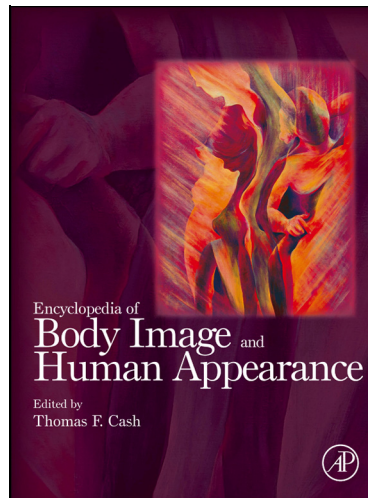


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López I, Gonzalez AN, and Ho A. Skin Color. In: Thomas F. Cash, editor. *Encyclopedia of Body Image and Human Appearance*, Vol 2. San Diego: Academic Press; 2012. pp. 730–737.

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Skin Color

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Glossary

acculturation The process of change that occurs as a result of sustained intergroup contact.

colorism Refers to the bias or favoritism displayed for light skin. This preference has also been labeled shadeism.

exogenous ochronosis Refers to the hyperpigmentation or the bluish-black discoloration of certain tissues that results from exposure to various substances. The skin discoloration and/or disfigurement are often associated with extended skin bleaching and are extremely difficult to treat.

hydroquinone The chemical that is the most commonly included ingredient in skin bleaching creams. It is banned throughout the European Union and in some African countries. Hydroquinone works by decreasing the production of melanin. It is also used in the development of films and X-rays.

melanin Also known as pigment, melanin is the chemical that is responsible for giving skin and hair their natural color.

mercury This is the only metal that is liquid at room temperature and is a common ingredient in skin bleaching creams. It is highly toxic to humans and has been associated with cancer.

phenotype A set of physical characteristics found in high prevalence among groups that share a historically common gene pool. Can include features such as hair texture and color, eye color and shape, and the size of the nose and mouth; however, skin is the most studied characteristic.

pigmentocracy Refers to group-based discrimination based on pigment or skin color.

Introduction

Skin color is an important but understudied variable in the study of human appearance. Often considered a proxy for race, skin color has most often been studied in relation to objective indicators of life chances, with less research done on its relation to distress and appearance. In this article, first we review the research on skin color and appearance by examining the historical foundations of skin color and its relation to a host of contextual variables. Then, we examine the preference for lighter skin by examining in detail the phenomena of skin bleaching. Later, we conclude with a summary of problems extant in the study of skin color research, including the need to understand the association of skin color and appearance in the context of other variables.

Historical Foundations

Historically, lighter skin has been associated with a greater number of life chances, such as better employment opportunities and higher socioeconomic status. However, the reasons for this preference vary according to the particular racial and cultural history of a group. For example, within the United States, the legacy of slavery created a bifurcated system which affected the social and economic stratification of Blacks. A societal preference for lighter skin, or colorism, was created where in this pigmentocracy a lighter skin was often a form of economic, social, and symbolic capital. For example, slave owners would typically prefer to purchase the darkest of those enslaved because they believed that these enslaved persons were better suited for field labor, whereas those with lighter skin were seen as more appropriate for less physically intensive duties. Thus, within this forced system, lighter-skinned black men were more than three times more likely to be assigned

skilled jobs, such as those of carpenter or coppersmith, in comparison to their darker-skinned peers.

Among other minority groups, such as Latinos, the preference for lighter skin was instituted under the Spanish colonial rule, which placed a greater emphasis on the legitimization of *sangre pura*, or pure blood. Within this system, individuals could petition the Spanish Crown for a *cédula de gracias al sacar* (literally translated as a 'thank you for removing' certificate), which certified that one's blood had a *limpieza de sangre*, or 'blood cleansing'. This certificate, which was often a prerequisite for accessing further privilege, served as proof to others that one's blood was *sangre pura* or 'pure blood' and not 'tainted' with either Indian or African blood.

Thus, at least in the United States and Spanish colonies, the preference for lighter skin stemmed from a past history of slavery, expansive colonialism, and hegemonic racism. Given this history, it is therefore not surprising that among African American and Latino samples, the two groups that have been the most studied, lighter skin has generally been correlated with greater educational opportunities, occupational status, employment, higher income, and residential segregation.

