

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., 2012a; Bernhardt et al., 2020). However, Cohen et al., (2018) found 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 professional perception challenges. 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 certain 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's 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., 2021b). 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 further discuss with participants their perceptions and opinions on 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 reliability of the scale 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 there were four negatively worded items that 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 internal consistency of the scale 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 authenticity of therapist 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 there were positive remarks made regarding the therapists appearance, there were some participants that held negative views towards the visibility of the therapists tattoos. It was interpreted that, whilst the 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, along with others, examines the therapist's clothing choices, highlighting that the tattoos themselves are not problematic, rather, it is the clothing selection that might downplay concerns related to the visible body tattoos.

The theme of Appearance implies that the ways in which 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 which demonstrates 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 in terms of 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 participants generally commented on different elements of professionalism and perceives 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 that 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., 2012b). 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 certain 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.