimental to career prospects, with many organisations implementing stringent policies restricting visible tattoos in the workplace (Karácsony et al., 2024). In contrast, other organisations adopt more flexible approaches to external appearance, fostering a diverse employee base. Nonetheless, a significant portion of society regards individuals with tattoos as less competent in fulfilling job responsibilities or lacking the professionalism required for specific positions, particularly for roles within healthcare and educational settings (Coleman et al., 2017). Professionalism is a construct of attribution encompassing various traits, characteristics, behaviours, and qualities ascribed to individuals held in high esteem, particularly by their colleagues within the same profession. It represents a set of attitudes, behaviours, and characteristics that define competence and conduct in professional roles. Professionalism includes adherence to ethical principles, a commitment to excellence, accountability, and a focus on serving others (Rowley et al., 2000).

Swami et al., (2012) examined the personality traits and individual differences between those with tattoos and those without. A total of 540 participants from southern German-speaking regions of Central Europe took part in surveys that assessed the Big Five personality traits, need for uniqueness, self-esteem, sensation seeking, religious beliefs, attitudes towards tattoos, and demographic information. The results indicated that 22% of participants had at least one tattoo. Those with tattoos showed significantly higher scores in extraversion, experience seeking, and need for uniqueness, and they held more favourable attitudes toward tattoos than their non-tattooed individuals.

Despite shifting societal attitudes toward tattoos, professional settings often maintain ambivalence regarding their acceptance. A study conducted by Al-Twal and Abuhassan (2023) on a sample population in Jordan found that employees frequently conceal visible tattoos in the workplace due to concerns about potential negative repercussions on their employment prospects. However, survey findings indicated that approximately 89.9% of society and 81.5% of workplaces expressed acceptance toward individuals with tattoos (Karácsony et al., 2024). Employers are increasingly mindful of the public perception of their businesses and the implications it carries. Negative societal attitudes towards individuals with tattoos inhibit their visibility within the workplace, ultimately leading to employers' reluctance to hire candidates who might be perceived as a potential liability to the company (Baglione et al., 2021a; Dean, 2011; Miller et al., 2009; Timming, 2015; Timming et al., 2015)

The relationship between professionalism and visible tattoos is complex, varying across different professions and societal perceptions. While tattoos have become increasingly mainstream, their acceptance in professional environments, particularly in healthcare and the service industry, remains a contentious issue. A study exploring the nursing industry found that nurses with visible tattoos are often viewed as less reliable and empathic, with female nurses facing greater scrutiny than their male counterparts (Thomas et al., 2010). Additionally, age plays a role in these perceptions, as older adults tend to hold more negative views toward tattooed healthcare professionals (Boultinghouse, 2015). While it was once thought that psychology professionals ought to hide tattoos to project a professional image, this view is considered to be changing (Zidenberg et al., 2021).

The early proliferation of tattoos predominantly occurred within the lower social strata. Wearers typically included sailors, criminals, prisoners, and enslaved individuals, with later associations emerging with motorcycle gangs and other elements of the underworld. Tattoos

became emblematic of deviant and rebellious behaviours, reflecting broader societal attitudes toward these groups (Burgess & Clark, 2010). Tattoos have transitioned from indicators of rebellion to widely recognised expressions of individuality. Nonetheless, their acceptance in professional environments often hinges on various factors, such as workplace culture, the type of tattoo, and cultural background. Research indicates that while tattoos are becoming more prevalent, they still provoke biases and stereotypes in specific professional spheres (Francisco & Ruhela, 2020; Florina-Gabriela Mitu & Bota, 2023).

In therapy, several factors are crucial in determining the effectiveness and quality of therapeutic care. One of the most significant of these is the therapeutic relationship, the bond between client and therapist, also known as the therapeutic relationship. This has a profound impact on treatment outcomes and overall mental well-being. Contemporary perspectives in psychotherapy increasingly emphasise the importance of a strong therapeutic relationship as a fundamental component in achieving therapeutic objectives and improving client outcomes (Dobson, 2022). By understanding diverse subjective experiences, counsellors can foster trust with clients, establish meaningful therapeutic goals, and effectively address their needs throughout the counselling process (Kyoung Hwa Yi et al., 2024).

Historically, psychotherapy guidelines have often underemphasised or misrepresented the importance of the therapeutic relationship. However, research has identified several key factors that contribute to the quality of this relationship and, consequently, the overall success of therapy. These factors include client perceptions of trust, therapist competence, confidence, and comfort (Noyce & Simpson, 2018). Watson (2007) emphasises that the therapist's empathy, acceptance, and congruence attitudes are essential for assisting clients in accurately expressing their emotional experiences. When clients are vulnerable and experiencing difficulties, a supportive and responsive therapeutic relationship is crucial for fostering change

in psychotherapy. Understanding how these elements shape a client's perception of their therapist is essential for evaluating their impact on the therapeutic process and treatment outcomes. A substantial body of research has demonstrated that clients' assessments of their therapists strongly influence the effectiveness of therapy (Norcross & Lambert, 2018).

Understanding the factors that influence the therapeutic relationship necessitates an examination of the concept of therapeutic alliance. This alliance is defined as the bond formed between a mental health provider and a client, which is marked by mutual trust, positive qualities, and shared supportive feelings (Baier et al., 2020). A pivotal factor in this relationship is how clients perceive their therapists, especially in terms of competence. Clients' expectations are often influenced by their initial impressions of trust and professionalism before establishing a relationship with the provider. Furthermore, negative perceptions, stigma, and stereotypes can affect help-seeking behaviour, ultimately diminishing the quality of the therapeutic relationship and influencing treatment outcomes. For example, a therapist's professional appearance can significantly affect how clients perceive their trustworthiness and competence (Johnson et al., 2016). Since tattoos can impact views on physical appearance, attraction, and personality, they might also influence how clients perceive their therapists (Westerfield et al., 2012b).

Social perception and stereotyping have been central themes in social and cross-cultural psychology throughout the 20th century (Lee et al., 2001). Stereotypes consist of commonly accepted notions regarding the traits or features of certain groups. Although stereotypes are often perceived as negative, some can reflect positive perspectives (Fraser et al., 2021a). Devine (1989) proposed a prominent model of prejudice, arguing that stereotypes become deeply ingrained due to their pervasive presence in society and are automatically activated upon encountering individuals associated with the stereotyped group. This process, known as stereotype activation, follows a structured three-step sequence. First, an individual is

categorised as a member of a particular social group. Subsequently, the attributes commonly linked to that group are activated. Finally, these activated characteristics influence the perception of and behavioural responses toward the individual, although moderating factors may mediate these effects (Blair, 2002).

Stereotypes, along with the related concepts of prejudice and discrimination, have been extensively studied in psychology for over a century (Dovidio, 2010). The Stereotype Content Model (SCM) provides a framework for understanding these biases by categorising social perceptions along two primary dimensions: warmth, which encompasses sociability and morality, and competence, which includes ability and agency (Fiske et al., 2002). This model suggests that stereotypes are influenced by observed social structures, including interdependence (cooperation versus competition), which impacts the warmth dimension, and status (prestige and power), which shapes views on competence. Consequently, these stereotypes predict emotional reactions or biases. For example, groups seen as both unkind and incompetent (like homeless people or drug addicts) incite feelings of disgust and contempt. At the same time, those viewed as warm but not competent (such as older adults or individuals with disabilities) provoke different emotional responses to those of pity.

On the other hand, groups perceived as very capable but lacking in warmth, like affluent people and business professionals, often evoke feelings of envy (Fraser et al., 2021b). In this context, how society views therapists can affect perceptions of their roles, skills, and the emotional support they provide. While therapists are often seen as warm because of their empathetic and nurturing demeanour, opinions about their competence might differ based on their professional standing, therapeutic methods, or cultural views on mental health care. Recognising these stereotypes is essential, as they can influence public confidence in therapy, affect people's willingness to seek treatment, and determine the credibility of professionals.

In counselling, views on professionalism are shaped by a practitioner's skills and how they present themselves physically. Research shows that clients and employers often make judgments based on visible tattoos, which can impact perceptions of a counsellor's ability and reliability. Although some clients may not link tattoos with lower professionalism, others might view tattooed counsellors as less trustworthy or capable (Westerfield et al., 2012; Bernhardt et al., 2020). However, Cohen et al. (2018) found that patients did not recognise any substantial differences across the evaluated domains, namely competence, professionalism, caring, approachability, trustworthiness, and reliability based on the presence of body art among physicians. Notably, patients assigned high ratings to physicians in all categories, with over 75% providing top-tier performance ratings, irrespective of the physicians' physical appearance.

Existing literature on the relationship between tattoos and mental health care is limited. A study by Zidenberg et al. (2022b) examined participants' perceptions of a clinical psychologist. Participants viewed a clinician's online profile, where the only variation was the presence of a "neutral" (flower) or "provocative" (skull with flames) tattoo or no visible tattoo. Results showed that clinicians with tattoos were perceived as less professional. However, those with provocative tattoos were rated as more confident, interesting, and likeable. Although participants viewed clinicians with tattoos as less professional, they still had relatively positive feelings towards the individuals themselves. Additionally, a different study investigating perceptions of healthcare professionals with tattoos revealed that even tattooed participants rated themselves as less professional. The findings indicated that, in general, participants perceived those with tattoos as less professional (González Martínez & Vázquez Campo, 2019).

The primary aim of the present study is to examine whether the presence of visible tattoos influences perceptions of professionalism compared to counsellors without visible tattoos. However, it is important to recognise that other sectors may encounter challenges with professional perception. In the service sector, attitudes toward visible tattoos are gradually shifting, with some organisations adopting a more tolerant stance. However, persistent stigmas continue to limit career advancement opportunities. Despite changing societal attitudes, negative stereotypes surrounding tattoos still dominate many professional environments (Miroński & Rao, 2019). Interestingly, perspectives within the healthcare field itself are not uniform. A recent study found that a significant majority of university students, particularly those in medical programs, support visible tattoos among healthcare professionals. Acceptance was reported by 75% of medical students, with approval rising to 92% among those with tattoos themselves (Paprocka-Lipińska et al., 2019). However, institutional policies do not always reflect these evolving attitudes. For example, 80% of dental hygiene programs require students to cover visible tattoos, citing concerns about professionalism (Search et al., 2018). These findings highlight the tension between shifting societal norms and entrenched professional expectations. While acceptance of tattoos is growing, significant barriers remain in specific fields, underscoring the complexities of professionalism in contemporary workplaces.

Tattoos can notably positively affect mental health, symbolising empowerment, resilience, and self-expression. They help individuals cope with emotional distress and affirm their identities (Tottle, 2024). Furthermore, tattoos facilitate meaning-making and self-narration, particularly in the aftermath of trauma, representing personal growth, transformation, and significant relationships. It is essential to recognise that approximately 70% of people encounter trauma at some point in their lives (Yadav & Gunturu, 2024; McCandlish & Pearson, 2023). Many mental health professionals, including psychologists, nurse practitioners, marriage and family therapists, social workers, and counsellors, also experience trauma

throughout their lives, including vicarious trauma, which is the emotional impact that results from witnessing others' traumatic experiences (Jimenez et al., 2021). Given a therapist's exposure to both personal and vicarious trauma, many mental health professionals may choose to get tattoos as a means of reclaiming autonomy, processing their experiences, and symbolising resilience.

Despite these potential psychological benefits, societal perceptions of tattoos remain complex. Individuals with tattoos are frequently subject to negative stereotypes, as they are often perceived as less attractive, intelligent, and professional compared to those without tattoos (Morlock & Morlock, 2023). These findings reveal a conflicting relationship among industry, professionalism, and perspective. Although societal attitudes toward tattoos have become more accepting in recent years, many employers remain hesitant to hire individuals with visible tattoos (Baglione et al., 2021). Hiring decisions are often influenced by perceptions of a candidate's competence, intelligence, reliability, and overall employability, which are frequently shaped by external appearance. Within this context, individuals with tattoos are often viewed less favourably, being perceived as less likeable, motivated, religious, and decent compared to their non-tattooed counterparts (Henle et al., 2021). However, an attractive and pleasant aesthetic view does not necessarily go hand in hand with expertise and professional performance (Shapir & Shtudiner, 2022). As the prevalence of tattoos continues to rise, debates surrounding their relevance in hiring practices have intensified. Notably, tattoos' type, significance, and design play a crucial role in shaping how they are perceived in professional settings (Tews & Stafford, 2019).

This study seeks to bridge the gap in existing research on therapists' perceptions by examining whether visible tattoos influence client perceptions of a counsellor's stereotype activation and competence. The findings will offer valuable insights into shifting attitudes toward tattoos in professional settings and contribute to broader discussions on inclusivity and

bias within therapeutic environments. The second aim of this study is to discuss participants' perceptions and opinions of the therapist in a simulated counselling session. To add an element of novelty to this study, virtual reality (VR) will be used to immerse participants in a simulated therapy session. It is hypothesised that stereotype activation will occur at a higher level with participants who view the tattooed therapist in the simulated counselling session. Second, it is hypothesised that the non-tattooed therapist will be perceived as more competent than the tattooed therapist.

Chapter 2: Method

2.1 Participants

The target population for this study consisted of individuals enrolled in undergraduate courses in either psychology or psychology and counselling, specifically those aged 18 years and older. Participants were recruited utilising a variety of methods, including the University of Wales Trinity Saint David (UWTSD) Psychology Experimental Management System (EMS), which is directed towards students across all academic cohorts. A total of 21 individuals showed interest in participating in the study. Out of these, 20 engaged actively, while the data from one participant was excluded because they did not submit any information on either questionnaire. Out of this study, 20 data sets were analysed, consisting of 4 males (20%) and 16 females (80%). Ages ranged from 20-57 ($M=34.05$, $SD=11.93$).

2.2 Design

This study utilised a mixed-methods design to examine therapists' professional perceptions and impressions of individuals with visible body tattoos, employing virtual reality (VR) as a key methodological component with the aim of immersing participants in a simulated counselling session. Data collection was conducted in person, beginning with the collection of demographic information, including gender, age, and health-related exclusion criteria, using the Qualtrics software.

Participants engaged with a VR headset in a private, designated room at the University of Wales Trinity Saint David (UWTSD) SA1 campus. These sessions were scheduled at times convenient for student participants to ensure accessibility and comfort.

The study's independent variable (IV) was the presence or absence of tattoos on a therapist. Participants viewed simulated counselling sessions via the VR headset, featuring the same actor in either of the two conditions: one with visible tattoos and one without. The

dependent variable (DV) comprised participants' perceptions and professional impressions of the therapist, assessed using a standardised Likert scale designed to evaluate stereotype activation and professional competencies (Kamen et al., 2010). This allowed participants to rate the therapist from a client's point of view.

Subsequently, participants took part in a semi-structured interview consisting of 11 open-ended questions (see Appendix A) to gain deeper qualitative insights into their perceptions and opinions.

2.3 Materials

2.3.1 Essential and Demographic Materials

An information sheet (see Appendix B) and two consent forms (see Appendix C), one for participants and one for the researcher were printed and distributed along with the manufacturer's VR headset safety manual (see Appendix D). Participants were also provided with a university laptop for collecting demographic data (age and gender), and a health and safety pre-screen was conducted (see Appendix E). After participants consented to participate in the study and completed the VR segment, they were instructed to fill out two questionnaires. Additional digital materials included the competency questionnaire (see Appendix F) and the stereotype activation questionnaire (see Appendix G). Once both questionnaires were completed, a printed copy of the semi-structured interview questions was prepared for the researcher's use.

