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Margaret Hunter
Santa Clara University, mhunter2@scu.edu

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Buying Racial Capital: Skin-Bleaching and Cosmetic Surgery in a Globalized World

Margaret L. Hunter, Ph.D.
Mills College

Margaret Hunter (mhunter@mills.edu) is Associate Professor and Edward Hohfeld Chair in Sociology at Mills College in Oakland, California. Her research interests include skin tone stratification in the African American and Latino communities, colorblind racism and discourse, and race and gender politics in hip-hop. Her publications include *Race, Gender, and the Politics of Skin Tone* (2005, Routledge), “If You’re Light You’re Alright: Skin Color as Social Capital for Women of Color” in *Gender & Society*, and “Women of Color in Hip Hop: The Pornographic Gaze” in *Race, Gender, & Class*.

Abstract

The merging of new technologies with old colonial ideologies has created a context where consumers can purchase “racial capital” through skin-bleaching creams or cosmetic surgeries. The use of skin-bleaching creams is on the rise throughout Africa and the African Diaspora and cosmetic surgery has increased dramatically among people of color in wealthy countries. Public discourse, however, is fraught with tension over these manipulations of the body. This paper examines three competing discourses: 1) the beauty discourse, based on the mass-marketing of cosmetic whitening products, 2) the public health discourse, designed to dissuade potential skin-bleachers by exposing health risks and 3) the cosmetic surgery discourse, created to market cosmetic procedures to the new and growing “ethnic” market. Through analysis of advertisements and public health campaigns this article demonstrates that the focus on individual attitudes in all three discourses obfuscates color-based discrimination and encourages the purchase of racial capital.

Keywords: Skin-bleaching, skin-lightening, cosmetic surgery, beauty, race, Africa

A cursory search on any Internet search engine reveals hundreds of skin-lightening¹ websites that provide information for would-be consumers about the “best” skin-lightening products and strategies. Lighterskin.org, whitenerskin.com, skinwhitening.org, skin-whitening-product.com, and skinwhiteningexperts.com all purport to share with readers the newest information on, and reviews of, skin-lightening products. How is information about skin-lightening conveyed today and how do competing discourses frame the nature of skin-lightening differently? This paper investigates three discursive frameworks on skin-lightening around the globe: the beauty discourse, the public health discourse, and the new cosmetic surgery discourse. Each discourse frames skin-lightening, body manipulation, and social actors in different and important ways, revealing much about the global beauty industry, neo-colonial and post-colonial racial ideologies, and the ongoing role of women of color’s bodies as the battleground for these conflicts.

Skin-lightening, or bleaching, has reached epidemic levels in scores of nations around the globe, and especially in many African nations including Ghana, Kenya, Tanzania, Senegal, Mali, South Africa, and Nigeria (Adebajo, 2002; Blay, 2009; Harada et al, 2001; Lewis et al, 2009; Mahe et al, 1993; Mahe, Ly & Gounongbe, 2004; Olumide et al, 2008). Although both men and women engage in skin-whitening practices of various sorts, women generally have higher rates of skin-whitening than men, and women also sometimes apply skin-whitening products to their children (Counter & Buchanan, 2004; Fokuo, 2009). This paper will investigate why women bleach, and why men and women in Africa and the African Diaspora encourage women to bleach their skin.

The benefits of light skin, although not universal, are widespread around the globe, particularly in countries formerly colonized by Europe or with a significant U.S. presence (Glenn, 2008; Hunter, 2005; Mire, 2001; Rondilla & Spickard, 2007; Telles, 2006). Throughout Africa, Asia, and Latin America, skin-bleaching is a common practice as people try to acquire lighter skin and the social and economic status that goes with it (Perry, 2006). Although people in some cultures have tried to lighten their skin for centuries, recent data suggests that skin-bleaching is on the rise, particularly among educated, urban women in the Global South² (Del Giudice & Yves, 2002; Ntshingla, 2005). What accounts for this recent shift? Glenn (2008) suggests that while historic, European colonial ideologies still have an effect on people, the rise of skin-bleaching around the globe can also be attributed to the constant, current mass-marketing of contemporary images of white beauty. Charles (2009a) suggests that hegemonic representations of white skin are thoroughly rooted in multiple social institutions

including education, religion, mass media, and popular culture. Wealthy nations like the United States, Japan, and many European nations create many of the global images of white (or light) beauty (Burke, 1996). In turn, these same nations are also home to the cosmetics companies that produce some of the top-selling skin-bleaching creams, including L’Oreal, Unilever, Shiseido, and others.

