



The hole picture: risks, decision making, purpose, regulations, and the future of body piercing

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Abstract Can it be said that body piercing is ubiquitous, found across all socioeconomic groups? The major concentration is among adolescents and young adults 15 to 30 years old, in some studies, 50% of the population. Commonly identified physical risks are bleeding, tissue trauma, and bacterial infections; psychosocial risks are unhappiness, low self-esteem, and disappointment. The Health Belief Model is used to explain decision making; purposes for body piercing consistently center on personal expression (self-identity) and uniqueness. The international and US body piercing regulations are discussed, leading to the need for tracking complications globally and standardization of regulations. Proactive health education for clients and health providers remains a priority.

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The renaissance of tattooing and body piercing (T/BP) (body art) in the early 1990s was thought to be a fad, but the increasing amount of body piercing globally indicates that the trend is not going away any time soon. Information for the first 2 articles that were written about body piercing in the medical literature came from newspaper sources, alternative literature, and body piercers.^{1,2} Even today, the medical literature, in relationship to the prevalence of body piercing, is limited. For example, in early articles, content about nipple and genital piercings was present. Ten years later, recent findings from a study on intimate (nipple and genital) body

piercings still document a health education problem.³⁻⁶ When pierced people have health concerns, most return to their body piercers or the Internet for applicable information and nonjudgmental care rather than medical personnel.

The purpose of this chapter is to examine the presence of body piercing and its risks, decision making, purpose, regulations, and future. Further information about our body art studies can be viewed at <http://www2.tlct.ttu.edu/jkoch/Research/Tattoo%20Team.htm>.

Body piercing is defined as the insertion of a needle to create an (fistula-like) opening (into either cartilage or skin) for decorative ornaments such as jewelry (or even plastic or wood plugs, beads, or pearls) (Fig. 1).⁷⁻⁹ Virtually, there is “no external organ in the human body that has escaped piercing.”¹⁰ Traditional piercings have been found in visible sites of the face and ears and semivisible sites of the navel and tongue (Fig. 2). Ear lobe piercings are excluded because

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Fig. 1 A selection of jewelry used in piercings (courtesy of Tribalectic, Inc, Boulder, CO).

of different tissue, healing properties, and complications. Intimate piercing sites include the nipple(s) and genitals with piercings located on and in the areas of the foreskin, penis, scrotum, clitoris, perineum, and labia. In addition, creativity now abounds with other sites such as the uvula, cheek, neck, knuckles, and ala of the nose. “Gauging or flesh tunnels” can



Fig. 2 Stone head of a Bodhisattva China Northern Qi period (CE 550-577) (courtesy of the University of Pennsylvania Museum, Philadelphia, PA, cataloged as C444).

be inserted to enlarge a hole, usually created in the ear lobe.¹¹ Surgeons in the Netherlands were reported implanting tiny jewelry pieces in the mucous membrane of the eye called JewelEye (Fig. 3).¹² Multiple surface piercings called “pocketing or corset piercings” can also be placed along flat areas of the chest wall or back using plastic hollow tubes with straight barbell style jewelry.¹³ These piercings can become irritated with subsequent rejection of the jewelry easily, leaving highly visible scarring.

Prevalence

Body piercing is ubiquitous and is found across all socioeconomic and age groups with the major concentration among adolescents and young adults 15 to 30 years old. Findings often include subjects reporting satisfaction with their body piercing, enjoying support from those other pierced or nonpierced friends, as well as many considering additional piercings.^{14,15} One large sample (N = 10,030) in 2000 from Australia documented an 8% piercing rate¹⁶; otherwise, no international studies describing prevalence could be located.

One survey, a national data set,⁶ and several smaller studies provide a glimpse of the piercing status in the United States. An American demographics survey reports 2% or 6 million of the American public with body piercings.¹⁷ Findings from college populations with piercings have skyrocketed from 17%^{6,18} to 33%.^{8,15} Another recent study cites a piercing rate of 50%, with a 9% removal rate.¹⁹ In all of these studies, more women than men were pierced. In 2 other studies, there was a 51% piercing rate with an 18% removal rate²⁰ and a piercing rate of 48%,¹⁴ but neither excluded ear lobe piercings as the other studies had done. In 2005, 155,000 yearly piercings were performed (an estimate) in Texas,²¹ whereas the number of piercing studios has increased from 476 in 2002 to 752 as of February 1, 2007.



