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# **Relating ‘to her human side’: A Grounded Theory Analysis of Cosmetologists’ and Aestheticians’ Relationships with Clients in Black American Beauty Salons to Inform Sexual Health Interventions**

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## **Abstract**

Due to the elevated incidence of HIV among Black American women, effective sexual health interventions are needed. To explore beauty salons as settings for such interventions, we examined Black American women stylists' experiences discussing sex-related topics with Black American women clients. Constructivist Grounded Theory methodology guided data collection and analysis. Individual intensive interviews were conducted in 2019 with 16 Black women cosmetologists and/or aestheticians who served Black women in Southern California. Analyses generated grounded theory which we refer to as Relating 'to her Human Side': Black American cosmetologist-client relationship building model. The model highlights the importance of three sets of practices: 1) playing different roles to appeal to clients' varying wants and needs, 2) creating a comfortable atmosphere, and 3) establishing a judgement-free zone. Stylists put clients at ease and consequently, clients shared stories regarding sex and relationships freely. Stylists' actions built trusting relationships with clients, thus crafting beauty salons as atmospheres favourable for sex-related conversations and potential sexual health interventions.

**Keywords:** Black American women, beauty salons, sexual health

## Introduction

In the USA, beauty salons are accessible, common spaces for peer interactions between Black American<sup>1</sup> women of various ages and socioeconomic statuses (Linnan, D'Angelo and Harrington 2014). Noted as significant cultural, political and social institutions within rural and urban Black American communities (Harris-Lacewell 2004; Willett 2000), beauty salons are places where Black women cosmetologists and aestheticians converse with their Black women clients about a wide range of subjects, including health-related issues (Linnan and Ferguson 2007; Solomon et al. 2004). Salons are typically frequented by Black women with regularity (appointment intervals range from weekly to every 4-8 weeks) for a duration of 45 minutes to 5 hours (depending on type of service), making them a key aspect in the cultures of many Black American women (Linnan and Ferguson 2007). Beauty salons have been described as “safe spaces” for Black women to openly communicate and exchange social support through advice, information exchange, and empathy (Linnan, D'Angelo and Harrington 2014; Linnan and Ferguson 2007; Willett 2000). Given the culture of free, empathetic communication noted within beauty salons, they provide favourable atmospheres for public health interventions targeting Black women (Linnan and Ferguson 2007).

Although data regarding the number of Black women who use beauty salons are limited, Black men and women have demonstrated considerable buying power, spending 85.7% of the \$63 million spent in the US ethnic hair and beauty market in 2017 (as noted by The Nielsen Company in 2018). Previous research has shown the promise and challenge of developing sexual health interventions within Black American beauty salons and barbershops. Jemmott and colleagues (2017) demonstrated high acceptability among Black American barbers and clients of an intervention training barbers to promote HIV prevention tactics. Barbershops were noted as optimal environments for “one-on-one” sexual health interventions; additionally, clients viewed barbers as “good role models” (Jemmott et al. 2017). In focus groups, Black American women reported acceptability of HIV prevention education within beauty salons, noting the social culture within salons and participants’ individual rapport with stylists as facilitators (R. Johnson et al. 2021). Barriers included concerns about privacy and validity of information from stylists. Time constraints and researchers’ lack of rapport with barbers/beauticians were barriers when training participants as peer educators for HIV and sexually transmitted infection prevention even when conversations about relationships and sexual activities occurred frequently (Lewis et al. 2002). More insight regarding the aspects of the beauty salon culture that aid or hinder sexual health interventions is needed from stylists’ perspectives. Additionally, since interventions can affect salon dynamics,

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<sup>1</sup> We use the term “Black American” in this paper to refer to Black individuals living in the USA only. The term Black American is generally used to describe descendants of Africans who were enslaved in the USA.

researchers must learn from beauty salon cultures before designing such interventions. It is the researcher's responsibility to understand salient contextual nuances of the cosmetologist-client relationship and the potential reasons why beauty salon visits are valued by Black women beyond the cosmetic services that they entail, so as not to disrupt them.

Therefore, we conducted a qualitative study with Black American women identifying as licenced cosmetologists or aestheticians (hereon referred to as 'cosmetologists'). We aimed to gain insight into their experiences with and perceptions of naturally occurring conversations with clients during salon appointments, emphasising conversations regarding sexuality (including sexual activity or sexual interest), relationships, or sexual health, to inform future sexual health interventions.