Skin Color and Psychological Outcomes

Given these findings, it has often been assumed that a darker skin negatively impacts psychological adjustment. However, there has been surprisingly little empirical research on the relation between skin color and adjustment. A few earlier studies with youth of color have noted that darker-skinned participants reported lower self-esteem, ethnic affiliation, and pride, as well as greater problems with their self-image, more depressive affect, and increased somatic and interpersonal symptomatology, than their lighter-skinned peers. Furthermore, within these findings, darker-skinned females typically fared worse than their male counterparts.

However, more recent studies have suggested variable outcomes mediated by factors such as ethnic identity. For example, some darker-skinned participants may have a higher degree of ethnic identity than their lighter-skinned peers. Specifically, among Latinos, two separate studies have found that darker-skinned Mexicans have a greater preference for speaking Spanish, use more ethnically defined self-descriptors, and express more interest in the Latino community, than do their lighter-skinned peers. Additionally, better designed and controlled studies have shown that the most important factor in predicting mental health for men and women is the interaction between skin color and some other intervening variable, such as place of birth or ethnic identity. These findings contradict earlier work articulating a simple relationship between skin color and psychological functioning.

For example, in one study among US-born men, a darker skin color predicted a higher incidence of depression, while among Mexican-born women, a darker skin color was associated with significantly less depression. Additionally, another study found that darker-skinned Puerto Rican women who expressed greater attachment to Puerto Rican culture had greater self-esteem in comparison to women with a less defined ethnic identity. Finally, in a study with US Filipinos, darker skin and more ethnic features were related to lower psychological distress. Thus, newer research has indicated that darker skin color is not necessarily, or directly, related to worse psychological outcome but must be understood in the context of other variables.

Skin Color and Attractiveness

Within the umbrella of studies of psychological outcomes, researchers have tried to assess more precisely the association between skin color and appearance. Most studies have assumed that if there was an inverse relation between skin color and (either global or racial) self-esteem, that this outcome was indicative of increased appearance anxiety. In studies that have specifically assessed skin color and appearance, darker-skinned girls have reported more critical feelings about their physical appearance. In addition, in one of the few studies that have looked at skin color among Asians, South Asian women in Canada reported that they desired lighter skin and indicated lowered body satisfaction as compared to White peers. Other studies, such as those done in advertising or cosmetic research, have also reported that participants generally favor lighter-skinned over darker-skinned models.

Still, not all studies have found that lighter-skinned participants are rated more positively. For example, there has been some research noting that 'what is beautiful is what is average' – and that some may strive to achieve a look that is neither too light nor too dark. Within this vein, a number of theoretical writings and personal accounts have detailed the experiences and anxieties of lighter-skinned participants and relate the joy, guilt, and ambivalence of being able to 'pass' racially as White in the United States. Among mixed-race Latinos, such as Puerto Ricans, the experience of denying their ethnicity occurs not only because they want to distance themselves from their African heritage but also because their Spanish background is now considered a lower status in the United States.

These authors have also noted how discomfort with appearance is typically worse during childhood and adolescence as

compared with adulthood. Unfortunately, no research to date has specifically looked at how feelings about skin color are affected by racial teasing in childhood, nor has any research examined how these feelings may be modified by racial socialization within the home. The search for factors that may either exacerbate (such as the presence of childhood racial trauma) or buffer (such as parental racial socialization) the experience of phenotypic discrimination may help explain the various outcomes associated with skin color and how comfort with one's skin color appears to be related to better outcome – regardless of what that color may be.

Skin Bleaching

Practice of Skin Bleaching

Discomfort with one's skin color is readily evidenced in the worldwide practice of skin bleaching. Skin bleaching is the lightening of skin through the use of mass-produced and/or homemade products, such as specialized creams, soaps, lotions, serums, pills, capsules, gels, or everyday household toiletries infused with skin lightening ingredients. Although less common, sheep placenta masks, laser surgery, and injections may also be used. In addition, other substances may be used to augment the bleaching effect, such as vitamin C, toothpastes, peroxides, hair dye chemicals or straighteners, camphor balls, sand, cement, battery fluid, and even actual bleach.