Fig. 3 JewelEye. Insertion of jewelry into the conjunctiva (courtesy of Netherlands Institute for Innovative Ocular Surgery, Rotterdam, the Netherlands).

Physical and psychosocial risks of body piercing

Increasingly more information about the risks associated with body piercing is becoming available in the health promotion and disease prevention literature. Physical and psychosocial risks documented with body piercing will be discussed.

Physical risks

Early research on body piercing reported a few life-threatening physical health outcomes such as septic arthritis, acute glomerulonephritis, and endocarditis.^{1,22} A review of the literature from 1966 to 1998 concerning medical complications associated with body piercing²³ found the following: bacterial infection (local soft tissue infection, perichondritis from high ear piercing, sepsis, and toxic shock syndrome), contact dermatitis, hypertrophic scars and keloids, and tissue trauma.

College students from 18 universities in the United States and 1 university in Australia (n = 766) were surveyed on their body art practices (T/BP).⁴ Health problems with body piercing were found to be frequent. Infections at the site (blister, pus, drainage, pain, and redness) were reported by 45% of the students. Skin irritation (short-term redness, dry skin, or tenderness) was the second most prevalent problem (39%). Almost half of these students reported skin irritations and infections due to not receiving aftercare instructions (written and verbal instructions from the artist) for proper skin treatment, whereas 2 students reported contracting hepatitis after their piercing. Overall, only 13% of the students presented themselves to health professionals for assistance in managing their body piercing problems with most stating that they attempted to take care of any problems themselves. Despite these health problems, 91% reported continued satisfaction with their body piercing, and 78% stated they would seek repeated piercings.

A study of 454 university undergraduate students²¹ found that the prevalence of body piercing was 51% with the overall incidence of physical health problems associated with the piercing of 17%. The specific problems reported by the 229 pierced students included 7 (3%) with local tissue trauma, 11 (4.5%) with bleeding, and 21 (9%) with bacterial infection. Of 47 students with pierced tongues, 3 (10%) reported subsequent oral or dental injury.

In addition, potential viral infections as a result of exposure to blood borne pathogens are a current physical health concern. During body piercing, which involves either penetration of a needle or a piercing gun, a small to moderate amount of serosanguineous fluid may be released.²¹ Any percutaneous exposure has the potential for transferring infectious blood and potentially transmitting blood-borne pathogens (eg, hepatitis B virus, hepatitis C virus, or HIV).²⁴ The relationship of viral hepatitis and body piercing was

investigated in 12 research studies published between 1974 and 1997, in which 8 of the 12 studies identified percutaneous exposure as a risk factor for viral hepatitis.²⁵ Hepatitis B may be transmitted via body piercing. An obvious risk of HIV transmission does exist if instruments contaminated with blood are either not sterilized or disinfected or are used inappropriately between clients. Hepatitis C has not been confirmed as a risk factor because of lower prevalence or lack of information.²⁴

Bleeding, tissue trauma, and bacterial infection are the most commonly identified physical health problems associated with body piercing and can arise either during the piercing procedure or from a lack of proper aftercare. In addition, localized inflammations caused by the piercings can trigger transient bacteremia. Endocarditis, usually due to staphylococcal organisms, has consistently been reported since 1997 in pierced individuals. Twelve cases,²⁶⁻³⁷ in healthy and those with congenital heart problems, have surfaced from tongue, naval, nipple, and ear lobe piercings; another patient had similar findings associated with frequent tattooing.³⁸ Even with these physical health risks, most reports involving body piercing indicate that people perceive few health risks and actually desire additional piercings.

Psychosocial risks

Past research has documented various psychosocial risks with body art (tattoos and piercing), such as unhappiness, embarrassment, low self-esteem, and disappointment. Included are those who would not repeat the procedure and those who had removed their jewelry.^{1,15,39-41} More recently, a limited number of studies have examined and identified a number of psychosocial risks exclusively associated with body piercing.

In a group of adolescents attending an adolescent medicine clinic, tattoos and body piercings were assessed as markers of risk-taking behaviors.⁴² An association was found among body piercing and sexual risk-taking and substance use. Gateway drug use was associated with younger age of body piercing. Violence was associated with females having body piercings. Hard drug use was found with numbers of body piercings. This study did not find an association between body piercing and suicidal behavior but did find a significant association between younger age of first piercing and suicidal behavior.