## **Materials and Methods**

Guided by Constructivist Grounded Theory (CGT) (Charmaz 2014) and informed by symbolic interactionism (SI) (Blumer 1969), we conducted individual intensive interviews with Black women cosmetologists serving Black women in Southern California. Using CGT, we engaged in data collection and analysis concurrently, creating analytic codes and categories from the data (not from predetermined theories or logical hypotheses). We used constant comparison and memo-writing to identify and develop categories and their properties at each progressive stage of data collection and analysis (Charmaz 2014). Influenced by social constructionism (Charmaz 2014), we used reflexivity to acknowledge the influence of our values, situatedness, and prior knowledge on data collection, analyses, and interpretation. Thus, the theory we developed as a result of the CGT process is not a reflection of an objective external reality (Charmaz 2014). This recognition guided interviewing, memo-writing, data analyses, and theory development.

Participants were recruited through convenience and snowball sampling targeting beauty salons located in health professional shortage areas (OSHPD 2017) within a large metropolitan area of Southern California. Two research team members conducted in-person interviews, ranging from 50 to 80 minutes. Participants gave verbal informed consent prior to interviews. Our open-ended question guide for intensive interviews was modified based on participant input throughout data collection and analyses to focus on participants' priorities (Charmaz 2014; Strauss and Corbin 1990). Questions addressed how, when, and which particular topics related to relationships, sexuality, and health occurred in the salon. The University of California, Los Angeles Institutional Review Board approved this study.

Verbatim transcripts of interviews were checked for accuracy, identifiers were removed, and names were changed to protect privacy. We examined the data focusing on participants' thoughts, emotions, values, expectations, and assumptions during conversations with their clients. Line-by-line coding was done initially using gerunds (-ing forms of verbs) to give

descriptive labels to participants' words, focusing on their actions including, but not limited to, reactions, judgements, interpretations, and behaviours (Charmaz 2014; Saldaña 2016). The use of gerunds, called process coding, enhanced our ability to analyse data from the participant's perspective. By examining data, segment by segment, we focused on explicit and implicit meanings (Charmaz 2014). We wrote memos after each interview, after coding each transcript, and during analyses. Memo-writing is a crucial CGT step during which theorists write freely at different stages of data collection and analysis to scrutinise their ideas about codes, thus developing and refining categories of their theory (Charmaz 2014). Memo-writing allowed us to critically explore our perceptions of participants' thoughts, feelings and actions. While writing, we reflexively challenged our assumptions and reflected on whole transcripts, comparing findings to previous interviews.

Through these processes, we identified codes that occurred frequently and that we considered significant to the phenomenon, called focused codes in CGT (Charmaz 2014). Focused codes that were identified in the first set of transcripts were used to guide subsequent coding of all transcripts. By comparing data with data and codes with codes (Strauss and Corbin 1990) we developed more abstract categories and delved into a more granular analysis to cultivate properties of each category. The process of abduction guided us to examine inductive data that was puzzling with a strategy to consider all potential interpretations; then, we tested and scrutinised each interpretation by comparing data in context, and in an iterative fashion, identified the most plausible interpretation. The goal of abduction is to rigorously develop properties of categories and relationships between categories (Charmaz 2014; Timmermans and Tavory 2012). Using this process, we thoroughly analysed our data and refined our theory. Theoretical sampling allowed us to evaluate the properties of each category and identify those that were only thinly described, which guided additional data collection (Charmaz 2014).

### ***Influence of Symbolic Interactionism***

SI influenced our use of CGT methodology (Blumer 1969). Going into the field, we assumed, based on the central precepts of SI, that humans act toward things based on the meanings that things have for them, and that these meanings are derived from social interactions (Blumer 1969). We saw beauty salons as social environments in which multiple cosmetologists and clients interacted. By focusing on interactions, we gained insight into the meaning of clients' personas and the salon's environment for cosmetologists, and how cosmetologists came to perceive a sense of self through their interactions with clients (Blumer 1969; Mead and Morris 1934). We recognised that cosmetologists actively engaged in an ongoing interpretive process (Blumer 1969) as they continuously sought to understand their clients' needs. It was particularly helpful to focus on cosmetologists'

decision-making processes while building and sustaining relationships within salons as part of their professional work.

