

“I needed to remind myself never to go back to that dark of a place.”
Queer community members in the Flint Hills region of Kansas communicating challenges
of/with mental health through body art and non-surgical body modifications

by

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Abstract

This thesis explores experiences of mental health among some queer community members in the Flint Hills region of Kansas. This research specifically investigates how the queer community in the Flint Hills region of Kansas, i.e. anyone who identifies with a marginalized sexuality and/or gender identity, communicates their experiences with mental health through their pieces of body art and/or non-surgical body modifications, which are defined as tattoos, piercings, scarification, and intentional branding, to themselves and others. The Flint Hills region of Kansas is defined as the cities of Manhattan, Junction City, Fort Riley, Riley, Wamego, Ogden, and Abilene. Centered within multiple theoretical frameworks from critical and communication studies disciplines, this thesis examines the stories and experiences behind the imagery and adaptations to some of the queer bodies, in this specific location, as it communicates experiences with mental health. Body art/non-surgical body modifications are a road map to the traumas we have experienced; the scars show our resilience. Those who assist with this research vary in ages (from 18-46), marginalized sexualities (gay, lesbian, bisexual, pansexual, and queer), marginalized gender identities (transgender, gender non-binary, gender queer, and androgynous), and racial identities/ethnicities (white, Black, Hispanic, Native/indigenous, and mixed race/ethnicities). The experiences and diagnoses with mental health range from depression, anxiety, bipolar disorder, borderline personality disorder, and suicidality/suicidal ideation. Listening to these narratives through in-depth, open-ended questions and natural conversations, and taking photographs of all discussed pieces of body art/non-surgical body modifications it was clear that these pieces serve to communicate both to others and themselves. When communicating to others, it was to memorialize the loss of someone. Five themes surfaced when these individuals were communicating their experiences with mental health to themselves: 1. attempting to gain control of their lives, even if that control is temporary; 2. transgender and gender nonbinary folks transitioning and fighting for space; 3. experiences with and attempts to prevent self-harm and/or self-mutilation; 4. symbolizing failed suicide attempts; and 5. individual engagements with personal mental health diagnoses. The implications of this research ignite and further conversations about mental health among queer individuals in the Flint Hills region of Kansas and strives to reduce the stigma surrounding communicating about experiences with mental health, especially among marginalized communities.

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Dedication

This thesis is dedicated to every single queer person who has ever felt like they were not enough; who has ever struggled with the challenges and negative experiences of mental health or who still struggle today; whoever thought their existence and experience was not important. This thesis is for you.

This thesis is dedicated to every queer person who has died from their own experiences with mental health consuming them.

This thesis is dedicated to every queer person who struggles with mental health and still wakes up every day and fights a battle most may know nothing about; who put on a smile and/or pretend everything is fine when actually everything within them and around them is not.

Whether or not you are still here and/or still fighting, this thesis is dedicated to you.

You are valuable.

You are important.

You are more resilient than you can ever imagine.

Thank you for being you.

Chapter 1 - Introduction

I laid there and stared at the ceiling.

I felt every needle going in and out of my skin.

I felt every pause, every look at the image, and every sigh.

I just laid there and stared at the ceiling.

I just laid there, stared at the ceiling, and wanted to cry.

The soundtrack that played in my ears was a distinct buzzing; so distinct that it was the first thing I noticed when I entered. A close second was the smell of antiseptic cleaner. Both the sound and smell made me feel at ease... like I was home.

This was my third appointment and about six months after my 16th birthday. At the time, the state of Minnesota allowed adolescents to get tattooed with the legal consent of one parent or guardian. Kim¹ and I had our driver's licenses scanned and signed the required paperwork. She then left the shop as I prepared for my third tattoo.

By this appointment, I had more than 20 piercings, two tattoos, and was ready to plunge into a larger piece. This moment was when I tattooed most of my sternum.

I laid there and stared at the ceiling.

It was the same type of ceiling one might find in a hospital or school; a certain cream-colored tile with little black specks and each tile perfectly sectioned off by cheap metal framing.

¹ Kim is the first name of my biological mother. Due to the strained relationship we have experienced over the course of our lives, it is rare for me to refer to her as my mom or mother.

Fluorescent lights were every two sections of tiles in front of and to each side of another light – perfectly sectioned, perfectly symmetrical.

I laid there on the plush bed covered in black pleather and stared at the ceiling with my legs fully extended but crossed at my ankles. My hands were folded with my fingers intertwined and placed on my stomach. I honestly did not know what to do with my hands at this moment. All I knew was I did not want to fidget or wince. I did not want to appear weak. I knew I needed this.

The tattoo gun pierced my skin with its rapid movement. It jolted me every time she had to pause to refill the ink in her gun. The row of needles on the tattoo gun went in and out of the skin that covered my sternum. It was a pain I had never experienced. I could and still cannot ever truly describe this type of pain.

I was so numb inside of myself.

I needed to feel this pain.

I did not and could not feel anything as I moved through my world at that time.

I was numb.

But I needed to feel anything, even if it was physical pain.

I came into the shop three days earlier to change the word I wanted on my chest piece from “grateful” to “blessed.” While I was and still am not religious, I felt blessed by some higher power or something in the universe. Some entity somewhere wanted me alive.

I knew this, because I survived.

I survived my first suicide attempt.

A few weeks earlier, I had swallowed a bottle of unknown and unmarked pills - dozens and dozens of pills – found in my sister’s bedroom. Before I could even acknowledge what

happened, I blacked out and fell down half a flight of stairs. The only thing I remembered from my own cognitive memories, and not what others told me to attempt to fill in the blanks in memory, was laying on a hospital bed staring at the brighter-than-needed lights in an emergency room 30 minutes away from my house.

I had a tube down my throat. I was gagging. I wanted the tube out, but the medical professionals wanted the contents of my stomach out more.

I do not know how I got there, what was told to the medical professionals, or even what happened. All I knew was I did not know how I survived.

But I did survive.

As I laid on the bed and stared at the ceiling in the tattoo shop, it reminded me of the exact same lights and ceiling tiles from that emergency room trip. My throat was constricted throughout the entire tattoo appointment as I felt the tube in my throat the entire time. I could not shake the feeling.

The artist asked me the significance of the tattoo. She wanted to know why I wanted to tattoo something so permanent in such a visible place at such a young age.

I loved that about her; she always wanted to know the story behind the tattoo.

I told her what happened. Well, I told her what I remembered happened and what others told me. It was in that moment that we connected on a deeper level.

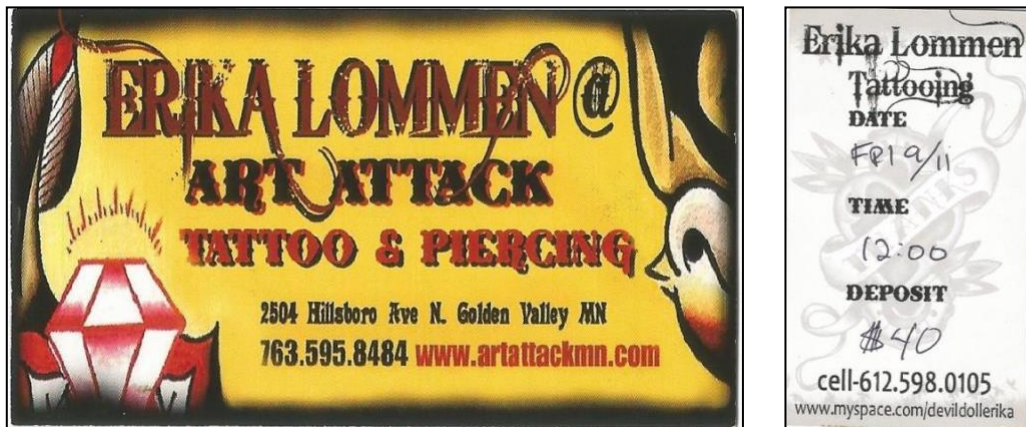
She did not know what to say.

That was okay.

No one ever really knew what to say to me.

She disclosed she too was fighting her own demons. We spent the rest of the appointment talking about how we lost ourselves and were once again trying to find who we were as people.

I wanted that specific tattoo at that specific moment in my life to communicate those particular challenges I had with my own mental health. It created a bonding experience between myself, a young, tattooed and pierced queer woman coming into her own queer identity, and an early 30s, butch lesbian woman who was tattooed, pierced, and a tattoo artist and piercer and out and open about her queerness for more than a decade. We bonded through these intersecting identities and how we communicated these identities through our body art and non-surgical body modifications.



Figures 1.1 – Images of the appointment card for the “Blessed” tattoo across my sternum.

The opening narrative describes one of my experiences at the intersections of having a queer identity², body art and non-surgical body modifications³, and communicating experiences

² A grouping of specific ways of understanding oneself related to marginalized sexualities and/or gender identities a member of the queer community describes themselves as, specifically sexualities other than heterosexual and/or gender identities other than cisgender.

³ For the purposes of this research, these include, but are not limited to, tattooing, piercing, intentional scarring and/or branding.

or interactions with mental health⁴ (see Table 1). While this narrative is my own experience, I am not alone at these intersections (Klesse, 2007). This thesis further examines these intersections. There are countless queer individuals who communicate concerns of mental health through their body art and/or non-surgical body modifications. The understanding and negotiation of these intersections of moving through the world provides individuals with grounding for their differences to better negotiate stronger group politics (Crenshaw, 1993). There are differences among marginalized sexualities and gender identities, but grounding our understanding of identities through an intersectional lens allows us to unite in a stronger way.

Individuals who have pieces of body art and/or non-surgical body modifications have most likely gotten asked why they got the pieces they have on their bodies. Individuals with body art and/or non-surgical body modifications are sometimes asked not only about the significance of the piece, but what moments led up to wanting to permanently or semi-permanently mark that moment on their bodies. By sharing their lived experiences and narratives as communicated through these pieces on their bodies with others, these individuals are able to communicate crucial and/or pivotal moments of their lives. This research allows those who are a part of the queer community in the Flint Hills region of Kansas⁵ to tell their lived experiences with mental health concerns as communicated through body art and/or non-surgical body modifications.

The Flint Hills region of Kansas was chosen for three primary reasons. First, this is the queer community I am a part of and have access to through mutual and already established relationships, connections, and networks. Next, the interactions this queer community has with

⁴ The way one's "thoughts, feelings, and behaviors affects one's life" (American Psychological Association, 2017).

⁵ This area is defined as the Kansas cities of Manhattan, Junction City, Fort Riley, Riley, Wamego, Abilene, and Ogden.

the general rurality of its geographic location creates a unique place as a site of research. Due to my placement and involvement in the queer community in the Flint Hills region of Kansas, I understand the socio-political climate of this geographic location. I am able to better contextualize this research than if this research took place in other geographic locations I was less or completely unfamiliar with. Finally, this location was selected because of the narrowness and specificity of its location. This research does not make grandiose or broad generalizations about all queer communities everywhere or the experiences queer individuals in other geographic locations may have experienced. While some themes may overlap with other queer communities, these are specific narratives and experiences communicated through pieces of body art and non-surgical body modifications on members of this specific community. This location is limited in scope, but not limited in the impact this research can have to larger audiences and communities.

There are specific concerns that are unique to the queer community, inside and out of the Flint Hills region of Kansas, that can trigger or cause individuals to experience negative mental health. The queer community, as a larger entity, has peculiar experiences that those outside of this community may not experience for the same reasons. The queer community within the context of this research is understood as any marginalized sexuality and/or gender identity⁶, which is any sexuality other than heterosexuality⁷ and/or gender identity other than cisgender⁸ (see Table 1). Some individuals within queer communities have experienced coming out with a marginalized sexuality and/or gender identity in a negative way (DiDomenico, 2015). Bullying and/or discrimination based on actual or perceived marginalized sexuality or gender identity are

⁶ Anyone who identifies with a sexuality other than heterosexual, or straight, and/or gender identity other than cisgender, which is where one's sex and gender identity align.

⁷ A culturally specific term to describe a cisgender person who is attracted to a person of the opposite sex, who is also most often cisgender, in a physical, romantic, erotic, spiritual, and/or emotional sense (Chase & Ressler, 2009).

⁸ 1. "An adjective that means 'identifies as their sex assigned at birth' derived from the Latin word meaning 'on the same side;'

experienced at higher rates than others who do not possess or are not perceived this way (Greytak, Kosciw, Villenas, & Giga, 2016; Russell, Toomey, Ryan, & Diaz, 2014). Additionally, individuals who possess or are perceived to have a marginalized sexuality and/or gender identity have reported greater experiences of bullying and/or discrimination in the workplace than others without these identities (Grant, Mottet, & Tanis, 2011; Hollis & McCalla, 2013; Mallory, Herman, & Badgett, 2011). This community reported higher levels of lack of access to finding or keeping housing due to discrimination based on actual or perceived marginalized sexualities and/or gender identities (Friedman et al., 2013) or becoming homeless due to coming out as a marginalized sexuality or transitioning into or being perceived as having a marginalized gender identity (Page, 2017). The queer community also has less access to quality health care and/or health care that is specific to the needs of marginalized sexualities and gender identities (Martos, Wilson, & Meyer, 2017). All of these factors can and do negatively impact queer individuals' mental health (Meyer, 2013). These experiences of struggle or adversity can manifest through captured imagery on or chosen adaptations their bodies. Some of these experiences are echoed in the stories queer individuals from the Flint Hills region of Kansas describe when telling the stories behind their pieces of body art and/or non-surgical body modifications.

This research adds to bodies of literature about queer communities, rural queer communities, queer individuals with mental health challenges, queer individuals who have body art and/or non-surgical body modifications, and how queer individuals communicate challenges with mental health through body art/non-surgical body modifications and to whom they communicate these experiences. Those who are a part of this research have provided insight into their lives as marginalized people in a predominantly rural community. They described how they communicate their lived experiences, especially struggles with, mental health through their body

art and/or non-surgical body modifications and to whom they communicate these lived experiences. This research provides a deeper insight into how queer communities in the Flint Hills region of Kansas cope with mental health and how they communicate embodied experiences to themselves and others through their bodies.

The purpose of this study is to understand why and to whom members of the queer community in the Flint Hills region of Kansas, who have body art and/or non-surgical body modifications, communicate their experiences and challenges with mental health as exemplified and presented through their body art and/or non-surgical body modifications. This thesis answers the following research question:

RQ1: What stories and/or lived experiences do the pieces of body art and/or non-surgical body modifications queer individuals in the Flint Hills region of Kansas communicate to themselves and others, and why, as it relates to their mental health?

To answer this research question, this thesis is comprised of five chapters. Chapter 1 introduces the intersections of queer identities, body art/non-surgical body modifications, and experiences and challenges with mental health, which establishes a rationale for this research. Chapter 2 delves into bodies of literature that discuss politics of the body, body art/non-surgical body modifications, queer communities, and engagement with mental health. The second chapter also establishes the theoretical frameworks this research is positioned – queer theory, social identity theory, and theory in the flesh. Chapter 3 focuses on the methodological approach used to collect and analyze this data from the experiences described from pieces of body art and non-surgical body modifications on those a part of this research. Chapter 4 provides the results and discussion related to those who assisted with this research. The results from those who assisted with these research is divided into two central, overarching themes – communicating their experiences with mental health to others and communicating their experiences with mental

health to oneself. The former focuses on the experiences that led to wanting to communicate memorialization and the coping and grieving the loss of someone. The latter communicates five different types of experiences queer individuals in this community have experienced: 1. attempting to gain control of their lives, even if that control is temporary; 2. transgender and gender nonbinary folks transitioning and fighting for space; 3. experiences with and attempts to prevent self-harm and/or self-mutilation; 4. symbolizing failed suicide attempts; and 5. individual engagements with personal mental health diagnoses. Juxtaposed next to the results and discussion from those a part of this research are my own narratives of embodied experiences as a queer person who communicates my experiences with mental health through my pieces of body art and non-surgical body modifications. My disclosure of these experiences is now for others, but previously was to communicate to myself. Finally, Chapter 5 focuses on the implications of this research and the future directions of exploring and continuing to research queer communities, their experiences with mental health, and how they communicate these experiences through pieces of body art and/or non-surgical body modifications.

Chapter 2 - Literature Review

The literature reviewed here examines the primary intersections of this research – queer identities, body art and non-surgical body modifications, and mental health. This literature begins with investigating how the body originated, became understood, and contested within social constructs. The body, as socially constructed from those within larger socio-political, institutional, and systematic powers, has transformed as time, culture, and context have changed. Body art and non-surgical body modifications were and are researched in multiple ways. Explanation is provided of how the research in this thesis adds to multiple bodies of literature across multiple academic disciplines. Literature of how queer communities are disproportionately affected by mental health is addressed in this chapter, as well. Finally, this chapter begins and concludes with centering and contextualizing this research in three theoretical frameworks – queer theory, social identity theory, and theory in the flesh.

The Socially Constructed Body

The body stands in a unique position of being a place of social construction, resistance, and a site of contestation when contradictions occur. Foucault's (1984) concept of the docile body articulates this contestation well; the body must navigate the micro-politics of body regulations and the macro-politics of social constructions as it navigates through spaces. This perspective centers the body as understanding how embodied experiences are centered in positioning the body as a noteworthy research area. Research related to and about the body has gained traction to better understand how the body is beyond just biology. "The body is no longer viewed as a natural fact, existing outside and prior to culture, but as a cultural entity, not as a stable object, but as a constant flux" (Colopelnic, 2011, p. 84). The body is co-constructed in various ways, including, but not limited to, the biological component, the cultural component,

the environmental component, and the creation of self as a result of outside influences imposed on it. The social constructions imposed on the body include ways of categorizing the body, including, but not limited to, race/ethnicity/nationality/country of origin, sex, gender, sexuality, age, socioeconomic status, religion, weight, height, and other aesthetics one can be read or labeled onto the body. These identities, when performed well, are rewarded; when these identities deviate from the social norms through performing poorly, they are sanctioned, as explained by Butler (2010) about gender specifically.

The social constructions of identities are instituted, perpetuated, and regulated through systems of power rooted in colonial frameworks. Smith (2006) explained how “colonizers must first naturalize hierarchy through instituting patriarchy” in societies and populations not rooted in social hierarchies (p. 72). Due to patriarchy resting firmly in the gender binary, where only two genders exist and one dominates the other, the “colonial world order [additionally] depends on heteronormativity” (Smith, 2006, p. 72). The implementation and maintenance of the gender binary and heteronormativity, through these colonial frameworks, creates dualisms in regard to sex⁹, gender¹⁰, and sexuality¹¹. At the turn of the 17th century, Foucault (1978) explained the movement from a more sexually liberated world economy to a sexually repressed one. This new, sexually repressed colonial world order implemented and enforced a strict code of silence, repression, and denial of sexual identities or behaviors, especially, and even more so, if those identities deviated from the dualisms imposed in relation to sex, gender, and sexuality. Any

⁹ Sex within the dualistic system is viewed, interpreted, and understood as exclusively male and female (Smith, 2006).

