ABSTRACT

Title of Thesis:	COLORIST REALITIES: THE ROLE OF GENDER AND SKIN COLOR SATISFACTION IN THE ASSOCIATIONS BETWEEN COLORISM AND MENTAL HEALTH AMONG LATINX EMERGING ADULTS
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Colorism within the Latinx community is a pervasive issue, as it has been shown to influence areas such as employment, education, and health outcomes (Adames & Chavez-Dueñas, 2016; Fuentes et al., 2021; Hunter, 2008). Despite these implications, limited psychological research has explored the effects of colorism on the mental health outcomes of Latinx emerging adults. To address this gap, the current study examined the association between internalized colorism and depressive symptoms among Latinx emerging adults ($N = 306$; $M =$ 21.28 years). More specifically, it explored the role of gender and skin color satisfaction in shaping this relationship. Exploratory Factor Analyses were conducted to evaluate the psychometric properties of the modified In-Group Colorism Scale (Harvey et al., 2017) and the Skin Color Satisfaction Scale (Falconer & Neville, 2000). Hayes PROCESS moderation analyses tested whether gender and skin color satisfaction moderated the association between internalized colorism and depressive symptoms, and ANOVAs assessed group differences in the study variables. Findings showed no association between internalized colorism and depressive symptoms, and no moderation effects for gender and skin color satisfaction. These findings may indicate that colorism manifests differently among Latinx individuals than it does in other racial or ethnic groups (Mena et al., 2020; Monk, 2021; Ramos et al., 2003; Telzer and Garcia, 2009), underscoring the importance of developing measurement tools that more accurately reflect the unique colorist experiences of Latinx individuals. Recommendations for research and clinical practice are provided.

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by

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Chapter 1: Introduction

Latinx individuals represent a significant and rapidly growing portion of the United States (U.S.) population. In 2021, the U.S. Latinx population reached approximately 62.5 million, comprising roughly 19% of the entire U.S. population, with further estimates suggesting an increase to 28% by 2060 (Pew Research Center, 2023; U.S Census Bureau, 2018). Despite this growth and visibility, the Latinx community continues to face systemic challenges that impact individuals' well-being, including disparities in education, employment, and health outcomes (Borrell, 2005; Hunter, 2008; Ruiz et al., 2016). One contributing factor to these disparities is *colorism,* which refers to discrimination based on skin color, a process by which people of Color are granted advantages based on their phenotypic proximity to whiteness (includes skin color, hair texture, and facial features; Centeno et al., 2023; Charles 2021; Chavez-Dueñas et al., 2014; Reece, 2021). This phenomenon has been increasingly recognized as a critical yet understudied factor of inequality within Latinx communities (Adames & Chaves-Dueñas, 2016; Borrell, 2005; Charles, 2021; Sanchez, 2021; Fuentes et al., 2021). For example, some research has highlighted that Latinx individuals with darker skin tones experience greater discrimination in the workplace, leading to limited job opportunities and lower wages (Espino & Franz, 2002; Hunter, 2008). Similarly, in educational research, studies have also highlighted the influence that factors such as skin tone have on shaping academic opportunities and the educational trajectories of Latinx students (Hunter, 2016; Kim & Calzada, 2019). Beyond experiences of discrimination, internalized colorism, which refers to internalizing beliefs about the superiority of Whiteness and inferiority of Blackness (Capielo Rosario et al., 2019b, 2021), can further compound psychological distress and contribute to disparities in mental health outcomes. These systemic and internalized forms of inequity contribute to disparities in health

and well-being outcomes, with increased stress and depressive symptoms reported among Latinx individuals facing discrimination based on skin color (Burgos & Rivera, 2009; Cuevas et al., 2016; Marquez et al., 2020).

The Latinx population is also a young population, with the median age, as of 2020, being 30 years old (Peña, 2023). A significant portion of this population falls within emerging adulthood, a development phase ranging from ages 18 to 30 that is associated with milestones such as identity formation, relationship building, and career development (Arnett, 2014). For many, emerging adulthood also overlaps with post-secondary education, a time that often comes with increased stress and mental health challenges, including anxiety and depression (Zivin et al., 2009). For Latinx emerging adults, these developmental challenges may also be exacerbated by structural and cultural stressors, including racism and ethnic discrimination (Araujo-Dawson, 2015; Borrell, 2005; Gomez et al., 2011). Ethnic discrimination has been associated with negative mental health outcomes among Latinx college students, including psychological stress (Hwang & Goto, 2008; Sanchez et al., 2018; Sanchez et al., 2023), anxiety (Cano et al., 2016), and depression (Bravo et al., 2023; Cano et al., 2016). For example, Cano et al. (2016) reported that among Latinx emerging adults, increased experiences of ethnic discrimination were associated with greater levels of depressive symptoms and anxiety. Similarly, Sanchez et al. (2018) reported that emerging adult Latinx students who experienced ethnic microaggressions indicated greater levels of psychological distress. These findings highlight the impact of discrimination on the mental health of Latinx emerging adults, underscoring the need to examine how other sociocultural forces, such as colorism, may contribute to psychological distress.

Colorism is a critical and often overlooked form of discrimination faced by the growing Latinx community. As a byproduct of racism, colorism has been shown to create mental and

physical health disparities between lighter and darker-skinned individuals, impacting areas such as appearance satisfaction (Maxwell et al., 2015; Thomson & Keith 2001), psychological distress (Mena et al., 2020; Ramos et al., 2003; Telzer and Garcia, 2009), and physical health outcomes (Monk, 2021). To date, much of the colorism research has focused on the African American community; however, these findings provide a foundation for understanding how other communities of Color, such as the Latinx community, are impacted by colorism.

The current study examined how colorism impacts depression outcomes among emerging adult Latinx students. Depression is a significant concern among the emerging adult college student population and has even been termed a "silent killer." The American College Health Association surveyed 103,639 students at 154 American universities and found that 26.3% of college students have been diagnosed with depression (American College Health Association, 2024). Among Latinx emerging adults, national data from the Substance Abuse and Mental Health Services Administration indicates that 12.8% reported experiencing a major depressive episode within the past year (Substance Abuse and Mental Health Services Administration, 2018). Overall, among the emerging adult population, depression is associated with serious individual and psychosocial consequences such as elevated risk of suicidality (Kessler and Walter, 1998), lower academic performance (Bernal-Morales et al., 2014), substance abuse (Wilkinson, 2016), and challenges with interpersonal relationships (Eberhart & Hammen, 2006). Given these significant risks and gaps in the literature, the current study aimed to expand the psychological literature by examining how internalized colorism, gender, and skin color satisfaction influence depressive symptoms in Latinx emerging adults.

Through the use of Borrell's (2005) Framework for the Effect of Race on Latinx Health and Well-Being (FERLHW), I hope to add to the body of psychological literature that explores

colorism as a systemic issue, similar to racism, and the impact of this phenomenon on mental health. In addition, exploring the impact of colorism among emerging adults furthers our insight into how individuals become susceptible to the impacts of colorism during a developmental phase characterized by identity formation and psycho-emotional vulnerability (Hope et al., 2015). Colorism, as a contextual factor rooted in racism, perpetuates structural inequities in areas like employment (Telles & Murguia, 1988) and education (Hunter, 2008), which disproportionately disadvantage darker-skinned Latinx individuals and significantly impact their health outcomes. As an individual factor, gender accounts for how cisgender Latinx emerging adult men and women may experience colorism differently and its effects on mental health. As a psychosocial factor, skin color satisfaction reflects the internalization of societal colorist preferences and how this psychological process of self-evaluation can interact with systemic forces like colorism to shape outcomes for Latinx emerging adults. An understanding of the relationship between colorism, skin color satisfaction, gender, and mental health could serve to support the development of interventions that mitigate the negative physical and psychological consequences of colorism among people of Color. The following section outlines the conceptual framework guiding this study and details how colorism, gender, and skin color satisfaction function as contextual, individual, and psychosocial factors.