Additionally, various food substances may be used, such as saffron, almonds, lentils, and turmeric in India, or curry, milk powder, and cornmeal in Jamaica. These substances are often used according to the hot/cold theory of illness, with soothing agents, such as oils, yogurt, and milk, used in conjunction with more irritating ingredients, such as black licorice soap and papaya. Different products may be used concurrently or sequentially, and instructions for making these homemade combinations can easily be found on the Internet.

Prevalence of Skin Bleaching

Skin bleaching is a worldwide phenomenon. As illustrated in [Table 1](#), it is practiced throughout North America, Western and Eastern Europe, the Caribbean, as well as throughout most of Asia and Africa. There are likely additional countries where skin bleaching takes place that have just not been studied. In fact, skin bleaching is so common that throughout the world, a new vocabulary has been created to describe this experience. Based in part on the names of popular skin creams, skin bleaching is alternatively referred to as *xessal* or *caco/tcha-tcho* in Mali and Senegal, *maquillage* in the Congo and Cameroon, *dorot* in Niger, *bojou* in Bénin, *ambi* in Gabon, and *akonti* in Togo. In addition, in Zambia, the acronym FBIs (formerly black individuals) is regularly used to refer to skin bleachers, while in India the phenomenon is known as the 'Snow White Syndrome'.

A number of epidemiological studies have assessed the frequency of skin bleaching in various communities. While there is great variability across countries, most studies have found the highest occurrence in Western and Central Africa (i.e., Nigeria, Ghana, and the Congo). For example, a large epidemiological study that used a stratified sample found that among 450 Nigerian traders, 73.3% of women and 27.6% of men reported skin bleaching.

Table 1 List of skin bleaching countries

<i>Country</i>	<i>Specific region</i>
North America (3)	
1. Canada	Ontario, Ottawa, Richmond, Toronto
2. Mexico	Chihuahua, Coatzacoalcos, Iguala, Mexico City, Texcoco
3. United States	Arizona, Illinois, California, Chicago, Colorado, Florida, New Mexico, New York, Texas, Minnesota, North Carolina
Europe (20)	
4. Andorra	Andorra la Vella
5. Austria	Vienna
6. Belgium	Brussels, Sint-Pieters-Leeuw
7. Denmark	Copenhagen
8. England	Birmingham, Hampshire, Lancashire, London
9. Finland	Tampere
10. France	Essonne, Paris, Val-d'Oise
11. Germany	Karlsruhe, Offenbach, Stuttgart
12. Greece	Athens
13. Iceland	Reykjavik
14. Ireland	Dublin
15. Italy	Genoa, Piedmont
16. Luxembourg	
17. Malta	
18. The Netherlands	
19. Portugal	Lisboa
20. Russia	Volgograd, Moscow, Novorossiysk
21. Spain	Madrid
22. Sweden	Malmö
23. Switzerland	Geneva, Zurich
Asia (33)	
24. Armenia	Yerevan
25. Azerbaijan	Baku
26. Bahrain	
27. Bangladesh	
28. Bhutan	
29. Brunei	
30. Cambodia	Banteay Meanchey, Poipet
31. China (Mainland)	Beijing, Fenyang, Guangdong, Kunming, Shanghai, Tianjin
32. Hong Kong (China)	
33. India	Cavelossim, Chennai, Mumbai, New Delhi, Noida
34. Indonesia	Jakarta, Yogyakarta
35. Iran	
36. Iraq	
37. Israel	Tel Aviv
38. Japan	Tokyo
39. Jordan	Amman, Zarqa
40. Kazakhstan	Astana
41. Kyrgyzstan	Bishkek, Chui-Region, Issyk-Ata
42. Korea, North	
43. Korea, South	Gyeonggi, Seoul
44. Lebanon	
45. Malaysia	Penang, Selangor
46. Pakistan	Islamabad, Punjab
47. Palestine	
48. Philippines	Caloocan, Davao City, Manila, Quezon
49. Saudi Arabia	Riyadh
50. Singapore	
51. Sri Lanka	Colombo
52. Syria	Damascus
53. Taiwan	Hsungchu, Taipei
54. Thailand	Bangkok, Makham Khu
55. Turkey	Ankara, Istanbul
56. United Arab Emirates	Abu Dhabi, Ajman, Dubai, Fujairah, Sharjah
57. Vietnam	Ho Chi Minh