¹⁰ Understand gender within a dualistic framework posits femininity as corresponding to women and masculinity corresponding to men with no other options or alternatives. The gender dualism limits the understanding of a gender binary that must be closely adhered to in order to not face sanctions (Fausto-Sterling, 2000).

¹¹ Sexualities within a dualistic colonial framework is exclusively understood as heterosexuality or homosexual, where the former is viewed and understood as the preferred type of sexuality and the latter is viewed as deviant and wrong (Katz, 2007).

illegitimate sexuality (i.e. any sexuality that was not heterosexual) was removed from society. Any category that deviated from these identities was and is categorized as deviant and consequently Othered. This perpetual Othering of bodies brought queer individuals to enact activism in the streets and into the hallways and classrooms of higher education.

Queer theory

Queer, rooted in meaning “odd,” “unusual,” or “strange,” was reclaimed as a radical politic, and an identity, of marginalized sexualities and gender identities that did not see themselves within other spheres of the world (Halperin, 2003). Queer theory has effectively reopened and radicalized conversations about sexuality and gender identity from feminist theory, while approaching the conversations with consideration of these identities both as analytic categories and as lived experiences (Halperin, 2003). This is no limit to understanding how far and vast queer theory can be applied. The origins of queer theory in the academy begin with gay and lesbian/homosexuality studies. Halperin (1990) explored multiple centuries of same-sex attraction across various global cultures, which culminated in the stigmatized perceptions of homosexuality at the turn of the 20th century. Sedgwick (1990) furthers how at the turn of the 19th century and into the 20th, sexuality became as important of a socially-relevant marker as gender was for decades previously. Both Halperin and Sedgwick emphasize the importance of queer theory’s evolution and revolution from its roots and historical grounding in studies and research about same-sex and same-gender attractions.

Queer theory evolved from multiple academic disciplines including gay and lesbian/homosexuality studies and gender studies. Some claim queer theory’s roots within higher education can be and are traced to points of socio-political violence (Turner, 2000), as well as socio-political acts of resistance from marginalized sexualities and gender identities (Rand,

2014). Some scholars have argued queer theory does not have a place within the identity-driven politics within gender and feminist scholarship (Jagose, 2009). But in all reality, feminist theory and queer theory work well parallel and are complimentary to one another. “The possibilities for queer feminist thought in the 21st century speak to a specific set of historic circumstances – a bunch of different pressures and influences that cannot be neatly narrated in terms of cause/effect relations – that have enabled a significant anti-identitarian and anti-assimilationist turn in Western thinking about classes of social regulation and political recognition” (Jagose, 2009, p. 172). Cohen (1997) furthers how queer theory complicated and destabilized identities and communities through complicating society’s understanding of dualistic binaries such as sex, gender, and sexuality. As queer theory strived to revolt against assimilationist and identity politics in and out of the academy, it failed to critically analyze intersectional identities in its understanding of all queer bodies.

One challenge that plagued queer theory, both in its activist roots in the streets and as it entered the classrooms of higher education, was it lacked an intersectional perspective from those who possessed other marginalized identities; queer theories’ narratives within the academy were rooted in privileged perspectives of queerness through predominantly white, able-bodied, and/or higher socioeconomic status individuals, among other socio-political positions of privilege. Scholars like Lorde (2007) and hooks (2015) specifically address how Black queer people were not welcome in queer movements of the 1960s because of their Blackness and not welcome in Black movements because of their gender (self-described femaleness) and sexuality (and self-described affiliations of same-sex and same-gender attractions). Moraga and Anzaldúa (2015) used their anthology of multi-genre work from critical scholars and activists to highlight this divide within multiple marginalized communities, including queerness within communities

of color and white feminist movements. The radical and revolutionary work of Munoz (1999) revolutionized the conversation of how queer people of color have to navigate multiple socio-politically privileged majority spaces while possessing multiple marginalized identities. Munoz (1999) emphasized disidentification as a way to survive within majority spaces through problematizing identity and identification when existing at the intersections of multiple marginalized identities. Queer theory has evolved from same-sex/same-gender attraction to being dominated by a radical white, queer politic represented by individuals with high levels of socio-political privilege to delving into the contemporary, inclusionary radical queer politics and theories that critique how the first two iterations failed to include people of color, people with disabilities, people who have/are low socio-economic status, and other intersections of marginalized identities.

Body Art and Non-Surgical Body Modifications

Tattoos¹² and other forms of non-surgical body modifications such as piercings¹³, scarring/scarification¹⁴, and branding¹⁵ (see Table 1) were and are researched in different ways. Across multiple academic disciplines and practices, tattooed bodies were and still are scrutinized and dissected in ways that try to bring meaning to those with this type of body art.

When tattoos and other forms of non-surgical body modifications are researched, the historical context aids in providing a historical understanding of where tattoos have come from and to better understand how they are contemporarily understood within the cultural context of the United States. Tattoos became known to the world of academia and high class members of

¹² Ink permanently embedded into the skin; exhibited through five main types of tattooing – traumatic, amateur, cultural, modern, and/or cosmetic (Cronin, 2001).

¹³ “A form of skin adornment where jewelry is worn through the skin” (Cronin, 2001, p. 382).

¹⁴ “Designs placed in the skin forming permanent scars” (Cronin, 2001, p. 381).

¹⁵ An intentional “design made in the skin by burning the skin” (Cronin, 2001, p. 381).

the world when colonizers from Europe and other places in the geographic North explored and colonized other areas of the world and then published on or wrote about these cultures. When tattoos were discovered on the bodies of colonized people, their tattoos became “the mark of the colonized other: the difference between the colonizer and the colonized is in the texture of the skin” (Blanchard, 1991, p. 13). Tattoos were equated with “primitive,” the “mark of the Other,” and linking tattooing to deviance (Colopelnic, 2011, p. 82). Tattooing and deviance have a strong correlation due to individuals deviating from the “natural body,” which is “pure and unmarked” (Braunberger, 2001). The tattooed body is a unique site of negotiation between innermost identities projected through body art and social constructions imposed onto the body (Colopelnic, 2011). The body is a largely contested space inherent in power relations and social structures imposed through social constructions (Brandt, 2004). What these bodies of literature explain is how “all bodies transmit messages, but the tattooed body is a distinctively communicative body because it employs a unique form of articulation” (Kosut, 2000, p. 82). Tattooed bodies are communicative and that communication to others and the self increases based on the visibility of the tattoo (Doss & Ebesu Hubbard, 2009). The distinction in describing the tattooed body as an Othered body has continued in research well into today. As tattooed bodies are researched, the body transforms from being described as Othered, to deviant, then to criminal, and then low class.

Tattoos and other forms of body art/non-surgical body modifications were researched qualitatively through emphasis on specific groups or subcultures within larger American culture. Soldiers in the United States Army were researched as a way to gain insight into the events that led up to and why soldiers got tattoos while enlisted or after getting out of the military (Armstrong, Murphy, Sallee, & Watson, 2000; DeMello, 1993). Military-affiliated individuals

are not the only subculture/group who possess body art and non-surgical body modifications that are/were also researched.

Most often, though, when tattoos are researched within specific subcultures, they are still linked to criminality and risk-taking behavior within research. Bengtsson, Ostberg, & Kjeldgaard (2005) discuss how individuals within prisons use tattoos as identifiers and forms of resistance to contemporary culture. Medical research related to tattoos and other forms of non-surgical body modifications also link these practices to criminality and risk-taking behavior. King & Vidourek (2013) conclude how college-aged students who were tattooed were more likely to engage in other risk-taking behaviors, such as engaging in and/or using recreational drugs. Cronin (2001) states those with tattoos are considered “risk takers,” and patients with tattoos are at higher risks for communicable diseases, especially those transmitted through unsterile needles. Additionally, patients who enter doctor’s offices who have tattoos can communicate to medical professionals possible larger socio-political group affiliation, such as affiliations with biker groups, gangs, or white supremacy groups (Mallon & Russell, 1999). Patients who also enter doctors’ offices with body piercings and/or tattoos are also, at times, pathologized to have experienced sexual abuse in their pasts (Stirn et al., 2011). The associations between tattoos and criminality and/or increased risk-taking behavior have stood the test of time, which still negatively impact anyone who possesses pieces of body art and/or non-surgical body modifications.

In addition to research linking tattoos to criminality and increased risk-taking behavior, there is a clearly established link in the literature between these behaviors and low social classes in society. DeMello (1995a) explains how those with tattoos who were associated with biker gangs were equated to low-class members of society. This specific dichotomy is further emphasized in literature by placing those who *used* to get tattoos and what tattoos *used* to mean

are on one end of the spectrum and what tattoos are *now* and what those tattoos mean contemporarily on the other end (DeMello, 1995a). When this dualism is instilled, it emphasizes an “us” versus “them” of tattoos wearers, which inherently leaves out voices of those in low and/or marginalized social classes of society who created and bolstered the tattoo movement forward (DeMello, 1995a). When discussing tattoos, the conversation related to social class and perceived socioeconomic status is inherent. Guenter (1998) examines how those with tattoos of flags, in particular, align with and identify within certain socioeconomic classes through the group affiliation communicated through their tattoos. Tattoos remain an essential component of social stratification for those in higher social positions to further marginalize those who occupy lower positions (Blanchard, 1991).

Finally, tattoos, within some contexts in some culturally-specific geographic locations, are moving from understandings and classifications of deviance to fine art. These understandings and differences between tattoos as deviant and those of fine art are still controlled by those who possess the social capital to decide which tattoos are deviant and which are fine art (Fenske, 2007). With bodies of research and social influence linking tattoos to Otherness, deviants, criminality, and low classes of society, these associations have maintained a negative perception and stigma toward those who possess tattoos that have stood the test of time.

Quantitatively, scholars have examined the increased and continued negative perceptions and stigmas associated with those who have tattoos. Women were the specific foci of studies that found increased negative perceptions of women who had tattoos, highly visible or not (Hawkes, Senn, & Thorn, 2004; Resenhoft, Villa, & Wiseman, 2008). More broadly, Dean (2010) found those in white-collar occupations and jobs with visible tattoos were considered inappropriate in the work environment. Additionally, Zescott, Bean, & Stone (2017) explains negative

perceptions of those who have tattoos increased when the tattoos were placed close to the face. Finally, most broadly speaking, there is still a large amount of negative stigma associated to those with tattoos, even as this form of body art has increased in contemporary times (Larsen, Patterson, & Markham, 2014). Although these studies have shown how negative stigmas have persisted, Dale, Bevill, Roach, & Glasgow (2007) did find those with tattoos and piercings had less negative perceptions of others with tattoos and piercings. These quantitative studies show how even as body art and non-surgical body modifications have increased in popularity and/or visibility in contemporary culture, negative stigmas and associations overwhelmingly have persisted.

Individuals who get tattooed engage in this practice for multiple reasons. The reasons why people get tattooed include, but are not limited to, tattoos holding onto memories (Colopelnic, 2011; Vail, 2010), an expression of spirituality (DeMello, 1995b; Vail, 2010), communicating self-identity and personal characteristics to others (Braunberger, 2001; Kang & Jones, 2007; Madfis & Arford, 2013; Roswell, Kress, & Street, 2012), reclaiming agency of one's own body (Braunberger, 2001; Colopelnic, 2011; DeMello, 1995b; Harlow, 2008; Kosut, 2000; Talvi; 1998), belonging to and possessing membership to a group (Blanchard, 1991; Cronin, 2001; Guenter, 1998; Kang & Jones, 2007; Mallon & Russell, 1999), to defy socially-imposed notions of the body (Kosut, 2000), tattoos as fashion permanently marking the body (Blanchard, 1991; Colopelnic, 2011; Walzer & Sanjurjo, 2016), and tattoos as a desired consumer product (Bjerrisgaard, Kjeldgaard, & Bengtsson, 2013; Brandt, 2004; Kosut, 2006). While this is by no means an exhaustive list, this shows some of the broad categories that offers understanding to why individuals engage in tattooing and other non-surgical body modification practices.

There are multiple research studies where scholars have researched tattoo culture and published their multiple-year long research results. Sanders & Vail (2008) detail the history behind tattooing as a culture through an ethnographic exploration of individuals who have tattoos, tattoo artists, tattoo collectors, and cultural savants of tattoos. DeMello (2000) investigates the cultural history of tattooing in the United States through hundreds of individuals varying in occupation, position within society, and perceptions of tattoos that culminate in finding thematic overlays across different communities. Pitts (2003) examines the transition of subversive body art and non-surgical body modifications from the 1990s into the mainstream at the turn of the century through examining multiple socio-politically marginalized groups. These provide deeper insight into how marked bodies, from body art, have transformed through history.

When looking at the research around other socially marginalized groups who are tattooed, women are a focal point of these bodies of research. The research around female bodies with tattoos is emphasized through a cisgender and gender binary understanding of gender. These bodies of literature emphasize the importance of understanding how Othered bodies are further Othered with body art and/or non-surgical body modifications. Mifflin (2013) details the history of women's bodies being furthered Othered through an exhaustive history of tattooed women in the United States. Women's bodies have historically and are still prescribed with expectations rooted in patriarchal notions of femininity; these notions are disrupted when women tattoo their bodies (Braunberger, 2001). Women who are tattooed are non-consensually forced to accept possible further "ostracism and hostility" (Talvi, 1998, p. 213). In some instances, women who have tattoos use them to reclaim agency over their bodies in a society that dictates to them how they should appear (DeMello, 1995b). Women exist in spaces that iterate to them in what ways they should appear and present themselves. Tattoos allow a way for women to deviate from

these socially-constructed and imposed versions of femininity by reclaiming their own bodies through body art (Botz-Bornstein, 2012). When research focuses on why women get tattoos, the results are centered on the themes of women creating or reclaiming agency over their own bodies.

Queer communities and concerns with mental health

Mental health disproportionately effects marginalized populations of all identities at higher rates, which is understood sometimes as minority stress. Minority stress is the excess stress “individuals from stigmatized social categories are exposed to as a result of their social, often minority, position” (Meyer, 2003, p. 676). Individuals who are a part of marginalized identities experience minority stress anytime they experience stigmatization, gaslighting, stereotyping, social exclusion, prejudice, discrimination, family rejection, or violence of any kind in a social environment that leads to challenges and/or negative experiences with their mental health (Meyer, 2003). Queer individuals experience minority stress. Individuals who identify with or describe themselves with having a marginalized sexuality and/or gender identity are three times more likely than their peers or colleagues to have mental health conditions (National Alliance on Mental Health, 2018). Russell and Fish (2016) further that young people who identify with a marginalized sexuality and/or gender identity are at a greater risk and need for mental health services than their heterosexual and/or cisgender peers.

Although queer individuals are more likely than their peers to experience negative experiences with mental health, there is still limited access to not only mental health professionals, but specifically mental health professionals who understand and/or specialize in queer individuals and/or individuals experiencing minority stress (Martos, Wilson, & Meyer, 2017; Rutherford, McIntyre, Daley, & Ross, 2012). There are systematic barriers queer

community members experience when trying to access health care, even more so when seeking help for concerns with their mental health. Beyond obstacles with lack of access health insurance, poor experiences with mental health professionals in the past and the inability to access a mental health professional who understands minority stress and/or marginalized sexualities and/or gender identities only adds to the barriers inhibiting adequate mental health care for queer individuals (Romanelli & Hudson, 2017). Even though queer community members are some of the most impacted by negative experiences and challenges with negative mental health, they are also limited in access and effective care.

These challenges are further exacerbated within rural communities (Barefoot, Rickard, Smalley, & Warren, 2015; Rosenkrantz, Black, Abreu, Aleshire, & Fallin-Bennett, 2017; Willging, Salvador, & Kano, 2006). Queer community members should, but do not have, access to competent mental health professionals who are knowledgeable about issues that specifically affect this community (Ash & Mackereth, 2013). Literature shows how the queer community is disproportionately and negatively affected by experiences and challenges with negative mental health. When looking at rural queer communities, the Flint Hills region of Kansas as an example, the literature further states there are limited mental health providers and even fewer mental health providers who are knowledgeable and/or competent about specific experiences and challenges affecting individuals who possess marginalized sexualities and/or gender identities.

Social identity theory

The primary theory this research is centered within is social identity theory. Tajfel & Turner (1986) explain how social identity theory asserts how group membership creates in-group self-categorization and enhancement that places favoritism toward those in the in-group and unfair dispositions toward those in the out-group. Three foundational tenets must be present to

increase in-group favoritism: 1. the extent an individual identifies with an in-group; 2. the extent the context of identification allows for comparison between groups; and 3. the perceived and relevance of the comparison group (Tajfel & Turner, 1986). Within the context of this research, the in-group identification, broadly speaking, are those who identify as a part of the queer community within the Flint Hills region of Kansas. More specifically, those a part of the in-group within this research are those who identify with those previous two communities and have pieces of body art and/or non-surgical body modifications that communicate experiences they have had with their mental health to themselves and/or others. Those a part of the out group are essentially everyone who does not possess and/or does not describe themselves with those groups since those a part of this research are a micro-minority within an already marginalized community. The out group includes anyone who does not self-identify or self-describe with a marginalized sexuality and/or gender identity. More specifically, members of the out group could also include queer community members who do not have body art and/or non-surgical body modifications, or if they do have pieces of body art and/or non-surgical body modifications, the out group also includes if those pieces do not communicate individual experiences with mental health. The individuals existing at the intersection of these three identities are able to create and affiliate group membership with others who also exist at the same levels of marginalization.

Social identity theory provides perspective and understanding of how this marginalized population finds community within their micro-minority. Queer individuals who communicate some of their experiences with mental health through pieces of body art and/or non-surgical body modifications find deeper empathy and/or understanding from others who stand at those intersections with them.

Social identity theory has been studied and applied in a variety of ways including, but not limited to, alumnus status and affiliation with institutions of higher education (Mael & Ashforth, 1992), membership within and among organizations and businesses (Dutton & Dukrich, 1991, Haslam, 2001, Knippenberg, 2002, Smidts, Pruyn, & Riel, 2001, and Scott, et. al. 1999), understanding and identification of self and others within international politics (Hymans, 2002), and within social psychological contexts of identification within social groups (Hogg & Vaughn, 2002 Turner, 1982). The way social identity theory has predominantly been researched resides in applying this theory to sects of communities with predominantly high amounts of socio-political power and privilege. In queering social identity theory, I take how it was and is studied and turn it on its head; I applied social identity theory to a micro-minority within a hyper-marginalized population in a predominantly rural community.

