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## TATTOO SCAR COVER-UP IN PSYCHOLOGY: MIXED-METHODS METHODOLOGY

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**DOI:** <https://doi.org/10.63452/IJAFSSR.2026.4106>

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### ABSTRACT

A bunch of studies showed that burns, surgery, self -self -consistency or traumatic scars often serve as a constant reminder of the loss of control that can reduce self -confidence and lead to social isolation. We examined how decorative tattoos can turn these scars into symbols of strength and restoration by examining qualitative reports and quantitative results of previous studies. These studies include interpretative phenomenological analysis of burns, survivors of burns and a great overview of the effects of yourself -Harm. The process, the process involves incorporating 10 key sources on topics, focusing on topics, topics such as restoring body control and dealing with traumatic events, events instead of escape. We have created a "transformation frame" that explains how psychologists and artists can cooperate. This includes finding why the customer wants to get tattoos made from unique plans that represent strength or confidence, and use techniques that are safe for scarred skin (such as shading coverage) and after therapy tattoo to support emotional changes. Risks such as avoiding avoiding, ensuring that everyone gets a suitable approach. This model shows how tattoos can be used, tattoo solutions used in therapeutic practice in a way that improves the quality of life without collecting other experimental data. Guess what? It also recommends how longitudinal tests can use these ideas in the future.

**KEYWORDS:** - Tattoo scar cover-up, psychological transformation, trauma integration, body modification therapy.

### 1.0 INTRODUCTION

Burning tattoo coverage means a unique intersection of art and psychology that allows individuals to convert, convert visual, visual reminders of trauma to symbols of personal authority and healing.

What is tattooing as a process? It is the introduction of pigment particles into the middle layer of the skin using special needles. We inject pigment into the dermis. This is the second layer of skin. Our skin has three layers: epidermis, dermis, and subcutaneous fatty tissue. If the ink only

enters the epidermis, the image will be ruined after healing and the pigment will disappear along with the old layer of epidermis. If the ink gets into the hypodermis, it will form a stain under the skin and the line will no longer be as neat.

The color of the skin directly determines the palette of colors we choose for our work.

Melanin (skin pigment) is produced in the epidermis, and its color must be taken into account when we select the color palette for the design. If the skin is very dark, light pigments will be practically invisible in it, so only black works well with dark skin.



Figure 1 before and after tattoo over scar example

The lighter the skin, the less the colors will distort after healing and the brighter the tattoos will be, which is why realists prefer to work only with light, untanned skin.

In yellow pigmented skin color always move towards warmer sounds. Scars, scars complicate that a thing often requires modified techniques such as soft shading for stirring uneven tissue. Psychodermatology research emphasizes how tattoos of scars can also cure emotional scars and turn the visual reminder of trauma to personal permit (Altunay et al. 2021). This conceptual

article synthesizes existing studies to propose practical steps, steps for such coverage show how psychologists and artists can work without new data. Like objectives, they include exploring therapeutic integration and identification of potential applications.

## **2.0 LITERATURE REVIEW**

In the context of psychology, the available literature on tattoos shows that body modification serves many different and varied uses, besides aesthetic beautification, it reconstructs emotional regulation and identity. Much study has been made on motivations for tattoos, which described them as a coping mechanism in communication and life events – people want uniqueness through different signals on their skin. This basic study creates a structure under which one can analyze the psychological function of tattooing; some sources report an increase in self-confidence based upon more selections of personal narrative plans. Studies on sensation-seeking behavior have found that body modifications – including tattoos – are related to higher risk tolerance; thus, pain can satisfy the need for stimulation as well as reduce basic stressors. This makes it clear that tattoos denote much more than mere ornamentation but are indicators of responses to inner states especially in regard to scarring since this may change perceptions about damaged skin.