Chapter 2: Theoretical Framework

The conceptual model utilized in this study is informed by Borrell's (2005) Framework for the Effect of Race on Latinx Health and Well-Being (FERLHW; see Figure 1). The FERLHW framework describes that on the basis of race, opportunities are provided or withheld that influence the health and well-being outcomes of individuals within the Latinx community. Borrell (2005) also argues that race intersects with individual, psychosocial, and contextual factors to influence the health outcomes of Latinx individuals. At the individual level (e.g.,

gender, socioeconomic status, income, marital status), race can affect their physical and mental health by impacting access to social, physical, and environmental resources and opportunities (Borrell, 2005; Sanchez et al., 2024). At the psychosocial level, social and psychological influences interact with race (e.g., racial discrimination, perceived stress, and skin color satisfaction) to impact health outcomes by activating psychological (e.g., depressive symptoms), physical (e.g., high cortisol levels), and behavioral responses (e.g., substance abuse) that could be detrimental to an individual's health (Borrell, 2005; Cuevas et al., 2016; Sanchez et al., 2024). At the contextual level, individual and psychosocial factors interact with social structures, such as racism and colorism, to impact the health of Latinx individuals (Borrell, 2005; Cuevas et al., 2016; Sanchez et al., 2024). Overall, this framework aligns with the psychological understanding of colorism, where privileges are provided based on proximity to Whiteness, mirroring broader patterns of systemic racism (Hunter, 2007).

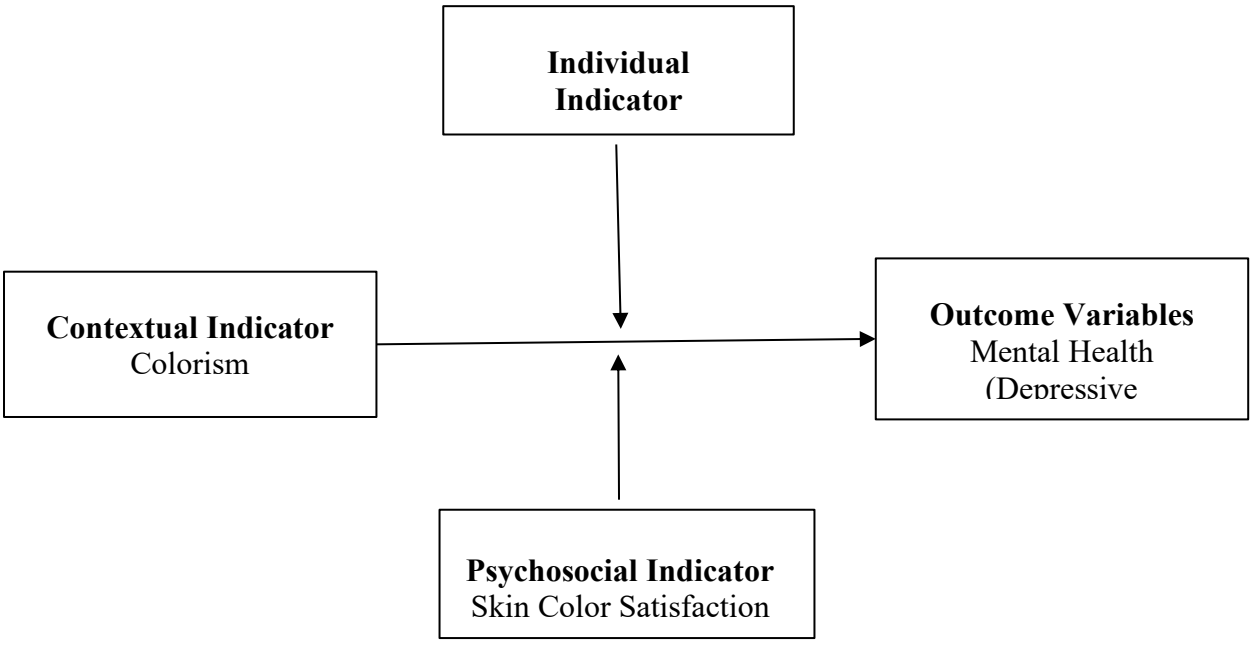

Figure 1. Conceptual Model Based on Borrell's (2005) Framework for the Effect of Race on Latinx Health and Wellbeing (FERLHW)

Colorism (Contextual Factor)

Given the impact of structural inequities on the well-being of Latinx individuals, it is important to explore how colorism functions as a contextual factor that perpetuates these disparities. Discrimination based on skin color can be both interracial (between-group discrimination) and intraracial (within-group discrimination), meaning that colorism exists between communities of Color and broader society as well as within populations of Color. Colorism also extends beyond discrimination based on perceived racial group membership by including skin tone and phenotypic characteristics. Much of the colorism literature to date has primarily focused on the experiences of those within the African American community (Hunter, 2012; Keith & Herring, 1991; Keyes et al., 2020; Mathews & Johnson, 2015; Monk, 2021; Reece, 2021). Many of these studies shed light on the disparities faced by darker-skinned African Americans compared to their lighter-skinned counterparts. Researchers have found that individuals with darker skin tones have been negatively impacted in areas such as educational attainment, occupation, and income (Hunter, 2002; Keith & Herring, 1991). For example, studies have found that lighter-skinned African Americans, on average, complete two additional years of education than darker-skinned individuals (Keith & Herring, 1991).

Beyond these structural disadvantages, colorism also has been shown to have significant psychological consequences. As a result of skin color discrimination, studies have found that darker-skinned African Americans are at a greater risk for physical and mental health disparities (Breland-Noble, 2012; Monk 2015, 2021). Colorist experiences and internalization of colorist ideologies can exacerbate the psychological burden of racial discrimination, further impacting mental health outcomes. For example, research has shown that individuals with darker skin tones often report lower levels of self-esteem and higher levels of depressive symptoms and anxiety

(Keyes et al., 2020; Pearson-Trammell, 2010; Thompson & Keith, 2001). These findings paint a dark but comprehensive picture of how colorism perpetuates disadvantages for darker-skinned African Americans. Given the existing literature that focuses on this community, research that explores the impact of colorism within other populations of Color, such as the Latinx community, can provide insight into how diverse populations with complex racialized histories are impacted by colorist ideologies.

Colorism Among Latinxs

Skin color and the phenomenon of colorism are influential factors within the Latinx community (Adames & Chavez-Dueñas, 2016; Bonilla-Silva & Dietrich, 2008; Fuentes et al., 2021). Messages that suggest a desire for Whiteness and Western beauty standards are often communicated to Latinx individuals as part of early processes of socialization (Rivero et al. 2024). These messages are shaped by a complex history of skin color privilege that communicates and assigns value to lighter skin and Eurocentric features. Frequent comments such as "*pelo malo/bueno*" [bad hair/good hair] or engaging in activities such as walking in the shade to avoid getting tanned by the sun, continue to perpetuate and reinforce colorist biases (Adames et al., 2016; Chaves-Dueñas et al., 2014). Furthermore, this socialization process may shape how Latinx individuals perceive the significance of skin color in their own lives. For instance, Capielo et al. (2019a) found no association between acculturation strategies and skin tone. The authors suggest that the lack of association is likely due to the ways in which Latinx individuals are socialized to minimize or ignore the role of skin color in shaping their cultural experiences.

Similar to other communities of Color, the effects of colorist societal messages within the Latinx community expand to multiple dimensions of life. For example, Hunter (2008) found

educational disparities among the Mexican American population, with darker-skinned Mexican Americans completing 1.5 fewer years of formal education than their lighter-skinned counterparts. These disparities have been shown to start at early ages, with Kim and Calzada (2019) reporting that Latinx boys who perceived themselves to be darker-skinned experienced lower academic achievement in the first grade. While the literature is limited, the impact of colorism on mental health outcomes among Latinx individuals has also been explored (Charles, 2019; De Casanova, 2004; Dixon & Telles, 2017; Figuereo and Calvo, 2021; Hall, 2000). For example, Figuereo and Calvo (2021) reported that self-identified Black Latinxs experienced greater levels of psychological distress compared to White Latinxs. In addition, De Casanova (2004) explored the relationship between skin color and self-esteem among adolescent girls in Ecuador. The authors found that participants with darker skin reported lower levels of self-esteem than those with lighter skin. In addition, participants consistently reported lighter skin as more beautiful than darker skin.