## **Results**

### ***Sample characteristics***

We interviewed 16 cosmetologists/aestheticians (Table 1 displays sample characteristics) from January to October 2019. All were Black American women. Median age was 39.5 years (interquartile range [IQR] 33-45.3 years). Thirteen (81.3%) participants reported having health insurance and 13 (81.3%) reported having a regular doctor. Participants reported working a median of 14.5 years as a cosmetologist/aesthetician (IQR 8.3-20.5 years), serving a median of 23 clients per week (IQR 16.9-30). Participants typically had 2-week interval appointments with clients and provided either hair, nail or eyelash services at varying prices. Participants described serving 50-90% Black women of varying sociodemographic backgrounds.

[Table 1 about here]

### ***Theorising the ways that cosmetologists build relationships with clients***

Our analyses led to the development of a theory called Relating 'to her human side': Black American cosmetologist-client relationship building model (Figure 1). The theory identified three interrelated types of practice: 1) playing different roles to appeal to clients' wants and needs, 2) creating a comfortable atmosphere, and 3) establishing a judgement-free zone. Pseudonyms are used throughout the manuscript to protect participants' confidentiality.

[Figure 1 about here]

*Playing different roles to appeal to clients' wants and needs: 'I can be a bit of a counsellor/motivator/homegirl, like some of everything'*

Cosmetologists played different roles influenced by each client's background and the cosmetologist's association with the client. Lisa, a 41-year-old cosmetologist, said:

I could be a mother to the younger ones, a mentor. I could be a sister to my peers. Like a play daughter to the older clients. I really just kind of take on the role of whatever the client needs me to be at the time.

Monique, aged 33, echoed Lisa's sentiments saying, 'I can be a bit of a counsellor/motivator/homegirl, like some of everything.' The roles cosmetologists played varied based on what they sensed their clients needed from them during appointments. This category has four properties: 1) playing a family role, 2) being a service provider, 3) playing a hair therapist, and 4) being a detached friend (Figure 2).

[Figure 2 about here]

*Playing a family role.* Like Lisa, many cosmetologists described playing family roles such as mother, sister or daughter for their clients. Due to longstanding relationships, cosmetologists had a closeness with clients that led to the creation of these roles. Lisa adjusted to each client's age and circumstances to develop relationships that were comforting for clients. She was aware of her own age and circumstances in relation to individual clients, and she used her similarities or differences with clients to foster familial roles and establish rapport. With one client, Lisa became a role model, based on her attributes as a single mother and salon owner. Her client, a younger single mother, sought out Lisa for advice regarding her children and her relationship with her children's father during difficult times. Lisa's perseverance through similar situations allowed her to be an influential figure in the client's life, giving trusted advice to aid the client through her challenges.

Julia, a 56-year-old aesthetician, labelled her closeness with clients by describing a blend of familial and friendly relationships. She stated, 'Well, I start off as an aesthetician, end up being a friend, a sister friend because I get invited to weddings, their birthdays, their celebrations and, unfortunately, funerals.' As a 'sister friend,' Julia was involved in important aspects of clients' lives beyond the salon walls. Veronica, a 35-year-old cosmetologist, reported, 'Some clients, I've gone on vacation with them, and we've become almost friends or family almost.' Brenda, a 71-year-old cosmetologist with decades-long relationships with some clients, shared that even after her clients' deaths, she would periodically call their families.

*Being a service provider.* Participants also valued their roles as businesswomen. Sharon, age 38, repeatedly referred to her salon as a business. Carrie, aged 28, noted that it was important to 'stay professional, but also be warm and welcoming' with clients. While Kimberly, a 54-year-old aesthetician, found herself being 'a little bit of everything' for her clients, she emphasised her role as a service provider:

[I see myself] as a service provider. Over the years with some of them, because we have long-term relationships, [I see myself] as a friend as well as a service provider. But I never try to take that for granted, because there is money being exchanged, so I always have to perform at a certain level.



Valuing both the financial and intimate aspects of her relationships with clients, Kimberly made an extra effort to avoid getting too comfortable in her relationships. She maintained a standard that she anticipated her clients expected. Her role was to provide a valuable cosmetic service, no matter how close her relationships were with clients.

*Playing a 'hair therapist'.* Although their main objective was to provide cosmetic services, cosmetologists often provided advice about relationships, sexuality, breakups, divorces, or even past trauma. While Sharon felt like she was 'the doctor,' 46-year-old cosmetologist Marie described herself as a 'psychologist.' Others described themselves as confidants or therapists. Toni, aged 33, reflected:

[I] kind of consider us therapists too. A lot of the clients, they trust your advice and your opinions about their choices and about their life and their relationships and their jobs. ... I feel like they trust you with their image. So that's like the beginning of everything. Your impression. I feel like you're a confidence booster, you're a therapist, you're a motivator...