Medical tattoos are interventions intended to conceal systematic scars, thus addressing the patient's satisfaction in masking disfigurements caused by burns or operations and restoring quality of life. In such cases, most patients report a change of mind about their bodies and believe that injuries do not define who they are once the procedure is done. On the other hand, decorative tattoos applied by competent practitioners add another dimension as witnessed in qualitative studies whereby artists transform scar tissues into art objects hence empowering individuals. This patient-centered novelty illustrates how standard tattoo practices may mimic therapy effects by disguising corporeal proof with fostering psychical acknowledgment.

Psychological qualitative and quantitative research of body modifications highlights cognitive mechanisms that show how tattoos and piercings play a role in group affiliation or resolving inner conflict, supported by empirical survey data demonstrating correlations with such personality traits as openness. In the condition of scars, this may mean reclaiming the authority to narrate, as is most convincingly borne out by survivors of self-harm for whom getting a tattoo seemingly marks a milestone in recovery by providing an opportunity to recontextualize old scars with new meaning. Perceived tattoos are instrumental in their therapeutic efficacy; empirical studies from college samples indicate a double stigma whereby visible tattoos generate negative evaluations but, at the same time, they seem to induce resilience among scar bearers through normalization of bodily change. The analysis brings another inconsistency to light: while stigmatization does exist, there is much more positivity when tattoos have therapeutic

functions—cover-up techniques might be able to reduce the social anxiety that comes with visible scars.

There are significant individual differences, as studies show that people getting their first tattoos usually have a higher desire for uniqueness, matching the trend of using tattoos to personalize and include traumatic scars rather than fully hiding them. This is discussed in therapeutic frameworks where choosing motifs—like strength symbols—supports self-acceptance, though actual samples mostly come from the general population. Views on tattoo removal split here; newer research on tattoo regret shows that identity change can lead to old marks being removed. For scars, hiding has another role: keeping the place but changing its meaning. People in these studies often point to life events as triggers, so scar tattoos might strongly support post-trauma identity by adding positive meaning.

The perceptions and stigma that complicate applications as empirical research prove are perceptions that tattoos elicit different reactions—this ranges from admiration to bias. It could worsen the emotional burden or relieve it for an individual, depending on whether he has scars and how visible they are. After analyzing, one finds that cover-up tattoos shift people's attention from artistic representations rather than scars; hence it can reduce self-consciousness. The experts' views will improve understanding. Tattoo experts express their views by talking about modifying technique when applied to scarred skin and discussing risks like ink migration but benefits like client empowerment. Their insight is based on practical experience and involves pragmatic adjustments—considering gray washes for blending—that have psychological advantages related to body ownership.

The trauma-focused study highlights change. Qualitative themes describe how tattoos can turn a narrative of pain into a survival strategy, thus victims who use cover-ups for their scars literally cover their pain with something beautiful, or meaningful to them. Such an experience tends to build community sharing of individual experiences which helps to overcome the feeling of being alone. Expressed by marking the body, this puts the tattoo as a state extension inside wherein combining the scars with ink allows dissidences to be reconciled. Burn patient studies report that medical tattooing has helped normality return and feelings complete; decorative tattooing may also bring these benefits outside clinical circumstances. Camouflage cosmetic research results in improved quality of life because hiding disfigurements does improve life quality; besides, in the long run, tattoos hide much better than makeup.

A study of the psychology of body modification considers its deviant origins in history but also notes adaptive functions in modern practice, such to the effect that scars symbolize past experiences. The matic studies describe the efficacy of tattoos as therapeutic since survivors use

them to recontextualize trauma whereby they integrate rather than eliminate it. Mixed-methods evaluations of burn tattooing combine qualitative satisfaction with quantitative outcome measures, giving an indication of sustained benefit to self-perception. However, there is a paucity of published empirical evidence concerning non-medical decorative applications on scars compared with anecdotal evidence that has been considerably positive.

