

From Ebony to Ivory 'Cosmetic' Investments in the Body

Chiara Pussetti

ABSTRACT

This article discusses the impact of skin colour inequality in the individual aspirations and prospects of social inclusion and success, social mobility aspirations, professional ambitions and career opportunities. Ethnographically, it studies specific forms of cosmetic investments and self-optimisation in Portugal and its effects on the micropolitics of bodies, correlating the agency of individuals (how they empower themselves maximising certain aspects and minimising others) with the ways in which a European white appearance circulates as a form of capital and commodity, creating body narratives that are very much racialised. By inquiring the actual European understanding of value in bodies, we can also understand the colonial legacy and how it is reproduced through the mutation of bodies.

KEYWORDS

anthropology of body and emotions, medical anthropology, postcolonial studies, posthuman anthropology, self-optimisation

What does the ideal desired 'European body' look like? What are its physical contours, features and colours? How is the European body constructed, shaped and produced? What kind of legitimations do the 'European body' activate? And what kind of techniques, practices and technologies do people use to achieve that shape? By reviewing literature about cosmetic interventions aimed at producing a European understanding of value in bodies, this essay inquires into the colonial legacy and how it is reproduced through the mutation of bodies. These mutations are generating, in turn, new forms of subjectivisations and racialisation, by which the initially cosmetic investments and interventions evolve as micro-politics of body and novel forms of biocapital – with consequences in the form of social capital (integration), symbolic capital (esteem, status) and economic capital (high-paid jobs or promotions).

Aesthetic Citizenship

For almost a decade I have been studying the ways in which the health and social care sectors play an important role in constructing



or bridging class and ethno-racial boundaries, considering how contemporary technologies of citizenship target vulnerable populations – in particular, immigrants – to promote European techniques of self-care and ideals of conducts, bodies, morality and lifestyles. These mainstream models of personhood, instead of being challenged by the targeted populations, became personal wishes, values, aspirations, desires and responsibilities. As my research indicates – especially in situations of serious social and income disadvantages and very elusive prospects of social mobility – body manipulation is considered a valid strategy to increase social inclusion, to climb the social ladder and to improve career achievement potential.

Agreeing with Elaine Scarry (1985), this might evolve into a form of governing through the aspirations, motives, responsibilities and desires of the subjects rather than in spite of them. Furthermore, to become a certain type of person, with the 'right' appearance, the 'good' behaviour and 'appropriate' lifestyle is presented as a matter of individual responsibility. The exercise of 'good citizenship' is increasingly based on the individual's capacity for autonomous self-mastery and self-discipline. Good citizens are autonomous 'entrepreneurs of the self' (Gordon 1987), responsible for their own success or failure, enacting urgent and never-ending renovations of themselves in a process of becoming something better and valuable.

The literature dedicated to the growth of investment in biological capital as a successful strategy to confront social and professional disadvantage confirms those preliminary findings: a good citizen – an owner of responsibilities and duties instead of rights – is confronted with the need to improve, to empower, to cope and to adapt to mainstream models of personhood and citizenship (Jenkins 2010). If there are no excuses and success is a question of personal responsibility, ameliorating physical appearance through body modifications and massive investment in cosmetic products and procedures or aesthetic surgery practices can be a good – and sometimes the only or faster – strategy.

These processes of cosmetic, pharmaceutical and hormonal self-making and citizenship construction are actually embodied and, thus, gendered, classed and racialised (Ecks 2005; Jarrín 2017). The social hierarchies that condense race, class and gender inequalities onto and through the body are hardly subvertible; as we know, the aesthetic scale of value is very alterable because 'wish-fulfilling' aesthetic procedures aimed to ameliorate and revalue physical characteristics became, in the few last years, less invasive and more accessible than

ever. There are established cultural standards around what it 'looks like' to be beautiful, successful, classy and attractive, and people are hierarchised on how well they meet those standards. These socially valorised beauty norms – that reflect Eurocentric, white standards of beauty – influence job hiring and marriage selection processes, which people choose to be friends and how well someone gets treated by strangers.

Exploring practices of and aspirations for self-alteration and critically examining the relationship between the ideal European body and the construction of citizenship as sociocultural process of subjectification – of both self-making and being-made – I have discovered during the fieldwork, to my great surprise, the existence of an 'ethnic' market of cosmetic products and plastic surgery industry destined to transform bodies of 'inadequate' colour or appearance according to European ideals of beauty, modernity and success.