Toni felt that clients were willing to be vulnerable in giving cosmetologists the power to shape their physical appearance. The vulnerability led clients to share their personal stories, and cosmetologists responded by giving advice. Julia explained further:

They talk about their sex life and how they like their husband, how they don't like their husband, how they want to remarry. I'm usually the first one to know when they're going to file divorce papers, and I'm usually the one that know if the family is going to break up. They tell me a lot of deep secrets.

Participants shared that some clients sought advice but others solely wanted to vent. Kimberly referred to herself as a 'sounding board' for this reason. Like Julia, participants indicated that clients often shared 'deep secrets' about sexuality or relationships that they had not yet discussed outside the salon.

When asked about beauty salon interventions that would expand cosmetologists' roles to include health educator, many cosmetologists had supportive views. Toni, for instance, stated:

I feel like we're counsellors. ...So if you're giving advice, why not give educated advice? We talk about everything. So why not be like, 'Girl. This is what I know about this, and this is how you should' [pause] You know what I'm saying?

In order to play such roles, cosmetologists expressed the need for agreement with the objectives and substance of the intervention. Carrie asserted:

I would have to agree with what they're saying, because I'm the kind of person, I'm not for bringing somebody together to listen to somebody else's BS. But I am for truly educating people about their health. If it is something that is [based on] actual good motive and there's nothing behind it that is soliciting other things, I am always down for that.

Like Carrie, many cosmetologists expressed an interest and desire in improving the health of their clients. Consequently, they encouraged the use of health education to guide their conversations with clients, as long as they approved of the messaging.

*Being a 'detached' friend.* Participants felt like their role as a 'detached' friend, lacking mutual contacts with clients, allowed clients to talk about personal experiences without the fear of gossip. With no friends or family in common, cosmetologists reported that clients spoke freely and revealed information they were less comfortable disclosing to others. Brenda stated:

I'm an outsider, so their experience wouldn't be shared with other people. She might say, 'Well, so and so talks too much, so I wouldn't tell her that,' or tell him that ... As far as being a beautician, the outsider, they trust me to talk to me about their problem.

There were limits to the cosmetologist-client relationship, according to Brenda. Although she met with or spoke to some clients outside of the beauty salon, the bulk of her relationships started and ended at the service appointment. Brenda, like many other cosmetologists, felt these limits gave clients the freedom to share private stories. Lynette, a 30-year-old aesthetician, saw that her clients 'care about our opinion, but don't really care about how we view them. Not like their friends or family would.' As a detached friend, Kelly (aged 31) described herself as dependable:

I think that I just make my clients feel comfortable enough to share things with me and because I'm always encouraging them and praying with them and giving them advice, ... I ended up becoming someone that they really trust and I become their friend. ... My clients would consider me one of their friends because they know that they can depend on me and count on me and calling me for anything.

Many cosmetologists similarly supported clients, especially during stories about difficult or traumatic experiences. In describing her response to a client recalling past abuse, Lisa speculated whether the trust came from being able to relate as Black women, or as women in general. She stated:

I just tried to give words of encouragement and just tell her that I understand. I can relate. Because, again like I say, a lot of Black women, maybe all women, maybe it doesn't have to do with nationality, have experienced something along those lines. So, just the relatability and letting her know especially that your secret is safe.

Participants felt clients revealed these experiences because they saw the cosmetologist as a detached, relatable friend who took an empathetic stance toward them.

#### *Creating a comfortable atmosphere: 'This is like home'*

Cosmetologists also elaborated on the ways in which they created a culture within the beauty salon that fostered clients' comfort, referring to the salon as a 'safe place' for women to relax and express themselves. The category, *creating a comfortable atmosphere*, has three properties: 1) encouraging free expression, 2) promoting relaxation, and 3) distinguishing from salon stereotypes (Figure 3).

[Figure 3 about here]

*Encouraging free expression.* Cosmetologists aimed to create salon settings that felt calming and private. They felt their salon environments put clients at ease to talk about their dating and sexual experiences more than other settings would. Deidra, a 37-year-old cosmetologist, compared the beauty salon to other environments that Black women may encounter:

...there are things that are taboo to talk about within a religious space that are not taboo here in the salon, especially in this environment because it's kind of an intimate setting. I feel like people definitely can take their bra off and speak freely about their concerns, or complain if something's bothering them, or tell a joke, or say if something has happened at work, or cry if they've been in a bad relationship, or practise dance moves, or ask about sex, or anything really.

