

Publisher



African Journal of Social Work
Afri. j. soc. work
© National Association of Social Workers-Zimbabwe/Author(s)
ISSN Print 1563-3934
ISSN Online 2409-5605

Licensed under a Creative Commons Attribution-Non-commercial 4.0 International License

THE BLEACHING SYNDROME: MANIFESTATION OF A POST-COLONIAL PATHOLOGY AMONG AFRICAN WOMEN

Ronald E. Hall, Ph.D., Professor of Social Work

ABSTRACT

The post-colonial root of African problems is directly related to skin color. Under the cloak of personal preference, light skin among African women has replaced dark skin as the native ideal. The aftermath is manifestation of the Bleaching Syndrome. Social Work professionals have overlooked the Bleaching Syndrome as relative to practice. Furthermore, in social mores Africans tend to idealize light-skinned members of the population as it is believed their skin color is associated with an overall better quality of life. As such Social Work professionals are confronted by issues which did not require intellectual consideration in the past. They are thus challenged for the future to develop creative strategies i.e.: Bleaching Syndrome less confined to Western colonial bias. In this way those who treat African and African descended people can decipher the maze of colonial tradition. Their efforts will enable a suitable environment for more comprehensive treatments applicable to African women and others of African descent.

KEY TERMS: Bleaching Syndrome; skin color; colonization; women; light skin

INTRODUCTION

In the aftermath of Western colonization African peoples have experienced pathological, post-colonial influences. Among the manifestations of post-colonial pathologies is a tendency to idealize light skin. Travelers to Africa will be struck by the various skin bleaching applications utilized particularly by African women in their efforts to acquire the Western light skin ideal. Unmentionable, however, is the disdain among African descended women who by genetic heritage are characterized by dark skin. The existence of such disdain is invisible to the casual observer but is immune to dispute via somatic ideal.

The imposition of Western ideals i.e.: light skin upon the psyche of African peoples is universal and extends to the Americas and elsewhere impacted by colonial influences. Without exception, Western ideals are an environmental force that disrupts the well-being of African descended women in particular, resulting in the Bleaching Syndrome. Although the literature acknowledges racism among the list of colonial pathologies, amidst idealization of light skin neglect of the Bleaching Syndrome has been all but institutionalized (Solomon, 1992). Greater focus on skin color would enhance the ability of Africans—at home and abroad—to purge themselves of colonial pathologies.

Akin to the aftermath of Western colonization, the idealization of light skin is an increasingly salient phenomenon. This phenomenon has precipitated an increase in the Bleaching Syndrome among dark-skinned women. Subsequently, race as the most salient Western social construct, is less relevant to African peoples. The lesser relevancy of race is a demonstration of the significance of skin color. The impact of light skin having evolved as the Western feminine ideal is exacerbated by the social connotation of dark skin as masculinity among men (Majors & Billson, 1992). Consequently, women of African descent who aspire to pathological concepts of beauty are then amenable to health risks both physiological and psychological. It is clear that the profession of Social Work cannot remain informative and comprehensive if continually subsumed by increasingly extraneous racial nomenclature (Gitterman, 1991). Hence, in the current era, it is imperative to consider re-evaluation with ontological depth. Succinctly put, comprehensive research in an era of increasing human diversity will require significant modification of therapeutic issues (Germain, 1991).

Attempts by women to make themselves attractive is as old as civilization itself (Winston, 1998). However, as it pertains to the Bleaching Syndrome, light skin as a colonial ideal of attractiveness evolved as feminine. Furthermore, among women of African descent, skin color ideals are the direct result of having been influenced by Europeans and other Western populations (Hall, 2003). Following various acts of domination vis-à-vis colonization etc., Western influences precipitated a social hierarchy to discourage any notions of merit or attractiveness attributable to those characterized by dark skin (Hall, 1992). The uppermost in beauty and thus status among women became those, whose features approximated that of the light skin ideal and the least being an opposite extreme (Hall, 1994). In an effort to comply, women of African descent had thus been imposed upon by a colonial system that is in many ways not only alien but, vis-à-vis Social Work emotionally debilitating and psychologically pathological. For such a characteristically dark-skinned group as African descended women, the effort to acquire light skin did not evolve without pathology. While group egocentrism on the basis of native criteria is not totally irrelevant, light skin as universal prerequisite to attractiveness is pathological. The objective of this paper is to address such pathology, its consequences and suggestions for resolution.