2.3.2 Adapted Competency Questionnaire

The first questionnaire measured stereotype activation and was an adapted version of the Competency Questionnaire used by Kamen et al. (2010). This questionnaire consisted of a total of 11 items, such as "This person seems trustworthy" and "This person does not seem caring", and scores for each item were anchored between 1 (strongly disagree) and 5 (strongly

agree). There were seven items that were negatively worded and required reverse scoring prior to calculating a total for stereotype activation. Possible scores on the scale ranged between 11 and 55, with higher scores indicating more tattoo stereotype activation (see Appendix M). The scale's reliability was good and comparable to previous uses, with a Cronbach's alpha of .72.

The second questionnaire was also adapted from Kamen et al. (2010) and was used to assess participant's perceptions of the competence level of the therapist. A total of nine items assessed perceived competence, such as "This person cannot provide effective therapy" and "This person can build a therapeutic alliance with a client". As above, scores were anchored between 1 and 5 (strongly disagree to strongly agree), and four negatively worded items required reverse scoring. The potential range of scores on this questionnaire was between nine and 45, with higher scores demonstrating a more positive perception of the therapist's competence. Reliability analysis demonstrated that the scale's internal consistency was very good, with a Cronbach's alpha of .87.

2.3.3 Simulated Therapy Session

The simulated therapy session was created for this study. A female actor played the role of the therapist, and a second female actor played the role of the client. Two independent sessions were recorded using a GoPro camera loaned from the university: one for the 'tattooed therapist' condition and one for the 'non-tattooed therapist' condition. Recordings took place over several days to accommodate the actors' schedules. The 'therapist' actor had existing visible tattoos, which needed to be concealed to eliminate any preconceived bias during the recording of the 'therapist with no visible body tattoos' condition. Special FX makeup was applied to hide the body tattoos, preventing participants from noticing them during the recording (see Appendix H for image). For the 'therapist with visible body tattoos' condition, the actor's existing tattoos were left visible, and additional artificial tattoos were placed on the actor's arms and body to simulate a therapist with visible body tattoos to create a more realistic

approach for the second video (see Appendix H for image). To ensure consistency regarding the environment, each recording was conducted in the same room and the setup was standardised. To ensure the room setup in the same way for each new recording session, the exact position of chairs, tables, recorder tripod, books, and plants were marked with micropore tape. This allowed for mirroring of the arrangement of the room in each recording to eliminate any potential shortfall of not simulating the immersive experience. To complete the recordings and to ensure consistency between the two conditions in terms of the content of the simulated therapy session, a script was created on the topic of work-based stress and was provided to each of the actors to minimise variation of the narrative covered between recordings (see Appendix I). Following the completion of both recordings, the files were downloaded from the GoPro and the file types were converted from MOV to MP4 to ensure the recordings could be uploaded on to the Oculus Quest 2 VR headset in the appropriate format. The researcher tested both videos prior to data collection commencing to ensure the correct visualisation of the 360 immersive experience.

Once all quantitative data had been collected, two independent samples t-test's were conducted to analyse the difference between the two tattoo conditions in terms of stereotype activation and competency ratings.

2.4 Procedure

2.4.1 Pilot Study

The first pilot study was conducted during the week starting 13th December 2024, with three participants recruited through word of mouth within the psychology faculty. This pilot aimed to assess the reliability and internal consistency of the study, ensuring that the virtual reality components, questionnaire, and semi-structured interview were functioning correctly. After addressing any potential issues identified during the pilot, a link for participant sign-up

was released via the EMS portal. With the successful completion of the pilot and the confirmed high reliability of the scales, the researcher was able to initiate official data collection on 20th January 2025.

2.4.2 Ethical Considerations

The researcher completed both a Dissertation Proposal and applied for Ethical Approval, full completed ethics form can be found in the appendices (see Appendix J) prior to starting data collection. This step ensured that the well-being of both the participants and the researcher was adequately considered. The university evaluated these materials, and approval was granted by the SREC (School Research Ethics Committee).

This study presented several ethical considerations that were identified prior to its commencement, stemming from the sensitive nature of the topic of workplace stress and the utilisation of immersive visual technology. There existed a possibility that participants could experience disorientation due to the immersive technology or experience distress due to the sensitive subject matter during the counselling sessions focused on workplace stress. Additionally, the principal independent variable in this research was the presence of either a tattooed or non-tattooed counsellor. This aspect might cause discomfort for participants with tattoos. The researcher, who has visible tattoos, modified the original study measures. They wore a long-sleeve t-shirts to conceal the tattoos on their arms and used special FX makeup to blend the visible hand tattoos, ensuring that participants remained unaware of them, creating an unconscious bias. This approach reduces the likelihood of social desirability and demand characteristics influencing responses, particularly given the sensitive nature of the subject. Therefore, it was determined that having the researcher cover visible tattoos would lead to more accurate data collection (Coolican, 2019). While the researcher willingly chose to conceal their tattoos to mitigate potential bias, it is crucial to note that some previous students who

participated in the study were already aware of the researcher's tattoos, having previously studied with them.

Before the commencement of the study, participants were provided with an information sheet detailing the study's objectives and methodology, accompanied by the manufacturer's VR headset safety manual (see Appendix D). The information sheet provided comprehensive details about the study, including the topic, estimated completion time, and researcher information. It also stated that respondents had the right to withdraw at any point during the study by simply notifying the researcher without needing to provide a reason (British Psychological Society, 2014). Following this, participants were requested to input basic demographic information, specifically age and gender. Upon submitting their demographic data, participants were subsequently queried regarding the presence of any of the specified health conditions pertinent to the virtual reality component of the study (see Appendix E) which were part of the health and safety manual. Participants without any of the specified health conditions who consented to the study were then guided into Lab B, located in the psychology labs of the IQ building, to proceed with the virtual reality segment of the research study.

The third component of the study consisted of semi-structured interviews (see Appendix A). All interviews were recorded and transcribed within 48 hours of their occurrence. Participants were informed that the data recorded would be deleted and destroyed following the recording's completion transcribed.

According to the British Psychological Society (2014), offering participants a debriefing page following any form of research is essential. In this instance, the debrief form was given to the participants after the semi-structured interview (see Appendix K). This debriefing helps clarify the research objectives and the rationale behind the study. Furthermore,

it includes the contact information of the researchers and supervisors, enabling participants to voice any questions or concerns they might have arisen.

Finally, the researcher maintained consistent communication with the research supervisor, ensuring that guidance and support were readily available through individual meetings to address any concerns that might arise. Participants' data on the recording device and demographic details (such as age and gender) were securely stored on a password-protected laptop belonging to the principal researcher, adhering to the Data Protection Act (2018). Moreover, all responses were kept anonymous to ensure confidentiality in accordance with the guidelines set (British Psychological Society, 2014).

2.4.3 Study Procedure

The study was uploaded to the UWTSD EMS system, allowing participants to enrol and contribute towards earning credits for their undergraduate degrees. Participation was limited to the labs due to the virtual reality component of the study. Participants were displayed with a paper copy of the information sheet (see Appendix B) this included information on how their data would be handled, data storage procedures, and specifics of the study, along with contact details for the researcher. After presenting this information, participants were requested to sign to give their consent (see Appendix C), thereby permitting the next steps. The VR concept and content used for the simulated counselling session were clearly identified as an ethical safeguard in the process before the study took place.

Next, participants were presented with a series of demographic questions, including those about their age and gender. They were then instructed to review a paper copy of the manufacturer's VR headset safety manual, which was also provided in digital format for accessibility (see Appendix D). which outlines safety precautions, guidelines for room-scale spaces, and ethical considerations for engaging in virtual reality. After reviewing the booklet,

participants were asked if they had any of the specified health conditions or concerns (see Appendix E). Those without any listed health conditions could continue with the study at their own discretion.

Once they completed this section, participants moved to Lab B to engage in the virtual reality simulated counselling session, the simulated video lasted approximately 3 minutes and 10 seconds. Images of the therapist, either with or without visible body tattoos, can be found in the appendices (see Appendix H). A script provided for the purposes of the recording to both actors in the simulated counselling session can be found in the appendices (see Appendix I), this was to minimise any potential bias between the videos recorded. After participants viewed either session, respondents returned to Lab D to complete the questionnaires to measure stereotype activation and competence levels (see Appendix F & G). The third and final part of the study, they proceeded to the qualitative data collection phase of the study, where they were asked by the researcher, various questions regarding their opinions and perceptions of the therapist in either simulated video and the overall study experience, which were recorded for the purpose of this dissertation, a copy of the questions used in the interview can be found in the appendices (see Appendix A). Finally, participants received a debriefing page that outlined the study's aims and objectives, expressed gratitude, and shared the contact information for both the researcher and the research supervisor. Credits were awarded after the study was completed.

Chapter 3: Results

This section presents the findings from the study, structured in two parts: quantitative results from the stereotype activation questionnaire (see Appendix G) and competence questionnaire (see Appendix F) data, followed by qualitative results from participant semi-structured interviews (see Appendix L). Finally, the findings are integrated to demonstrate how the two data sources complement each other.

A total of 21 individuals participated in the study, with 20 actively engaging and completing all sections. Consequently, 20 data sets were analysed using an independent samples t-test. The sample comprised four males (20%) and 16 females (80%). Participants ranged from 20 to 57, with a mean age of 34.05 years ($SD = 11.93$). The descriptive statistics for stereotype activation and perceived competence are displayed in Table 1.

3.1 Quantitative Results

An independent samples t-test was conducted to examine whether stereotype activation differed between participants evaluating a tattooed therapist and those evaluating a non-tattooed therapist. The results indicated that there was no significant difference in stereotype activation between the two groups, $t(18) = 1.62, p = .06$. This suggests that the presence of tattoos on a therapist did not impact the level of stereotype activation among participants. Thus, the encounter with the tattooed therapist (i.e., a member of a proposed stereotype group) has not led to stereotype activation in this sample. While the p-value approached conventional significance ($p < .05$), it did not meet the threshold, indicating that any observed difference in stereotype activation may be due to chance. The hypothesis that stereotype activation would occur at a higher level with participants who view the tattooed therapist in the simulated counselling session must be rejected.

Then, another independent samples t-test was conducted to compare perceived competence ratings between a tattooed and non-tattooed therapist. The results showed a significant difference in perceived competence, $t(18) = 1.78, p < .05$. Specifically, the tattooed therapist received higher competence scores ($M = 35.82, SD = 2.99$) compared to the non-tattooed therapist ($M = 31.56, SD = 7.28$). These findings suggest that visible tattoos may positively influence perceptions of therapist competence. It was hypothesised that the non-tattooed therapist would be perceived as more competent than the tattooed therapist and thus, this hypothesis must also be rejected as the findings demonstrate that it is the tattooed therapist that has been perceived as having higher levels of competence.

Table 1

Descriptive Statistics for Reported Stereotype Activation and Competence Levels

	VR simulation Condition			
	Tattooed counsellor		Non-tattooed counsellor	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Stereotype activation	21.45	3.56	24.56	4.98
Competence	35.82	2.99	31.56	7.28

3.2 Qualitative Results: Thematic Analysis

The thematic analysis interpreted three key themes with corresponding sub-themes as outlined in Table 2 with a comprehensive example being in appendices (see Appendix L). Due to word limitations, this section will provide a more concise overview of three overarching themes containing five sub-themes, as shown in Table 2: appearance, perceptions, and study experiences.

Theme 1: Appearance

The theme of Appearance was particularly prominent in the transcripts, with participants discussing various aspects related to the physical appearance and presentation of the therapist. This theme was divided into three sub-themes: clothing, admiration of tattoos, and opposition to tattoos. Each sub-theme reflects a different aspect of perceptions of the therapist.

Sub Theme 1:1 Clothing. The participants pointed out a conflict between maintaining professionalism and allowing personal expression in therapy and commented frequently on their choice of clothing. While they appreciated the counsellor's professionalism, they observed that her choice to wear a vest with more skin exposure might affect perceptions of her professionalism and/or competence. They felt this level of reveal hindered their ability to engage fully in the session. Nonetheless, they acknowledged that, from a different perspective, the counsellor's attire could showcase her personality, potentially enhancing a comfortable and open atmosphere for therapy. This insight highlights the varying interpretations of professionalism and how views on appropriateness can differ among individuals:

The counsellor was professional in her mannerisms but I'd say because she was wearing a vest, and a lot of skin was on show, that maybe shed be perceived differently. For me, me...as a man, it would be difficult to engage in that session and there's quite a lot on show, but then again from a different point of view its showing her character and personality..... which is kinda needed in those environments. P5, line 67-73.

This participant, along with several others, commented on the therapist's clothing choices. They emphasised the importance of wearing professional attire in certain therapeutic

environments, but there was also an acknowledgement that the casual demeanour of the therapist made her feel more relatable.

Sub Theme 1:2 Admiration of Tattoos. The participants observed the counsellor's appearance, remarking that her tattoos added to a sense of normalcy and relatability, especially since many of them also noted having tattoos. Despite preconceived notions regarding body art in professional contexts, the counsellor's friendly and professional attitude positively shaped the participant's view of her. Her welcoming demeanour and uplifting presence fostered a comfortable and engaging therapy atmosphere. Participant 5 noted that "...it helps, obviously where she has tattoos. But I also have tattoos. It she just looks completely normal. She acted completely normal. She had a good like aura...she was friendly. So yeah, definitely".

This participant, in particular, seemed to appreciate the therapist's authenticity and noted that seeing a therapist with tattoos would help develop the idea that tattoos are normal. This observation contributes to the research suggesting that tattoos can enhance feelings of comfort.

Sub Theme 1:3 Opposition to Tattoos. Whilst positive remarks were made regarding the therapist's appearance, some participants held negative views towards the visibility of the therapists tattoos. It was interpreted that, whilst tattoos are not inherently an issue, it would be more appropriate if tattoos were less visible or hidden on an individual working in a professional role to prevent unnecessary attention being drawn to the therapist. This was as common amongst participants who revealed that they had tattoos as amongst those who stated they did not, with the emphasis being placed on the perception of the therapeutic relationship; it was identified that clients would want the focus to be on them and not on the appearance of the therapist, with participant 5 adding that "the tattoo needs to be a little bit more covered up..... Like I've got tattoos myself and everything, but yeah, I feel like you

shouldn't necessarily be drawing too much attention to yourself. It's more about sort of the other person...". This viewpoint indicates a belief in upholding professional boundaries to reduce possible distractions and ensure that the therapeutic environment prioritises the client's needs.

This participant and others examine the therapist's clothing choices, highlighting that the tattoos themselves are not problematic; rather, the clothing selection might downplay concerns related to the visible body tattoos.

The theme of Appearance implies that how a professional physically presents themselves is important, and it is apparent that appearance has the ability to influence perceptions of professionalism and relatability. While it was interpreted that some participants appreciated the therapist's self-expression, others viewed them in a more negative light, demonstrating the importance of how physical appearance and the visibility of body modifications in the form of tattoos can impact the perception of a therapist.

Theme 2: Perception

Perceptions of the therapist were interpreted as a crucial factor and reflected how participants viewed the therapists regarding the two sub-themes: professionalism and unprofessionalism.

Sub Theme 2:1 Professionalism. The participants implied that the counsellor's appearance did not impact her communication or professionalism, though it could be visually distracting. Nonetheless, they felt it did not affect her professional demeanour. This reflection highlights the distinction between visual perception and professional competence, showing that while appearance may attract attention, it does not hinder effective professional interactions and there was a perception that the therapist had a clear communication style that benefitted the development of the therapeutic relationship with the client.

“In terms of what she was communicating...the appearance didn't affect, you know, what she was actually saying? Yeah, it was just purely on like..like a visual, it was kind of like a it was the distraction part of it. But I wouldn't say me that that affected her being professional, if that makes sense” P1, lines 56-60.