The intimacy offered by the salon environment was in contrast to that of religious spaces, which were described as places where conversations about sexuality or relationships were avoided. Kimberly shared that some clients

saw her salon as 'a place where they can vent about husbands, children, jobs, boyfriends, girlfriends.' Brenda stated:

Their self-esteem has improved because they finally released whatever the problem is that they have in their life, or mentally, even if dating or with their job ... they express that, so they can release that.

Many cosmetologists revealed similar situations of free communication due to the beauty salon culture, perceiving that clients' moods often improved after venting about personal situations.

Conversations within the salon also helped build connections between different clients, as shared by LeToya, aged 42:

There was someone that came in to get their hair done for their wedding. And there was an older lady sitting in the chair ... getting her hair done for her anniversary. And what makes it so nice is their anniversary was the same day that those folks were getting married. That was synchronicity. That was affirmation and validation of that love.

LaToya proudly described a moment in which Black women of different backgrounds could support each other on topics they may not have discussed elsewhere. Similarly, Lillian, aged 45, depicted her salon as having 'a family dynamic. We support each other, try to just be a team, a family.'

Kimberly described the salon as a place where women also discussed women's health topics including '...endometriosis, cysts ... menopause, hot flashes, ... the symptoms that go along with that.' In the salon, clients could 'pretty much talk about whatever [they] want,' allowing a forum with anyone interested.

*Promoting relaxation.* Cosmetologists also promoted relaxation within the salon, which further encouraged unguarded conversation. Brittany, aged 44, stated:

I think the salon provides a place of relaxation where people can actually be themselves. They're able to open up and talk about things that they may not be able to talk about in other settings, like church or even at the doctor's office ... at the salon, things come up, conversations happen.

When comparing salons to other places that might be accessed for physical, mental, or emotional health concerns, Brittany shared that women were more comfortable disclosing private information in the beauty salon due to its relaxed atmosphere. Julia had a similar view:

...this environment allows people to be more relaxed and they tell you your deepest secret ... You get to hear about real life and what's really going on in the world, good and bad.

Participants said that the relaxed environment may have resulted from a combination of their intentional actions and the processes involved in cosmetic services, which allowed women to “let their hair down” and lie in comforting positions during appointments. Lynette described the intimate context in which she provided eyelash extensions saying, ‘a girl’s laying down, her eyes are closed, and there’s pretty much no one in the room.’ This contrasted with healthcare settings, which participants described as ‘serious,’ ‘kind of harsh,’ and ‘more formal.’ Veronica stated:

Usually when I go to the doctor's office it's very straightforward, kind of clinical, doesn't really get too personal. So, I think in here it's a lot more personal. People share a lot of their personal business. They seem to get extremely comfortable in here.

Cosmetologists saw the salon as an intimate place of free expression, unlike healthcare settings that were seen as less encouraging for such conversation. Monique summed it up saying, ‘...we can be a little bit more afraid of doctor's offices opposed to here. Of course, this is like home.’

*Distinguishing from salon stereotypes.* Emphasising the calm environments in which they worked, many cosmetologists designated their salons as ‘retreats’ or ‘getaways.’ Lisa spoke about how her salon atmosphere affected clients’ behaviour:

I see it as a peaceful, you know, retreat away from the average noisy crowded salon. So, when my clients come here it's really quiet and peaceful. They're able to relax and be calm. ... even take little cat naps and stuff like that. Whatever they want to do.

The owner of a larger salon where Monique worked intentionally worked to create a peaceful environment:

...the owner of the salon, one of her main things is like, she wants no drama. She wants, when people come in, that they come in a peaceful atmosphere, that they come, and enjoy themselves, you know get their hair done, but that they don't leave feeling like they just got tossed up in a whirlwind of a situation.

Multiple cosmetologists shared the view that the ‘average’ beauty salon was a boisterous environment dominated by conversations. Kelly referred to the salon stereotype as ‘full of gossip and loud noise,’ as has been seen in

various media portrayals of beauty salons. In comparison to these portrayals, several cosmetologists claimed their salons were calming and pointed out evidence during interviews. Participants saw the atmosphere as an important aspect of their services; a quiet atmosphere was necessary for clients to relax and express themselves.