Images of white beauty do not simply rely on white women with blonde hair and light eyes to sell products. Images of white beauty sell much more than beauty ideals or fashions for women around the globe. Taken as a whole, images of white beauty sell an entire lifestyle imbued with racial meaning (Burke, 1996; Saraswati, 2010). The lifestyle that is communicated through these ads sells whiteness, modernity, sophistication, beauty, power, and wealth (Leong, 2006; Mahe, Ly & Gounongbe, 2004). The mass-marketing of these images of white beauty and a “white lifestyle” build on the long standing European colonial ideologies that valorize white beauty, European culture, and white aesthetics (Mire, 2001).

“Yearning for whiteness,” (Glenn, 2008) has long been present in nations formerly colonized by Europe, but today, those old ideologies combine with new mass media and communication technologies to compound the message that “white is right” (Thomas, 2009). For example, the largest social networking application, Facebook, launched a new “app,” sponsored by cosmetics giant, Vaseline, that allows users to lighten their skin tone in their profile pictures. By dragging a vertical bar across their pictures they can create instant before-and-after images devised to sell more of Vaseline’s best-selling product, “Healthy White: Skin Lightening Lotion.” This paper will investigate how the age-old cultural practice of skin-bleaching has evolved as competing discourses from the beauty industry, public health officials, and the cosmetic surgery industry, vie to control the way we think about race, the body, colonialism, and power.

The increase in skin-bleaching around the globe is a result of the merger between old ideologies of colonialism and race, and new technologies of the body (Hunter, 2005). The racist ideologies of race and color were an integral part of the European colonial experience (Charles, 2003). However, new transnational neo-colonial ideologies now continue and elaborate these old belief systems (Leonardo, 2002). Images from the U.S. and Europe lead the way in valorizing white/light beauty around the world. Japan’s influence is particularly strong throughout Asia and is evidenced in their best-selling beauty products marketed as, “specially designed for Asian skin” (Ashikari, 2005). White/light beauty is

communicated through mass advertising, television shows, film, Internet images, billboards, and celebrity culture (Baumann, 2008; Saraswati, 2010; Winders, Jones, & Higgins, 2005).

The quest for white beauty is very important because white or light skin is a form of “racial capital” gaining its status from existing racial hierarchies. Racial capital is a resource drawn from the body that can be related to skin tone, facial features, body shape, etc. I use the term “racial capital” to describe the role that white/Anglo bodies play in the status hierarchy. Both Anglo bodies and light or white skin confer status on people of color in an individualistic way. Light skin tone can be transformed into social capital (social networks), symbolic capital (esteem or status), or even economic capital (high-paying job or promotion) (Bourdieu, 1984; Hunter, 2005). Blay (2009) found that women in Ghana who used bleaching products were trying to attain beauty vis a vis light skin. She argues that light skin and beauty were the vehicles through which women attempted to gain social capital (Blay, 2009). The concept of “racial capital” is distinct from racial identity. Racial capital is more closely related to phenotype and how others perceive an individual, rather than how that individual defines him or herself.

Racial capital only makes sense in a racist society where light skin and Anglo bodies are valued over dark skin and African or Indian/Indigenous bodies. The concept of racial capital is connected to the larger systems of racism and colorism. Racism operates at the level of racial category where people in a given category experience institutional discrimination regardless of phenotype, and colorism operates within the system of racism and differentiates how subordinate groups experience racism according to the tone of their skin (Hunter, 2002). Colorism is broadly evidenced in many societies today and helps explain why lighter-skinned and darker-skinned people of the same race have different experiences with regard to discrimination (Glenn, 2009).

Racial capital only exists in a social context that views the body as a commodity. Women’s bodies have been dismembered and marketed in advertising for several decades now (Cortese, 1999), but the merging of technologies of the body, the 24 hour multi-media cycle, the increased importance of beauty for women, and the explosion of pornography culture (where women’s bodies are routinely commodified and manipulated for a viewing audience), has created a perfect storm, resulting in an explosion of cosmetic procedures for women’s bodies.