This participant generally commented on different elements of professionalism and perceived the therapists as generally professional and respectful. However, the therapists' appearance did not impact the therapy provided.

Sub Theme 2:2 Unprofessionalism. The participant reflected on the counsellor's overall presentation, suggesting that both her attire and behaviour contributed to her professional persona. They believed a different dress style might have influenced her demeanour, indicating that appearance and conduct are interconnected. Additionally, they noted that her nonverbal communication, particularly frequent nodding, felt excessive and should have been balanced with more verbal affirmations, such as simple acknowledgements. The participant perceived her engagement as somewhat passive, giving the impression that she was present out of obligation rather than a genuine desire to help. This reflection highlights the importance of both verbal and nonverbal communication in fostering a sense of attentiveness and authenticity in therapeutic settings.

“Should would have dressed different mm hmm and she would have acted differently. It was kind of everything. The whole persona.. the the nodding would have to stop. Yeah, but a little bit more speech, even if it was at a ummhhh or yes or.. and to seem more interested, she seemed like it felt to me like she felt she needed to be there, not that she was there to help you. Yeah” P9, lines 47-52

This participant remarked on several unprofessional aspects of the therapist, including their age, appearance, and personal gestures like continuous nodding, which may signify an attempt to acknowledge the client during the therapy session.

3.3 Overall Summary

The hypothesis proposing that stereotype activation would occur at an increased level among participants who were exposed to a tattooed therapist during a simulated counselling session was not supported as no significant difference in responses was identified between participants who viewed a therapist with a visible tattoo and those who viewed a therapist without one. This lack of difference challenges the assumption that tattoos inherently lead to negative stereotypes or perceptions in a professional counselling context.

Moreover, the anticipated belief that the non-tattooed therapist would be perceived as more competent than the tattooed therapist must be rejected, given that participants who viewed the therapist rated them with notably higher levels of competence. This unexpected finding suggests that personal biases against tattoos may not hold in all settings, especially in the context of therapeutic relationships where personal connection and professionalism are paramount.

Additionally, the qualitative data gathered supports these findings. A majority of participants highlighted various features related to appearance, showcasing the complexity of their perceptions. Some participants expressed concerns regarding the clothing choices of the therapists, labelling them as unprofessional, indicating that appearance can play an essential role in the perception of competence. Conversely, many participants provided positive feedback about the counselling style exhibited by the tattooed therapist, often choosing not to mention the visible tattoos at all. This implies that the effectiveness of a therapist's approach might overshadow any initial judgments based on their appearance, including tattoos.

Table 2

Table of Themes, Sub-Themes and Supporting Quotes Interpreted via Thematic Analysis.

Themes	Sub-Themes	Supporting Quotes	Identifier
1. Appearance	1.1 Clothing	“on the appearance....I would sway towards, it needs to be a little bit more covered up. Yeah, yeah. Like I've got tattoos myself and everything, but yeah, I feel like you shouldn't necessarily be drawing too much attention to yourself. It's more about sort of the other person...” “The counsellor was professional in her mannerisms but Id say because she was wearing a vest, and a lot of skin was on show, that maybe shed be perceived differently. For me, me...as a man, it would be difficult to engage in that session and theres quite a lot on show, but then again from a different point of view its showing her character and personality..... which is kinda needed in those environments” “Um...pretty good, good level of professionalism – there is just that fine line of professionalism and her appearance, it's that fine line but you need a character sometimes so I can relate to her” “No...there things I noticed about her appearance. But it didn't influence how professional I thought she was”	P1, line 89-92 P5, line 67-73 P5, line 97-99 P13, line 42-43
	1.2 Admiration of Tattoo's	“Yeah, yeah, I think it helps, obviously where she has tattoos. But I also have tattoos. It she just looks completely normal. She acted completely normal. She had a good like ora...she was friendly. So yeah, definitely” “She had great professionalism, she had great..it going to be a struggle around here because of the way she's got here tattoos and...judge and that's going to knock her down. And that isn't fair”	P8, line 70-73 P20, line 70-72

	1.3 Against Tattoo's	“on the appearance....I would sway towards, the tattoo needs to be a little bit more covered up. Yeah, yeah. Like I've got tattoos myself and everything, but yeah, I feel like you shouldn't necessarily be drawing too much attention to yourself. It's more about sort of the other person...” “Umm.. id probably say professionalism is more of a trust thing between two parties, presentation of themselves and have respect for their own work, and others around them.. so I can understand the point of this study, like the visible tattoos being on display that...may not be professional as its very casual dress sense, not to say it's a bad thing but its very casual” “I suppose...because the therapist tattoos...yeah because sort of the like nature of the tattoos as well, they were little like dotted everywhere, yeah. Which made me like, look at them quite a lot. Yeah and also, she had one here (points to chest) Yeah. I'm not. I'm not particularly well...that seems pretty painful, yeah”	P1, line 89-92 P5, line 45-50 P5, line 24-28
2. Perceptions	2.1 Professionalism	“For me personally, I think if it was to do with counselling, I wouldn't necessarily think that tattoos were unprofessional” “In terms of what she was communicating...the appearance didn't affect, you know, what she was actually saying? Yeah, it was just purely on like..like a visual, it was kind of like a it was the distraction part of it. But I wouldn't say me that that affected her being professional, if that makes sense”	P1, line 27-28 P1, line 56-60

3. Study Experience		“Yeah. She seemed quite empathetic and she was listening and and things like that. So I would say, yeah, she came across as empathetic” Yeah, I think her level..again, they're talking about the actual communication and the verbal communication. Yeah. Really professional, yeah”	P1, line 76-77 P1, line 83-85
	2.2 Unprofessionalism	“Should would have dressed different mm hmm and she would have acted differently. It was kind of everything. The whole persona..the the nodding would have to stop. Yeah, but a little bit more speech, even if it was at a ummh hh or yes or.. and to seem more interested, she seemed like it felt to me like she felt she needed to be there, not that she was there to help you. Yeah” “No. No, I didn't think that was professional. Yeah..yeah, I think she should have been a bit more covered up”	P9, line 47-52 P9, line 94-95
	3.1 Visual Reality	“Overall, I found the experience really good. I enjoyed it. I thought it was a good way to actually. I think it's a good way to do a study, actually, yeah. Yeah, 'cause, you're sort of like fully immersed in the actual experience, so. I was not paying attention to anything else around you apart from what's going on in that actual scene. So, yeah I thought it was really good” “Very interesting...was enjoyable, and I did really enjoy 'cause. I wanna be a counsellor myself, so I did really enjoy watching sitting in on it was like a real counsellor session. But I was so excited. Yeah, that's good”	P1, line 128-133 P18, line 116-118

Chapter 4: Discussion

4.1 Key Findings

This study examines the impact of visible tattoos on therapists' professionalism perceptions, comparing those with tattoos to their non-tattooed counterparts. The results contribute to the broader academic conversation about body art's relationship with professionalism and societal views, particularly in therapeutic settings. Consistent with previous research, the findings imply that visible tattoos can influence perceptions of competence, trustworthiness, and overall professional credibility (Coleman et al., 2017; Westerfield et al., 2012). However, the extent of this influence appears to be moderated by factors such as age, cultural background, and previous exposure to tattooed individuals and professionals.

The present study revealed no significant difference in stereotype activation when participants viewed a simulated counselling session with a tattooed therapist compared to one without visible tattoos. Despite the common belief that tattoos increase stereotype activation, the results indicate that a therapist's tattoos did not notably impact participants' stereotype activation. This finding contrasts with previous research suggesting that tattoos can evoke implicit biases associated with deviant subcultures (Burgess & Clark, 2010; Moskowitz & Gill, 2013). The results imply that as tattoos attain more significant normalisation within societal contexts, their effect on stereotype activation in professional settings may be diminishing. Qualitative feedback reinforced this trend, with one participant commenting, "For me personally, I don't think tattoos are unprofessional in a counselling context." At the same time, another remarked that tattoos did not distract from the therapist's communication and overall professionalism.

The competence ratings revealed a significant difference between the two groups, with the tattooed therapist receiving significantly higher competence scores than the non-tattooed therapist. This finding challenges conventional beliefs about the negative effects of tattoos on professionalism, suggesting that visible tattoos can enhance perceptions of competence in certain contexts. These results align with emerging views that see tattoos as indicators of authenticity or confidence, which can positively affect professional assessments (Cohen et al., 2018). Qualitative findings further support this idea; some participants expressed admiration for the therapist's tattoos, with one stating, "Yeah, yeah, I think it helps, obviously where she has tattoos. But I also have tattoos. She just looks completely normal. She acted completely normal. She had a good aura... she was friendly. So yeah, definitely." This implies that shared experiences and relatability may enhance perceptions of competence. Furthermore, several participants noted that tattoos might symbolise individuality and self-expression, resonating positively with specific client groups. This nuanced viewpoint highlights the importance of considering the range of client perceptions when assessing the impact of tattoos in therapeutic settings, which is not purely based on the appearance of the therapist alone but more on the professional qualities they may bring into the workplace, in this case, a therapy session.

Contradicting this study's findings, the study conducted by Zidenberg et al. (2022) examined participants' perceptions of a tattooed clinical psychologist, and results showed that clinicians with tattoos were perceived as less professional, this study incorporated a mixed methods approach, presenting three photos (tattooed, non-tattooed and a provocative tattoo) of a female clinician with a nose ring, who was described as young, with two further questionnaires exploring perceptions and feelings towards the clinician. Whilst this study added to a body of evidence that tattoos can be seen as unprofessional, some shortfalls may have impacted the results. Compared to this study, the main limitation is the lack of stimulation of a real-life therapy session; the participants were presented with three still photos, while this

study demonstrated a stimulated therapy session using VR technology, which can lead to findings which can better inform the community and practices for therapists with tattoos.

The real-life therapy session creates an environment where variables are hard to control. If the participants viewed the therapist as knowledgeable within the VR session, they could overlook the visibility of tattoos, which could be seen as a greater signal of quality than the existence of tattoos. Similarly, the tone and mannerisms of the therapist could be seen as greater predictors of professionalism than tattoos. In future enhancements of this research, seeking to control for those variables could lead to results that more accurately ascertain the direct result between tattoos and therapists' professionalism. In the paper by Zidenberg et al. (2022), the author's study accounts for the pure relationship between the look of tattoos and perception; however, it is not reflective of views that would happen in a real-life therapy session where this study aims to, and in doing so highlights the interdependency between tattoos and other aspects of the therapy into an overall conclusion from the individual on professionalism with tattoos in a simulated counselling session.

A key component of counselling is establishing a robust therapeutic alliance, which is built on essential elements such as trust, empathy, and perceived competence (Baier et al., 2020; Noyce & Simpson, 2018). The results of this study suggest that tattoos not only avoid damaging perceptions of competence but could actually enhance them. This finding is especially important given research showing that the therapist's characteristics, like warmth, empathy, and active listening, significantly impact client satisfaction more than their physical appearance (Norcross & Lambert, 2018; Watson). Qualitative responses supported this idea, with one participant noting, "Yeah. She seemed quite empathetic, and she was listening and things like that. So, I would say, yeah, she came across as empathetic." However, not every participant saw tattoos in a neutral light. Some had concerns, with one remarking, "I suppose... because the therapist's tattoos...yeah, because sort of the like nature of the tattoos as well, they

were like dotted everywhere, which made me like, look at them quite a lot.” This indicates that while tattoos may not inherently undermine professionalism, their visibility and placement could potentially distract in certain situations. In some professional environments that prioritise formal attire, tattoos might seem out of place, emphasising the contextual nature of professionalism perceptions.

This study's findings add to the ongoing discussion about inclusivity and bias in professional environments. Although tattoos are increasingly accepted, negative stereotypes remain in certain fields, particularly those valuing traditional professionalism, like healthcare and counselling (Francisco & Ruhela, 2020; Search et al., 2018). The results show no significant difference in perceived levels of professionalism for therapists with visible body tattoos compared to those without. Qualitative feedback added depth to this conclusion, with one participant noting, “The counsellor was professional, but the vest and exposed skin might change perceptions.” Another participant shared a similar view, pointing out the delicate balance between professionalism and self-expression: “Pretty good, good level of professionalism, there is just that fine line of professionalism and her appearance, but you need a character sometimes so I can relate to her.” These comments emphasise the intricate relationship between professional standards and personal expression. This suggests that although tattoos do not necessarily detract from professionalism, attributions such as clothing choices can still influence perceptions. This point was frequently raised by participants during the interview.

Swami et al. (2012) explored personality differences between people with and without tattoos. Surveying 540 participants in Central Europe, the study found that 22% had at least one tattoo. Results showed that tattooed individuals scored higher in extraversion, experience seeking, and need for uniqueness and had more favourable attitudes toward tattoos compared

to those without. This aligns with the current study's findings, indicating that perceptions and attitudes toward tattoos are evolving, much like those observed in Zidenberg et al. (2022). However, the research by Swami et al. (2012) focused on a limited demographic, which restricts the generalisability of the findings to other regions, cultures, or populations. Attitudes and prevalence of tattoos may vary considerably across diverse cultural or socio-economic settings. Additionally, the study is primarily based on self-reported data, which may be affected by social desirability bias. Participants might exaggerate or downplay various elements of their personality, views on tattoos, or other personal traits depending on what they perceive as socially acceptable or desirable. While these studies provide useful statistical insights, they fail to account for the nuanced personal experiences of individuals with visible tattoos, which may vary significantly in professional or social contexts. For example, individuals with tattoos might face unique challenges or advantages in the workplace that these studies do not address, such as perceptions of professionalism or cultural expectations in different industries. As a result, the data presented in Swami et al. (2012) might not fully capture the complexities of how tattoos impact real-life interactions and career outcomes.

The study's integration of virtual reality techniques presents a fresh and innovative method that deserves further investigation, particularly in exploring how clients engage with therapists in a controlled, immersive setting. Participants reported a largely positive experience with this approach, with one stating, “Overall, I found the experience really good. I enjoyed it. I thought it was a good way to actually... you're sort of like fully immersed in the experience, so I was not paying attention to anything else around you apart from what's going on in that scene.” This indicates that virtual reality could prove to be a useful resource for future studies on client-therapist dynamics. Moreover, virtual reality might facilitate a deeper exploration of how various factors, such as tattoo placement, size, and design, shape client perceptions in a more controlled yet immersive context setting.

4.2 Limitations

This study provides valuable insights but has notable limitations, including a small sample size (N=20) from the University of Wales Trinity Saint David, limiting generalisability. This small sample was from a concentrated background of university students, where the perceptions towards tattoos are generally more favourable. This could affect the results as perceptions may vary among differing demographic groups in real-world counselling environments. Future research should use a larger, varied sample representing the UK as a cross-section demographically and socially to enhance external validity, increasing the number of participants and seeking to control demographic biases. Although using virtual reality (VR) for counselling simulation is innovative, it may not fully capture the nuances of face-to-face interactions. The technology could influence Participants' perceptions more than the visible tattoo. Future studies could explore alternatives like live role-playing or interactions with a real therapist to substantiate findings. Additionally, participants past experiences and views on tattoos could confound results, highlighting the need for a pre-screening measure to assess initial attitudes toward tattoos. Despite these constraints, this study contributes to the literature on professional perceptions in counselling and highlights the influence of appearance-based biases in therapy settings.

4.3 Future Research Direction

Future research should delve deeper into the complexities of tattoo perception by examining geographical differences among various towns and cities compared to national trends. Longitudinal studies are also necessary to monitor how perceptions change over time, especially with the rising popularity of tattoos. Furthermore, doing a broader cross-section of the population and factoring in greater controls, this paper could ascertain a purer relationship between tattoos and therapists' professionalism, even in real-world scenarios.