(Continued)

Table 1 (Continued)

<i>Country</i>	<i>Specific region</i>
Caribbean (4)	
58. Bahamas	
59. Barbados	
60. Dominican Republic	
61. Haiti	
62. Jamaica	
South, Central, and Latin America (9)	
63. Argentina	
64. Bolivia	
65. Brazil	Ciritiba City
66. Colombia	
67. Costa Rica	
68. French Guiana	
69. Peru	
70. Suriname	
71. Venezuela	
Africa (37)	
72. Algeria	
73. Angola	
74. Benin	
75. Botswana	Gaborone
76. Burkina Faso	Bobo-Dioulasso, Ouagadougou
77. Cameroon	
78. Cape Verde	
79. Chad	
80. Congo, Democratic Republic of	Brazzaville, Kimbau, Kinshasa
81. Cote d'Ivoire	
82. Egypt	
83. Ethiopia	
84. Gabon	
85. The Gambia	
86. Ghana	Accra, Kumasi
87. Kenya	Nairobi
88. Lesotho	Leribe, Maseru
89. Liberia	
90. Malawi	
91. Mali	Bamako
92. Mauritania	
93. Mauritius	
94. Mayotte (France)	
95. Morocco	Rabat
96. Niger	
97. Nigeria	Badagri, Benin, Enugu, Ilogbo, Lagos
98. Rwanda	Kigali
99. Senegal	Dakar, Thies
100. Sierra Leone	Freetown
101. Somalia	
102. South Africa	Cape Town, Johannesburg, Pretoria
103. Sudan	
104. Tanzania	Dar es Salaam
105. Togo	Lomé
106. Uganda	Kampala
107. Zaire	Kamwala
108. Zambia	Lusaka
109. Zimbabwe	
Other countries (2)	
110. Australia	
111. New Zealand	

Note: Within each region, countries are listed in alphabetical order. Countries listed are users, transporters, and/or producers (legal or illegal) of skin bleaching products. Whenever possible, specific regions within a country are listed.

With regard to the practice of bleaching, bleaching can begin with a total body bath, upon which supplemental treatments are typically given once or twice daily. However, there is great variation in this practice, with 7.3% in Saudi Arabia to 83.1% and 92% in Nigeria and Senegal, respectively, reporting that they bleached their entire bodies. Additionally, various parts of the body can be bleached, such as the face, neck, hands (especially the knuckles), arms, and elbows, although other parts of the body, such as underarms, feet, knees, thighs, and legs, may also be bleached. Rarer is the bleaching of the vulva, scrotum, nipple, anus, and penis.

Problems Associated with Bleaching

Skin damage

Despite its global popularity, there are numerous health problems associated with skin bleaching. The use of skin bleaching products has been associated with a general array of skin disturbances and disorders, such as burning, uneven and patchy skin, as well as thinning and wrinkling, to the point that a person's skin can be said to resemble 'a plucked chicken'. Additionally, bleaching may lead to the loss of elasticity in the skin and impaired wound healing, leading one researcher to note that working with the skin of a bleacher is like 'cutting through the skin of a cadaver'. With extended use, skin bleaching products can also lead to fungal infections, which can then spread to other family members, such as nursing children, through close skin contact. Paradoxically, skin bleaching can lead to increased skin pigmentation when users either stop or use the product for too long. This condition, known as exogenous ochronosis, has its highest reported incidence among South African Blacks, with one recent survey indicating that skin damage from bleaching accounted for 6% of all skin disorders in South Africa.