The application of social identity theory to this research means this theory must be queered to fully understand the full context of this research within this theory. To queer social identity theory, there are still in-groups and out-groups described, but the boundaries of these groups are malleable and do not have clear cut limits. Taking this antiquated theory and making it strange through applying it to this community provides deeper perspectives into divisions within the queer community in the Flint Hills region of Kansas. When deciding how someone is a member of an in-group or an out-group, within the context of those who assist with this research, is based on levels of trust and/or the other ways another exists at the same intersections as those who assist with this research. Those who describe themselves as a part of the queer community who have pieces of body art and/or non-surgical body modifications that communicate experiences with their own mental health are members of the in-group. Individuals who are a part of the queer community, some individuals who are a part of the queer community

who have experiences with negative mental health, and/or some who are a part of the queer community who have pieces of body art and/or non-surgical body modifications could also be a part of the in-group. But the members of the in-group specifically examined within this research are those who have embodied experiences who have felt the adversity, violence, isolation, and challenges of existing at these three specific intersections. For the context of this research, those who do not exist at these three specific intersections and/or do not have the lived experiences to understand what those a part of this research have experienced forces them into the out-group. It is clear when reading Chapter 4 what experiences these individuals have had that led them to want to commemorate that moment in their lives permanently and/or semi-permanently on their bodies and how, when, and to whom, they communicate to members of their in-group versus members of the out-group.

Theory from experience

Theory in the flesh allows those a part of the research to produce knowledge from their lived and embodied experiences. Moraga (2015) asserts how the importance of theory in the flesh as “where the physical realities of our lives... all fuse to create a politic born out of necessity. Here, we attempt to bridge the contradictions in our experience... We do this bridging by naming ourselves and by telling our stories in our own words” (p. 19). This theory “uses flesh and blood experiences” to garner the authentic embodiments of multiple identities co-existing as one, rather than considered independent from one another (Moraga & Anzaldúa, 2015, p. 19).

Theory in the flesh is central to center this research within due to those who assist with this research having lived the experiences they communicate through the pieces of body art and/or nonsurgical body modifications they possess. Additionally, as someone who also exists at these intersections, theory in the flesh aids in centering my own narratives and lived experiences

included within Chapter 4. This theory centers and emphasizes the importance of knowledge production through our own embodiment and lived experiences. We are living, breathing producers of knowledge. Both those who assist with this research and myself are able to communicate the knowledge we individually produced about our own lived experiences through the pieces of body art and/or non-surgical body modifications we possess(ed).

Both social identity theory and theory in the flesh allow our lived experiences and group membership to surface as the focal point of our understanding and navigation through and of the world. Queering social identity theory allows group membership to shift and alter based on the identities, or lack thereof, of others who interact with those who assist with this research. One's in-group may not always be as apparent or obvious to outsiders. There are divisions within all in-groups that provide a unique site of contention and resistance, which is where this research takes place. Grounding this research also in theory in the flesh allows natural knowledge production to occur. Understanding how we move through the world and communicate to others, within and outside of the in-groups and out groups we describe ourselves as a part of, creates the space for this research.

Chapter 3 - Methods

The specific theme for this thesis came as emergent data from a larger qualitative research study examining the broad theme of queer individuals in the Flint Hills region of Kansas who have body art/non-surgical body modifications¹⁶. The qualifications individuals needed to possess to get involved with this research were to identify or describe themselves with/as having a marginalized sexuality and/or gender identity, have body art/non-surgical body modifications, and live in the Flint Hills region of Kansas. There were no other limitations for individuals to join this research. We wanted an as diverse as possible group of individuals to participate in this research.

As mentioned in the introduction, this specific geographic location was chosen for three specific reasons. First, this is the queer community Dr. Haddock and I have both been a part of

¹⁶ Brandon Haddock, the coordinator of Kansas State University's LGBT Resource Center, is the principal investigator on the protocol and has worked on recruitment and data collection with me for this larger research project. None of the data Dr. Haddock collected or analyzed is a part of this thesis. To recruit for the larger research project, we engaged in a variety of recruitment techniques. We began by sending out emails about the research study through specific email listservs; these were the LGBT Resource Center's email listserv, K-State's Gender, Women's, and Sexualities Studies department email listserv, and K-State's American Ethnic Studies department email listserv. We did the first round of recruitment through these listservs the same week we received approval from IRB; we received approval on February 16, 2017 with the protocol number #8635. We did the second round of recruitment through these email listservs the second week of the fall 2017 semester and the third round through these email listservs the second week of the spring 2018 semester. We also presented information about this research to get individuals involved with this research at specific student organization meetings. We visited the Sexuality and Gender Alliance student organization on multiple occasions to discuss what the research is about, the benefits of being a part of it, and the possible risks. We visited these meetings to put a face to the research and answer any possible questions individuals may have had about the project. In addition to these recruitment tactics, we also included quarter fliers about the research project at queer community events, such as public lectures/talks, and tabling for upcoming events. Finally, we engaged in multiple social media campaigns. We posted an image of our quarter flier on our social media accounts, including Facebook, Twitter, and Instagram, which was then shared by queer community organizations, such as the Sexuality and Gender Alliance, the Flint Hills Human Rights Project, and K-State's LGBT Resource Center, for more queer members in the Flint Hills region of Kansas to get exposure to and knowledge about the research project to pique potential interest. Other members of the queer community within the Flint Hills region of Kansas and those who assist with the research also shared the image of the flier and affiliated information. We were limited in who we reached through these tactics. We also posted full page fliers with rip-off flags with our names and emails, information about the research study, who qualifies, the advantages, and the possible risks throughout K-State's campus and within the community of the Flint Hills region of Kansas before the beginning of the fall 2017 and spring 2018 semesters.

for more than seven years. We both have established relationships and trust among many new and established queer individuals in this geographic location. Second, the Flint Hills region of Kansas is considered a predominantly rural area, which allows for a unique look into the intersections of queerness and rurality and discussions of interactions with queerness, body art and/or non-surgical body modifications, and concerns with mental health. Third, this geographic location was chosen because of its specificity. We do not and will not make generalizations about all queer people everywhere who have body art and/or non-surgical body modifications, let alone queer individuals who have pieces of body art and/or non-surgical body modifications that also communicate experiences and/or challenges with negative mental health. While the themes that surfaced in this research may exist among other queer individuals across other geographic locations, it is not our place to make those types of assumptions or generalizations. The scope of our research is specific for these reasons. We know this community. We know the socio-political climate. We know these individuals. We have trust and access of those who assist with this research.

I based my data collection methods and analysis in feminist research methodologies, specifically a feminist interview study. deMarrais (2004) explains how interview studies engage in “a process in which a researcher and participant engage in conversation ... related to a research study” (p. 54). She states interview studies engage all who assist with a particular research project in the research process through conversation that allows for rich detail to surface (deMarrais, 2004). This particular methodology works best for those involved to share and co-construct meaning and knowledge based on particular experiences they have had and social relationships they have (deMarrais, 2004). Tracy (2013) explains how an interview guide may be present during these conversations to stimulate discussion, but the research guide is not required

or even always used. An interview guide was present in every conversation I had with those who are a part of this research, but not always used. In fact, it was rarely used. The feminist interview study is a critical way of engaging in conversations with those who assist with this research for them to share the embodied experiences that are communicated through the pieces of body art/non-surgical body modifications in their own ways at their own pace and disclose what they were most comfortable with.

I conducted more than 50 conversations/interviews for the larger research project with Dr. Haddock. Of those 50, 18 of these conversations specifically addressed or disclosed the intersections of queer identities, body art/non-surgical body modifications, and experiences they have had with mental health as communicated through specific pieces of their body art/non-surgical body modifications. I pulled these 18 conversations from the larger data set for this thesis. I am the sole person who collected and analyzed data for this thesis.

These 18 individuals describe themselves in various ways. These individuals range in ages from 18 years old to 46 years old. They describe themselves and self-identify with multiple marginalized sexualities, including gay, lesbian, bisexual, pansexual, and queer, and multiple marginalized gender identities, including transgender, gender non-binary, gender queer, and androgynous. Those who assist with this research also describe and/or self-identify with multiple racial and/or ethnic backgrounds, including white, Black, Hispanic, Native/indigenous, and mixed race/ethnicity. Finally, these individuals' self-disclosed diagnoses with mental health also range to include depression, suicidal ideation/suicidality, various ranges of anxiety, bipolar disorder, and borderline personality disorder. While these may appear as clear-cut identities, the way those who assist with this research described themselves align with queer theory in describing a resistance to identifying with a particular label. Some were adamant about how they

identified with specific identities based on socially-constructed and culturally-specific understandings of those identities. Others spent time describing themselves in ways that took time to articulate due to the lack of language to describe how they truly understood themselves. Some described themselves with socially-constructed identities before further describing how those identities do not fully encapsulate their understanding of themselves because it is a form of survival within majority culture.

I engaged in multiple qualitative research methods to learn about these embodied experiences, but primarily used in-depth, open-ended interviews and natural conversations engaging in and centering on these individuals' body art/non-surgical body modifications. Bhattacharya (2017) differentiates between in-depth, open-ended questions and natural conversations by explaining how the former engages in minimal questions that foster an environment for individuals to dig deeply into their experiences to their stories, whereas the latter appears as a normal conversation from an outsider looking in on the interaction. These methods together allowed for open communication between all involved. As Mertens (2009) explains "good interviewing requires patience, sensitivity, humility, and honesty" (p. 245). These methods created the environment for the co-construction of knowledge between all who are a part of this research. When used together, these methods dismantle power structures inherent within traditional interviewing techniques and allowed for open conversation and communication to occur among all involved in this research.

During these conversations, I allowed individuals to guide how much or little they wanted to disclose (Belenky, Clinchy, Goldberger, & Tarule, 1997; Given, 2008; Josselson, Lieblich, Sharabany, & Wiseman, 1997). Those who assist with this research moved the conversation in a way they found best. This allowed these individuals to disclose their narratives

and experiences in ways that were natural and felt safe for them, as well as at their own pace. This allowed us to build trust between them and me while disclosing to me some of the most integral/important moments of their lives that are communicated on their bodies in permanent or semi-permanent ways. These conversations were not just questions and answers as most interviews are; they were conversations between them and I to get to know one another on a deeper and more personal level through the moments of their lives communicated through their pieces of body art and/or non-surgical body modifications. One of the major limitations of this method was the inability to ask consistent questions throughout all conversations, which, at times, prevented the same level of depth of narratives from all individuals who assist with this research. But these conversations were cathartic for some; I did not push or direct the conversations in ways that would or could be triggering for them or negatively affect their trust with me or the environment they were in.

I was intentional to always wear clothing that showed at least some of my tattoos; my facial piercings were always visible. At the beginning of these conversations, during the part of the conversation about what this research is about and consenting to assist with the research, I would disclose that I describe myself and identify as a member within the queer community and have pieces of body art and non-surgical body modifications. I was intentional to disclose those two identifiers. I did not disclose at the beginning of the conversations what my pieces represent or what they communicate to myself or others. If they were interested, I was more than happy to answer questions or tell my own stories. But I did not want my own narratives or experiences to effect their own answers i.e. to try to tailor their experiences to something they think I might be looking for. I did not disclose any themes that surfaced or what my own pieces meant at the beginning or during their own narratives because I did not want individuals to potentially skew

their responses to fit into the themes that surfaced. The majority of individuals did not ask about my own pieces. Before, after, and throughout the conversations, I continually asked if they had questions or comments for me. This was to continue to make a space for them to feel safe and build and establish trust, as well as a way to check in with them to see how they were doing.

For more than a year, I recruited, networked, connected with, and engaged with dozens of queer individuals about their body art and/or non-surgical body modifications. I worked to coordinate times to meet with them and listen to their experiences. These conversations ranged from 30 minutes to more than two hours.

Throughout the conversations I engaged in, I also maintained two journals with on-going reflective and reflexive memos. This is a key component of self-reflexive qualitative research practices (Tracy, 2010). While these conversations occurred, although I also audio recorded them, I had one journal in front of me to write brief notes I wanted to ask more about in those conversations or I needed to reflect more deeply on. I had another journal I documented and wrote about my own experiences at the intersections of queerness, having body art/non-surgical body modifications, and communicating my own experiences with mental health. The journal where I reflected about myself is personal and does not relate to the conversations I engaged in with others, but rather serves the purpose of allowing me to tell my own story in my own words at my own pace in my own way. Many of the narratives within my own journal are stories I have never shared before now. Some of these narratives were elaborated on and included in Chapter 4, juxtaposed to the right of the results from those who assist with this research.

Narrative is a powerful way to tell the stories of others, as well as oneself. Narratives have the power to “bring to light marginalized people’s experiences, changing our perceptions of them” (Chase, 2018, p. 553). Simply put, “narrative inquiry is a framework to the study of

storied lives” (Bhattacharya, 2017, p. 93). I have continued to understand my own stories and experiences through the telling, retelling, and interpretation of my own experiences (Bhattacharya, 2017). Existing at the heart of the intersections with those who assist with this research, I challenged myself to tell my own stories in an authentic way, similar to those who provided their own authentic narratives and experiences for this research.

Those who assist with this research are described as and referred to by their first name unless they wanted to be anonymous. If they wanted to be anonymous, I worked with them for them to create a pseudonym for themselves. It was the choice of the each individual how they were referred to within this research. Each individual allowed me to audio record all conversations. It was clearly communicated when the audio recording began and ended. When conversations concluded, I asked if I could take photographs of their body art/non-surgical body modifications; everyone agreed. Photography, within the context of qualitative research, allows for a visual representation of the descriptions these individuals described about their bodies and identities, as well as to help solidify themes and conclusions found throughout the conversations (Holm, 2014; Norman Jr., 1991). The visual representation of these pieces is important for others who may not possess all, or even some, of these identities. These photographs provide a deeper understanding into the lived experiences of these individuals.

The recorded conversations were transcribed verbatim. This provided the most accuracy and correct contextual framing of each conversation. Photographs were labeled and sorted based on the individual who possesses the specific piece(s). I analyzed the approximately 260 pages of transcriptions using the qualitative coding software program, NVivo. Through the use of NVivo, thematic analysis was possible utilizing the transcriptions of these conversations. This process is also known as conversation analysis, which Roulston (2004) explains is a way to find themes

within the social interactions we have when telling stories to others. Within this program, I made notes and comments to myself if follow-up conversations or additional questions were needed.

The primary way I identified themes when coding the research was through identifying commonalities throughout the different experiences the individuals who assist with this research shared with me. There were certain words or phrases that surfaced in multiple individuals conversations. Examples include words and phrases like “(failed) suicide attempt,” “self-harm/self-harming,” “self-mutilation/self-mutilating,” “feeling out of control/lacking control,” “loss of someone,” “keep going,” and “need for space/fighting for space.” When I considered and analyzed these themes, they all centered around experiences with one’s own mental health. All of the individuals, who mentioned one of these words or phrases within the sharing of their lived experiences, also self-disclosed a mental health diagnosis of some kind during our conversation. While not all experiences or challenges with mental health are diagnosed, each of the individuals who described one or some of the themes that surfaced from coding the interviews also self-disclosed their mental health diagnosis within our conversations.

When themes surfaced from the analyses, member checks occurred to make sure the themes and conclusions found were accurate. Member checks also increase the validity of the themes and results found from this research (Cho & Trent, 2006; Thomas, 2017). This was a way to triangulate the themes that surfaced from the transcribed conversations. Going back and checking with each individual who assisted with this research, who specifically described experiences with mental health, aided in verifying the themes and conclusions. Triangulation is a form of verification within qualitative research where multiple and diverse methods are used to collect data (Cresswell, 2007, Flick, 2018). A central tenant of feminist methodologies is to constantly and consistently check in with those who assist with the research. This methodology

is grounded in engaging in conversation, on and off the record, throughout the entire research process. Triangulation was further emphasized by getting to know the individuals who assist with this research inside and outside of simply the stories they tell on their bodies within the context of this research. I was able to triangulate their experiences through observing them in person and on social media, interacting with them in multiple and various social settings, and investigating the peripheral moments, that were larger than just them, such as through news publications, when applicable. These various ways of triangulating their experiences solidified the truth and validity in their lived experiences.

Chapter 4 - Results

The non-traditional format of this results chapter is intentional. The left column summarizes the results from the conversations with those who assist with this research and the right column is prose of my own experiences that communicate some of my own experiences with mental health through pieces of body art and non-surgical body modifications. The purpose of this formatting is to allow the experiences and narratives of those who assist with this research to tell their own stories and experiences in their own words rather than make generalizations.

This chapter answers the research question from chapter one, which is “what stories and/or lived experiences do the pieces of body art and/or non-surgical body modifications queer individuals in the Flint Hills region of Kansas communicate to themselves and others, and why, as it relates to their mental health?” The answer to this question is two-fold. Some of those who assist with this research communicate to larger, outside communities, or out groups, about some experiences they have had with their mental health through some of their pieces of body art and/or non-surgical body modifications. Most of those who assist with this research predominantly have pieces on their bodies that communicate their experiences with mental health to themselves and to other members of their in-group; fellow in-group members are predominantly described as other queer individuals who have mental health concerns who may or may not also have body art and/or non-surgical body modifications.

In hearing the stories and lived experiences, it was clear the individuals who assist with this research communicate their mental health with both the in-group and the out-group. When communicating to members of the out-group, those who assist with this research described using the pieces on their bodies to communicate mental health through socially constructed iconography around mental health (the use of a semi-colon) and to communicate

memorialization of loss. When communicating to themselves and/or other members of their in-group, five themes surfaced: 1. attempting to gain control of their lives, even if that control is temporary; 2. transgender and gender nonbinary folks transitioning and fighting for space; 3. experiences with and attempts to prevent self-harm and/or self-mutilation; 4. symbolizing failed suicide attempts; and 5. individual engagements with personal mental health diagnoses. The personal narratives I included in this thesis overlap with four of the six larger themes: 1. attempting to gain control of my life, even if that control was temporary; 2. concerns and attempts to prevent self-harm and/or self-mutilation; 3. failed suicide attempts; and 4. memorialization and coping/grieving loss. I provide prose of some of my experiences that led to these pieces on my body. Whether on my body or those who assist with this research, these pieces allow us to identify, to some degree, and communicate with other members of our in-group and navigate interactions and conversations with members of the out-group.

There are various ways readers can engage in this results chapter. One option is to read everything in regular font, predominantly in the left column, which are the themes that surfaced from the embodied experiences of those who assist with this research. Then, go back and read everything in italics, in predominantly the right column. Another way to read this chapter is to read everything in italics first to understand my positionality to and within this research. Then, go back and read everything in regular font, predominantly in the left column. Another option is attempt to read each line from left to right (regular font into italics and back again on the next line), although each section of this results chapter was not originally designed to engage readers in the content in that specific way. Or one can read this chapter in a way not described above. There are multiple ways this chapter can be read. Each or any way you read it, the understanding and/or insight might differ.

Communicating to others

One way queer individuals in the Flint Hills region of Kansas who have pieces of body art and/or non-surgical body modifications communicate the stories and/or lived experiences is to out-group members. As previously mentioned, members of the out-group include, but are not limited to, those who are not a part of the queer community, do not experience challenges with mental health, and/or do not understand how queerness and other intersections of socio-political marginalization effect one's mental health.

On Holly's¹⁷ left wrist, there is a semicolon tattoo (see Figure 4.2). "Basically, in like grammar, it's like where a sentence could have ended, but it didn't. It went on." Holly described her semicolon as "kind of like a motto for the community like of mental illness and like depression and like suicide, and I kinda feel that way sometimes. And it was like really important to me." Her semicolon tattoo is a part of a larger

My name is Jakki. I am currently 25

years old and describe myself as a white, pansexual, and queer woman.