Colorism and Gender (Individual Factor)

Gender may also play a significant role in shaping the experiences and impact of colorism for Latinx women and men. The colorism literature consistently highlights the strong relationship between colorism and the concept of beauty standards. Specifically, women of Color are often expected to conform to European beauty ideals, including light skin, Eurocentric facial features, and untextured hair in order to align with mainstream beauty standards (Hunter, 1998). This association between skin color and beauty holds significant social value, as beauty can often serve as a type of social capital in the form of access and upward mobility (i.e., educational attainment, SES, spousal status; Hunter, 2002; Mathews & Johnson, 2015). For example, Hunter (2002) explored how skin color impacted life outcomes for Mexican American and African

American women. Similar to the African American women in the study, the authors found that lighter skin was associated with higher levels of education and income for Mexican American women. Beyond structural inequities like education and income, colorism has also been found to affect the psychological well-being of Latinx women. Telzer and Garcia (2009) found that immigrant Latinx women with darker skin tones held more negative self-perceptions, including lower self-esteem, diminished feelings of attractiveness, and a desire to change their skin color for a lighter tone. These findings highlight the profound influence of colorism, often intersecting with racism and sexism to shape both the socioeconomic opportunities and psychological well-being of Latinx women.

While much of the colorism literature focuses on women, research on how colorism affects men of Color is still developing and presents some mixed findings. Some studies suggest that men and women of Color experience similar psychological consequences of skin tone discrimination. For example, Alexander and Carter (2022) found that African American men and women who disliked their skin tone experienced greater depressive symptoms. However, other scholars argue that gendered expectations shape how colorism manifests for men, sometimes affording them advantages not granted to women of Color. Hill (2002) argues that a "double standard" of colorism exists, explaining that darker-skinned Black men may receive social capital due to traditional associations between Blackness and masculinity. In contrast, darker-skinned Black women do not benefit from similar privileges, given that femininity in Western societies has historically been aligned with Whiteness.

Despite these potential advantages for darker-skinned men, research indicates that colorism still creates significant disparities, particularly in economic outcomes. For example, Reece (2021) examined income disparities within the African American community, revealing

that light-skinned men tend to earn more than other African Americans, while dark-skinned men and women are often at the lowest income levels. This study highlights a "dual advantage" for light-skinned African American men, who benefit from both colorism and male privilege in a patriarchal American society. In contrast, darker-skinned men face compounded disadvantages due to their skin tone.

Although limited, similar patterns of disadvantage have been found in Latinx populations. Codina and Montalvo (1994) investigated the impact of skin color on income, education, and depression among Chicano men and women in the U.S. and Mexico. They found that dark-skinned U.S.- born Chicano men were at the highest risk for depression. Given the complexity of this phenomenon, this study hopes to explore how gender intersects with colorism to shape mental health outcomes among Latinx emerging adults.

Colorism and Skin Color Satisfaction (Psychosocial Factor)

As a psychological construct, skin color satisfaction has been shown to shape self-perceptions and different dimensions of health (Bond & Cash, 1992; Maxwell et al., 2015; Thompson & Keith, 2001). While existing research has examined the ways in which skin tone perceptions influence mental health, there is still limited understanding of how skin color satisfaction interacts with broader systemic forces like colorism to impact individuals' experiences. Researchers define *skin color satisfactio*n as the level of content an individual has with their skin tone regardless of hue (Bond & Cash, 1992; Maxwell et al., 2015). One of the more common assumptions regarding skin color satisfaction is that individuals with darker skin experience greater dissatisfaction with their skin tone compared to those with lighter skin (Maxwell et al., 2015; Thompson & Keith, 2001). This assumption stems from the impact that factors such as societal beauty norms and skin-whitening practices have had on communities of

Color as it has historically promoted Whiteness and Eurocentric features as the ideal (Maxwell et al., 2015). However, research on skin tone satisfaction has produced mixed findings, with no consistent evidence that points to whether individuals with specific skin tones are more prone to dissatisfaction (Maxwell et al., 2015).

The skin color satisfaction literature points to the adverse effects of skin color dissatisfaction for African American emerging adults. Falconer and Neville (2000) found that among a sample of African American emerging adult women, lower levels of skin color satisfaction were associated with decreased appearance satisfaction and internalization of societal beauty standards. In contrast, women who expressed greater satisfaction with their skin color also indicated more positive body image evaluations (Falconer & Neville, 2000). Similarly, Maxwell et al. (2015) found that among African American emerging adults, those with darker skin who reported higher levels of skin color satisfaction also indicated greater positive feelings associated with racial identity. In addition, their findings indicated that higher levels of internalized racism were predictive of lower skin color satisfaction (Maxwell et al., 2015). While these studies demonstrate how internalized societal messages about skin tone ideals can shape self-perceptions among African American emerging adults, little is known about the role or impact of skin color satisfaction among Latinx emerging adults. Some studies point to a preference for lighter skin and the consequences of skin color dissatisfaction. For example, Mena et al. (2020) found that compared to non-Latinx Blacks, Latinx individuals with darker skin expressed greater skin tone dissatisfaction. Skin tone dissatisfaction was also found to influence mental health outcomes such as anxiety and depression (Mena et al., 2020). These findings further underscore the importance of considering skin color satisfaction as an influential factor in mental health outcomes among the Latinx community.

Colorism and Depression (Outcome Variable)

Compared to U.S. adults and adolescents, emerging adults (ages 18-30) report the highest prevalence of depressive symptoms (21.5%; Lee, 2023). Higher rates of depression have also been reported among the U.S Latinx population. Pratt (2014) found that within the Latinx population, the prevalence of mild depressive symptoms (26.1%) is higher than that of non-Latinx Whites (21.5%). Additionally, Latinx individuals reported greater rates of moderate to severe depressive symptoms (9.4%) compared to their non-Latinx White counterparts (6.9%). Along with African American emerging adults, Latinx emerging adults in the U.S. report significantly higher rates of depression compared to other emerging adult ethnic groups (Lee, 2023). These mental health disparities have also been observed among Latinx college students. For example, higher prevalence rates of depressive symptoms have been found for Latinx urban and low-income university students (Rudenstine et al., 2020). In addition, Cadenas et al., (2022) found that Latinx college students face disproportionate mental health challenges, academic difficulties, and economic stressors compared to their White peers. Similarly, Lancaster and Arango (2021) found that Latinx college students experience heightened psychological distress due to structural factors like financial insecurity.

The psychological literature on depression has consistently shown that beginning in early adolescence, a significant and consistent gender disparity in depression arises. This gender difference appears to begin around the age of 13, where adolescent girls have been shown to be much more vulnerable to depressive symptoms and major depressive disorder than adolescent boys (Girgus, 2015; Faravelli et al., 2013). By mid to late adolescence, adolescent girls are approximately twice as likely as boys to be diagnosed with major depressive disorder or report depressive symptoms, a pattern that continues into adulthood (Faravelli et al., 2013). Similar

findings have been presented for Latinx women, who have been reported to be twice as likely to experience depression compared to Latinx men (Mata-Greve & Torres, 2020). Though the underlying factors that influence this disparity are complex and multifaceted, factors such as gender socialization practices, increased exposure to stressors, and hormonal changes could contribute to the growing vulnerability among adolescent girls (Piccinelli & Wilkinson, 2000).

Given the negative mental health outcomes of untreated depression (e.g., suicidality and self-harm; Hawton, 2012), more research on the contributing factors is warranted. Psychological research has linked depression in the Latinx emerging adult population to factors such as acculturation stress (Bridges et al., 2021; Cano et al., 2015; Rahman et al., 2023; Stafford et al., 2020) and ethnic discrimination (Cano et al., 2016; Cano, 2021; Rahman et al., 2022; Sanchez et al., 2022). For example, Sanchez et al. (2022) found that the mental health of Latinx college students was significantly impacted by ethnic-based discrimination in combination with emotional and work-related stressors. Given the severity and prevalence of depression among Latinx emerging adults, it is important to examine how additional systemic factors of discrimination, like colorism, influence depression health outcomes for Latinx emerging adults.