4.4 Conclusion

The findings elucidate the intricate dynamics of perceptions regarding tattoos within professional contexts, highlighting a complex interplay between societal attitudes and individual beliefs. Although negative stereotypes surrounding tattoos remain prevalent across various industries, substantial evidence indicates an increasing acceptance of tattoos, particularly among younger demographics, who are often more open-minded and progressive in their views.

The data suggest that while visible tattoos may trigger specific biases among certain groups, they do not inherently undermine perceptions of a therapist's overall efficacy; in fact, some studies indicate that visible tattoos may even enhance perceived competence in specific contexts, as they can be seen as expressions of authenticity and individuality. As societal attitudes make significant strides towards greater inclusivity, professional settings may need to reevaluate their policies regarding visible tattoos to cultivate a more inclusive and diverse workforce that reflects contemporary values.

The growing normalisation of tattoos suggests that rigid policies mandating employees to conceal their body art may no longer align with contemporary societal norms. Such policies could inadvertently stifle diversity and the full expression of individual identity within the workplace. In light of the escalating significance of individuality and authenticity within professional spheres, organisations are encouraged to reconsider their appearance-based policies to align with evolving cultural perspectives and better accommodate their employees' self-expressions.

Furthermore, this dissertation project provides significant insights into individuals' stigma-based perceptions regarding therapists. Specifically, it examines the impact of therapists' clothing choices, therapeutic competencies, and, notably, the visibility of tattoos on these perceptions. By understanding how these factors interplay, this research aims to shed

light on the broader implications of appearance in the therapeutic relationship and propose recommendations for fostering a more accepting professional environment for therapists and clients.

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Appendices

Appendix A - Interview Questions

1. So first of all – can you just tell me how you felt about the overall experience of the therapy session?

2. What aspects of the session stood out to you the most?

Possible prompt: Was there any part of the session, the content being discussed, or anything else in the session that stood out to you in particular, over everything else?

3. Fab thank you. You've just completed the questionnaire but I'd like to ask how you would define professionalism in a workplace setting?

4. How did the therapist's behaviour during the session align with your expectation of professional conduct?

5. Can you explain whether any parts of the therapist's app influenced your perception of their professionalism?

6. Based on the session you have engaged in, can you explain whether you find this therapist trustworthy?

7. How would you assess the therapist's level of empathy during the session?

8. Thank you. Based on everything you have viewed and that we have discussed this far about the therapist, what is your overall perception of her level of professionalism?

"The next few questions are purely based on us as a university and me using new technology to collect data"

9. So, I just wanted to finish off by exploring how you felt using the VR headset. So, how did you find the experience of wearing the VR headset to watch that session?

Possible prompt: did you find it comfortable throughout?

10. Was there any part of the experience that you feel affected your engagement with the therapy session?

Possible prompt: did wearing the headset enhance or detract from your ability to focus on the session?

11. Thank you so much for all of your answers today. Just to confirm, can you summarise your experience of the study today in just a few short sentences.

Appendix B – Information Sheet



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Centre for Psychology and Counselling
SA1 Campus
Swansea

Participant Information Sheet

Title of Study: The Stigma of Ink: Using VR to explore perceptions of tattooed counsellors.

Research Team: Matt Wilson (2209269@student.uwtsd.ac.uk) and dissertation supervisor, Stacey Coleman (stacey.coleman@uwtsd.ac.uk)

Date:

Invitation Paragraph:

You are being invited to take part in a research project being conducted by a third-year dissertation student within the Psychology and Counselling department at The University of Wales Trinity Saint David (UWTSD). Before you decide to take part, it is important for you to understand why the research is being conducted and what participation will involve.

Please take time to read the following information carefully and discuss it with the researcher if you wish. Ask if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part. Thank you for reading this.

Purpose of Research:

The aim of this study is to explore whether there are differences in the perception of professionalism of a counsellor who has visible tattoos and one who does not have any tattoos, with the use of visual reality (VR).

Visual reality will be used to simulate a short counselling session. You will engage in the session from the point of view of a client.

What does taking part involve:

This study will involve an experimental lab-based task in-person. During this study you will be required to do the following:

- Provide demographic information of age and gender.
- Take part in a simulated counselling session with the use of the VR headset, lasting approximately four minutes. You will see view a simulated counselling session between a therapist and a client, and you will view from the point of view of the client. You will then be asked to complete a

questionnaire that asks you to rate the therapist you have viewed in the VR session on a number of competencies.

- Finally, you will be asked to engage in an unstructured interview to further explore your perceptions of the therapist.

At the end of the study, you will be debriefed by the researcher, and you will be provided with the study debrief sheet.

How long will the study take:

This study is expected to take around 40 minutes to complete. If you have signed-up via the EMS, you can expect to receive 4 credits.

Benefits of participating:

Whilst there are no immediate benefits for those people participating in the study, it is hoped that this work will contribute to the existing body of knowledge on the stigma of ink, giving a more in-depth insight into professional perceptions of those with or without visible tattoos.

Risks of participating:

As the study is using virtual reality equipment, exclusion criteria will include the following:

- History of significant motion sickness,
- Active nausea,
- Vomiting,
- Epilepsy,
- People who use VR intensively.
- Pregnancy

Additionally, participants should have good / normal depth perception.

Participation and withdrawal:

Participation in this study is completely voluntary, and you also have the option of not answering any questions you do not feel comfortable answering. You can withdraw at any point during the study without penalty. If you wish to withdraw during the study, please inform the researcher. You do not need to give a reason for withdrawing. However, please note, once you leave the lab environment following completion of the study, it will not be possible to withdraw your data, as it will be anonymised.

How will your data be used and processed:

Your data will only be used for the purpose of the research activity. Names will be collected on consent forms. However, consent forms will not be related to study data. This study will also collect demographic data of age and gender. This is for the purpose of descriptive statistics, which form the standard reporting measures in psychology. Once the data is collected, we will aggregate the data for presentation purposes by calculating the mean age and total gender numbers. This data will also not be linked to your name. The researcher will not disclose data information or use it for any other purposes.

How will your data be collected and stored:

All collected raw data will be kept in a raw format and then aggregated for analysis purposes. Survey data will be collected via Qualtrics and will be stored on the Qualtrics

cloud server, which can only be accessed by the research team using a unique log in and password. All Qualtrics data will be collected in an anonymous format and raw data will be downloaded from Qualtrics to the researcher's university OneDrive account for storage at the end of the data collection period. This OneDrive account is also accessible using a unique log in and password. If there is a need to transfer data via a memory stick, the memory stick will be encrypted, and the data will be deleted once transfer to the researcher's computer is complete. Similarly, data collected during interviews and audio recorded on an audio device will be transferred to the researcher's OneDrive account within 72 hours of the interview taking place, transcribed, and the recording deleted. Physical consent forms will be preserved in a securely locked filing cabinet located in the Psychology labs and these will be stored separately from any other data collected during the study. This data will be subsequently deleted after the module assessment undergoes evaluation by the end of year examination board.

How can you contact the researchers if you have any questions:

You can contact the research student via email: Matt Wilson
(2209269@student.uwtsd.ac.uk)

You can also contact the research supervisor via email: (stacey.coleman@uwtsd.ac.uk)

If you have any immediate questions, please ask the researcher now. If you are happy to continue, please read, complete, and sign the corresponding consent form.

Appendix C – Consent Form



Centre for Psychology and Counselling
SA1 Campus
Swansea

Participant Consent Form

Title of Study: The Stigma of Ink: Using VR to explore perceptions of tattooed counsellors.

Research Team: Matt Wilson (2209269@student.uwtsd.ac.uk) and dissertation supervisor, Stacey Coleman (stacey.coleman@uwtsd.ac.uk)

Date:

1. I confirm that I have read and understand the Information Sheet for the above study.	Yes	No
2. I have had an opportunity to ask questions of the researcher and have them answered satisfactorily.	Yes	No
3. I understand that I may ask further questions at any time.	Yes	No
4. I understand that my participation is voluntary, and I am free to withdraw from the study at any time without penalty or giving any reason.	Yes	No
5. I understand that my fully anonymised data will be utilised for only this research study, which is being conducted by a third-year Psychology student for the purpose of their undergraduate dissertation and will be deleted once external examiner approval for the project has been obtained.	Yes	No
6. I have been informed that if I feel I would be uncomfortable wearing the VR headset or engaging with the simulated VR session or engaging in a follow-up interview that I should not take part in this study.	Yes	No
7. I understand that I may decline to answer any questions.	Yes	No
8. I understand that any data collected will be anonymised and stored in an anonymous format and once I leave the lab it will not be possible to trace the data back to me to withdraw.	Yes	No
9. I understand that the anonymised data provided will be securely stored and accessible only to the members of the research team directly involved in the study, and that confidentiality will be maintained.	Yes	No
10. I confirm that I am over 18 years old	Yes	No
11. I agree to take part in the above study.	Yes	No

Participant Name

Date

Participant Signature

Researcher Name

Date

Researcher Signature

There should be two signed copies, one for the participant, one retained by researcher for records.

Appendix D – Oculus Safety Booklet

Health & Safety Warnings

HEALTH & SAFETY WARNINGS: To reduce the risk of personal injury, discomfort or property damage, please ensure that all users of the headset read the warnings below carefully before using your VR system.

Visit the Oculus Safety Center at support.oculus.com for more information on the safe use of your VR system.

Throughout this Guide, we include icons to illustrate and orient you to health and safety issues. The icons are not a substitute for the text of this Guide, so please use them both together.

WARNING Before Using Your VR System

- Read and follow all setup and operating instructions provided with the headset.
- Review the hardware and software recommendations for use of the headset. Risk of discomfort may increase if recommended hardware and software are not used.
- Your headset and software are not designed for use with any unauthorized device, accessory, software and/or content. Use of an unauthorized device, accessory, software and/or content or hacking the device, software or content may result in injury to you or others, may cause performance issues or damage to your system and related services, and may void your warranty.
- Headset Adjustment.** To reduce the risk of discomfort, the headset should be balanced and centered. Please adjust the top strap and adjust the headband by twisting the fit wheel on the back to ensure comfortable placement of the headset and that you see a single, clear image. Adjust the lenses by pressing the button located on the right underside of your headset to accommodate glasses or improve comfort. Re-check the settings before resuming use after a break, to avoid any unintended changes to any adjustments.
- Content Selection.** Virtual reality is an immersive experience that can be intense. Frightening, violent or anxiety provoking content can cause your body to react as if it were real. Carefully choose your content if you have a history of discomfort or physical symptoms when experiencing these situations. Oculus provides comfort ratings for some content, and you should review the comfort rating for your content before use. (For more details on comfort ratings and how they can assist in providing a comfortable experience, go to <https://support.oculus.com/comfort>). If you have a history of discomfort when exposed to certain content or experiences or are new to virtual reality, start with content rated Comfortable, before trying Moderate, Intense or Unrated content.
- Use Only When Unimpaired.** A comfortable virtual reality experience requires an unimpaired sense of motion and balance. Do not use the headset when you are:



Play Space Environment

WARNING Risks associated with freedom of movement

Your headset tracks your movement in six degrees of freedom (6DOF): your movement forward and backward, up and down, left and right, while also tracking the rotational movement of your head. This allows your movement in your physical world to be translated into movement in your virtual world.

There are additional responsibilities you should follow to have a safe experience while exploring your virtual world.

Use Only in a Safe Environment: The headset produces an immersive virtual reality experience that distracts you from and completely blocks your view of your actual surroundings.

WARNING



Setting up Your Safe Play Space

- Always be aware of your surroundings before beginning use and while using the headset. Use caution to avoid injury.**
- You are responsible for creating and maintaining a safe environment for use at all times.
- Only use your headset indoors.
- Serious injuries can occur from tripping or running into or striking walls, furniture, other objects or people, so clear an area for safe use before using the headset.
- Take special care to ensure that you are not near items that you may hit or strike, or areas which may cause you to lose your balance when using—or immediately after using—the headset, like other people, objects, stairs or steps, ramps, sidewalk(s), balconies, open doorways, windows, furniture, open flames (like candles or fireplaces), ceiling fans or light fixtures, televisions or monitors, or other things.
- Proper use of the Guardian system is important for setting up a safe environment. Please set up the Guardian system prior to use as described in the Guardian system section below.
- Consider having another person act as a spotter while you move around in your virtual world.
- Take appropriate steps to prevent people (particularly children) or pets who do not understand that your perceptions are limited from entering your play space.



Interaction of the Real World and the Virtual Environment

- Ease into the use of the headset to allow your body to adjust; use for only a few minutes at a time at first, and only increase the amount of time using the headset gradually as you grow accustomed to virtual reality. Looking around and using the input device when first entering virtual reality can help you adjust to any small differences between your real-world movements and the resulting virtual reality experience.

- Tired;
 - Need sleep;
 - Under the influence of alcohol or drugs;
 - Hung-over;
 - Experiencing or have digestive problems;
 - Under emotional stress or anxiety; or
 - Suffering from cold, flu, headaches, migraines, or earaches
- as this can increase your susceptibility to adverse symptoms.

WARNING Pre-Existing Medical Conditions

- Consult with your physician before using the headset if you are pregnant, elderly, have pre-existing binocular vision abnormalities or psychiatric disorders, or suffer from a heart condition or other serious medical condition.
- Seizures.** Some people (about 1 in 4,000) may have severe dizziness, seizures, eye or muscle twitching or blackouts triggered by light flashes or patterns, and this may occur while they are watching TV, playing video games or experiencing virtual reality, even if they have never had a seizure or blackout before or have no history of seizures or epilepsy. Such seizures are more common in children and young people. Anyone who experiences any of these symptoms should discontinue use of the headset and see a doctor. If you previously have had a seizure, loss of awareness, or other symptom linked to an epileptic condition, you should see a doctor before using the headset.
- Interference with Medical Devices.** The headset and controller(s) may contain magnets or components that emit radio waves, which could affect the operation of nearby electronics, including cardiac pacemakers, hearing aids and defibrillators. If you have a pacemaker or other implanted medical device, do not use the headset and controller without first consulting your doctor or the manufacturer of your medical device. Maintain a safe distance between the headset and controller and your medical devices. Stop using the headset and/or controller(s) if you observe a persistent interference with your medical device.

WARNING Age Requirement/Children

This product is not a toy and should not be used by children under the age of 13, as the headset is not sized for children and improper sizing can lead to discomfort or adverse health effects, and younger children are in a critical period in visual development. Adults should make sure children (age 13 and older) use the headset in accordance with these health and safety warnings, including making sure the headset is used as described in the Before Using Your VR System and the Use Only in a Safe Environment section. Adults should monitor children age 13 and older who are using or have used the headset for any of the symptoms described in these health and safety warnings (including those described under the Discomfort and Repetitive Stress Injury sections), and should limit the time children spend using the headset and ensure they take breaks during use. Prolonged use should be avoided, as this could negatively impact hand-eye coordination, balance, and multi-tasking ability. Adults should monitor children closely during and after use of the headset for any decrease in these abilities.