Not long ago the media have drawn attention to skin-whitening practices following the death of some refugees in the reception centre of Bussolengo (Verona, Italy) after consuming skin-whitening products in 2016. The police seized several products containing toxic chemical agents such as mercurous chloride and hydroquinone used by immigrants and refugees to have clearer, more European skin. The use of skin-bleaching products has reached pandemic proportions, becoming one of the most severe dermatological public health problems around the world. This ranges from creams to lotions, pills, injections, intravenous drips, suppository, soaps, baking soda, bleach or even lye as well as chemical agents like mercurous chloride and hydroquinone, often applied also to children (Del Giudice and Yves 2002; Hall 2006; Souza 2008).

To a great extent the growth of this specific cosmetic market around the globe can be attributed to the constant mass marketing of contemporary images of 'white beauty and european lifestyle' that builds on the longstanding colonial ideologies that value European culture, aesthetics and their moral underpinnings (Benthien 2002; Stoler 2002). The institutionalisation of a racial aesthetic discourse drew a colour line not only around but also within Europe, hierarchising the population through a scale of 'whiteness of a different colour' (Frye 1998; Salerno and Guglielmo 2003; Satzewich 2000).

Most of my interviewees point out that such aesthetic evaluations cannot be divorced from the racial hierarchies produced by centuries of European colonial expansion. The global beauty, health and fitness industries converge with genderism, classism and racism in

ways that select certain bodies as 'lazy', 'sloppy', 'slovenly', 'ordinary' and 'unprofessional' as well as giving them a misleading positive value (the exoticised, eroticised and hypersexualised body). One of my interviewees, an African descendant colleague of mine, tells me how many times she has been told, 'You are nice for a black woman.' At the same time, she explains to me that she is perceived as nice (for a black woman) because she is light skinned and thin figured, with straight, sleek and silky hair extensions. If darker skin and frizzy natural hair signal poverty, working-class labour or may get marked in terms of more threatening and foreign morality, lighter skin and silky hair indicate good taste, education, upper-class status and social inclusion. A more European body, furthermore, can serve as a type of capital that indicates class status and also functions as a property value that allows people to gain access to concrete, material benefits that enhance quality of life. As Ana, a working-class Capeverdean woman, explains to me:

I am lucky because my skin is not very dark. But the hair . . . those are a real problem. Having natural hair is like dressing African-style clothes: it means either that you come from a very low socioeconomic class or that you are at the very top of the status hierarchy ladder and you are free to be yourself.

Producing the European Body

A critical understanding of the tropical climate aetiology and colonial medical construction of the 'Caucasian corporeal health and moral superiority' is a key to analysing the exclusive cultural and economic privileges the European body accrues (Benthien 2002; Carbonell Laforteza 2015; Dávila 2003; Frankenberg 1993; Stoler 2002). At the same time, to address colonial literature on ethnic features and dark skin tone and texture as signs of savagery, inferiority, uncontrolled and libertarian hypersexuality, dysgenic malformations, racial degeneration, lack of corporeal hygiene, faulty morphological structure and degenerative idleness is fundamental to understand the disadvantaged social position of several immigrants and ethnic minorities today.

Since the emergence of plastic surgery in the early twentieth century, individuals have looked at cosmetic practices not only as a way to enhance their appearance but also as a way to minimise or eradicate those physical signs that mark them as 'different', outsiders or foreigners – that is, that makes them become 'other' to the dominant

and more successful (European) ‘racial’ group. It is not a question of vanity, in other words, but rather a strategy to create conditions or opportunities for social inclusion and mobility.

Echoing colonial medical whitening experiments and therapies to lighten the skin based on X-rays and radium technologies (Curran 2011; de la Pena 2006), the transnational circuits of Asian skin-whitening products (*bihaku*), of West African *khessal* – blanching pills, potions, creams, soaps, lotions, suppositories and injections (Gaudi-ano et al. 2010) – and the emerging skin-whitening industry in Europe replicate the enduring value of ‘white aesthetic capital’ (Hunter 2007) as a passport to privilege or a promise of cosmopolitanism modernity, sophistication, success, power and wealth (Mahe and Gounongbe 2004).