Chapter 3: Statement of the Problem

The purpose of this study was to explore the associations between internalized colorism and depression among Latinx emerging adults. Additionally, I examined the potential moderating role of gender and skin color satisfaction on the association between endorsement of colorist ideologies on levels of depressive symptoms among Latinx emerging adults. Much of the existing literature on colorism focuses on the experiences of the African American community. Although this has created an important foundation for understanding colorism among communities of Color, expanding research that focuses on the Latinx experience with colorism

could offer valuable insights into how colorist ideologies impact this diverse population, which has its own complex racialized history (Adames & Chavez-Dueñas 2016; Fuentes et al., 2021; Sanchez, 2021). By acknowledging and focusing on colorism among Latinx emerging adults, this study hoped to add to the body of literature that suggests that skin color and phenotypic features are prevalent forces within the Latinx community (Adames & Chavez-Dueñas 2016; Centeno et al. 2023; Fuentes et al., 2021; Sanchez, 2021).

Research Question 1: Is there an association between internalized colorism and depressive symptoms among Latinx emerging adults?

The existing colorism literature with Latinx emerging adults provides evidence for the adverse effects of this phenomenon on education (Hunter, 2008). Despite these findings, there remains a limited understanding of how internalized colorism specifically impacts mental health outcomes for Latinx emerging adults, a population uniquely navigating both racialized societal pressures and the developmental challenges of emerging adulthood. This study sought to address this gap by examining the association between endorsement of colorist ideas and depressive symptoms.

Hypothesis 1*:* Consistent with the colorism literature (Bonilla-Silva, 2009; Hunter 2012), I predict that higher endorsement ratings of colorism will be associated with higher levels of depressive symptoms among Latinx emerging adults (see Figure 2).

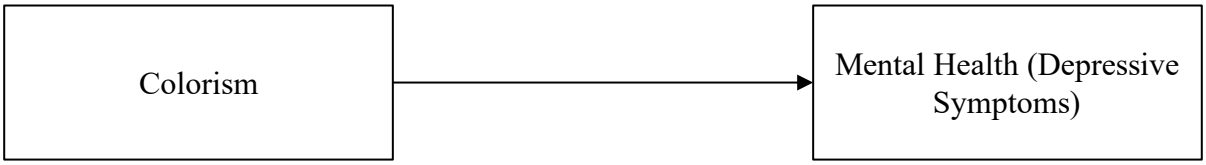

Figure 2. Predicted association between colorism and depressive symptoms

Research Question 2: To what extent will gender moderate the association between internalized colorism and depressive symptoms among Latinx emerging adults?

The existing literature suggests that colorism may operate differently for cisgender women and men (Hunter 1998, 2002; Reece, 2021; Thomson & Keith 2001). However, a gap remains in empirically understanding the complexity of this process, especially in the distinct ways in which gender shapes the mental health consequences of colorism, particularly among Latinx individuals. This study aimed to address this gap by contributing to the broader understanding of how gender operates within colorism to impact the mental health of Latinx emerging adults, a group that remains understudied within the emerging field of colorism.

Hypothesis 2: Given the heightened pressure that women of Color face regarding skin tone and appearance (Hunter, 2002; Codina and Montalvo, 1994), I expect that gender will moderate the impact of colorism on mental health outcomes such that the association between colorism and depressive symptoms will be stronger for Latinx women (Figure 3).

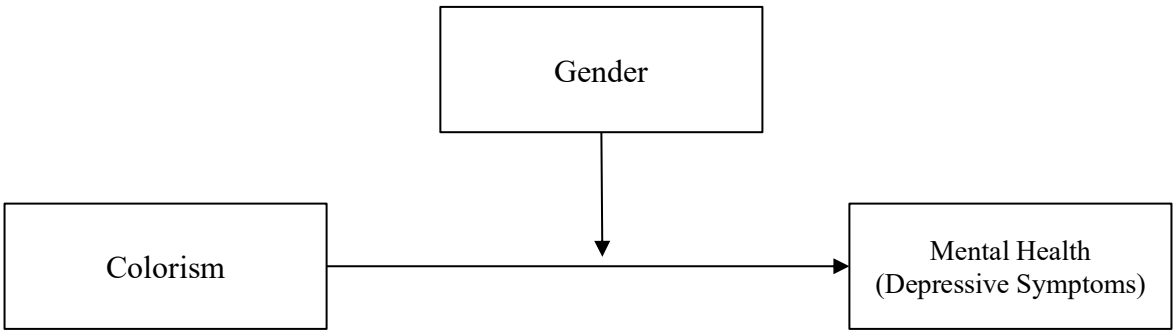

Figure 3. Predicted moderation with gender and depressive symptoms

Research Question 3: To what extent will skin color satisfaction moderate the association between internalized colorism and depressive symptoms among Latinx emerging adults?

Given the existing gaps in the literature, this study aimed to contribute to our understanding of skin color satisfaction as a complex psychological process that impacts individuals of various complexions. Research on the relationship between skin color satisfaction and factors like mental health outcomes remains limited and does not reveal patterns. Further, when considering the lack of research on population groups such as the Latinx community and the wide diversity of skin tones within this population, this study aimed to provide a deeper understanding of the manifestation and influences of this psychological process. Therefore, this study aimed to examine how skin color satisfaction may influence the relationship between colorism and mental health outcomes among Latinx emerging adults.

Hypothesis 3: Consistent with the skin color satisfaction literature (Bond & Cash, 1992; Falconer & Neville, 2000), I predict that skin color satisfaction will moderate the impact of colorism on mental health outcomes such that the association between colorism and depressive symptoms will be stronger for those who report lower skin color satisfaction (Figure 4).

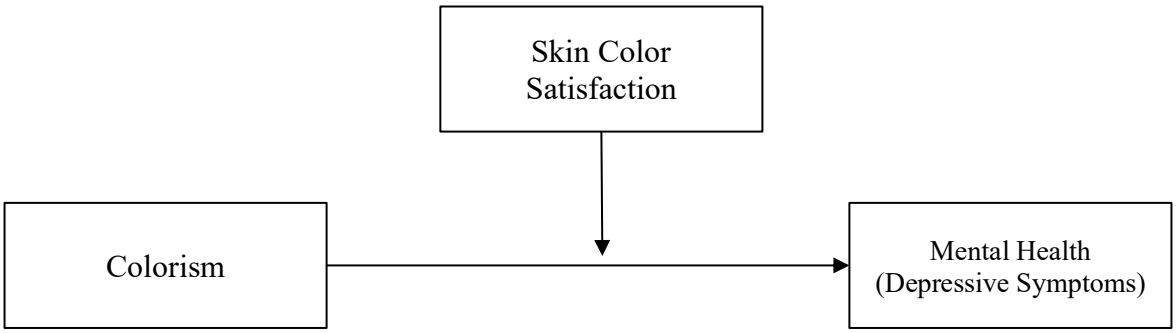

Figure 4. Predicted moderation with skin color satisfaction and depressive symptoms

The social significance of colorism is underscored by the size and rapid growth of the Latinx population in the United States. Exploring how colorism intersects with other factors such as gender and skin color satisfaction can shed light on the potential mental health implications of this phenomenon. By addressing these gaps in the psychological literature, this study aimed to provide a more nuanced understanding of how colorism contributes to shaping mental health outcomes among Latinx emerging adults, a group that remains understudied within the field of colorism.

Chapter 4: Method

Study Design

This study employed a cross-sectional, quantitative design, informed by Borrell's (2005) Framework for the Effect of Race on Latinx Health and Wellbeing (FERLHW). The independent variable in this study was internalized colorism, while the dependent variable focused on mental health outcomes as measured by depressive symptoms experienced by Latinx emerging adults. Additionally, gender and skin color satisfaction were assessed as potential moderating factors in the relationship between internalized colorism and depressive symptoms.