It is now normative in many societies to view the body as a “work in progress” (Davis, 1995). People no longer view the human body as “given,” but increasingly seen it as changeable (Davis, 1995). For example, in a recent interview with a major U.S. news corporation, a Senegalese woman said, “Women bleach their skin to come across as modern women who can modify their skin tone as they wish” (Barnier, 2009). The interviewee describes the connection between “modernity” and the use of cosmetics to alter the body. Her statement also reflects the notion that women make individual choices to suit their own aesthetic preferences. Sophisticated women can modify their skin tones “as they wish” (Barnier, 2009). The connection between modernity and body manipulation is distinctive from the centuries old trend of “decorating or ornamenting” the body, and is really about reshaping the body to present a new body as “natural.” In this way, the body is not adorned (through jewelry, painting, or scarring, for example), but is “recreated” as if original. Although publicly discussing one’s cosmetic surgeries is more common in some places than others, the modified body must still be presented as “natural” or “normal” in order to garner the status of an “ideal female body” (Blum, 2005). Similarly, criticisms of women who bleach are often based on the idea that bleaching women are trying to get something that is not naturally theirs.

The Beauty Discourse: The Power of Marketing and Celebrity

Sales of skin-lightening products are on the rise and their global demand has never been higher (Perry, 2006). In a post-colonial world, and some suggest a post-racial era, how can we make sense of this surge in the demand for skin-whitening? The global beauty industry has reinvented itself in recent years in the image of multiculturalism (Hunter, 2005). Many cosmetics companies that once exclusively featured white women have added light-skinned women of color to their advertisements and as spokespersons for their products. I call this maneuver the “illusion of inclusion” (Hunter, 2005). The illusion of inclusion is a seductive marketing strategy to draw in women of color who might otherwise feel alienated from products marketed exclusively with images of white beauty. By including a few light-skinned, Anglo-looking women of color, cosmetics companies appear to be inclusive of people of color, without disrupting their message that white bodies are beautiful. The inclusion of fair-skinned women of color like Halle Berry of the U.S. (Revlon), Aishwarya Rai of India (L’Oreal), Genevieve Nnaji of Nigeria (Lux soap), or Terry Pheto of South Africa (L’Oreal) is designed to lull women of

color consumers into buying these products and believing that their bodies and beauty are being valued (Osuri, 2008).

Ironically, as the marketing strategies have added a veneer of inclusion, there has simultaneously been a boom of products offered that all claim to lighten, brighten, or whiten the skin. Skin-lightening products are readily available from major cosmetics companies, from local mom-and-pop stores and widely over the Internet. The most lucrative skin-lightening products are increasingly likely to have celebrity endorsements. Celebrity endorsements serve two important purposes: 1) When celebrities endorse a particular product, the public is more likely to believe in its effectiveness and purchase the product, and 2) When celebrities endorse skin-lightening products they also endorse the act of skin-lightening itself, suggesting that their own beauty is attainable and that skin-lightening is a mainstream, culturally acceptable act. The latter point is particularly important because skin-lightening is still shameful in some cultures either because one should “naturally” have light skin, not chemically derived light skin, or because some believe that lightening the skin implies a shame of one’s race or ethnic identity (Charles, 2003). Overcoming these powerful narratives of “natural beauty” and “racial pride” are crucial for the success of cosmetics companies.

In fact, organizers in Ivory Coast have gone so far as to create a new and controversial beauty pageant called, “Miss Authentica.” The Miss Authentica Pageant was designed to speak back to the white beauty regime, raise awareness about the dangers of skin-bleaching, and highlight “natural” African beauty (James, 2009). The important criterion for participation in this pageant is natural, non-bleached skin. Although this pageant has taken a creative approach to re-valuing African aesthetics, it has not eliminated the premise that women should be valued for their bodies and their physical beauty. White beauty is a discourse of white supremacy and patriarchy. So, while efforts like Miss Authentica are an important critique of racial beauty regimes, their reliance on the beauty discourse limits their ability for social transformation.

In order to appeal to the powerful discourse of “natural beauty” in many societies, most products claim to *restore* the natural beauty of skin (if it is lost), *reveal* the natural beauty of skin (if it is hidden), or *create* a natural beauty (if the consumer never had it to begin with). All of these claims are supported with compelling before and after photos and promises backed with the discourse of science in phrases like, “clinically tested” (See www.superskinlightener.com) or

“scientifically developed” (See www.blackskinlightening.com). Ads use copy such as, “reveal your natural beauty” (See www.fixderma.com/face.html) to appeal to consumers’ need to feel like their achieved light skin is theirs by birthright.

One of the most controversial celebrity endorsements came in 2007 when mega-successful Bollywood actor, Shah Rukh Khan endorsed the skin-lightening product, “Fair and Handsome.” Created by the British company, Unilever, and marketed as the masculine companion product to best-selling Fair and Lovely, Fair and Handsome became the first major skin-lightening product mass-marketed exclusively to men. Khan’s endorsement was read by the Indian public as an endorsement of skin-bleaching itself and as an endorsement of a strongly color-based system of privilege in India (Parameswaran & Cardoza, 2009).

