

# Nipple Piercing: An Exploratory-Descriptive Study

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**ABSTRACT.** A fortuitous sample of 362 individuals with pierced nipples, 292 men and 70 women, returned a questionnaire concerning the reasons they pierced their nipples and the outcome of those piercings. While over 3/4ths of the sample reported an interest in S/M (sadoomasochism), less than half the sample felt the piercing was part of their S/M role. The sample had overwhelmingly positive feelings about the piercings, with 94% of the men and 87% of the women stating they would do it again. Expected hostile responses from health care providers were not reported. Demographics and problems encountered are also discussed.

The present study grew out of several requests by other professionals for information concerning the phenomenon of nipple piercing. A review of the literature yielded a paucity of information concerning the phenomenon. Yet it was not difficult to find several lay individuals who had become "experts" and were "piercing" their friends and acquaintances. One individual had a store (since expanded to three stores) devoted to the piercings in general and publishes a technically high quality glossy magazine devoted to piercing.

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The present paper is dedicated to the memory of our friend and colleague, Poul Christensen. This unfortunately is his last contribution to the field of sexology.

Cursorry interviews with individuals who had their nipples pierced produced reports of enhanced pleasurable sensations, perceived increased attractiveness, and more interest in sex directly attributed to the procedure. Some respondents indicated that they encountered medical complications and/or scorn from medical practitioners when they presented for treatment of complications or for other medical problems.

These limited interviews helped focus our study. The present study attempts to describe individuals with at least one nipple piercing, their motivation, the relationship to other behaviors in which they are involved, the medical complications they encountered, and the response they received from the medical community. The present study will focus only upon those individuals who have permanent nipple piercings, in contrast to another phenomenon of individuals who use needles and pins for temporary piercings as part of a sexual encounter. An arbitrary decision was made to confine the present study to those who had their nipple pierced rather than the more general topic of piercing.

A review of the literature was attempted both manually and by computer. The *Anthology Abstracts* (1983-1993/May), *SOCIAL SCISEARCH* (1972-1993/Sept), *PSYINFO* (1967-1993/Sept), *DISSEMINATION ABSTRACTS ONLINE* (1961-8/93), *ACADEMIC INDEX* (1976-93/July), *Medline* (1966-7/93), *SOCIAL SCISEARCH* (1972-93/JULY) and *Health Periodicals Database* (1988-7/93) were searched. The key words used were nipple, nipples, pierce, pierced, piercing, and body modification. These searches uncovered one article, Myers (1992). A manual search of major sexological journals found only one article, Buhrich (1983). A search of the bibliographies of these two articles was uneventful.

These articles are of questionable relevance to the study of this phenomenon. Myers (1992) produced an ethnography of a segment of the piercing community, as well as describing other body modification practices. Buhrich (1983) analyzed the personal ads in the same magazine used by the present study, though a different issue. He concluded that for those that advertised there was a strong association between erotic piercing and homosexuality, sadomasochism, bondage, fetishism, and tattoos. Piercing of various body parts has been noted in many cultures. Women routinely and some

men pierce their ear lobes in this culture. Some Asian cultures routinely pierce nostrils; African cultures are known to pierce lips. Little is known about the reasons and effects of these piercings.

## METHOD

### Subjects

A total of 362 respondents, 292 men and 70 women participated in the present study. These individuals were solicited from the following groups: The Society of Janus, a general S/M support group with male, female, homosexual, bisexual and heterosexual members (16 men and 21 women responded); GMSMA (Gay Men's S/M Association) a gay S/M organization in New York City (68 men responded); PFIQ, *Piercing Fans International Quarterly*, a magazine specifically catering to this population (207 males and 38 females responded); *Leather and Lace*, a lesbian B/M organization (8 female respondents); *Queerists*, an organization for women who do S/M with other women (3 females responded). One response, a male, was received, but the source could not be identified.

The sample was heavily biased towards respondents from the S/M (sadomasochism) subculture. Approximately 1/3 of the respondents were directly solicited from S/M oriented groups, but 2/3 of the PFIQ sample indicated an S/M orientation. With the exception of the PFIQ subgroup, none of the groups surveyed had a specific interest in piercing.