COLONIZATION

Colonization is defined as the peopling of a foreign territory that was previously settled by a native population, with emigrants from the mother country. Since the existence of the Western Roman Empire, colonial powers, including European nations and the Americas, have dealt with their subjects in one of three ways: eradication, exclusion, or assimilation.¹³ Ironically, it is the beauty experience of African descended women that has impacted their self-esteem so as to be denigrated by colonial power in an effort to experience beauty.

To understand the impact of colonization upon dark-skinned women requires an examination of the West and its dominant influence. All Western nations played a role in the creation of a skin color hierarchy that Africans initially found objectionable. This hierarchy remains ever so subtle today, and exists among African descended women, both at home and abroad. In every country that was colonized by Europeans, a similar hierarchy exists for feminine beauty, under similar circumstances, including those in Africa, the Caribbean and South America. In fact, Cuba is regarded by some, such as Carlos Moore—a dark-skinned scholar of African descent—as the most skin color prejudiced society in the Hispanic Caribbean. The physical, social, and cultural mores exported around the world were thus shaped and modified so as to effectively sustain aboriginal populations under a system of colonial domination. The beneficiary, of course, was the colonial motherland. Via skin color, the success of this system largely depended on the experience of the first generation of locals who were colonized. Although the lives of these and others were directly impacted, mixed-race, dark-skinned, and light-skinned women would continue the manifestations of colonization as reflected in their standard of beauty and preferences for light skin color.

The mores and cultural traditions that followed colonialism reinforced Western ideals. Decades after Western colonization, the light-skinned, mixed-race offspring of colonized people conspicuously occupied positions of power and economic advantage over the more commonly dark-skinned population. In addition, a social hierarchy evolved among women that had not existed prior to colonization or occupation. According to written sources, among colonized peoples the lighter-skinned attained higher economic status and managed to gain control in the public and private sectors of society as well. While colonial nations had lost colonial control of their subjects, their system of social and cultural stratification that was based on skin color remained intact—a psychological continuation of colonization. The mixed-race born of Western men and local women were superior in order of the colonial hierarchy. The remainder of the hierarchy consisted of those whose status was based on their amount of Western blood, down to the bottom level. Access by a woman to a better life depended on her location within the hierarchy, hence her beauty. Native status was irrelevant because the hierarchy cut across the “inferior” native social structure. In fact, light-skinned colonial offspring stood to inherit more from society than their unadulterated darker-skinned brothers and sisters.

POST-COLONIAL PATHOLOGY

As applied to skin color, Western ideals evolved during the genesis of colonization. In the post-colonial era the time period from about World War I (WWI) in 1914 continuing through to World War II (WWII) or about 1945, is particularly relevant to Africa and those of African descent (Pozatek, 1994). The period was a reaction to the rigidity of various doctrines from which an equally rigid set of principles and ideals had been derived to give the appearance of scientific objectivity. In fact, by definition, Western ideals could be juxtaposed as a narcissistic exaggeration of what is modern i.e.: Eurocentric (Riley, 1996). In general, it may be said that colonialism was initially constructed to facilitate the radical domination of others not irrelevant to post-colonial Africa. Liberating skin color ideals from the dogmas of Western tradition did

little more than modernize its rigidity. Under the cloak of personal preference, light skin has replaced native ideals in post-colonial Africa.