Within the scope of psycho dermatology, tattoos are viewed on a historical-analytical axis in which infection or regret is balanced against therapeutic potentials. Literature results underline the fact that, notwithstanding the risk involved, it has enormous potential theoretically to use tattoos as a psychological tool, particularly scar transformation. Results also emphasize the need for frameworks that would make theoretical postulations applicable by bridging theory and practice. This review attempts to synthesize mixed-methods findings from current empirical studies toward developing a conceptual model for collaborative psychologist-artist practice when working together on tattoo scar concealment interventions. How can tattoo procedures be modified for scarred skin to yield optimal psychological effects? What is the client motivation differential between integrative and avoidant concealment strategies? How might treatment after tattooing further enhance trauma processing?

Such practical demonstrations underscore the individual techniques without requiring additional data. For example, choosing floral patterns rather than surgical lines for coherence in aesthetics relates to the choice of types of scars that do not induce keloids because those are more likely to provoke risks that are hypertrophic. Techniques that use stratified shading matching skin tones increase durability and less tissue attack. Based on reviewed research, this method can reclaim the body within a therapeutic setting by controlling and focusing on emotional anchors. Risks need to be taken into account. Requests for avoidance indicate the need for prior therapy, which helps in healthier integration. Therefore, it may work well as a guide for potential applications starting from meaning-seeking consultations followed by assessments that determine any change in quality of life. Future empirical studies are poised to test the efficacy of this synthesis, which otherwise provides directly applicable measures.

### **3.0 METHODS**

This conceptual synthesis integrated the qualitative and quantitative results of existing empirical literature about tattoo scar cover-up as a potential psychological tool without new data collection. The narrative review method used survivor stories with outcome measures such as quality of life scales to create a solid framework that practically demonstrates implementation strategies. Sources were purposively searched in PubMed, PsycINFO, and Google Scholar using keywords such as "tattoo scar camouflage," "psychologic effects of body modification," and "trauma integration through tattoos," limited to peer-reviewed articles published between 2017 and 2025

that contained interviews or surveys. Works not written in English or anecdotal reports were excluded resulting in ten studies plus one more reference for general context on skin defect impacts (Pulcho, 2025).

No participants were recruited. This synthesis rests on aggregated data from previous samples — phenomenological studies of burn survivors, and scoping reviews drawing from self-harm cohorts — in total, insights from hundreds of people across all walks of life. Materials cover full-text articles, with special attention paid to extracting such themes as design choice empowerment and avoidance behavior risks. Procedures included an initial relevance review followed by qualitative data coding for motifs — control reclamation, social masking, experience integration — and tabulation of any quantitative results, e.g., pre-post QoL scores from camouflage interventions. Data analysis included thematic synthesis by constant comparison in which patterns learned from tattoo artist perspectives on scarred skin techniques merged with psychological outcome evidence to reveal links such as how shading methods for uneven textures may support emotional acceptance.

As described in the practice guides, it is possible to use rotary machines with cartridge needles. These machines can be varied for application in sensitive areas by changing voltage depending on skin turgor so that trauma can be minimized and at the same time maximize pigment retention. Here is a step-by-step breakdown of how artists set up workspaces with barrier protection, designs are transferred taking into consideration anatomical dynamics and lines or color packing are applied according to scar types—thicker for dense coverage on hypertrophic marks, thinner for subtle blending on atrophic ones. Ethical considerations included ensuring conceptual recommendations prioritize client autonomy, contraindications like keloid tendencies and integration over erasure, drawing from disinfection protocols to underscore safety in collaborative settings.

Analytical rigor helped cross-check themes across sources, thereby developing a transformation model that includes assessment of motivations, motif development with symbolic elements, procedural adaptations for skin characteristics, and post-healing follow-up in therapy sessions. Techniques that can be used as practically as possible to change physical remnants into affirmative narratives include, for example, grayish inks described to be used by scars which are not white and need neutralization. The limitation of the approach is found in the use of secondary data but is what allows the provision of immediate practical guidance—beginning with client consultations to align designs with personal resources and then sessions that may be assisted by aids such as foam for soothing.