Where do I begin to tell you the story as it can be read on my body?

Attempts to gain control

It started small. As things usually do.

Start small; get bigger, if needed.

It was just a few pieces of jewelry, if you could call them that. They were placed where they were easily coverable.

I rolled my thumb over the guard and spin wheel. The spark ignited the flint and mixed well with the fluid within. A blink. Then the flame appeared.

I moved the lighter slowly from one end to the other, holding it close to the bottom bar so the flame could engulf it.

I moved the lighter slowly from one end to the other.

One end to the other.

organization, called Project Semicolon, which is dedicated to suicide prevention through equipping individuals with tools to help save someone's life. It's a way for her to connect to others who have struggled with mental health and for others to connect to her. "A lot of people who have like the same kind of thing as you will know what that is like if they see it. You can make a connection. Like... just have like a little moment with each other like 'hey, you're okay kiddo, and we'll do this, and it's fine.'" This semicolon is a way for her to communicate her experiences with mental health with other people, including members of both in-groups and out groups, as well as to have others communicate with her about their experiences with mental health.

Diagnosed with social anxiety and severe depression in high school, as disclosed by her, her mental health was at its worse when she was coming into her own as a

After the third back and forth movement, I dipped the bottom bar in a clear plastic cup on the bathroom counter. I had filled the cup three-fourths full with rubbing alcohol. I needed to make sure it was fully sanitized.

Safety first.

I slightly leaned over the bathroom counter and sink to get closer to the mirror; the counter and sink were just tall enough forcing me to stand on the balls of my feet and tips of my toes to get in the right position.

I aligned my aim with the dots I had marked. Two small circles about an inch apart from one another.

I took a deep breath and counted down.

Three...

Two...

One...

As soon as I reached "one," I shoved a medium-sized safety pin, the bottom bar about

¹⁷ Holly describes herself, at the time she joined this research, as cisgender but sometimes gender fluid, lesbian woman who is White and was 18 years old. She prefers she/her pronouns.

member of the queer community. “I’m trying to remember where all of this started. Middle school is like where my anxiety really started happening, and I was not a social child anymore all of a sudden. High school was probably like when my depression actually started happening because that was when I was like actually questioning like, ‘wait a minute, I don’t think I really want a boyfriend,’ because like I had had them before. Because I thought I was like required to have them because I am a girl and they are boys. And then all of a sudden it was like I don’t wanna do that anymore.” But as she continued to come into her understanding of her own sexuality, her family struggled at first, but eventually accepted her queerness. “My mom is always like ‘you don’t know what you’re talking about’ and like I do but okay whatever then it’s like ‘okay fine.’ I’m kind of mad at her though because she kind of like outed me to the rest of my family without my permission. So it was like ‘dude you can’t do that.’ But

an inch in length, through the skin on top of my left shoulder. The skin I pierced was where the muscles of my neck created a divot in my clavicle. The safety pin was reluctant to enter my skin; safety pins are not designed to pierce anyone’s skin in a serious way. The tips of safety pins are actually quite dull.

But I forced it through the skin. The end of the bar exited my skin from below, about an inch from where it entered. I closed the clasp and took a brief moment before beginning again..

I repeated the whole process again.

And again (see Figure 4.8).

I relaxed my stance. I stood flat on both feet. I took a step back and looked at myself in the mirror. My eyes were locked on my new “piercings” – small shiny accessories added to my body by myself. I reveled in the joy these brought me.

I was so proud.

My eyes moved from my “piercings” to my face. I realized I was crying.

they were all okay with it. And it didn't end up being a bad thing. But I still ended up being like 'why would you do that to me?'"

Through her experiences of navigating her mental health experiences and her place within the queer community, she decided to permanently mark her body in a way that communicates that to other members of the queer community who struggle with mental health, as well as members outside of the queer community who may not know what it means. Whether a part of her own experiences or someone else's, Holly's semicolon tattoo communicates experiences with mental health within a larger conversation with people as a part of a larger conversation.



Figure 4.1 – Holly's semicolon tattoo.

My eyes were watered. A few small tears fell as I stood there and looked at myself. I watched one tear slowly move from the lower lid of my eye, down my cheek, and slowly slide off my jaw line down my neck.

I was not crying because I had just shoved three very, very dull safety pins through the skin of my left shoulder.

No.

I cried because this was the first moment I had felt anything, emotionally, physically, or mentally, in almost three years. This was the first time I had cried in almost three years without being punished, yelled at, or exiled for expressing feelings in this way.

I was numb, and this made me feel.



Figure 4.8 – Jakki's safety pin piercings.

Memorializing loss

A way members of the queer community in the Flint Hills region of Kansas communicate their experiences with mental health is through tattoos that memorialize someone who was important to the individual, but has passed on. This is a way for these individuals to communicate to anyone, who is willing to listen, about the life and legacy of the individual who has passed on.

“I kept this tattoo to honor my late husband.” Aimee¹⁸ has a double heart tattoo (see Figure 4.2) that honors her late husband who passed away in 2012 from cardiomegaly, which is an abnormally enlarged heart. Around 2004, “my husband wanted to get a combination... matching tattoo of our initials you know. Mine says ‘S.K.A.’ so Scott and Aimee K[last name], and his says ‘A.K.S.’ – Aimee and Scott K[last name]. And he designed it. And it sucks. What I would have

Kim²⁶ found out about the safety pins.

After she found out about those, she consented to sign the required paperwork so I could get pierced by a licensed professional in a professional tattoo and piercing shop... at 15 years old.

With approval to get professional piercings, I removed the safety pins a few weeks after they were originally inserted. I did not want to, but I knew it was best.

Angel bites came first (see Figure 4.9); two single studs placed centimeters a part from another on the right side of my lower lip.



Figure 4.9 – Jakki’s angel bite piercings.

Then my left nostril and right eyebrow (see Figure 4.10).

¹⁸ Aimee was 46 years old when she joined this research. She describes herself as a cisgender, lesbian woman who is White and Native American. Aimee uses she/her pronouns.

²⁶ Kim is the first name of my biological mother. Due to the strained relationship we have experienced over the course of our lives, it is rare for me to refer to her as my mom or mother.

liked to have happen is have Scott say, ‘here is my idea. Here is my design’ and for the tattoo artist to design something and make it more tattoo-able looking. Make it more prettier looking. He just made what Scott had done. And yeah... I don’t like it. I don’t like it at all.” Aimee and Scott were together for 11 years and married for eight of those, but she said “when I was thinking about divorcing Scott, my tattoo artist and I... were trying to figure out a way to cover it up. It just sucks. And if I divorce the guy, I don’t want it there anyway. And then he died. And I’m like you know what, I’m just going to leave it. It’s history. It’s the way it was. And uh we put a rose kind of curved over it. So I still have that yucky tattoo, and I’ll never cover it up, but uhm... I’ll just kind of hate it forever.” She described it as very simplistic, the lines are not very good, and it may have been one of the first tattoos that artist had ever done. But it was eventually incorporated into her upper arm piece.



Figure 4.10 – Jakki’s eyebrow and first nostril piercings.

I had eight piercings in my face and ears just a few months after my 15th birthday. This total included the two earring studs I had in each ear lobe from when I was a younger child.

But this was not enough.

It did not feel enough.

I wanted to feel more.

I needed to feel more.

Engaging in self-harming behaviors

I began to enter the shop as I had countless times before. Kim parked her car. I got out of the front passenger side. I turned and pivoted my body to step out of the vehicle and onto the curb, which doubled as a side walk. The shop was on the upper level of a

“Yes, 10 [referring to her 10th tattoo], I got it in 2012, after my husband had died. It’s a memory tattoo for him. Uhm my tattooist and I agreed we hate seeing headstones on people’s arms. And not necessarily a head stone but their name and then the dates on you know... people’s bodies... It just looks sad. So, we’re not going to do that for a memory tattoo. Scott liked to take pictures. And he liked to take nature pictures and flower pictures. So, I went through all his pictures and picked pictures uhm... He also... I like roses... and he grew lilies in our yard, and the rest are from pictures that he took. The vine is an ‘S’ for Scott. You don’t see it right off, but... and then you see the rose that goes back to that yucky tattoo. It gives it that nod you know, kind of thing... So, this is my memory tattoo for Scott. I already had ideas of tattoos to go onto my arms of wildflowers. I had already kind of been thinking about that any way. Picking wild flowers out of books and stuff. And then he died. And then I thought

strip mall that some may describe as questionable.

It was off of a busy highway about 20 minutes from where Kim worked in Minneapolis. The parking lot was overrun with weeds that well decorated the cracks in the pavement throughout. The bright green of the weeds juxtaposed within the dark gray, rather than black, tar of the parking lot emphasized the lack of up keep.

The building looked run down – an off white color dominated the outside of the building with ‘80s style deco-orange accents. It did not look like it had been repainted since the 1980s; there were cracks in the paint in multiple locations. Shingles were missing from the roof.

There were maybe about 20 business in this building – approximately 10 on the upper level and 10 on the lower. Businesses included tax accountants, law offices, some up for lease, and the tattoo and piercing shop I was going to enter. There was one stair well on the front of

okay. That's what I'm going to do. Flowers that represent him, pictures he took, flowers he liked and planted, you know."

This was a way to honor and memorialize his life on her body. When others ask about this piece, she communicates who her late husband was and why she honored him in this way. She communicates the importance of the flowers chosen for the tattoo, as well as why he was an important part of her life. But Aimee's half sleeve and double heart tattoo, with three initials in it, are not the only time queer community members in the Flint Hills region of Kansas have memorialized the loss of someone from their lives through tattoos.



Figure 4.2 – Aimee's "S.K.A." double heart tattoo.

the building, and it was in the center. The tattoo/piercing shop was on the upper level on the far right – on the end.

I never hung onto the fire truck, almost the same color as an emergency, red hand rail before. I was strong and did not need assistance climbing the two, almost three dozen concrete stairs between the parking lot and the tattoo and piercing shop.

But on this day, those stairs intimidated me. I stood at the bottom of them and briefly stared up at the top. I did not know how today was going to go, but I knew I needed to hold onto the railing. I grasped the railing tighter every step I took and every stair I climbed. My hand slightly tingled by the time I reached the door to the shop. But I pulled it open and walked inside.

When I entered the shop, I faced the piercers who were behind the counter about 10 feet away from the door and slightly the the right. One was licensed and the other was an

On the back of Dusty's¹⁹ left calf is a tattoo of Sonic the Hedgehog, the animated cartoon character (see Figure 4.3). This is a memorial tattoo for his brother, Jason Dockins, who committed suicide in 2009. "I get tattooed at profound moments in my life. The next tattoo, as I said, happened in 2009. And it was a memorial tattoo for the suicide of my brother Jason. And his fraternity nickname was Sonic. So I had Sonic the Hedgehog drawn on my left calf. And at the same time I wanted something for myself, that was happy. But my fraternity nickname was Bamm Bamm, so I have Bamm Bamm on my upper left arm." He described how the men of his fraternity, Delta Lambda Phi – a progressive fraternity for men a part of the queer community, "changed my life. They really changed the trajectory of my life."

Everyone in the fraternity was given a nickname. "You actually name your siblings. So, you actually name everyone under you.

apprentice, which is why I had the privilege of having two people assist rather than just the usual one.

The counter was a small black storage area that met the piercers at their waists. It could be best described as a three shelf bookcase turned front counter. The top had a cash register, that old school off-white, cream color, with actual buttons and a computer screen. The side that faced them had shelves with paperwork, magazines, writing utensils, and the tower for the computer. The side that faced out, toward the customers, was a decoupage of small drawings and paintings artists in the shop had created over the years. Those that stood out the most were standard for a tattoo and piercing shop – skulls, crosses, and roses.

I sat down in the chair. The chair was slightly wobbly, as it always was. It felt like a recycled tall office chair that's expiration was

¹⁹ When Dusty joined this research, he was 41 years old and described himself as a cisgender, gay man who is White. Dusty prefers he/him pronouns when describing himself.

Uhm my name... I was named by my big brother, uhm... and they struggled with what to name me. And he was uh going to go with Wonder Woman because again I was always very active and uhm always pushing to do something. And his point was uhm that he found me empowering and that I didn't take any shit. And so he was going to go with Wonder Woman, and my chapter brothers talked him out of it because they were afraid I would be offended by having a feminine nickname. It wouldn't have bothered me. And it just kind of speaks to the... he didn't know me that well. Like it just... Uhm... I appreciate having Bamm Bamm. It was... is a very fitting nickname. So I'm a little... so my personality is a little bit like a bull in a china shop. Uhm I don't always know the strength of my own words and power, and uhm sometimes come off as a bludgeon. And so that was kind of the idea. But I'm loyal to a fault and will defend anybody I'm close to and will fight for things I believe are right. And for them, that

years ago. Although the chair appeared outdated, it worked. The foam from the seat was not sticking out from the black pleather finish. It was still a clean area that was sanitized between customers.

That chair felt like what a home should feel like. When I sat in that chair, it made me feel safe. When I sat in that chair, it made me feel loved.

Sitting in that chair meant I would feel something.

Anything.

Even physical pain.

I sat and looked at them. They moved a tall, metal surgical-looking table near the chair. It had five wheels, one on each end of a plastic arm centered in a star formation. The table did not drag on the ground nor did it wobble; it was sturdy. It was sturdy enough for the constant movement of instruments and others items onto and off of its surface.

I watched as they gathered supplies.

Shiny metal instruments placed upon the white

name was that step. But sometimes I'm clumsy in doing that. And that's part of it." In explaining how he got his nickname within the fraternity, Dusty also explained how he came up with Sonic (the Hedgehog) for Jason. "So Jason was a really a powerhouse in this local community, uhm especially as it came to organizing and uhm gathering the gay community together. And he would really just bull through any obstacle that was put in his way. Like he would just pound through it. And uhm I wanted all of my little brothers to be named after cartoon characters. And so Sonic made sense to me because of the way that he rolls through... crashes through whatever is in front of him. And so that was how I named him... and he also had really spikey hair."

Through the process of naming each other in their fraternity and growing as individuals, Dusty and Jason moved from fraternity brothers to chosen family and best friends. "Like the fraternity, he made a mark on me that was never going away. Like it was

paper towel covered metal table. I watched as they meticulously opened instruments after showing me they were sterilized.

Surgery-grade steel, 12-gauge hollow needles were placed atop the table with the other instruments. The final items added were the pieces of jewelry I would leave with.

The licensed piercer stood face-to-face with me once her and the apprentice completed their preparation. We were at eye level with one another due to her height and the height of the chair.

For the third and final time, she asked, "Are you ready?"

"Yes."

A simple one word answer that affirmed they could proceed, even though we had already had this exchange twice and signed the paperwork that clearly detailed what took place. That final round of verbal affirmation and consent was the final vote of approval and affirmation.

such a huge part of my life that I... I struggle when I talk about him to remember that he's my fraternity little brother. So,, I usually just tell people that he's my little brother, which has a very different connotation. Like if you tell someone that 'my little brother committed suicide behind our house' – that's a very different thing, although it really isn't for me. And he was... I was raised as an only child..., and we did things that I would presume you would do with siblings. He did a lot for me. So while uh we lived together, I went through chemotherapy and radiation. And uhm quite frankly in his suicide note, one of the things that he talked about was uhm waiting for me to get the all clear so that like he didn't feel like he needed to support me as he made the decision to end his life. It was a very conscious decision for him. It obviously isn't what I supported. But he did. Again this permanent mark this man left in his life and in his death was important for me to visualize in a positive way."

I sat there.

My anxiety became heightened as I watched them cover their hands with blue plastic gloves. To calm myself, I placed my hands under my legs. My palms were pressed against the black pleather of the chair.

They wheeled the table closer to me, even though it only moved less than a foot.

I looked down at the tray of metal instruments one last time.

I looked back up at them.

I was ready.

The smiles on their faces and words of affirmation soothed my anxiety.

They picked up a purple felt-tip pen.

They marked the specific sites on each ear where they would use the aforementioned needles to pierce me.

Eight purple dots were marked.

They were ready to begin.

The licensed piercer clamped the innermost part of the upper cartilage of my

This tattoo is in a semi-visible place. If Dusty is wearing shorts, the tattoo is completely visible, but is covered when wearing tights or long pants. This tattoo is a talking piece for Dusty to communicate to and . This tattoo allows Dusty the opportunity to share the life and death of Jason Dockins. “So one of the things about all of my body art is that uhm it is about positivity in the way that I feel about myself and the way that I want the world to see me. So uhm if I’m wearing shorts and someone sees Sonic on my leg, you know, they don’t look at it as ‘oh, that’s a sad memorial tattoo.’ They view it was ‘oh my God, that guy likes Sonic!’ And that’s really fun, and it’s more a joyous moment rather than ‘oh, he’s got a picture of someone with their name and dates under it. That’s sad.’ That doesn’t fit my personality very well. When they [other people] ask about Sonic, it is a completely different story. I almost invariably use it as an opportunity to talk about Jason, right? Because again, I think the idea behind

right ear where the first piercing mark was placed. The apprentice held the clamp in place while the piercer grabbed the needle. She took back hold of the clamp and got in position. I took a deep breath in. As I exhaled, she pushed the needle through my ear.

I handled the first piercing fine.

It was just one.

I had always received more than one surface piercing in a sitting before.

This was fine.

I could handle this.

The second piercing, slightly down from the first but still on the upper cartilage of my right ear, came and went too.

My eyes swelled with tears after the second needle was in my cartilage.

I took a deep breath in... then out.

I paused.

I took a moment and forced the tears back inside of my eyes.

They saw me tear up.

They asked if I was okay.

his name was personable, and I think that it tells a good story. And I think it gives me a good opportunity to continue to do the work that he was doing, right? And so, you know, I usually talk about it being a memorial tattoo and uhm people's first responses are 'uhm oh, I'm sorry.' And, you know, society teaches us that that is the first thing that you should do. Not talk about the hard things like death and suicide. That's very difficult. And my response is always the same, but there is no reason to be sad. I love getting to talk about him. And I love getting to talk about his story. And you liked my tattoo because it's fun and that's the idea." This tattoo opens the door for conversation and communication to various different types of people, belonging to different types of groups (including in groups and out groups), to have a conversation about memorialization and loss, especially about Jason Dockins.

I told them I was fine.

I lied.

The third piercing was my moment of no return. When the third clamp surrounded the cartilage on the side of my right ear, I realized I was not okay. I took a deep breath in and on the exhale I felt every single millimeter of the needle as it went through the cartilage.

I cried.

It was uncontrollable.

Tears filled my eyes and fell down my cheeks before I could even think of trying to force the tears back. I felt every tear as it left my eyes and moved down my face.

I whimpered from the pain of the third piercing, but I did not scream. I attempted to focus on the tears rolling down my face as the clamp was removed with the needle remaining in my ear. There was just as much trauma from the piercing itself as there was from the clamp surrounding the piercing.