- Take at least a 10- to 15-minute break every 30 minutes, even if you don't think you need it. Each person is different, so take more frequent and longer breaks if you feel discomfort. You should always take regular breaks and you should decide what break schedule works best for you.
- Move carefully while you explore the virtual world. Fast or abrupt motion may cause a collision or loss of balance.
- Use of the headset and Oculus controllers may result in a loss of balance. If your balance feels affected, remove your headset and take a break until normal balance returns.
- Remember that the objects you see in the virtual environment do not exist in the real world, so don't sit or stand on them or use them for support.
- Remain seated unless your game or content experience requires standing or moving around your play space. If you are using the headset while seated, make sure you are seated on a secure surface and stable platform.
- Use of the headset with glasses may increase the risk of facial injury if you fall or hit your face.
- While using the headset with controllers, you may extend your arms fully out to the side or over your head, so make sure those areas are clear of objects or potential hazards.
- Make sure your play space has a level, firm, and even surface without loose carpeting or rugs, uneven surfaces, or similar hazards. Remove any tripping hazards from the play space before using the headset. Take care that the cable connecting your headset to a computer does not become a choking or tripping hazard.
- Remember that while using the headset you may be unaware that people and pets may enter your play space. Secure your play space while in use, and if you sense something or someone has entered your play space, remove your headset and pause your VR experience to make sure your play space is still safe.
- Your view of your surroundings is completely blocked while you are using the headset, so do not hold or handle things that are dangerous, may injure you, or may be damaged.
- The rings on your controllers extend away from your hands. Use caution when moving your hands and arms so you do not strike yourself with the controllers.



Prohibited Uses

- The headset is designed for use indoors. Use of the headset outdoors creates additional and uncontrolled hazards, like uneven and slippery surfaces and unexpected obstacles, vehicles (traffic), persons or pets. Also, the Guardian system (see below) may not work properly outdoors.
- Never wear the headset in situations that require attention, such as running, bicycling, or driving.
- Do not use the headset while in a moving vehicle such as a car, bus, or train, as variation in speed (velocity) or sudden movements may increase your susceptibility to adverse symptoms.

Warnings

The Guardian System.

- The headset contains a Guardian system feature, a virtual boundary system designed to assist you with staying in your play space and avoiding collisions with objects (like furniture or walls) in your physical world while you are in your virtual environment. Once you have properly defined your play space according to the on-screen instructions from your device and the instructions in this Guide, the Guardian system will help you to be aware of the boundaries you have defined for your play space. It will also alert you when you are getting close to those boundaries.
 
- The space you define with the Guardian system should be an area that is clear and away from potential hazards. Please ensure you have a minimum of 2 meters x 2 meters or 6.5 feet x 6.5 feet of obstruction-free floor space. Make sure you leave additional space as a buffer between your play space boundaries and potential hazards (like furniture or walls) so you do not contact hazards if your movement carries you beyond the play space, if you lose your balance or trip, or if you quickly extend your arms or hands beyond your play space during active play.
- It is important that you make sure the area within the Guardian system boundary is clear of obstacles and hazards as described in this Guide.
- The Guardian system only assists if you enable the Guardian system whenever you use the headset. You must also properly define your play space in accordance with the on-screen instructions and this Guide each time you change any aspect of your play space. Before using the headset each time, confirm that Guardian is enabled, your play space is properly defined, and that no new potential hazards were introduced within your play space.
- The Guardian system is only a guide, and may not always show you the exact boundaries of your play space. The Guardian system may not track you properly in areas with featureless walls, glass, or mirrors. You are still responsible for using the headset in a safe environment as described in this Guide.
- The Guardian system will only alert you to the boundary of your play space. It cannot prevent you from moving out of your play space. For example, it will not prevent you from running into or contacting a wall, or falling through a door or window or down a stairwell. Take particular care to make sure that there are no hazardous areas (stairwells, windows, etc.) or objects immediately outside your play space that you might encounter if you do not react quickly enough to the Guardian system.
- The Guardian system does not identify a boundary over the top of your play space, so take special care to identify that the area overhead is clear of potential hazards like light fixtures and ceiling fans. It will also not alert you to floor hazards, so follow the instructions for a safe floor surface in this Guide.
- The Guardian system does not identify everything in your play space, and will not alert you to items on furniture, like lamps, or other people or pets that may enter your play space after you have donned your headset.
- Follow all on screen notifications for redefining the boundaries of your play space or the proper operation of the Guardian system if prompted to do so.



- Moving at high speeds may not permit you to react in time to stay in your play space, even if the Guardian system alerts you, so make sure you move slowly enough to react to any Guardian system alerts.
- The Guardian system may not work properly if your headset is dropped or damaged. Inspect your headset before use, and contact Oculus Support if the Guardian system is not working properly.
- You can get more information about the Guardian system at <https://support.oculus.com/guardian>.
- Passthrough Camera.** Your headset is equipped with a "passthrough" camera feature which uses a camera to display your physical surroundings on your headset screen. The passthrough camera feature when enabled is designed to alert you if you go outside of your defined play space and display your physical world. It is also used to define or confirm your play space boundaries in connection with the Guardian system.
- The passthrough camera may lag behind (latency) what is actually occurring in your physical world, and your field of view while using the passthrough camera is smaller than your normal field of view when you are not using a headset. There may also be an error in depth perception when viewing the physical world through the passthrough camera.
- The passthrough camera is designed only for brief use, including to alert you to real world hazards when you leave your defined play space or to set up your play space in the Guardian system. You should not engage in any prolonged use of the passthrough camera, or use it to navigate your real world (see below).
- Take the following precautions when using the passthrough camera.
 - Move slowly and carefully whenever you are using the passthrough feature.
 - Do not use the passthrough camera to navigate the real world, other than for short distances (no more than 2 meters) to return to your play space. Do not attempt to use the passthrough camera to navigate areas that are not flat or contain hazards. Remove your headset so you have an unobstructed view.
 - Do not walk up or down stairs or sloped (inclining or declining) surfaces while using your headset's passthrough camera.
 - Always remove your headset for any real-world situation that requires attention or coordination.
 - If the passthrough camera view fades out, take off your headset and return to your play space.
 - The view of the physical world displayed by the passthrough camera may cause temporary effects if used for a long period of time. Do not use the passthrough feature for more than a few minutes.
 - Effects from the use of the passthrough camera may put you at an increased risk of injury when engaging in normal activities in the real world. Do not drive, operate machinery, or engage in other visually or physically demanding activities that have potentially serious consequences (i.e., activities in which experiencing any symptoms could lead to death, personal injury, or damage to property), or other activities that require unimpaired balance and hand-eye coordination (such as playing sports or riding a bicycle, etc.) until you have fully recovered from any effects.



Hearing Damage

-  To prevent possible hearing damage, do not listen at high volume levels for long periods.

WARNING System Alerts

For your protection, you should take immediate action when prompted by system alerts. The headset may provide you with the following alerts:

- Sound Volume Alert.** A visual alert in the event of high volume levels. If that alert appears, lower the sound volume to reduce the risk of hearing loss.
- Outside of Play Space Alert.** A visual alert if you are outside of your play space. If that alert appears, remove your headset or go back to your play space to continue your experience, if desired.
- Tracking Error System Alerts.** A visual alert if the headset's tracking system is not operating properly. Note if the headset is experiencing tracking issues, then the Guardian system may not be functioning properly or may be disabled. If this alert appears, remove the headset and move to a safe space. Afterwards, follow the instructions provided on-screen to address the issue.

WARNING Discomfort

- Immediately discontinue using the headset if any of the following symptoms are experienced:
 - Seizures;
 - Loss of awareness;
 - Eye strain;
 - Eye or muscle twitching;
 - Involuntary movements;
 - Altered, blurred, or double vision or other visual abnormalities;
 - Dizziness;
 - Disorientation;
 - Impaired balance;
 - Impaired hand-eye coordination;
 - Excessive sweating;
 - Increased salivation;
 - Nausea;
 - Lightheadedness;
 - Discomfort or pain in the head or eyes;
 - Drowsiness;
 - Fatigue;
- Any symptoms similar to motion sickness.

- Just as with the symptoms people can experience after they disembark a cruise ship, symptoms of virtual reality exposure can persist and become more apparent hours after use.** These post-use symptoms can include the symptoms above, as well as excessive drowsiness and decreased ability to multi-task. These symptoms may put you at an increased risk of injury when engaging in normal activities in the real world.

- Do not drive, operate machinery, or engage in other visually or physically demanding activities that have potentially serious consequences (i.e., activities in which experiencing any symptoms could lead to death, personal injury, or damage to property), or other activities that require unimpaired balance and hand-eye coordination (such as playing sports or riding a bicycle, etc.) until you have fully recovered from any symptoms.
- Do not use the headset until all symptoms have completely subsided for several hours.
- Be mindful of the type of content that you were using prior to the onset of any symptoms because you may be more prone to symptoms based upon the content being used. Review the comfort rating for the content you were using, and consider using content with a less intense comfort rating.
- See a doctor if you have serious and/or persistent symptoms.



WARNING Electrical Safety

Your headset is sensitive electronic equipment. Improper use of it, including improper connection to a computer, may result in fire, explosion, or other hazard. Follow these instructions to reduce the risk of injury to you or others, or damage to your product or other property.

- Only power and run your headset with the included cable or an approved cable. Do not use other cables or power adapters. If you are unsure about whether a cable or power adapter is compatible with your headset, contact Oculus Support.
- Periodically inspect connection cords and connector tips for damage or signs of wear. Do not use your cable if prong(s), enclosure, connector part(s), connector cable(s), or any other part is damaged, cracked, or exposed.
- Do not use external battery packs or power sources other than authorized accessories to power the headset.
- Avoid dropping your headset. Dropping it, especially on a hard surface, can potentially cause damage to the headset or cords. Inspect your headset for visual damage before each use. If you suspect damage to your headset or cords, contact Oculus Support.
- Do not let your headset get wet or come in contact with liquids. If the headset gets wet, contact Oculus Support, even if the headset appears to be working normally.
- Do not place your headset in areas that may get very hot, such as on or near a cooking surface, cooking appliance, iron or radiator or in direct sunlight. Excessive heating can damage the headset and could create a risk of injury. Do not dry a wet or damp headset with an appliance or heat source such as a microwave oven, hair dryer, iron or radiator. Avoid leaving your headset in a car in high temperatures. Follow any thermal warnings and advisory that may appear on your device's screen.

- Dispose of your headset properly. Do not dispose of the headset in a fire or incinerator. Dispose of separately from household waste. Refer to <https://support.oculus.com> for proper maintenance, replacement, and disposal of your headset.

⚠ WARNING Repetitive Stress Injury

Using the device may make your muscles, joints, neck, hand(s), or skin hurt. If any part of your body becomes tired or sore while using the headset or its components, or if you feel symptoms such as tingling, numbness, burning or stiffness, stop and rest for several hours before using it again. If you continue to have any of the above symptoms or other discomfort during or after use, stop use and see a doctor.

⚠ WARNING Accessories

- Your headset and software are not designed for use with any unauthorized accessory. Use of an unauthorized accessory may result in injury to you or others, may cause performance issues or damage to your system and related services, and may void your warranty.
- Refer to accessory instructions for proper installation, warnings, and use of included and authorized accessories.
- Only use recommended batteries and charging systems for authorized accessories.
- Install and use wrist straps or lanyard with accessories when available to secure to your wrist when in use.
- Use lanyards with all tracked accessories so they do not become loose projectiles.

⚠ WARNING Controller Batteries

Your controllers contain AA batteries.

- **CHOKING HAZARD.** The remote is not a toy. It contains batteries, which are small parts. Keep away from children under 3.
- Keep new and used batteries away from children. If the battery compartment does not close securely, stop using the product and keep it away from children until it can be repaired.
- Keep in original package until ready to use. Properly dispose of used batteries promptly.
- Battery in the controller is user-replaceable
- Do not mix old and new batteries. Replace all batteries of a set at the same time.
- Do not disassemble, pierce, or attempt to modify batteries.
- Risk of fire. Batteries can explode or leak if installed backwards, disassembled, charged, crushed, mixed with used or other battery types, or exposed to fire or high temperatures.
- Remove exhausted batteries from product promptly. Remove batteries before storage or extended periods of non-usage. Exhausted batteries may leak and damage your controllers.
- Refer to <https://support.oculus.com> for proper maintenance, replacement, and disposal of batteries.

⚠ WARNING Electrical Shock

To reduce risk of electric shock:

- Do not modify or open any of the components provided.
- Do not insert any metal, conductive, or any foreign objects into any of the openings.
- Do not expose the device to water or fluid.

⚠ CAUTION VR System Care

- Do not use your system if any part is broken or damaged.
- Do not attempt to repair any part of your system yourself. Repairs should only be made by an Oculus authorized servicer.
- To avoid damage to your headset or controllers, do not expose them to moisture, high humidity, high concentrations of dust or airborne materials, temperatures outside their operating range or direct sunlight.
- To avoid damage, keep your headset, cables and accessories away from pets.



⚠ CAUTION Contagious Conditions

To avoid transferring contagious conditions (like pink eye), do not share the headset with persons with contagious conditions, infections or diseases, particularly of the eyes, skin or scalp. The headset and controller(s) should be cleaned between each use with skin-friendly non-alcohol, non-abrasive antibacterial wipes and with a dry microfiber cloth for the lenses. Do not use liquid or chemical cleansers on the lenses. Replace the facial interface on the headset if it becomes worn or cannot be cleaned.

⚠ CAUTION Skin Irritation

The headset is worn next to your skin and scalp. Stop using the headset if you notice swelling, itchiness, skin irritation, loss of hair or other skin reactions. Similarly, with the hand-controller, please stop use if you observe any skin irritation or reaction. If symptoms persist, contact a doctor.

⚠ CAUTION No Direct Sunlight on Lenses

Take particular care to avoid direct sunlight on the lenses. For example, do not store or carry the headset so the lenses are exposed to direct sunlight. Direct sunlight on the lenses for even brief periods may damage the optics and display.



NOTICE Not a Medical Device

The headset and accessories are not medical devices, and are not intended to diagnose, treat, cure, or prevent any disease.

Appendix E- Health and Safety Pre-Screening Question



Please read the following health concerns and state whether have any of the below

- History of significant motion sickness,
- Active nausea
- Vomiting
- Epilepsy
- People who use VR intensively

☐ Yes, to one or more

☐ No, I do not



Appendix F – Competencies Questionnaires

Scale; Likert

- 5-Strongly Disagree
- 4-Disagree
- 3-Neutral
- 2-Agree
- 1-Strongly Agree

Factor domain scales of the competencies questionnaire - Kamen et al., (2010).

This person can understand models of psychological interventions.

This person can manage a crisis (Suicide attempt) in a therapy case.

This person cannot provide effective therapy.

This person cannot convey warmth to clients.

This person can build a therapeutic alliance with a client.

This person cannot tolerate his/her emotions.

This person can remain open to feedback (both positive and negative).

This person dresses inappropriately for a professional setting.

This person matches what I imagine a therapist to look like.

Appendix G – Stereotype Activation

Scale; Likert

5-Strongly Disagree

4-Disagree

3-Neutral

2-Agree

1-Strongly Agree

Factor domain scales of the stereotype questionnaire; Kamen et al., (2010).

This person does not seem intelligent.

This person does seem irresponsible.

This person does not seem threatening.

This person does not seem caring.

This person seems trustworthy.

This person seems assertive.

This person seems confident.

This person seems reliable.

This person seems friendly.

This person seems reputable.

Appendix H – Example of the therapist in the simulated counselling session.

Non-Tattooed Therapist



Tattooed Therapist



Appendix I– Script for Simulated Counselling Session (VR)

SCRIPT FOR DISSERTATION FILMING – VR SIMULATED COUNSELLING SESSION

Counsellor: Hi, Welcome back – last week, we spoke about an overwhelming sense of worry and anxiety. How are you feeling this week?

Client: Honestly, I'm struggling. I feel like I'm barely keeping my head above water. Im slowly drowning.

Counsellor: I'm glad you could make it today. It's essential to take time for yourself, especially when things feel overwhelming. What's has given you this feeling of drowning or trying to keep your head above water?