Similarly, U.S. baseball star Sammy Sosa, originally of the Dominican Republic, recently attracted international media attention when he appeared at the Latin Grammy Awards with notably lighter skin than he had during his career in Major League Baseball (Mitchell, 2009). Sosa has suggested that he is negotiating an endorsement deal with the cosmetic company that manufactured his skin-lightening cream (which he has refused to name in public) (Mitchell, 2009). His de facto celebrity endorsement of skin-bleaching elicited significant feedback including a televised ridiculing from former NBA basketball star, Charles Barkley. Despite the media furor, Sosa’s actions reinforce the idea that skin-bleaching is a mainstream route to building racial capital.

Skin-bleaching products are marketed in a number of ways and with a variety of different product names. In some countries “bleaching” carries a negative stigma so products are marketed instead as skin-evening creams, skin-lighteners, skin-brighteners, skin-whiteners, skin-toners, fading creams, or fairness creams. Despite these euphemisms, the names of the products themselves are often overt and clear about the intended outcomes. The following is a small sampling of skin-whitening products marketed around the globe at a variety of price ranges: Porcelana’s Skin-Lightening Cream, Cosmetic Surgeon in a Jar’s Illuminator Brightening Complexion, Darphin’s Clear White Brightening and Soothing Serum, Sekkisei’s White Powder Wash, Fair and White’s So White! Skin Perfector Brightening Cream, Clinique’s DermaWhite, Shiseido’s White Lucent, L’Oréal’s White Perfect, Ambi Fade Cream, and India’s best-selling Fair & Lovely (for women) and Fair & Handsome (for men) are all readily available in shops around the globe.

The names of these products reveal the racial hierarchies in which they are situated. The majority of skin-lightening products use the word “white” in their name. This practice reveals the strong desire by consumers to achieve aesthetic whiteness, if not a white identity. The racial capital of whiteness is now something consumers can buy. It is not necessarily the case that consumers of skin-whitening products want to be white per se, but the huge demand for these products suggests that many people want to look white, or at least light, relative to other people in their racial or ethnic group. Scholars have established that there are many motivating factors for bleaching, including trying to attract a spouse, increased job market competitiveness, higher self-esteem, and even fashion (Blay, 2009; Fokuo, 2009; Charles, 2009b). Although skin-bleachers’ motivations cannot summarily be characterized as “wanting to be white,” much of the motivation to whiten takes place in a larger context of white supremacy. It is the global context of white supremacy that I am investigating in this article and how it shapes a growing market for the purchase of racial capital. The global context of white supremacy is so insidious that many bleaching creams are marketed with the word “white” in their names or product descriptions.

Products are also available in a variety of price ranges from a few cents per ounce to over one hundred U.S. dollars per ounce. In addition to these more expensive products created by multinational cosmetics companies, many small mom-and-pop vendors offer local products in informal markets throughout the Global South and in smaller markets catering to immigrant communities in the West. These products, often created and sold outside of formal regulatory channels, frequently contain active ingredients illegal in many nations, or legal chemicals in illegal doses (Mire, 2005). Many skin-whitening products with dangerous chemical ingredients are manufactured in Europe or the United States, sent to Nigeria, and then distributed throughout Africa in both formal and informal markets (Barnett & Smith, 2005). The bleaching products often make their way back to Europe and the United States for sale to the African and Asian immigrant communities there (Barnett & Smith, 2005).

The Public Health Discourse: A Missed Opportunity

In response to the growing numbers of women and men using skin-bleaching creams in Africa and throughout the Diaspora, many governments have spoken out through their ministers of health to dissuade people from using the products. Often leading government officials will release a formal statement, hold

a press conference, and sometimes launch a nation-wide public health campaign informing people of the dangers of the skin-bleaching products. Because these state-sponsored messages come largely from public health entities within the government or NGOs, their focus tends to be on the physical dangers of using such products. The most dangerous ingredients found in many skin-lightening products are hydroquinone, cortico-steroids, and mercury. Despite strict regulation of these chemicals in many Western nations, they are still found in many products sold throughout the world (Mire, 2005). In fact, a recent study of skin-lightening products in the U.S. revealed that several contained mercury and others contained illegally high doses of hydroquinone, despite tight regulations from the Food and Drug Administration (Gabler & Roe, 2010). The most dangerous side effects of mercury, hydroquinone, and topical steroid usage include, but are not limited to, damage to the adrenal glands, kidney failure, liver failure, and skin cancer. For these reasons, several governments have launched public service announcements and public health campaigns to educate the public on the risks of using these products.

