

AN EXAMINATION OF BLACK WOMEN'S HEALTH INFORMATION
UNDERSTANDING AND NEGOTIATION OF ENGAGEMENT IN SKIN
WHITENING

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by

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The undersigned, appointed by the dean of the Graduate School, have examined the dissertation entitled

AN EXAMINATION OF BLACK WOMEN'S HEALTH INFORMATION
RECEPTION AND NEGOTIATION OF ENGAGEMENT IN SKIN WHITENING

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DEDICATION

For my love, Emery Ashley. For black girls.

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Jesus.

To my gracious committee, thank you, for all of your recommendations and continuous support.

The women who shared their experiences.

John and Rochelle West, and Lil Haiti, you've raised me well.

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ABSTRACT

Taking a domestic approach to understanding a global phenomenon, the purpose of this project is to illuminate how black women receive health information concerning skin whitening and how such information impacts black women's negotiation and engagement in skin whitening as a health, racial, cultural, and social practice situated in an African American and Caribbean immigrant community. Triangulating semi-structured in-depth interviews, autoethnography, field and participant observations, I completed a close look at skin whitening over four weeks of intensive observation and self-introspection. Findings reveal a complicated understanding of health and racial hazard engulfed in familial exchanges and non-knowledgeable representatives of products that vie for skin whitening products use without proper representation of health information and impacts.

Keywords: skin whitening, health communication, black women, autoethnography

Chapter 1: Introduction

Background of the study

In many countries in Africa and Asia, and in islands of the Caribbean, women desire to whiten their skin to increase their social and economic outcomes by engaging in various methods of skin whitening (Iyer-Ahrestani, 2014). Skin whitening (or lightening, bleaching) is defined as chemically “lightening the complexion of the skin through artificial means, like creams, lotions, soaps and injections” (Abbas, 2012; Arbab & Eltahir, 2010, p. 5; Moran, 2016). Motivations to engage in skin whitening include to increase self-esteem, find better jobs, or attract a high status spouse (Hunter, 2011). For instance, a black woman using the dating application Tinder was matched with a man who suggested she would be more attractive if she bleached her skin. He said “You’d look so much prettier if you were whiter!”

According to the World Health Organization skin bleaching, which is defined as chemical lightening of the skin, happens globally. Skin bleaching (whitening) is “the intentional alteration of one's natural skin color to one relatively, if not substantially lighter in color, through the use of chemical skin lightening agents” (Blay, 2011, p. 1). In the context of white supremacy globally complexion communicates a societal position in the dominant power structure. This particularly effects those who have been colonized, enslaved, and dominated by whites, who then internalize “that the basis of their inferior condition is their skin color.” Skin whitening is a function of white domination.

Skin whitening is a social, cultural, racial, and health practice that endangers black women’s health. Many countries have banned hydroquinone, a common chemical used in skin whitening products, owing to its health risks (Davey, 2016). Skin whitening

and skin whitening products can have harmful effects such as liver failure, gastrointestinal issues, brain problems, leukemia, skin cancer, neurological issues, diabetes, hyper-tension, high blood pressure, thyroid disorder, and kidney failure (Abbas, 2010, 2012; Arbab & Eltahir, 2010; Fihlani, 2013; Iyer-Ahrestani, 2014; Nassaka, 2014). Although skin whitening has significant health impacts, it forges a robust economic nexus. Global industry analysts note that by 2020, the skin bleaching industry will reach \$23 billion. The World Health Organization noted that skin whitening is an international activity, reporting that 77 % of women in Nigeria and 40 % of women in Korea, China, and Malaysia engage in the practice (Ojumu, 2016). In the United States skin whitening is less common, however there is a growing demand (Pattani, 2017). *The New York Times* stated in 2007 that fairer immigrants earn about 8 to 15 % more than dark skinned counterparts (Ojumu, 2016). Given the global usage of skin whitening products its harmful effects, health outcomes of skin whitening have been studied in many countries with homogenous populations. Although the broader practice of whitening the skin through use of often harmful chemicals has received some media coverage and some scholarly work (Abbas, 2010, 2012; Arbab & Eltahir, 2010; Fihlani, 2013; Iyer-Ahrestani, 2014; Nassaka, 2014) the particular circumstances of black women's reception and negotiation of health information is under-examined. Considering how prevalent skin whitening is around the world, it should be assessed how black women in the United States in a diverse setting understand health information concerning skin whitening. In a city in the South East, where there is a high influx of immigrant populations from the Caribbean and countries in the eastern hemisphere, making it a prime location to collect data.

Purpose of the study

The overarching purpose of this project is to explore health information reception and negotiation concerning skin whitening from the perspective of black women. The concrete, empirical purpose of this project is to understand how black women receive health information concerning skin whitening, what do they know and how black women negotiate engagement in skin whitening. Thus, a more clear understanding on whether black women are receiving health information concerning skin whitening will be revealed, how they are receiving information, and health information will be identified. Therefore, sources will be identified, along with role of sources, trustworthiness, authenticity and discussing contradictory information. Also, understanding of how black women source information concerning skin whitening will be discovered, along with understanding what and how factors encourage, impede or cause further consideration when engaging in skin whitening. Furthermore, findings will clarify if and why does the practice override the warnings in health information. This will broaden the understanding of how black women from a particular geographical space gather and exchange information considering a socio-cultural, health, and racial practice.

The theoretical and conceptual purpose is to understand how critical theories of race can assist scholars in understanding racialized health practices and how they are imparted and shared socially, along with how scholars can discuss such issues in conversations in health communication in relation to broader socio-political mores. This project will also illuminate how health information concerning a racialized health practice are coded in language that contributes to the discourse of whiteness. Another impact is to enhance the scholarly understanding of body modification, specifically skin

whitening, from a critical and sociological perspective. The project will also serve as a bridge to integrate scholarship on how health information can be understood from a critical cultural viewpoint.

Skin whitening from a media perspective has been analyzed from an Asian and Indian cultural context (Mak, 2007; Parameswaran & Cardoza, 2009). However, skin whitening has not been analyzed from a health communication perspective. This is an important issue to study because skin whitening has been documented to cause many physical problems which presents a social and public health challenge. As the health effects of and motivations for engaging in skin whitening practices are well documented, practically, this study contributes to scholarship with the aim of aiding practitioners in counteracting skin whitening. Thus, helping practitioners reach users of skin whitening through language and discourse, and knowing how to communicate information in a way they will receive it would help with responding to the crisis effectively. Findings will also provide context for how product literature should be presented to consumers so that they understand and are not misled by provocative or post-racial language (Mendoza, 2014; Shrestha, 2013).

Significance of the study

Skin whitening is a worldwide public health problem, as links between skin whitening products and adverse health outcomes have been clearly identified and usage remains widespread, but little scholarly work has considered the practice in U.S. immigrant communities and from a health communications perspective using a critical theories of race. This project, by addressing both gaps, will advance knowledge by expanding health communications literature and scholarship on skin whitening practices.

Implications from this line of research will speak to sociopolitical issues such as racism, colorism, and ethnic-based caste systems that encourage the practice and aggravate the extension of historical social conditions. Connecting the skin whitening industry increase to economic growth, findings will reflect how socioeconomic structures in tandem with neoliberal capitalism repeat historical inequalities and escalate social issues. Finally, results will provide recommendations to counteract skin whitening by delivering health professionals the most impactful sources, and culturally appropriate ways to communicate skin whitening health information.

Clarifying Key Concepts

For the purposes of this study, I use skin whitening because the inception of this study was bore out of explicating whiteness and how such can contribute to reraciliating of bodies through changing complexion and yearning for the cultural and social capital that whiteness brings. Therefore, the term skin whitening is used to connect the practice to the transatlantic slave trade, global ethnic based caste systems, color dominance, and colorism. In this study, skin whitening will be used consistently and intentionally, specifically because the argument of changing one's complexion will be housed in a socio-cultural critique of how the practice offers not only a health hazard but racial hazard, in that aside from apprehending one's melanin production it also apprehends one's racial capacity and identification. Further discussion of the variations of skin whitening using terms, such as, lightening and bleaching is described and contextualized in the findings of this study as the variations, lightening and bleaching, were used by interview and observation participants. Also, health will be defined as the individual's

physical condition. Primarily referencing dermatological issues or more critical health issues cited by interview participants.

Here, race is defined as a fluid adjective that classifies people based on phenotypical attributes, social or familial, lineages. As race serves to classify, it is also a performance (Jackson, 2005) that is embodying through power relationships, breathing in racism. Racism is the act of othering those who are non-white in an oppressive nature while whites benefits from those who are oppressed despite the structurally inequitable differences. Racism happens in three different forms: (1) malignant: where it is abrasive and forthright, i.e. the KKK and Jim Crow; (2) benign: where it is structurally embedded and less overt than malignant, i.e. the denial of credit to a hopeful black homeowner because of race; and (3) benevolent: where some white may operate in post racial or colorblind lens where they do not “see color” which inherently dismisses the lived experiences of others racialization. In this study I situate the practice of skin whitening as offshoot of benign racism, i.e., colorism (Weiner, 2012). To clarify, in the context of this study skin whitening is not an act of racism, or internalized racism but a by-product of racism stemming from colorism.

Chapter 2: Review of Literature

The review of literature begins with an in depth overview of critical race and critical global race theories and how both will be incorporated in health communication. Post theoretical explanation are descriptions of colorism and whiteness, body modification and beauty culture, and skin whitening and immigration.

Critical race, critical global race theories

Critical race theory (CRT) is used as a theorizing method, where it: (1) foregrounds racism in every part of the research process and intersects with class and sex (2) challenges traditional paradigms, literature and theories; (3) recognizes experiences as strength; and (4) takes an interdisciplinary approach to understand people of colors experiences (Solorzano & Yosso, 2002). Since race is foregrounded in every step of the research process, CRT takes on elements of the naturalistic paradigm where there is not objective reality and as a result no neutral research, or “color blind” research. While doing this, CRT serves to challenge traditional paradigms or “majoritarian” methods where the experiences of people of color are necessary, valid and acceptable as scholarly work.

Therefore for this study, I explored how forms of derivatives of racism impact a particular health practice, situating it as a racialized, social, culture, and health practice for black women. Also, in the research design, approaching the question with a radical empirical approach such as autoethnography to provide a “purely personal” example of a broad phenomenon enriched with instances from more women to complement or refute previously published works, and to add nuances to theoretical understandings of culture in health communication. Thus experience with the use of skin whitening products is the

emphasis of the project making consistently silenced voices the harking of this study. By using health communication with critical theories of race, I am using two different lenses to understand black women's experiences.

CRT also foregrounds class and gendered experience of others, showcasing the broader socio-political, gendered and economic experiences of those who are historically and presently oppressed by structural inequities. Therefore, using skin whitening as a topical tool to explain how racism impacts black women findings will show how skin whitening is a derived practice stemming from mainstream beauty culture and contributing to the politics of the black body. Also, this study will show how class impacts the selection of products, sources of purchase and access to professional help in skin whitening, which overall contributes to health information negotiation. As an offshoot hierarchical notions of race, including colorism, are explicated and understood through this project.

Methods of CRT lie in the experience of "others" which are collected through narrative, storytelling, and counter storytelling, as a response to biological or cultural deficit storytelling. Deficit storytelling is remarked as reports of "others" making life or social, economic, political experiences hard on themselves void of racial integration that would contextualize these experiences as structural inequitable differences and strategic damnation on others (Solorzano & Yosso, 2002). In public health literature, skin whitening users have been entangled in cultural deficit storytelling and are described as accumulating the health outcomes as a fault of their own without contextual evidence of structural inequalities and socio-political issues that may contribute to usage (Hunter, 2011). Thus, in the context of this study, personal experiences and interviews with black

women will serve to refute deficit storytelling through first-hand report coupled with scholarship in a broader socio-political critique.

Unfortunately, CRT has been primarily defined in a US national context. Thus, serving unable to adequately theorize experiences of persons in other parts of the globe or who have a global perspective in a US context. Thus, Weiner (2012) conceives that there should be critical global race theory (CGRT), which hold the primary tenants of CRT, as described previously, but adds the understanding of ethnicity and nine different ways to identify racism or cultural racism globally. Weiner (2012) discusses cultural racism as the synonymy of race and ethnicity. Where race is defined as a fluid socially constructed categorical adjective that shift with current socio political contexts, versus ethnicity as a choice for those to attribute their being to a particular culture, history or tradition. Nevertheless, both adjectives work to racialize others, merely different terminology. Thus, using the core tenants of CGRT, this study will use six of the nine tenants to understand skin whitening as a racialized issue and expand the understanding of CGRT beyond education. Also, tenants from CRT will be intermingled with applications of the theoretical tenants.

In this project, CGRT will be used to identify how racism is perpetuated in skin whitening through the following tenants. The ways in which CGRT proposes one can identify racism by:

- Spatial segregation: Gentrification or the confinement of others to certain geological territories. This tenant will explain how the zoning of specific persons positions them in spaces where there is a high concentration of skin whitening

products and poverty, juxtaposed with extreme wealth (e.g. Little Haiti and the Design District).

- Political and popular discourse and images: How popular and political discourse and images serve to purport how one should see and assess realities (e.g. media content). This tenant will explain how images and discourse from field notes and interview participants reinforce dominant ideas about how one's complexion should look.
- Daily interactions: "Others" experience daily manifestations of racism in subtle interactions (i.e. benign or colorism). This tenant will explain how daily experiences of participants contribute to their use of skin whitening.
- International race relations: The reflection of dominant western or European economic relationships and exploitation of people and resources in underdeveloped nations. This tenant will explain a domestic and localized perspective, discussing how representatives of skin whitening products exploit persons who are historically and systemically disenfranchised.
- End of race efforts: A presence of efforts that aim to halt neocolonial acts of oppression. This tenant will explain how there is resistance to the use of skin whitening products.
- Socioeconomic status: Social, economic, educational, and health access vary for different groups based on structural historical impositions. This tenant will explain how black women in this particular group are unable to have access to dermatological appointments and competent research that discusses the effects of skin whitening.

These tenants will be used in understanding how these categorical instances of racism could contribute to skin whitening usage.

Culture in Health Communication

Using Kreuter and McClure's (2004) definition of culture I aim to understand the ways of skin whitening as a health behavior and socio-cultural racialized practice is learned, shared, and transmitted (Kreuter & McClure, 2004). Thus, in attempting to "solve" or assist with the problem of skin whitening my research project aims to understand how black women receive health information concerning skin whitening, what black women know about and the effects of skin whitening, and how they negotiate engagement in skin whitening. Therefore, I will examine the sources, credibility and authenticity of the information.

With no standardized definition of culture there are other problems in conceptualizing culture where race and ethnicity have been used as proxies making its usage inefficient and unsuccessful (Kreuter & McClure, 2004). Therefore, the usage of culture in health communication research has been applied in identifying a particular racial or ethnic group and its stereotypic characteristics. The study of culture tends to examine non-white subgroups and results consistently essentialize cultural practices and generalize to entire populations, where no population has a monolithic cultural construction. For the purposes of this study, culture is defined as "ways of life" being learned, shared, and transmitted (Kreuter & McClure, 2004). Therefore, broader social practices like, religion, preparation of foods, celebration of holidays, familial routines, and in the case of this study health behaviors like skin whitening, make up culture for a particular subgroup. For the purposes of this study, health will be defined as the

individual's physical condition. Therefore, this study forges connections and links between how skin whitening is learned, shared, and transmitted and how it impacts black women's engagement in skin whitening. This study focused on the communicative dimension of culture

It is necessary to use culture in the proper way in health communication to understand how health behaviors are learned, shared, and transmitted. In order to do so, the usage of culture should be used in a reflexive manner (Hughes, Seidman & Williams, 1993), where every component of the research process involves cultural consideration, like CGRT, thus foreground aspects of the individuals life than contributes to their individual difference, for instance like race, sex, class, locality, and other ethnic circumstances of the individual (Solorzano & Yosso, 2002; Weiner, 2012). Critical race and critical global race theories will serve to explain these factors as cultural differences to describe the learning, sharing, and transmission of skin whitening. Therefore, a deeper understanding of cultural practices of subgroups is necessary and it is increased if the researcher is a part of the sub group that is being examined (Rohner, 1984). Inclusion of myself in the subgroup ensures that I am not operating from a deficit framework (i.e., where components of the research process situate the subgroup at fault for its structural challenges, biological or culturally), but responding to underlying assumptions or theorized misconceptions about black women. Furthermore, based on those findings of assumptions and misconceptions I am able to develop alternatives to create a more culturally competent design, analysis and report.

Another important component to how culture should be taken into account of health communication research, specifically health promotion, is cultural targeting and

cultural tailoring (Pasick, D'Onofrio & Otero-Sabogal, 1996). Both strive to clarify the misunderstanding of culture in health communication by removing race and ethnicity as interchangeable terms for culture and making culture's use more specific. Cultural targeting is selecting a particular sub group of a population based on a communal (or cultural) practice. This particular facet of health communication will explain how black women in this particular area are targeted to engage in the practice of skin whitening. Cultural tailoring is the adaptation of messages, strategies, research development and execution specifically to the sub group based on cultural characteristics and practices. From this, I will use cultural tailoring to understand the impartation of learning and transmitting skin whitening as a health and racialized practice. Typically, both are used in the creation of health messages, however I plan to use both in understanding the health information about skin whitening the participants have already received.

Empirical Uses of Culture in Health Communication. Cultural differences is noted as experience, personality, lay beliefs, and cognitive biases (Spencer-Rodeger, Peng & Wang, 2010). However, there is still a considerable emphasis on country of origin when reflecting about culture. The U.S. is generally an individualistic culture and this understanding has been representative in expressing what culture in health communication is. For example, Schimmack, Oishi and Diener's (2002) study of cultural influences on the relationship between pleasant and unpleasant emotions, cultural distinctness was first classified by country, then by philosophy, which adds to the issue in health communication of how culture is typically not adequately deciphered where race, or in this case country of origin, is used as a proxy.

Collectivism is defined as a general cultural system of mores and values that focus on community, group congruency, respect for power, versus individual choices and freedom, personal happiness and autonomy (Spencer-Rodger, Williams & Peng, 2010). In this way culture is influential and motivating in cognitions and beliefs in specific contexts, versus, not conceptualizing society in a particular way or maintaining congruent behaviors in every context. Thus, in the case of skin whitening, cultural is used in a collectivist and individualistic manner, outside of understanding about country mores, where the practice is examined from an individuals desires for personal fulfillment and autonomy in how they negotiation information to engage in usage, and also how collectively they as a group display congruency in method.

In a cross cultural study of “how positive and negative emotions come together within each individual over time” (Miyamoto & Ryff, 2011, p. 23) the cultural differences and similarities in emotional types shed light on how cultural differences in coping mechanisms where Westerners intend to change their environment, however Easterners adjust themselves in the environment. In the case of skin whitening, the practice can be viewed as users trying to adjust themselves within the environments in order to cope with hegemonic images, structural inequities, and pressures of assimilation. Nonetheless, even in this study there was no clear understanding of what the cultural differences actually were.

It is confirmed that cognitive processing is distinctively different for all people (Nisbett, Peng, Choi & Norenzayan, 2001). However, in health communication in the context of culture, these distinctive differences are rarely parsed. Thus, social differences for particular groups impact individuals beliefs and how they interact with certain aspect

of the world. Considering skin whitening there is a need to understand how social difference as a function of culture impact the cognitive process or negotiation of engagement. From social organization to negotiation, social aspects impact how women use and negotiate information prior, during, and post use of skin whitening products.