My interviews indicate that there can be several reasons why immigrants valorise cosmetic bleaching treatments, chemical hair relaxers, straighteners and hair extensions and surgical alteration of ethnic features. Some view these procedures as steps towards equal opportunity, relating explicitly their interest for cosmetic westernisation beauty to the gender, class and race inequalities they face every day. Working-class women stress the benefit of a more European body type, skin and style on mate selection and the marriage market. ‘A beleza é meia riqueza!’ (beauty is half wealth), a young Guianese woman explains to me:

If I had not changed my appearance according to the European taste, I would not work for companies like Sephora and Avon. I would not have found a French boyfriend. I would probably be making burgers at McDonald’s like my cousin. Behind you, in the kitchen. Where people do not see you.

Others focus on anatomical details – such as skin tone, butt shape or hair – that, in their opinion, are visual signifiers historically marked by a negative rhetoric of colonial hierarchy and slavery, arguing that to modify features does not mean to erase identity. The possible reasons for seeking out ethnic surgeries may also include racial teasing related to their features, feelings of not fitting in, struggles of living between cultures, hopes of better marital prospects and the ability to have greater social mobility and economic success. ‘I was born in Portugal’. says Lucinda, an Afro-descendent girl:

People always ask me: where are you from? And I answer: I come from Oeiras. And they immediately ask: okay, but where do you really come from. . . . I’ve never been in Africa, I cannot even speak *kriol* . . . I’m from Oeiras. You grow up feeling different . . . feeling wrong [. . .] I

remember when I was a child and the teacher said to colour with the 'skin colour pencil' (*lapis cor de pele*). The right colour was the light pink one. Do you know what this means for a young girl?

The topic of hypersexualisation of body shapes is very present in interviews with Afro-descendant women, and in this case the attempt to conceal or eliminate physical markers that separate them from societal standards of sexual 'neutrality' is experienced as a defence and a desire to go unnoticed. Other interviewees affirm (mixing aesthetic, monetary and social value) that reshaping themselves is a means to better fit in the new cultural surroundings, to look more 'homogenous' and not to create distrust. Racial physical features also mark certain bodies as economically inferior, and many Afro-descendants interviewees admit that having a more European appearance allows greater professional mobility. Many Afro-descendant middle-class women claim that using skin-lightening cosmetics or chemical hair relaxers or wearing hair extensions is just like changing their style or experimenting with makeup and that race is not at all a central question.

These bodily alterations are considered self-fashioning practices – a question of individual choice, such as preferring a classic or an alternative fashion style, and a mark of social class and socio-economic status; it is not at all a postcolonial body dysmorphic disorder: they don't want 'to be white' or to wear a 'white mask' to remove the social, historical and moral value of the 'black skin' (Fanon 1952). It is, rather, the economic possibility to freely and creatively cultivate a personal style, 'a motivated process of self-making' (Ferguson 1999). The 'social capital' of whiteness (Hunter 2002: 177) can be bought rather than merely inherited. Like the production of a personal style, bodily comportment, and consumption practice are a way of being in the world. In other words, 'European is who European does'. The 'European body' depends on clothes, education, accent and pronunciation. And the possibility of choosing between a European and 'any other' style, defending the ideal of authentic or natural racial beauty (Ahmed 1998) or creating a personal 'in-betweenness' – mixing and matching 'ideal' body features and styles stereotypically associated with different ethnic communities – is a matter of freedom. Freedom, in other words, is to have the economic and social possibility of producing a 'socially valuable body' (Mazzaschi 2011) beyond and between 'black and white', 'the West and the Rest' dichotomy. 'It is not a question of black or white: there are at least fifty shades of black', explains Rosandra, a girl of Angolan origin, clearly amused:

'I don't want to be white! I want to be glamorous, like Beyoncé, Mariah Carey, Alicia Keys, Halle Berry or Rihanna! All these female black celebrities have light skin, long hair extensions . . . and have you ever noticed how Beyoncé's and Rihanna's eyes change colours? LOL. They have the money and the leisure time to change their eyes' colour!

By rethinking the concept of 'biocapital' – shifting the discussion away from the ways biology is manipulated (direct commodification, circulation, and labour of biological material) to how people invest financially into their bodies to transform them into valuable social capital (social integration), symbolic capital (esteem or status) or economic capital (high-paid jobs or promotions) – with this contribution I would like to stimulate the debate about individual cosmetic interventions, collective perceptions of beauty and ambitions of social mobility, relating the micro-study of the practices of aesthetic self-making and self-investment to the broader social, political and economic processes that lead to the production of a 'European body'.

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Chiara Pussetti, Instituto de Ciências Sociais, Universidade de Lisboa. E-mail: chiara.pussetti@ics.ulisboa.pt

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