Blood dripped down my ear. I had three hollow needles sticking through various



Figure 4.3 – Dusty’s Sonic the Hedgehog tattoo.

Sprawled across Crystal’s²⁰ inner forearm from almost her inner elbow to her wrist is a poem written in black ink and comic sans font consuming a total of six lines of text (see Figure 4.4). The poem states: “My wish for you: comfort on difficult days, smiles when sadness intrudes, rainbows to follow the clouds, laughter to kiss your lips, sunsets to warm your heart, hugs when spirits sag, beauty for your eyes to see, friendships to brighten your being, faith so that you can believe, confidence for when you doubt, courage to know yourself, patience to accept the truth, love to complete your life.” This tattoo was to memorialize the loss of her friend, Angela. The meaning behind this tattoo is not

parts of the cartilage in my right ear as they clamped over the marking for the fourth hole.

I took a deep breath in as tears continued to fall from my eyes. On the exhale, she pierced the needle through my ear. I felt the same level of distress as I did at the beginning of the third piercing.

I could not stop the tears. They just continued to fall from my eyes and down my face.

My hands were still tucked under my thighs, in between my legs and the chair. After piercing two, my hands moved from palms down on the chair to palms up. I grabbed and held onto the backs of my thighs to prevent from screaming out in pain.

I deterred pain from one place on my body to another. I dug my nails into the backs of my thighs to attempt to relieve the pain I experienced in the cartilage of my right ear.

They still had to remove the needles from my right ear to insert the industrial bars. I do not know if it hurt more for the needles to

something Crystal tells most people, even most of her close friends. This tattoo was designed and tattooed onto Crystal's body to communicate the loss of her friend to herself.

Angela was one of the first people who befriended Crystal when she moved to Russell, Kansas²¹ in fifth grade. Even though turbulence occurred in their friendship as emotional and geographic distance increased, a part of Crystal's heart always remained with Angela. In 2005, both Crystal and Angela were students at Fort Hays State University in Fort Hays, Kansas. A body was found near the university, which was discovered to be her friend Angela. "There was this big thing that they had found a body away from campus. And like there was this big uproar about it. And the person that I worked for at the time... she came home... the whole situation... I just had this terrible feeling the whole day. Like after they found this body of this woman, I just

pierce me or for them to remove the needles to insert the jewelry.

I continued to cry.

They handed me a Kleenex to wipe away tears from my face. The apprentice used another Kleenex to wipe away the blood that dripped down my ear and the side of my face.

The pain was unbearable.

They could read it on my face.

After they removed the needles and inserted and secured the jewelry, they decided to take a break. They told, me in that moment, it was time for them to collect themselves, but I realized years later it was actually for me to collect myself.

They left the shop. They walked down the stairs to the parking lot to each smoke a cigarette. I just sat in the same chair and sucked on a candy sucker the piercer had handed me before they left.

I needed to calm down.

²⁰ At the time she joined this research, Crystal was 33 years old and described herself as a cisgender, lesbian woman (with the exception of her transmasculine husband) who is White. She prefers she/her pronouns.

²¹ Russell, Kansas is a small, rural community in mid- to Western Kansas – about a two hour drive from the Flint Hills region of Kansas.

had this horrible feeling in my stomach the entire day. The whole day I just felt I knew who this person was. And I went to work, and my boss came home from work, and like she was like ‘so, the university, they aren’t releasing any information, but the university has been called in on this because it was a student and they say this was somebody from Russell.” Details about the case and Angela’s relationship with the man who murdered her are still unclear more than a decade later.

It was important for Crystal to memorialize the loss of Angela as a way to cope and grieve the loss of Angela’s untimely passing. This tattoo was a way to communicate to herself the importance of that friendship.



Figure 4.4 - Crystal’s memorialization poem tattoo.

I needed time to calm down not from hysteria, but from the endorphins and adrenaline that pumped through my body. The rapid rise in these hormones needed to lower before we could continue. We still had the entire other ear.

When they returned inside, they washed their hands and arms with antiseptic soap. They came back to the piercing chair where I sat. They smelled like a combination of Marlboro reds and antiseptic solution; it was an odd combination that is still somehow comforting to this day. They looked at the accomplishment in my right ear.

They were proud.

I was proud.

Blood still dripped from the piercings in my right ear. The piercer reached for another Kleenex to wipe it away. She handed the tissue to the apprentice, who stood on the right side of me, and blotted the blood from the piercings as needed.

A top of Annamarie's²² right foot is the name "Zoe" (see Figure 4.5). This tattoo was placed there as a remembrance of her cat, Zoe, who was a constant in her life for more than 14 years. "While Zoe is still alive and hasn't passed away yet, I still wanted to memorialize her on my body in some way for being a constant in my life for so long." It was important for Annamarie to communicate the importance Zoe played in her life for as long as she did. Although Zoe was still alive at the time Annamarie joined this research, she uses the tattoo to describe the importance and strength Zoe brought to her life.



Figure 4.5 – Annamarie's memorialization "Zoe" tattoo.

These four examples of communicating memorialization and loss through pieces of

I looked at their faces.

I could see their concern for me.

They looked at me, then turned to grab two new, fresh pairs of gloves. As they put on the blue rubber gloves, they turned and stepped toward me.

"Are you ready for round two?"

"As ready as I'm going to be."

I finished the sucker I was eating by biting into it to chew what remained. I tossed the stick into the trash can that adjoined the chair.

I placed my hands back underneath my legs. I was smarter going into round two. My hands began palms up this time. I attempted to prepare for the remaining piercings.

Nothing could have prepared me for what I felt or experienced.

²² Annamarie was 34 years old when she joined this research. She describes herself as a cisgender, lesbian woman who is also White. She prefers she/her pronouns.

body art allows those who assist with this research to communicate their experiences with coping and grieving when they lose somebody in their life to themselves and others. The importance of these tattoos, as described above within the individual narratives and experiences, signifies the importance these individuals had in their lives and will continue to have in memory.

The way these individuals use their pieces of body art as a talking point to communicate to others a part of their own communities, and others outside of them, how mental health has effected them as queer individuals. All use their pieces to communicate to others about their experiences and to create a deeper understanding and connection with others. Although these four use their pieces to communicate with others about their experiences with mental health, there were others who assisted with this research who use their body art and/or non-surgical body modifications as a way to

They did not even get the first needle fully inserted in my left ear before I yelled out in pain.

When they pierced my right ear, there was another customer sitting at the table getting a tattoo consultation with the owner of the shop in the center of the shop. They sat behind the half wall the piercing chair was against. With the right ear, I flinched, I cried, and I was visibly upset. But I controlled my reaction. I remained in control. I did not outwardly project pain. I did not want to inconvenience the others in the shop. The consultation ended, and the customer left before they returned from their break and began to pierce my left ear.

When they inserted the first needle and removed the clamp, I released every scream I had held in.

After the first piercing, my fight or flight response kicked in. There was nothing more I wanted to do in that moment than fight them. But I immediately realized there were

communicate their experiences with mental health to themselves and for themselves.

Communicating to the Self

The majority of individuals who assisted with this research use pieces of body art and/or non-surgical body modifications to communicate to themselves and other members of their in groups about their experiences and challenges with mental health. If trusted or known to have similar experiences, these stories and lived experiences are shared with other members of the groups they are a part of.

There were five themes that surfaced from those who assist with this research and how they communicate their experiences with mental health to themselves and those a part of their in-groups. These themes are 1. attempting to gain control of their lives, even if that control is temporary; 2. transgender and gender nonbinary folks transitioning and fighting for space; 3. experiences with and attempts to prevent self-harm and/or self-

two of them, and they were adults. And I was one person and 15 years old. There was no way I could fight them.

That left flight.

But I did not flee.

I remained.

I continued the piercings.

I screamed. I cried. I yelled out every combination of swear words I knew and could think of at that time.

I was visibly upset. But I remained.

After the second piercing, an individual came into the shop who worked two businesses down from the tattoo and piercing shop. The door flung open. The individual may have ran there. They seemed rushed, slightly out of breath, and in a frenzy. The person asked if everyone was okay. The person from two businesses down was convinced someone was being hurt in a nonconsensual or criminal way.

I was so loud and in such distress I caused others from multiple walls (and

mutilation; 4. symbolizing failed suicide attempts; and 5. individual engagements with personal mental health diagnoses. These narratives and lived experiences show the strength in the resilience of the members of the queer community in the Flint Hills region of Kansas.

Attempts to gain control

One way the individuals who assist with this research communicate their experiences with mental health to themselves and other members of their in-group through pieces of body art and/or non-surgical body modifications is through explaining moments of their lives where they attempted to gain control by getting a piece of body art and/or non-surgical body modification. This type of control is temporary and did/does not solve the challenges happening around them. But it allowed these individuals to have a sense of agency and autonomy over their own bodies when everything else around them seemed and felt uncontrollable.

businesses) away to make sure all in the shop were okay.

I was not okay.

Eight cartilage piercings punched straight to a 12 gauge in less than 30 minutes (see Figures 4.7).



Figures 4.7 – Jakki’s double industrial piercings.

Painful was an understatement.

But the pain I experienced in that chair was still less painful than the pain I experienced in my life at that time.

I was often forgotten.

I was forgotten and left places.

I was forgotten when I needed help.

I was forgotten for years as Kim struggled to attempt to save, and consequently

Alphonse²³ got snake bite piercings (see Figure 4.6) in their lower lip as a way to communicate to them self the turbulence they were experiencing inside of them self as they were coming into their own understanding of their gender as gender fluid, non-binary. “It was like super impulsive. I was having like a mental break. I was having like a really hard time. I was dealing with a lot of stuff.. Like my transitioning, my coming into the new like, my trans identity. I was really struggling. My mental health was struggling really bad. Uh... relationships, you know. I mean once your mental health is messed up, a bunch of stuff gets messed up and all that. So I was really like you know impulsive, which is – I have borderline personality disorder, which is one of those things. And um so I got those piercings and then I was like ‘man, I need

ended up enabling, Danielle²⁷ through her addictions and mental health crises.

Danielle needed immediate help; I was “fine.”

That was the mantra of my family.

I was left to fend for myself.

I was tossed aside.

My basic needs were usually met and that was apparently sufficient enough.

The numbness of my life consumed me.

Numbness was the only thing that felt as at home to me as sitting in the chair I got pierced in.

I was taught not to express emotions; happiness, sadness, excitement, anger - none were acceptable. The fewer emotions I expressed, the more numb I became.

I was so numb at 15 years old I needed to feel anything, even if it was physical pain.

²³ Alphonse was 21 years old when they joined this research. They describe them self as a gender fluid, gender nonbinary pansexual individual who is Black. They do not ascribe to the gender binary and present them self in such ways. Because Alphonse exists outside of the gender binary, they use singular they/them pronouns.

²⁷ Danielle is the first name of my full, biological sister. I have had zero communication or connections with her in more than nine years, at the time this thesis was written. Our relationship was violent and caused strife. I do not ever refer to her as my sister. I frequently describe myself as an only child because of how problematic our relationship was. This is a different story for a different piece of writing.

help.’ So, I went in-patient for a couple of days, and I was like ‘I do kind of like these so...I’m gonna leave ‘em.’ And I really did like them but I was also, at the time, on the women’s rugby team, so we had to take piercings out when we play. And uhm because your mouth heals, the cells turn over so quickly, uhm within the first half, which was 40 minutes, they were completely closed.” Alphonse got these piercings as an impulse to feel like they had control when they were experiencing severe challenges with their mental health. They used these piercings to communicate to themselves they had control over their body – control over something around them. They kept the piercings in for a few months after the impulse decision because they liked them. But the piercings were a marker of that specific moment in time in their life. Alphonse was not the only individual who described getting a piercing to communicate to them self they had control over their own life and body.

I needed help, but no one listened.

I needed this pain to be able to cry in a safe and affirming environment.

I needed this pain to make sure I was still alive.

I sat in that black pleather chair for a total of 60 minutes from the moment the session began to the moment they finished screwing on the last ball on the fourth piece of industrial piercing jewelry.

One hour, and \$360 before tip later.

But I got to cry.

I cried for about 30 minutes straight.

This was the first time in my life, since I was an infant, anyone affirmed to me it was okay to cry. I endured a pain unlike anything the piercer, apprentice, or I had ever experienced. But they affirmed to me these piercings were painful, and that it was okay to cry and scream, if I needed.



Figure 4.6 – Alphonse’s snakebite piercings

Samantha²⁴ also experienced a moment in their life that was “like watching my life burn in front of my eyes with all of these things happening around me” and was marked by a piercing (see Figure 4.7). “I just got this daith piercing recently because I like... so like all the fucking.... All caught up in my drug shit and all that kind of stuff and uhm and so I was just like.... I felt like I had zero control in my life. All of these things were happening around me. And my like whole life was like burning in front of me. So I like.. I literally like dyed my hair fucking dark fucking blue and like..., and I got my daith pierced. I’ve always had like headaches and stuff. I don’t know if it’s really helped necessarily. Maybe still have that pressure in my head. But it’s been interesting. It’s been fun. I think it’s cool.

I needed this session for more reasons than I could have acknowledged or understood at the time.

No one listened to me, even when I went to such extreme measures.

I felt invisible.

I was alone.

The lack of response from Kim following these piercings affirmed that.

The piercer called me a badass.

The apprentice, Erika – from the opening narrative, high fived me and posted images of the piercings on her personal Facebook and Myspace pages, as well as the tattoo shop’s Facebook and Myspace pages.

The only affirmation I received from others during that time was from self-mutilating my body in such an extreme way. The only affirmation I got from anyone was from strangers who spent an hour piercing me.

Two piercings in each ear lobe. (4)

Angel bits on right lower lip. (2)

I thought about getting my belly button pierced, and I thought about getting my nipples pierced. But I was just uh hesitant because I just didn't know." This was described as a queer moment in Samantha's life. "It was just like a moment of like just like... it was almost like a queer moment of just like fuck everybody. Fuck this. And fuck everything else. Because I really like how... right... it's like a sense of control over the very fundamental prison that we live in. Like... like our body prisons. And so it was just like fuck it. I'm going to go do this thing, not because it's probably not smart and I'm probably going to regret it later, but like I like to at least have control over this like small piece of my life, over this small piece of my body." Samantha described feeling like their body was a prison at the time they experienced sitting in an actual jail cell.

Samantha described getting their daith

Left nostril. (1)

Right eyebrow. (1)

Double industrials in both ears. (8)

Angel bits on left lower lip. (2)

Right nostril. (1)

Nineteen piercings in my face and ears

before I turned 16 years old.

My internal pain manifested through external piercing pain.

I was lost and alone.

I was surrounded by people, none of whom seemed to care about me.

I came out as bisexual.

I try to remember this year, but 19 piercings in less than one year at the age of 15 was traumatic.

My memory understands and processes this year as one massive, self-inflicted, self-mutilating trauma.

Memorializing loss

²⁴ Samantha was 22 years old when they joined this research. They describe them self as a trans-femme, queer individual who is White. They predominantly exist outside of the gender binary, but they lean more toward socially perceived feminine presentation. Due to these self-descriptions, they use singular they/them pronouns.

piercing about a week after sitting in a booking jail cell for eight hours after getting caught and arrested with possession of marijuana. “It was just like very... after having such a lack of control. It was like... it was like almost intoxicating to have that amount of control. And it was like... it was like painful. It wasn’t like fucking easy. Like daith piercings fucking suck. And they like fucking hurt. Like they literally put a bar through your ear, and then it just hurts because they just have a bar in your ear, and then they pull it back through, and then it just hurts even more, and then it just hurts for two weeks. But it was just like something else to focus on other than the like other shit that was like burning around me. And like you know... I got some money from my dad after the meeting with the lawyer and everything. And I was like if I’m going to do anything with this money... I’m going to go do something fucking that he would not like. Which is stupid and childish but it’s like I don’t know. And then the very next weekend I

I walked up the two straight flights of stairs in an enclosed stairwell – step by step. It was serendipitous. When I walked up stairs, it was always outside, with a firetruck red handrail, where I could hear the insects of Minnesota summers and feel the sun shine on my skin.

When I walked up these stairs, it felt cold, dark, and uncomfortable, which is exactly how I felt internally.

When I reached the top, I immediately turned to the left. I was greeted by one of the male shop owners, who also was also a licensed piercer.

I checked in for my tattoo appointment with him. He handed me a clipboard; I filled out the same type of paperwork I had six times before. This paperwork was slightly different since it was a different shop, but it asked the same things.

Was I drunk? No.

Was I high? No.

Was I pregnant? No.

uh dyed my hair. It was just like if I have to be in a suit and act all pretty and act like white as hell for these fucking judges to think my life is redeemable, then at least I can have blue hair while I'm doing it. So I uh did those two things back to back and yeah.... I don't know...." As they described, they used this piercing as a moment of temporary control in the chaos they were experiencing around them, including struggling with mental health. It was a way they described as a way to communicate to them self they did actually have control, agency, and autonomy over something, even it was a small space on their body since it was lacking around them in other ways.



Figure 4.7 – Samantha’s daith piercing.
Piercings are a way to mark the body

Did I have any blood-borne pathogens the tattoo artist should be aware of? No.

Did I have anything else they should be aware of? No.

I just wanted to get the tattoo started.

This was the first tattoo I did not receive from Erika. Every moment of this appointment made me miss her even more.

I scrolled through Facebook as if it were any other day. The mind-numbing, yet well-known two-finger swipe up on the track pad of my MacBook Pro. I saw updates of colleges my high school friends and acquaintances were going to attend. Countless events were posted to inform others of graduation parties.

It was a month after my 18th birthday, and I was just about to graduate from high school. I was ready to run away from everything that happened and was not talked about in Minnesota. I was accepted to Kansas State University and was moving to Manhattan,

and communicate to oneself when one is struggling. When Maggie²⁵ moved from north Texas to Manhattan, Kansas for graduate school, she experienced a mental break that culminated in piercing her eyebrow. “So, it was my first time moving away... I moved eight hours away to come here. It was my first time ever moving away from home. So, I was... I missed my family a lot. And I felt fairly isolated. Uh... I also have mental illness in my family. And I had gone to therapy and started managing it, but I really stopped going. Like I stopped when I came here because I thought I was good. Uh... that and grad school stress. Like it was a lot harder than I thought it was going to be. So, I just started having more and more panic attacks.” When she moved here, her experiences with mental health were challenged in ways she had not experienced before and could not have predicted. “I had lived with roommates in college

Kansas from Minneapolis, Minnesota in August.

Then I saw the image that is forever imprinted in my mind.

A single image of her.

Just a portrait of her tattooing a client – looking down at the individual’s arm, holding her tattoo gun as it created the permanent art left on all of her clients, myself included.

I clicked on the image and read the caption.

My heart rate instantly sped up. It was that type of increased heartrate that felt like my heart was going to beat out of my chest. I felt sweat on my body. It came from what felt like every pore on my body.

My stomach felt empty.