Social Work personnel have looked consistently to Western science throughout its brief institutional history (Stinson, 1979). This otherwise obvious assumption is not the least subject to challenge. Social Work in post-colonial Africa and elsewhere is a recapitulation of the present world-system which has been dominated by a Western geo-political culture since Europe's colonial aggression. What's more as part of a geo-political culture Social Work as social science originated largely in Europe (Hagen, 1982). Thus, until 1945 social science was centralized in the West including France, Great Britain, Germany, Italy, and the United States. Furthermore, despite the post-colonial globalization of knowledge, social science remains a bastion of Eurocentric operatives (Joyner, 1978). Commensurate with said operatives, Social Work evolved in correlation to Eurocentric problems, Eurocentric perspectives and Eurocentric concepts. Thus, it was virtually inevitable that the issue of skin color would be all but totally ignored. The way it is overlooked by Social Work professionals reflects the Eurocentric constraints within which it has evolved.

The failures of Social Work enabled the present post-colonial problems. Those among the most astute contend that Eurocentric Social Work is not objective science but little more than hegemonic theory construction. Knowledge, as is "truth" is relative and contingent upon individual culture and experience (Trevillion, 2000). Skin color ideals are also relative, a function of the individual preference and existential consciousness. Western colonials esteemed light skin; Africans initially esteemed dark skin. Colonials sought to indoctrinate by transmission of Eurocentric frames of reference; the astute challenge all "universal" frames of reference. The West esteemed the Eurocentric system; the astute esteemed a diversity of systems. Unfortunately, the influences of the astute have been secondary to that of the Western post-colonial structures (Parton, 1994). The result has been a tendency among African and African descended women to assume physical and psychological risks to bleach their skin. In Africa there are nonprofit agencies such as the Ghana Skin Foundation which aims to inform the public about the harms of skin bleaching in hopes of eliminating the practice entirely. "The African woman must awaken to the fact that the color black is not an accident" says First Lady Nana Konadu Agyeman-Rawlings ... "but is purposely to enable her to adapt comfortably to the climate and environment in which she is created." Her words have had an impact upon the people. A proud African named Kofi from Accra recounts a motto spoken by Ghanaians who are against the practice of bleaching: "If you're nice, you're nice. You can be a black, you can be a green." While Gambia and Nigeria have taken more forceful steps in dealing with the skin bleaching issue than Ghana, Ghanaian people are convinced that they as a country would benefit from a boost in self-esteem. Unfortunately, when questioned as to how the government might go about in making this effort a success few have answers. "You are not the one who created yourself, it's God who created you" insists one Ghanaian. "God knows who you are—that's why he created you a black or a white" (Chisholm, 2001).

On other occasions where bleaching goes beyond cultural and political problems organ performance can suffer. "There is suspicion of an increased risk of renal failure as a result of the mercury contained in some of the products that people use for bleaching," according to African Dr. Doe. Unfortunately, too many women who bleach do not seek medical help until it's too late. This has spurred an effort on the part of doctors to promote public service announcements in hopes of educating the public to the dangers of bleaching. As per Maama Adwoa she has encountered the "stop bleaching" announcements in the media. "They say we should stop bleaching because of skin cancer and skin disease. But people don't want to listen because they don't know ..." (Chisholm, 2001). In the end they develop such bad skin problems that they can no longer go out into the sun without risking more problems. The extent of such