Tsai (2007) provides a congruent and more disciplined definition of cultural factors, noting that culture is “historically derived and socially transmitted patterns of ideas that are instantiated by practices institutions, and artifacts.” Thus, including, rituals, mores, beliefs, values, norms, religion, family, and of course, media. All of the aforementioned play a distinctive role in how people feel and how we negotiate situations and in this case, the engagement in skin whitening. Thus, cultural factors help to shape how black women may view the practice as good and how we feel as a result of socialization. Culture is continuous and maintained by practices, media, and institutions and consistent engagement in practices (i.e. skin whitening), media (i.e. dominant images and discourses that perpetuate colorism or whiteness as ideal), and institutions, individuals internalize the culture that they view. Congruent with Miyamoto & Ryff (2011), American culture is more influential where individuals consume, internalize, and repeat dominant cultural ideals. Thus, in the case of skin whitening as a cultural practice the consequences, if considered so by participants, is the repetition and the continuous relearning of dominant cultural ideas.

Skin whitening is a consistently learned practice through cultural mechanisms and structural inequalities, hegemonic images and discourse that actively persuade individuals to participate in the physical manifestation of race play. “Attitudes, beliefs, and perceptions,” are considered integral factor in understanding how an individual can buy

in to a practice or resist it (Kolodziej-Smith, Friesen & Yaprak, 2013). In this particular study, again culture is not carefully parsed and it is used as a proxy for nationalities or ethnic background, thus, grouping people not by shared ways of life but by geographical boundaries—actually using country and culture interchangeably. Thus, making the understanding of culture ineffective to consider people within one space as a monolithic construction. To be clear, culture does not directly cause behavior, however other factors like situational occurrences, structural, as described in CRT, and context matters (Kolodziej-Smith, et al, 2013). Thus, culture is not only a factor of engagement but also, individual differences, which are mutually exclusive, and structural factors.

Studies in health communication predominately focus on an aspects of culture like individualism and collectivism, particularly in cross cultural studies, which situate culture as a proxy for country. In the case of understanding health message framing cross culturally in culturally tailored content that there are similar instances across patterns. Thus, having culturally appropriate health message could enhance the effectiveness of health promotion programs. Understanding the two ways of to approach such is to go the route of cultural sensitivity or cultural centeredness, where culturally tailored health messages can enhance message effectiveness and in the future eradicate the health disparity, this approach is quite common in the United States. Thus, messaging should align with the core values of specific cultural groups, while considering the groups past, norms and beliefs. Therefore, when specific cultural groups seek health information, it would be more impactful if they receive in a the appropriate cultural context (Yu & Shen, 2013).

It is commonly stated that one can be a product of an environment. Thus socializing an individual will cause people to develop into reflections of particular cultures and they will subscribe to specific values, beliefs, and processes that reflect their culture. However, individuals still tend to differ from the subscribed set of cultural ideals giving them individual distinction. Thus culture is a continuous conversation to understand the mechanism that cause individuals to differ within culture (Kyo-Hoon, H. & Samsup, J., 2011).

Issues of Black Bodies in Health. Race is a primary factor in understanding the inadequacies of health (Smith, 2015). Considering skin whitening as a health issue, it is important to acknowledge the peculiar nature of black bodies relationship with health care in the cultural context of US racism and institutional biases in healthcare. Various forms of discrimination work to exclude blacks from adequate health care (Smith, 2015; Bronson & Nuriddin, 2014). Racial health disparities stem from racial bias in health care (Trawalter & Hoffman, 2015). Historically, blacks had inadequate health care, stemming from slavery where plantation owners cared for the health of their slaves (Smith, 2015). As such slaves were also used in medical experiments (Smith, 2015). Lower quality and poor access to health care is normal for blacks comparative to white counterparts (Smith, 2015). The general notion is the black bodies are inherently different than white bodies, and therefore inferior (Trawalter & Hoffman, 2015). For example, black patients may not be recognized for pain management and therefore not receive treatment, under the assumption that black feel less pain than whites (Trawalter & Hoffman, 2015). Thus, in understanding this mistrust, there is a seething tension between blacks and health

professional that range from patients misunderstanding information, health professional missing cultural contexts and apathy about health issues.

Colorism and Whiteness

Race is a socio politically charged subject that is fluid and varies in its content and context by persons, time, and geographical location. Therefore, calling for explication of a construct is necessary (Levine-Rasky, 2013). Commonly, ethnicity is used as a proxy for race to qualify the categorization of an individual's selective identity (Hall, 1996). In query, such a term(s) requires the use of various methods of understanding how it manifests in social scientific and communications research. Frameworks that mold new meanings for blackness, whiteness, othering, are used solely or in tandem with frameworks of black feminism, critical race theory, intersectionality, critical global race theory, racial realism work to describe and explain the function of race in various capacities (Bell, 1993; Collins, 2004; hooks, 1992; Omi & Winnant. 2014; Weiner, 2012; Winnant, 2000).

The practice of skin whitening is noted as the offshoot of colorism (Ranoco, 2016). Colorism is discrimination or prejudice toward people with dark complexions. Colorism has led to disparities in prison sentencing and employment opportunities (Ranoco, 2016). Colorism is an implicit example of how racism is done to an individual and skin whitening is how an individual participates in racism. Skin whitening is also noted as a result of the social construct of "whiteness" (Blay, 2016). Whiteness is understood in terms of primarily race and complexion of hegemonic groups and social actors of said group, which exhibit social control (Levine-Rasky, 2013). According to Dottolo and Kaschak (2015), whiteness is situated in privilege and, historically,

scholarship on whiteness is contextually limited to the United States (Kaufman, 2006). Studies that have considered the ways media messaging promotes whiteness and indicates that whiteness is not a marker for race, but rather encompasses ideological inferences of racial globalization. The expressions of whiteness in media reinforce racial hierarchy where being white is normal. From this, whiteness as a social form of domination is manifested in visual artifacts (Ahn, 2015; Brooks & Rada, 2002; Shome, 2000). Whiteness is conceived through historicized perception of citizenship and supplemented by standards that people used to judge and see themselves (Hewitt, 2006; Levine-Rasky, 2013).

Whiteness can be viewed as a dominant cultural practice that shapes international communities, it is invisible and not invisible. According to Levine-Rasky (2013), whiteness is manifested like gender and race; it is a performance and is not only attachable to white bodies. Thus, “whiteness serves a number of social functions that serve to reinforce a system of domination, not only in relation to race, but sexuality, gender, class, location, and, certainly, nationality” (Nakayama, 2000, p. 364). In understanding whiteness, race and complexion are foundational terms used in contriving its ultimate definitive means. Also, the suffix –ness must also be considered as this denotes that a specific state or condition is present, therefore can be applied to various entities. Thus, whiteness serves as a subsequent term of constructed race, which constitutes racialized difference.

Therefore in the case of whiteness, derived terms are identified as race and complexion. Race is defined as an invented social construction of identifying and responding to various groups of people (Levine-Rasky, 2013). Of course, there are

varying definitions for race, thus considering, Jackson (2005) notes that race is parsed variably worldwide, however, it operates as a unit of social analysis to essentially organize factions for global capital, while disregarding nationalities, which can be extended to say that race focuses on phenotype for organizing. This links to the next derived term of complexion.

Complexion is often used to judge racial factions based on the hue of skin (Herring, Keith & Horton, 2004). Complexion is defined as skin tone or color of skin, which is a predictor of life chances concerning social and economic statuses. This can include, but not limited to, occupational and educational access and achievement. According to Herring et al., (2004) complexion not only matters in terms of race but also within racial groups, which impose the same classificatory system as the broader race structure.

In addition, whites are not always under negotiation in the practice of whiteness, because the practice extends across history and various racial actors (Lewis, 2004). Thus, whiteness forces a constant negotiation of racial boundaries that are reinforced everyday. Because of variation, whiteness studies have to modify its definitive terms because it would provide false characterizations observances. Whiteness as an ideology that prefers white skin and grants privilege, which works in tandem to complicate ones ability to understand the marginalization of communities of color (Alemán, 2014). In the context of this study whiteness is understood as dominant socio-cultural forces that encourage the uses of such products that physical manifest as a transition to a whiter being, i.e., skin whitening products. White bodies reproduce the dominant power of whiteness merely by its display (Dyer, 1997). Thus, the more exposure to white bodies the more an individual

is accepting to the power of white bodies and its racial authority. This study works to understand how women are negotiating racial boundaries in the context of whiteness. Empirical whiteness has been used in many ways. Dubrofsky (2006) examined the representation of whiteness on the reality television series *The Bachelor*. In this specific performance of whiteness, it is found that only white people are capable of finding a romantic partner even in the presence of people of color (Dubrofsy, 2006). From this, Dubrofsky (2006) argued that people of color are essential in defining whiteness. Furthermore, Dubrofsky (2006) asserts that women of color can attain the romantic accomplishments of whites if they are whitened themselves, which is synonymous with motivations for engagement in skin whitening. Whiteness is judged by exterior visual appearance (Jackson, 2005). Dyer (1997) argues that whiteness of hue, skin, and symbol represent goodness and purity. Nonetheless, whiteness is not attachable to human biology however, it works as a divisive mechanism that excludes those who are not white or whitened (MacMullan, 2009).

Misidentifications of Whiteness. Often times white privilege is associated with whiteness, however white privilege is a habit that is seemingly nonexistent, that is attachable but varies depending on the white person (Sullivan, 2006). White privilege works in the presence of a binary exchange of the privileged (white) and disadvantaged (non-white). Sullivan (2006) argues that white privilege is identifying the domination of whites in an individual and societal context.

Racism can be confused with whiteness, because racism functions as a system where people historically have been marginalized, based on a classificatory system not concerning nationality (Jackson, 2005). For example, European ethnic groups like the

Greeks, Poles and Jews, were considered the other until the twentieth century (Sullivan, 2006). Racial difference is a primary object of social control for whiteness, which is entangled in power relationships (Levine-Rasky, 2013). Also, colorism is a process of discrimination and another term used inaccurately as an interchangeable concept for whiteness. Hunter (2011) defines colorism as a stratifying system that privileges fair complected people over dark skinned people in areas such as marriage, housing, income, and education.

Nonetheless, for the purposes of this study, whiteness will be defined as: (1) observable occurrences of hegemonic social actors performing discriminatory practices toward oppressed social actors based on race, class, familial affiliation or complexion through acts of verbal or physical aggression; and (2) oppressed social actors responding to discriminatory practices by assimilating to the dominant culture by association of race or complexion, through forms of appearance management or claiming affiliations of the dominant culture.

Beauty & Body Modification

One of the empirical branches of race research where representation is exponentially studied, is within documenting the various characters of blacks, stereotypical representations, or well-meaning curations that are reactionary to white creations of blacks (Squires, 2009). The media works to reify the othering of individuals by placing non-white individuals within the margins (Hall, 1990), whereby representations are scant or not at all, or they embody white imaginations of the black body and black experiences. Considering the colonial gaze of blacks, we are imagined in a white supremacist ideal where black bodies are represented as submissive, unclean,

impure and intellectual incompetent, which serves to benefit the opposite (i.e. white privilege) where whites are viewed as beautiful, clean, intellectual and socially superior. Here representation of others or non blacks works to maintain social order and position of whites as dominant.

In mainstream press, there is a great deal of mistrust from the positionality of black individuals (Squires, 2009). Mainstream media serves to create images and text that do not accurately represent and reify stereotypical images of blackness and black bodies. For example, the existence of black female characters in film embodying post colonial representations, such as, the Sappahire, Jezebel, or Mammie (hooks, 1992). Research in black feminism have worked diligently to rectify or clarify that the monolithic and historic images of black female bodies that work to sexualize and make black female bodies deviant of the idealistic norms of the Western world (Collins, 2004). Therefore as mainstream representations of blacks and blackness increases the mistrust of black people there is the innovation of the black press that serves to provide a means for blacks to critique, respond and disapprove of those images, while also creating our own (Squires, 2009). However, black press or black media exists as a reactionary tool that reifies dualistic thinking of evaluations of black representation (hooks, 1992). Therefore, hooks (1992) posits the question of what are good or bad images [or discourse] of blacks and blackness? hooks (1992) urges that scholars move beyond this classification of what we should look like or be represented as, because we inevitably will not be able to create images of ourselves. And as a result, manifests in the internalization of racism, where there is an active rejection of one's self and identity.

Historically the black female body has been labeled as grotesque and obscene during colonial conquest (Hobson, 2005). This historic negative attitude reflects in representation of the black female, but also serves as a site of resistance where instead of reflecting the shame of complexion, thus a reaffirming our bodies as normal and beautiful (Hobson, 2005). Hobson's detailed account of the ubiquitous Saartjie Baartman and her exhibitions throughout Europe is a burgeoning historical points of black women's publicly historical deviance from the white feminine beauty, which is depicted as ugly, grotesque. Departing from a racist ideology black female beauty is retold through desirability. Congruent with consistent motivations for engagement in skin whitening, desirability from the opposite sex is at the forefront for black women. Thus, the mixing of traditional female beauty is somehow at the core of how black women reclaim or attempt to claim the beauty of another for desirability.

Currently the beauty industry attempts to simulate this by coding skin whitening in post-colonial and post-racial lens where the incorporation of multicultural symbols to draw in black women who may feel excluded because of primarily images of white beauty (Hunter, 2011). Therefore, there has been inclusion of fair-skin black women like Halle Berry to intrigue black women to engage in these products because they believe their bodies are being valued (Hunter, 2011). Concurrently, with the genesis of multiculturalism in beauty there has been a steady climb in the offering of products that claim to lighten, whiten or brighten one's skin (Hunter, 2011).

To understand black beauty a central location would be black beauty shops, along with other beauty organizations like beauty schools, beauty supply stores which have been places for black women's political activism (Gill, 2010). Beauty shops are safe

havens for black women were they can situate the personal, professional or public issues they encounter. In this study, I highlight women who subscribe to black beauty and are also merchants. Black beauticians served black women's beauty needs, had financial and occupational security, amid racial tensions during the Jim Crow era. This is still a consistent thread where black beauticians still are economically independent amid race, gender, and class tensions. Not only was this exemplified but black beauticians were also political change agents in and outside of the community. Currently there is a difference in the type of activism that black beauticians express, rather than focusing on social issues, there is a focus on health concerns.

Women are socialized to see themselves through a third person perception and are interested in their appearance due to societal manifestations of hierarchal beauty, and as a result feel incomparable, thus they are more likely to engage in modifying their bodies (Bartky, 1990; Fredrickson & Roberts, 1997). Modifying the female body causes it to be perceived as abnormal, unfixed, unnatural, or unhealed (Hobson, 2003). The likeliness for individuals to engage in body modifying procedures are predicted by greater media exposure and perceptions of improved importance of self-worth (Swami, Arteche, Chamorro-Premuzic, Furnham, Stieger, Haubner, & Voracek, 2008). Nonetheless, if outcomes of body modification does not resemble idealized media images individuals have negative body image (Greenwood, 2009). Acceptance of the beauty ideal is typically associated with positive life expectations post body modification.

Roberts' (1997) *Killing the Black Body* is a linkage concerning the extensive history of regulation of black women's bodies. In her account, Roberts (1997) uses critical race theory to specifically delves into the intersection of reproductive and racial

politics and what it meant to persecute black mothers while also stimulating reproductive freedoms for others. Roberts argues that the governance of black women's bodies is a crucial component to the U.S. racial systems. In the same way I intend to use CRT (CGRT) to explore how race and racism are central to the conversation of skin whitening and reracialization.

Nonetheless, Henrietta Lacks "eternal" cells are a figure of how valuable black bodies are to medicine, health research, and black bodies resiliency in consistent misuse by U.S. institutions of medicine. For decades her contributions were unrecognized, unattributed, and misrepresented. But her story also speaks to the historical invisibility of black women in health care where our bodies are profitable but there is common inadequacies in accessibility to healthcare. Given in the skin whitening industry, a \$30 billion industry is built on the complexions and bodies of women who are unable to benefit from the same nexus of care.

Hartman's (2008) retracing of the slave trade is an embarking exploration of how hauntings of the past impact the currency of the present, where through the slave trade, beings lost their mothers, in tandem with identity, past, and original countries. Nonetheless, what is at the forefront of her accounts is her embroiled battle of internal struggle of her family's past with slavery. In many cases this is an internal feuding that is present for many African Americans, where we are longing for a connection to the very continent or complexions that we should know, but do not have for it was lost in the Middle Passage. Thus, we are grappling to attach our being, to find our mothers and identity by "new" or forced identifications through assimilation. Hence, skin whitening is

by virtue an extension of this grappling to where the lack of knowing our mothers we are forced with attaching to purposeful imaging.

hooks, a notable scholar that situates her work at the center of race, gender, and class in contemporary cultural life, her work continues to explore how blackness is bought and sold, sensationalized, the how the commodification in cultural production is reproduced and reified and internalized by the producers and onlookers. As blacks are consistently forced to view white supremacist ideologies, hooks calls for decolonization internally for blacks. Nonetheless, the cinematic stereotypes of white womanhood are considerably impactful, particularly to further the conversation of how whiteness as a racial category is just as important as blackness. This figure of whiteness is further explored, as it is the basis of how hegemony is both tangible and intangible in its function of oppression systemically and with the physical body. In this study I situate the body as a tangible space for whiteness.

In moving beyond scholarly conversation of race and media but embodying the sentiments of Derrick Bell and bell hooks I aim to use skin whitening as a topic to understand and theorize reracialization, where individuals intend to move beyond their own race to create a “new” image of themselves to buy into economic power by way of commodifying their image by inactivating the production of melanin. Finally, this will be embodied in a post racial context (i.e. colorblindness) where the conversion of race is embody of the context of there is not race and that a society is beyond the social marker.

Skin Whitening’s Mental and Health Effects

Colorism and whiteness contribute to skin whitening practices, which is a growing issue that poses a public health threat. Internalizing societal or cultural cues can

result in serious mental disorders. Skin whitening has been assessed in the arena of psychological disorientation mental disorder where the “overt and cognitive behavioral orientation to reality that derives from ideation itself when said ideation is based in Eurasian concepts, beliefs, and definitional systems” (Azibo, 2011). Thus, having a black body before whitening, but having a white mind, therefore, the individual will have the phenotypical attributes of a black person but will lack the racial sincerity (Jackson, 2005). In this state, black suffering from disorientation will defend and reify Eurasian sociocultural behavior in macro and minor ways. A blatant example is through the blatant use of skin whitening. This is used to create a distance from blackness and more proximity to Eurasian capital. The practice of skin whitening is viewed as an attack on genetic blackness by the “removal, erasure” of the phenotypical existence (Azibo, 2011), thus murdering the whiteners’ own race. Because the physical act of skin whitening has the potential to cause harm to the body, it is regarded as abnormal behavior, which is qualified as individual self-hatred or race-hatred (Azibo, 2011). Skin whitening is a choice, this frame of reference dismisses that anyone who engages in whitening and does not do it to clear away racial asymmetry to blackness or anti-Black behavior (Azibo, 2011). I disagree with this sentiment and posit that some whiteners may have harmless engagement in terms of even their skin tone or maybe not trying to disassociate from the race but to disassociate from the societal ails that being within the race brings, or lessening the severity of such ailments. Harlem rapper Azealia Banks is pro skin bleaching and sells products on her Facebook page Banks says, “Skin bleachers are people too!!! We have feelings and emotions and it’s not fair to act as if we are aliens or accuse us of self-hate or try to ostracize us from the black community when the world

already does a good enough job of ostracizing the black populous from humanity as a whole." Banks uses Whitenicious to change her complexion. Banks suggests its a way to assimilate hip-hop privileges light skinned women. She took to Facebook Live to say, "Just as black people in this world, you assimilate, and there are things you accept, not just out of necessity but things become norm because they just happen all the time."