My stomach sank.

I felt that sinking feeling I always felt when something was wrong.

²⁵ When she was 29 years old, Maggie joined this research and described herself as a cisgender, lesbian woman who is White. She uses she/her pronouns.

[undergraduate program]. I lived with three other girls at different times. A combination of three others. Some moved out, some moved in. But it was just me living with my dog. But it was so easy for me to just go and be alone. I could make up all of these excuses as to why I didn't want to socialize. Like 'oh, I'm tired,' or 'oh, I have homework,' or 'I don't wanna spend money.' It was just really easy... I'm extroverted, and it was just really easy for me to just isolate myself." Her mental health continued to get worse.

She continued to struggle in multiple ways with her mental health throughout graduate school culminating in a mental break down, including having to take time off of and away from graduate school. She used compulsive overeating as a coping mechanism when she struggled most with her mental health. "So I think it's in the DSM now, but it's basically bingeing and purging without the purging. So, you just eat compulsively, and that was my biggest one. I'm lactose intolerant,

I threw my laptop toward the opposite end of the couch from where I sat.

I stood up and paced in Kim's living room. It was a small living room – maybe eight feet by eight feet. I only took six steps before I turned around and repeated the same action over and over and over again. I paced because I did not know what else to do.

Pacing did nothing.

My panic attack conquered me.

My face flushed. I was bright red.

I felt my body heat up.

I was not okay.

I grabbed my almost full pack of Camel Menthols and white lighter from the breakfast bar corner that shared the same open space as the living room. I opened the side door to Kim's house that entered inter where the kitchen and living room meet in this open area.

I stepped outside and closed the door. I sat down at the top of the three-stair concrete stoop and lit the first cigarette.

I literally could not believe what I read.

and I ate a half gallon of Call Hall ice cream in a day. And pizza... I would just constantly try to address that and when I started doing my master's project, it was about body image, it was a nonfiction piece ... So, I thought I would try Weight Watchers because I thought 'it doesn't work, it's just more material for my project.' Uh... but I started to eat until I was full. And eating smaller and trying to manage that, which I disagree with some of their rhetoric. I never went to the meetings because I did not like it, but I liked having the tools to like figure out 'Am I hungry? What am I hungry for?' Trying new foods... and then I started having bad panic attacks. Cause it turns out when you leave one coping mechanism, things fall out. So in about December of [20]11... That was really when it all kind of melted down. And I lived in a Snuggie for about two days in my parent's house. And cried a lot, and panicked a lot, and was put on Zoloft. And we decided I could come back here to finish. I thought it would be really cool

"...We will have a memorial service honoring Erika [L] this Sunday..."

That was all I could read before the panic attack prevented me from reading on.

I could not believe what I read.

My mind was blank as I sat and smoked countless cigarettes trying to process what I had read. My mind went from blank to as clouded as the air around me.

I just saw her less than one month ago for the tattoo on my left upper arm. She seemed off, but it could have been a bad day.

We frequently talked about what was going on in the other's life, as tattoo artists and clients tend to. But she didn't tell me anything that was going on in her life. Maybe she wanted to keep it more professional.

Her and her former partner had broken up. But this wasn't just any breakup.

While together, they had purchased a house and adopted a daughter together. Days after reading about her death, I learned when they broke up, her partner did not allow her to

[to get a piercing]. I thought ‘I’m eating my feelings, I think an eyebrow ring will help.’ Which I don’t think makes sense. But I thought it would be neat. But uhm...got it, really enjoyed it.” Maggie pierced her eyebrow to signify these moments in her life – moments of change and turbulence; moments of challenges with her mental health. She used her piercing to communicate to herself that she had control over her body, even when she did not feel like she did.

In the years of 1995 to 1997, Brandon²⁸ had just entered into their own queer identity. This was when the club kid scene was popular for younger queer community members; “the club scene was a way for queer community members to express their gender identities and gender expressions” in a safe way and space. Brandon took full advantage of this opportunity and used the club scene to

remain in the house or see the child they adopted together. That was the last straw for her. She couldn’t take it anymore.

She killed herself in the house they had purchased and lived in together.

One of the staples in my life, one of the most supportive people in my life was gone.

She was gone.

She was never coming back.

Was there anything I could have done?

Why didn’t I insist on her telling me

what was happening to her?

Was there anything I could have done?

What if I would have asked the right question or set of questions?

What if I reached out to her after our last tattoo session?

What if she didn’t think I could help her? But what if I could have helped?

What if...

²⁸ Brandon was 42 years old at the time him and I began this research. They describe them self as asegi, which is an indigenous identity for possessing both masculine and feminine characteristics (Driskill, 2016). They describe them self as gay, but sometimes queer individual. Brandon presents as white, but is closely tied to their indigenous heritage. Due to their affiliation with their indigenous understandings of them self, they use singular they/them pronouns.

communicate their queer identity to them self and other members of that specific in-group they was a part of. This two-year time period brought about 10 different piercings that cycled through different parts of Brandon's body, including multiple piercings in their ear lobes, cartilage in their ears, eyebrow, nostril, nipples, and septum. All of these piercings were a response for Brandon to reclaim their body while, at that time in their life, was when they were in a domestically violent relationship. Brandon used piercings as a way to come into consciousness with his queer identity, but also as a way to gain control back over his body that a domestically violent partner thought he had control over.

“I was supposed to look a certain way... and when I got out... and was out of that situation... there was almost like there was this fixing of myself. And I think piercings were, in some way, an attempt to sew myself back together. It was an extreme reaction to an extreme circumstance.” The late 1990s were a

What if...

I could not wrap my head around the fact that Erika had committed suicide. She was gone, and she was never coming back.

I looked around and tried to adjust to the new setting around me. But I did not want to accept it. I did not want to accept she was gone. I did not want to get tattooed by someone who was not her.

I missed her.

I wanted her to tattoo me.

I stood and stared at the countless drawings and assorted, almost miscellaneous images on the walls. I was surrounded by artwork I did not recognize. I do not even remember what artwork was on the walls. It was not familiar to me. I was no longer at a place that felt like home.

The tattoo artist placed the outline on the inside of my right forearm. He was strategic about the placement since the image

challenging time, for multiple reasons, for Brandon but engaging in piercings allowed them to feel like they had control over their body and life in a moment when they did not feel like they had any.

While all four of these narratives and lived experiences are from specific individuals, they share a common thread of expressing the use of piercings a way to mark a significant moment in their lives when they were struggling with their mental health. They used these piercings to communicate to themselves they have control and autonomy over their own bodies, even when everything around them felt like it was out of control. While these four are not the only ones in the queer community in the Flint Hills region of Kansas who have these experiences, they were the ones who shared their experiences for this research. While these four individuals described using non-surgical body modifications as a way to communicate to themselves when they were struggling with their respective mental health,

extends from my wrist to over my right inner elbow. It was straight. He was pleased.

I looked at the outline in front of the full-length mirror on the cabinet near the curtain door in the small cubicle-sized room we were in. I was pleased as well.

I laid down on my back on the brown pleather tattoo table. My arm rested on a black arm table covered in plastic wrap that was separate from the tattooing table. My legs were fully extended but crossed at my ankles. This was a staple body position for me when I get tattooed.

I stared at the ceiling.

I heard the tattoo artist wheel his table into position with the tattoo ink, A&D ointment, paper towels, and other necessities for the tattoo he was about to embark on.

He placed his foot on the circular black pedal on the floor. The familiar buzzing sound of the tattoo gun began immediately.

He dipped the gun in the black ink and turned toward me to begin. He placed the hand

others have also used the pieces on their bodies to communicate significant moments in their lives when it comes to fighting for space – both literally and metaphorically.

Fighting for space

Fighting for space – literally and metaphorically – are challenges self-described gender queer, gender non-binary, and transgender folks, specifically, a part of this research described when discussing pieces of their body art.

A feminine presenting person riding a unicorn is tattooed on Gabriel’s²⁹ right upper thigh (see Figure 4.11). This tattoo is the logo for the water polo team they were on in their undergraduate career. They use it to communicate to them self a time when it was less lonely and less scary to exist as an openly queer individual. “When I was at [their undergraduate college] as a college student, I was out, as I guess, at that time, I identified as

holding the tattoo gun down on my forearm, near my wrist, while he used his other hand to slightly stretch the area of skin he was going to tattoo first with his thumb and pointer finger.

Tears slowly rolled down my face.

I couldn’t help it.

It began as only one tear, but it continued to increase as he continued.

The tattoo was not even started, and I was already crying.

He was maybe two lines into the inkwell when he stopped. He removed his foot from the pedal. The buzzing sound ceased.

“Are you okay?”

“No.”

“Are you okay? Do you need anything? Do you want me to stop? Do you want to reschedule?”

“No. Please continue. I will be alright.”

²⁹ Gabriel was 24 years old at the time they joined this research. They describe them self as a gender nonbinary, gender queer individual who is White presenting, but predominantly, genetically Jewish. Due to how they describe them self as existing outside of the gender binary, they use singular they/them pronouns.

a lesbian, but I was out, and the campus was like obviously not perfect, but very queer friendly. And there, being visibly queer was not weird, not something that especially attracted attention. There were a lot of people who were ‘different,’ who were stereotypically gay or gender nonconforming or whatever, and uhm so I never really felt like a lot of self-consciousness or pressure surrounding that. But uhm since I moved here, even right away, the way that people reacted to me and the fact that there were so few people here who looked like me or who seemed to understand - that was shocking. But it’s different to have like a specific community and specific spaces, rather than it just be everything. Uhm... and at the same time, since I’ve lived here, I guess I’ve been forced to think about how I identify my sexuality and my gender more, and I don’t know if that’s just because I’m getting older and the things I used to put up with I can no longer put up with or because suddenly if I’m in a hostile environment and I need to sort of

I turned my head to the left since he was on the right. I did not want to see his face, and I did not want to have him see me cry.

I cried for the first half of the tattoo, which was one and a half, three-hour long sessions.

I did not shriek, scream, or yell. I did not move or even flinch. I was not in distress.

I was just so fucking sad.

The tears just silently fell from the bottoms of my eyes down my face, and at times, off the edge of my face and chin.

The tattoo artist continued on in silence as I silently cried.

When the tears reached any of the edges of my face, I wiped some of them away with my left hand and sleeve. I had a Kleenex, but I didn’t use it. It was always the black sleeve of my cotton cardigan.

My face was emotionless. Tears just continued to fall.

With my head to the left, I faced a wall. I was surrounded by images that were not

resist in order to exist, I need to know what I am existing as more. There is more pressure to be fully embodying who I am if I'm already going to stick out. So, like even compared to when I was [an undergraduate] college student, that was like three or four years ago, I look and feel more different now than I did, and that's also lonlier and scarier, but somehow it feels important. Like I feel like I need to do this, even if it's hard and... even if it takes away from what I can do, the community needs people to do this." Through processing and further understanding their own queerness, Gabriel has allowed them self to claim and reclaim space on their body and in the world. They have to more deeply understand who they are in order to best navigate through space to not just exist, but also resist campus and cultural hegemony.

The experiences Gabriel has had in institutions of higher education has solidified to them what it is like to take up space as an out and open queer person. "I love being in

hers. I was in a space that she never occupied. I was tattooed by someone who did not know her well. I was tattooed by someone who did not understand.

I closed my eyes to picture her tattooing space.

I was immediately brought back to her last tattooing area. I pictured the bright, lime green walls of her cube at Live Fast, Die Young in northeast Minneapolis. I pictured the way other artists, piercers, and/or clients would pop over the half walls to see what work was being done in that moment. I pictured and remembered her smile and laugh when she had to temporarily stop tattooing because we were laughing too hard.

My memory brought her face to the forefront of my thoughts.

My eyes were still closed. I continued to imagine getting tattooed by her.

I continued to cry.

water and stuff, but when I went to the public pool this summer, I was just becoming more and more aware that like nobody else looks like me, and nobody else here is visibly queer in the way that I am right now. And sometimes that's really difficult, and I get self-conscious about it, even though I don't want to. But like I feel like... having this weird tattoo on my butt sort of turns that around and is like no, I know this about myself, and I'm owning it. Like yeah, you can stare at me, but like I don't have to care. And I guess maybe that's something that it makes me feel, rather than what it says to the world. But that's helpful too." Gabriel uses this specific tattoo to reclaim them self and their identity as an out queer individual in predominantly not queer spaces. This tattoo communicates to them self they can be proud and secure in their understanding and presentation of them self through reminding them self a time when they felt more security in more open, broad spaces. Gabriel uses this tattoo to communicate to them self and other

When my eyes opened, I was immediately brought back to the reality that she was not there with me.

I never got the opportunity to mourn her death.

I never got to say goodbye.

I went to the memorial service hosted by the tattoo shop she last worked at. I went to the benefit auction to raise funds for her funeral expenses.

I went to these events alone.

When I tried to talk to others in my life, they did not understand. They made me feel bad for feeling sad my friend, not just tattoo artist, committed suicide.

"But she was just your tattoo artist..."

"You two weren't really that close..."

My own experiences and the strength of our friendship were gaslighted from everyone around me who I told about her death. I could not talk about my sadness with others because

members of their in group the importance of intentionally taking up space and queering it. Gabriel uses them self, their presentation, and their identity to reclaim space for them self and others like them.



Figure 4.11 – Gabriel’s unicorn tattoo.

Samantha³⁰ further addressed how their phoenix tattoo (see Figure 4.12) communicates to them self the importance of being queer and reclaiming space for them self and other queer community members. “I decided on a phoenix tattoo for, you know, a lot of reasons. I think that, like very spiritually I feel, like a phoenix just like... Because like phoenixes are like unique. There is only ever like one of them.

they made me feel like I should or could not be sad.

But every day from the moment I found out she died, I had to continue on in my day-to-day life. I went through the motions never getting to outwardly feel sad one of my friends committed suicide.

I continued on.

Days turned into months. Months turned into years.

More than eight years later, I am a walking monument to the work and beauty she created and permanently put into this world. She was one of the first queer women I ever met. She helped shape me into the queer woman I am today. She will never know the impact she had on my life.

It was near the end of the third session.

³⁰ Samantha was 22 years old when they joined this research. They describe them self as a trans-femme, queer individual who is White. They predominantly exist outside of the gender binary, but they lean more toward socially perceived feminine presentation. Due to these self-descriptions, they use singular they/them pronouns.

Uhm... and I like the rebirth cycle of phoenixes. I think that phoenixes and like rebirth cycles are like very integral to my like my politics, my identity, my like existence in general is just like the continual rebirth of the phoenix, right. So, I feel like I have gone through several rebirths of myself over the course of my life. And so the phoenix symbolically was important to me both politically and personally.”

Stretching from their right arm pit to the upper part of their right thigh, their phoenix tattoo may take them several years to finish, but it was important for Samantha to begin this tattoo to symbolize their “strongest rebirth yet.” “It’s important for me to go from a person in like... in like middle school I had like no self-confidence, and I was bullied constantly, and I was bullied in like elementary school, to like a person who tried to recreate themselves in high school. And I gained a lot more self-confidence but like at the trade-off of taking in a lot of toxic masculinity. And that

More than six hours were spent outlining and shading the tattoo that covers my entire inner right forearm.

I felt the sweet relief, yet uncomfortable sensation of a paper towel wiped over the freshly the tattoo. This was one of the final movements; it signified the tattoo was almost done.

I looked to my right where he sat.

He continued to look at the tattoo to see where he missed shading or where the lines did not fully meet.

He did not miss anything.

It was perfect.

But before he concluded, there were two final letters to add – an “E” and a “L” on the neck of the inkwell.

Her initials – to remember her always.

This was the first time I had actually watched him tattoo any part of this piece.

I watched as the needles penetrated the skin near my wrist.

was difficult for me when I came to like college because I was thankful for debate because it gave me exposure to like positive... Just like positive imagery and like positive like just... I don't know. I always struggle with how to phrase this. But just like positive... representations. Yeah. That's good. Positive representations of trans people and queer people that I'd not had ever. Uhm and so it was like that started to break down what I had built up for so long to kind of like repress my identity for so long. So uhm that was like another rebirth process, right? And that was like a reshaping of me as like a person. And then I went and took a queer studies class... and that was... I literally almost broke down crying at the end of that class when I was talking like at the end of the semester because it was just like that class not only did it give me positive representation of queer and trans people, but like it reconceptualized for me like... queer and trans people were no longer like these other people that I was like 'they're

Ink was inserted as blood, ever so slightly, came out. With one swift movement, he moved his paper towel over where he had just tattooed to remove the excess ink and blood.

I watched this process.

I took this moment to honor her in my own way.

He took his foot off the pedal. The buzzing stopped. He set his tattoo gun down on the metal table and grabbed a clear bottle with clear liquid inside. The liquid was squirted onto a fresh, clean paper towel. He wiped away all excess ink and blood from the tattoo.

After the tattoo was cleaned, I took a moment to just stare at it. My arm was swollen and red. It hurt me to bend my arm to look at the tattoo while I laid on my back. But I needed to see the finished product before he placed A&D ointment on it and bandaged it.

When I saw the final tattoo and her initials on the inkwell, I smiled.

This was my moment of closure.

cool, you know, and I fucks with them, but I'm not one of them' to like 'oh fuck, I'm like trans and queer.' That was just like another rebirth in my life where I was just like again like breaking down who I am.... And in the way that like a phoenix does. They literally at the end of their lives they like... they like... their body like burns to ash and a new phoenix is born from those ashes that have burned away.

This was my moment of knowing it was okay to mourn her loss.

This was my moment of knowing it was okay to feel sad my friend committed suicide.

A seven hour tattoo permanently etched on my body will forever mark how I mourned her loss in an unconventional way, but will never forget her.

And so that's like very like personally and like politically how I felt. Like I have gone through these stages like over and over and over again." A phoenix over a large part of their skin communicates to them self how important it is to occupy positive space for them and other queer individuals. It communicates the importance of how intentionally taking up space as an out queer individual radicalizes and helps other queer individuals take up space as well.

These two examples show the importance of how pieces of body art can communicate to one self the importance of taking up space, especially when they did not feel like that space was designed or created for them. Queer individuals frequently fight for space in a world that has predominantly created sanctions and punishments for these identities. Taking up space and reminding oneself to take up space as a queer individual through communicating that to oneself and other members of their in-groups through a piece of body art allows living and simply existing to become a radical act of resistance.



Figure 4.12 – Samantha’s phoenix tattoo.

Prevention of self-harm/self-mutilation

Some who assist with this research described using pieces of body art and/or non-surgical body modifications to prevent engaging in self harming and/or self-mutilating behaviors. Those who assist with this research who cope or coped with their mental health in these ways described getting pieces of body art and non-surgical body modifications to communicate to themselves to attempt to not engage in those specific behaviors again. Sometimes the communication to the self, in this way, worked; other times it did not.