persons in Africa is becoming so widespread that some women are beginning to exercise caution. Fortunately, in the reversal other women are applying additional creams in hopes of getting their skin back to its natural state of color. But for women who are uneducated about bleaching who have relied on Western beauty products, various West African nations continue to object to bleaching. For example, in Gambia, the government has decided to outlaw all skin-bleaching products including Bu-Tone, Madonna Cream, Glo-Tone, and the American-made Ambi. They decided to be lenient on those caught with bleached skin. Furthermore, officials in Europe have also begun to take issue with the practice as Denmark has also banned skin bleaching creams and soaps. Officials there have traveled to a number of local African shops and gathered up the products. Unfortunately, Tura, which is a product outlawed by Danes is still popular in Ghana and other African countries. While the business community may find these actions extreme, doctors concur that they're not without reason. "Some of these products were banned sometime in the past, but somehow, some of them still find their way onto the local markets where most of these bleachers get their products ... There, you don't need a prescription to buy anything" Dr. Doe explains (Chisholm, 2001). Ghana is not the only country where Africans are taking issue with skin bleaching. Similar actions are under way in Gambia. There a considerable number of West African government officials have taken the position that hydroquinone is dangerous and should be outlawed. They have moved to have bleaching products tested and labeled "guaranteed without hydroquinone." Despite their efforts, one bleaching cream called Lustra which is quite popular, contains 4 percent hydroquinone. On the warning label it reads: "If you should experience any type of irritation, redness, or a rash while you are using Lustra, discontinue using it and contact your dermatologist" (Chisholm, 2001). If those who bleach do it for more than 2 years, damage to the skin is likely to occur. In Ghana, people are known to bleach their skin far beyond what is considered safe. One African woman named Selina Margaret Oppong began bleaching her skin 5 years ago with a local bleaching product. "I have no complications and do not worry about any," states Ms. Oppong. Unknown to Ms. Oppong perhaps is the fact that doctors in Africa are seeing patients whose skin is so damaged from bleaching that they cannot apply stitches in cases of injury. Their skin is so weakened that stitching causes it to fall apart. "We do have surgical complications such as difficulty in suturing the skin and poor healing of surgical wounds," replies Dr. Peter Preko, who is a doctor in Ghana. If such a grave danger is not enough to get Africans to stop bleaching says Joseph Akrofi "Maybe you have some cut and you need some stitches ... Normally the black body which is bleached comes off. So they can't do stitches." No other threat to health could be so obvious (Chisholm, 2001).

In most African countries the tradition is that one's heritage is tantamount to one's pride. Ghanaians for example do not hesitate when given the opportunity to share something about their heritage and cultural history. Despite such pride many ironically prefer to bleach their skin to make it lighter. As an affront to their heritage, skin bleaching among Ghanaians has been a practice since Europeans arrived in the 1500s. Their arrival prompted Ghanaians in awe to lighten their skin to affect white. Many who are too poor to afford commercial creams resort to various homemade concoctions often dangerous to apply. According to one African "[Skin bleaching has] been going on for a long time, actually, ... I must say it began from when we had the British ruling over us." The application of such creams have become the focus of much attention all across Africa. Some have taken deliberate action to discourage the practice. In Kenya, activists moved to have a ban put on the sale of skin bleaching creams. In agreement the country of Uganda acted similarly. Senegal had even acted before both as skin specialists took issue with bleaching's harmful effects. Despite such efforts it does not appear that the popularity of the practice has slowed to any significant degree. Thus bleaching creams such as Solaquin continue to make its way to the African beauty market. Not to be out done, African officials in Ghana have moved with little success to outlaw bleaching products. They have put

on public service campaigns to make Africans aware of the dangers including skin disease that can result from bleaching the natural pigmentation from their dark skin. Officials are assisted by a small, but formidable group of African activists who are very vocal about the denigrating effects of skin bleaching to African people and cultures. They have organized themselves in opposition to the increasing number of those Africans who find their self-worth in having light skin.

The move to deter the practice of skin bleaching is not limited to Africa or the modern era. In the 1930s, hydroquinone, which is a chemical found in many current skin bleaching products, was initially used by African-Americans who discovered that its use would lighten their skin. The skin lightening effect is made possible by the chemical's ability to compromise the body's manufacture of melanin—the skin color element. When the dark skin fades older skin cells are replaced by the bleached. A number of scientists believe that the chemical is a carcinogen or cancer agent. It is so harsh that it is used in the development of photography. Companies which manufacture skin bleaching products insist hydroquinone is harmless. However, in 1995 the New York commissioner of consumer affairs at the time named Mark Green requested that the chemical be banned.

No less influenced by Western colonization African-Americans take note of the implications of light skin in all matters of life and public affairs. The vilification of dark skin they understand has enabled the victimization of many as racist stereotype. Those who cannot meet the required skin color ideals suffer the consequences (Opala, 2001). Thus, African-Americans of darker skin relative to Euro-Americans, more often than any other racial, ethnic, gender, or social/culture group, are victimized and otherwise oppressed (Hall, 1992). Given the power of media to impose and to monitor ideals, such victimization may keep those, who are otherwise well-adjusted, under constant emotional and psychological stress.