A study of detained youth (n = 860) examined the relationship of alcohol and drug use to T/BP.⁴³ More than half (69%) had at least one body piercing, 28% had 3 or more piercings, and 20% had friends or themselves administering piercings. Results found no association between body piercing and drug use but instead found a strong association between increasing numbers of body piercing and alcohol use among this population. Another study⁴⁴ found an association between body modification (tattoos and piercing) and problem substance use in 210 adolescents attending an adolescent medicine clinic. Ninety (42%) of the adolescents

reported piercings. One third of the samples (33%) screened positive for problem substance use.

A nationally representative school-based sample⁴⁵ of 4337 adolescents, aged 13 to 18, was used to evaluate the association of body piercing and high-risk behavior in adolescents.⁴⁶ Results found that females (7.2% vs 1.5%) and older adolescents were more likely to report piercing. Associations among increased rates of sexual intercourse, smoking, marijuana use, school truancy, running away from home, suicidal ideation, suicide attempts, and peer substance use with body piercing were identified among adolescents. This study concluded that body piercing may serve as a marker for higher levels of peer substance use and potential problem behavior in adolescents.

Today, body piercing appears to be emerging as a form of body art with meanings that are different for each person. Some body piercing is thought to signify an expression of ethnic heritage, may be undertaken for sexual enhancement,^{3,4} may be viewed as a form of self-mutilation, or may be merely simple body modification. The psychosocial risks have not been as well studied as the physical risks; therefore, more research is needed to expand this body of knowledge.

Purpose

College students have been queried frequently about their purpose for body piercing using a 12-question purpose scale; findings consistently include a Cronbach $\alpha = .85$ to $.90$.^{1,7,8,15,19,40,41} Respondents usually have strong feelings about what is and is not their purpose for their body piercings. The most common responses for body piercings (and often for tattooing) is “expressing themselves” and “help me feel unique.” Status, prestige, or commemorating a festive occasion has been vigorously rejected choices for the purpose of body piercings. In addition, those with nipple and genital piercings want to express themselves sexually.³⁻⁵

Characteristics and decision making about body art

In this section, ways are first examined in which research indicates people go about decision making when it comes to obtaining body art. Second, similarities and differences that exist between the tattooed and pierced to those without body art are examined. Finally, we discuss these findings with an eye toward future research.

Decision making: the Health Belief Model

There is a general relationship among knowledge, attitudes, beliefs, and intended or actual behavior; our beliefs inform our actions.⁴⁷ Reasoned action results from considering the costs and benefits of what is believed will be the

outcome of their behavior. The Health Belief Model⁴⁸⁻⁵⁰ suggests engaging in, or avoiding, behavior that impacts our health and well-being results from calculating a risk-reward ratio. The indicators of risk and reward include the following:

1. Susceptibility to a detrimental health outcome.
2. Seriousness of the outcome to which individuals are susceptible
3. Compliance with clinicians' recommendations reduces risk.
4. Barriers to compliance are absent.
5. Self-Efficacy enhances individuals' ability to assess and decide.

For our purposes, the relationship between decision making about health beliefs and decision making about body art relates to the degree to which individuals believe a tattoo or piercing is hazardous to ones' health. These issues are summarized below.⁵⁰⁻⁵²

Applying the principles of the Health Belief Model to survey data gathered from contemporary college students indicate that decision making follows the above pattern and that care and deliberation precede obtaining a tattoo or getting a piercing (Table 1).⁵²

Table 1 The Health Belief Model applied to decision making about piercings

People are most likely to	Not get a body piercing	Get a body piercing
When		
Believe they are susceptible	Individual worries that getting a piercing raises the odds of chronic illness.	Individual believes it is possible to obtain a piercing safely.
Believe risk is serious	Believes hepatitis and/or other blood-borne diseases are debilitating or fatal.	Believes risk is minimal if care is taken.
Believes compliance reduces risk	Believes that not getting a piercing makes contracting above diseases unlikely.	Believes care in choosing artist and studio for obtaining body art obviates risk
No significant barriers to compliance	Respondent experiences no social/family pressure to get a piercing.	Respondent experiences social/family pressure to get a piercing.
Possess sufficient self-efficacy to act autonomously when faced with social/family pressure	Respondent chooses to not get a piercing even faced with social/family pressure to do so.	Respondent chooses to get a piercing when faced with social/family pressure to do

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Similarities, differences, and discussion

Individuals with body art differ in many interesting ways from those without a tattoo or piercing. They are more likely to abuse alcohol and use illegal drugs, report an arrest history, be more sexually active, and engage in sexual activity at an earlier age.^{7,53,54} We are, however, reluctant to interpret those findings solely in terms of the social psychology of deviance.