Other disorders

Skin bleaching products typically achieve their effects through the use of three main ingredients, hydroquinone, mercury, and corticosteroids, which deactivate the enzymes that produce melanin. Each of these ingredients has been linked with its own health risks and problems. For example, hydroquinone, which is often the most prescribed ingredient by doctors treating clients with skin disorders, has been associated with liver damage, thyroid disorders, as well as with the fish odor syndrome in which the user exudes an odor of rotten fish with the excretion of chemicals in various bodily fluids (e.g., urine, saliva, sweat, and vaginal secretions). Mercury has been associated with acute and chronic toxicity, psychiatric and neurological problems, as well as renal impairment. In fact, two former employees who worked at a skin bleaching plant in England sued, and won compensation out of court, because they gave birth to stillborn and disfigured children whose death and disability were the result of mercury exposure. Similarly, because mercury can cross the blood-brain barrier, women who use these products while pregnant or lactating also put their child in danger. Finally, corticosteroids have been associated with Cushing's syndrome, which includes upper body obesity of the chest and face.

In spite of all of these problems, some users still continue to bleach, and indeed may increase their bleaching in the hope of making these effects disappear, which makes discontinuation

virtually impossible. Thus, despite the fact that the complications from these products can be manifold, and even fatal, studies have found that many persist in their use. In one study, 20% of Saudi women said they would continue to use these products even if they do not know what is in the product. For many, the social status or gains associated with bleaching continues to outweigh its health consequences.

Predictors of Skin Bleaching

Given the negative health consequences, a growing number of researchers, almost all exclusively in the field of dermatology, have tried using self-reports to assess the reasons for skin bleaching. Reasons reported in the literature include demographic factors (skin color, gender, age, socioeconomic status), actual or perceived medical concerns (dermatological conditions, or claims to make skin healthier), interpersonal factors (lack of knowledge, desire for greater perceived attractiveness and marriageability, low self-esteem, self-hate), social factors (peer pressure, desire to change economic status), and the influence of more macro-level forces (westernization/acclimation and the media).

Demographic Factors

Skin color

While having a darker skin color is the most obvious reason for engaging in skin bleaching, skin bleaching may also be used as a way to prevent darker skin color. For example, in Nigeria, skin bleaching has been noted even among those who are naturally light, either as a way to get lighter or in order to maintain their lightness and prevent tanning. Thus, skin bleaching may be used not to become white *per se*, but to become less black.

Additionally, the desire to bleach one's skin may be related to cross-cultural differences with regard to beauty. That is, while white skin may be idealized among many Asians, some authors have claimed that this desire for whiteness is not a desire to be White *per se*, but instead reflects a culturally specific ideal of beauty. This ideal, exemplified by the white face of the Japanese geisha, is said to predate Western imperialism, and thus bleaching is not meant as a way to erase one's 'Asianness' but a way to heighten it. Indeed, for some Asians, the white skin of White Westerners is appraised as too coarse and freckled. Hence, for some Asians, there exists a skin color hierarchy, in which the Japanese are often stereotyped as the most White, and therefore the most beautiful and civilized, proceeding down to South East Asians, who are often viewed as darker-skinned and of lower socioeconomic status. This pigmentocracy also exists among other groups, such as in Latinos.

Gender

By far the most consistent finding is that skin bleaching is predominantly practiced by women (see [Table 1](#)). Although estimates vary according to the country surveyed, a general overview suggests that women constitute approximately three-quarters of the skin bleaching market, although a greater proportion of men also appear to be bleaching, especially in places such as Ghana, Zambia, India, and the United Kingdom. In fact, in 2010, Vaseline developed a Facebook application, which allowed male users to lighten their skin on their profile

pictures as a way to promote their line of skin bleaching products for men. While it is unclear whether men lighten for the same reasons that women do, at least with regard to marketing campaigns, bleaching is pitched as a way for men to increase their sexual prowess and ruggedness.

Age

With regard to age, while one epidemiological study in Nigeria found that age was not associated with cosmetic use, another community-based study in South Africa found that a majority (50.7%) of those who bleached their skin were between 20 and 40 years old. Similarly, another study on women found that users were typically between 29 and 39 years of age (40.8%), with the average age of onset in early adulthood. However, in general, the range of onset has varied. For example, while one investigative report in Jamaica found that bleaching was prevalent among adolescents and preteens, another large community-based study in Saudi Arabia reported that some began to bleach when they were as young as 10 years old. Anecdotal in US popular media, on the *Tyra Banks Show*, a nationally televised talk show hosted by the well-known supermodel Tyra Banks, a mother reported that she began to bleach her children when they were as young as 4 years old.