“Fearfully” is tattooed in cursive across Lisa’s³¹ left wrist with “wonderfully” is tattooed in cursive across her right wrist (see Figure 4.13). Each of these words face toward her when her palms are face up; these tattoos reminder her and communicate to her to live her life “fearfully” and “wonderfully.” these tattoos are derived from a verse in Psalms, in the Christian Bible, which states “I praise you because I am wonderfully and fearfully made.”

These two tattoos communicate to her, and other individuals she is close to who are a part of her in-group, to prevent from engaging in cutting, a self-harming behavior she has used when her self-disclosed borderline personality disorder has caused extreme anxiety and

depression. She described a summer, a few years ago, that was “a really hard summer. I was running on e[mpy]. I was just like... I have nothing left to give. Like I thought that like... Every time I would step my game up, every time I would fall just short because next time I won't make the same mistake. And it was just like every fucking time. And I was so tired. And I was just like I don't want to do this anymore. I can't do this anymore. I went into a like really dark place where I started uhm self-harming and landed myself in the E.R. And I was so... I was so scared of myself. And I never thought that would be somewhere that I would end up... being scared of myself... of what I was capable of. And so then I got help after that... and you know... uh... talking to a lot of people, I found one of the ways to discourage yourself from cutting is getting tattoos there. One – it covers up scars. And two – obviously if you pay all of this money to get this beautiful artwork done, you don't want to fuck it up. And so I was like yeah, yeah. Cause I was definitely like ‘I can't just like have bare wrists all the time.’ I was literally just layering on hair ties and watches and bracelets that did not go with my outfit at all because I was like I didn't want... while it was sort of like this cry for help, like ‘somebody help me,’ I also didn't want like people asking me about it. I didn't like people being nosy. I didn't want people to see it. So it was a weird thing. ... I chose these words because at first I was thinking like my battle right now is feeling like I'm enough. And I wanted to get that [the word enough]... I wanted to get something like that on my wrist. And I was like I don't know. It just doesn't... I don't know why... that word itself wouldn't make me feel better. By telling myself that I am enough... It's more of like this whole mindset of like why does something have to be measured in enoughness. You know? Like I feel like that... that suggests some sort of compromise. Like it's not

³¹ When Lisa joined this research, she was 23 years old. She describes herself as a cisgender, pansexual woman who is Hispanic. She uses she/her pronouns.

right, but it's enough. You know? ... You can't measure someone in their enough-ness because they already are enough. You are here, and it's what you do with that that decides how enough you feel." Struggling with thoughts and feelings of enough-ness, Lisa tattooed "fearfully" and "wonderfully" across her wrists as a way to communicate to herself the challenges she has faced in her life. These tattoos came from a moment where she was most scared of herself, and they still communicate to herself the motivation to never go back to that dark of a place. These tattoos are reminders that communicate to her to attempt to not engage in self-harming behaviors, specifically cutting in Lisa's instance. Although these tattoos communicate the lived experience of one of the darkest moments of Lisa's life, they also communicate the strength she has found within herself to be enough by living fearfully and wonderfully.



Figure 4.13 – Lisa's "fearfully" and "wonderfully" tattoos.

On the inside of Lucia's³² left wrist is a small black outline of the Mirror of Venus (see Figure 4.14), a common symbol to represent femininity, but also an icon reclaimed within feminist movements. "This one was probably the most personal just because in high school - not great self-esteem. And so I started self-mutilating when I was in fifth grade, and it lasted until I was 16...(?) I wanna say. Around that age? And it was primarily wrist mutilations." Lucia described these behaviors as self-mutilations because "the intent wasn't to harm myself. Like

³² When Lucia joined this research process, she was 22 years old. She describes herself as a cisgender, pansexual woman who is White. Due to her cisgender identity within the gender binary, she prefers she/her pronouns.

that sounds odd... Like the intent was... I don't think the intent was always to harm myself. I think the intent was more like I got like bullied a lot uh throughout junior high and high school. And it was like definitely like being treated as less than a person. So, I think that it was really like my ability to deal with pain with uh something that made me quote unquote better than other people or better than the people around me who were constantly putting me down. Not that that makes logical sense, but it made sense to me at the time." Her self-mutilating behaviors manifested as "a variety of things. Like it was uh... it was cutting but it was also burning... and the variety of methods used make self-mutilation sort of an umbrella term to sort of describe it. So, saying cutting, for instance, wouldn't be accurate. It was a part of it, but it definitely wasn't all of it." Her self-mutilating behaviors lasted for years, but to aid in preventing her from engaging in these behaviors again, she communicates to herself her through this tattoo. It is a subtle reminder she can see every single day.

"And so I decided to get a Mirror of Venus over those scars because it wasn't really... I didn't really start uhm to like not hate myself until I started reading more about feminism on the Internet. Because it occurred to me that a lot of the reasons that I hated myself were reasons that were like socially constructed by society to hate myself. And I was just like no. This is ass, fam. Nope. We're not doing that anymore. I'm done with it. Uh... and this obviously didn't happen overnight. It was obviously a very long process. Uhm... That took a lot of years. And I think... obviously it is a continuous process when you live in a society like ours. And so, this was a big part of like... feminism is something that is very important to me in that I wanted to visually represent it on my body but also kind of like a warning symbol. Like if you fuck with me... like, I swear to god. Like... don't even. Don't come at me with your patriarchal nonsense. It's not gonna fly. And I also... like what was unintentional about it... what I realized is that this also

readily identified me as a member of the queer community. Like other people were more likely to see me as queer after they saw my wrist tattoo than they were beforehand because overall I pass very well. But since getting more facial piercings and since getting this tattoo, more people have assumed I'm not straight. Which I appreciate just cause... yeah... it's just easier that way.” Her Mirror of Venus tattoo's primary purposes are to communicate to herself about her growth as a person and feminist and to aid in preventing her from engaging in self-mutilating behaviors. Tertiarily, this tattoo communicates to others her politics and possible (but actual) membership within the queer community.



Figure 4.14 – Lucia's "Mirror of Venus" tattoo.

When Riley³³ struggled with his sexuality, before his challenges with mental health when he came into his own gender identity, he self-harmed before and throughout high school; he specifically engaged in cutting different parts of his body. He described getting multiple piercings, including multiple lobe piercings, a cartridge piercing, his tongue, and his belly button when he was in high school as a way to communicate to himself prevention from engaging in self-harming behavior. Riley said no one at that time in his life knew he was self-harming, even the therapist he was seeing. Piercing himself was, what he described, a way to get instant

³³ Riley was 24 years old when he became a part of this research. He describes himself as a transmasculine, queer man who is white. Due to Riley's positionality as a transmasculine person, he uses he/him pronouns.

gratification from the pain he experienced from the piercing without having to worry about other people finding out he was also self-harming, specifically cutting. “This was a way for me to do that [self-harm] while also having something pretty at the end of it. Like it wasn’t like it was going to be this horrific scar that if... god forbid... I really hope this isn’t triggering, anything that I’m saying... but god forbid I ever cut too deep and I actually did have to get stitches. It wasn’t something that I was going to have to deal with somebody else’s pain in the process of attempting to deal with my own.” Riley described his piercings as something he could openly talk about with others in a way where he could express his experiences and challenges with mental health, not necessarily or always disclosing his self-harming/cutting behaviors, in a way that others could also engage in and with. The piercings served to communicate his hurt and pain to himself without having to worry others around him about his challenges with mental health or self-harming behaviors.

A black outline of a penguin takes up in inside of Nick’s³⁴ left wrist (see Figure 4.15). “My husband also has a matching tattoo, and we got them together on our honeymoon. The reason we got it was because uhm... penguins have always been my favorite animal. They are... uhm... I don’t know there’s something about penguins that they sort of exist in a harsh environment most of the time, and then they are just sort of resilient, but uh it also just sort of became a part of our relationships as well. So it’s like penguins have just sort of become a theme almost uhm in our relationship.” At the time Nick joined this research, this was Nick’s first and only tattoo. But he mentioned how the penguin tattoo was his husband’s second one. “I always told him that if I were to get one, it had to mean something, and it had to mark something. I

³⁴Nick was 29 years old when he joined this research. He describes himself as a cisgender queer male, even though he is most attracted to other men. He said he “likes the politics behind the word queer,” which is why he describes his sexuality in that way. He uses he/him pronouns.

wanted it to be something that would mark an event or life mark something for us. Uhm... And so... it was really only one of two souvenirs on from our honeymoon. Like it was the only thing other than doing things together that we could and did sit down and spend a lot of money to bring home.” This tattoo communicates the significant moment in Nick’s life of getting married to his husband. But this tattoo also communicates to him to attempt to prevent self-harming, specifically cutting, behaviors.

For Nick, this tattoo’s placement was intentional in that it signified attempts to communicate prevention or delay in self-harming behavior, specifically cutting. “I think for me placement was more important. Uhm... I have a history of self-harm, uhm particularly cutting on my left arm, and so having something more positive uhm on that arm uhm was important for me. And I think that we just wanted something we could see all the time. I think that made it easier. One of the easier places to put it. And I... I just... The reason it is on our left hand is because it is directly underneath our wedding rings as well. It’s... part of that placement as well. I deal with a lot of anxiety. I think self-harm came out of that. I think self-harm comes out of like when I feel super out of control... that is when I feel the most desire to harm. The biggest push to harm is when things just feel entirely out of control. Uhm... and I think that anxiety just beats on itself.” While Nick’s penguin tattoo does not always prevent him from engaging in self-harming behaviors, it does help him remember that he is loved. It is a tattoo and can not prevent an individual’s actions. But the tattoo communicates to him his history with self-harming and how this once negative space on his body was reclaimed with positive memories.



Figure 4.15 – Nick's penguin tattoo.

These four examples exemplify how a tattoo on an individual can communicate to them self as an attempt to prevent them from engaging in self-harming and/or self-mutilating behaviors. For some who assist with this research, their tattoos are effective in reminding them to not engaging in those past behaviors; for others, they disclosed their tattoos are not always effective and at times, they still engage in these coping mechanisms. Regardless, all four of these individuals shared narratives and lived experiences linked to challenges they have experiences with their own mental health diagnosis.

Failed suicide attempts

Another way individuals who assist with this research communicate their experiences with mental health to themselves through their body art and/or non-surgical body modifications is to communicate or commemorate failed suicide attempts. These are pieces on these individuals' bodies that an outsider would most likely not know or guess the meaning to the individual simply by looking at the tattoo. These tattoos communicate the strength and resilience these individuals have through the experiences they have gone through.

The majority of the outer part of Melia's³⁵ right upper arm is covered with a pink phoenix (see Figure 4.16). This tattoo was one of the most recent on Melia's body at the time

she was interviewed. She described how the phoenix communicates one of the most challenging times of her life to herself through its imagery. “This is on my right arm and uhm it is a matching tattoo that I have with my... one of my best friends slash ex-girlfriend slash sometimes my current girlfriend sometimes... But um she and I have the same tattoo. Mine is pink and hers is black. And she has it in the middle of her back, and I have mine on my arm. And she and I went through a fucking nightmare together. And uhm... yeah. I don’t know how else to describe it. And we both came out okay. And we both are still struggling through it. And uhm this was our way of just... especially her... like this is who I am ,and I’m independent, and I’m strong, and I’m gonna’ come out of this, and I’m gonna’ be better because the tattoo is of a phoenix. But we didn’t want to... but this is so ridiculous. I can’t believe I’m about to say this and be recorded. But uhm we didn’t want like a small phoenix, and we didn’t want like a typical phoenix. Don’t get me wrong, we would love to have the giant one that they have sometimes. But uhm... so there was... there was a tattoo that she saw of a phoenix that she really liked. And it was on a person who’s a celebrity. And Gabbie found a picture of it, and we took it in. So, we went in there, and he [the tattoo artist] was being really cool about it, and she has no other tattoos. And this is her first tattoo. And we went in there. And he was like we can do this. So one week she had hers done, and the next week I had mine done. I said mine needs to be pink. And he’s like okay cool.”

This tattoo means the most to Melia, at least at the time she joined this research project, “because of the hell that Gabbie and I went through and because we uh and we made it through and uh I made it through and uhm... It’s post-suicide attempt for me. So uhm... it means a lot to

³⁵ Melia joined this research when she was 40 years old. She describes herself as androgynous and/or gender fluid bisexual woman who is White. She prefers she/her pronouns.

me. And the fact that she and I did it together, and the fact that we're together anyways is... insane uhm... it means a lot... to me. And me being a phoenix, so to speak, and coming through everything. Going to be stronger... is what it means to me. And I love the fact that I can see it constantly..." Melia uses her phoenix to communicate and signify her failed suicide attempt to herself and others she is closest to. She did not disclose further details about these moments of her life. The tattoo communicates what it needs to, to Melia – that she went through a challenging time in her life that personified negative experiences and challenges with her mental health and survived, even when she did not think she was going to. Others a part of her in-group may know more about these moments in her life, but she is the only one who needs or has to know what she went through. Her phoenix tattoo communicates her resilience to herself.



Figure 4.16 – Melia's phoenix tattoo.

On Crystal's³⁶ lower back, or as she described her "tramp stamp tattoo," is an outline of a stick-figure angel with the name "Annie" written in it (see Figure 4.17). She got the tattoo in 2003 to communicate a moment in her life of experiences of severe negative mental. Annie is the name of Crystal's sister who has severe autism. "That was a rough point in my life where... I think... and really the timeline for that one is rough. ... But that was a time where like my

³⁶ At the time she joined this research, Crystal was 33 years old and described herself as a cisgender, lesbian woman (with the exception of her transmasculine husband) who is White. She uses she/her pronouns.

depression and anxiety was really bad, and the time in my life when I would have considered myself the most suicidal. I don't think that I have ever really been like to the point of what people would typically think of suicidal. But where there was that thought process in my head, and the only thing that really stopped that thought process was the fact that if I killed myself, my sister would never understand what happened to me. I would just be gone, and she would have no idea." Crystal described how Annie was obsessed with her tattoo when she first got it tattooed. Annie would frequently want to look at it. Annie was in love with Crystal's tattoo with her name in it. Annie would even lift up other people's shirts, on their lower backs, to look and see if they also had tattoos there. This tattoo communicates the strength she needed for herself to continue to live, even if it was for her sister. This tattoo communicates to Crystal the challenges she experienced with negative mental health and suicidality, and now communicates how far she has come from that moment in her life.



Figure 4.17 – Crystal's stick-figure angel tattoo.

These two individuals described how these specific tattoos on their bodies communicate to themselves their embodied experiences with failed suicide attempts. When they described their tattoos and those moments in their lives, after having time and space from those moments pass, they spoke of themselves with strength and resilience for having overpowered those thoughts for and within themselves. Their perseverance for continuing on, even when life

seemed the most challenging, is communicated to themselves through these pieces on their bodies.

Engagement with individual mental health diagnoses

One of the final ways individuals who assist with this research use pieces of body art and/or non-surgical body modifications to communicate with and to themselves and other members of their in-groups is through pieces that remind themselves to keep going – especially when their mental health seems the most challenging and feels all consuming.

Anneliese³⁷ moved to New Zealand to work on an organic farm in 2016. While in New Zealand, her friend had tickets to New Zealand’s equivalent of the Burning Man festival. She explained how they arrived a few days early to help set up the festival and campground. The city where the festival took place has a zero-person population and was through a mountain range on the north side of the island. On one of the last nights of the festival, she heard a loud noise, like a gunshot or fireworks, even though neither were present at the festival. The sound was actually a massive tree branch that fell and landed on the lower part of her body. When she tried to stand up, her right leg popped out of her body. She was unable to stand and did not feel anything from her waist down. As a way to symbolize this accident, she tattooed the national flower of New Zealand, the Kowhai, sprawling across her right, outer upper arm (see Figure 4.18). “You know, it’s funny. You can have this near-death thing, and this like I couldn’t walk. And I was on the other side of the world, and I thought I was never going to see anybody I ever love again, you know? And so, I think it’s like even when you have that experience, like we’re human, and we’re forgetful. And so, I think that when you get into stressful situations where you’re like

³⁷ Anneliese was 21 years old when she joined this research. She describes herself as female-leaning gender non-conforming lesbian woman who is White. She uses she/her pronouns to describe herself.

‘ahh, today was a bad day. I’m frustrated with this thing.’ But then it’s like I have that tattoo to kind of... I mean I have scars all over my body, but uhm as an even more visible reminder ‘the world is really good. You know. And life is really good’” She uses this tattoo, as well as the scars throughout the lower part of her body, to communicate to herself to continue to persevere, even when she is experiencing challenges with mental health. The accident she had in New Zealand should have killed her or never allowed her to walk again. The tattoo on her upper arm symbolizes and communicates to herself and others she is closest to how far she has come and how far she plans to go from that near-death experience.



Figure 4.18 – Anneliese’s Kowhai flower tattoo.

In the middle of the top of April’s³⁸ right thigh, she has a horizontal arrow tattooed with the word “equality” through the arrow’s shaft (see Figure 4.19). April explained how this tattoo represents her coming into consciousness about her understanding of herself liking other women. She explained when she was in middle school, she knew of another girl in her grade who always seemed happy and bubbly, but there was one day when the other girl rolled up her sleeves and April could see the marks from self-harming by cutting. April thought there was a connection between the other girl’s happiness and bubblyness and self-harming behaviors. She

³⁸ At the time April joined this research, she was 19 years old and described herself as a cisgender, lesbian woman who is White. She prefers she/her pronouns to describe herself.

described almost getting addicted to the feeling of self-harming and the endorphins it released within her. From that moment and throughout high school, April described multiple encounters that triggered her depression and anxiety. April described her arrow tattoo as a symbol of the growth she has made as a young, queer woman coming into her own consciousness. It communicates her journey of finding her true and authentic self.



Figure 4.19 – April’s “equality” arrow tattoo.

On the inside of Sara’s³⁹ right forearm, near her elbow, are the words “Bird by Bird” with leaf accents surrounding the words (see Figure 4.20). It is the title of her favorite book by author Anne Lamott. “It’s a uh book, and it’s like a how-to-write book. And so my teacher [in high school] was a creative writing teacher, and I love this woman. And she was just the like hippy of the school and everything. And like she would have like poetry readings. And she was just like the teacher that was just like low-key the person all of the queer community just went to. We just loved her to death. And she was just like, I don’t know, just the most accepting lady. And uhm... But yeah, she showed me this book. And like obviously I’m in journalism, and I have always loved to write and things, and I love that book. But the saying bird by bird is a metaphor within the like book, obviously, but she [Lamott] talked about her life, and it was like how her brother was like doing a project or something, and they were like on vacation or

³⁹ When she joined this research project, Sara was 20 years old and described herself as a cisgender, lesbian woman who is White. She uses she/her pronouns to describe herself.

something, and her dad came into the kitchen. And he was like ‘what the heck are you doing? We’re on vacation.’ And like her brother was like having a panic attack and freaking out. He’s like ‘I didn’t do any of my homework, and like I’m like super scared I’m not going to get it done.’ And like uh... and it [the homework] was like about birds. It was like a bird project. And so her dad was like ‘you just gotta’ take it bird by bird.’ And so she used that metaphor throughout the whole book – you just have to take things one step at a time. And it just like makes things so much easier. And so that’s always been kind of like my mantra to just get me through... Just get me through crap in life. And so just like don’t look at the big picture. You gotta’ break it down, and you can get through it a lot easier.” Sara describes how she uses the phrase similarly in her life as it is described in the book to help her accomplish tasks and get through moments in her life – moment by moment, task by task, bird by bird.