The ages of the sample ranged from 22 to 60 years for the women and 24 to 76 for the men. The median age for the women was 34 years, with a mean of  $34.5 \pm 7.7$  years. The median age for the men was 43 years, with a mean of  $44.3 \pm 11.2$  years.

The sample reported extremes in both occupation and income. Occupations included tattooist, night watchman, physician, and retired military officer. The yearly income ranged from \$5,000 to \$250,000. Over 60% of the men and half of the women had at least a college education (see Table 1).

While much of the sample was culled from groups that had a homosexual orientation, over 40% of the male subsample and 50% of the female subsample were predominately heterosexual (self de-

TABLE 1. Highest Level of Education

	Male (N = 292)	Female (N = 70)
	%	%
Not a High School Graduate	2.4	2.9
High School Graduate	6.2	15.7
Some College	15.8	25.7
Vocational or Technical Training	14.0	7.1
College Graduate	25.3	27.1
Some Graduate Experience	10.6	8.6
Master's Degree	18.2	10.0
Doctoral Degree	7.5	2.9

finet (I)'s and I's on the Kinsey scale, see Table 2). Over three-quarters of both male and female respondents indicated that S/M was part of their sexuality (see Table 3).

The data was collected during 1986 and 1987, and 37 states and 9 foreign countries were represented. The groups were contacted and asked to distribute questionnaires to all their members. Several of these groups wished to keep their membership size secret, so more questionnaires were sent to each group than the number of actual members they had. The total number of questionnaires distributed was 3205. There is no way of knowing the percentage of potential respondents who actually responded. People who had pierced other parts of their body, but not their nipples, were not included. A few questionnaires (5) were returned, but had to be discarded either because they were incomplete or the respondent did not indicate having a nipple piercing.

### Procedure

A fortuitous sample is one in which the respondents are found accidentally or by luck, rather than in systematic way. The present sample is fortuitous, since non-piercing groups were surveyed. "Luckily" a significant large number of respondents were identified and agreed to participate. Generalizability and representativeness of a fortuitous sample cannot be assumed.

The authors approached the Society of Janus (SOJ) with the idea of the study, and they agreed to fund the printing of the question-

TABLE 2. Sexual Orientation

Kinsey <sup>1</sup> Scale	Male (N = 292)	Female (N = 70)
	%	%
0 Exclusively Heterosexual	28.1	30.0
1 Predominately Heterosexual, insignificantly Homosexual	12.3	21.4
2 Predominately Heterosexual, significantly Homosexual	5.1	10.0
3 Equally Heterosexual and Homosexual	1.4	5.7
4 Predominately Homosexual, significantly Heterosexual	2.7	0.0
5 Predominately Homosexual, insignificantly Heterosexual	8.9	8.6
6 Exclusively Homosexual	41.1	22.9
X No Answer or celibate	0.3	1.4

<sup>1</sup> See Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1949). *Sexual Behavior in the Human Male*. Philadelphia: W. B. Saunders, pp. 638-641.

naires and some postage charges. The authors retained total control concerning the content of the questionnaire, though some suggestions from SOJ members were incorporated into the final draft. Other groups were contacted about participating, and when they agreed to participate, appropriate number of questionnaires were sent to the group to be distributed with their next mailing. The questionnaires when completed could be folded to be returned to one of the authors (JL). The respondents furnished their own stamps. A code on the questionnaire indicated the group from which the individual was responding.

### The Instrument

The questionnaire was designed by the authors specifically for the present study; copies are available from the senior author (T. Lee). After the questionnaire had been distributed, several respondents

TABLE 3. S/M Orientation

	Male (N = 292)	Female (N = 70)
	%	%
Exclusively Dominant	5.1	0.0
Predominately Dominant,		
insignificantly Submissive	11.6	2.9
Predominately Dominant,		
significantly Submissive	7.2	12.9
Equally Dominant and Submissive	13.4	8.6
Predominately Submissive,		
significantly Dominant	12.0	12.9
Predominately Submissive,		
insignificantly Dominant	21.9	30.0
Exclusively Submissive	5.5	12.9
Not applicable or no answer	23.3	20.4

from one group (Leather and Lace) reported extreme upset that the questionnaire used the terms "Dominant" and "Submissive." They indicated that the only terms acceptable to them were "Top" and "Bottom." Other than that, no other problems arose and the questionnaires were usually filled out completely.