Because skin whitening is a public health threat there has been many studies devoted to understanding the effects of different skin whitening agents and their method of use. The different types of skin whitening agents are (Mire):

- Topical corticosteroids
- Hydroquinone
- Mercury
- Foods

The different methods of use are

- Injections
- Creams
- Soaps
- Digestion

Women and men use skin whitening creams on their bodies, including their hands, legs, neck, feet, and sexual organs (Rahman, 2015). Usage is widespread; for example, the majority of black and Asian women who use skin bleaching are between the ages of 16-24, and about 52 to 67 % of Senegalese women lighten their skin (Sieczkowski, 2016). Furthermore, skin whitening products, which are commonly sold illegally, may cause health risks (Arbab & Eltahir, 2010). Women who use skin bleaching

products may suffer from skin discoloration or blotched and uneven complexion, at best (Abbas, 2010; Iyer-Ahrestani, 2014; Shago, 2015). Skin itching and peeling are also side effects to skin whitening (Nassaka, 2014). The skin will become ultra sensitive to sunlight and can burn in some cases (Abbas, 2010). Prolonged use of skin whitening products will cause irreversible damage (Iyer-Ahrestani, 2014).

More invasive health impacts of skin whitening and skin whitening products can have harmful effects, such as liver failure, gastrointestinal issues, brain problems, leukemia, skin cancer, neurological issues, diabetes, hyper-tension, high blood pressure, thyroid disorder, and kidney failure (Abbas, 2010, 2012; Arbab & Eltahir, 2010; Fihlani, 2013; Iyer-Ahrestani, 2014; Nassaka, 2014). For example, Mexican-American women have suffered from mercury poisoning from skin whitening products (Vedantam, 2010). Many countries have banned hydroquinone, a common chemical used in skin whitening products, owing to its health risks (Davey, 2016). Hydroquinone is a chemical that is linked to cancer and is used in skin bleaching products (“Illegal skin bleaching,” 2016). The chemical destroys melanin-producing cells. If used, the sun damages the skin and puts users at risk of melanoma and leukemia. Majority of black and Asian women who use skin bleaching is between 16-24 which is a growing issue that poses a public health threat. Ghana banned hydroquinone of more than 2 % in 1995, and required products to contain 0 % in 2005 (Blay, 2016). In the US, products should contain no more than 4 % of hydroquinone, but at local beauty supply stores, there are products with more than 20% (Blay, 2016). Nonetheless, there has not been a study of how particular foods that have GSH (an antioxidant) (e.g., watermelon, broccoli, avocado, etc.) that are able to whiten skin have effects and if it’s a safer method to whiten. Also, in a study it was noted

that as a result of skin whitening the environment is impacted because of the containments that are yielded from the use of soaps and creams.

In political and popular discourse and images there is a revolution of post racial (or non racist) language used to appease readers (Weiner, 2012). This is also the same with language that discusses skin whitening in editorials and also packaging (Mendoza, 2014). In a discourse analysis of magazine content it was found that beauty editors advocated for skin whitening under the context of “brightening” one’s complexion, and articulated black women who embrace the trend as savvy and career focus (Shrestha, 2013). These findings were not groundbreaking because other research can make inferences about the economic and social increase after engagement in skin whitening. Another study documented the black press’ role in advocating the use of skin whitening products during the 1910s to 1950s (Gooden, 2011). Finally, another notable study discussed how the presence of skin whitening is an act to assume whiteness and its privileges (Hunter, 2011). Therefore, study to expand on this can be tailored to theorizing how the reracializing of bodies permeate a post racial society and what it means for the restructuring or deconstruction of the color based caste system.

Immigration and Skin Whitening

Immigration has further spread the use of skin whitening products (Mahé, 2014), including within the United States. Existing racial hierarchies negatively impact immigrants who may have already felt pressure to lighten their skin in their home countries. Immigrants in the United States with lighter skin have been shown to receive, on average, 17 % higher wages than their darker skinned counterparts, when controlling for education, English language skills, background, race/ethnicity, and nation of origin

(Hersch, 2008). Additionally, educational attainment has also been strongly linked to skin lightness for Asian American and Hispanic American young adults (Ryabov, 2015).

These findings demonstrate the sociocultural pressures placed on immigrants to adapt to the “white ideal” of the United States.

Research challenges

There are many challenges that will apprehend the movement of the topical research area. One, the economic interest in skin whitening is so great that political officials have been known to endorse products and have lobbied against mandates that reduced the content of skin whitening agents or halt the imports of products (Medoza, 2014). Also, because there is considerable growth in the usage of skin whitening products there is potential for greater use of dermatological experts, which provide more funds into the medical industry. Thus halting the practice or reducing the practice can cause the reduction of revenue for major manufacturers, distributors and medical professionals. Furthermore, with other studies that would gauge information from skin whitening users, some maybe reluctant to admit to their usage, how they use them, and where they get their information. Approaching certain media outlets that report on skin whitening they maybe adverse to respond to query because of the racial and socio-political nature within the current administration. Nonetheless, I would advocate for sound, and culturally competent health promotion campaigns (that mimic nicotine usage) to undermine the growth of the booming industry of skin whitening.

Research gap and questions

As skin whitening is a racially charged practice it also has deep roots with socio-political, economic, and public health facets. Thus, one of the core issues of the body of

literature is that it has not been translated from research and theory to practice and communicated with actual users. Although studies have considered the intersection of whiteness and media, there is a lack of empirical investigation on whiteness and its intersection with health communication discussing skin whitening. Health communication studies typically focus on influencing individuals' behavior change, first to change their intentions and then to change their behavior (Chou & Hamilton, 2014). The long term outcome is to help individuals adopt healthier lifestyles, attitudes, and behavior. Understanding the ways in which health communication around skin whitening is encountered and understood by black women, who may be at risk of engaging in harmful skin whitening practices, is important to countering the growing public health threat.

As such, the guiding research questions are:

1. How do black women receive health information concerning skin whitening, and what do they know?
2. How do black women negotiate information concerning skin whitening, and what factors cause health information to be overridden?

Using interviews, field and participant observations, and autoethnography, I anticipate reaching new understandings of how black women negotiate socio-cultural pressures and information to make decisions about modifying their complexions. This study will respond to a gap in scholarly literature regarding health communication with black women in the United States who attempt to whiten their skin. Implications from this line of research will speak to sociopolitical issues such as racism, colorism, and ethnic-based caste systems that encourage the practice and aggravate the extension of

historical social conditions. By generating knowledge about this phenomenon, this study will serve both as a basis for continued scholarship and for practice.

Chapter 3: Methods

Considering the sensitivity of skin whitening, as a physical and internal transitioning, I have subscribed to an ethnographic approach. More specifically, using autoethnography, a methodological approach that triangulates personal experience to understand cultural experience (Ellis, Adams, & Bochner, 2011) I plan to discuss the health information of skin whitening and how black women negotiate, override or accept the health information. In the context of this study, skin whitening is considered a cultural, social, racial, and health practice. Skin whitening is defined as physically altering ones complexion to become lighter (whiter) with creams, lotions, injections, foods, liquids or other medical or experimental manipulations.

Autoethnography particularly triangulates autobiography and ethnography to challenge traditional forms of research, in which I would use core principles of both methods (Ellis et al., 2011). Creswell (2013) describes ethnography as focusing on a culture-sharing group. Also, ethnography “describes and interprets the shared and learned patterns of values, behaviors, beliefs, and language of a culture-sharing group” (Creswell, 2013, p. 90). Autoethnography solves the issue of using alternative method rather than master narratives to document nuanced relationships, complex stories, and exploitation of cultural members in a colonial fashion by using the opportunity for professional gain (Ellis, et al., 2011). This responds to CRT challenging traditional paradigms of research. This form of research “sensitize readers to issues of identity politics, to experiences shrouded in silence” (Ellis et al., 2011, p. 274). Autoethnography also recognizes and adjusts for the emotions and possible subjectivity that could impact research. Therefore by using this method, I have captured the nuances, complexities and

emotions of the skin-whitening practices through personal narratives and reflections, which will not only add authenticity to the study but will also enable the articulation of personal experiences to the much larger cultural and social problems.

Thus, I provide a thick description of the culture from insiders and from my experience. I must mention that this study does not claim its ethnographic roots from an anthropological approach but is rooted in a communication ethnographic approach where it is acceptable to complete at minimum 20 days of fieldwork. Fieldwork for this study was completed over four weeks. The description is contextualized in relation to broader socio-political mores using critical global race theory embedded in a personalized account. Analysis also incorporates Haitian historical and political context and Caribbean black feminism. This work is not meant to be generalizable but to allow for readers in the same demographic to have similar experiences to compare and contrast their life. Therefore, in the process of completing an autoethnography I retroactively wrote about previous experiences (Ellis et al., 2011). Some autoethnography is “purely personal” however this project captures my experiences in relation to other participants (Ngunjiri, Hernandez, & Chang, 2010). Thus, I completed interviews with other women with similar experiences, examined ways of speaking and relating among members, concerning skin whitening, reviewed specific sites, maintained a detailed journal, and reviewed artifacts and documents.

The culture-sharing group are self-identifying black women. The gatekeeper or cultural expert to a specific group of women who use, create and distribute skin whitening products is Ericka Jeanvil. Jeanvil and I, identified key persons who were

likely candidates. Although I am racially included in the sample, the cultural expert introduced me so that they would be more open given distinctive ethnic differences. As autoethnography employs self analysis, biography and ethnography as a compiled method, there was simultaneous and sequential qualitative multi-method design where I interviewed 10 participants, then observed two for “one day in the life”; while maintaining a daily journal documenting thoughts, epiphanies, and occurrences surrounding skin whitening. One an avid user who applies creams and uses soaps daily, and a young adult who forgets to consistently use her soaps.

One of the most pressing points are epiphanies concerning skin whitening which show how one negotiates situations and could impact feelings post negotiation (Ellis et al., 2011). Also, the journal documents my thoughts being a researcher experiencing the research while also being an active participant in skin whitening through my usual daily routines. The journal was kept for a 28-day period. Field notes were maintained and documented separately as I visited landmark cultural centers, beauty shops, and beauty supply stores where skin whitening products are traditionally sold and used.

The semi structured in-depth interviews were interactive and collaborative where both the participant(s) and I probed together about skin whitening. For observations, I was a participant observer where I was immersed in the day-to-day activities of two participants as they engage in skin whitening by using products, purchasing, or selling. These methods are tools that help report the meaning of the behavior and the interaction among members of the culture-sharing group. To provide a holistic perspective of the women’s social structure, kinship, social relations and how such functions, data was be

collected where the women live and do their work while respecting their daily lives and not impeding their natural processes.

Each interview ranged from 20 minutes to an hour. Also, beyond the 10 formal interview participants, I conducted additional field observations at beauty shops, salons, beauty supply, grocery and department stores. Those interviews were conducted through casual but informed conversations, ranging from five to 10 minutes each. This further enriched the data and interpretation.

Ethical Considerations

In writing the final product I have provided pseudonyms for participants to protect them from being identifiable (Ellis et al., 2011). Considering relational ethics and the easily identifiable nature and implication of people discussed in this autoethnography I will allow for member checking to allow those to acknowledge and respond to the text.

Researcher's positionality

I am a 27-year-old black, female graduate student and was = the primary researcher and coder of data. I am a native to the Southeastern United States and have a familial extension to the Bahamas and Cayman Islands. Prior to collecting data, I documented my biases and assumptions of possible findings in order to decrease the impact on analysis. In accessing participants for interviews I was mindful of my position as an academic researcher and as a member of the community. When introducing myself I weighed heavily on my community membership versus my credentials and scholarship, as the latter would create a social distance. Also, I would ask for advice and recommendations for my skin to allow women to feel more comfortable with expressing what and how they use products. Overall, I have not had traumatic experiences with body

image or body modifications and demonstrated reflexivity to discover new information through the data.

Sample and sampling

Participants in this study included 10 women (biologically) over the age of 18 who are of African descent (self-reported), who have used skin whitening products and live in Southeast United States. Purposeful sampling was used to gather specific persons knowingly to provide information relevant to research goals. To start, I identified key persons to receive referrals for likely candidates from the cultural expert. Although I am racially included in the sample, the cultural expert introduced me to allow participants to be more open given distinctive ethnic differences. After phone calls and emails to potential candidates and completion of data collection, I encouraged them to refer other qualified candidates who I then invited. The verbal and written invitations included a statement describing the study, the participants roles, method of data collection, estimated time of data collection, and noted that participants would receive a gift card for the interview and observation.

Validation strategies

Using interviews and field observation (including, photos and in-depth note taking), triangulation is used to ensure validity. Also, throughout the research process I reflected on my experiences and assumptions concerning skin whitening to lessen its impact on data collection and analyses. Finally, member checking was used to ensure that reported findings accurately reflected participants experiences and attitudes.

Data analysis

Using autoethnography makes the text more accessible for wider and diverse audiences that can entice a personal and social change. After transcription, I completed a long soak of the data allowing for emergent themes to evolve to understand the plurality of the participants experiences. Using Microsoft Excel, I coded data. As part of the analytical process, I framed my experience around contextual literature to illustrate the nuances of the cultural experience. This entailed comparing and contrasting of the experiences with existing research (Ellis et al., 2011). Essentially completing a cultural portrait that is grounded in the views of the participants and reported in the views of my theoretical lens and experiences. I conducted a theme analysis of patterns that signifies how the overall picture of how skin whitening health information works. The following is the coding criteria, featured in Table 1, which represents the categories discovered in academic literature and emergent themes.

Table 1. Coding Criteria

Code	Description
CULTURE: How black women receive information?	
Culture	How skin whitening being learned, shared, and transmitted (Kreuter & McClure, 2004); transmitting info/how; word of mouth
Cultural targeting	Selecting a particular sub group of a population based on a communal (or cultural) practice (Pasick, D’Onofrio & Otero-Sabogal, 1996)
Media	Skin whitening on Social media in newspapers
Cultural tailoring	Cultural tailoring is the adaptation of messages, strategies, research development and execution specifically to the sub group based on cultural characteristics and practices
Health messages and knowledge of skin whitening?	
Level of knowledge of use	Expert: Creating products from scratch using purchased and natural products Intermediate: Actively sourcing information about ingredients and combining purchased products Novice: An introductory level of understanding primarily word-of-mouth and basic sourcing of information
Type of product	Oil; soap (papaya/carrot/lemon); cream; powder
Procedure of use	Discussion of how to use products
Ingredients	Glycerin; oil; foods (lemon, carrot, papaya); plants (e.g. cerasee)
Naming of practice	Use of the terms whitening, lightening or bleaching
Maintenance of using products	Stay out of sun; Don't sweat; Wear padding and/or proper clothing
Health information	Discussion of information about products and use before purchasing, during usage, post-usage; discussion of ingredients and measurement of actual ingredients; packaging descriptions how to use/apply; precautions; ingredients
How factors encourage impede or cause further consideration of usage and override health information?	
Negative health outcomes	Possible health impacts like, skin discoloration, blotching, itching, peeling, uneven complexion, mercury poisoning, liver failure, gastrointestinal issues, brain problems, leukemia, skin cancer, neurological issues, diabetes, hyper-tension, high blood pressure, thyroid disorder, kidney failure, unnatural colors (red, peach, darker complexion), infection, cancer; blue veins; thin skin (Abbas, 2010, 2012; Arbab & Eltahir, 2010; Fihlani, 2013; Iyer-Ahrestani, 2014; Nassaka, 2014; Shago, 2015; Vedantam, 2010)

Banning of materials	Restrictions on certain amounts of chemicals, e.g., Ghana banned hydroquinone of more than 2% in 1995; banning manufacturing of certain products with particular chemicals at various levels, e.g., hydroquinone; Federal confiscation; import infringement (Blay, 2016; Davey, 2016)
Positive economic outcomes	Increase in wages; obtain better job; attract high status spouse (Hunter, 2011; Ojumu, 2016)
Socioeconomic status	Access to social, economic, educational, and health access varying for different groups based on structural historical impositions; Limited access to dermatological appointments and competent research that discusses the effects of skin whitening
Quality of product	Discussion of if the product is lab tested; strength; "good" if it makes you white or light; friend tested
Intent of user	To clarify (to clean or clear skin); remove dark spots/hyperpigmentation; to be beautiful
Gender	Perception of beauty; Experience of femininity through beautifying practices; Sociocultural differences based on identity that corresponds with female traits
Perceptions of skin	Descriptions of quality of skin; Muddy; good; cracked; sensitive
Override of information	Discussion of continued use despite health impacts
CGRT	
Whiteness	Ideological inferences of racial globalization; reinforcement of racial hierarchy where being white is normal; performance of domination by persons or mediums (Levine-Rasky, 2013)
Reracializing	Discussion of a transition by assuming the physical manifestation of whiteness and its social, economic privileges; apprehending one's racial capacity and identification (Hunter, 2011)
Colorism	Discrimination of an individual because of their complexion
Race	The social categorization of phenotypical attributes, social or familial, lineages; e.g. Black is a physical demarcation and manifestation of African lineage
Racism	Malignant: where it is abrasive and forthright, i.e. the KKK and Jim Crow; Benign: where it is structurally embedded and less overt than malignant, i.e. the denial of credit to a hopeful black homeowner because of race; Benevolent: where a person may operate in post racial or colorblind lens where they do not "see color" which inherently dismisses the lived experiences of others racialization (Weiner, 2012)

Class	Discussion of buying capital in terms of: Selection of products and sources of purchases; Access to professional help in skin whitening; sell products/economic mobility; clientele status; pricing; purchase protection/anonymity while buying
Spatial segregation	Gentrification or the confinement of others to certain geological territories; How the zoning of specific persons positions them in spaces where there is a high concentration of skin whitening products and poverty, juxtaposed with extreme wealth (e.g. Little Haiti and the Design District).
Political and popular discourse and images	Advocating the use of skin whitening products; post racial (or non racist) language used to appease readers in editorials, advertisements or packaging e.g. "brightening; glowing"; reinforcement of dominant ideas about how one's complexion should look (Gooden, 2011; Mendoza, 2014; Shrestha, 2016, Weiner, 2012)
Daily interactions	Experience daily manifestations of racism in subtle interactions (i.e. benign or colorism)
International race relations	The reflection of dominant western or European economic relationships and exploitation of people and resources in underdeveloped nations (in this case communities of color or immigrant communities); Domestic and localized perspective discussing how representatives of skin whitening products exploit persons who are historically and systemically disenfranchised
End of race efforts	Resistance to the use of skin whitening products
Race in health	Various forms of discrimination work to exclude blacks from adequate health care (Smith, 2015; Bronson & Nuriddin, 2014). Racial health disparities stemming from racial bias in health care (Trawalter & Hoffman, 2015).
Immigration	Sociocultural pressures placed on immigrants to adapt to the "white ideal" of the United States (Ryaboy, 2015)

Chapter 4: Reception of Information

Kreuter and McClure (2004) describe culture in health communication as the transmission, learning, and sharing of “ways of life.” In this study, skin whitening is recognized as a social, racial, health, and cultural health practice, which is the central activity that is being learned and shared among black women. Throughout this study using interviews, participant observations, field observations, and intellectual autoethnographic reflections, I was able to parse out the cultural understanding of skin whitening’s health impacts and its transmission among a particular group of women in a city in a Southeastern state. Culture here is understood as the primary instance that unifies black women who use skin whitening products. Participants, Evelyn and Cateria particularly discussed skin whitening as a cultural practice, with Evelyn saying:

My culture is definitely a part of it. It's more of like a Caribbean thing to me because I've never had a conversation or heard any of my American friends talking about it or their aunt bleach or they bleach or their mom, never.