The Jamaican government recently launched its widely publicized, “Don’t Kill the Skin” campaign. This public health campaign was designed to both raise awareness about the dangers of bleaching and outlaw the sale of many skin-whitening products. In an interview about the campaign, Dr. Clive Andersen, a Jamaican dermatologist commented on the widespread practice of skin-bleaching in Jamaica.

"It is very worrying because a lot of persons know that they are doing severe damage to the skin and persist in it. Some of this damage is reversible; a lot of it is not reversible. We need to realize that when we use these products, we are doing our skin immeasurable harm. There is no advantage to lightening our skin colour and at the same time damaging our skin. Beautiful skin really is healthy skin, whatever the colour" (“Campaign to Rid,” 2007).

This quotation exemplifies a common theme in public health campaigns: all women have the potential to be beautiful regardless of skin color. As the dermatologist above states, “beautiful skin really is healthy skin.” This quotation highlights a shortcoming of the public health discourse - its focus on attitudes, as opposed to discrimination. Moreover, women are often the target of these campaigns because officials describe the problems as many women’s

“misconceptions” about beauty. Women are under the false impression, they argue, that only light skin is beautiful and they go to “dangerous lengths” to achieve that look. But are women really under a “false impression?” In fact, beauty is still defined in Jamaica, and elsewhere, in relation to white and European aesthetics, including light skin and Anglo facial features, thus the elevation of the “browning” (Charles, 2003). The public health discourse constructs women as “getting it wrong” by mistakenly believing that lighter skin is viewed as more beautiful and higher status. In fact, women have read their social cues exactly right, the skin-bleaching creams may be risky, but the pay offs are potentially high if lighter skin attracts a higher status husband or a better-paying job. Public health officials have not acknowledged the social and political reality of the benefits of light skin, so their message about “misconceptions” only makes women appear vain and pathological, instead of savvy, if risk-taking.

For example, the Ghana Health Service asks, why do women bleach? “It is centred on vanity” they argue (“Skin-Bleaching,” 2005). Purchasing racial capital is an option more available than ever before, and the growing middle class in the Global South is poised to seize the opportunity (Pierre, 2008). With increasing purchasing power and disposable income, the rapidly growing middle class in countries such as South Africa, Nigeria, India, and China is increasingly looking to compete for jobs with professionals from the United States, Europe, and Japan. The ascendance of the new global middle class has made white aesthetics increasingly desirable in a competitive global job market (Glenn, 2008).

Perhaps public health campaigns avoid talking about the larger social context of colorism because it seems like an intractable problem, difficult to fix through public policy. Or, government officials of African countries and other black and brown nations may not want to publicly admit that cultural aesthetics of the body still mimic European or white norms, generations after the colonial experience. The public health discourse then, has the effect of maintaining silence around the structural benefits of light skin, and pathologizing women for taking “unnecessary risks” with their health, and sometimes, the health of their children. Although women bear the brunt of the health costs associated with bleaching (although some men bleach, too), women have been constructed as villains in this national discourse, at fault for succumbing to vain beliefs about beauty and risking their health to attain these standards.

A psychology professor from Uganda draws on the public health discourse in a similar fashion. When asked to comment on why people continue to use such

dangerous bleaching products, he explained, “Such a person lacks self-esteem, has low self-efficacy and a perception that she or he looks ugly...It is common among women who are not educated,” (quoted in Kisule, 2008). Another psychologist in Uganda says, “Do something positive to counter [your low self-esteem]. Take advantage of the good parts of your body or talents” (Calistas as quoted in Kasule, 2008). The public health professionals in Jamaica and Uganda employ a discourse common among other government agencies in other nations. They argue that skin-bleaching can be combated largely by altering individuals’ attitudes. They assert that many people have misguided beliefs that light skin is better and higher in status, but that this is not actually true. The inability of many public health professionals to publicly acknowledge the real benefits of light skin, especially for women, has hampered their effectiveness.

