A Commentary on Colorism and Skin Bleaching in Asian and Asian American Patients

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The light-skinned Asian beauty standard that is prevalent today may have roots in colorism that extend far back into Asian history. Colorism is a bias according to a skin color hierarchy within ethnoracial groups that leads to systematic discrimination against individuals with darker skin tones.¹,² In Japan, light skin reflected nobility based on the implication that fair-skinned individuals were exempt from outdoor labor.¹,² In India, possessing darker skin implied that one was of a lower caste.² Similar colorism trends were also present in China, Pakistan, Vietnam, Korea, the Philippines, Cambodia, Thailand, and Indonesia, ultimately associating fair skin with improved social privilege and beauty.¹,²

These biases impact individuals whose skin tone does not conform to the culturally rooted standard that is perpetuated throughout generations. The discrimination seeps into their education and employment, rendering them vulnerable to skin tone specific microaggressions and potential internalized feelings of inferiority compared to their fair-skinned counterparts.² As a result, Asians and Asian Americans use skin bleaching products, despite their ingredients’ adverse effects which include, but are not limited to: exogenous ochronosis (hydroquinone), membranous nephropathy (mercury), and superficial mycoses (steroids).¹,³ With this in mind, one can understand that the practice of skin bleaching is not only an attempt to attain beauty, but also a means to evade skin tone specific discrimination.²

It is crucial for dermatologists—especially those serving a diverse patient demographic—to be aware of the origins of skin bleaching and approach patients suspected of this practice from a culturally sensitive perspective. Dermatologists have the opportunity for educating patients while remaining open to their needs, especially if they suffer from pigmentary disorders and are pursuing lightening outside of a purely cosmetic reason. This approach may produce better health outcomes in these patients and improve physician-patient relationships.

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