Socioeconomic status

Skin bleaching was initially believed to be more prevalent among rural and poorer populations. However, while some research has found this to be true in some parts of the world (e.g., Jordan), other studies have shown that skin bleaching can occur throughout various levels of social class. Indeed, some of the marketing of skin bleaching in India is specifically targeted toward the upwardly mobile middle class.

Medical Concerns and Perceived Health Benefits

Treatment of skin disorders

Often overlooked in the research is the fact that approximately 30% of those who use skin bleaching products do so to alleviate abnormal hyperpigmentation of the skin, as seen in cases of melasma, eczema, or acne. Additionally, in Ghana, some users of skin bleaching products may do so as an attempt to bleach away damage caused by other health problems, such as AIDS. In this context, sex workers bleach their skin in order to disguise other medical conditions in order to ensure their economic livelihood.

Perceived health benefits

Apart from these concerns, users also bleach in order to appear healthier, and to tone or cleanse their face and/or body. However, this is particularly troublesome because bleaching is associated with a number of medical complications and darker skin actually provides more protection against a number of skin disorders.

Interpersonal Factors

Lack of knowledge

Although many participants are invested in the health of their skin, only a small percent of participants (ranging from less than 2% to up to 30%) are even aware of what is included in these products or of the medical complications that arise from

skin bleaching. This is because skin bleaching companies often do not appropriately label the contents of their products. In fact, they may either fail to list, or purposefully misbrand or mislabel, their ingredients. They may also not list the percentage of chemicals in their compounds, nor list any warnings of the adverse effects or contraindications of their product. However, even with appropriate labeling, bleaching may still continue in less developed countries, such as Mali, Burkina Faso, and Senegal, due to very high rates of illiteracy.

Perceived attractiveness

By far the most consistent reason given by users is that they lighten their skin because they believe that lighter skin is more attractive. For example, in Saudi Arabia, women reported that being lighter made them feel more beautiful and confident. Similarly, in a survey done in Asia, across different countries, both men and women reported that lighter skin was more pleasing and beautiful. Specifically, Malaysian men were the most likely to want their partners to have a pale complexion (74%), followed by men in Hong Kong (68%) and Taiwan (55%). Additionally, Indonesians were the most likely to find 'whiter' men attractive (65%). Among women, similar but slightly lower percentages were found. Thus, lighter skin was valued because it made the user feel more attractive and because a lighter-skinned person was perceived as more attractive. Indeed, while in India marriages are often arranged according to the similarity of the skin color shared between the spouses, there is often the assumption that a lighter skin color will improve one's marital prospects.

Low self-esteem and self-hate

While those who bleach often comment that they lighten to attract others, many other (nonbleachers) claim that users engage in skin bleaching because they hate themselves and/or their racial group. However, participants themselves rarely ever cite this as a reason. This may be because self-hate is a very difficult construct to operationalize and is often conceived as low self-esteem or ethnic/racial pride. Yet, various ethnic minority groups whose members participate in skin bleaching typically score quite high on these measures. Additionally, low self-esteem is frequently found in other forms of distress, and thus this experience is not unique to 'self-hate'. More generally, cross-cultural research notes that low self-esteem is not always related to worse outcome. Finally, because of problems related to social desirability, self-hate is very difficult to ask about, especially in the context of skin bleaching where, despite many perceived external pressures to bleach, some users still deny doing it because of the stigma sometimes associated with this practice. Still, there are some who do openly and proudly bleach, as indicated by the Jamaican rap star Lisa Hype's song *Mi Proud A Mi Bleaching*. Thus, those who bleach do so for a variety of reasons, and the exact reasons for this practice are manifold.

Social Factors

Peer pressure and the normativity of bleaching

In addition to these interpersonal factors, participants often mention that they bleach because of the pressure or influence of others. In a study in South Africa, users indicated that they were first introduced to bleaching by friends or family,

followed by those in the medical professions, such as chemists or pharmacists. Contact with others, therefore, serves to normalize and strengthen this experience. For example, in Mali, women have indicated that because skin bleaching is so prevalent, they feel ostracized if they do not bleach.