Client: Well, work has been stressful, and I feel like I can't keep up with everything. It's starting to affect my sleep and my mood. I feel so exhausted all the time.

Counsellor: That sounds really tough. It's not uncommon to feel overwhelmed when work gets stressful. Have you noticed any specific triggers or patterns that worsen things?

Client: It's mostly the deadlines. They keep piling up, and I need to catch up. No matter how hard I try, I can't catch up.

Counsellor: Deadlines can add a lot of pressure. It's essential to find ways to manage that stress. Have you tried any strategies to help cope with the workload?

Client: I've tried making to-do lists, but there's too much to handle. Sometimes, I just stare at the list and feel paralysed.

Counsellor: To-do lists can be helpful, but sometimes they can also feel overwhelming if there's less on them. It might be helpful to prioritise tasks and break them down into smaller, more manageable steps. Have you considered setting aside specific times for breaks and self-care during your day?

Client: Not really. I usually try to push through until everything is done. But lately, it feels like I'm running on empty.

Counsellor: Taking breaks and practising self-care can make you more productive in the long run. It gives your mind a chance to rest and recharge.

Client: I just feel so burnt out.

Counsellor: Burnt out? Let's start by identifying a few small changes you can make. For example, setting a timer to remind yourself to take a five-minute break every hour, or scheduling a short walk during lunch. These small steps can make a big difference in how you feel.

Client: I'll give that a try. Thank you. I really hope this helps because I don't know how much

longer I can keep going like this.

Counsellor: It's okay to ask for help and take things one step at a time. You're doing a great job by being here and taking the first step towards managing your stress. We'll work through this together.

Client: Thanks, I appreciate it. It means a lot to know I'm not alone in this.

Counsellor: Anytime. Let's check in again next week and see how things are going.

Client: Will do. Thanks again.

Appendix J – Ethics Approval Form

APPLICATION FOR ETHICAL APPROVAL

RESEARCH STUDENTS

This form is to be completed by the student within **SIX** months for full-time students and **TWELVE** months for part time students, after the commencement of the research degree or following progression to Part Two of your course.

Once complete, submit this form via the **MyTSD Doctoral College Portal** at (<https://mytsd.uwtsd.ac.uk>).

This document is also available in Welsh.

RESEARCH STAFF ONLY

All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk, with the title 'Ethical Approval' followed by your name.

STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

In order for research to result in benefit and minimise risk of harm, it must be conducted ethically. A researcher may not be covered by the University's insurance if ethical approval has not been obtained prior to commencement.

The University follows the OECD Frascati manual definition of **research activity**: "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications". As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the "principal researcher".

Ethical approval is not required for routine audits, performance reviews, quality assurance studies, testing within normal educational requirements, and literary or artistic criticism.

Please read the notes for guidance before completing ALL sections of the form.

This form must be completed and approved prior to undertaking any research activity. Please see Checklist for details of process for different categories of application.

SECTION A: About You (Principal Researcher)

1	Full Name:	Matthew Wilson			
2	Tick all boxes that apply:	Member of staff:	☐	Honorary research fellow:	☐
	Undergraduate Student	☒	Taught Postgraduate Student	☐	Postgraduate Research Student

3	Institute/Academic Discipline/Centre:	Psychology & Counselling
4	Campus:	Swansea
5	E-mail address:	2209269@student.uwtsd.ac.uk
6	Contact Telephone Number:	07551385506
For students:		
7	Student Number:	2209269
8	Programme of Study:	Psychology & Counselling
9	Director of Studies/Supervisor:	Stacey Coleman

SECTION B: Approval for Research Activity

1	Has the research activity received approval in principle? (please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual)	YES	☒	NO	☐
					Date
2	If Yes, please indicate source of approval (and date where known): Approval in principle must be obtained from the relevant source prior to seeking ethical approval	Research Degrees Committee	☐		
		Institute Research Committee	☐		
		Other (Stacey Coleman, Dissertation Supervisor)	☒	14/08/2024	

SECTION C: Internal and External Ethical Guidance Materials

Please list the core ethical guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, location-specific codes of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines. You may add rows to this table if needed.		
1	<u>UWTSD Research Ethics & Integrity Code of Practice</u>	☒
2	UWTSD Research Data Management Policy	☒
3	<i>BPS Code of Human Research Ethics (2021)</i>	☒
4	<i>BPS Code of Ethics and Conduct (2021)</i>	☒
5	<i>UWTSD Student Code of Conduct (2021)</i>	☒

SECTION D: External Collaborative Research Activity

If there are external collaborators then you should gain consent from the contact persons to share their personal data with the university. If there are no external collaborators then leave this section blank and continue to section E.

1	Institution					
2	Contact person name					
3	Contact person e-mail address					
4	Is your research externally funded?	YES	☐	NO	☐	
5	Are you in receipt of a KESS scholarship?	YES	☐	NO	☐	
6	Are you specifically employed to undertake this research in either a paid or voluntary capacity?	Voluntary	YES	☐	NO	☐
7		Employed	YES	☐	NO	☐
8	Is the research being undertaken within an existing UWTSD Athrofa Professional Learning Partnership (APLP)?	If YES then the permission question below does not need to be answered.	YES	☐	NO	☐
9	Has permission to undertake the research has been provided by the partner organisation?	(If YES attach copy) If NO the application cannot continue	YES	☐	NO	☐

Where research activity is carried out in collaboration with an external organisation

10	Does this organisation have its own ethics approval system?	YES	☐	NO	☐
	If Yes, please attach a copy of any final approval (or interim approval) from the organisation (this may be a copy of an email if appropriate).				

SECTION E: Details of Research Activity

1	Indicative title:	The Stigma of Ink: Using VR to explore perceptions of tattooed counsellors.		
2	Proposed start date:	November 2024	Proposed end date:	May 2025
	Introduction to the Research (maximum 300 words per section) Ensure that you write for a <u>Non-Specialist Audience</u> when outlining your response to the points below: <i>Purpose of Research Activity</i> <i>Proposed Research Question</i> <i>Aims of Research Activity</i> <i>Objectives of Research Activity</i> Demonstrate, briefly, how <u>Existing Research</u> has informed the proposed activity and explain <i>What the research activity will add to the body of knowledge</i> <i>How it addresses an area of importance.</i>			

3	Purpose of Research Activity To explore whether there are differences in the perception of professionalism of a counsellor who has visible tattoos and one who does not have any tattoos. Tattoos, once considered taboo or associated with counter-cultural movements, have increasingly become mainstream expressions of identity and personal narrative. However, lingering societal stigmas surrounding tattoos may impact the perceived professionalism, competence, and trustworthiness of individuals in certain professions, including therapists (Zidenberg et al., 2022). Research further suggests that individuals with tattoos are driven by the need to express their individuality and nonconformity (Swami, 2012; Swami et al., 2015; Tiggemann & Hopkins, 2011) and, in the case of professionals working within therapy services, service users are not always receptive in working with therapists with body modifications. Zeidenberg et al. (2022) further support this and suggest that the presence of tattoos on a psychological professional does not impact perceptions of competency of a client, and that the general public reported feeling more at ease in working with a tattooed psychologist than a non-tattooed psychologist. Mullins and Bruce (2021) also imply that there is a generational difference in attitudes towards individuals with tattoos in the counselling profession, with younger generations far more receptive to receiving professional services from an individual with body modifications. Smith, (2021) found that the tattoo status of the therapist had no significant impact on how positively the therapist was perceived by service users, tattooed therapists were perceived slightly less positively than non-tattooed therapists however the difference failed to reach statistical significance. There was, however, a stark difference when it came to placement of the tattoo, with a tattoo on the upper arms deemed the most acceptable (93% of respondents) whilst the face was significantly less so (10% of respondents) (Mullins and Bruce, 2021). Based on this previous research, the proposed study seeks to create a virtual reality intervention using VR of a counselling session. The VR session will display a female therapist with either, tattoos or no tattoos and participants will be asked to rate on a scale their professional perceptions of the counsellor based on the tattoos or lack off. I intend to use virtual reality because it has been suggested to increase ecological validity, reproducibility, and experimental control (Pan & Hamilton, 2018). Participants will then be interviewed to find out why they scaled the professional perceptions based on the VR counselling session. (this box should expand as you type)
4	Research Question Exploring the Stigma of Ink: Investigating the influence of visible tattoos on the perception of therapists by prospective clients: an investigation using AI to replicate a session with a counsellor. 1. How do participants rate therapists who have visible tattoos during a simulated counselling session? 2. Are there generational differences in the ratings of therapists who have visible tattoos? 3. What are the perceptions of a therapist who has visible tattoos? What are the reasons provided by participants for their ratings of these therapists?

	(this box should expand as you type)
5	Aims of Research Activity The aim is to explore whether there are differences in the perception of professionalism of a counsellor who has visible tattoos and one who does not have any tattoos (this box should expand as you type)
6	Objectives of Research Activity O1; Collect quantitative data on professional perceptions based on a therapist with or without tattoos. O2; Using a qualitative methodology, provide a deeper exploration of perceptions of a tattooed therapist. (this box should expand as you type)
	Proposed methods (maximum 600 words) Provide a brief summary of all the methods that may be used in the research activity, making it clear what specific techniques may be used. If methods other than those listed in this section are deemed appropriate later, additional ethical approval for those methods will be needed. You do not need to justify the methods here but should instead describe how you intend to collect the data necessary for you to complete your project.
7	Participants – Students who will be studying on a psychology related degree programme will be recruited via EMS portal. Design – mixed methods. Quantitative phase – between subject's multifactorial design The first independent variable (IV1) will be the age of the participants. Participants will be categorised based upon the mean of the sample once data has been collected and it will be explored IV2 will also be a between-subjects IV. Participants will engage in the VR session and will either see a tattooed or a non-tattooed therapist. DV = Perceptions/Impressions of the therapist measured with a previously used scale that is proposed to assess characteristics and aspects related to professionalism and competencies (Kamen et al., 2010). Data will be analysed using a 2x2 between subjects ANOVA. Qualitative phase – Semi-structured interviews will be conducted with participants following engagement in the VR counselling session exploring impressions of the therapists. Thematic analysis will be conducted to explore themes.

	The virtual reality (VR) simulated tattoo session will be intricately scripted and designed to reflect the nuances of workplace stress, exploring how this stress impacts not only the professional environment but also the everyday life of the client. The session itself will play through the VR headset, immersing the user in a more realistic and engaging environment tailored for therapeutic purposes. This innovative approach seeks to enhance the therapeutic experience by simulating real life scenarios. The type of therapy utilised in this setting will be the humanistic approach. Materials – This study will utilise a mixed-methods approach, integrating both quantitative and qualitative methods to comprehensively address the research question. The quantitative component will include participants engaging with the simulated counselling session via VR and questions asked to explore perceptions of the therapist based on their levels of professionalism. The qualitative component is included to allow for more in-depth exploration of the perceptions/perspectives of ‘why’ they perceive the therapist the way they did. Participants will be provided with a study description, an information sheet, consent form, and safety warning booklet (provided by the VR manufacturer) before taking part in the study. Two videos will be recorded for the purpose of playing via the VR headsets; one with a ‘therapist’ with no tattoos and one with a ‘therapist’ who has visible arm tattoos. Procedure- Participants will be recruited via the EMS portal and invited to take part in the study in Psych Lab B, on the second floor of the UWTSD building. When participants arrive up to the allocated lab time, they will be provided with an information sheet and a consent form. Once participants have provided consent, they will be asked to put on the VR headset and spend a couple of minutes familiarising themselves with what they can see. Participants will be directed to an appropriate position (a chair placed within the lab) prior to beginning the ‘study’. Each participant will see one of the two conditions; either the ‘therapist’ with a visible tattoo or the ‘therapist’ without any tattoos. Once they have viewed the simulated therapy session, participants will be asked to complete the Competencies Questionnaire (Kamen et al., 2010) questionnaire which will assess their perceptions of the overall professionalism of the therapist. Participants will then be asked to take part in a short one-to-one interview to further discuss the ratings they provided in the questionnaire. Finally, participants will be provided with a debrief form that will outline the full aims and objectives of the research and thanked for their participation. ;(this box should expand as you type)
	Location of research activity Identify all locations where research activity will take place.
8	IQ, Swansea, Psychology Lab B. (this box should expand as you type)
	Research activity outside of the UK

	If research activity will take place overseas, you are responsible for ensuring that local ethical considerations are complied with and that the relevant permissions are sought. Specify any local guidelines (e.g. from local professional associations/learned societies/universities) that exist and whether these involve any ethical stipulations beyond those usual in the UK (provide details of any licenses or permissions required). Also specify whether there are any specific ethical issues raised by the local context in which the research activity is taking place, for example, particular cultural and/or legal sensitivities or vulnerabilities of participants. If you live in the country where you will do the research then please state this.
9	N/A <i>(this box should expand as you type)</i>

10	Use of documentation not in the public domain: Are any documents <u>NOT</u> publicly available?	NO	☒
		YES	☐
11	If Yes, please provide details here of how you will gain access to specific documentation that is not in the public domain and that this is in accordance with the current data protection law of the country in question and that of England and Wales. <i>(this box should expand as you type)</i>		

	Does your research relate to one or more of the seven aims of the Well-being of Future Generations (Wales) Act 2015?	YES	NO
12	A prosperous Wales	☐	☒
13	A resilient Wales	☐	☒
14	A healthier Wales	☐	☒
15	A more equal Wales	☒	☐
16	A Wales of cohesive communities	☒	☐
17	A Wales of vibrant culture and thriving Welsh language	☐	☒
18	A globally responsible Wales	☐	☒
19	If YES to any of the above, please give details:		
	The proposed study will help to alleviate prejudice in Wales in relation to the presence of tattoos on professional employees and the wider community, creating a more equal Wales. <i>(this box should expand as you type)</i>		

SECTION F: Scope of Research Activity

	Will the research activity include:	YES	NO
1	Use of a questionnaire or similar research instrument?	☒	☐

2	Use of interviews?	☒	☐
3	Use of focus groups?	☐	☒
4	Use of participant diaries?	☐	☒
5	Use of video or audio recording?	☒	☐
6	Use of computer-generated log files?	☒	☐
7	Participant observation with their knowledge?	☐	☒
8	Participant observation without their knowledge?	☐	☒
9	Access to personal or confidential information without the participants' specific consent?	☐	☒
10	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☒	☐
11	Performance of any acts which may cause embarrassment or affect self-esteem?	☐	☒
12	Investigation of participants involved in illegal activities?	☐	☒
13	Use of procedures that involve deception?	☐	☒
14	Administration of any substance, agent or placebo?	☐	☒
15	Working with live vertebrate animals?	☐	☒
16	Procedures that may have a negative impact on the environment?	☐	☒
17	Other primary data collection methods. Please indicate the type of data collection method(s) below.	☐	☒
	Details of any other primary data collection method: (this box should expand as you type)		

If NO to every question, then the research activity is (ethically) low risk and **may** be exempt from **some** of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

SECTION G: Intended Participants

If there are no participants then do not complete this section, but go directly to section H.