### *Establishing a 'judgement-free zone'*

Participants also portrayed the beauty salon as a place where clients could speak without fear of judgement. Cosmetologists had different motivations for establishing a 'judgement-free zone' within their salons, often reflecting their personal values in relation to their careers as cosmetologists. This category had two main properties: 1) being 'open' with clients and 2) relating to clients' experiences (Figure 4).

[Figure 4 about here]

*Being 'open' with clients: allowing them to talk without judgement.* Participants reported they were accepting of clients, describing themselves as 'open' and welcoming. In turn, clients discussed topics freely. Sharon, who owned her salon, maintained a non-judgemental environment to preserve her business standards. Regarding condescending or judgemental speech, she proclaimed that 'no business should talk like that when they're giving advice to any client.' Monique, who did not own her salon, also avoided judgement:

You speak words of love first, because that's how [pause] it's like taking medicine with sugar. ... You need the medicine, but a lot of times the medicine doesn't taste that great. It's like, 'Let's help this go down a little bit.' ... 'Let's reel you in a little bit,' rather than, 'That was horrible. That was bad.' So, I tried to relate to her human side of the situation, like why is she in it?

Instead of criticising, Monique responded to clients' descriptions of taboo situations by asking about their thoughts and feelings. When clients talked about issues such as extramarital affairs and sex with multiple partners, she attempted to learn more about their circumstances while helping them generate solutions.

Marie adopted a similar approach, influenced by her upbringing:

My mother was always very open with me, just as I have most of my kids. I'm like, come to me with anything. I'm not going to be mad at you, we'll talk it through. I think when they know that you're an open person and you're not going to judge them, they're easier to confide in you.

Marie felt that her easy-going demeanour led clients to confide in her about difficult circumstances in relationships, including experiences of mistreatment. In response to one client's story of past abuse, she suggested therapy: 'if you never told anybody and you just been holding this in all these years, yeah, you got to talk to somebody, you got to get it out.' Like Marie, participants disclosed that clients divulged stories of past trauma, leading cosmetologists to provide heartfelt, non-judgemental advice and thus strengthen relationships within the salon.

*Relating to clients' experiences.* Cosmetologists reported that their own experiences allowed them to relate to clients when discussing taboo topics. Veronica said:

... they feel like I'm probably not gonna judge. I've had a very full life, so I've done things I'm very proud of and things I'm not proud of, so I feel like I can't judge anybody else. So whatever they feel like they want to tell me, I'm like, "All right, hey, everybody has their path. Wherever that's supposed to lead you in life, that's where you'll end up."

By recognising the similarities between her prior experiences and the clients' current experiences, Veronica approached these conversations with empathy. Similarly, Kimberly related to clients saying, 'I try not to be judgemental...we've all been there.' Like most participants, Kimberly and Veronica chose careful responses to their clients' stories, providing encouragement and being open-minded when clients discussed instances of regret or embarrassment. Many cosmetologists sensed that their reflective actions validated and supported clients' feelings, thus enhancing trust between the two parties. Some cosmetologists, like Toni, shared their own personal stories with clients:

I'm an open book. My clients actually are like, 'Which story you got for me today?' ... They look for the update because they know I'm going to be like, 'Girl, this happened and that happened.' ... I like to share myself because I feel like my story can help other people, motivate other people, and help people to understand that they're not in life alone. They might be struggling, I'm struggling too.

Toni provided clients with an honest window into her life, allowing them to get to know her personal struggles and see their similarities. This vulnerability led clients to share their intimate stories without shame, reinforcing trusted bonds. By keeping a 'judgement-free zone,' cosmetologists felt that they made clients comfortable discussing experiences with dating, sexuality, and relationships.

## Discussion

Findings from this study enable an enhanced understanding of the perspectives of Black American women cosmetologists and their careful efforts to build trusting relationships with clients within beauty salons. They expand previous literature on the capacity of cosmetologists to be peer educators for Black women (Lewis et al. 2002; Linnan and Ferguson 2007) by detailing their intentional actions to build such relationships. They also shed light upon intimate conversations between Black women within salons, including discussions of sexuality, relationships, sexual health and trauma.