Behavior becomes deviant insofar as it departs from social norms. Social norms change over time and are determined by conventionally accepted carriers of public and private morality. Prominent among these is organized religion. Significant research reveals that religious individuals are much less likely to drink underage, use illegal drugs, engage in pre- or extramarital sex, or commit crimes.⁵⁵⁻⁵⁹ There is an emerging body of research that suggests those with tattoos and body piercings are no more or less religious than those without them. Among those without body art neither strong religious belief nor regular religious practices predict, moreover, negative attitudes toward those with body art.^{60,61} It seems that attitudes toward, and experiences with, body art, thus, do not categorically fit with other more clearly defined acts of deviance. At least in the minds of today's college students, body art is more or less a mainstream behavior.

Even so, studies indicate that the degree of difference between those with and without body art is quite pronounced with regard to sexual activity. Recent research indicates a nearly 1-to-1 correlation between having a tattoo and being sexually active. Virginity rates for nontattooed college students in one study approached 30%, whereas almost none of those with tattoos were virgins.⁵⁹ This presents something of a paradox. Religious belief and practice suppress nonmarital sexual activity but does not suppress positive attitudes toward, or the procurement of, body art. Those with body art are much more sexually active than those without it but are no less religious than those who are not tattooed, pierced, or sexually active. National data indicate sexual activity is quite common among individuals in this demographic. More than 75% of today's college students are sexually active.⁶² We wonder, therefore, what sorts of social or psychologic characteristics might be common to those with body art and those who are sexually active that produces such a powerful correlation between them.

Further research to sort out this paradox needs to focus on risk taking and sensation seeking rather than deviance. The authors believe that those individuals who, aged 21 years, are sexually active and have body art are the same ones who, as children, leaned over the edge of the railing at the Grand Canyon, dove into ice-cold water, begged for one more ride on the highest and fastest roller coaster, and spun themselves into seasickness rolling down a hillside.

Labeling and then dismissing body art as another of many categories of deviance understate the rationale for,

and the interpretation of, tattoos and piercings in the social worlds of those who have them. Irwin⁶³ described it this way:

Throughout the process of becoming tattooed, individuals attempted to frame their desires or tattoos within mainstream definitions of success and achievement Many tattoos explained that they wanted tattoos to commemorate special times in their lives. Their celebrations usually centered on a set of conventional achievements such as graduation from college or graduate school, finishing major exams, or the birth of children.

This insight aptly applies to the respondents in several studies. They tended not to be drunk or high when they obtained their body art. They carefully weighed the social and material costs and benefits. They often waited upward of 2 years beyond initially considering getting a tattoo or piercing before obtaining one. Then, they likely as not went off to church to show it off.

Regulations

Body piercing has been around for many centuries and in almost every culture; yet, health regulations with any international effectiveness to protect the clients just seem to be emerging. Yet, what are hard to fathom are the facts:

- * Body piercing is an invasive procedure, with almost every puncture releasing serosanguinous fluid that predisposes the client to local infections and systemic illness such as blood-borne diseases.^{21,64,65}
- * Lay people perform the procedures with virtually no knowledge of anatomy, sanitation, or procedural precautions.
- * Laws have not caught up with the prevalence of body piercing; yet, more body piercing complications are appearing in the US and international medical literature.

Interestingly, the origin of body art regulations are usually stimulated by either public officials or their constituents with children who have been affected by complications of body art or a major outbreak of disease, not because of proactive health concerns for the general population. For example, New York City in the 1950s banned tattooing because of a large outbreak of hepatitis; the United Kingdom's first regulations in 1978 came from an outbreak of 30 cases of primary hepatitis B; and Amsterdam's came in 1982 after 8 American soldiers contracted hepatitis B.^{9,21} Tattooing was the major focus for the initial regulations; now, piercings and permanent cosmetics regulations have been added.^{9,21} The New York State has statewide regulations, the UK wrote stringent regulations in 2004, and in 2006, all skin procedures performed by nonmedical persons have regulations nationwide in Holland.⁹