(Interview)

Thus, unpacking the transmission, learning, and sharing of information about skin whitening is essential to understanding the broader impacts of the practice from within. What the women know is incredibly important to understanding the nuances of skin whitening, which is later discussed, however at the forefront revealing how they receive their information regarding the practice is particularly significant because it reveals sources of trust, preferred networks, and the best sources to communicate future health information programming through. It also reveals why the women and extended users of the practice choose particular sources.

Evelyn also, described how skin whitening is embedded in culture and exhibited through music

...my sister. Granted I know about it, but I didn't know about it. Like me, I knew about it, but I didn't know about it, in regards to like how to use it. I just knew people bleach because they have songs about it like when they make fun of people who are bleaching. Songs, like it's a Caribbean song called "Dem A Bleach." It go like, "Dem a bleach, dem a bleach up de skin." I'll send it to you so you can hear it so I know about those songs, but umm. Then with my sister when she started using it in then she told me about it but my acne on my cheeks. (Interview)

In this chapter, the primary sources for gaining knowledge and information about skin whitening is presented and discussed with respect to the significance of the source, what information the source provides, source trustworthiness, and authenticity of the source. Also, contradictory information will be highlighted to explore how information is later negotiated, and how users of skin whitening products are exposed to information and what leads them to sourcing further information is discussed. Finally, how sources are related and their functions are identified as well.

This work is not intended to demonize the practice, users of the products, women who provide for their families by creating a business by selling or making themselves more “vibrant” and noticed through skin whitening products; it is to highlight how information about a racialized, socio-cultural, health practice is understood while illuminating how the positionality, encompassing race, sex, and class impacts black women’s engagement.

Overall, accessing different sources is contingent on the individual's stage of life and socio-cultural situations. If exposed in early years, the individuals are typically reliant on immediate family members introduction to products, like a mother, sister, or aunt. Friends at this period are also, sources of information but function as sources to corroborate information and reference of the results of used products.

Sources of Information

Family & Friends. Mothers are consistently the introductory source of skin whitening products. During adolescent years, as young women become more visually and socially aware of themselves by their own observation and by third party commentary, skin care and beauty are at the forefront of their modifying goals. Brenda, expressed concern for her dark complexion at the age of 9 to her mother. Brenda's mother recommended skin whitening creams. Commonly, young women will source their beauty needs from their closest female family member, most likely their mother. Brenda's mother would also tell her the steps of how to apply, but allow Brenda to explore and learn how to use the products herself. Brenda said

...she tell me the steps, and if I needed more information about it, I could ask her but I already knew how to do that. I've been around that watching her do it. The gel, cream and the oil to mix it, put it on and just put on your clothes and go to sleep. I'll go to sleep and the next day you wash it out. (Interview)

Mothers are inherently trustworthy sources because they are essentially the first providers of care, and Brenda was able to recognize the effects of the products on her mother because she had observed her using them. Brenda actively engaged her source by asking for information about how to achieve her intended goal of "lightening" her complexion.

Roxanne, when she referenced her mother, the “only thing she used to use was lemon soap on her skin. And she would wash her face every now and then with the lemon soap when she think about it.” Roxanne is a consistent user of a skin whitening soap, so much so, that she buys the products in bulk. Aside from Brenda’s mother, other people she knew in her peer group who used similar products provided a sense of familiarity for her where she felt confident that the products would not “mess up” her skin. Friends were used as references for the outcomes of the products as well. One particular interviewee was a seller of products who recently moved to the Southeast from Haiti. Gerthude was a seller in Haiti and was looking to start up her business in the US. A young cosmetologist, Gerthude was:

... apprehensive but didn’t want to be recorded. Exceptionally passionate about ‘bleaching.’ She learned the method from her mother. She gains her clientele strictly by word of mouth and observation. If she sees someone can ‘benefit’ from the product she will give them a sample. (Field note)

For Brenda, the practice was passed down to her by her mother, like Gerthude a seller of skin whitening products. Gerthude started buying and selling products after her mother introduced her to the practice. Gerthude said,

Since I was a child, my mom sold merchandise. My mom used to sell items sent to her from the United States. When I’d leave school, I’d go to my mom and she’d give me money to buy food to make at home. And if she was making boxes, I’d help her make boxes. And that’s how I saw and learned how to sell merchandise. When she’d make the boxes, if she was making a box of sandals that I thought were cute, I’d ask her, ‘Mom, how much will you sell this for?’ She’d tell me,

‘I’m selling it for like \$1,000 or \$2,000.’ So, I’d tell her to sell it to me. If I saw the box have nice sandals that was your shoe size, I’d take it to school and tell you about it so that you can buy it from me. If I knew you were a wife of a rich man, I’d bring a sandal to your house and sell it to you at an upcharge. I did it for a while. Then, I quit and went back to school. Then, after, I went to cosmetology school. Then, I opened my own salon, and I’d sell stuff there. (Interview)

Gerthude, now sells a skin whitening oil specifically for dark knuckles, elbows, and knees. The oil is a mix of glycerin and a potent “bleaching” powder, which are cooked together. Gerthude, used to buy the mixed oil from a friend but it became too expensive so she decided to make it and sell it to others. In Haiti, she would sell the oil to clients in the US because it was more potent than domestically purchased products. Like Gerthude, I learned about the practice from my mother. She was the first person who cared for my skin. Every night my mother would use moisturizers, and her skin whitening treatments, so I was exposed to it very young, but never encouraged to use it.

...there was this product called Topiclear. When I was younger my mom used to use the soap and the cream. My mother would use it to tone her skin. It was noticeable when you use Topiclear, your complexion did change. My mom never used it on us, my sister and I, it was just always there in the bathroom in its brown box with a light face. I started using skin whitening when I was around 15 or 16 years old, but it wasn’t the explicit kind. It was Ambi fade cream, the facial cleanser, and moisturizing sunscreen. I used the moisturizing sunscreen not because I knew to use it with the fade cream to protect my skin but because it was the same brand. Never was I counseled by sales agents or inquired about how the

products would impact my health. I used Ambi for my dark marks, not to change my complexion because I was brown skinned, not too dark and not too light either, the right in between the acceptable kind by my community, where I was not shunned or picked on. I continued to use these products through college without regard to how they would impact my health because I didn't think they would. Once I got to graduate school, I began using "natural" products on my skin, so like shea butter and coconut oil, and to cleanse I used Cetaphil. I got this method from my friends in D.C. who were into beauty and I needed a switch.

(Self reflection)

My mother was the introductory source for skin whitening products. This is commonly the case for other women who use skin whitening products, they are introduced to it by someone who can vouch for the products and talk about the good outcomes, but rarely are there conversations about health information and the products impact over time. Sisters are also sources where women are introduced or learn about positive outcomes and possibly health impacts. Evelyn, a 26-year-old legal assistant, began using skin whitening products in high school. Evelyn said,

...first time I started using skin lightening I was in high school. My sister told me about it cause I was breaking out so bad, right. And so my sister's friend and her mom was making these products at their house, and they gave my sister like a whole jar of it so my sister gave me some and I had used it and I never forget like it did make my acne go away...

Here, Evelyn, was approached by her sister, the source, and encouraged to use the products because it would help clear her skin. Evelyn trusted her sister because she used

the product and was in her peer group, thus experiencing some of the similar social experiences and possibly because they had the same type of skin. Another way the practice is transmitted is by identifying with someone with similar phenotypical attributes. During my observation with Roxanne, she noticed a bar of lemon soap that another interview participant gave to me. Roxanne said that she may “switch to it because it would refresh and brighten the skin.” After noticing that, Roxanne gave me some products for my skin and my baby.

This morning she offered me baby carrot ointment. I asked her what was it specifically for and she said she and a friend picked it up while shopping. I thought it was for skin whitening considering the other participants fervently used carrot soap and creams. (Participant observation)

Passing off carrot petroleum jelly to me for my daughter is a prime example of how skin whitening is introduced unwillingly to users where if it is recommended by a trusted source, if I were to use it on my daughter, it would be accepted by her in future use.

Aunts are a part of the conversation of skin whitening as well. Ashley, a health professional, was introduced to skin whitening by her aunt when she was in middle school. Her aunt was assisting her with her acne as she was entering puberty. Ashley said,

...she just came over and she was just like, ‘Oh, use this soap for your face like I said I used to have acne in middle school. Especially cause I got my menstrual cycle early because of that you know I feel like you know that came with problems too, so I trusted my auntie she was older than us and my momma little sister. She came and she brought that to me. And she's dark, she doesn't need to use that type of stuff so I don't know how she know about it.

Ashley describes why she trusted the family member, her aunt, because she was older, thus having experienced the same growth period as Ashley and also has had more experience with beauty products. Also, her aunt's familial position as her mother's sister gave her more credibility to be honest and authentic about recommended products even though Ashley had perceived that she did not use them herself.

Cateria, an undergraduate student at a four-year institution, was introduced to skin whitening products by friends, but later used mainstream acne medication recommended by her sister. The effectiveness of the products on her friends continued her engagement, where she initiated the information based on her friend's "vibrant" skin. Cateria recalled,

I started noticing my friends use it, it made me realize like the product was effective. When I did see other people use it, it actually works. So that's what kind of convinced me and provoked me to use it. (Interview)

However, now Cateria uses Proactiv which she was introduced to by her sister. Cateria said,

My older sister, she had very bad skin, rough. Her acne was bad to the point where like she even got like prescription medicine from the doctor and that didn't even work. When she started using Proactiv on her skin, it was a major difference, like you actually see her skin looking smooth, younger, more vibrant to me. I feel like that's like the top product on the market right now that's probably being advertised and that is effective. (Interview)

Roxanne was very kind during observations being generous and honest about her involvement in the practice. She did not particularly use carrot soap, she used Crusader's Skin Lightening, however with the other participants, creams, and soaps infused with

carrot mainly, and sometimes papaya was consistently used. The jar of carrot baby jelly she gave to me does not have any health information or warnings on the jar, but is infused with carrot and chamomile extract. Carrot is an ingredient used in skin whitening products and GSH is also found in carrots (Malathi & Thappa, 2013). The carrot petroleum jelly was distributed in 1995 by Pearl Collection, a cosmetic and beauty supply entity that closed in shortly after.

So the most salient product used was carrot soap. Participants talked about it so much that I wanted to try it. But I was scared. When you start to know about things you change your mind. Carrot soap is for all over complexion which makes me uncomfortable because it's going too far. Too far beyond the face. Too far beyond the dark marks every participant said they were trying to clear. But I remember my mom made me drink carrot juice once. We got these offerings from the government and it came in an aluminum can. It was literally the tallest glass ever and it was so thick. While I was drinking it she told me it would make my eyes pretty. As I got older I realized parents tell you things to get you to do them. However, some of my participants alluded to some whitening remedies with things that we consume like Cerasee, a vine that grows on my back yard fence that we use for tea when it's cold or when you have a cold. This mixed with actual carrots changes the completion. (Self reflection)

Experiences with food and our parents are so incredible it impacts how we view ourselves. From the "you are what you eat" to your parents instilling what is good for you and for your beauty. For years I considered carrots a food that would beautify me and my eyes, particularly to make them lighter, because that's what pretty eyes meant, that they

were lighter, differently than the common dark brown. Thus, my mother as a second-generation Bahamian woman, I think that this could be stretched to fit some other mothers than would use beauty as a mechanism for their female children to accept “healthy” options of food. Also, using tangible resources from the land is not uncommon. Cerasee is a vine that I am very fond of and would argue that it would cure any ailment, using it as a skin whitening ingredient is curing a social ailment.

In short, family and friends are a primary source for receiving information about skin whitening. Family, particularly older female relatives, a mother, aunt or sister, are trusted sources to provide advice especially if they have used the product and the intended user is interested and has watched application and witnessed results, making the sources more credible. Family would also be a trusted source even if they have not used skin whitening products but because of their familial position. Finally, friends are used as physical references of skin whitening products. Intended users may initiate conversations about skin whitening products once the intended user see the results of the products on friends.

As a mother, I am plagued with the task of how will I share information about colonial projects that are still manifesting and that could manifest in my daughter’s behaviors. Thus, understanding how to communicate about such practices is integral to not only health communication but also imparting information about social historical tensions, caste systems, color and complexion hierarchies, and systems of oppression that manifest in beauty.

Social & Traditional Media. Media is also a source for health information about skin whitening for black women. Various platforms offer different methods

communicating skin whitening information. Emma, a mother of two daughters and health professional, said that new products are found advertised on social media. One way is user/seller driven where, Gerthude uses Facebook to provide information about her products. Gerthude uses her Facebook page to advertise her products and provide general information to increase sales. Multinational companies also sell via social media, primarily Facebook. Also, campaigns for products like Dove, a brand of Unilever, implicitly suggest that fairer skin is better and that by using their products you can achieve the appropriate or better image. Evelyn said,

I know you're aware of the Dove campaign [commercial], they're not verbatim telling you to bleach your skin, but they're sending out messages that almost make it look like lighter skin or white skin is more superior or better than black skin, which to me is almost making the person think, 'Dang, I should bleach my skin, or I should find a way to become lighter so that I fit in with this more privileged and better group,' you get what I mean...

Facebook also works as an archival source where participants noted that they saw the differences in their peers who used skin whitening products. On Facebook intended users and users can assess the outcomes of their peers and consider the products they are using, or if they will continue or engage at all. Participants did not comment on if they engage on social media by asking questions about products but it was clear that others would comment on changing complexions. Brenda said:

On social media, yeah, when they like, 'Oh this girl bleaching,' basically like you know on Facebook, if you, two toned, 'Oh girl, you need to put a little on your

elbow, you missing some spots' because they would be commenting on your stuff.

Pinterest is also a source for women who want to read about “natural ingredients to lighten your skin” said Evelyn. Yamira, a user and seller of carrot soap, said that one of the ways that women gain knowledge about skin whitening is by interacting with personal contacts on Whatsapp. Also, Snapchat has featured content on skin whitening.

Brenda said:

I know that Snapchat had an article about skin lightening. It was like I guess they did research in Jamaica, and in Jamaica like dark-skinned is like the worst, the bottom. Nobody wants to be dark skin, you even see men bleaching in Jamaica. It's a cultural thing, and I guess this why even guys doing it. I never knew that guy's actually do it till I read this article.

Thus, social media also provides socio-cultural contexts concerning skin whitening beyond advertising products. Social media functions as a source that advertises skin whitening products, while also reinforcing post racial discourse. Because of this, Ashley said even though she sees a dermatologist she will still use advertised products:

I just went to a dermatologist and I was going to try this product called Accutane, and you know and that actually help me cleared out, but with Accutane, even though it cleared it out every now and then I do get like a pimple so like I buy different stuff. Like anything that advertise and it's was like you know make your skin complexion “glow” like you know something like that.

Particularly words like “glow, brighten, or tone” are used in skin whitening advertisements as place holders for “whiten, lighten, or bleach.” Shrestha (2013) says that

this post racial language is employed in the US context because it works to shift the focus away from actual domestic racial tensions and the US' economic decline. However, explicit language about skin whitening is used in other places like South Africa and countries in Asia. Other traditional media like magazines are noted to have implicit suggestion about skin whitening. But social media platforms provided a more explicit way of discussing or advocating for the practice. Celebrities like Azelia Banks are frequently noted to have taken pills to have lightened their skin among other celebrities said Evelyn.

That's what they do, and I almost feel like she's telling the truth because like if some celebrities when they come out to now their skin is like so much brighter.

You know so maybe that is true, but those are the things that I really see in social media is just like mostly exposing people who have bleached skin, but not really in an educational way.

Brenda discussed that a form of traditional media allowed her to be exposed to skin whitening when she was younger. Brenda said,

Back then it was more like newspapers but right now, they got a little bit hush on it, you just glanced used to seeing a little newspaper like one word when you don't stop or they tell you about the bleacher or whatever, but they had like something and BET when they went to Jamaica and they went for only that, the lightening and bleaching and everything like that and they see how people was using the stuff like putting it on the body and stuff like that and sometimes they poor countries like you can't afford that stuff all the time so that was the severe part if

what they doing to get those product to use it is ridiculous, it's that serious for you could use the product.

Traditional media, such as television serve as source to not only advertise but contextualize the phenomenon in skin whitening. However, in these representations of documenting skin whitening it is often from a deficit framework and situates skin whitening as a classed and racial issue without providing information concerning post colonial racial projects and systems of oppression or the workings of whiteness (Omi & Winant, 2014). Thus, Facebook and other social media sites serve to provide one-way information concerning skin whitening about its celebrity engagement, trends, socio-cultural contexts, and also to advertise about products. Furthermore, traditional media such as television, multinational companies use this source to implicitly convey that fairer skin is better which reinforces dominant ideologies of colorism through political and popular discourse (Weiner, 2012).

Celebrities as “influencers.” Celebrities were cited in association with the skin whitening, most notably was Sammy Sosa, a Dominican-American baseball hall of famer that made an exemplary transition and said, “It’s a bleaching cream that I apply before going to bed and whitens my skin tone,” on Univision’s *Primer Impacto* show in 2009 (Williams, 2017, p.1). Also, Michael Jackson was frequently described as a hallmark figure of skin whitening although he was reportedly diagnosed with vitiligo, where the immune system attacks cells that produce melanin (Park, 2009). Sosa and Jackson are the representative figures of “horrible things” that could happened when engaging in skin whitening. Cateria thought that, “if you use the wrong product you can end up like Michael Jackson.” Beyoncé is not an example of negative impacts of skin whitening as

Sosa and Jackson, but as the pillar where she has done it correctly and almost unnoticeably. Not only were these celebrities noted, but Beyoncé's arm pits was noted by Evelyn, because she had used skin whitening products to lighten her armpits to resemble that of Beyoncé's. Evelyn described having her lightened arm pits as an ideal feature. Also, another more current representative of skin whitening is Azaelia Banks, a rap artist who is quite popular for making social issues more salient and the socio-cultural practice of skin whitening engaging for a multitude of platforms. Banks is noted to consistently comment about how she is an advocate of skin whitening although it presents a racial hazard and that other celebrities are engaged with the practice where they decided to take a pill to make them lighter instead of external applications of creams and gels. Emma talked about how celebrities on various platforms can serve as influencers or role models for using skin whitening products.

Not for me specifically, but I know there's people that see certain celebrities or they see a certain person and they're like, 'Oh, I would like my skin to be that way' or they think there's a certain thing that you like about that person that they wanted to be that way so that's why they do it and the perception is that, that color is more acceptable or like even with the perming of the hair the straight hair is more acceptable, the kinky hair is not. So we just look at I guess our environment and the way the world is and we kind of tailor our self to that of what you're seeing... they skin is always flawless you want your skin to be that way so you continue the creams and stuff like that.

In the realm of celebrity involvement skin whitening is viewed as another method of body modification said Cateria. She described it as a trend. Celebrities are a source where

users can view the outcome of skin whitening, engage in understanding the socio-cultural nuances of practice, and the global response to the practice. Also, they are representatives of the health and racial hazard of the practice, while reinforcing popular images of how blacks could seamlessly transcend race (Weiner, 2012).

Packaging. There is often a lack of health information from the product description or labeling, however many women report that they learn more overtime by using the products. While conducting field observations there was an array of products dedicated to lightening or whitening an individual's skin. Commonly, product packaging would include information on ingredients and product benefits. Civic Lightening soap boasted about its natural ingredients that, "enriches, nourishes, lightens, and remove all imperfections of your skin while cleansing." For example, Bright Factor soap said that the benefit was "works on stopping melanin production." Furthermore, deluxe nadinola "beautifies dull, dark skin, [and] fades blotches." Topiclear, in the form of a skin lightening gel noted that the active ingredient was hydroquinone at 2% and its purpose is to lighten the skin. Because of hydroquinone's notorious reputation for being harmful, some products' packaging noted that hydroquinone was not an ingredient, like, "BioClaire without hydroquinone stimulates the lightening process in a natural way." If they are topical products, like gels or creams, the products would warn that it is for external use only, keep out of reach of children, and to avoid the eyes when using the products. Product packaging also recommend that if skin becomes irritated, or if used on children under the age of 12, a medical physician should be consulted. Also, product packaging may include directions on how to use and frequency of use and what

temperature to store the product. Product packaging also includes the manufacturing company and country. Products were produced in Jamaica, Italy, France and more.