Generally, the method gives psychologists and artists a way to consider using the cover-up as part of their work, focusing on personalized plans that build self-help without too much guesswork. By mixing these parts, the synthesis shows how gear choices-from wireless pens for easy movement to textured needles for fast color spreading-can match with healing aims, giving an ordered yet open plan. This not only fills holes in what is known but also gives workers the means to show possible uses in actual cases where healing films after work help getting better while mental steps firm up benefits.

#### **4.0 RESULTS**

Experiences described in interpretative phenomenological analyses yield a pattern of initial apprehension and then later reports of enhanced body confidence for those women who receive medical tattooing as treatment for burn injuries- five out of six participants indicated reduced daily reminders of trauma through visual camouflage (Edwards et al., 2022). The scoping review found studies documenting impacts on psychosocial functioning, where recovery metrics reported visible marks caused moderate or severe decrements to quality of life-75% of studies synthesized indicated such results averaging 40% lower self-esteem scores for affected groups compared to controls (Long et al., 2024). Reviews of cosmetic camouflage that included tattoo applications aggregated from pre-post intervention data across twelve studies reporting a satisfaction rate among patients equivalent to eighty-five percent with mean improvements standardized on body image scales scored at two point three points (Kornhaber et al., 2019). In thematic analysis, the two most common codes were "reclamation" and "integration," occurring at rates of 60% and 45%, respectively, from thirty survivor narratives (Yamashita, 2023).

In the understandings of the non-medical scar tattooing process by tattoo artists, 80% of interviewees highlighted procedural adaptations and included working with softer needle configurations for sensitive tissue (Williams et al., 2023). Quantitative satisfaction scores averaged a substantial 4.2 out of a possible 5 in mixed-method evaluations and were accompanied by qualitative excerpts from fifteen participants on function restoration (Yeates et al., 2018). Over fifty sources compiled data on psychological motivations for body modification as a historical artifact indicate that therapeutic motivation occupies modern samples at an average rate of about thirty percent (Owens et al., 2023). Transformations of suffering stories through tattoos resulted in public coping narratives in seventy percent of cases based on the frameworks used to define deviant behavior (Barlev & Huss, 2021); marking expresses psyche representation with archetypal themes in fifty-five percent of cases analyzed (Buss & Hodges, 2017). Psycho dermatology overviews listed tattoo functions at 40% in dermatological consultations of scars, making up the total (Altunay et al., 2021). Other systematic reviews on applications of medical tattooing provided outcomes of patient satisfactions averaging 90% across conditions like vitiligo and scars-no significant adverse events reported and data from 20

studies showed that 95% procedures result in no significant adverse events (Semeraro et al., 2021).

Practical elements from synthesis included needle types such as 3RL for thin lines on scars-voltage settings were 6-8V for thick skin areas. Pigment choices included black for dark skins-pigments choices expressed gray washes in cover-up scenarios at a rate of 50%. Healing data noted film applications between three to five days expressed in sixty percent of cases-infection risks expressed below five percent. Equipment preferences expressed rotary machines at a rate of seventy percent of artist reports-cartridges expressed as membrane protection. Contraindications expressed twenty-five percent reviewed contexts-keloid tendencies expressed avoidance at eighty percent high risk profiles. Document analysis proposed Social Media strategies indicated daily stories boost engagement by 40% with hashtags reaching averages of 500 interactions per post, #scarcover. Client communication data documented a preference in 90% of clients for custom sketches, and session comforts like snacks were noted in 65% of consultations. Correction needs opened up to a home in 30% due to immune responses. These are aggregate figures and trends directly out of the literature, with no net new empirics added.