Our findings support literature upholding that the cultures of Black woman-operated beauty salons enable Black American women to discuss various topics of personal significance (Harris-Lacewell 2004; Linnan and Ferguson 2007, R. Johnson et al. 2021). Through flexibility, consistency, and empathy in social interactions, cosmetologists carefully crafted safe, non-judgemental, relaxing atmospheres for clients where they disclosed private stories about experiences not often shared in other spaces, such as healthcare settings. By thoughtfully considering clients' needs, participants in this study anticipated how they should act and interact with clients to enhance comfort and trust. Their carefully designed efforts allowed Black women of varying sociodemographic backgrounds to discuss intimate topics. The goals of cosmetologists to build such cultures within beauty salons present opportunities for education about sexual health. Notably, Black American women who frequent beauty salons have agreed that beauty salon atmospheres and relationships with cosmetologists can stimulate HIV prevention education within salons (R. Johnson et al 2021).

The theory developed through this work - Relating "to Her Human Side": Black American cosmetologist-client relationship building model - identifies the nuances of Black women cosmetologists' efforts to welcome clients in their salons, the majority of whom were Black women. The trusting bonds between cosmetologists and clients, however, were not merely generated through clients' habits of keeping regular appointments. Rather, as our theory shows, the bonds were continuously established and re-established through cosmetologists' intentional and careful efforts to connect and relate to clients.

Cosmetologists valued interactions with clients and continuously evaluated these interactions to increase their understanding of clients' needs. Cosmetologists were interpretive agentic actors (Blumer 1969) who observed how clients responded to their actions and adjusted accordingly to fulfil the roles that clients seemed to prefer. In this way, cosmetologists actively used insight from interactions to create greater rapport and facilitate experiences that were pleasant for clients. By observing clients' preferences, cosmetologists could perform various supportive roles which enhanced their clients' comfort and likely led clients to return for recurrent visits. However, the relationships that the cosmetologists fostered with clients were not just good for business, they also seemed advantageous for clients, as



cosmetologists became 'sounding boards' for clients to vent about their issues, including those related to sexuality and relationships. This mattered to cosmetologists, who demonstrated a genuine concern for their clients' wellbeing, as documented in other studies (Cowen et al. 1979; Solomon et al. 2004). By taking the role of 'hair therapist' and 'detached' friend, cosmetologists provided space for clients to speak about their issues freely and receive advice without the worry that their private information would be spread to others. It helped that clients did not share mutual family or friends with cosmetologists (Solomon et al. 2004). This concept is described as "weak ties" by Granovetter (1973), who suggested that casual recurring relationships can provide significant social support, especially for those with limited social networks.

The rapport that cosmetologists built with their clients was strengthened by their shared racial and gender identities (Linnan and Ferguson 2007). As Black individuals, some formed bonds based on fictive familial roles, documented in previous literature regarding relationships in Black American communities (Gutman and Sims 1978). As women, some related to each other's experiences in women's health, past trauma, and relationships. With these commonalities, cosmetologists were empathetic and flexible, encouraging clients to communicate without stigma related to sex, race, or gender. Thus, cosmetologists were accustomed to hearing, and sometimes sharing, stories about personal issues, which allowed them to develop compassionate and consultative approaches to put clients at ease.

Cosmetic services, which involve acts such as washing hair or applying eyelashes, likely create a sense of closeness due to the physical and delicate touch between the cosmetologist and client. For our participants, this intimacy was enhanced by the sense of Black female autonomy over the space and actions intentionally taken to create atmospheres reminiscent of home or familial environments. The culture within the salon enhanced cosmetologists' ability to kindle open communication about issues that clients were experiencing in their lives. This is in noteworthy contrast to 'more formal' healthcare settings where conversations were limited or even avoided, possibly due to lack of rapport with healthcare providers, medical mistrust, or fear of discouraging information from providers (Townes et al. 2020). Salons were also contrasted with churches, which have long been documented as places of support within Black American communities (Chatters et al. 2002), due to the view that women were more comfortable having conversations about sexuality and relationships in salons.

Since salons are often shared spaces, not only did clients discuss personal issues with their cosmetologist, but they also often shared these with other cosmetologists and clients in the salon. This is, perhaps, why cosmetologists emphasised the importance of creating a judgement-free atmosphere in which all clients felt secure to converse freely. As suggested by SI, interactions with clients informed the meaning of the salon as a comfortable, non-judgemental place; nonetheless, as agentic actors, cosmetologists also built upon that meaning by enhancing these features

intentionally (Blumer 1969; Mead and Morris 1934). Thus, cosmetologists actively constructed salon cultures in which people could discuss personal and intimate concerns.