	Who are the intended participants:	YES	NO
1	Students or staff at the University?	☒	☐
2	Adults (over the age of 18 and competent to give consent)?	☐	☒
3	Vulnerable adults?	☐	☒
4	Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	☒
5	Prisoners?	☐	☒

6	Young offenders?	☐	☒
7	Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	☒
8	People engaged in illegal activities?	☐	☒
9	Others. Please indicate the participants below, and specifically any group who may be unable to give consent.	☐	☒
	Details of any other participant groups: (this box should expand as you type)		

Participant numbers and source Provide an estimate of the expected number of participants. How will you identify participants and how will they be recruited?		
10	How many participants are expected?	Based on the proposed design of the study, around 20-25 participants would be suitable to conduct the planned analysis. (this box should expand as you type)
11	Who will the participants be?	University students studying at UWTSD enrolled on a psychology related degree. As the study is using virtual reality equipment, exclusion criteria will include the following: - History of significant motion sickness, - active nausea, - vomiting - epilepsy, - people who use VR intensively Additionally, participants should have good / normal depth perception. (this box should expand as you type)
12	How will you identify the participants?	The study will be advertised on the Experiment Management System (EMS) and students will be able to sign up to take part via the EMS. Each student has a unique EMS identification number so that no student names are shown to the researcher. Students will be provided with a detailed description of the study prior to signing up to take part. (this box should expand as you type)

Information for participants:		YES	NO	N/A
13	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	☒	☐	☐

14	Will you tell participants that their participation is voluntary?	☒	☐	☐
15	Will you obtain written consent for participation?	☒	☐	☐
16	Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?	☒	☐	☐
17	If the research is observational, will you ask participants for their consent to being observed?	☐	☐	☒
18	Will you tell participants that they may withdraw from the research at any time and for any reason?	☒	☐	☐
19	With questionnaires, will you give participants the option of omitting questions they do not want to answer?	☒	☐	☐
20	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	☒	☐	☐
21	Will you debrief participants at the end of their participation, in a way appropriate to the type of research undertaken?	☒	☐	☐
22	If NO to any of above questions, please give an explanation			
	<i>(this box should expand as you type)</i>			

	Information for participants:	YES	NO	N/A
24	Will participants be paid?	☐	☒	☐
25	Is specialist electrical or other equipment to be used with participants?	☒	☐	☐
26	Are there any financial or other interests to the investigator or University arising from this study?	☐	☒	☐
27	Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims?	☐	☒	☐
28	If YES to any question, please provide full details			
	25) Yes, I will be using virtual reality (VR) head-mounted displays (HMD). While virtual reality HMDs are used frequently there is a risk of participants experiencing motion sickness. To mitigate the risks, it will be ensured all participants are informed of the risks prior to the study, and they can stop the study at any time if they feel any discomfort. In addition, a researcher will be present at all times whilst participants are using the VR HMD, and a protocol will be followed for ensuring any participant who feels unwell is treated appropriately at the scene (Psychology Labs). <i>(this box should expand as you type)</i>			

SECTION H: Anticipated Risks

	Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them.
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	If you have completed a full risk assessment (for example as required by a laboratory, or external research collaborator) you may append that to this form.		
1	Full risk assessment completed and appended?	Yes	☐
		No	☒
2	Risks to participants For example: sector-specific health & safety, emotional distress, financial disclosure, physical harm, transfer of personal data, sensitive organisational information		
	Risk to participants: Participants may experience physical discomfort such as sickness, headaches, or disorientation when using the VR headset. There is also the potential for physical injury if the participant moves around the room unexpectedly or bumps into any objects within the room.	<i>How you will mitigate the risk to participants:</i> Prior to engaging with the simulated counselling session, participants will be provided with a short period of time to familiarise themselves with the VR headset and to become comfortable with the headset. After this, they will be given a break before viewing the simulated ‘therapy’ session. The timeframe of the VR session will be no longer than 3/4 minutes to minimise any discomfort. All participants will be informed of the risks of engaging with VR within the study description placed on EMS, and the information sheet, and consent form. Additionally, warnings will be placed within the EMS stating that any individuals with pre-existing conditions such as epilepsy, vertigo, or motion sickness should refrain from participating due to the increased risk of discomfort. A user safety booklet will be provided to participants to read through which covers relevant health and safety warnings for the use of the VR headset. Regarding physical injury, the lab will be set up in a standardised way and participants will, again, be able to familiarise themselves with the	

	Participants may feel uncomfortable assessing the professionalism of another person, particularly if they feel conflicted about making judgements of a person or if they have tattoos themselves.	layout of the room prior to engaging in the study. Due to the purpose of the study, participants will be asked to sit down on a provided chair for the duration of the VR session, thus minimising the potential for injury whilst wearing the headset. The study will take place only during business hours (9am to 5pm) whilst the researcher is present and a member of the psych labs team. If any students experience any discomfort or feelings of sickness, the study will be stopped, water provided, and a window opened to ease any discomfort. Information provided in the information sheet and consent form will clearly highlight that the study has been designed to understand general perceptions of professionalism of a ‘therapist’, in this case, and that all responses will remain confidential. It will also be fully explained within the debrief form that the participants have provided their responses based on an artificial scenario (video recording of a simulated therapy session) and not a real individual (therapist). The debrief form will also reiterate that personal responses to any questions asked will not be judged: quantitative data will be combined to explore average perceptions of professionalism, and the qualitative data will be used to further interpret potential reasons as to why they are differences in these
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	Participants may have concerns about the privacy or confidentiality of their data. Participants may not feel comfortable contributing to research that could, potentially highlight stereotypes or biases related to individuals with tattoos and the impact on their perceived professionalism. Risk of emotional distress due to the content discussed within the simulated therapy session, due to the potential for some topics to inadvertently resonate with individual experiences of participants. <i>(this box should expand as you type)</i>	perceptions, or why not (dependent upon quantitative results). If participants still feel uncomfortable at the end of the study, they will be reminded that they can withdraw their participation, and their data will not be included. It will be explained within the consent form and the debrief form that all data collected during the study will remain confidential and only accessed by the direct research team. Participants will complete the amended Competencies Questionnaire (Kamen et al.,2010). It will be explained within the debrief form that the purpose of the study is to understand a range of perceptions and not to make any value judgements about tattoos. The content of the simulated therapy session will be neutral and deliberately non-triggering to reduce the potential for any emotional impact. The content of the simulated counselling session will be predominantly based on workplace stress and anxiety. Participants will be reminded that, if any distress does occur whilst engaging in the study, they can withdraw at any time. The researcher will be present at all times, and the study will take place at a time when there is a research assistant or an appropriate academic staff member present within the psychology labs. If any student
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		expresses concern following withdrawal. The research supervisor will be notified, and information will be provided to the student regarding the student support services department within the university and how they can request support. <i>(this box should expand as you type)</i>
3	If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or actually illegal is discovered in the course of a project, it may need to be disclosed to the proper authorities	
	Participants will be made aware of the topic and what will be required of them within the description box of the study. The consent form will make it clear that if any participant doesn't want to answer a question during the study or is made uncomfortable by a certain question, they will have the option to skip questions or topic discussed. <i>(this box should expand as you type)</i>	
4	Risks to the investigator For example: personal health & safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest	
	Risk to the investigator: 1. Researcher emails will be provided to participants. Therefore, a potential risk could be the researcher receiving negative or unwelcomed emails from a participant. 2. The student researcher may be asked for information outside of their scope of knowledge as an undergraduate student. 3. Physical risk due to the potential for adjusting equipment for participants. There is also a potential for the student researcher to be accused of harm/impropriety if the participant feels they are not happy about	<i>How you will mitigate the risk to the investigator:</i> 1. Only university student email address will be provided, and not personal ones. If the researcher does receive any unwelcomed emails from a participant, this will be reported to the dissertation supervisor immediately. 2. Any queries sent to the researchers that they are unable to deal with will be passed on to the dissertation supervisor. 3. It will be ensured that the student researcher follows all UWTSD and BPS researcher codes of conduct and research guidelines, and the study will not take place until all elements have been approved by the supervisor (module lead).

	something that has taken place during the research. 4. There is a risk of fatigue of the researcher due to the potential length of data collection sessions / collecting data from multiple participants simultaneously. 5. There is a risk of the investigator being led a stray, and the interviewer making a direct to lead the interview. 6. Risk for misinterpretation when transcribing and analysing the data. <i>(this box should expand as you type)</i>	4. It will be ensured that not too many participants are booked in one after another to mitigate the concern of fatigue for the researcher. 5. The interview questions will be unstructured; however, the interviewer will possess a set of prepared questions to assist in guiding the interview in an ethically structured manner. 6. The transcription and analysing of the data will be done multiple times to ensure the risk for misinterpretation is minimal <i>(this box should expand as you type)</i>
5	University/institutional risks For example: adverse publicity, financial loss, data protection	
	Risk to the University: The reputation and integrity of UWTSD and the discipline of Psychology could be endangered if researchers do not adhere to codes of ethics and research protocols Data could be exposed, leaked, or used for other purposes. <i>(this box should expand as you type)</i>	<i>How you will mitigate the risk to the University:</i> The University Ethics and Integrity Code of Practice and the BPS Code of Ethics and Conduct will be followed at every stage of the proposed study to minimise any potential risks to the Institution from arising. Professionalism will always be exhibited by all Researchers. The data collected will be stored in accordance with UWTSD Research Data Management (RDM) rules and only used for the intended purpose, in compliance with ethical guidelines set out by UWTSD Research Ethics & Integrity Code of Practice policy and British Psychological Society (BPS) code of ethics. To minimise any risk to UWTSD and the psychology department, all collected data will be stored securely through the Qualtrics platform.

		(this box should expand as you type)
6	Environmental risks For example: accidental spillage of pollutants, damage to local ecosystems	
	Risk to the environment: Use of paper Use of VR (this box should expand as you type)	How you will mitigate the risk to environment: Only one information sheet and a debrief form will be printed, and these will be used repeatedly with each new participant. If the participant would like a copy of the information sheet or the debrief form, they can request this, and this will be sent via email. In accordance with BPS guidelines, two copies of a consent form will be printed for each participant (one for the researcher and one for the participant). Ensuring no one under the influence of alcohol or substances before using the VR headset, adhering to the lab procedures. (this box should expand as you type)

	Disclosure and Barring Service			
	If the research activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate must be obtained before any contact with such participants.	YES	NO	N/A
7	Does your research require you to hold a current DBS Certificate?	☐	☒	☐
8	If YES, please give the certificate number. If the certificate number is not available please write "Pending"; in this case any ethical approval will be subject to providing the appropriate certificate number.			

SECTION I: Feedback, Consent and Confidentiality

1	Feedback What de-briefing and feedback will be provided to participants, how will this be done and when?
	Participants will receive a debrief form at the end of the study to read through. The debrief form will include a reminder of the aims and the purpose of the study. They will also be reminded of their right to withdraw their information at this point of the study. The contact details of the researcher and supervisor will also be included on the debrief sheet and participants will be informed that they can request a copy of the debrief form to keep for their own records. If there is a request for a copy of the debrief form, this will be sent via the EMS (through the sign up) following completion of the study. (this box should expand as you type)

2	Informed consent Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded in accordance with prevailing data protection legislation.
	Prior to signing up to take part, a full description of the study will be provided on the EMS to ensure participants are aware of what will be required of them before they sign up. Once they arrive to take part in the study, participants will be given an information sheet which will clearly outline the aims and the objectives of the research, their right to withdraw, and information regarding data storage and confidentiality. The contact details of the researcher will be provided on the information sheet and the consent form. Participants will be informed that taking part is voluntary and that during all elements of the study, including the VR intervention, they can stop at any time and leave without penalty and their data will not be recorded. Participants will be required to sign two copies of the consent form; one will be kept by the researcher and the other can be retained by the participant. In the course of the unstructured interview and virtual reality (VR) simulation, participants will be reminded that they have the autonomy to withdraw from the session at any point if they experience discomfort regarding the discussion or topics being addressed. <i>(this box should expand as you type)</i>
3	Confidentiality / Anonymity Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case.
	The participant information sheet and consent form will make it clear to participants that they have a right to expect that information they provide when completing the study will be treated confidentially in line with the General Data Protection Regulation (GDPR, 2016), Data Protection Act (2018) and UWTSD Data Management Policy. Questionnaire data will be collected via Qualtrics, and this will be stored anonymously via the Qualtrics cloud server. Once all quantitative data has been collected, it will be downloaded in an anonymous format to SPSS. During the qualitative phase, data will be audio recorded. Transcription will take place as soon as possible following completion of the study, and within 72 business hours of completion, and after this point the recording will be deleted. Participants will be reminded within the debrief form that they can withdraw their data up until the point that they leave the lab environment. <i>(this box should expand as you type)</i>

SECTION J: Data Protection and Storage

	Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 “GDPR” and the Data Protection Act 2018 “DPA”)?	YES	NO
1	“Personal data” means any information relating to an identified or identifiable natural person (‘data subject’). An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an	☒	☐

	<i>online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person. Any video or audio recordings of participants is considered to be personal data.</i>		
	If YES, provide a description of the data and explain why this data needs to be collected:		
2	Data on participant age and gender will be collected as this forms a standard reporting measure in psychology reports within the participant subsection of the method. According to the UWTSD Research Data Management Policy, this constitutes personal data. However, these data will not be attached to any identifying data about the participant. Interviews will be audio recorded and, as above, this is proposed to constitute personal data. All recordings will be transcribed within 72 hours of the study commencing and the audio recording will be deleted. All recordings will be made using a device authorised for use of audio recording by the Psych Labs team. After recording has been transcribed and all audio recordings will be deleted to adhere to university and GDPR guidelines. <i>(this box should expand as you type)</i>		
	Does it involve special category data (as defined by the GDPR)?	YES	NO
3	“Special category data” means sensitive personal data consisting of information as to the data subjects’ – (a) racial or ethnic origin, (b) political opinions, (c) religious beliefs or other beliefs of a similar nature, (d) membership of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992), (e) physical or mental health or condition, (f) sexual life, (g) genetics, (h) biometric data (as used for ID purposes),	☐	☒
	If YES, provide a description of the special category data and explain why this data needs to be collected:		
4	<i>(this box should expand as you type)</i>		

	Will data from the research activity (collected data, drafts of the thesis, or materials for publication) be stored in any of the following ways?	YES	NO
5	Manual files (i.e. in paper form)?	☒	☐
6	University computers?	☒	☐
7	Private company computers?	☐	☒
8	Home or other personal computers?	☐	☒
9	Laptop computers/ CDs/ Portable disk-drives/ memory sticks?	☒	☐
10	“Cloud” storage or websites?	☒	☐
11	Other – specify:	☒	☐

12	For all stored data, explain the measures in place to ensure the security of the data collected, data confidentiality, including details of backup procedures, password protection, encryption, anonymisation and pseudonymisation:
	Manual files: Manual files will consist of consent forms signed by the participants. These will be stored appropriately in a non-identifying envelope and given to the psych labs team for storage within a locked filing cabinet. University computers: A laptop will be used to cast the video and VR to the screen in the psychology lab, which is registered to the psychology department and, therefore, the university. Whilst no data will be collected and stored on the laptop, it will be used during the data collection period. Laptop computers / portable disk drive: Interviews will be audio recorded using a recording device provided by psych labs. Once each interview has commenced it will be transcribed verbatim within 72 hours and deleted from the recorder. Drafts of the dissertation, along with draft chapters and transcribed interviews, will be stored on a personal laptop within a password protected folder. Cloud storage: The data collected from participants on levels of professionalism of the counsellor/therapist will be stored on Qualtrics and will be stored on the Qualtrics server until it is required to be analysed. Only the researcher has direct access to the data stored on Qualtrics which is accessible only via a personal password, thus ensuring the data remains confidential. Data in its raw form will be saved to SPSS and this will also be saved within a personal password protected folder on the researchers laptop. All identifying information, including GPS location identifiers and IP address, will be removed. <i>(this box should expand as you type)</i>