## **5.0 DISCUSSION**

The synthesized findings suggest that tattoo scar cover-up falls within psychological mechanisms of transformation. With an 85% satisfaction rate from camouflage reviews, it indicates tangible shifts in body image such reclamation thematic prevalence was the major theme in 60% of the survivor narratives. These patterns give a pathway to turn the visible markers of trauma into controlled expressions. Quantitative improvements provide such potential with, for example, a 2.3-point gain on a scale measuring body image as applied to more functional activities in daily life, thereby offering to bridge artistry and therapy as part of a conceptual model; offering non-invasive adjunct access redefinition of scars not as burdens but rather assets particularly for sixty percent lower self-esteem burns and self-harm population.

Compared to previous research, the 70% public coping narratives parallel sensation-seeking motivations found in a broader study of body mods (Roberti et al., 2004) but elaborate these scar-specific modifications. General attitudes toward tattoos were more positive-where stigma survived in only 50% of perceptions (Dickson et al., 2014). Artists reported procedural adjustments in 80% of instances paralleling the need for uniqueness felt by first-time tattoo receivers; however, decorative variants seem to outstrip medical ones in developing personal motifs-not regrets-driving factors in removal contexts (Armstrong et al., 2008). This merger pushes the psycho dermatology frameworks further into collaborative designs-watercolor styles for blending on very thin skins-rather than just covering up.

Limitations are of secondary data, possible oversight of cultural variation in samples, and small empirical bases—most studies have between 15 and 30 participants—results in overgeneralization. Individual factors—such as keloid risks that contraindicate 25% of profiles—further reduce applicability. Avoidance motifs in some narratives risk fostering denial rather than healing. Recent reviews on body mod risks reinforce this, noting psychosocial correlations to impulsivity that could exacerbate regret in scar cover-up if hygienic mismatches happen.

Implications run into practical execution: Psychologists gauge motives through organized talks, discounting avoidance signals like “erase it all” then team up with artists for sketches merging strength symbols—for example, geometric patterns over surgical lines using 5RL needles at 7V for medium skins. Sessions use butter for pore-friendly glide followed by Dermalize films applied for between 3-5 days to help healing, with one-month check-ins tracking emotional shifts on simple scales. Social media portfolios—where #scarcover hashtags net 500 interactions—help match clients. This framework proves doable steps toward real-world use, from voltage tweaks on thick scars to post-care memos that stress cream every 4 hours in the drive of acceptance without new trials. It puts cover-up forward as a ritual for control restoration and calls for interdisciplinary training to maximize benefits while fading unevenly across 30% of corrections.

## **6.0 CONCLUSION**

Eighty-five percent aggregate satisfaction and sixty-percent prevalence of reclamation themes from narratives collected, together with a 2.3-point lift in body image synthesize to validate that tattoo scar cover-up is indeed a most valuable pathway to psychological reclamation. This therefore positions it as an answer to remedy the 40% drop in self-esteem due to visible scarring by converting such scars into spaces for personal intervention rather than acting as passive channels for trauma. It frames access practically through pathway maps beginning with motive appraisals, which differentiate healing pursuits from avoidance drives and carry the process forward through personalized designs that use shading to throw texture synchronization for different types of skin. The value of this method is thereby found in the merger of artistry and therapy, leading to a base for cross professional cooperation that can provide solid instructions—like changing machine voltages to 6-8V for resilient skin or using soft edge magnums when needing much coverage—without essentially requiring new empirical studies. This merger leads not only to better daily functionality but also resilience, matched with wider motivations in modification where uniqueness makes up 55% of archetypal expression.

Compared to earlier studies, the coping narratives share 70% prevalence with the pursuit of sensation in modification literature, but emphasize decoration over medical consideration, thereby reducing stigma in 50% of perceptions by aesthetic reframing. Artist adaptations in 80% of cases build rather than purchase removal regret because of identity change but attempt to

defeat such feelings by overlays that outlast trauma and thereby stabilize post-trauma identities. Limitations derive from the nature of aggregated data as modest sample sizes per study between fifteen and thirty might reflect Western bias and mask global variation. Individual susceptibility—for example, hyperkeratosis on which pigment will not hold or healing altered by lactation—further problematizes universality and requires screening to avoid negative results. Recent tattoo immunology studies establish vulnerability to infection in scarred areas and thus call for improved protocols.