Participants

Participants were Latinx emerging adult women and men aged 18-30 (Arnett, 2014) enrolled at the undergraduate or graduate levels at the University of Maryland (UMD). Participants were recruited through a Latinx Student Listserv available through The Office of the University Registrar's Report Library. Participants entered for a chance to win $15 gift cards. A total of 510 participants accessed the survey. However, of these participants, 141 completed the survey in less than 5 minutes, and 44 were missing more than 50% of the data. These participants were thus excluded from the study. In addition, 12 participants who identified as gender non-

binary, gender diverse, or gender expansive, 1 participant who identified as genderqueer, 3 participants who identified as transwomen, and 3 participants who identified as transmen were excluded from the final analysis due to the unique ways in which colorism may manifest outside of the gender binary. Because these participants represented less than 6% of the total sample, the groups were too small to allow for reliable statistical analysis. As such, the final sample consisted of 306 participants.

The participants ranged in age from 18 to 30 (M = 21.28 years, SD = 3.08). Most participants identified as women (71.2%, n = 218) and 28.8% as men (n = 88). Of the total participant pool, 18% (n = 55) self-identified as being first-generation immigrants (not born in the U.S.), 67.6% (n = 207) self-identified as second-generation immigrants (born in the U.S to immigrant parents), and 14.4% (n = 44) identified as third or higher generation. Students' self-reported yearly household income was distributed as follows: 26.7% (n = 82) reported incomes between less than $10,000 and $40,000, 30.7% ($n$ = 94) between $40,000 and $80,000, and 42.4% ($n$ = 130) between $90,000 and greater than $150,000. Finally, the majority of participants identified as heterosexual (68 %, n = 208), 16% (n = 49) as bisexual, 3.3% (n = 10) as gay/lesbian, 3.3% (n = 10) as queer, 2% (n = 6) as pansexual, 3.3% (n = 10) as questioning or unsure, 1% (n = 3) as asexual, 1% (n = 3) specified another sexual orientation, and 2.3% (n = 7) declined to state. For skin color, 30.7% (n = 94) self-identified with lighter skin tones (skin tones 1 and 2), 58.2% (n = 178) self-identified with medium skin tones (skin tones 3 and 4), and 11.1% (n = 34) self-identified with darker skin tones (skin tones 5 and 6), with no participants self-identifying with the rest of the four skin tones (see Table 1 for full demographic information).

Procedure

After receiving approval from the institutional review board (IRB), participants were recruited through a Latinx Student Listserv provided by the Office of the Registrar at the University of Maryland-College Park. Data was collected online using Qualtrics survey software. Participants were asked to complete a brief questionnaire that would determine their eligibility for the survey (Appendix B). Participants eligible for the survey were asked to read the consent form and indicate if they agreed to participate in the study. The consent form included information on the purpose of the study, the anonymity of responses, the nature of confidentiality, additional information such as the risks and benefits of participating, and participants' ability to withdraw from the study (Appendix C). After agreeing to participate in the study, participants continued to complete the rest of the survey, which included a demographic questionnaire (Appendix D) followed by the three measures of interest (In-Group Colorism Scale; The Skin Color Satisfaction Scale, and the Center for Epidemiological Studies-Depression Scale; Appendix E, F, G). Participant responses were completely anonymous given that participants' names or any other identifiable information were not collected on the research survey. After completing the research survey, participants were asked to complete a separate compensation survey (Appendix H), where they were asked to provide an email where they could be contacted if they won one of the $15 gift cards. The identifiable information provided on the compensation survey was deleted from Qualtrics after the distribution of the digital gift cards. Participants' survey data was stored in a password-protected computer, which was only accessed by the researcher.

Measures

Eligibility form. Participants completed a brief questionnaire that asked participants to identify their ethnic identity and age. Participants were eligible to participate in the remaining survey if they reported that they identified as Hispanic or Latinx/e/a/o and were between the ages of 18-30.

Demographics. The demographic questionnaire asked participants to indicate their age, gender, sexual orientation, race, ethnicity, socioeconomic status, nation of origin, immigrant generation in the U.S., and self-reported skin tone (see Appendix C). For race and ethnicity, participants were asked to self-report their racial and ethnic identities. Participants were asked to report race based using the categories provided in the U.S Census. In addition, in consultation with experts who study race within the Latinx community, categories were created to account for Latinx race (i.e., Trigueño/a, Mestizo/a, Afro-Latinx/e/a/o).

Skin tone. Skin tone was assessed using the NIS Skin Color Scale (Massey & Martin, 2003). The scale ranges from 1 (representing albinism) to 10 (representing the darkest possible skin tone). Each of the 10 points on the scale is represented by identical hands that differ in skin color shades (Fuentes et al., 2021).

Internalized Colorism. Internalization of colorist ideologies was assessed using the In-Group Colorism Scale (ICS) by Harvey et al. (2017). The scale uses five domains to capture personal evaluations: Self-Concept, Affiliation, Attraction, Impression Formation, and Upward Mobility (Harvey et al., 2017). Some of the items included in this scale include: "I am primarily attracted to people of a certain skin tone" and "My skin tone is an important part of my self-concept." Items were modified from "*Black Americans* with lighter skin tone tend to be more pleasant people to deal with" to "*Latinx people* with lighter skin tone tend to be more pleasant

people to deal with." Higher total mean scores represent greater levels of colorist internalization. Confirmatory factor analysis supported the five-domain structure with factor loadings suggesting that the scale adequately captures the subscales of Self-Concept (α = .85), Impression Formation (α = .77), Affiliation (α = .82), Attractiveness (α = .81), and Upward Mobility (α = .91). The scale also demonstrated good convergent validity through significant correlations with related constructs such as racial parental socialization and racial identity. Harvey et al., (2017) also reported strong internal consistency for the total scale (α = .91), indicating high reliability. Among a Latinx sample, M.R Sanchez (2024) reported adequate internal reliability (α = .89) for the overall scale. After performing an exploratory factor analysis, the Cronbach's alpha for the ICS for the current study is α = .81 for the new Social Preference subscale, α = .91 for the Self-Concept subscale, and α =.88 for the Upward Mobility subscale; the total scale score is α = .74.

Skin Color Satisfaction. Skin color satisfaction was assessed using The Skin Color Satisfaction Scale (SCSS; Falconer & Neville, 2000). This scale consists of seven items, four of which were developed by Falconer and Neville (2000) to create a more stable measure of skin color satisfaction. Participants responded to the 4-item scale using a 9-point scale ranging from 1 (*extremely dissatisfied*) to 9 (*extremely satisfied*). Participants will be asked to report how satisfied they are with their skin tone using questions such as "How satisfied are you with the shade (lightness or darkness) of your own skin color?". A total mean score is calculated by summing the scores and dividing by the total number of items used, with greater scores indicating higher levels of skin color satisfaction. Minor changes will be made to the scale to reflect the use of the items with a Latinx population (changing "Compared to the complexion (skin color) of other *African Americans*, I am satisfied with my skin color" to "Compared to the complexion (skin color) of other *Latinx people*, I am satisfied with my skin color". This measure

has demonstrated strong reliability (α = .81, Falconer & Neville, 2000; α = .90, Sissoko et al. 2023; α = .87, Maxwell et al., 2015). After the removal of two items as a result of an Exploratory Factor Analysis, the Cronbach's alpha for the SCSS for the current study is .74

Depression. Self-reported depression was assessed using the Center for Epidemiological Studies- Depression Scale (CES-D; Radloff, 1977). The CES-D contains 20 items that assess depressive symptoms across different dimensions (interpersonal, affective and somatic). Example items include: "My sleep was restless" and "I was bothered by things that usually don't bother me". The CES-D scale has demonstrated strong validity and reliability across diverse populations (Radloff, 1977; Santor et al., 1995; Capielo et al., 2015; Torres 2010). The CES-D has been shown to have significant construct validity with other self-report depression measures (Radloff, 1977; Santor et al., 1995). The scale also has moderate discriminant validity with self-esteem (r = 0.58) and state anxiety (r = 0.44), while demonstrating strong correlation with trait anxiety (r = 0.71; Orme et al., 1986). Several studies have also found that the CES-D has adequate internal consistency, with Torres (2010) reporting an internal consistency of α = .89, Capielo et al. (2015) reporting α = .93, and Fox & Kim-Godwin (2011) reporting α = .90. Studies have also shown that the CES-D effectively works with clinical (α = .90) and nonclinical populations (α = .85; Radloff, 1977). The scale can be analyzed as categories using cut-off scores or using the total mean scores (Capielo et al., 2015; Brown et al., 2023). Given that this study aims to explore the association between colorism and depressive symptoms, the total mean scores were used to complete the analysis. The Cronbach's alpha for the CES-D for the current sample is .74.