In the 1960s skin color was addressed as irrelevant to beauty among African-Americans. A popular mass movement made it unacceptable to think anything less of dark skin as part of the effort to confront the aftermath of Western colonialism. It also required African-Americans to value their darkness which did much for the group's esteem—especially women. A locally fashioned brand of self-love was embraced by the masses and "black is beautiful" was their ethnic motto. Such activism encouraged large numbers of African-American women and men to cease the practice of straightening their hair. Their preference for the natural state of African hair called "Afros" made the point that their native identity was ideal. Unfortunately, such idealism expired with the passing of the decade. According to Frazier (1957) the process of assimilation influenced the termination of progress made in the 1960s. "There was a real appreciation of our differences . . . but now, we're back to a racial apartheid" notes one African-American. Despite the fact that some contend that skin bleaching is not always a problem that should be addressed negatively, some African-American men and women have had to use bleaching creams to treat various skin problems. When this is the case a moderation in use should be followed and if at all possible professional help to minimize potential harm (Obaahema, 2002).

Introduction to the Bleaching Syndrome

As pertains to the aforementioned, is evidence of the Bleaching Syndrome. The existence of the Bleaching Syndrome is historically rooted in the old "beauty" creams and folk preparations used by people to make their skin lighter (Staples, 1976). According to Webster (Mish, 1989) "bleach" is a verb that means to remove color and in the case of the Bleaching Syndrome to make one otherwise "white." A "syndrome" consists of a grouping of symptoms i.e.: behaviors that occur in conjunction and make up a recognizable pattern (Mish, 1989). These literal definitions refer to the Bleaching Syndrome as having three basic components.

They consist of the following: (a) perceptual according to internalized ideals; (b) psychological according to reactions to those ideals; and (c) behavioral according to the “bleached” ideals manifested. Each comprises a chronology that is motivated by domination i.e.: colonization. For all African descended peoples, the Bleaching Syndrome begins with what they perceive about their skin color. Their acceptance of a negative connotation is not compulsory but merely a part of the post-colonial Western experience. Unlike members of the dominant group population i.e.: light-skinned, this causes conflict. Psychologically, the negative implications of dark skin having been internalized create obstacles to self-esteem and preferred quality of life. To reduce psychic conflict and simultaneously assimilate, those affected by the Bleaching Syndrome make a conscious decision to value light skin at the expense of dark. It is manifested in their behavior by utilization of light skin as the ideal reference point for critical life choices such as marital partners, language styles, grooming, etc. (Hall, 2001). The Bleaching Syndrome is also the conscious awareness of the cognitive and attitudinal levels of the similarities and differences between the colonial mainstream and colonized outgroup to negate one's self for the purposes of assimilation. The quality of life this may infer, according to Maslow, include the fulfillment of such physiological needs as wealth and income, such safety needs as housing and standard of living. Belongingness, self-esteem, and self-actualization needs are irrelevant in the context of colonial domination, which means that the Bleaching Syndrome prevents Africans from advancing beyond the base of Maslow's hierarchy. It requires substantive knowledge and empathic appreciation of Western culture at the expense of the native. Thus, the Bleaching Syndrome suggests that those who are affected by it alter themselves as dictated by the influences of power to approximate the mainstream ideal. It is a quasi-functional strategy that ultimately fails. The Bleaching Syndrome is furthermore a process of orientation that requires submission. Were it not for the differential in power between Africans and the West, it could not exist. Much of what it requires is denigrating to the outgroup and could not otherwise be imposed because it is contrary to the nature of health. The Bleaching Syndrome may be manifested by Africans in their values, interactional styles, behavioral responses, language use, etc. It is a distortion of Maslow's hierarchy of needs. Such impositions are not only denigrating, but initially painful. The intensity of the pain may subside over time, but the ultimate ill effects are not lessened. Depending on the colonial status of the victim these tendencies may not cause concern because they are the norm and a familiar aspect of the mainstream. Social Work professionals who want to be effective in treating the Bleaching Syndrome will be enabled by consideration of the following suggestions:

- determine the class, social, and familial circumstances of the client;
- be sensitive to the possibility that women who are in crisis or who are experiencing powerful emotions may have issues with the skin color of the practitioner aside from race;
- seek relevant support systems if such action seems appropriate;
- review the literature pertaining to the history and traditions of skin color in particular as pertains to colonization

CONCLUSION

According to James Baldwin, the post-colonial root of the African problem is directly related to skin color (Jones, 1966; Robinson & Ward, 1995). This would contradict much of the rhetoric of race. But as Hall (1995) notes the issue of skin color has never been subjected to rigorous debate. Thus, the well-known phenomenon of Western bias has obliged distortions in truths otherwise unnecessary. That distortion is apparent in a cursory review of the social science literature which attests to the perpetuation of race despite the critical impact of skin

color in the lives of African peoples. As per the social science database (1977-2001) twelve articles have been published on "skin color" in twenty-four years. In leading peer-reviewed journals, skin color has been totally ignored in the aforementioned time-period accommodating the perpetuation of race. In leading textbooks such as *Human Behavior in the Social Environment* by Zastrow and Kirst-Ashman (2001) the issue of skin color as pertains to dark-skinned people is omitted from the index and the 300 plus pages of lexis which comprises the text in toto. The fact that both authors are of European descent cannot be dismissed as irrelevant to their Eurocentric perspective. While they may be cognizant of the critical issues, as authors it is they who determine the priority of what reaches publication. The information disseminated via publication then determines for African people their existential realities in Social Work education. What is omitted otherwise ceases to exist. This limitation of information enables the gross distortion of facts. That distortion has facilitated the Bleaching Syndrome.

Social Work professionals continue to overlook the issue of skin color as per the Bleaching Syndrome among Africans and other people of color. Thus by Western standards light skin is not determined to be as important a measure of status as is race (Kitano, 1985). However, there exists a direct correlation inherent of dark skin as vehicle of denigration and lower socioeconomic standing. Furthermore, in social mores Africans continue to idealize light-skinned members of the population as it is believed that their skin color is generally associated with an overall better quality of life (Kitano, 1985). Lastly, the ability of Western influenced Social Work professionals to accurately perceive, conceptualize, and interact with African people is a necessity in a rapidly changing and complex world. In order to enhance harmony and reduce the threats of Eurocentric ideals, such professionals and other social scientists must acknowledge that all groups have assets, capacities and strengths that should be affirmed and reinforced (Sontag, 2001). Since many of these assets, such as cultural technologies, are derived from cultural legacies Westerners in particular must increase their knowledge base considerably. Otherwise, their lack of information could contribute to the normalization of colonial standards that might ultimately prove counterproductive to world peace, understanding, and harmony. Furthermore, at a time of increased contacts between various populations, Social Work professionals are confronted by issues and perspectives which did not require intellectual consideration in the past (Shatz, 2001). They are thus challenged for the future to develop creative analytical strategies i.e.: Bleaching Syndrome, less confined to Western/Eurocentric bias. Additionally, journal editors, book publishers, and other affiliates of the "fact" manufacture industry must be actively receptive to the consideration of alternative views. That consideration must remain aloof from colonial hegemony to sustain the integrity and prestige of the discipline. Those who treat African and African descended people are then challenged to decipher the maze of colonial tradition and create a suitable environment for knowledge based purely upon merit. In this they will accommodate the resurrection of indigenous wisdom and accommodate the future of Social Work endeavors.

REFERENCES

Chisholm, N. (2001). *Skin bleaching and the rejection of blackness: Fade to white*. The Village Voice.

Frazier, E. (1957). *Black bourgeoisie*. New York: Collier Books.

Germain, C. (1991). *Human Behavior in the Social Environment: An ecological view*. New York: Columbia University Press.