Sellers. During participant observations I frequently visited the primary locations for women to buy skin whitening products. Cateria would often get information from merchants or sales representatives from beauty supply stores. Cateria said,

I wanted to do like a skin lightening and the lady told me that if I wanted to do skin lightening, I had to use the carrot cream and mix it with the lightening cream in order to get my skin to be right because like if I use the bleaching cream without it, my skin would be like you know how you see people in their faces like it's the faces light, the neck is dark or whatever you have to use both products together to create a nice mixture, and you have to use it on your neck as well, so it could be the same color, so it doesn't look weird. (Interview)

Skin whitening products were noted to be purchased in beauty supply and grocery stores, familiar chain drug stores, like CVS and Walgreens, and cultural centers like the Flea Market and Botanicas. During field observations, I visited the aforementioned expect CVS and Walgreens because the women reported feeling like beauty supply stores and the like were more in tune with having the products they needed or used. In these spaces the women could query unsuccessfully about health impacts associated with the products they would purchase and even get some of the products applied. Many beauty supply stores had beauty salons inside where women could get their hair and nails done, and get their skin whitened. In beauty supply stores there would be a minimum of 20 feet of merchandise related to brightening, lightening, bleaching or whitening the skin. All kinds of assortments of gels, liquids, creams, lotions, sprays, and soaps. Beauty supply stores

are not an uncommon experience for me, it's typically a one stop shop in some cases where patrons can buy clothing and accessories as well as hair and beauty items. With such a vast amount of products, you would think that there would be a healthy ratio of attendees to assist with the selection of products, product knowledge and just overall a "hello" at the entrance. Nonetheless, on most field observations there was no one close by or actively assisting customers "on the floor" unless they were summoned. During observation with Cateria, we went to Beauty Elegance. We went into the store, she went to shop for a wig and I perused the extensive aisle of whitening products. Later she joined me but declined buying her soap because it was too expensive.

Later on that day, on the way from her doctor's appointment we stopped into a pizzeria that used to a beauty supply store. But like most "cultural businesses" they are brought out by other business in "uplifting" or gentrifying the neighborhood (Weiner, 2012). In Little Haiti the demarcation of class have become blurred as more business and long time residents have been moved out. Nonetheless, Cateria talked about the products she once bought at the once-was beauty shop and then she added how the 99-cent and grocery store in the same plaza had skin whitening products, therefore I stopped in.

No one was around to help. The "Haiti 99cent store" sold cartons of carrot soap and the Hispanic lady who worked the check out did not speak English well enough to understand my questions. (Field and participant observation)

This interaction was not uncommon. When sourcing information it is incredibly important for patrons to be on the same page as merchants so that the patron can articulate what they need, intent of use, and expected results so that the merchant or store representative can give them adequate advice and product knowledge based on their

experience and expertise. Nonetheless, the language barrier is a consistent theme when entering stores, representatives either fluently speak only their native tongue of Spanish, Creole, or a middle eastern language. Even Gerthude, a new transplant to America was concerned about her being able to communicate with buyers and users of her skin whitening products. Using Facebook and word-of-mouth as a way to promote, and having someone locally and culturally in-tune to work with her, Gerthude recognized the importance of the language barrier. Gerthude said,

In a few days, I can put my product out and begin selling it. And I can find someone who will work with me, and help my product get out there. But first, I must be fluent in English, and also be able to tell them about it in French and Creole. I must be able to speak English too because people are going to be coming to ask you questions. (Interview)

Just as Fancy, Gerthude discussed why she would be only inclined to the representations of the products and its outcome, Gerthude relies on word of mouth to transmit messages about her products, the potency, and positive outcomes.

You have to do word of mouth. You have to tell someone, and then that person will bring someone to you. For clientele, I can see you and I say, 'Hey, I have something for you.' You'd ask me if I think it's good, and then I say, 'I'll give you a sample.' Because it's a client that I'm trying to make. So, I'd give you a sample and if you see it's good, you'll return to me because you'd have my phone number. Then, I'll tell you, 'Oh, you didn't know I had these? It's from a person that I brought this oil from, and the oil remove marks. I'm going to take your phone number, and buy one for you too.' (Interview)

As Gerthude is the forefront of her business and selling she is also the expert on the health impacts. She would counsel women (or men) on how to use, treat and maintain their skin during and post use. She primarily draws from her own experience to provide the detail, and sometimes from her academic and professional background in cosmetology. However, she describes a limit to what she tells patrons because they may be discouraged to buy from her. Thus, she negotiates how much information to give them to maintain her clientele. She does this because she feels her clients already know the health outcomes and are not concerned with the possible (if any) impacts. Gerthude said:

It's with my mind that I work because I know all that can occur with a certain product. Like that too, you find that sicknesses and you live/experience that. You could have lived it or lived it through a friend, you understand. But you don't use bleaching cream. You have seen a person who does put on bleaching cream, and you notice that their panties are never clean, or their panties are always sweaty because bleaching cream is something that is oily, and it always produce oil. And don't forget our skin is muddy, so her underwear will always be black. Me, there are things I lived and things that I've seen that I can communicate or share. So, I can share this message. If you're my friend, I can share the message. But I can't tell you not to use bleaching cream. Because your decision to use bleaching cream is because you have the money to buy it. And the money is good for me. If I would tell you not to use, you'd tell me I always have a whole bunch of mess to say when people come buy from me. And then, they'd go buy from somewhere else. In that same way, there are people who are way smarter than me about bleaching. (Interview)

Even if you shop for your skin whiteners at a notable department store, with pricey products there still is rarely a conversation about possible ailing outcomes. Following is a note about my introduction to Clinique postnatal.

During my pregnancy my products changed because I developed severe acne post partum so I switched to Clinique, a brand I thought I could never afford. One of my friends from my masters program and another from my doctoral program recommended it. Both had phenomenal skin, very even and clear. So I spring for it. The cleanser, toner, acne treatment, and as sunscreen called “Even Better” in a white bottle which is to correct the dark marks. This is the whitener.

Appropriately so, the bundle costs about \$110 every six weeks, this is a new bill. But it took about that much time to see changes. I rarely have breakouts now, but I notice that my skin is drier in some areas and that I shouldn’t use them in sensitive spots so like around my mouth and my eyes. When I first started using the sunscreen and whitener “Even Better” I was using excessive amounts and smearing it all over my face to where if I began to sweat it would get in my eyes and I would have a blaring headache and my eyes would be bloodshot red. Even spending such a grand amount the sales rep at Clinique never advised me on the use nor my friends. Now I know. Even in my recent most visit the sales representative was not so knowledgeable about how “it may hurt me” there is no information given. No health information. (Self reflection)

In order for the transmission of using skin whitening health information to be received, the person has to physically embody what the intended user desires for the information to essentially be accepted. It’s difficult to engage in a practice where the representatives do

not embody what you intend to reflect. Fancy, supported the same sentiment where she described her friend coming to her home with “good, beautiful skin” and how they went together to the beauty supply store to retrieve the same cream her friend used. Fancy also said others who are pretty she would take their advice about what they would use and adopt the same product and procedure of use. Nonetheless, with my transition to Clinique, I was never advised on how to properly use, thus, minor impacts from daily use, like dryness in sensitive areas around my lips or underneath the eye, and headaches from the product getting into my eyes after sweating would occur. Also, I never took time to review the product packaging because the representation of how it impacted my friends was more salient than anything else. Emma discussed how her friends contributed to her adoption of the practice as well. The sales representatives were never incredibly sophisticated on product impact either. During my visit the Clinique representative spoke enough English to communicate that it would not hurt me and that she tried all of the products because she worked there. But there is also a need to mention that the representative was a fair Hispanic woman, so the congruency of our experience with the products would greatly differ just by the amount of melanin we have and produce.

Economic gain is a driver for sellers. Some merchants were afraid to tell buyers about misfortune because they want them to buy. When selling products Yamira and Gerthude tailor their approaches to cultural and social mores. In Haiti where Yamira ships her products and has her cousin sell them in a family beauty salon, she says the profits are lucrative because she can upcharge just because it’s from the United States. Thus, it’s a widely held belief that products from the US are better than products that could be found domestically in Haiti, even if they are the same brand. Yamira said

They have the same, but when they use United States' things it's better for them- that's what they say... that's what they think. (Interview)

Weiner (2012) speaks of international race relations where the reflection of dominant western or European economic relationships and exploitation of people and resources in underdeveloped nations (in this case communities of color or immigrant communities). Here is an example of how representatives of skin whitening products exploit persons who are historically and systemically disenfranchised, where both the seller and consumer are a part of the racialized group. Unfortunately this extends to other beauty supply merchant in communities of color like the site location for this project where most stores owners were either Asian or Middle Eastern.

Thus, sellers are used as points of purchase and very rarely transmit information about health impacts of products because they want to maintain their clientele. Also, there is an obstacle of a language barrier when purchasing products which could make it difficult for the buyer to understand the processes involved when applying the products. Furthermore, sellers sometimes, put themselves in the position of the buyer by referencing their use or one of their counterparts use of the product to make the transaction successful.

Google. Google is a popular source to gather information about skin whitening products. Openly searching about products would open a realm of forums that users could ask questions to other users about particular products, methods, and outcomes. Participants used online forums to gather details and feedback about products and how to use them. Brenda said

I start checking online about other people. I asked people that I know that was using it their feedback and everything like that and some of them was good and some was negative. I don't like it so I was like okay. Let me just decide to stop using it because I don't want a product that I have to continue using it. I would Google it, how to bleach your skin. It will show you. It will pop-up, different products and stuff like that, they would tell me I used to use this, and they'll tell you how the product did with them, and if you decide to use it, okay, that's what it did to me, I don't know if you differ and take a chance. (Interview)

Google, was also a source to confirm whether you had the correct product. Emma said:

I always research different ones. Like if I see somebody say, 'Well, this is a great product it does this it does that,' I research it myself to see why does it do that? What is actually in it? Why is it better than the one that I'm using before I go use it? I look at why they like the products that they are saying. I take that product, I Google it, and I look up to see who makes it how many version of it is there? Is it actually the real one that when you go to the store are you buying? Or you buying basically a copy of with the original one is. (Interview)

Google would yield YouTube videos of tutorials and advice for how to use and apply products. Women would corroborate information sourced from other people or health professional. Google would also give women more in-depth information about ingredients, like hydroquinone, and how the ingredients would impact their skin or the use. Women who noted Google as a source believed information to be trustworthy and authentic.

Medical professionals. One key source that was missing from the conversation of skin whitening was dermatologists and aestheticians. On one of my visits to a beauty supply store, one that I would frequent in high school, I noticed a flyer in the window that advertised the services of a dermatologist who provided skin “lightening” treatments. During my time in the Southeast I had heard about treatments being provided on the radio, but I didn’t know dermatologist were offering these treatments.

I called Dr. Thrower, they said that there are different options and if I wanted a consultation it would be \$95. An esthetician would do a facial which could help with discoloration but anything more invasive I would have to see Dr. Thrower. She wasn’t quite sure either what my query was about and said that they would be getting a new machine in January to do laser procedures and much more. (Field note)

The advertisement in the store in Little Haiti is a reflection of cultural targeting. Recognizing that a great population of women who practice skin whitening in this area live and shop in these stores. Also, Gerthude employs cultural targeting when she would examine women’s complexion and find a need for them to engage or buy her product and by recognizing that she would need someone who is culturally astute to help her sell products.

Typically users are introduced by friends and family members or other users about skin whitening. However, users would like to speak with an expert but still would not trust the expert as the final source of information. Experiences for those who did see a dermatologist about concerns for their skin were not satisfied with outcomes so they recalibrated information with friends or family members advice. Emma said,

I went, talked, they checked my face, and then they'll be like, 'Okay, here's a prescription for this topical cream try this,' and then a month later I'll follow up, 'I'm like what this cream is not really helping.' They'll prescribe something else as soon as they prescribe me something else. I don't go there anymore. I go to another dermatologist because for me. It's like I need a problem to why I'm breaking out into stop it. Not to just put something a temporary bandage or temporary fix on it. I want it to fix. And I got that once I went to the dermatologist that deals with just regular skin and people with cancer of the skin and stuff like that and he was able more to help me because he gave me a topical plus a pill to also take because he was like you can't just do the topical and you're not taking anything to clear it out also they're white, they always was white. It's rare that you see a black dermatologist. I haven't met. I haven't met one yet, so I don't know.

Along with topical prescriptions, Danielle felt that dermatologists were notorious for prescribing pills, which could be considered a good thing "because they treating it from the inside not from the outside." Dermatologists seem to serve as the go between for users where they get information from a friend but would need the dermatologist to provide a prescription not necessarily their advice. Ashley said:

You just go there with your complaint. "My face is breaking out" and you know and you want to have some clear skin. And they'll tell you to try this cream, but before you go to the dermatologist it's good that you do your own research as well. They're going to give you something and you'll be like maybe I've tried this before and I went to the dermatologist ever since I was in middle school...you have a friend, like the medication that I was on that's because one of my cousins

was on that medication. So I went to them and told them, "This is a medication that I want they try to give me something else you know but I was like, "No I want this medication" Only because I knew somebody that was on it and I seen the results. You know I've seen the results.

Access was a key factor in if women had the opportunity or financial means to support a visit to see a dermatologist. Brenda said:

I will go to a dermatologist because the problem is if I have the money because those to go to those people the is money when your friends could be free, but you know the good way is to go to a expert like a person that really know about those products to even but you can learn about it, and what you use into for your body or your skin so you wont damage your pores.

Unfortunately even if some women want to seek advice or counsel from a dermatologist access is limited or non-existent. Danielle said, "Going to a dermatologist that's expensive..." Inaccessibility to adequate health care is a long standing issue for black people. Here, when I am trying to gauge whether I would (if I really intended to be) be a patient to get the skin whitening treatment there is a consultation cost. Dermatology in my current health plan is not covered however, for two of my participants they were able to speak with dermatologist about their skin concerns. Ashley considered dermatology as "part of your health." Nonetheless the meeting with dermatologists would not go as planned where the dermatologist would prescribed or give advice, it would be more of the patient directing the dermatologist in treatment, because they had already spoke with a family member or friend concerning their options or the dermatologist was not black,

thus not sharing the same phenotypical features made it difficult for the participants to accept recommendations.

To summarize the sources and their function, below detail how each source was used by participants.

Table 2. Source Functions

Source	Function
Family	Typically a mother, sister aunt introducing to creams and soap. Either the intended user w
Friends	Used to corroborate information and reference for product outcomes
Sellers	Identify “problems” and how to fix with specific products Provide health information when prompted
Social & Traditional Media	To continue dominant discourse and ideological references to historical beauty ideals.
Celebrities as “influencers”	Hazardous representations (i.e., Sammy Sosa) or inspirational (i.e., Beyoncé) outcomes of skin whitening
Packaging	Provide baseline information for how to use products, ideal outcomes, and minor warnings

Google	Gather feedback and details about products and confirm using the correct type.
Medical Professionals	To write prescriptions or identify similar products used by patients family or friends

Critical moments of introduction: Puberty and motherhood

It is incredibly important to understand that situational cues prompt the effectiveness of health information (Uskul & Oyserman, 2010). Reviewing how women were exposed to skin whitening products happened at two critical periods. One being during the pubescent age where girls experience acne and motherhood where women experience fluctuating hormones. During these times, skin care recommendations concerning skin whitening are typically introduced by family members to intended users by the family member seeing a need and recommending products, and by friends or peers where the intended user initiates information about better skin appearance because of the peers skin. Ashley, a health professional, was introduced to skin whitening by her aunt when she was in middle school. Her aunt was assisting her with her acne as she was entering puberty. Ashley said,

she just came over and she was just like oh use this soap for your face like I said I used **to have acne in middle school. Especially cause I got my menstrual cycle early because of that you know I feel like you know that came with problems too, so I trusted my auntie she was older than us and my momma little sister,** she came and

she brought that to me. And she's dark, she doesn't need to use that type of stuff so I don't know how she know about it.

Danielle describes her post partum experience as an introduction to engaging in skin whitening products. Danielle said,

My daughters is 27? You can say this is like 25 years ago. and I had acne and I used to break out real bad, and I had a friend of mine. She was older. She said you know what I'm finna help you out with your skin, and she went to a beauty supply and she bought a soap and a cream and she mix up the cream together, and she washed my face real good with some warm water and she'll take the cream and rub it all over like she's massaging my face. She did that for three days and it was a big change and all the pimples that I had in my face was drying out and the dead skin started peeling off and my face got real smooth and pretty so ever since then I was introduced into the bleaching creams and soap.

Danielle described her initiation into skin whitening where she accepted the information and application of the treatment because she trusted her friend and was in need of help with her skin. Like Danielle, during the same time I was introduced to different whitening products.

During my pregnancy my products changed because I developed severe acne post partum so I switched to Clinique a brand I thought I could never afford. One of my friends from my masters program And another from my doctoral program recommended it. And both had phenomenal skin. Very even and clear.

(Intellectual reflection)

Both critical periods speak to the contingency of engagement in skin whitening. Previous research have documented that motivations to engage in skin whitening is based on sociocultural contexts, systems of oppression using idealistic images, attraction from the opposite and the increase in social and economic welfare. What is not included in the motivation for engagement is the critical life changes for women like puberty and motherhood.

Chapter 5: Health Information and Negotiation

Now that how women receive information about skin whitening is clarified, it provides context as to how women negotiate the information they receive contingent on the sources and if they are in a critical period. Also, what impacts if they engage and how they engage is based on the knowledge they have, receive and the possibility of health impacts. This chapter discusses the knowledge of users, types of products they use and the health information relayed by sources.

To further simplify some of the plurality of the findings, it would be most appropriate to group participants based on their usage of skin whitening products. Some participants could be described as intermediate users, with the exceptions of those who are expert users. This would include Danielle, Roxanne, Yamira, Gerthude, and Fancy who would be consistent and frequent users.