Chapter 5: Results

Preliminary Analysis

The 31st version of the SPSS program was used for data analysis. A power analysis was conducted with eight predictors: colorism (five subscales of the In-Group Colorism Scale), gender, skin color satisfaction, and depression symptoms. G*Power calculated that a sample of 160 participants is desired to achieve a power of .95, given $\alpha = 0.05$. Before conducting any analysis, the data were screened for outliers and missing data, as well as skewness, kurtosis, homoscedasticity, and multicollinearity, to ensure that the model fulfilled the conditions and that no statistical assumptions were violated. The findings revealed no outliers, and after the removal of data likely generated by bots[1], there was less than 5% missing data; therefore, given the small amount of missingness, the estimates should not be biased (Allison, 2001). All of the study variables of interest were within the acceptable limits for skewness and kurtosis (i.e., between -2 and 2). The scatterplot of residuals presented a normal pattern, which indicates equal variance. Multicollinearity diagnostic indicated that the VIF range for all predictors was 1.05; therefore, the multicollinearity assumption was not violated (VIF scores < 10). Finally, the means, standard deviations, and correlations for the study variables are presented in Table 2.

Exploratory Factor Analysis for In-Group Colorism Scale

Given that the In-Group Colorism Scale (Harvey et al., 2017) was modified for Latinx populations (see Measures descriptions) and that the scale has been minimally used with Latinx populations, I conducted an Exploratory Factor Analysis (EFA) using principal axis factor extraction with promax rotation to determine the underlying factor structure and examine its

[1] Data categorized as "generated by bots" referred to survey responses that were completed in under five minute and failed the eligibility screening questions yet still proceeded to complete the remainder of the survey. Additionally, responses that were submitted in large quantities within seconds of one another were also flagged as likely bot-generated, rather than completed by human participants.

psychometric properties. Prior to extraction, the data were first evaluated using the Kaiser-Meyer-Olkin (KMO) measure and Barlett's test of sphericity. The current sample has a KMO of .81 and Barnett's test of sphericity, $\chi^2(190) = 2820.739$, $p < .001$, confirming the suitability of the data for factor analysis (Pallant, 2005). Additionally, all diagonals of the anti-image correlation matrix exceeded .50, further supporting the inclusion of all items. Both Cattell's scree test and a parallel analysis using 500 randomly permutated datasets, and a 95th-percentile cutoff of random eigenvalues were used to determine the optimal number of factors that could be extracted and that best represent the underlying structure of the scale. Both Cattell's scree test and the parallel analysis indicated that as many as five factors could be extracted, which aligns with the previous five-factor structure of the In-Group Colorism scale presented by Harvey et al. 2017. Although a five-factor structure was suggested by Harvey et al. (2017), three, four, five, and six-factor solutions were also explored. The three-factor solution demonstrated the most conceptually coherent pattern of loadings and accounted for 52.59% of the variance (see Table 3). Items were retained if they had a factor loading of at least .60 in absolute magnitude and at least .20 separation between the absolute values of the factor loadings.

The factor structure revealed eight nonsignificant loadings and one nonsignificant cross-loading, leading to the removal of 9 items from the In-Group Colorism Scale. Items 9, 10, 11, 12 from the Affiliation (AF) subscale ("I'm usually uncomfortable being around people who are a certain skin tone."; "Most of my friends tend to be the same skin tone"; "I usually choose who I'm going to be friends with by their skin tone"; and "The majority of my current friends are the same skin tone as me"), loaded onto one item but were under the .60 cutoff. Items 6 and 8 from the Impression Formation (IF) subscale ("Latinx people with lighter skin tone tend to be more pleasant people to deal with"; "There are real differences between light-skinned and dark-

skinned people") also did not load strongly. Item 3 from the Self-Concept (SC) subscale ("My skin tone affects my self-esteem") loaded onto Factor 2 with the rest of the Self-Concept items, but was under the .60 cutoff. Similarly, item 17 from the Upward Mobility ("Even if you work really hard your skin tone matters most") loaded onto Factor 3 with the rest of the Upward Mobility items but was under the .60 cutoff. Item 5 from the Impression Formation subscale ("You can tell a lot about a person by their skin tone") cross-loaded between Factors 1 and 2 with loadings under .60.

The remaining 11 items represent the most robust indicators of internalized colorism within this sample of Latinx emerging adults (see Table 3 for factor loading matrix). Three of the original items for the Self-Concept (SC) subscale, which captures how individuals define and evaluate themselves in relation to their skin tone, loaded onto one factor. In addition, three items from the Upward Mobility (UM) subscale, which assesses perceptions of the role that skin tone plays in life opportunities and access to education, income, and occupational advantages, loaded onto one factor. All four of the items from the Attractiveness (AT) subscale, which captures the qualities (e.g., lighter skin) that influence attraction and are desirable within a romantic relationship, loaded onto one factor. One of the original Impression Formation items, which captured the role of skin tone in shaping the impressions people form of others, also loaded onto this factor with Attractiveness. The Impression Formation item was item 7 ("Latinx people with lighter skin tone tend to be more pleasant people to deal with"). Conceptually, the Impression Formation items loaded with the Attractiveness items because these items reflect evaluations of others' social desirability based on skin tone. Furthermore, these evaluations are strongly present with partner preferences and interpersonal relationships, given that both rely on judgments of who is more desirable and agreeable to engage with. This new factor was labeled Social

Preference to account for the underlying role of skin color within romantic relationships and interpersonal evaluations. The Cronbach's alpha for the subscales with the revised model are: α = .81 for the new Social Preference subscale, α = .91 for the Self-Concept subscale, and α =.88 for the Upward Mobility subscale; the total scale score is α = .74.

Exploratory Factor Analysis for Skin Color Satisfaction

Given that the Skin Color Satisfaction scale was also modified for a Latinx population as the scale had not been previously used with a Latinx sample, a second Exploratory Factor Analysis was performed. The extraction was conducted using principal axis factoring with oblimin rotation. The Kaiser-Meyer-Olkin measure of sampling adequacy was .53, which does fall below the recommended cutoff of .60; nevertheless, Bartlett's test of sphericity was significant, $\chi^2(6) = 166.44$, $p < .001$, confirming the suitability of the data for factor analysis. Review of the anti-image correlation matrix showed that item 3 had a value below .50, suggesting it was not well-suited for factor analysis. Both Cattell's scree test and a parallel analysis using 500 randomly permutated datasets, and a 95th-percentile cutoff of random eigenvalues were used to determine the optimal number of factors that best represent the underlying structure of the scale. Both the parallel analysis and the scree test indicated that one factor could be extracted.