Although a major portion of body piercings (and tattooing) do not produce any medical complications, the potential is always there. Reputable body artists support regulations to legitimize their business and weed out what they call problem *fellow skin scratchers*. The Association of Professional Piercers (<http://www.bodypiercinginfo.biz/index.html>) has a strong international education focus, but membership is not widespread. Although no federal mandates for body art are present in the United States, 36 states have changed their legislative regulations since 1998; yet, the overall strength of the regulations varies widely.²¹ American regulations are summarized in the table at <http://www.nursing.ttuhs.edu/Armstrong/StateRegulationsArticle.pdf>. Upon review of this table,²¹ several elements seem to surface: unrealistic notions of prohibiting body art, emphasizing business licenses, and limiting regulations to certain cities. Even with all the good intentions of changes in the body piercing regulations, major concerns thus remain about standard precautions, documentation of complications, and lack of uniform regulations.²¹ The National Environmental Health Association, Denver, Colo, has taken the leadership to develop a body art model code and guidelines for T/BP and establish public health criteria and recommendations as well as promote consistent regulations for adoption.⁶⁴ These recommendations have been used in several states and countries and are available at www.neha.org.

Regulations are only part of the equation. Regulations become effective when enforcement is proactive. Currently, human, time, and financial resources and personal commitment are the deciding factors to keeping the body art industry safe.²¹ Most studio inspections are reactive, based on customer or peer complaints. Negative reviews by health officials might produce warnings, followed by removal of equipment; however, the final step of shop closures is still quite difficult to accomplish.

Several medical sources from international personal communication e-mails have provided the following information for T/BP:

Belgium—Specific regulations for T/BP are being developed.

Canada—The Federal Government has guidelines, and the legal enforcement is usually always done on the provincial level from the Ministry of Health. Artist/studio problems are charged under the Health Protection and Promotion Act. Citations for artists and studios are considered a general public health hazard.

Iceland—regulations for T/BP come from the Office of Health and Environment and concentrate on sanitation, age for procedure, and aftercare instructions. Twenty years ago, people would have to go abroad for body art; now, at least 6 studios are present in country.

Italy—The National Health System issued a decree (Direzione Generale Sanita, 2004) to impose hygienic and health education protocols, training for artists, and studio monitoring.

Korea—No regulations nor medical guidelines on body piercing are present in this country.²⁹

Mexico—T/BP regulations are present, but enforcement is limited. The Federal Government of Mexico recently initiated a TV campaign from about the health risks of T/BP. In addition, a new law prohibits tattooing on the mentally ill.

Netherlands—An excellent report has just been published about their nationwide laws that were implemented June 2006.⁹

New Zealand—The Ministry of Health guidelines for safe piercing of the skin are present, but no monitoring of compliance to the guidelines are reported 11. The guidelines are located at <http://www.moh.govt.nz>, in the publication section.

Peru—The Health Ministry has sanitation guidelines but still advises people to avoid body art.

Spain—Regulations seem to vary between province to province.

Scotland—Considerable strides have been made to launch tighter rules for the more than 200 skin piercing businesses.

Venezuela—No regulations.

United Kingdom (England and Wales)—Limited regulations were present outside London until 2003, but now, they have new provisions nationally for sanitation, body piercers, and equipment with the Local Government Miscellaneous Provisions Act.

Interestingly, many of these sources mention “the age of consent,” but they know that is not being followed. This element is difficult because when officials try to enforce the age of consent, sometimes, this only drives services underground In addition, infections have resulted from peer or self-infliction piercers. Some US states (n = 18) are firm approximately 18 years old for piercing, whereas others (n = 22) only use 18 years old as a guideline, then discuss various approaches of parental/written consents. Arizona has established the age of 16 for piercing.²¹ In Holland, tattooing is not advised to those younger than 16 years and piercings not advised to those younger than 12 years.⁹

What's the future of body piercing?

Four concerns become apparent when considering the future of body piercing. These are the regulation, the monitoring or tracking of piercing complications, the role self-expression plays in piercing, and the calculation of risk in making decisions about piercings.

Regulation of body piercing

In the early days of body piercing, unregulated home piercing and tattoo vendors adding piercing to their

services were the most frequent avenues for obtaining a piercing. We can now see the increasing demand for body piercing by consumers in the exponential growth of new body piercing studios, the increasing public display of piercings, and the development of an international organization of body piercers in the United States. Although the aims of this trailblazing organization are industry self-regulation and education, little impact of this is currently visible. Increasing public recognition that body piercing is a mainstream phenomenon has stimulated the awareness of public health officials of the need for regulation of body piercing. Standardization of piercing practices is just beginning to surface as a public health mandate in select countries. Yet, there is wide variation in what standards are being suggested and how they are being implemented across countries. Global standards for body piercing, although a long way from implementation, are important for ensuring public health. Standardizing body art regulations “throughout the EU and cross-border notification” has been recommended.^{9,65}

Tracking complications

It takes only a few minutes to pierce a body part, but dealing with chronic infections, or scarred or torn tissue, and potential dysfunction and disfigurement will have to be dealt with for a much longer period. Piercings heal over very quickly and often stimulate further repiercing. It is not clear if there are additional risks associated with multiple piercings of the same body parts. These issues will be more heightened in future years.