As Sara continued through high school and into her first year as an undergraduate in college, when she joined this research project, she explained how her experiences with mental health got worse. “I think it also goes back... that goes back to, kind of like, it was the time in my life that like I was just like so busy, and it was like my senior year, and I was about to go to college, but I was like so overwhelmed and just like my parents were like kind of gettin’ weird that I was about to leave and everything. And I was just like I just sort of started to like, I don’t know, like my mental illness just kind of like surfaced a little more, and I just kind of like coped with this and had to figure this out. Learning how to break things down really helped me keep control of myself, and so that’s helped in college too. I get anxiety... very badly, which sucks because like I do journalism, and it’s like I have to talk to a whole bunch of like random people and do things that push me out of my comfort zone and so like I don’t like... I like... I just like to figure out ways to cope with myself and just kind of train myself in a way the best I can. And

so, that was something that helped me at that time a lot. And sometimes it just helps me... to help collect myself and just like ‘we can do this. We can get through this.’” This tattoo on Sara’s arm communicates to herself the importance of taking things one step, task, or moment at a time, breaking things down so they don’t seem as daunting or all consuming. She uses this tattoo to communicate to herself an effective way she has found to cope with her anxiety.



Figure 4.20 – Sara’s “Bird by Bird” tattoo.

These three examples explain how some queer individuals in the Flint Hills region of Kansas, who assist with this research, communicate to themselves the importance of continuing on, even when life seems overwhelming or challenging. When they experience challenges or struggle with their mental health, they use these pieces on their bodies to remind themselves to continue to persevere. These tattoos communicate most effectively and have the greatest impact for the individual’s whose bodies they are on. But the messages behind the tattoos can be effective when communicated to other members of their in-groups.

Overall, this research shows the importance of how queer individuals in the Flint Hills region of Kansas communicate to themselves and others their experiences and challenges with mental health. Some of these individuals communicate some of their experiences with mental health to everyone – themselves, members of their in-groups, and members of the out-groups.

But most of those who assist with this research who communicate experiences with their mental health through pieces of body art and/or non-surgical body modifications predominantly use these pieces to communicate to themselves and/or others they are closest to (members of their in-group). There are members of this research who do not always communicate these experiences to members of their in-groups or even communicated their full experiences to me. These pieces of body art and non-surgical body modifications were placed on their bodies predominantly to communicate these lived experiences to and with themselves. These queer individuals within this geographic location tell some of their lived experiences and challenges with mental health through the pieces on their bodies, but not everyone gets the opportunity to hear the full or even part of their stories. Through communicating the experiences, personified through pieces of body art and/or non-surgical body modifications that communicate experiences with mental, with themselves, members of their in-groups, and in some instances, members of the out-groups, they show the strength that lies in their resilience – the resilience in still being alive.

Chapter 5 - Implications and Future Directions

The narratives included within Chapter 4 have value. These narratives have value in communicating the lived experiences queer people in the Flint Hills region of Kansas have experience as told through the stories behind pieces of body art and/or non-surgical body modifications. These experiences may not be exclusive to this community or this geographic location. But the stories behind permanent or semi-permanent pieces on individuals' bodies directly engage with some of the most pivotal moments in their lives. These individuals' traumas are hiding in plain sight; this research provides a wider audience of people to listen. This research invites conversation, inside and outside of the academy, about challenges queer community members experience with mental health. Pieces of body art and/or non-surgical body modifications are one way to ignite those conversations.

From the moment the thought of this research began between myself and Dr. Haddock, we knew we were going to embark on a massive research project. Choosing this specific theme, though, was both personally intentional and rigorous. The 18 individuals who were a part of this research and are featured here shared deep, personal parts of their lives. The vulnerability they demonstrated encouraged me to also share deep, personal parts of my life – to be as vulnerable with them as they were with me. Throughout this process, I experienced fatigue not just from the mental and physical exhaustion of writing a thesis, but also from heightened emotional fatigue. This research forced me to engage and push through emotional fatigue I experienced not only from hearing varied and dramatic experiences during the face-to-face conversations with those who assist with this research, but also when transcribing and writing the results for this thesis. The emotional fatigue I experienced throughout this process was further exacerbated through telling some of my own narratives; some of which have never been told before writing this

document. It is impossible to describe the emotional, mental, and physical labor and consequential fatigue that went into this research. It is important to understand and acknowledge the work and effort put forth from those who assist with this research and myself before being able to understand how this research can impact multiple audiences.

This research provides insight to begin and/or continue conversations among and within multiple academic disciplines. This research is centered within communication studies scholarship and aids in showing how bodies, and even more specifically pieces of body art and/or non-surgical body modifications, have communicative value. These pieces communicate to the individuals who possess these pieces. These pieces also have communicative value when the experiences and stories behind the pieces are communicated to out-group members.

Furthermore, this research shows the importance of how queer individuals in the Flint Hills region of Kansas communicate about their mental health through pieces of body art and/or non-surgical body modifications. The possessor of the piece(s) decides who, in what contexts, and to what extent these experiences are communicated to members of both in-groups and out-groups.

Although this research is centered within communication studies, this research also adds to academic disciplines such as queer studies, gender studies, social psychology, and any other discipline that is interested in and/or already engages in scholarship about how and why queer communities communicate the way they do. This research adds to queer scholarship by placing emphasis on how those a part of this research communicating queer-specific events from their lives that have led to experiences and challenges with negative mental health. This research focuses on how this specific queer community communicates, but also provides a deeper insight into, some of the traumas and experiences queer community members experience in predominantly rural areas. This research also furthers feminist scholarship by engaging in

qualitative research methods that focuses on the subject and object as producers of knowledge. This research adds to the field of social psychology through engaging in a research study placed within social identity theory, originally developed from social psychologists and cross-applied into communication studies. The results of this research show the importance of communication within and outside of in-groups and out-groups, especially among a micro-minority in a hyper-marginalized community. Marginalized communities are important to consider and center, especially within interdisciplinary work. This research provides a small insight into the strength and resilience this community has, and is an applicable addition to multiple bodies of literature across various academic disciplines.

The results from this research show the importance of listening to people's own stories in an authentic way. Something that surfaced during the conversations I had with those who assist with this research was how our conversation was one of the first times some were able to communicate about their own experiences without being gaslighted or judged. It was one of the first times some were able to tell the stories of their lives, as communicated through their bodies, to others without fear of response. It was one of the first times they expressed someone genuinely wanting to listen to the experiences they have had, no matter how big or small, no matter how sad or happy. This research shows the importance of engaging in intentional and genuine conversations with people about their lived experiences. It emphasizes the importance one-on-one interpersonal interactions can have on others. This research shows how and why it is so important to listen to hear, not just to respond. Their pieces of body art and non-surgical body modifications are a possible opener for that conversation. Some may want to share when they are initially asked, but others may take time to open up. Other times, you may not get story due to being a member of the out-group and not trusted. Sometimes individuals just need the space to

talk about what happened or is happening in their lives. They may not want advice or even a response; just a nonjudgmental ear to listen to what they need to say. These conversations may be uncomfortable. They may be hard. They may expose things you did not know about people you have known for years. But this research emphasizes the importance of engaging in these conversations if and/or when they are needed.

There are practical implications of this research beyond academe. First, I chose this specific set of results for this thesis because mental health disproportionately affects the queer community and the negative stigma around mental health inside and outside of queer communities still persists (Fish, 2016; National Alliance on Mental Health, 2018a). Simply put, I am tired of seeing my community die. I am tired of seeing individuals outside of the queer community not care when people in the queer community die; or others outside of the queer community only caring retroactively after someone has died. It makes my heart shatter every time a queer person takes their own life because of the violence they experienced while they were alive. The narratives that come from the lived experiences communicated through pieces of body art and/or non-surgical body modifications are important and should be shared with larger audiences with the consent of those who assist with this research. These are not the only experiences of adversity this community has experienced, but these specific experiences and pieces share the strength and resilience of members of this community. These experiences will hopefully help those who are not a part of this micro-minority gain a greater understanding of these lived experiences. Others may find solace in these narratives in knowing they are not alone in their feelings and experiences.

Second, this research shows how engaging in intentional conversations with others you know may experience negative mental health may be identify others in their lives who love, care,

and support them. These conversations may be the difference between life and death. Arguably, it is much easier to have a conversation with someone on a day where someone's mental health is challenging them than to have to have a conversation with someone that they died (National Alliance on Mental Health, 2018b). This research shows the impact interpersonal communication and conversation can have in and on someone's life. Intentional communication with others you are close to, and are a part of your in-group, could aid in increasing feelings of safety among those who experience similar challenges with their mental health. Knowing others are there for them will make the loneliness seem less daunting or overwhelming.

Third, if one does not identify within this community, this research shows how queer individuals are everywhere, though sometimes unseen. These individuals work throughout the Flint Hills region of Kansas, are a part of the Kansas State University community, and are a part of numerous community-based organizations. Queer individuals experience unique challenges that those not a part of this community may not necessarily understand, including greater risks of suicidality and diagnosed mental health due to previously mentioned systematic and socio-political violence, bullying, and discrimination. Once again, this research emphasizes the importance of listening to others, even if you cannot relate or fully understand. If someone trusts you enough with disclosing their challenges with negative mental health, please take their concerns seriously. Ask what they most want or need and/or if there is anything you offer them, if you are in a position to offer any type of assistance. Allow them the space to share their experiences or ask for help. These intentional conversations could increase the sympathy out-group members have for those who possess identities different than their own. This allows the areas between membership of an in-group and an out-group to blur, queering the spaces where individuals exist and how communication occurs based on whom it is with.

It is important to share scholarship inside and outside of the academy. I plan to publish this research in critical communication publications. This scholarship should be shared with larger audiences of academics outside of just my department, including other critical queer communication scholars. Additionally, I want to present sections of this, including my own narratives, at academic and nonacademic conferences. This is a way for others to hear the stories and experiences shared within this thesis to others who may never get the opportunity to interact with or hear these types of narratives. Academic conferences, such as queer or feminist academic conferences, would allow more critical scholars to engage with this research outside of the communication studies discipline. Nonacademic conferences allow those who are not directly a part of the academy to engage in scholarship that may directly affect them. An example of this is queer conferences for college-aged students in the Midwest. This research directly overlaps with that demographic of individuals. Those who assist with this research have asked about reading this thesis; once complete, I plan to share the full document with anyone and/or everyone who might be interested in this scholarship. Theses are not always accessible ways for individuals to absorb or access this information. I plan to produce an amended, more accessible version of this research too.

Another way I would like to further present this information is in accessible ways within the Flint Hills region of Kansas. There are multiple art galleries throughout this area. The images of the pieces could be paired with quotes from the individuals about the experiences behind the pieces they have. This would allow broader audiences to engage with individuals who exist in the socio-political margins of their community and hopefully better understand their experiences. I would gain consent from those who were a part of this research to share their experiences and narratives with members of out-groups – who may not know or understand. Consent would be

central in bridging the gap between myself and other members of this in-group and the general population. Accessibility to this information to multiple and different types of audiences is crucial to increasing knowledge and understanding about this community. This research goes beyond the academy, so it needs to be shared beyond the academy.

One other way I have considered further sharing this information is to create this research into a coffee table book. Coffee table books are dominated by visuals, which this project has a plethora of. These types of books also engage in snippets of high-impact comments to hone in on important themes and message an author wants to communicate. A coffee table book would aid in disseminating this information to wider audiences beyond the Flint Hills region of Kansas. This type of distribution would provide further insight into the challenges and experiences queer individuals in the Flint Hills region of Kansas experience with mental health and to what extent they communicate their experiences with mental health to both to their in-groups and out-groups. Once again, I would seek consent from those a part of this research to produce and distribute something like a coffee table book with their narratives, experiences, and pieces of body art and non-surgical body modifications. This mode of information dissemination would further allow the lines between in-group and out-group membership to blur. Even if someone picked up the book to look at the pictures, it would still engage the consumer of the book in acknowledging the communicative value these pieces have. Presenting the results of this research in this way also opens the door to begin and/or continue to engage in thoughtful and intentional conversations about challenges individuals experience with mental health. This would be another way to increase awareness of mental health concerns among queer individuals both inside and outside of the Flint Hills region of Kansas.

This research could be more robust by finding and getting more queer individuals in the Flint Hills region of Kansas to assist with this research. Although Dr. Haddock and I did the best we could in trying to access as many members of the queer community, we know there are individuals who were not reached by our recruitment efforts and/or have not shared their experiences with us. Some reasons some individuals are not a part of this research could include, but are not limited to, not being out and/or open about their marginalized sexuality and/or gender identity, no desire to share their experiences with individuals they may never have met, time constraints and/or other obligations, lack of interest in being a part of this research, not knowing how protected they would be if they did assist with this research, and/or still trying to individually process the experiences they have that led to a negative mental health. There are many more queer individuals in this community who have pieces of body art and/or non-surgical body modifications who are not a part of this research. It is critical to continue to increase our recruitment efforts, as well as engage in more creative and/or non-traditional recruitment efforts while still being within our IRB protocol, to continue to bring more queer individuals in the Flint Hills region of Kansas into this research. I am unsure what these creative and/or non-traditional recruitment techniques would look like right now. We want to continue to get more members of our community to assist with this research to have an even more robust set of conversations to find themes from.

If it were possible, it would be interesting to further this research study by researching wider audiences and/or larger populations of queer communities. Expanding the geographic location from the Flint Hills region of Kansas to anyone who identifies with a marginalized sexuality and/or gender identity, has pieces of body art and/or non-surgical body modifications, and identifies as living in a rural community in the Midwest could aid in finding larger themes

across larger queer communities while still constraining the research to predominantly rural communities. This research could also expand into researching the same type of individuals but in suburban and/or metropolitan communities. Comparative analysis could be applied to the conversations collected from this in predominantly larger geographic areas compared to those in rural communities. There are a lot of ways this research could be further researched due to the specificity of the research conducted here. The rigor of a larger research project across the nation could be a massive undertaking, but could result in some wonderfully insightful conversations.

While the research presented here was limited due to resources, physical location, and access to communities, it would be fascinating to see how and in what ways the themes that surfaced in this relatively small, transient community in Kansas compares or differs from other queer communities across multiple and differing demographics and geographic locations.

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Appendix A - Glossary of Terms

Table 5.1. Glossary of Terms.

Conceptual Variable	Operational Definition
Androgynous	A culturally-specific term to describe an individual who presents with both socially-considered feminine and masculine gender presentations (University of Western Oregon, 2017).
Bisexual	A culturally-specific term to describe a cisgender person who is attracted to both men and women (often cisgender men and women) in a physical, romantic, erotic, spiritual and/or emotional sense (Landry, 2017; Vanderbilt University, 2017).
Body art/non-surgical body modifications	For the purposes of this research, these include, but are not limited to, tattooing, piercing, intentional scarring and/or branding.
Branding	An intentional “design made in the skin by burning the skin” (Cronin, 2001, p. 381).
Cisgender	1. “Adjective that means ‘identifies as their sex assigned at birth’ derived from the Latin word meaning ‘on the same side;’ 2. Does not indicate biology, gender expression, or sexuality” (University of Nebraska Omaha, 2017).
Flint Hills region of Kansas	For the purposes of this research, this area is defined as the Kansas cities of Manhattan, Junction City, Fort Riley, Riley, Wamego, Abilene, and Ogden.
Gay	A culturally specific term to describe “men who are attracted to other men in a physical, romantic, erotic, spiritual, and/or emotional sense;” not all men who sleep with men identify as gay (Chase & Ressler, 2009; Vanderbilt University, 2017).
Gender fluid	A way to describe one’s gender identity when one’s gender identity is constantly changing or fluid; a way to describe how an individual can present their gender based on how they feel (University of Nebraska Omaha, 2017).
Gender identity	“One’s internal sense of being male, female, neither of these, both, or other gender(s)” (University of Nebraska Omaha, 2017).

Gender nonbinary	Self-defined by those a part of this research as not clearly fitting into the assigned expectations of the gender binary (i.e. male and female) and often changing how their gender is presented based on how these individuals feel like presenting.
Gender nonconforming	A broad term to describe individuals who do not conform “to the traditional expectations of their gender” (Solomon, Heck, Reed, & Smith, 2017, p. 405).
Gender queer	“An identity commonly used by people who do not identify or express their gender within the gender binary” and may not identify with gender binary identities or language (University of Nebraska Omaha, 2017; Solomon, Heck, Reed, & Smith, 2017).
Heterosexual	A culturally-specific term to describe a cisgender person who is attracted to a person of the opposite sex, who is also most often cisgender, in a physical, romantic, erotic, spiritual, and/or emotional sense (Chase & Ressler, 2009).
Lesbian	A culturally-specific term to describe women who are attracted to other women in a physical, romantic, erotic, spiritual and/or emotional sense; not all women who sleep with women identify as lesbian (Chase & Ressler, 2009; Vanderbilt University, 2017).
Marginalized sexualities and/or gender identities	Anyone who identifies with a sexuality other than heterosexual and/or a gender identity other than cisgender.
Mental health	The way one’s “thoughts, feelings, and behaviors affects one’s life” (American Psychological Association, 2017)
Pansexual	A person whose physical, romantic, erotic, spiritual, and/or emotional attraction is toward all gender identities and biological sexes (Solomon, Heck, Reed, & Smith, 2017).
Piercing	“A form of skin adornment where jewelry is worn through the skin” (Cronin, 2001, p. 382).
Queer	1. Self-defined by those a part of this research as a sexuality that does not fit within any other “label or identity” available; 2. An all-inclusive umbrella term to address/describe all marginalized sexualities

	and gender identities (Chase & Ressler, 2009); 3. A radical, intersectional politic rooted in the community's history and resistance.
Queer identities	A grouping of specific identities related to marginalized sexualities and/or gender identities a member of the queer community identifies as.
Queer individuals/queer community	These interchangeable phrases used as an inclusive, umbrella term to describe anyone who describes themselves with/as a marginalized sexuality and/or gender identity.
Scaring/scarification	"Designs placed in the skin forming permanent scars" (Cronin, 2001, p. 381).
Sexuality	"A person's physical, romantic, emotional, aesthetic, and/or other forms of attraction to others" (University of Nebraska Omaha, 2017).
Tattoo	Ink permanently embedded into the skin; exhibited through five main types of tattooing – traumatic, amateur, cultural, modern, and/or cosmetic (Cronin, 2001).
Transgender	"An umbrella term for people whose gender identity differs from the sex they are assigned at birth; this term is not indicative of gender expression, sexuality, hormonal makeup, physical anatomy, or how one is perceived in daily life" (Chase & Ressler, 2009; University of Nebraska Omaha, 2017).