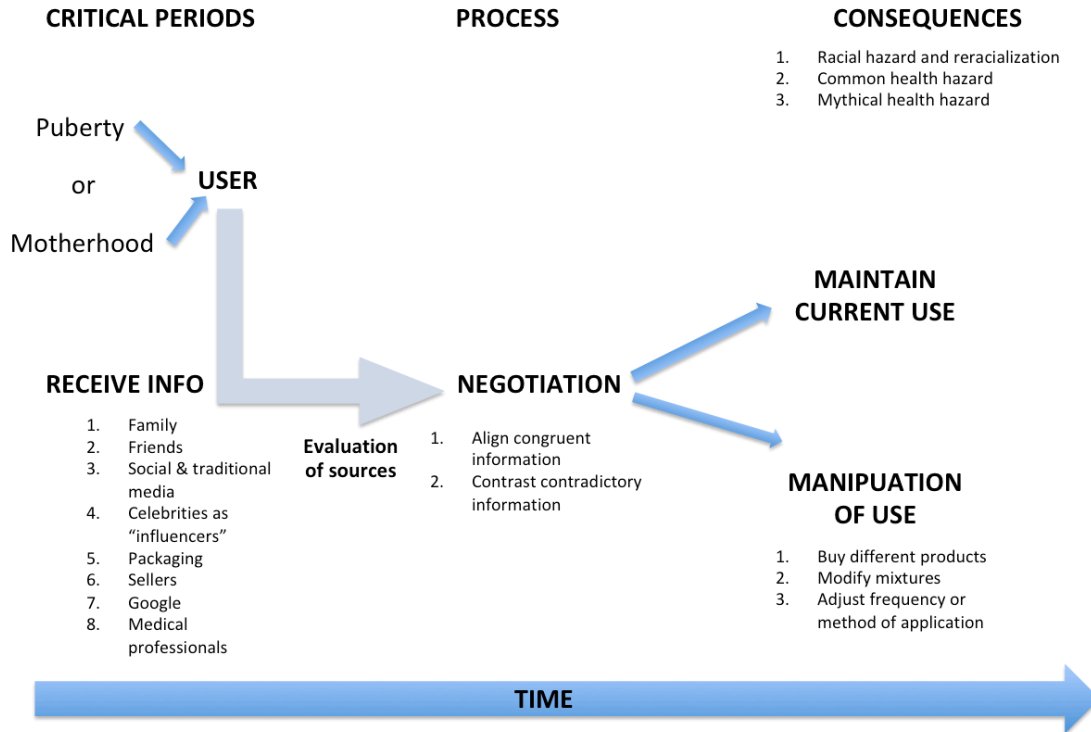
The consistent and frequent users would comment on how their bodies would be communicative forms and that the skin whitening products and usage would aid them in attracting the opposite sex. Thus, Roxanne was very particular about her skin and body, so much so, that she could manifest things or the opposite sex. Roxanne desired the opposite sex to be attracted to her by using the whitening products and she used a bath soap to manifest wealth. During her observation we shopped at a Botanica, which is a cultural center where you can buy spiritual healing needs, objects that can assist you with seeing your future, ward off impure spirits, and of course, freshly mixed skin whitening products. Brenda described the store as a source for “everything. Say for instance you have an itch or a rash stuff like that. You just ask the person and they'll typically tell you

or they'll find you medicine or make a medicine right there and give it to you.” Roxanne and I visited today so that she could grab her daily bath wash “Quick Money Draw.”

A soap and gel cleanser that is supposed to bring forth riches. Called the money drawing bath. It's funny how you can think about how your body can manifest things. (Field note)

Here is a direct reflection of how the body is a communicative form, how using certain elements you can communicate riches and draw them to you. Thus, articulating this to the practice and the group studied the body is used as a communicative form to represent beauty and reproduce dominant discourses or refute them, and a physical representation of empowerment.

Figure 1. The process of skin whitening reception and negotiation.



Knowledge of users

All women in this study have been exposed to skin whitening, however, one of the overarching questions is to find out what do they know about use and health impacts. There are two areas where women are classified in terms of what they know about skin whitening: intermediate and expert.

My involvement in skin whitening is considerably an outlier not only because I have experienced it socially and culturally but also explored it from an academic lens. Thus, using the products, reviewing health impacts published by leading medical journals, analyzing media discourses from a critical cultural perspective, and, alas, completing my dissertation research on the phenomenon, but by no means do I qualify myself as an expert. Some women who were interviewed were as knowledgeable or even more so, particularly in how to use, which products are more effective and how to create personalized skin whitening creams and gels. And then some like Yamira who do not consider skin whitening products like carrot soap to be a part of the skin whitening.

But she don't think carrot soap was a lightening agent but it is. In the beginning she told me she didn't whiten but said she uses the carrot soap. Has been using it for years. So it's funny how here is a demarcation of what's lightning. I think if it's embodied in a cream or gel it's considered lightening. (Self reflection)

Thus, this study clarifies and confirms what whitening products are. Gerthude was by far one of the most knowledgeable participants. She is a cosmetologist by training and has been taught about the creating, buying and selling of skin whitening products since she was a child. Gerthude knows how to mix, and maintain products and the methods after using products to get the "best" results like staying out of the sun or refraining from

activities that would cause you to sweat. Gerthude is incredibly knowledgeable about anatomy and how skin whitening impacts the “body’s largest organ.” Gerthude said,

Yes. Cosmetology is a field that’s very vast. It’s not something that starts here and ends there. Day to day it extends. Everyday there’s a new style. You always find something new you can do with your hair. That’s how cosmetology is. So, when they’d host a seminar, you make sure that you learn from the seminar because these things they won’t teach you [in school], you can only learn it from the seminar. So, when they host a seminar, you pay to attend. The instructors sometimes come from United States, Africa, or France. Sometimes, you learn from the internet. Like last night, I was listening to Stephanie and Nellie. Nellie sells Neo-Glue products, and Stephanie was promoting it and saying how she used the product and she’s going to the gym... because I’m not on Facebook, I’m [my product is] not in demand. (Interview)

Gerthude says that most of her clients already know about products and its health impacts. Fancy, also knew about health impacts and understood how to make the best product mixture of whitening products to become “white, white, white.” She knows that mixing multiple creams and the right kinds of soaps will make your complexion change. Fancy also understood that skin cancer and thinned skin is also a possibility. Brenda also knows that mixing gel and creams will get the best results from watching her mother. Emma knows that gels are more potent than creams, however to get the best product to clear or whiten your skin you should do “trial and error” which involves skin testing in small spots the product you’ve created. Throughout interviews, participants noted that they knew of women who would make their own products by combining foods, mass

produced creams, gels, and oils. They would experiment on themselves to figure out the correct measurements to combine for continued use. Emma also knows about natural ingredients that can enhance the productivity of whitening the skin, like using a local vine called Cerasee and carrots to a mixture of creams and gels. However she also, has knowledge from her medical experience with dermatologist, using the products and negative impacts that have happened to her.

Basically its a trial and error your buy maybe four or five you try it didn't work.

No, then you buy more then you'll say well these ones work the gels work, but the thing is if somebody has sensitive skin. They don't know how to body will react to it. You have to do a skin you have to do like a like a test a little small test because nine out of ten times you put it on your face. You wake up. It looks like somebody burnt you because the topical the bleaching gels are way stronger than the cream, so that's why you will take like four or five creams and one gel and mix it together.

Evelyn also uses natural ingredients to brighten her skin. Lemon and vitamin C are mixed into her face masks but insists that she only users whitening products that are “soft” or have less potency, she does not use what the “real bleachers” use. Ashley’s familiarity with whitening products goes beyond the mixing and enhancing of products, like Emma and Gerthude’s. Ashley recalled a prominent chemical compound hydroquinone, which is commonly found as an active ingredient in whitening products and has been banned in some countries. Ashley’s knowledge stems from her researcher of products and her experience as a health professional. Danielle used skin whitening products over 27 years

of her life. She understands the different ways to make creams and how they impact the users health overtime.

Well I know that. I know there's several people that was darker than you. They would use the cream so much that they become brighter than me and people be like oh my God. They're not afraid to get skin cancer from all that so I don't know how true it is can they get skin cancer for using that too much. I don't know, but I have heard people like oh my God. You know you're not afraid to get skin cancer or maybe not all if they go to the hospital. They wont be able to find a vein they skin gone be too soft, you don't hear it from doctors, but you hear it from people who talk bad about people who do it. They be like child ain't no reason for you to be bleaching and then when I go to the hospital they can't even find my vein because my skin so thin oh they not afraid to catch skin cancer they put so much of that damn cream and another way. You know some people they took bleach and then they put perm. They'll take a spoon of perm peel some lemon in it, the lemon juice a spoon of perm and put a drop of bleach and then put the cream and stir in it together and pass it on they skin they make it like a lotion, a bleaching cream, you have some bleaching people that do that and you got some people that bleach they puts some bleach water and then they'll soak their hands so they knuckles can turn bright. (Interview)

Danielle said she did not subscribe to similar methods for herself but through her cultural and social use of the products she was able to gain more understanding and knowledge about other ways to increase the potency of products.

Knowledge of health impacts. Participants were knowledgeable about health impacts but recalled conversations about health impacts as if they were myths because it had not happened to them. Cancer was a consistent illness that was discussed but as heresy and not a primary reference of someone who experienced it as a result of skin whitening. Many of the participants discussed the common negative health outcome like burning, irritation, bumps or breakouts skin peeling, which is consistent with previous literature. Gerthude was very clear that sickness could come from using too much products too often. Gerthude said,

So you have to put on a Kotex so that the sweat doesn't fall into your panty line and you could get an infection. If you're dark and then you'll become a peach color and become smooth and if you're light it would be the same color. You have to keep doing the process and you will see your skin get really, really light.

(Interview)

Roxanne seemed particularly concerned about how the products would impact her health because she is a diabetic saying the, "Only thing I would say bad that would happened to me is I suffer from diabetes, and then that could probably damage my health."

Sellers level of knowledge. During my time exploring the exchange of health information I began to further explore my understanding of the products I currently use. I went to Macy's to purchase my Clinique face wash toner and "Even Better" facial cream with SPF 30 that is purposed to lightened any dark pigmentation and to even skin spots. When asking the store representative about the possibilities of the products harm or how I should maintain its use,

She said it's a slow working products that you'll probably be a shade lighter in a few weeks. The price ranged from \$35 to \$144. She said nothing bad should happen, she did not provide any provisions said she thinks it's good she uses it because she has to try everything since she works there. She said it's to brighten and remove dark spots as well. She didn't pressure me, just told me basic knowledge but I know the products aid more. (Self reflection)

During my other visits to beauty supply stores, there was similar sentiment or a lack thereof of knowledge concerning product elements, application and how to care for the skin after use.

One thing in finding is that none of the store associates have product knowledge. They just sell it. Only one person so far has knowledge and that was because she was a user...In the first store today Beauty Exchange in Brown Sub. Doesn't have any real context to how to apply. He read the back of the product to me and said that it's pretty much a cream you put on your skin at night. And that it wouldn't hurt me cause it's good for my skin then he said that he's never used it. (Field observation)

There typically wasn't any information given and if there was it was read from the back of a box or passed on by another patron.

No one was around to help so I got a chance to take a pictures of a lot of products So I picked up a random gel and asked about it to the cashier. A considerably dark skin, woman very dark. I asked her about a random gel I picked up and she said that the women in the salon could apply it for me if I needed to and paid them. But I could use it at home too. She said I could, should use pirona which is

‘excellent’ she uses it. I told her I was scared to use it and she said it won’t hurt me just stop using it once I get to the tone I want she was very sweet and convincing. However, her complexion did look discolored. The gentleman who helped was very quick about it and tried to tell me just wash with the soap and put on the cream at night. I told him I would look it up at home and try it later. Told the lady I would come back to see her. She was very welcoming and happy to help. I don’t know if this was because she used it or just good customer service. But seeing how many products and the language on the packages I’m realizing how entrenched these practice is. (Field note)

Gerthude, a seller of the products plays the role of a health professional or advisor when selling her products. She only provides lessons for the oil because many patrons already know how to use creams from previous exposure. Gerthude said

No, I always have a lesson that I give my clients when I sell them my products. I always tell them don’t pass too much product on them. When you’re using products so often, you’re going to become sick. But if you just wanted a little color (to brighten your skin just a bit) to make your body beautiful and after that you leave bleaching, you’re not likely to get sick by it. (Interview)

The oil that she creates is potent and very strong to reach areas that the cream does not effectively penetrate, or change the color, like the elbows and knuckles. Gerthude informs patrons about possible negative impacts and gives instructions for after use. She talks about the specific limitations to use, allowing the users agency to know when to stop. Gerthude said

There are people when they come buy the oil from me... Because I told you I don't sell cream, if I sold cream I wouldn't have to have the lesson because everybody already know how to use cream. The oil, when you come buy from me, I tell you don't mix a lot of this in your cream because if you put a lot in it because it's made in a way that takes your first layer of skin off and it will make you light in a second. So, if you sit home for a week, your skin tone will already be changed. You'll already be looking like a white person. So, I tell them the way to utilize it by not putting a lot of the oil so that it doesn't create an infection on you. (Interview)

Black merchants were regarded as more safe and healthier as one participants would frequent a Jamaican booth in a flea market, a cultural center where one could buy jewelry, take photos, get their hair and nails done, and pure authentic Jamaican black soap. Caterina would go there and describe it as a real thing because she saw the ingredients go into the pale and the merchant would mix everything in real time. Thus sellers impartation of health information is limited based on their own knowledge and those who are within race are more descriptive in providing information about the products and possible effects. Also, what adds to the credibility of the health information is if they have used the products or created them from scratch themselves.

Packaging. Gerthude also, discussed the inadequacies of the packaging that do not properly inform users of what could happen because users would not buy. Gerthude said

No, they only have a paper on the packaging that tells you how to use it. They have precaution warnings that tells you not to put it by fire. They also tell you

how to apply it at night. It tells you to avoid the sun rays. It tells you that on the creams (packaging). It'll tell you all the ways you can apply the cream. It'll tell you with what ingredients it is made. But it won't tell you the misfortune you may face by using it. If they were to tell you what misfortunes it will cause, you won't buy it. (Interview)

Skin whitening is a \$30 billion industry that is supported primarily by people of color in various classes. Predominately it is support by those who experience colorism and daily interaction of racial aggressions. Brenda supported this by recalling some typical statements that product packaging would state.

It was say lighten your skin, and it say if you leave it too long it could harm it. Stuff like that if you leave it for a number of days you really will hurt your skin and everything like that. Oh, you will get burned spot. (Interview)

Emma also said that packaging would state that the products would burn but other than that it would not "say too much about it." I queried Emma about a friend who created whitening products from cerasee, carrots, and a mix of creams and gels, about whether this person would counsel on how to use the products and the creator would not. Also, packaging would include information about the product being flammable and not to smoke while using or be in close proximity to fire. Packaging also warns that "if you have a skin reaction, please stop immediately and seek a physicians help," said Roxanne.

Danielle said that she would not read the packaging after first time use. She said she already knew how to use it. However, Roxanne would read the packaging information in the store before purchasing. And then there are some users like Evelyn, who are not proficient in sourcing information about the possible health impacts of skin

whitening, “I aint gonna lie. I aint learned jack. I do not educate myself on it. I ain't gonna lie. I don't.” And they also, are not prone to reviewing product packaging. Evelyn also said, “I don't read it and the crazy thing is I don't even look to. I don't try to verify and I should because I'm wasting money because like I said I don't even think some of the stuff work like the things I had.”

Proper usage

Participants would reference Jamaica when they would talk about extreme uses of level of skin whitening. Brenda noted that she had a number of Jamacian friends that would use the products and from her notes, improperly because they were “two toned” where they didn't not use the products over their whole body. The level of frequency of use is something that the participants were aware of. However, users of skin whitening products had varying levels of knowledge of the product ingredient, use, application and maintenance post usage. Particularly one interviewee, Ashley knew about a highly impactful chemical in skin whitening products.

In my interview today my interviewer Ashley talked about the particular chemical hydroquinone I was like how you know bout that girl like one thing about black people is that we know what be going on like she knows. And she talked about the risk information it seems like the participants know that there's a limit in frequency in terms of health and in terms of complexion shade changing. Some know you should just do enough. But what is enough? This could definitely be a future survey. (Self reflection)

Among the creams, oils, gels, and soaps. There is a consensus on how to apply the products and maintenance of use, contingent on what your intent of use is. Women would

use gathered information to facilitate the appropriate information to fit their needs and use their authority to make it the right way. Thus, users, are not passive receivers of information, but based on their experience they negotiate the best methods of use. Therefore, sources are moderated by personal experience but peers play an important role too. Based on the aforementioned users conduct trial and error experiments to find the proper usage to attain their goals.

Cleansing. All participants, including myself, maintained a cleansing process of our skin, whether it was specifically for the face or for the entire body. Many participants used the carrot, papaya, Jamaican, or African black soap. Fancy describes the black stuff going down the drain, typically using warm water to help lather and rinse away “dirt” or “muddy skin.” During one of my visits to the beauty supply stores the sales representative recommended a combo pack of Piorona soap and cream to apply at night. After many participants including myself used a toner like witch hazel, apple cider vinegar or Clinique’s acne toner. The cleansing is the step that brings out your “natural glow” as told by Emma and Roxanne said it “pulls out the excess oil” from the skin. These soaps also prevent pimples and reduce inflammation.

Application. Some women would use spot treatment to target hyperpigmentation, while others would do a full face application or full body. Intermediate users tended to use only one cream and no gels. While expert users would use several creams mixed and creams and gels mixed because “different creams that target different things, okay scarring pigmentation acne scars you take those and you take the ones that's more potent and you mix it in you mix them all together,” said Emma. Also after continued use, you would have to use more creams because “They don't work as efficiently as they did in the

beginning when you first start using them, but realistically you don't know which one is the one that's really working,” Emma said.

Thus, you can mix about six or seven creams together. Brenda said

...it got three steps to it. First is the gel and then it's another one is you mix one chemicals to another so it's usually two liquids, and then you have to put it in a white cream you mix it up together that little those two items make it three, and then you mix up together, and then it's like a real strong, and then you just put it on your body. It's like a kit. Just like you perm your hair right. It's a kit. It will tell you step-by-step how you mix it. (Interview)

The final step is to add a moisturizer after applying the whitening treatment. Evelyn applies her moisturizer before because she feels like the creams work better.

Bedtime. The time of day to apply skin whitening products is critical because the products need time to take effect and it can be dangerous and harmful to go out into the sun. Once a person uses it you have to stay indoors a representation of entrapment in the home, body and color. Cateria said “I would use the soap first to clean to cleanse my face and to lighten it at the same time, and then I would after I like dry my face. I would put on the cream and go to sleep. I'll use it before bedtime.” This was consistent with other users. Brenda described this as one of the most important parts of the process, saying that you have to let the chemicals work and it takes time. Also, post-working time, Brenda said that you should wash it off in the morning, “because it smells like it smelled strong, like a strong bleachy smell so you can't go about your day smell like bleach right so you just wash it off.”

Post-cleansing and sun. Participants recognize the importance of patience when using products because it “takes some time” if you only used the creams said Brenda.

because sometimes I do go out in the sun and I don't put sunscreen so that doesn't help you neither because when you bleaching you have to use some type of moisturizing and sunscreen you can't just go out because it doesn't help the dark spots it actually kind of make them last longer

Thus the products tend to work, “It will give you a fix, but it's not a fast fix it's something you got to keep using and then eventually if you don't protect your skin by moisturizing putting sunscreen those spots can yet and get worse or actually come back if you get a new pimple,” said Emma. Nonetheless, there is a warning against the sun, Cateria said

like if you use the wrong product. You can get damaged from like the sun like because once you use the product and you may go outside and the sun rays can damage the top layer of your skin causing you to have like your dark spots or blemishes to become even more darker, and then depending on the tone of your skin like it can probably cause cancer. I don't know I'm not a dermatologist, but I know that it can damage your skin.

Even once you've achieved the “right” complexion you desire you must continue usage.

Brenda said that if you stop using it your complexion would go back to its original state and people would notice the difference. And for those who continuously use the products,

“No, they never listen to the people in the store because they like to become white, girl.

You know the people, if they bleached and they've become white, they can't go in the sun because it burns you. You can't go in the sun, you have to stay in air-conditioned

room. So, you stay in the house,” said Fancy. Brenda described this daily routine as tedious. She said,

So I got good feedback and bad feedback at the same time because you when using those products you have to use it on your whole body. You can't miss your body like even your elbow, or your knees or your knuckles, you have to use it everywhere. That's like a job, that's too much and I was still in school, and I had to do all that. (Interview)

Regulations

Some participants noted that the FDA, Food and Drug Administration, have been involved with the clearance of selling and manufacturing of skin whitening products. However, although some products have been cleared by the FDA or have had “clinical testing” in labs, the participants still seem that they feel the recognition the products are given is still untrustworthy. Cateria said,

Because like there are a lot of products that are not heard of and when you do read the labels and stuff or whatever you sometimes you do come cross stuff like that like you. See it on there this product has not been tested by the FDA or anything so you don't really know what you're using. (Interview)

It was not found that women seek out federal regulations or that they receive information from regulatory agencies about the impacts of skin whitening products.