Urban, educated women in countries such as Nigeria, Jamaica, South Africa, and other post-colonial nations are engaged with the global job market and have an acute awareness of competing for jobs with people from other racial and ethnic groups. This global job competition is one motivating factor for skin-bleaching among this population (Perry, 2006). More exposed to beauty images from Europe and the U.S. than their more rural counterparts, the educated and urban women of these nations may be motivated to lighten their skin (with high-end cosmetics) in order to effectively compete with whites, Latinos, Asians and others from around the globe (Glenn, 2008). Moreover, the elites of the African Diaspora also see the real benefits to light skin and Anglo features in the global job market. It is evident that leaders in business, politics, education, and even government are often lighter-skinned with more Anglo facial features. The reality of color-based discrimination is one motivating factor in the skin-lightening trend among elites.

The public health discourse on skin-bleaching regularly overlooks this reality. It appears to the consumer, that the government officials standing before the microphones during their press release are living in another reality, one where merit trumps race or color. In fact, the inability of the public health discourse to incorporate an acknowledgement of the “pigmentocracy” at work in many countries and around the globe makes their pleas not to bleach, impotent.

Not only do public health officials avoid discussing light-skinned privilege, they also typically avoid acknowledging discrimination against dark-skinned men and women. For example, in nations like Brazil, with one of the largest black populations outside of Africa or the United States, discrimination

against dark-skinned people is rampant, but publicly denied. Many jobs descriptions still require a “clean” appearance which is often coded language for middle class and light-skinned or white (Caldwell, 2007). Practices like these drive the skin-bleaching market around the globe.

Finally, the public health discourse is remarkably similar to the beauty discourse of skin-bleaching in that it, too, focuses on the individual as the site of the problem. For example, the Public Health Partnership Forum in Zambia urged the government to ban the sale of skin-bleaching creams. The publicity secretary of the organization said, “skin-bleaching, being a psycho-socio and health problem, needs to be addressed with interventions aimed at changing the users’ perceptions of themselves and educating people on its consequences” (“Zambia: Ban,” 2010). Skin-bleaching is defined as an individual problem that can be solved with education and a new attitude. Sentiments such as this are common throughout the discourse emblematic of an individualist, attitude oriented perspective on bleaching. This discourse is less effective, in part, because it avoids discussions of structural discrimination or institutionalized white supremacy.

The Cosmetic Surgery Discourse: The New “Ethnic” Market

Although skin-lightening is a centuries old practice, the cosmetic surgery industry is a new invention. Globally, cosmetic surgery is on the rise and is most practiced in nations such as China, Brazil, India, Mexico, and the United States (ISAPS, 2009). White women comprise the vast majority of all clients in the U.S. cosmetic surgery industry, but rates among people of color are rising dramatically (ASAPS, 2000-2008). In fact, from 2000 to 2008 the number of cosmetic surgeries done on whites in the United States increased 31%, while that number increased 145% for African Americans, 240% for Latinos, and 290% for Asian Americans (ASAPS, 2000-2008). These data reveal startlingly high increases in people of color’s willingness to have cosmetic surgical procedures in the United States. Boodman (2007) argues in the *Washington Post* that the rapid growth of this industry has led to the “bourgeoning field called ‘ethnic plastic surgery’.”

The broad reach of global white supremacy has not stopped with the billion dollar industry of skin-whitening products, but in fact extends into manipulations of the entire body. While skin-bleaching is notably less common in the United States than in other countries, people of color in the U.S. are much

more likely to go under the knife to reshape their bodies, often in ways that Anglicize their facial features and body types. The cosmetic surgery industry sells racial capital as well, in the forms of Anglo noses, Anglo eyes, and more. Racial capital can be purchased this way, too, although the prices are higher and the risks more dangerous. In the United States, cosmetic surgery is becoming increasingly mainstream and part of the cultural norm. In the recent past, a small minority of people approved of cosmetic surgery, but by 2009 over half of all Americans approved of cosmetic surgery (ASAPS, 2009). Approval is also linked to dimensions of inequality such as class, gender, and race. The more income one has, the more likely he or she is to approve of cosmetic surgery, with 63% of people earning over \$75,000 approving of cosmetic surgery (ASAPS, 2009). Approving of cosmetic surgery is different from considering it for oneself, but even these numbers are on the rise. In 2009, nearly twice as many women (37%) as men (19%) would consider cosmetic surgery for themselves (ASAPS, 2009). And in terms of race, 30% of whites and 22% of people of color would consider cosmetic surgery for themselves now or in the future (ASAPS, 2009).