Blood borne diseases are a risk now and for the future. We currently recognize that hepatitis B is a risk associated with body piercing. The American Red Cross requires a year waiting period between body piercing and giving blood⁶⁴. In this era of emerging blood-borne diseases, one needs to be concerned not only with known risks but also currently unknown or yet to emerge diseases. Documentation and sharing of this information in a standardized way is a much needed approach to ensuring public health.

Regulation of body piercing has only recently entered into the scholarly arena as a topic being disseminated. Published regulations have focused primarily on providing guidelines for sanitation and equipment precautions, and, in limited instances, training of body piercers. Although these articles have reported individual body piercing cases with selected complications, the publishing of such reports is limited by publisher interest and the topical foci of journals. There is no formal system for tracking or monitoring complications associated with body piercing. National and cross-national databases for tracking and monitoring complications of body piercing need to be the cornerstone of how we approach a future that now encompasses mainstream body piercing.

Self-expression and uniqueness

Once considered to be a practice of groups on the fringe of society, data do not support this deviant view of body piercers. Body piercing is accepted by a growing mainstream group of teenagers and young and middle-aged adults as an important avenue for self-expression. These consumers have indicated that the use of body piercing is a central method for creating a way to express their individuality. About half of body piercers say they are using this means of expression to herald their uniqueness.

The personal nature of piercing, including intimate piercing, needs to be examined in the context of what the future will hold. One can anticipate increased novelty of location and type of piercing to be explored in the future. The volume of those with intimate body piercings is just surfacing in the scholarly literature. In the future, as societal mores are stretched to bring, heretofore, unspeakable or hidden topics under discussion, we can expect to learn more about the sequelae of intimate body piercing.

Our studies of body piercers have highlighted the self-described need of individuals in the early to middle years of adulthood to distinguish themselves from others through the use of body art. This view of uniqueness among body piercers would suggest that new ways of body piercing will be sought out to sustain the feeling or belief that the individual is unique in their self-expression. Perhaps one of the most interesting aspects of this notion of unique expression is the simultaneous desire to seek out group identity with other body piercers. This seeming paradox is not well explained by current studies and perhaps presages a continued increase in the numbers of piercers and the advent of new types of piercing.

Decision making based on risk reward calculation

Body piercing is a form of body art that is seen as less permanent than tattooing, or other forms of body art. Approximately 3% to 30% of individuals with piercing also engage in tattooing.^{8,15,19} The use of models of health behaviors, such as the Health Belief Model, are an important approach to furthering understanding of the decision making of body piercers⁵¹. Examination of reward from the developmental perspective of the body piercer suggests that self-expression is an important driving force in getting a piercing. Although possible health risks are acknowledged by those seeking out body piercing, these risks seem to have only a moderate impact on their decision to obtain body piercing. More studies examining the balance between risk and reward in the adolescent and young and middle-aged adults and the decision to seek body piercing are needed.

The future of body piercing appears to be certain in that the limit of what body parts, the devices, or the method of piercing have not been reached. “If you can pinch it, you can pierce it” is a phrase found on numerous Internet Web

sites promoting piercing. In the future, new ways for body piercing will be sought out by the daring and advanced for use by the mainstream body piercer. Although one can think of body piercing as a mainstream activity, body piercing also affords opportunity for experimenting with extremes such as suspensions. Those individuals seeking out body piercing experiences at the extreme or edge of what the mainstream will consider are setting the stage for moving those forms of body piercing into the realm of acceptability in the future. What is once viewed as extreme will become the centrist view. Body piercing affords the individual to experiment with forms of expression outside the mainstream in that they can choose what and when to display their piercings.

Little is understood about how risk reward calculations influence body piercing decisions, nor are the effects of self-treatment or delay in treating complications known. Users of body piercing seem to be aware that there are associated risks. In the young age group, these risks appear to be dismissed or overshadowed by a worldview that they can consider or deal with complications only if they arise. For example, complications are not viewed as very severe and are typically self-treated, or perhaps body piercers acknowledge that complications can occur but will not think about the risk or harm of potential complications until they occur. Health care providers will still need to respond with applicable health education and effective care.^{5-8,39,41}

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