Like with the previous EFA, items were retained if they had a factor loading of at least .60 and at least .20 separation between the absolute values of the factor loadings. Although a one-factor structure was suggested, one and two-factor solutions were explored. When a one-factor solution was attempted, the extraction failed because the communality of a variable exceeded 1.0 after 25 iterations; in other words, the one-factor model was not appropriate. A two-factor solution was then explored, which resulted in items 1 and 4 ("Compared to the

complexion (skin color) of members of my family, I am satisfied with my skin color" and "Compared to the complexion (skin color) of other Latinx people, I am satisfied with my skin color) loading strongly on factor 1 (see Table 4 for factor loading matrix). This factor appears to capture satisfaction with one's skin color relative to family and community members. Items 2 and 3 ("I wish the shade of my skin darker" and "I wish my skin was lighter"), which reflected participants' desires for darker or lighter skin, failed to load clearly on either factor, with loadings less than .60. Overall, results suggest that the original items from the Skin Color Satisfaction Scale do not demonstrate strong psychometric properties in this sample. For the purpose of the following moderation analysis, the two items that strongly loaded into factor 1 will be used as a measure of skin color satisfaction. The computed Cronbach's alpha for these items is $\alpha = .74$

Moderation Analysis

Four moderation analyses were conducted using Hayes PROCESS Model 2 in SPSS to test whether the associations between internalized colorism and depressive symptoms were moderated by gender and skin color satisfaction (see Figure 5). The first moderation analysis (Model 1) was conducted using the post-EFA In-Group Colorism total scale; the other three moderation analyses were performed using the IGC subscales (Social Preference, Self-Concept, and Upward Mobility; see Table 5 for moderation analysis).

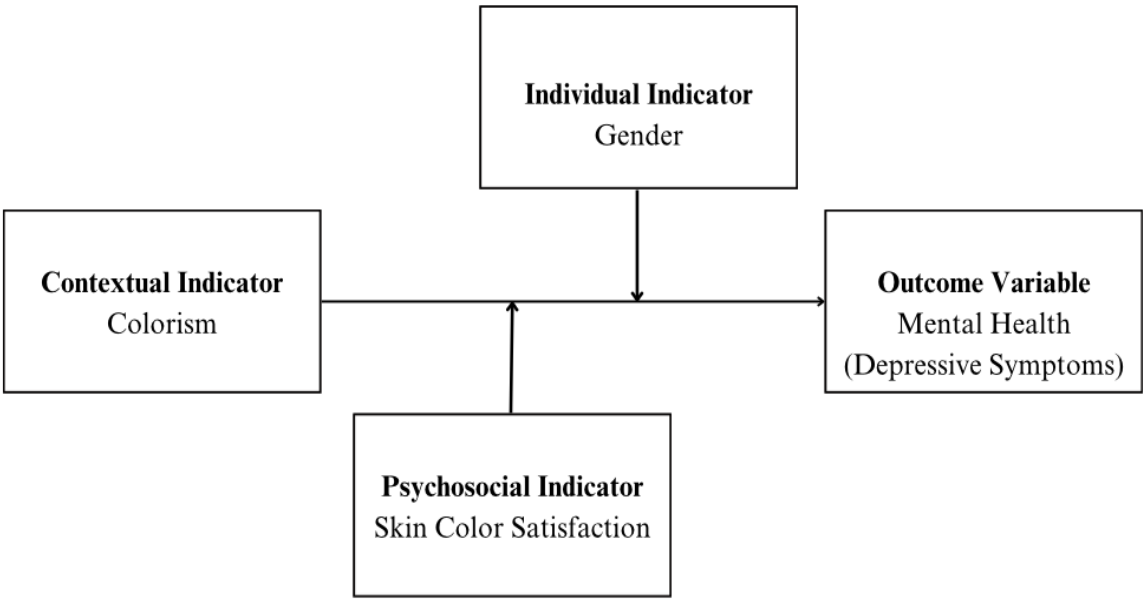

Figure 5. Process Macro Model 2

Model 1 *(In-Group Colorism Scale)*

The first model (Model 1) examined the associations between internalized colorism and depressive symptoms and whether gender and skin color satisfaction moderate this relationship. Model 1 accounted for a significant amount of variance in depressive symptoms R^2 = .051 F (5, 300) = 3.24, p = .007. Internalized colorism was not significantly associated with depressive symptoms (b = -.04, p = .703). The interaction between internalized colorism and gender was not statistically significant (b = -.00, p = .995). Similarly, the interaction between internalized colorism and skin color satisfaction (b = .02, p = .243) was also insignificant. A marginal negative association was found between skin color satisfaction and depressive symptoms (b = -.06, p = .142). Although not statistically significant at the .05 level, this association suggests that lower skin color satisfaction may be related to greater depressive symptoms. Given that the associations between the total In-Group Colorism scale and depressive symptoms were not significant, additional moderation analyses were conducted to provide a more nuanced

understanding of how the individual subscales might be uniquely contributing to depressive symptoms.

Model 2 (*Social Preference*)

The second model (Model 2) examined the associations between social preference and depressive symptoms and whether gender and skin color satisfaction moderate this relationship. This model was not significant R^2 = .028 F (5, 300) = 1.72, p = .131. Social Preference was not a significant predictor of depressive symptoms (b = -.02, p = .767). In terms of the moderators, the interaction between Social Preferences and gender (b = .01, p = .726) and the interaction between Social Preference and skin color satisfaction (b = .003, p = .789) were not significant.

Model 3 (*Self-Concept*)

The third model (Model 3) examined the associations between social preference and depressive symptoms and whether gender and skin color satisfaction moderate this relationship. This model accounted for a significant amount of variance in depressive symptoms R^2 = .035 F (5, 300) = 2.16, p = .058. However, Self-Concept was not significantly associated with depressive symptoms (b = .03, p = .561). In addition, the interaction between Self-Concept and gender (b = -.02, p = .415) and Self-Concept and skin color satisfaction (b = .003, p = .704) was shown to be not significant.

Model 4 (*Upward Mobility*)

The fourth model (Model 4) examined the associations between upward mobility and depressive symptoms and whether gender and skin color satisfaction moderate this relationship. This model accounted for a significant amount of variance in depressive symptoms R^2 = .064 F (5, 300) = 4.10, p = .001. Upward Mobility was not significantly associated with depressive

symptoms (b = -.07, p = .252). The interaction between Upward Mobility and gender was not significant (b = .01, p = .595); however, the interaction with skin color satisfaction was shown to approach significance (b = .01, p = .086), suggesting a potential moderating effect. A conditional effects analysis indicated that the relationship between Upward Mobility and depressive symptoms became stronger at higher levels of skin color satisfaction (b = .07, p = .004).

Additional Exploratory Analysis

Besides the moderation analyses described above, additional exploratory analyses were conducted to explore significant relationships or effects among study variables and demographic participant information. A one-way ANOVA was conducted to examine whether levels of internalized colorism differed across self-identified skin tones (light, medium, dark). Levene's test of homogeneity of variances was not significant (p = .383), suggesting that equal variances assumptions are met. The results of the analysis showed a significant effect of skin tone on internalized colorism, F (2, 303) = 7.42, p = .001, η^2 = .047. Post hoc Tukey HSD comparisons test showed that participants who self-identified with lighter skin tones (M = 2.97, SD = 0.95) reported significantly lower internalized colorism scores than those endorsed by medium (M = 3.26, SD = 0.86; p = .026) and darker skin tones (M = 3.24, SD = 0.70; p = .001). While the difference between the lighter skin group differs from the medium and darker skin groups, the difference between the medium and darker skin groups was not statistically significant (p = .083).

Chapter 6: Discussion

This study sought to advance the existing literature on colorism by examining the effects of internalized colorism on the Latinx community and whether gender and skin color satisfaction shape this relationship. Overall, the study of colorism within the Latinx community is limited,

with Latinx scholars calling for the consideration of race and skin color within the psychological literature that examines the mental and physical health among the Latinx population (Adames et al., 2016; Cuevas et al., 2016; Fuentes et al., 2021; Sanchez, 2021). The findings of the Exploratory Factor Analyses suggest that the construct of internalized colorism and skin color satisfaction may be more complex and culturally specific than what the existing measures were designed to capture, further reinforcing the call to action expressed by scholars. Furthermore, unlike previous studies that have demonstrated a link between colorism and negative mental health outcomes such as depressive symptoms (Hunter, 2007; Mena et al., 2020; Ramos et al., 2003; Telzer and Garcia, 2009), this study did not find significant associations between internalized colorism and depressive symptoms, and gender and skin color satisfaction were also not found to moderate this relationship. These mixed findings may suggest that there may be existing differences in how colorism manifests among Latinx individuals compared to those observed in other racial or ethnic groups (Mena et al., 2020; Monk, 2021; Ramos et al., 2003; Telzer and Garcia, 2009), further highlighting the need to develop measurement tools that more accurately capture the experiences of Latinx individuals with this phenomenon.