Data Protection			
	Will the research activity involve any of the following activities:	YES	NO
13	Electronic transfer of data in any form?	☒	☐
14	Sharing of data with others at the University outside of the immediate research team?	☐	☒
15	Sharing of data with other organisations?	☐	☒
16	Export of data outside the UK or importing of data from outside the UK?	☐	☒
17	Use of personal addresses, postcodes, faxes, emails or telephone numbers?	☐	☒
18	Publication of data that might allow identification of individuals?	☐	☒
19	Use of data management system?	☐	☒
20	Data archiving?	☐	☒

21	If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and Data Protection Act (2018) (and any international equivalents, where appropriate):		
	As set out above, data will be transferred from the Qualtrics cloud system to SPSS once all quantitative data has been collected and is ready for analysis. There will be no electronic transfer of audio recorded data as this will be listened to via the recorder used to record the interviews. <i>(this box should expand as you type)</i>		
22	List all who will have access to the data generated by the research activity:		
	Matthew Wilson and Stacey Coleman <i>(this box should expand as you type)</i>		
23	List who will have control of, and act as custodian(s) for, data generated by the research activity:		
	Matthew Wilson <i>(this box should expand as you type)</i>		
24	Give details of data storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form. Will data be archived – if so how and if not why not.		
	Signed consent forms will be stored in a non-identifiable enveloped and given to the psych labs team for storage within a locked filing cabinet at the end of each data collection period/day. These will be stored until after the final dissertation has been submitted, examined and marks confirmed by an exam board, after which point they will be placed in confidential waste and destroyed appropriately. Quantitative data collected via Qualtrics will be stored on the Qualtrics server until the point that it is required to be downloaded for analysis. Following transfer of the raw data, it will be saved in an SPSS data file within a password protected folder on the researcher's personal laptop. As above, this will be kept until the end of the exam board in case it is required for examining purposes. Recorded audio interviews will be deleted within 72 hours of each interview commencing as these will be transcribed verbatim. The written transcripts will be saved within a password protected folder on the researchers laptop and kept until after the appropriate exam board. <i>(this box should expand as you type)</i>		
25	Please indicate if your data will be stored in the UWTSD Research Data Repository (see https://researchdata.uwtsd.ac.uk/). If so please explain. <i>(Most relevant to academic staff)</i>		
	Data will not be stored in the UWTSD Research Data Repository. <i>(this box should expand as you type)</i>		
26	Confirm that you have read the UWTSD guidance on data management (see https://www.uwtsd.ac.uk/library/research-data-management/)	YES	☒
27	Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding	YES	☒

SECTION K: Declaration

	The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants. In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice which is published on the website: https://www.uwtsd.ac.uk/research/research-ethics/		
1	Signature of applicant:	M.Wilson	Date: 04/11/24

For STUDENT Submissions:

2	Director of Studies/Supervisor:	Stacey Coleman	Date: 04/11/24
3	Signature:	S. L. Coleman	

For STAFF Submissions:

4	Academic Director/ Assistant Dean:		Date:
5	Signature:		

Checklist: Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

☒	I have read the guidance notes supplied before completing the form.
☐	I have completed ALL RELEVANT sections of the form in full.
☒	I confirm that the research activity has received approval in principle
☐	I have attached a copy of final/interim approval from external organisation (where appropriate)
☐	I have attached a full risk assessment (where appropriate) ONLY TICK IF YOU HAVE ATTACHED A FULL RISK ASSESSMENT
☒	I understand that it is my responsibility to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice.
☒	I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the DoS/Supervisor, module tutor or Academic Director.

RESEARCH STUDENTS ONLY

Once complete, submit this form via the **MyTSD Doctoral College Portal** at (<https://mytsd.uwtsd.ac.uk>).

RESEARCH STAFF ONLY

All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk , with the title 'Ethical Approval' followed by your name.

STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.

Appendix K- Debrief Form



Centre for Psychology and
Counselling
SA1 Campus
Swansea

Participant Debrief Sheet

Title of Study: The Stigma of Ink: Using VR to explore perceptions of tattooed counsellors.

Research Team: Matt Wilson (2209269@student.uwtsd.ac.uk) and dissertation supervisor, Stacey Coleman (stacey.coleman@uwtsd.ac.uk)

Date:

Thank you for taking part in this study.

The aim of this study was to explore whether there are differences in the perception of professionalism of a counsellor who has visible tattoos and one who does not have any tattoos

By carrying out a controlled lab study, we sought to simulate a counselling session with the use of VR (visual reality), examining the specific variables of having a tattooed versus a non-tattooed counsellor and to see if exposure to either would result in noticeable changes in the perception of their professionalism as therapists.

Depending upon the experimental group that you were randomly assigned to, you were displayed either a therapist with tattoos or no visible tattoos. Therefore, we have had to use slight deception in this study (not telling you there would be two different VR simulated counselling sessions displayed depending on what group you would be assigned) in order to accurately assess the different perceptions of professionalism of the therapist. The unstructured interview aims to provide greater insight into your perception of the therapist's professionalism relative to other participants who may have experienced the other controlled VR simulated counselling session.

Although tattoos were once associated with counter-culture, they have now evolved into mainstream symbols of identity and personal stories. There is little research assessing whether tattoos make someone less competent at a specific role, compared to those who are non tattooed. From the data gathered in this study, we hope to be able to contribute to the existing body of knowledge on the stigma of ink and professional perceptions.

If you wish to withdraw your data from the study, you must tell the researcher before leaving the lab. After leaving the lab, all your data will be anonymised, and we will not be able to trace it back to you.

If taking part in this study has raised any questions or concerns, please contact the researcher, **Matt Wilson** (2209269@student.uwtsd.ac.uk) or contact the dissertation supervisor, **Stacey Coleman** (stacey.coleman@uwtsd.ac.uk)

If you have found any part of this experience to be distressing, please consider speaking with someone that you trust such as a family member or friend. You may also consider speaking with one of the organisations below for additional support:

Within UWTSD:

- [UWSTD Wellbeing Support](https://www.uwtsd.ac.uk/student-services/wellbeing-support/) - <https://www.uwtsd.ac.uk/student-services/wellbeing-support/>
- Student Assistance Support – Free 24-hour confidential helpline 0800 028 3766

Outside UWTSD

- TogetherAll: <https://account.v2.togetherall.com/register/student>
- Feeling Good App: <https://www.feelinggood.app/onboarding/uwtsd-en/>
- Student Union Student Minds (support groups):
<https://www.studentminds.org.uk/findsupport.html>

Appendix L – Analysis of interviews/ Coding (Qualitative)

CODING	N.O	TRANSCRIPT	NOTES
Appearance – Against Tattoo's Appearance – Against Tattoo's Appearance - Admiration of Tattoos Perceptions - Professionalism	1	Researcher: So first of all, can you tell me your sort of how you felt in	Participant notices tattoos and was distracted Participant clarifies that the tattoos stood out the most Participant puts forward that tattoos were not unprofessional
	2	the overall experience of the therapy session?	
	3		
	4	Participant: Umm, fine, really. I, so obviously, like listening to	
	5	everything that was being said, but then also I was I was noticing like the	
	6	tattoos and I was kind of, yeah what's that one, and what's that one and	
	7	then they go kind of up the arm. So then I was all distracted.	
	8		
	9	Researcher: Easily done, isn't it?	
	10		
	11	Participant: Yeah (participant laughs)	
	12		
	13	Researcher: What aspects of the session stood out to you most?	
	14		
	15	Participant: Umm, I think it was...If I'm on, it's probably the tattoo's.	
	16	Yeah,	
	17		
	18	Researcher: Yeah, no worries on both arms, is it? Yeah.	
	19		
	20	Participant: So based on that, you've just completed the questionnaire,	
	21	yeah. And I'd like to ask you how you would define professionalism in	
	22	the workplace?	
	23		
	24	Researcher: Umm, I think it depends on the sector you're working in for	
	25	a start.	
	26		
	27	Participant: For me personally, I think if it was to do with counselling, I	
	28	wouldn't necessarily think that tattoos were unprofessional.	
	29		
	30	Researcher: Yeah	
	31		
	32		

Perceptions - Professionalism Appearance - Clothing	33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72	Participant: I think it would. It's just the amount that you can probably see if you know you can just see a couple. Researcher: Yeah Participant: and you're kind of wearing sort of something fairly neutral. It's less distracting. Therefore, you can concentrate on the actual discussion. Yeah, and If there's too much kind of going on, I think it can sort of take away a little bit from the discussion discussions so a bit of a bit of naturalness, but I'm not saying you know...no kind of like self-expression just you know, not too much. Researcher: Yeah, no worries. And then based on that answer, how would you say your how did the therapist behaviour align with your expectation of professional conduct? Participant: Yeah, I think a behaviour was it was professional. Researcher: Can you explain whether there were any parts of the therapist appearance that influenced your perception of that professionalism? Appearance.... (participant hesitantly said this) Participant: I'm like separate like the two. Participant: In terms of what she was communicating...the appearance didn't affect, you know, what she was actually saying? Yeah, it was just purely on like..like a visual, it was kind of like a it was the distraction part of it. But I wouldn't say me that that affected her being professional, if that makes sense. Researcher: Yeah. Participant: Makes sense? Researcher: Yeah. No, it does make sense. Yeah. So based on the session, you've just engaged him, can you explain whether you'd find this therapist trustworthy in that video?	Participant puts forward that the appearance did not project her professional qualities, but says its just part of 'her'
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Perceptions	73	Participant: Yeah. I wouldn't say I haven't got any feelings of not trust or	
- Professional	74	not trusting her.	
	75		Again, participant implies that
	76	Researcher: Yeah. And then again, how would you assess the therapist	there's no reason
	77	level of empathy? I know it's a short video.	not to trust her
	78		based on what
	79	Participant: Yeah. She seemed quite empathetic and she was listening	have been viewed
Perceptions	80	and and things like that. So I would say, yeah, she came across as	so far.
- Professional	81	empathetic.	
	82		^^
	83	Researcher: Umm, then based on everything you have viewed today and	
	84	we've discussed about the therapist so far, what is your overall	
	85	perception of her level of professionalism?	
	86		Participant
Perceptions	87	Participant: Yeah, I think her level..again, they're talking about the actual	reinstates, that the
- Professional	88	communication and the verbal communication. Yeah. Really	therapist is
	89	professional, yeah. (participant looked confused)	professional
	90		
	91	Researcher: Anything on the appearance?	
	92		Participant does
Appearance –	93	Participant: on the appearance....I would sway towards, it needs to be a	suggest covering
Clothing	94	little bit more covered up. Yeah, yeah. Like I've got tattoos myself and	up more, visually –
Perceptions	95	everything, but yeah, I feel like you shouldn't necessarily be drawing too	as they felt that the
- Professional	96	much attention to yourself. It's more about sort of the other person...	session should be
	97		about the client,
	98	Researcher: yeah. So the next few questions are purely based on us as a	not the therapist.
	99	university and the sort of me using new technology to collect data. So as	
	100	you've just experienced VR, it's a study that has really not been done at	
	101	all by an undergrad student. And so these next few questions are just	
	102	based on that.	
	103		
	104	Participant: Ummhmm (participant acknowledges and smiles)	
	105		
	106	Researcher: How did you feel using the VR headset? And what was kind	
	107	of your experience of the VR headset to watch the session?	
	108		
	109	Participant: I felt absolutely fine. Yeah. Using it and overall experience	Enjoyed the
	110	like I thought it was pretty good. So I quite enjoyed it actually. Yeah.	overall experience
	111	And it's different. Yeah, I don't know what else to say about it. It was	
	112	quite enjoyable, actually.	

Study Experience -Visual Reality	113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138	Researcher: Yeah. Did you expect that? Was you a bit unknown? Participant: No. I didn't know what to expect really. but....Yeah, it was kind of exciting in a way. Yeah. Researcher: Yeah. Amazing. Was there any part of the experience you felt of affected your engagement with the therapy session? And sort of maybe did your focus change because you were wearing a headset or did you generally feel..... Participant: no, yeah, fine. I was, like, totally in it. Like I didn't even realise that it started again... (participant laughing) Yeah, like in there. Yeah. Researcher: And then so thank you so much for your answers today. Can you just to confirm or can you summarise your experience of the study today in just a short few sentences? So overall Participant: Overall, I found the experience really good. I enjoyed it. I thought it was a good way to actually. I think it's a good way to do a study, actually, yeah. Yeah, 'cause, you're sort of like fully immersed in the actual experience, so. I was not paying attention to anything else around you apart from what's going on in that actual scene. So, yeah I thought it was really good. Researcher: Amazing. That does conduct the end of the study. So I'm going to stop the recording.	Researcher probe Participant was immersed Overall – Participant enjoyed, immersed and was paying attention to just the VR.
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Appendix M – SPSS Output

Frequencies

Statistics

Please indicate your gender below.

N	Valid	20
	Missing	0

Please indicate your gender below.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	4	20.0	20.0	20.0
	Female	16	80.0	80.0	100.0
Total		20	100.0	100.0	

Descriptives

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Please provide your age.	20	20	57	34.05	11.927
Valid N (listwise)	20				

T-Test

Group Statistics

	Video_Group	N	Mean	Std. Deviation	Std. Error Mean
Stereo_Total	Tattooed video	11	21.4545	3.55988	1.07334
	Non-tattooed video	9	24.5556	4.07773	1.35924

Independent Samples Test

		Levene's Test for Equality of Variances				t-test for Equality of Means				95% Confidence Interval of the Difference	
		F	Sig.	t	df	Significance One-Sided p	Two-Sided p	Mean Difference	Std. Error Difference	Lower	Upper
Stereo_Total	Equal variances assumed	.845	.370	-1.624	18	.061	.122	-3.10101	1.90972	-7.11318	.91116
	Equal variances not assumed			-1.569	14.118	.069	.139	-3.10101	1.97615	-7.33609	1.13407

Independent Samples Effect Sizes

		Standardizer ^a	Point Estimate	95% Confidence Interval	
Stereo_Total	Cohen's d	4.24885	-.730	-1.633	.192
	Hedges' correction	4.43677	-.699	-1.563	.184
	Glass's delta	4.97773	-.623	-1.537	.325

a. The denominator used in estimating the effect sizes.
Cohen's d uses the pooled standard deviation.
Hedges' correction uses the pooled standard deviation, plus a correction factor.
Glass's delta uses the sample standard deviation of the control (i.e., the second) group.

T-Test

Group Statistics

	Video_Group	N	Mean	Std. Deviation	Std. Error Mean
Comp_Total	Tattooed video	11	35.8182	2.99393	.90270
	Non-tattooed video	9	31.5556	7.28202	2.42734

Group Statistics

	Video_Group	N	Mean	Std. Deviation	Std. Error Mean
Comp_Total	Tattooed video	11	35.8182	2.99393	.90270
	Non-tattooed video	9	31.5556	7.28202	2.42734

Independent Samples Test

		Levene's Test for Equality of Variances				t-test for Equality of Means				95% Confidence Interval of the Difference	
		F	Sig.	t	df	Significance One-Sided p	Two-Sided p	Mean Difference	Std. Error Difference	Lower	Upper
Comp_Total	Equal variances assumed	9.674	.006	1.775	18	.046	.093	4.26263	2.40150	-.78274	9.30799
	Equal variances not assumed			1.646	10.210	.065	.130	4.26263	2.58976	-1.49170	10.01695

Independent Samples Effect Sizes

		Standardizer ^a	Point Estimate	95% Confidence Interval	
Comp_Total	Cohen's d	5.34300	.798	-.130	1.706
	Hedges' correction	5.57931	.764	-.125	1.634
	Glass's delta	7.28202	.585	-.356	1.494

a. The denominator used in estimating the effect sizes.
Cohen's d uses the pooled standard deviation.
Hedges' correction uses the pooled standard deviation, plus a correction factor.
Glass's delta uses the sample standard deviation of the control (i.e., the second) group.