## RESULTS

Obviously there was an abundance of S/M identified individuals in the present study, but it should not be assumed that the nipple piercing was related to the respondent's S/M role. For the male subsample 39% indicated that it was not part of their S/M role, 23% indicated they were not involved in S/M, 2% did not answer, leaving 36% who indicated that it was part of their S/M role. For the female subsample, 27% denied it was part of their S/M role, 21% denied being involved in S/M, and 3% did not answer, leaving 49% where the piercing was related to the S/M role.

While the present study was limited only to nipple piercing, these individuals were likely to have other parts of their body pierced. Only 2 women and 57 men had no other piercings. The female subsample reported the following other piercings: 81% ear lobe,

21% other part of the ear, 19% nose, 9% navel, 50% labia, and 20% clitoris or clitoral hood. Of interest, 72% of the heterosexual, 45% of the bisexual, and 14% of the lesbian women had one or more labia piercings. Of the men, the following other piercings are reported: 36% earlobe, 7% other parts of the ear, 17% nose, 16% navel, 29% scrotum, 28% penile shaft, 57% glans penis, and 20% "other" including prepuce, Prince Albert (through the area where the frenulum meets the penile shaft at the level of coronal ridge and emerging from the urinary meatus), frenulum, testicle, abdomen, thigh, and base of penis.

For the men, the piercer of the first nipple piercing was most likely to be either a friend, lover, or S/M partner (18%); an individual in the community known for doing piercings (36%); or the respondent himself (41%). The women tended not to self-pierce with only 6% performing the procedure themselves. They predominantly used people in the community known for doing piercings (51%), or a friend, lover, or S/M partner (36%). Physicians, nurses, and physician's assistants accounted for 4% of the male and 7% of the female piercing.

The object placed in the newly pierced nipple varied widely, but over half of both men and women placed a ring or hoop. The material this was constructed of also varied widely, with over 50% of both men and women using surgical steel and approximately 35% using solid gold. The piercings were cleaned with hydrogen peroxide, plain soap and water, surgical soap, or alcohol a median twice a day for 3-4 weeks for both women and men. "Nipple play" was avoided for a median 7 weeks for women and 4 weeks for men. The range of avoidance of nipple play was 0 days to 2 years for women and 0 days to 16 months for men.

Problems occurred after the placement of the rings, sometimes in a majority of the cases (see Table 4). Despite these problems and the prevailing medical opinion that rings should be removed in cases with complications, only 7% of the male rings and 10% of the female rings were removed, though 23% of the men and 26% of the women did not answer this question.

The response from health care professionals was quite varied, but, mostly matter of fact, curious, amused, or neutral. The males reported 7% hostile response, and the women reported 11%. Approx-

TABLE 4. Problems Resulting from the Piercing

Problem	% Men	% Women
	Experiencing	Experiencing
Redness	26.7	37.1
Pain	29.8	44.3
Protracted Pain	3.8	10.0
Discharge at nipple	48.6	58.6
Swelling	20.9	37.1
Tenderness	68.5	75.7
Infection	18.5	27.1

imately 3% of the men and 14% of the women reported a supportive response (see Table 5).

Only 4 men and 1 woman reported regretting having their nipples pierced, with 94% of the men and 87% of the women indicating they would do it again. Increased nipple sensitivity was reported by 73% of both men and women. The nipples becoming more a focus of eroticism after the piercing was reported by 70% of the women and 74% of the men. Increased use of nipple stimulation during masturbation is reported by 63% of men and 40% of women. After nipple piercing, 36% of men and 30% of women report an increased interest in sex. An increased awareness of being sexually turned on throughout the day was reported by 63% of the men and 54% of the women. Approximately 62% of the men and 39% of the women enjoy harder, more intense stimulation after the nipple piercing, though 26% of the women and 9% of the men preferred softer, less intense stimulation.

