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In the 2012 documentary Dark Girls, a rather uncomfortable scenario is explored – the idea that darker-skinned black girls are often discriminated against, even by lighter-skinned black girls. The colorism inherent in relations among African-Americans is another subtle indicator at the institutionalized racism that occurs even within black culture, and is something that is rightfully exposed as an endemic problem in the black community. Even within the world of nursing and public policy, colorism and the issues found in Dark Girls are extremely prevalent, to the point where action should be taken. I have personally experienced (and committed) this kind of colorism, and its implications are very troubling for everyone regardless of color.
When thinking about my own assumptions and perspectives on race, I do find myself discriminating along with everyone else against darker-colored women. I have been socialized culturall to favor lighter-colored black women; all of the media depictions of lighter black women I have seen emphasize their beauty, which is implied to come from a mix of black and white features. Traditional Afro-Caribbean features, such as larger lips, more full-figured bodies, and darker skin are often deemphasized in lighter black women, which I feel is not coincidental. In essence, the further women get from being darker skinned, the more accepted they are in society; darker-skinned black women are seen as rougher, more intense and harder to deal with. Their features are treated as ugly, and this definitely colors their interactions with others. I have personally recognized myself gravitating towards black women of lighter color in my social interactions, having a greater sense of trepidation when talking to darker-skinned black women. I always have the assumption that we will have less in common, that she’ll be more likely to be a native African (and therefore have a greater language or communication barrier), or assume that darker-skinned women are more likely to be low-income.
In nursing, we must be extremely careful how we let our perceptions of others affect our performance; there are distinct clinical disparities that must be addressed. I have personally seen darker-skinned black women be treated with kid gloves and greater frustration than a lighter-skinned patient; there is a greater assumption of familiarity with girls with lighter skin, while there are too many assumed X factors in dark skinned girls. Furthermore, it is actually difficult to find pressure ulcers and pallor in dark-skinned patients, I’ve noted in my nursing work, making it harder to provide positive health outcomes. I have taken care to research these subjects, and use natural and halogen light instead of fluorescent light to check for bruises, or feel for raised areas on the skin, as opposed to strictly checking for changes in color (Sommers, 2011). The socially acculturated idea that darker skinned girls will be more argumentative, poorer and less communicative is something that can dramatically affect communication and diminish real interactions. This can have a demoralizing effect on both the patient and the nurse, and contribute to the negative socialization against dark-skinned girls found in Dark Girls.

## References

Duke, B. & Berry, C. (dirs.) (2012). Dark Girls.
Sommers, M. S. (2011). Color awareness: a must for patient assessment. American Nurse Today
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