- Gilchrist, M. (1985). *The Philippines Annexation Debate: as Contained in Four Selected Speeches*. East Lansing: Michigan State University.
- Gitterman, A. (1991). *Handbook of social work practice with vulnerable populations*. New York: Columbia University Press.
- Hagen, J. (1982). Whatever happened to 43 Elizabeth I, c.2? *Social Service Review*, 56(1), 108-119.
- Hall, R. (2003). *Discrimination Among Oppressed Populations*. Lewiston, N.Y.: Mellen Press.
- Hall, R. (2001). *Filipina Eurogamy: Skin color as vehicle of psychological colonization*. Manila, Philippines, Giraffe Books.
- Hall, R. (1995). Dark skin and the cultural ideal of masculinity. *Journal of African American Men*, 1(3), 37-62.
- Hall, R. E. (July, 1994). The bleaching syndrome: Light skin, psychic conflict and the domination model of western assimilation. *The Indian Journal of Psychology*, 55(3), 405-418.
- Hall, R. (1992). Bias among African Americans regarding skin color: Implications for Psychology practice. *Research on Psychology Practice*, 2(4), 479-86.
- Jones, B. F. (1966). James Baldwin: The struggle for identity. *British Journal of Sociology*, 17, 107-121.
- Joyner, C. (1978). The historical status of American Indians under international law. *Indian Historian*, 11(4), 30-36, 63.
- Kitano, H. (1997). *Race Relations*. Englewood Cliffs, NJ: Prentice-Hall.
- Kitano, H. (1985). *Race relations*. Englewood Cliffs, NJ: Prentice-Hall.
- Majors, R. & Billson, J. (1992). *Cool Pose*. New York: Lexington.
- Mish, F., C. (Ed.). (1989). *Webster's ninth new collegiate dictionary*. Springfield: Merriam-Webster.
- Obaahema Network. (November, 2002). *Effects of Skin Bleaching*.
- Opala, K. (2001). *Cosmetics Ban: Did standards body err?* Retrieved April 12, 2003, from <http://allafrica.com/stories/printable/200105290458.html>
- Parton, N. (1994). The nature of social, work, under conditions of (post) modernity. *Social Work and Social Sciences Review*, 5(2), 93-112.
- Pido, A. (1976). *Social Structure and the Immigration Process as Factors in Analysis of a Non-white Immigrant Minority: the Case of the Filipinos in Midwest City USA.*, East Lansing: Michigan State University.

- Powell, A. (1997). Through my grandfather's eyes: Ties that bind. *National Conference of African American Studies and Hispanic and Latino Studies*, Houston, TX.
- Pozatek, E. (1994). The problem of certainty: clinical social work in the post-modern era. *Social Work*, 39(4), 396-403.
- Riley, A. (1996). Murder and social work. *Australian Social Work*, 49(2), 37-43.
- Robinson, T. & Ward, J. (Aug. 1995). African American adolescents and skin color. *Journal of Black Psychology*, 21(3), 256-274. , - ,
- Shatz, A. (2001, September 2). The doctor prescribed violence. *New York Times*, p.11.
- Skowronek, R. (1989). *A New Europe in the New World: Hierarchy, Continuity and Change in the Spanish Sixteenth-century Colonization of Hispaniola and Florida*. East Lansing: Michigan State University.
- Solomon, A. (1992). Clinical diagnosis among diverse populations: a multicultural perspective. *Families in Society: -The Journal of Contemporary Human Services*, 73(6), 371-377.
- Sontag, D. (2001, May 20). As emotions boil over, Arab-Israeli violence rages on. *New York Times*, p.4.
- Staples, R. (1976). *Introduction to Black sociology*. New York. McGraw-Hill.
- Stinson, A. (1979). Community development in an era of paradigm search. *Social Development Issues*, 3(3), 6-21.
- Trevillion, S. (2000). Social Work, social networks, and network knowledge. *British Journal of Social Work*, 30(4), 505-517.
- Winston, A. (1998). "The defects of his race": E.G. Boring and antisemitism in American psychology, 1923-1953. *History of Psychology*, 1(1), 27-51.
- Zastrow, C. & Kirst-Ashman, K. (2001). *Understanding Human Behavior and the Social Environment*. Belmont, Ca.: Brooks/Cole.