Negotiation of engagement.

Socialization of beauty to override health impacts. Skin whitening creates a sisterhood. The nexus of women who trade information about the practice share experiences, similar outcomes, motivations and also considerations for continued use and

discounting of health information. Within this socialization is family, at the core. As explained earlier family performs a significant role in the impartation of “beauty” traditions and how that manifest in the use of skin whitening products making it a very gendered practice where mothers, aunts and sister pass it on to other female counterparts, where men have been excluded from the conversation. Puberty and motherhood are components of this relationship where family, female members, provide information about the physical changes of the body during these critical periods to maintain or attain beauty, among other changes. Fancy did not come to talk to me freely about the practice until I solicited her advice and became vulnerable.

I asked her about how it could help me and she seemed excited to show me her products and gave me advice for how to use them. Said I would have nice skin. She talked about how she encouraged her sister to use the products but her sister would decline and say that the practice for the young women another woman said that the lighter you are I guess it makes you more vibrant. Apparently she’s apart of a group of women that practices said that she would refer others (Self reflection)

One of the primary concerns for women was that beauty was the driving factor coupled with attraction from men. Fancy said:

The men crazy. The men in the world like it, because they like that skin color. They think they have nice skin. The people mix 7 creams together, 8 creams together.

After use women would discuss that they received more compliments and felt pretty. Danielle said, “Yeah once your skin look clean and pretty you gonna find a lotta

compliments cause don't forget your face is your passport, it's your ID. Once it look bad people might not say nothing to you, but once it look good. You gone get that compliment.” Brenda said, “As a woman I want to clean my skin. Like not to look too dark so as a woman you want the best product at that time for what you want, and you buy it as a woman. I think it's good in a way.” And Gerthude supported this by saying that women would use “trying make their inner thigh’s beautiful so when guys sleep with them they’ll see that they have nice pretty thighs. And it is in this way that they get infections.”

Fancy talked about how these factors would make it so that women would never stop.

They will never stop. The men like light skin. They will do it forever. They have problem. Until you see their vein come like this. Sometimes you put the cream, and it give you a lot of bumps because their skin doesn’t like it. They better stop. You see me, I don’t like to use all the creams in the road because my skin is very sensitive. (Interview)

Even faced with the illness of cancer, Gerthude talks about her clients in that, “They don’t think about their lives. All they know is that they want to be beautiful. They don’t think about all the things that can happen them; as long as they’re beautiful, they’re ok.”

Also, product information causes the women to continue use, Roxanne said “That's a daily, that soap there you have to use daily. You can't just use any stop it you have to constantly use it in order to see a change within they say on from two to four weeks.”

Health and racial hazard and reracialization. Skin whitening as a practice, although I would argue that the practice is both empowering for some women and also a manifestation of colonial and racial projects. Race in this case is a physical manifestation

an in“sincere,” authenticating factor (Jackson, 2005). Fancy said that she had seen some “people black, black, black, and they’ve become white, white, white.” During this process of documenting this phenomenon and its health impacts, I was forced to reconcile my usage and what engagement really meant, I learned that to “tone” my skin I would have to use a whitening product, but

... I didn’t want to appear like I was using a whitener. I didn’t want to look like I was changing shades, just wanted even skin. You look better kept with an even tone like you take care of yourself to me...Skin care is important. I guess I picked that up from my mom. I always lotion and moisturizer, especially to prevent my eczema from flaring up... (Self reflection)

By the time I started using Ambi products I was socialized to understand that the practice of using skin whitening products, particularly Topiclear, was a condemning practice by peers who had not revealed that they had used them. I did not want it to look like I wanted to look like anything other than a black woman. This racial negotiation is quite impactful in skin whitening that it bleeds over into how women understand the practice even down to the terminology.

Brenda described the process of using the products as bleaching in this sense participants conceptualized the practice as cleaning. Even with the use of the soap, Danielle would say that the papaya soap would be cleaning your skin and Fancy would support this by saying that she would see the dirt going down the drain. This particular term caused me to recall some aspects of my childhood and how Haitian immigrants were described as dirty. In scholarly work there is a presence of literature that describes blacks, in general, to be dirty, unclean and unkempt. Thus, bleaching being defined by the

Oxford dictionary as “to whiten by exposure to sunlight or by chemical process” and “to clean and sterilize.” Fancy says that, “Because it has a lot of bleach in it. It has a lot of bleach in it to change your color.” Thus bleaching captures the process of whitening. Also, lightening was a term used to describe the process of changing one’s complexion or hyperpigmentation, lightening is defined as “make or become lighter in weight, pressure or severity.” Particularly lessening of severity can be associated with the discussion of colorism, because as participants change their complexion they are still within the race but are decreasing the repercussions of being in the race by lessening the severity of their complexion or lightening the color. Whiten is defined as “to make or become white.” Here is where I consider the process of skin whitening as a form of racialization where engagers supersede and blur boundaries of race.

...I definitely want to tease out is lightening whitening and bleaching. I deem skin whitening as skin whitening because I think of the practice in a broader social political understanding. Like the transitioning of race by modifying or the gain of social capital by defying or clearing one’s race. However which was more consistent in interviews was bleaching. Whether is dark marks or just dark skin they want to bleach it or clean it. (Self reflection)

Although whitening is considered a faux pas many people who condemn the use are actually users according to Emma. Also, present in the differentiation of the various terms used to categorize the practice is whiteness. Whiteness works as an ideological reinforcement of normalizing white as standard and a performance of domination by persons (Levine-Rasky, 2013). Here, the women becoming white and embodying the manifestation of whiteness that works to dominate, other and in turn are dominating

themselves by working through this racial project and participating in the project.

Although all women are not doing it to change their complexion the realization of this happening is still present. Evelyn said:

I just want the marks gone really because I'm not doing it to become lighter because I don't want to be lighter at all like I've never wanted to be light skin. I never had a problem with my skin color and really this is just a theory I have like people who do is because someone I feel like black people who bleach their skin someone made them feel like their skin color was bad, you know. The ones who bleach it for so that they could achieve a lighter skin color. I'm not really doing it for that. I just want no marks on my skin that makes sense yeah, that's why I do it.

It is evident that the racial hazard is present and that users are aware of “European constructs of it like why people are doing it in general like overall is not for is not for a good purpose like at all so yeah. I think is bad cause it's us wanting to be like a white person.” Here Evelyn talks about the struggle of being black and being forced to assimilate to whiteness. Fancy, a long time user of creams, resembled the cinnamon complexion that Gerthude warned about but Fancy said, “I would never change my skin color.” Fancy’ advisement was to use “Like 7 creams and gels together. And you turn white.” Therefore, the internal conflict is so strong because in the same breath she commented on how those who overuse products and disregard health information is

looking for trouble for herself. God born you black, why you want to be white?

It’s crazy. When you have bumps on your face, you can’t go everywhere like that because people will think you have something wrong with you. So, you can use it for like two week or three weeks something like that. After that you stop. But you

can't keep using bleach, bleach, bleach on your face because your veins will turn blue. (Interview)

Gerthude talked about the health hazard of using too much of the oil she sells, "saying the it would remove the first layer of skin." Kind of peeling away the blackness. She spoke of skin whitening as a process of refinement of bettering one's complexion and ultimately one's self. Gerthude said,

You see me, if I wanted to be white I could look just like Michael Jackson, and nobody would be able to tell me that I used to be dark. Because the products isn't made to change you fast, it was made to refine. (Interview)

The language of refinement has been used in tandem with social engineering and creating a "better" race of black people. In this case, Gerthude talked about how to refine black skin by changing it to that of the complexion of Michael Jackson and erasing its melanin past. Here is an example of how refining is erasing the physical, visual embodiment of blackness but still being within race, as that of Michael Jackson. However, even though this reracializing serves to transition complexion and power, it seems that this would never be so because there will always be some remnants of the color past. Emma talks about how your knuckles would still remain the same:

Not really because realistically you don't know what the end result would be if you always use it like I did see people like where they start using it in like they actually what does that thing called like when they skin start turning? Like your black but you start turning white all of a sudden like it. Like it breaks down the pigmentation in your skin. And they didn't understand. It's because they using all these creams so and then the thing about it is even if you bleach you can bleach as

much as you want you can't get Knuckles your toes some people by the neck you can never get rid of that pigment. You can never lighten it up. (Interview)

Evelyn also discussed how the products were specifically shelved for minority women, where products were centered on the “urban” aisle of Walmart. This also speaks to the spatial segregation of products and then so its consumer, by isolating particular kind of products and hiding them behind a glass by associating particular stereotypes of thieves, which also manifests as a form of daily interaction of racism.

Also, packaging and advertisements for skin whitening products work to reinforce beauty ideals of white women through post racial language using terms like glowing, brighten or even tone. Nonetheless, Brenda, considered a realist perspective in saying that “some people take it to the head and say they white or they white chocolate and I’m like sweetie no, you’re black but you're just using a chemical to lighten your skin. That's it.” Roxanne, a woman born in the 1960s, often discussed how fairer skin was better, but did not have the same “academic tools’ or terminology to discuss it as such. Roxanne

...talked about her grand daughter getting a new dog. Told her daughter to get her a light dog because the baby may not like anything dark. Also when we went to the beauty supply store she contemplated buying a black beauty sponges to absorb the oil which as one dollar cheaper than the red sponges. She said that she’s used to using her the red so she went with those. The color complexes bleed into everyday use items.” (Participant observation).

When confronted with the opportunity to use skin whitening products the participants would corroborated information from experts and friends, reflect on the discourse of the products and consider the rejection of their own sourced information and acceptance of

dermatologists suggestions. There weren't many factors e that would cause a problem or cause deterrence in using skin whitening products except cancer.

Socioeconomic increase. Also, financial gain is a reason that some users would not stop because they exhibit the result of their product.

I talked to a lady who is so enterprising. She sells the product in Haiti and says the carrot soap and papaya soap are the best sellers. She sells a plethora of other things so like her business is buy here in the us for cheap then sell in Haiti for almost 4 Times the price. Enterprising. She's filling a need. (Field note)

Products typically range from \$.89 up to \$25 per tube of bleaching cream. Also, Gerthude discussed how class difference only impacted the buying method and not the use of whitening products. Gerthude said

Rich and poor people. Not really rich people. But, honestly, you can find rich people. Because rich people aren't going to come in front of you to buy it. They can see you're pretty, and tell you, "Oh, your skin is pretty!" There are rich people who use creams to be light too. But they can't come to you to come buy, but they can reach out to you on the sly to buy. I send oil to United States too, and who knows how many rich people buy from that supply. So, indefinitely, it's not something that you can really tell. (Interview)

She also did not assign a price to her products depending on how she examined the person's buying capacity would impact how much she would charge them. She said her price would start from \$20 up to hundreds of dollars. When shopping for these products in beauty supply stores there word be products on the shelves easily accessible just by

grabbing and also those that were locked behind a glass, which you would have to call a store employee to open it.

My next store there was an older lady at the register and no one on the floor. No one is ever around to help. So as for voluntary health messages. That's null and void. You must ask and solicit the information. All stores have this glass that divides the I guess better or more expensive products behind the glass. It also has natural hair care products for curl protector with lightening products. This was so interesting considering the juxtaposition of the products. One that implicitly advocates for the maintenance of natural hair textures next to the product that explicitly advocates for changing complexion. I wonder how often someone comes and buys both types of products. Like how do you negotiate this? Also what I'm noticing is that the whitening products are positioned next to Palmer's coco butter. (Self reflection)

Danielle said:

Well a lot of times. The stuff behind the glass the reason they put them behind the glass is so people don't be trying to steal them and sometimes they be a little bit more expensive. (Interview)

Also, users run the risk of having sub par products because of cost. Brenda said,

That product is better but the soap is more affordable because the soap is like a couple of bucks everybody comes for that, but you know it depends if you have it. It's the cream if you short of cash the soap. (Interview)

And they also feel that the more costly products are safer for their skin. Emma said:

I think the one that's more costly. Because they actually take time to they usually the ones that's one costly actually took like the clinical studies they different stuff before they put it out. It's on like a cheaper one. Yeah, unlike the cheaper one. Oh, well this works. We put this ingredient in it, and that's that. (Interview)

Thus, skin whitening presents it self as a lucrative business model even for those who are accessing it from a consumer side. As multination companies are profiting billions of dollars, women locally are sourcing information about the practice clientele and are infiltrating a multi billion dollar nexus.

Chapter 6: Discussion and Conclusion

Summary of findings

Overall, accessing different sources is contingent on the individual's stage of life and socio-cultural situations. If exposed in early years, the individuals are reliant on immediate family members introduction to products like a mother, sister or aunt. Friends at this period are also, sources of information but function as sources to corroborate information and reference of the results of used products. Thus, family and friends are a primary source for receiving information about skin whitening. Family, particularly older female relatives, a mother, aunt or sister, are trusted sources to provide advice especially if they have used the product and the intended user is interested and has watched application and witnessed results, making the sources more credible. Family would also be a trusted source even if they have not used skin whitening products but because of their familial position. Finally, friends are used as physical references of skin whitening products. Intended users may initiate conversations about skin whitening products once the intended user see the results of the products on friends.

Traditional media, such as television serve as source to not only advertise but contextualize the phenomenon in skin whitening. However, in these representations of documenting skin whitening it is often from a deficit framework and situates skin whitening as a classed and racial issue without providing information concerning post colonial racial projects and systems of oppression or the workings of whiteness. Thus, Facebook and other social media sites serve to provide one-way information concerning skin whitening about its celebrity engagement, trends, socio-cultural contexts, and also to advertise about products. Furthermore, traditional media such as television, multinational

companies use this source to implicitly convey that fairer skin is better which reinforces dominant ideologies of colorism through political and popular discourse.

In the realm of celebrity involvement skin whitening is viewed as another mean of trendy body modification. Celebrities are a source where users can view the outcome of skin whitening, engage in understanding the socio-cultural nuances of practice, and the global response to the practice. Also, they representatives of the health and racial hazard of the practice, while reinforcing popular images of how blacks could seamlessly transcend race.

Product packaging is not always read by users and most likely does not express relevant information to the user. Sellers are used as points of purchase and very rarely transmit information about health impacts of products because they want to maintain their clientele. Also, there is an obstacle of a language barrier when purchasing products which could make it difficult for the buyer to understand the processes involved with applying the products. Furthermore, sellers sometimes, put themselves in the position of the buyer by referencing their use or one of their counterparts use of the product to make the transaction successful.

Google would yield YouTube videos of tutorials and advice for how to use and apply products. Google would corroborate information sourced from other people or health professional. It would also give women more in depth information about ingredients, like hydroquinone, and how the ingredients would impact their skin or the use. Women who noted Google as a source believed information to be trustworthy and authentic.

Unfortunately even if some women want to seek advice or counsel from a dermatologist access is limited or non-existent. Patient directing the dermatologist in treatment, is common because they had already spoke with a family member or friend concerning their options or the dermatologist was not black, thus not sharing the same phenotypical features made it difficult for the participants to accept recommendations. Both critical periods speak to the contingency of engagement in skin whitening. Previous research have documented that motivations to engage in skin whitening is based on sociocultural contexts, systems of oppression using idealistic images, attraction from the opposite and the increase in social and economic welfare. What is not included in the motivation for engagement is the critical life changes for women like puberty and motherhood.

Many of the participants discussed the common negative health outcome like burning, irritation, bumps or breakouts skin peeling, which is consistent with previous literature. Thus sellers impartation of health information is limited based on their own knowledge and those who are within race are more descriptive in providing information about the products and possible effects. Also, what adds to the credibility of the health information is if they have used the products or created them from scratch themselves.

Limitations

It is important to note that some participants did not want to reveal that they used the products or did not consider what they were using to be skin whitening products. Women do not always openly discuss that they use the products. Broadly within this community many women will use it but will not be explicitly conversational about the use because it is a private practice. However, sometimes you can look at someone and

know that they're using the products. Thus, it is sometimes a practice that is shamed and users become apprehensive from being mocked by the community as to why they will not discuss the use. One of my interview participants was a long time user of skin whitening products. When I reached Fancy home:

I walked in the house, the house smelled of bleach. Which really set the tone for the conversation. She was one of the most evident cases of practicing. Still was recognizable as black but red or cinnamon color like she uses it all over and she claimed she didn't at first. She answered the questions as if by secondary knowledge and then she eventually opened up about how she uses it. (Self reflection)

Although it is a common practice it's very secretive and sensitive which made the process all the more delicate to ask women about the use and its health impact. Thus, if someone is curious about information related to the products or use they would have to have a space of trust with the imparting person. Both parties would have to trust each other. Even when sourcing other women to interview there was a certain level of apprehension when approaching them because it could be taken offensively to ask even when there is evidence of usage. Nonetheless, to soften my participants I often discussed that I was a user and needed advice on better products or procedures of use.

One thing that is most difficult of this project is how to gather participants and to make them feel comfortable. Even though they may recognize that you are from the same place, are familiar with the products they are apprehensive to talk to you. Even though the practice is passed down seemingly by word of mouth from family members and friends there is still an unwillingness to claim use of such

products. This made me very cautious and uncomfortable because in no way did I want participant to feel intruded upon or make participants feel like they were doing something wrong. I wanted them to feel safe and comfortable. I asked Fancy about how it could help me and she seemed excited to show me her products. She trotted upstairs and brought down the products she used daily and advised me on how to use them. Fancy said that I would have “nice skin.” She talked about how she encouraged her sister to use the products but her sister would decline and say that the practice is for young women. Does the lighter you are make you more vibrant? (Self reflection)

Apprehension of discussing the practice also stems from the legality of the products used. One particular interviewee was a seller of products who recently made her transition from Haiti. She was a seller of skin whitening products in Haiti, and was looking to start up her business in the United States. Her name is Gerthude, a young cosmetologist, she was:

... apprehensive and didn't want to be recorded. Exceptionally passionate about 'bleaching.' She learned the method from her mother. She gains her clientele strictly by word of mouth and observation if she sees someone can 'benefit' from the product she will give them a sample. (Self reflection)

Implications

Among other theoretical approaches that could have been used to assess black women's reception of information and negotiation in skin whitening, critical race theory served to explain how race, class and gender, impact the women's negotiation within the practice. One of the critical components that was missing from the conversation about reception of information was the women's inaccessibility to medical professionals and

the racial and cultural distance associated with their interactions with medical professionals. Unfortunately, structural systems of oppression work to apprehend black bodies from having access and inadequate health care, which has been rigorously documented in literature. Furthermore, there is a disconnect between cultural models of health and mainstream models of health when accessing information from non-black medical professionals. For instance, a medical professional not subscribing to why black women would create their own skin whitening products for potency rather than using a prescription to amend hyperpigmentation. Not only does this complicate the aspect of race but also that of culture, in that skin whitening users are more likely to go to a trustworthy source who has experienced similar “ways of life.” In this case the most salient and trustworthy source is family. Within families, practices are taught, learned, and shared, thus this is a foundational element for cultural health practices. Therefore, family is embedded in the cultural construction of communicating about health issues. Cultural ideologies are situated very deeply in the family tradition. The impact of family members, among other sources, is highly likely to impact how skin whitening users manipulate or maintain using their products. As, Ashley described why she trusted her aunt, because of her family position, the kinship to her mother, and her aunt’s age, it made her remarks and recommendations more valid and acceptable. The family of women who engage in skin whitening creates a space for women to be bare, vulnerable, and open to change, whether that be their complexion or their minds. Also, offering up these spaces to resist common ways of using the products. This trust of family is inherently different from the social norm of trusting medical professionals. Family have a context and history of who the users are and extensive familiarity, while medical

professionals have monolithic conceptions about a specific person based on generalities or massy reproduced stereotypes. This understanding of family and culture in health communication presents a promising research area that can move beyond the standard approaches to health prevention programming. For instance moving beyond cultural sensitivity, tailoring, targeting, to cultural emersion, to where prevention programming, research, and health care can stem from a community, and within approach. Thus, for conventional research in health communication in using culture in research designs, there has to be an immersive approach to explicating variables and dimensions. Thus identifying the quintessential mechanisms of sharing, imparting, learning and living of practices within each specific group, while being cognizant of family differences in a specific cultural group. Nonetheless, culture is best examined in naturalist paradigm where the plurality of culture is advocated and not condensed to modes of measurement.