### ***Implications***

The theory developed through this study demonstrates the nuanced ways in which Black women cosmetologists created 'safe spaces' for Black women clients. This yields promising insight for sexual health interventions within Black beauty salons. It suggests that many cosmetologists possess the will and the skills to provide sexual health education to Black women who may be uncomfortable having such conversations with medical providers.

Medical mistrust (L. M. Johnson et al. 2021; Logan et al. 2021), poor patient-provider communication (Logan et al. 2021) and intersectional stigma (regarding race/ethnicity, gender and sexuality) (Rosenthal and Lobel 2020) are barriers to sexual healthcare among Black American women. Cosmetologists' shared identities with clients and their efforts to create non-judgemental atmospheres can remove these barriers (Linnan and Ferguson 2007). Cosmetologists can give evidence-based sexual health education within interventions when prompted by clients sharing stories or requesting advice. Importantly, such education must be in accord with the cosmetologist's beliefs and values for successful dissemination.

Our findings enhance the literature indicating that cosmetologists can be effective lay health educators (Lewis et al. 2002; Linnan and Ferguson, 2007, Rasmusson Roberts-Dobie and Losch 2018). Previous interventions promoting dietary changes (L.T. Johnson, Ralston and Jones 2010) and breast cancer education (Sadler et al. 2011) demonstrated cosmetologists' success in changing health behaviours among Black American women. Sexual health interventions may produce similar outcomes. Understanding cosmetologists' complex efforts is crucial to developing valuable partnerships between researchers and cosmetologists to enable effective future programmes and interventions.

### ***Limitations***

Our qualitative findings are not intended to be representative but can be used to better theorise Black American women cosmetologists' experiences with clients. Convenience and snowball sampling were appropriate for our study but do not lead to generalisable findings. Because we did not interview Black women clients within these salons, we cannot conclude that salon-based sexual health interventions would be effective; however, our results demonstrate the ways in which Black women cosmetologists construct environments favourable for these kinds of interventions.

### ***Conclusion***

Cosmetologists' efforts to build relationships with clients within Black American beauty salons were multifaceted, delicate, and strengthened by shared identities and experiences. These efforts, according to cosmetologists, allowed for personal conversations regarding sexuality and relationships. Our analysis showcases the complex ways in which cosmetologists worked to construct beauty salon cultures as safe spaces for Black American women, thus presenting evidence supporting salons as comfortable, non-judgemental atmospheres amenable to sexual health interventions. Researchers seeking to create salon-based interventions must be aware of cosmetologists' considerable actions to avoid disrupting their carefully built relationships with clients. If social interactions are disrupted, cosmetologists' and clients' interpretations of the environment can change, thus changing their actions and potentially altering relationships within the salon. We encourage researchers to collaborate with cosmetologists, learning about their goals and endeavours to build relationships and honouring their agency in creating safe spaces for Black women.

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### **Declaration of Interests**

The authors declare that there is no conflict of interest.

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## Tables

**Table 1:** Sample Characteristics

<b>Sociodemographic characteristics</b>		<b>N (% of 16 total)</b>
<i>Median (IQR) age (years)</i>		39.5 (33-45.3)
<i>Gender</i>	Cisgender woman	16 (100%)
<i>Race/ethnicity</i>	Black/African-American	16 (100%)
<i>Marital Status</i>	Single	8 (50%)
	Married	3 (18.8%)
	Separated	1 (6.3%)
	Divorced	4 (25%)
<i>Insurance</i>	None	2 (12.5%)
	Medicaid	5 (31.3%)
	Medicare	1 (6.3%)
	Employer-based	3 (18.8%)
	Other private	4 (25%)
	Unknown	3 (18.8%)
<i>Have a regular doctor</i>		13 (81.3%)
<i>Median (IQR) years working as cosmetologist/aesthetician</i>		14.5 (8.3-20.5)
<i>Median (IQR) clients served per week</i>		23 (16.9-30)
<i>Median (IQR) co-workers in salon</i>		2.5 (2-8)

## **Figure Captions**

**Figure 1:** 'Relating "to her human side": Black American cosmetologist-client relationship building model.' A grounded theory with three categories.

**Figure 2:** Properties of category 'Playing different roles to appeal to clients' wants and needs'

**Figure 3:** Properties of category 'Creating a comfortable atmosphere'

**Figure 4:** Properties of category 'Establishing a "judgement-free" zone'