Economic opportunities

Despite previously documented research which noted an association between lighter skin color and greater access to resources, current users typically do not report that securing greater or better economic opportunities is the sole or primary reason they bleach. This may also explain why research has failed to find a consistent association between socioeconomic status and bleaching. Yet, those who bleach do acknowledge that part of the perceived benefit of bleaching is the higher ascribed social status that comes with having lighter skin. In the end, these contradictory responses may be indicative of the limits of self-report whereby individuals may underestimate, underreport, or self-censure the influence of socioeconomic status because of concerns related to self-presentation.

Macro-Level Forces

Acculturation and westernization

More macro-level forces have also begun to be identified as reasons for the worldwide epidemic of bleaching. Acculturation, or more specifically westernization, has been noted as one possible reason for the increase in skin bleaching. Increasingly, this practice has been documented not only within native-born populations, but also among immigrant and diasporic groups. For example, skin bleaching has been documented among minority groups in places with traditionally ethnic enclaves, such as Switzerland and Denmark. However, it is still unclear whether bleaching is an imported cultural practice that immigrants bring with them when they migrate or whether this practice is initiated only upon their entry to their new place of residence. In other words, it is unclear how or whether acculturative stress is a factor in either the initiation or maintenance of bleaching. However, one of the first studies to assess bleaching found that among Nigerians, bleachers had a greater likelihood of speaking English as compared to other nonbleaching Nigerians, thus suggesting that exposure to Western ideals was a factor in their bleaching.

The media

Finally, the media has been implicated in the use of skin bleaching. In stark contradiction to the well-documented medical complications that arise from skin bleaching, ads for skin bleaching routinely make extraordinary and false health claims regarding their products. In an effort to counter the dangers associated with skin bleaching, some companies claim that their products are 'certified organic', and are thus presumably safe and beneficial to use. Furthermore, these ads explicitly promise a transformative and personally empowering experience that can purportedly be achieved in weeks or a matter of days, and portray lighter-skinned models as not only healthier, but also happier and more successful with their love lives and careers.

The sheer amount of advertising that is dedicated toward promoting skin bleaching also makes the media a prime suspect as to why people bleach their skin. One study, conducted in Hong Kong, found that 30% of all advertisements on television on a Saturday night were devoted to whitening products. These products are not only advertised in billboards and magazines, but there is also a proliferation of websites and videos dedicated to skin bleaching. It is therefore not surprising that when asked, bleachers overwhelmingly cite the media as one of the primary reasons they chose to bleach (e.g., 60.7% listed this as the primary reason in Jordan). In sum, this type of skin modification is a profitable, worldwide, affair that is related to a number of diverse factors.

Skin Darkening

In addition to skin bleaching, skin darkening is another type of skin modification. Skin darkening can be achieved by tanning in the sun or in a sunbed, via tanning creams or pills, cosmetic bronzers, or injections. Although rarely discussed, for some ethnic minorities, the quest for darker skin may be related to an increased desire for greater in-group affiliation and for a more 'authentic' appearance. However, for some Whites, as well as individuals of higher socioeconomic status, obtaining a darker skin via a tan is not a means of securing greater affiliation but rather a way to demonstrate wealth and status. Additionally, among these groups, the desire to achieve a 'healthy' or 'effortless' tan is a way to appear athletic, attractive, and affluent. In effect, having a tan is a visible signifier that one has time for leisure and, in this context, is not associated with laboring outdoors.

Many of the reasons associated with a tanned skin are similar to, but also different from, engaging in bleaching. Specifically, in both forms of skin modification, individuals may do it for its perceived health benefits and the attainment of wealth and beauty. Similarly, both experiences are related to adverse medical outcomes, as 90% of skin cancers are associated with overexposure to ultraviolet radiation. However, despite these similarities, the meanings behind these actions are quite different. That is, equating skin tanning and skin bleaching ignores contextual and historical factors, such as slavery and colonialism, which made white skin desirable and economically preferable in most of the world in the first place. Additionally, in the West, the desire for darker skin is marketed seasonally (e.g., in the summer) and is not campaigned as a quest for 'black or blacker' skin *per se*. That being said, more places in Asia, such as China, Japan, and Korea, are now opening up tanning salons, although they are still relatively rare. One theory is that increasing globalization and westernization may be responsible for this development.