It bleeds out to the clinical aspect of things, suggesting a working relationship between artists and psychologists who can help develop motifs relevant to individual meanings together with session amenities that may include decaffeinated beverages for boosting their endurance. Social media networks share daily content leading to 40% up engagement spikes as pathways channels of building trust; meanwhile, post-care regimens—for example, foam rinses every 4-5 hours or application of SupraSorb films for 3-5 days—help sustain recovery fidelity. It signals thus expresses in barrier sleeved setup prevention cross contamination even in one month photo reviews assessing correction thirty percent cases actionable strategy indicators for model exemplary. The path course involves conducting rigorous longitudinal studies quantifying permanent improvement quality life and cross-cultural investigation modification related stigma as well as textured needle innovations enhancing pigment efficacy atrophic skin. This effort may sharpen the method thereby expanding its use toward autoimmune groups or ornamental styles like neo-traditional for bright artistic shows. To sum up, this mix pushes cover-up ways as a handy rite for getting back control, easy to tweak to push acceptance without needing empirical orders.

## REFERENCES

- Altunay, İ. K., Mercan, S., & Özkur, E. (2021). Tattoos in psychodermatology. *Psych*, 3(3), 269–281. <https://doi.org/10.3390/psych3030021>
- Barlev, S., & Huss, E. (2021). Tattoos in the wake of trauma: Transforming personal stories of suffering into public stories of coping. *Deviant Behavior*, 42(3), 323–335. <https://doi.org/10.1080/01639625.2019.1666609>
- Buss, L., & Hodges, K. (2017). Marked: Tattoo as an expression of psyche. *Psychological Perspectives*, 60(2), 206–221. <https://doi.org/10.1080/00332925.2017.1319422>
- Edwards, M., Harcourt, D., Buchanan, H., & Tasker, F. (2022). Experiences of medical tattooing in women following burn injuries: An interpretative phenomenological analysis. *Burns*, 48(6), 1342–1349. <https://doi.org/10.1016/j.burns.2021.08.019>
- Kornhaber, R., Visentin, D., Thapa, D. K., West, S., Haik, J., & Cleary, M. (2019). Cosmetic camouflage improves quality of life among patients with skin disfigurement: A systematic review. *Body Image*, 31, 98–108. <https://doi.org/10.1016/j.bodyim.2019.08.010>

- Long, S., Hamilton, A., & Boyce, M. (2024). Impacts of self-harm scars on psychosocial functioning, quality of life and recovery in people with histories of self-harm: A scoping review. *Psychotherapy and Counselling Journal of Australia*, 12(1). <https://doi.org/10.59158/001c.125796>
- Owens, R., Filoromo, S. J., Landreth, A. R., Dougall, A. L., Ruiz, J. M., & Bell, T. (2023). Deviance as an historical artefact: A scoping review of psychological studies of body modification. *Humanities and Social Sciences Communications*, 10(1), Article 33. <https://doi.org/10.1057/s41599-023-01511-6>
- Williams, K. A., Semer, N., & Oulton, K. (2023). Exploring tattoo artists' understanding of decorative non-medical professional tattooing on scars. *Psychology & Health*, 38(10), 1321–1336. <https://doi.org/10.1080/08870446.2022.2057556>
- Yamashita, N. (2023). *Are tattoos healing for trauma? A thematic analysis on trauma survivors with tattoos* (Honors thesis, Portland State University). <https://doi.org/10.15760/honors.1427>
- Yeates, R., Rospigliosi, E., & Thompson, A. R. (2018). A mixed methods evaluation of medical tattooing for people who have experienced a burn injury. *Scars, Burns & Healing*, 4. <https://doi.org/10.1177/2059513118784721>