The ability to purchase racial capital is a relatively new phenomenon, built upon shifting cultural norms regarding the manipulation of the body. The global cosmetic surgery industry has helped shift the cultural norms in this regard (Sullivan, 2000). With the advent of cosmetic surgery and the constant mass marketing of cosmetic surgery procedures through TV shows, advertisements and celebrities, people in many countries are open to changing their body shape (ASAPS, 2009). People now, increasingly see the human body as yet one more object that can be manipulated for fashion or for status (Bordo, 1995).

Part of the increase in people of color's willingness to consider cosmetic surgery is a very effective marketing strategy geared to quell racial fears and anxieties. Many people of color describe their desire for new facial features as not wanting to look white, just wanting to look "pretty" (Hunter, 2005). Trade publications help lay to rest fears that patients of color are trying to look white by purchasing particular cosmetic procedures. In fact, patients of color are purchasing racial capital through these procedures that they calculate will give them an advantage in the job market, the marriage market, or both. The following quotations, from the websites of leading cosmetic surgeons and women's magazines, are examples of the racial maneuvering in the marketing of cosmetic surgery.

“Dr. Kwan takes great pride in being able to offer cosmetic surgery procedures which will help meet the expectations of the patient while preserving their ethnic identity!” (Kwan, 2009).

“Ethnic rhinoplasty or nose surgery has evolved recently. African-American women want to refine their nose while keeping their African-American identity. The last thing that a black woman wants is to have a Caucasian nose...Instead, they prefer a nose that is more balanced with the rest of their face, both in terms of its height and width. This often requires use of nasal implants or cartilage graft in order to augment the nasal bridge” (Younai, 2009).

“Typically there are requests from African-American women for thinner noses, more often than other procedures...Cosmetic surgery is about enhancement, not changing who you are. It's not a need, but it is truly about enhancing the beauty that black women already have” (Borst as quoted in Jeffries, 2010).

“Dr. Bond said that African-American women requesting nasal reshaping to alter their ethnicities is a thing of the past. ‘People are very proud of their ethnicities now and just want some improvement,’ Bond said. ‘When I do nasal reshaping, it’s to refine it’” (Henry, n.d.).

Each of the above quotations highlights the contradictions within the cosmetic surgery discourse. Industry insiders suggest that African American women want to “enhance” their natural beauty by having thinner noses or by “augmenting the nasal bridge” (to make a taller, thinner nose). Anglo noses are typically thinner and taller than many African American or Asian American noses, but the racial meaning and identity of facial features is removed from these advertisements in order to focus instead on universal themes such as “beauty” and “self-improvement.” Most patients of color do not report wanting to be, or even look, white, and it would be socially unacceptable to do so (ASAPS, 2000-2008). The racial anxieties of people of color have motivated cosmetic surgeons to sell their services by insisting that these procedures have nothing to do with race, racism, white supremacy, or internalized oppression. Cosmetic procedures are

simply methods to access a “better you” or even a more authentic racial self. Many doctors suggest that nose jobs, eyelid surgeries, and other cosmetic procedures actually “enhance” or “preserve” ethnic identity instead of obfuscating it. The fact that the overwhelming majority of rhinoplasty procedures (nose jobs) all create similar Anglo noses is omitted from the discourse.

Major cosmetics corporations have taken up a similar contradictory discourse of beauty and race. There is a new trend among cosmetics corporations to use language that critiques the domination of white beauty standards in order to sell new products to women of color. A powerful example of this trend is Procter and Gamble’s media campaign titled, “My Black is Beautiful.” Procter and Gamble (a billion dollar multinational company with a substantial cosmetics line) launched their latest marketing strategy and labeled it a “movement.” It is described as a movement with “grassroots” involvement. The so-called movement also has a “manifesto” available to the public and written in a Maya Angelou-esque style. What is most notable about this manufactured social movement is its willingness to borrow the anti-racist language of black liberation movements of the past in order to sell more cosmetics products to black women around the globe, including partner brand, “Relaxed and Natural Hair Products.” The contradictions of these discourses will likely continue as cosmetics corporations invent ever more ways to convince women of color that “their black is beautiful” while reminding them that “white is right.”

Another important theme in the ethnic cosmetic surgery discourse draws on African American women’s economic success. Many doctors and publicists in the industry suggest that black women have newfound economic success and that they deserve to reward themselves with cosmetic surgery. The words “deserve” and “reward” are common in ads directed toward African American women and are designed to mediate the fears of wasting money, or views that cosmetic surgery is only for white women.

“African American women are at a different socioeconomic status than in the past and they want to look good...They are living longer and don’t want to look old if they don’t have to” (Henry, n.d.).