Conclusions

Skin color is an often understudied variable in appearance research, although it is often one of the most widely used markers in assigning group membership. Additionally, although skin color modification is widely prevalent and

associated with a variety of devastating health effects, there has been a limited amount of research on skin color. This may be because within minority communities skin color is still a taboo subject. The future of skin color research lies in trying to understand the contextual meanings ascribed to skin color and to see how macroforces interact with interpersonal variables to explain the feelings associated with skin color. To do so, we need more sophisticated analytical models that can incorporate these factors.

Methodological Difficulties in Assessing Skin Color

In all of the research surveyed, one of the most prominent problems has been the methodological difficulties associated with measuring, categorizing, assessing, and interpreting the meaning of skin color. For example, in the social science literature, the categorization of skin color has often been reduced to simplistic binary categories of light/white versus dark/non-white, or coarsely trichotomized categories of light, medium, and dark skin, which may belie the way that minority groups understand their own appearance.

Research has also noted differences in how interviewers and participants rate skin color. For example, recent research has noted a race-of-interviewer effect in which the skin tones of black participants were rated as darker by White versus Black interviewers. Similarly, Black interviewers categorized the skin tones of White respondents as much lighter than did White interviewers. In order to address such variability in assessment, studies need to use multiple methods of assessment that include not only the participant's and interviewer's assessment of skin color, but also additional questions that assess how important or salient skin color and race is to the participant in his/her context. Moreover, a few researchers (e.g., Bond and Cash) have presented standards of graphical color gradients for participants to use in matching their own skin tone or their preferred skin tone, as well for observers to use to rate others' skin tones. Such an approach is applicable to understanding body image in relation to skin color, defined as the disparity between how one perceives one's own color and one's desired color.

Methodological issues are important because among some groups it has often been difficult to estimate the unique contribution of skin color relative to other factors, such as language use, or accented speech, because at times these variables may predict greater discrimination than skin color alone. To this end, the effect of skin color on various outcome measures, such as mental health, has not been consistent. Some have found that the effect of skin color remains consistent and strong even when controlling for a host of other demographic variables; in other cases, the effect of skin color has been dependent on contextual factors, such as birth cohort, generational status, English facility, and parental education. These demographic variables, in turn, have at times significantly accounted for more variance than skin color alone. Thus, future studies need to include a host of demographic variables, not only to try and control for them, but to explicitly try to factor and incorporate them into their models. Finally, many earlier studies have been based on small, descriptive, cross-sectional convenience samples, which have hindered our ability to make generalizations.

Skin Color in Context

In addition to the methodological difficulties of measuring and categorizing skin color, more attention needs to be paid to other variables that interact with and either heighten or change the meaning associated with skin color. For example, racial classifications rely not only on skin color but also on other racial features as well. Thus, it is important to assess the association of skin color in conjunction with other phenotypic variables and to decipher the meanings of other efforts of phenotype modification, such as hair dyes, straighteners, colored eye contacts, and nose and double eyelid surgery.

In sum, in reviewing the research on skin color and human appearance, it may be most accurate to say that skin color is an important variable to assess but that both the effects and the measurement of skin color are context dependent, and most likely operating in conjunction with other variables. Such a nuanced view should not detract from the corrosive effect of hegemonic racism, but rather should help to identify the multiple points of intervention.

See also: Anthropological Perspectives on Physical Appearance and Body Image; Appearance Discrimination and the Law; Beauty over the Centuries – Female; Body Image and Social Class; Cosmetics Use: Psychological Perspectives; Hair: Body and Facial; Physical Appearance and Stigma; Physical Attractiveness Stereotyping; Race, Ethnicity, and Human Appearance; Skin Conditions; Tanning: Natural and Artificial; Teasing, Appearance-Related.

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