## DISCUSSION

The present article studies a fortuitous sample that is heavily biased by its association with another sexually variant behavior (i.e., S/M). Therefore, generalizations from the present data are difficult and problematic. Nevertheless, even with the bias of the present sample, it is clear that nipple piercing is a phenomenon in its own right and not necessarily connected to other variant behaviors.

TABLE 5. Response of Health Care Professionals

Comments	Male (N = 292)		Female (N = 70)	
	%		%	
Hostile	7.2		11.4	
Supportive	3.8		12.9	
Matter-of-fact	25.3		30.0	
Curiously	32.2		41.4	
Amused	16.4		17.1	
Neutral	20.9		22.9	
Surprised	16.1		34.3	
Other <sup>1</sup>	2.4		12.9	
No answer <sup>2</sup>	33.2		20.0	

<sup>1</sup>Other responses included "somewhat negative," "ignored," "woman physician laughed and then treated the problem," "appalled though I was crazy," "gave good advice," "loved it," "flabbergasted," "concerned," and "distracted."

<sup>2</sup>A large number of respondents did not answer this question, but did indicate that they removed the rings before the examination.

The fortuitous nature of the sample and the types of people who would respond to this type of study, probably skewed our sample to people with a greater than average interest in piercing. It may also be true that those who could overcome the stigma of one unconventional behavior, would be the ones that would try other unconventional behaviors. In addition, while nipple piercing is highly correlated with an S/M identity in the present study, our recruitment method focused on S/M oriented groups.

The respondents of the present study tended to be well educated and affluent. This may represent the subsample of this population that are most likely to fill out a survey such as this, but it is clear that those people who have their nipples pierced cannot be stereotyped as uneducated or from the lower socioeconomic class. The assumption that people who pierce their nipples are either homosexual or

involved in S/M is clearly false, even though the present sample was heavily weighted towards male homosexual S/M practitioners. While there were many reasons for the initial decision to have one's nipples pierced, the overwhelming effect was to enhance the respondent's sexual responsiveness and awareness (see Table 6). The mechanism responsible for this effect is not known. The authors clearly do not recommend this procedure for individuals that wish to increase their sexual responsiveness.

Several trends do clearly emerge from the data. Individuals who choose to have their nipples pierced, often experience a variety of unpleasant side effects. They endure these and report that the piercing does have a positive effect on their erotic enjoyment. Overwhelmingly, they would do it again.

It is not known if these piercings were performed by physicians whether the complication rate would be decreased. There is no

TABLE 6. Stated Reason for the Nipple Piercing

Reason	Male (N = 292)	Female (N = 70)
	%	%
I thought it was attractive	17.1	27.1
Everyone else was doing it	0.3	0.0
I believed it would sensitize or eroticize my nipples	27.4	5.7
It was part of an S/M scene	2.1	5.7
I was turned on when I played with someone else who was pierced	11.0	7.1
It was impulsive	2.4	0.0
My partner requested it	1.7	24.3
The concept was a sexual turn-on	32.9	20.0
No response or Other <sup>1</sup>	5.2	10.0

<sup>1</sup> These responses include "for a larger nipple," "left driven to want it," "spiritually symbolic," "commitment to the S/M scene," and "enjoy body jewelry."

reason to assume that the individuals in the community are not taking appropriate medical precautions. Nevertheless, serious complications should be managed by knowledgeable physicians; it is not clear if this is happening.

Contrary to the preliminary interviews that led to the present study, the authors did not find significant bias towards individuals with nipple piercings by their physicians. It is possible that the same networks that were used to contact these individuals also provided a source of physicians unlikely to be judgmental or that these individuals were astute in picking nonjudgmental physicians.

The data was collected in 1986-7, at the relative beginning of the AIDS epidemic. Unfortunately, no data were collected concerning the issues of "Safer Sex" or risk of HIV infection with piercings, especially considering the large number of genital piercings encountered.

Young sciences, such as sexology, must accumulate data so that new hypotheses and theories can be tested across large varieties of different situations. At present it is not clear how people form erotic interests, or how these interests manifest themselves in a society that places a negative bias on the behavior. In this particular instance, we have a behavior that not only carries social condemnation, but also medical risk. Nevertheless, the participants overwhelmingly would repeat the procedure.

## REFERENCES

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