“Black women have found new financial independence as they have become the major wage earners of their families. With hard work, sacrifice, and perseverance women of color have advanced

themselves in every professional field. Having achieved economic autonomy black women of today have chosen to reward themselves with plastic surgery. It is not uncommon to hear an African American woman tell me that ‘after years of singlehandedly putting my children through school and college, I now want to do something for myself.’ And why not, because she has earned it!” (Younai, 2009).

These examples are seductive for many black women because they acknowledge the realities of economic struggle and sacrifice, and simultaneously justify the significant expenditure that cosmetic surgery entails. By drawing on a civil rights discourse (you have worked hard to overcome obstacles, you deserve it!), cosmetic surgeons can appeal to the new demographic of men and women of color. Their sales pitch is “pitch perfect” as the numbers of patients of color is rapidly on the rise (ASAPS 2000-2008).

The practices of skin bleaching and cosmetic surgery are both body modifications designed to alter bodies of color in order to align them with globally dominant white and Anglo aesthetics. Skin bleaching practices that whiten or lighten the skin are responses to hegemonic cultural norms that idealize white beauty. Similarly, cosmetic surgeries alter facial features and body parts to reconstruct the body of color, making it emulate white and Anglo ideals. Although some scholars argue that cosmetic surgery allows people to reshape their bodies to their individual tastes, research suggests that nearly all facial cosmetic surgeries reshape the body toward the same Anglo model: taller and narrower noses and rounder eyes, for example. In this way, both skin bleaching and the growing “ethnic market” in cosmetic surgery have the same goal: to render bodies of color “inadequate” and remake them according to white beauty ideals.

Conclusion

The pursuit of racial capital is enabled by the social context of global media, technologies of the body, global economies and job markets, and persistent racism and sexism. Multinational cosmetics companies market skin-whitening products around the world, and especially to women (and men) of the Global South. Urban, educated women in Africa, Asia, and Latin America are especially poised to increase their market share of expensive skin-lightening products as they anticipate competing in a global job market often dominated by the West.

The rapid development of technologies of the body and the huge growth in the cosmetics industry, has led more people to view light skin tone and Anglo features as traits that can be purchased for the right price. The beauty discourse, dominated by celebrities, encourages individual empowerment through submission to skin color hierarchies. The rapid growth of communication technologies has disseminated images of white beauty, expanding the demand for products and procedures that can help build racial capital.

Several researchers have described the myriad reasons that individual people bleach their skin. In interviews, many people describe efforts to attract a high status spouse, increase self-esteem, or improve their job prospects as reasons for lightening their skin (Blay, 2009; Charles, 2009a; Charles, 2009b; Fokuo, 2009). Although, I would not reduce all of these motivations to the pursuit of whiteness, I also acknowledge that efforts to attract a spouse and attain a better job through whitening take place in a context of white/light skin privilege.

Despite epidemic levels of skin-bleaching throughout Africa (Adebajo, 2002; Del Giudice & Yves, 2002; Lewis et al, 2009; Mahe et al, 1993; Mahe, Ly & Gounongbe, 2004; Olumide et al, 2008; Thomas, 2009), racial justice movements are also common. African nations and some Caribbean nations have launched high profile public health campaigns critical of bleaching practices. Many countries in Africa and the African Diaspora have banned skin-whitening products including Uganda, Kenya, South Africa, and Gambia, while others have promoted public health education to dissuade people from using bleaching creams, such as Ghana, Zambia, and Jamaica.

The competing discourses around skin-bleaching and cosmetic surgery provide an opportunity to examine how the voices for and against bleaching have more in common than one might think. Both the beauty discourse and the public health discourse evade the realities of skin color hierarchies and instead focus on self-improvement themes. While the beauty discourse suggests that self-improvement via skin-lightening is a pathway to a happier personal and professional life, the public health discourse suggests that self-improvement via one's attitude is all that is necessary to realize that dark skin is beautiful, too. Both discourses miss the systematic and institutional aspect of skin color hierarchies that are manifest both nationally and globally. By focusing on individuals and attitudes, leading voices from both sides of the debate have ignored the larger social context in which bleaching occurs.

Notes

¹ I will use the terms “skin-lightening,” “skin-whitening,” and “skin-bleaching” interchangeably throughout the paper. Each term is commonly used throughout the literature, both scholarly and popular, and across various discourses on the topic. All three terms refer to the practice of chemically lightening the skin.

² I use the term “Global South” to refer to developing nations, or Third World nations. Although there is much diversity within the Global South, many are former European colonies and consequently have particular economic and cultural relationships with the West.

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