Thus, for theoretical purpose, although it has been reported that non-white populations feel more comfortable to discuss health issues with those within racial groups but also who have experienced cultural factors and understandings. Thus, not just having cultural sensitivity or using culturally tailored approaches but living the same experiences. Also, in this paper I discuss race and whiteness as attachable functions to the body. In the practice of skin whitening, individuals are provided a barter of sorts to exchange the severity of social ailments that are attachable to blackness. The tradeoffs are being associated with being unclean, unkempt, grotesque, lower socioeconomic status, and romantic preferability. Here is where there is a racial hazard is present because there is a forgoing of the attachable blackness but not a disassociation of cultural values and community congruency in lived experiences. Although this racial hazard has been

described as killing of race by (Azibo, 2011) I hope that it would be recognized as a survival tactic where assimilation or access to a better life is much more acceptable than consistent daily tortures. Similarly to Jim Crow Era where, fair skinned black would use their complexions to supersede racial annihilation by white counterparts in a very literal sense, here whiteners are using it to survive implicit annihilation that is in the form of media or benevolent acts of racism. As findings show, the women are not void of historical contexts associated with skin whitening, therefore recognizing the practice as women exercising their agency to empower themselves, by making their own beauty decisions. Skin whitening allows a reimagining of the self where their classification of complexion and race moves beyond categories in a space of purgatory.

Along with the superseding of race is the escape of class associated ailments. In skin whitening, black beauticians have eluded the confinement to the racially associated economic status by, using the same mechanisms that multinational companies employ to sell the same products. Sellers are responding to a need, in a culturally appropriate fashion and are experiencing the same transitioning as their consumers. Buying into a \$30 billion nexus of producers, manufactures, and professionals, removes the limits to allow women and their families to become financially independent. (Gill, 2010). Although in this particular circumstances they do not operate as political agents, because this would contradict the very products that they sell, but they are health agents, while allowing women to operate in their own autonomy. Sellers, like Gerthude, struggle with their role of a health agent and business woman where they are operating in the interest of themselves but also in the interest of the patrons health. Nonetheless, in the considering class this particular project has illuminated how the transition to “better” class in skin

whitening is a contentious space. Racism is also perpetuated in the sellers who do not embody the phenotypical attributes of the women because it reflect how dominant western or European economic relationships exploit people who are consistently underrepresented and marginalized. This tenant will explain a domestic and localized perspective, discussing how representatives of skin whitening products exploit persons who are historically and systemically disenfranchised.

Gendered experiences for women in the context beauty gravely impact the negotiation of skin whitening. It is with zealousness that some women reported that they continue and modify their use based on compliments and third-person perceptions, commonly from the opposite sex. Thus, the beauty of imparting sources is critical in the acceptance and negotiation of information. If the imparter, aside from race and cultural experiences, do not embody the intended goal of beauty or representative association of romantic involvement then the recommendations are not acceptable. This of course is influenced by political and popular discourse and images, a tenant of critical global race theory. How popular and political discourse and images serve to purport how one should see and assess realities embodies whiteness and idealistic images. Mainstream media serves to create images and text that do not accurately represent and reify stereotypical images of blackness and black bodies. For example, the existence of black female characters in film embodying post colonial representations, such as, the Sappahire, Jezebel, or Mammie (hooks, 1992). Research in black feminism have worked diligently to rectify or clarify that the monolithic and historic images of black female bodies that work to sexualize and make black female bodies deviant of the idealistic norms of the Western world (Collins, 2004). Whiteness can be viewed as a dominant cultural practice

that shapes international communities, it is invisible and not invisible. According to Levine-Rasky (2013), whiteness is manifested like gender and race; it is a performance and is not only attachable to white bodies. Thus, “whiteness serves a number of social functions that serve to reinforce a system of domination, not only in relation to race, but sexuality, gender, class, location, and, certainly, nationality” (Nakayama, 2000, p. 364). Also, the suffix –ness must also be considered as this denotes that a specific state or condition is present, therefore can be applied to various entities. Thus, the more exposure to white bodies the more an individual is accepting to the power of white bodies and its racial authority.

The spaces in which research was conducted was incredibly important as they were sites in neighborhoods and within stores that created spatial segregation. For example, areas in the Southeast region that are massy populated with immigrants and non-whites are have numerous brick and mortar locations for beauty supply stores that sell skin whitening products. This zoning of people confines them to the accessibility and exposure to particular products while being in close proximity to gentrified neighborhoods with wealthy, white counterparts. Thus this juxtaposition of race and class within geographical space can enhance the likeliness of engagement in skin whitening. For instance, a Caribbean immigrant community is adjacent to the art district, where there are stores like Harry Winston, Louis Vuitton, and many more where people who live beside it are exposed to white people who have the privilege of being in these spaces as a “non-threatening” being could enhance the likeliness of engagement where an individual may want to take on the same. People who live in these spaces also experience othering

in daily interactions by being unwrittenly barred from such places like the art district or being subjected to mass media references of how whiteness is ideal.

All factors and situations are explicitly important in understanding why race (gender, and class,) and culture are increasingly important to understand how to communicate about a racial, social, cultural, health practice in health communication. It is important to understand that all factors contribute to negotiation of skin whitening and how information is received and adapted. Receiving information about a racial, social, cultural, health practice it is ideal that the source is within race, understand and lives with in the culture, considering knowing cultural models of health outside of mainstream health practices, and understand the motivations of survival and lessening of severity of structural systems of oppression. Health communication scholarship is current that cultural tailoring, targeting and sensitivity are grand approaches to communicating health information to particular groups, however aside from those approaches the embodiment of the culture, race, sex, and class, as the imparter of the information is significantly more important. Thus, particular bodies and attachments of socialization is the preferable route to imparting health information. Therefore, users can continue to access and feel comfortable as they negotiate congruent and contradictory information.

Practically, this study highlights an avenue to resist colonial projects and whiteness through their own manifest agency of their bodies. By probably using products, users can achieve desired goals of evening complexions rather than changing their complexions. Thus, with proper health information regarding the frequency and amounts of usage, women will be equipped to exercise their own authority to make changes well-informed about their health.

In Figure 1 I offer a visual representation of the relationship of users, sources and negotiation consequences of skin whitening. One of the salient components of the representation is critical periods in that this is where the tangible introduction of skin whitening products happens, however this can be associated with other beauty practices as with the coming of age women are socialized to maintain themselves in a specific capacity and with the transitioning of a life change like child birth the physical body is different and socialization in use of beauty products. It is also important to note that users and also have individual differences that impact there introductions to skin whitening products however it was not found to be as salient. Sources and how women receive information about the practice is general by word of mouth, algorithmic impartation or individual information seeking, but this is also corroborated with the evaluation of sources during the negotiation process. How the information is imparted impacts the reception of health information. Therefore, if there is ambiguity in health information, or transparency or the sources position in the individuals life all impacts how one receive and recognizes the information as truth and applicable. These factors impact or how the user continues the health behavior.

Findings from this study highlight how misuse of a harmful products benefit capitalistic endeavors at the expense of socio-economically disadvantaged groups. Also, considering the conversation about media discourse and celebrities, media discourse surrounding skin whitening works to benefit the economic aspect of skin whitening. Public health and health policy professionals will now know how women source information about skin whitening and what makes the sources trustworthy, authentic, and credible. Also, media professionals will be more knowledgeable about how to correctly

position the conversation of skin whitening in a socio-cultural health context. Medical professionals would be able to understand their role in assisting patients in treating acne and providing skin whitening services. This study also provides a entrance for CRT (CGRT) to be used in understanding health practices through a structurally nuanced perspective.

One of the major components why skin whitening is a persistent issue is because of its economic benefits. Skin whitening contributes to the global nexus of manufacturers and distributors that capitalize on people of colors perceptions and attitudes about their complexion and socioeconomic standing in society. In a study comparing the economic lapse for the US to India's emergence as an economic power house, it was found that discourse in Western popular content was used to situate the US as a post racial nation that did not have issues of skin whitening and situate India as a premier country that struggled with rectifying its racial issues. However, the author asserted that this was a ploy to draw attention away from the US' diminishing economic status on a global scale. However, the article also illuminated how India gained growing interest from beauty companies like L'Oreal and Estee Lauder, which are actively doing research to develop new products for skin whitening.

Future Studies

Because skin whitening is so prevalent and commonly used a more formal and professional group of people need to be incorporated into the conversation to discuss how they interact with women of color and how they articulate the risks of such products and if they are truly providing their clients with the best options for their skin and not the unhealthy desires of the clients. Therefore, dermatologists and estheticians who practice

skin whitening like Dr. Thrower should be interviewed to understand the aforementioned. Also, further inquiry can be explored in the Caribbean from a cross cultural perspective considering countries like Jamaica, Haiti, Dominican Republic and the Bahamas. In Jamaica there is a strong urgency for black women to bleach their skin. Even while knowing its potential harmful effects black women still practice. Because of this a 2011 health campaign titled “Don’t Kill the Skin” was employed to encourage stopping the use of skin whitening products. However, the campaign proved to be ineffective. As this is a great challenge, there should be an examination of what the most effective way to communicate with skin whitening consumers and how health officials can communicate with consumers in a culturally competent manner.

Furthermore, literature cites that skin whitening is a black issue, which is why there is a lack of medical and policy thrust to stop the practice. Thus, there should be an investigation of how medical professionals (specifically in dermatology) approach this issue, while also, looking at this issue from a mental health perspective (Azibo, 2011) where skin whitening has been noted as post traumatic practice resulting from the transatlantic slave trade.

Understanding how beauty editors create content and how they perceive their role in an issue of skin whitening will illuminate the syntactical, rhetorical, script and thematic ways of writing that is used to make issues more salient or less salient, where they source information (if it is opinion based or factually represented with data, or an expert) and how they frame it based on their individual and inherent biases and lived experiences. In practice, this can assist in developing culturally competent content that is reflective of minimizing the engagement in the practice. It would be worthy to know how

major beauty companies who manufacture skin whitening products develop their marketing and advertisements to appeal to consumers so that health promotions can use similar strategies to combat the advocating of the health practice. Furthermore, there have been various policies that impose minimums and maximums on how much skin whitening agents can be included in products by the FDA. Lack of adhering to these policies and mandates result in company's payment of fines and seizures. However the FDA is not responsible or reports to import areas to actively enforce these policies. Therefore, in translating research to practice, after a meta analysis of policies concerning skin whitening is complete, regulations should be amended to halt the production or reception of products to further regulate skin whitening products in the industry.

Considering finding a solution to using health information to counter skin whitening, since family is such an impactful source to communicate health information regarding skin whitening, future health improvement programming can encompass mother-daughter, or sister-sister message focuses about imparting the correct information to use skin whitening products in a healthy way. Also, as the focus of health intervention would be to use such products safely, a follow up study involving longitudinal research of a few participants to examine whether users frequency and amounts of skin whitening products have changed.

There is a need for a centralized framework and typology in discussing future instances of how different types of media discuss skin whitening for black women. Many studies have focused on the refetishizing of colonial input in stimulating the use of skin whitening products, persistence of how the color caste based system influence the original usage. To bring a fresh angle to this, research can examine a neo-colonial frame

of how beauty companies capitalize on the remnants of the racialized colonial past. This can be examined in advertisements and advertorials.

Women are commonly assessed in the context of beauty and idealized images in scholarly research. As popular content has acknowledged that men and women engage in skin whitening (Abbas, 2010). It could be advantageous to assess the antecedents and motivations of engaging in skin whitening for men. According to participants, popular content also reproduces celebrity images that show health and racial hazards to skin whitening. A future study can discuss the way media content positions celebrities who engage in skin whitening.

Because skin whitening is a public health threat there has been many studies devoted to understanding the effects of different skin whitening agents and their method of use. Many health effects studies have been completed in African nations and Eastern countries; there is a need for a population study of skin whitening in North America to garner an accurate account of skin whitening usages.

Also, it was found that packaging of skin whitening products was laced with misleading content and consumers could not comprehend the printed effects (Mendoza). Therefore, there should be investigations dedicated to the literacy of skin whitening content, which includes, packaging, discussion of effects, popular content, and information regarding policy and trade. Furthermore, clarifying how producers of health messages for skin whitening products develop content, considering intent and postracial language can be helpful is dissecting why women do not heed health information. Finally one of the most important facets should be investigated is health official's role in the popular conversation of skin whitening. This was missing from the content reviewed;

however its examination can yield how health messages are disseminated to skin whitening consumers.

Beyond scholarly works, a documentary encompassing the cultural significance, health implications, and capitalist contributions of skin whitening can impact broader audiences. It should also be mentioned, that as women of color use skin whitening products white women use them as well. However, the positioning is complicated where white women use the products to “even, brighten,” or maintain their “glow,” to preserve their placement in the hierarchy of beauty.

Finally, this project has used culture in health communication and critical global race theory to explain how crucial factors of race, class, gender and culture are essential to individuals reception and negotiation of health information regarding health behaviors

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Appendix



Institutional Review Board
University of Missouri-Columbia

190 Galena Hall
Columbia, MO 65201
573-882-3181
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December 6, 2017

Principal Investigator: Rokeshia Renne Ashley
Department: Dean of Journalism

Your Exempt Application to project entitled Examination of Black Women's Health Information Understanding and Negotiation of Engagement in Skin Whitening was reviewed and approved by the MU Institutional Review Board according to the terms and conditions described below:

IRB Project Number	2010149
IRB Review Number	232525
Funding Source	School of Journalism
Initial Application Approval Date	December 06, 2017
IRB Expiration Date	December 06, 2018
Level of Review	Exempt
Project Status	Active - Open to Enrollment
Exempt Categories	45 CFR 46.101b(2)
Risk Level	Minimal Risk
Internal Funding	Departmental Funding

The principal investigator (PI) is responsible for all aspects and conduct of this study. The PI must comply with the following conditions of the approval:

1. No subjects may be involved in any study procedure prior to the IRB approval date or after the expiration date.
2. All unanticipated problems and deviations must be reported to the IRB within 5 business days.
3. All changes must be IRB approved prior to implementation unless they are intended to reduce immediate risk.
4. All recruitment materials and methods must be approved by the IRB prior to being used.
5. The Annual Exempt Form must be submitted to the IRB for review and approval at least 30 days prior to the project expiration date. If the study is complete, the Completion/Withdrawal Form may be submitted in lieu of the Annual Exempt Form
6. Maintain all research records for a period of seven years from the project completion date.

Recruitment Script (Phone Conversation)

Researcher: Hi, I received your contact information from Ericka Jeanvil. I am Rokeshia Ashley, a doctoral candidate at the University of Missouri. I am completing my dissertation research on health messages involving skin whitening and how do black women negotiate, override or accept information. This research entails an interview that's about an hour. Also, at the end of the interview if you are interested I will invite you to allow me to shadow you for one-day so that I will be able to "witness" how you practice skin-whitening, ask about your experiences, and identify what health information you receive and how you receive them. Interviews will be audio recorded. Nonetheless, your identity will be protected. You will be compensated with a \$20 gift card for your participation in this study. Would you like to participate?

Oral Consent Agreement

I am conducting a study that involves research. The purpose of this research project is to find what are the health messages of skin whitening involving black women and how do black women negotiate, override or accept information. I plan to publish the results in the form of a peer-reviewed journal article and/or a conference paper.

You and other black women are being asked to share your understanding of health messages regarding skin whitening and to be observed. Interactive interviews will be conducted with 12 women. The interviews will be recorded and will last about an hour. After the interview, if you agree, there will also be a one day observation. The location of the building where interviews and observations take place in person will be a place that you frequent on a daily or weekly basis.

You will encounter risk no greater than that faced in ordinary every day life. There are no physical, psychological or social risks associated with the research procedure.

The benefits to you and others that may be reasonably expected from this research include the opportunity to discuss your experiences. By participating, you may contribute to knowledge in the field.

Your identity will remain confidential. Only the IRB-certified researchers will have access to the recordings or transcripts. No identifying information will be present in the final report.

If you should have any questions about this research project, please feel free to contact the primary investigator Rokeshia Ashley at 786-395-1052. For additional information regarding human subject participation in research, please feel free to contact the MU Campus IRB Office at 573-882-9585.

Please understand that your participation in this project is voluntary, your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled, and you may discontinue your participation at any time without any penalty or loss of benefits. Also, you do not have to answer any questions that may be asked.

Please verbally indicate whether you agree to participate.

Interview Protocol

Skin Whitening as a Practice

1. What do you think about your skin?
2. In an ideal world, if you could, what would you change about your skin?
3. How do you care for your skin? Prompt with exfoliating, toners, dark spot correctors
4. Do you whiten your skin?
5. How often do you use these products?
6. Describe how you decided to start whitening.
7. Describe your process for whitening.
8. What makes you want to whiten your skin?
9. What helps you make the decision to whiten your skin?
10. What would deter you from whitening?
11. What types of skin whitening products do you use?
12. How has your skin changed since you began whitening?
13. How have your interactions with people changed since you began whitening?
Prompt with: are people shocked, excited, happy, curious
14. Is skin whitening good or bad? Please explain.

Health Messages

1. How did you learn about skin whitening?
2. When you began whitening, what did you think would happen to your skin?
3. How do you continue to learn about whitening?
4. What are some of the good things you've learned?
5. What are some of the bad things you've learned?
6. Did you know whitening could impact your health? If so, in what ways do you know that it could impact your health?
7. How did you learn about the health impacts?
8. What were some things you read about skin whitening? Where did you read this information?
9. What are some things you heard about skin whitening? Who told you this information?
10. Do you read about or see skin whitening in magazines, advertisements, social media? Describe what you'd read or see.
11. Would you prefer an expert or close friend talk to you about skin whitening?
12. Do you read the information enclosed in skin whitening products? Describe typical statements.
13. How do you figure the information you're receiving is true?

Questions of Class, Sex and Race

1. How much do the products typically cost? What products are better?
2. As a woman, do you think it is important for you to whiten? Why or why not?
3. As you whiten does this make you feel more embodied as a woman?
4. How do you identify yourself in terms of race?
5. Do you think your race change as you whiten?
6. Does your race play a role in you whitening? How so?

Country of Origin

1. In your home country are skin whitening products used?

2. Where are skin whitening products commonly purchased?
3. What's different about skin whitening product in the United States versus your home country?
Prompt with: cost, place of purchase, types of products (ointment, injection, etc), procedure of application
4. How would you describe your home country's attitude toward skin whitening?
5. How is the attitude reflected in any magazines, commercials, or other media?
6. Do you think women in your home country whiten more in the United States?

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VITA

Rokeshia Renné Ashley's research focuses on the relationship between Black women's body image and body modification and its manifestation in health and global communication. Her work has been published in the *Journal of Black Studies* and *Health Communication* and featured by Allure.com. Rokeshia has studied in China, Japan, conducted and presented research in various cities in South Africa, Puerto Rico and Austria, and volunteered in Haiti. Rokeshia received her master's degree in fashion and apparel studies in May 2015 from the University of Delaware and her bachelor's degree in public relations from the University of Florida in May 2013.