These findings should also be considered within the context of the emerging adulthood developmental phase, a period spanning from ages 18 to 30, which is characterized by milestones such as identity exploration, transitions, and an increased focus on self-concept (Arnett, 2014). During this period, emerging adults may continue to develop and integrate aspects of their racial and ethnic identity, as well as physical appearance (Phinney, 2006). For Latinx emerging adults, this period may involve increased awareness of racialized and color-based social messages as they navigate educational, interpersonal, and institutional spaces (Mena, 2022). Given this,

internalized colorism during emerging adulthood may be variably experienced and expressed, which could also be helpful in the contextualizing of the patterns observed in the present study.

Contrary to prior findings linking colorism to adverse psychological outcomes (Bonilla-Silva, 2009; Hunter, 2012), this study did not find a significant association between internalized colorism and depressive symptoms. One possible explanation that could help conceptualize these findings is that internalized colorism may manifest in ways that are not directly aligned with depressive symptoms. Instead, internalized colorism may influence other domains of psychological functioning, such as self-esteem and body image, as it has been shown in prior studies (Maxwell et al., 2015; Thomson & Keith, 2001). Another possible consideration for the nonsignificant association could be reflective of measurement limitations. The In-Group Colorism Scale (Harvey et al., 2017) was designed to assess the internalization of colorist ideologies by members of the African American community. Given this, the scale items may not fully capture the historical and sociocultural nuances of how race and skin color are understood within the Latinx community, ultimately limiting their ability to accurately reflect the ways Latinx individuals experience internalized colorism. Colorism within Latin America is intertwined with notions of *mestizaje* (racial mixing), proximity to European ancestry, and *blanqueamiento* whitening practices, all of which may influence how individuals internalize these messages. Therefore, the lack of a significant relationship could point to the importance of developing relevant measures of colorism that capture the Latinx experience, rather than an absence of internationalized colorism among this sample.

This study also explored the role of gender as a moderator for the relationship between internalized colorism and depressive symptoms, with findings suggesting that gender did not significantly moderate the relationship. Surprisingly, these findings differed from prior research

that suggests that due to the social and cultural pressures related to appearance and skin tone, internalization of colorist ideologies would be greater for women of Color (Hunter, 2002; Codina and Montalvo, 1994). One possible consideration for these diverging findings could be the range of participants' skin tone in this study, with only 11.1% of participants identifying as having darker skin tones. This limited variability in skin tone representation may have reduced the likelihood of detecting gender-based differences, especially considering the ways colorism may manifest differently for lighter and darker-skinned individuals (Hunter, 2002; Keith & Herring, 1991). Another explanation is that the measures used in this study do not capture the different ways that Latinx women and men could be experiencing internalized colorism. For example, while internalization of colorism for women may be centered around beauty standards, men may experience it through perceived economic mobility, highlighting that the experience of colorism is present but potentially different. These findings continue to highlight the need for more nuanced approaches to studying gendered colorism and the development of tools that consider key aspects such as sociocultural contexts within the Latinx community.

Given the central role of skin color within the study of colorism, this study also sought to explore the influence of skin color satisfaction on the relationship between internalized colorism and depressive symptoms. Overall, no significant findings emerged. When the individual subscales of the In-Group Colorism Scale were examined separately, the interaction between upward mobility and skin color satisfaction approached significance, suggesting a potential moderating effect between Upward Mobility and depressive symptoms. Interestingly, this association was stronger for those who reported higher skin color satisfaction. These findings differ from previous literature that has linked greater skin color satisfaction with improved psychological well-being and overall appearance satisfaction (Bond & Cash, 1992; Falconer &

Neville, 2000; Sissoko et al., 2023). One interpretation is that the subscale could have been tapping into participants' awareness of structural inequalities related to skin tone. Particularly, the framing of the items could have captured participants' understanding of how lighter skin is often tied to increased educational and occupational opportunities and advantages. The results could also suggest that participants with greater skin color satisfaction are more attuned to the ways in which colorism shapes access and availability to opportunities. These nuanced findings continue to complicate the assumption that higher skin color satisfaction is directly aligned with positive mental health outcomes (Maxwell et al., 2015). Through the use of qualitative approaches, future studies should continue to explore these dynamics in order to capture how Latinx individuals conceptualize and make sense of skin color satisfaction as well as inequities related to skin tone. In addition, modifying and creating measurements that consider the inclusion of items that reflect, for example, cultural beauty norms within the Latinx community could be helpful in conceptualizing skin color satisfaction within the Latinx community.

Given that previous studies have found differences between lighter and darker-skinned individuals within the context of mental and physical health, occupational status, and education (Borrell, 2005; Hunter, 2008; Monk, 2021; Ruiz et al., 2016), additional analyses were conducted to examine whether similar patterns emerged within this sample of Latinx emerging adults. The ANOVA analysis revealed significant differences in internalized colorism based on skin tone. Specifically, participants who self-identified with lighter skin tones endorsed less internalized colorist ideologies compared to their medium and darker skin counterparts. These findings align with prior literature that suggests that individuals with darker skin tones are more often exposed to skin color discrimination, potentially promoting the internalization of negative societal messages tied to colorism (Hunter, 2007; Monk, 2015). These patterns may be

particularly salient during emerging adulthood, a period in which individuals may be increasingly exposed to social comparison and systemic factors that reinforce the effects of colorism. However, given how some of the scale items for the In-Group Colorism Scale are framed, another interpretation for the higher endorsement of colorism among medium and darker-skinned participants could be that these items may reflect participants' awareness of inequalities resulting from knowledge of colorism and colorist experiences rather than internalization of colorist beliefs. In other words, the higher endorsement of these items could be a reflection of participants' recognition of these inequalities rather than endorsement of colorist ideologies. Overall, these findings underscore the need for future research to explore the distinction between internalization and awareness of colorism within the Latinx community.

Strengths and Limitations

The present study contributes to a limited body of work focused on the impact of internalized colorism on the Latinx community as an important factor linked to mental health among Latinx emerging adults. One contribution of the study was the psychometric evaluation of existing colorism and skin color measures. In particular, the exploration of the In-Group Colorism Scale (Harvey et al., 2017) for a sample of Latinx emerging adults was valuable given that this measure, and much of the existing literature, have not been centered around Latinx populations. Second, this study examined internalized colorism among a sample of Latinx emerging adults, a population that has been historically understudied in the psychological literature of colorism. Focusing on emerging adults is particularly important given that this developmental period may represent a critical time during which internalized beliefs about skin tone and race continue to be shaped by the sociocultural environment. In addition, examining variables such as gender and skin color satisfaction allowed for an intersectional exploration of

how individual and psychosocial factors intersect to shape mental health outcomes among this sample of Latinx emerging adults.

This study also included several limitations that are important to consider. There is an understanding of the existence of colorism within the Latinx community; however, there is a lack of understanding of how colorism operates within the community and the impact that it has (Adames et al., 2016; Cuevas et al., 2016; Fuentes et al., 2021; Sanchez, 2021). The findings of this study further suggest that the current colorism and skin color measures are not effectively capturing the experiences of Latinx populations or the complex racialized history that influences this community's experiences with colorism. Second, a cross-sectional design was used, which means that causal claims cannot be made from the results of the study. A longitudinal study could instead be used to provide further insight into the long-term effects of internalized colorism on mental health outcomes. For example, future research could focus on following Latinx individuals from emerging adulthood into later adulthood to examine any changes in the psychological and physical impact of internalized colorism. Third, the sample only consisted of Latinx emerging adult students from a U.S. Mid-Atlantic university, which is not representative of the broader Latinx emerging adult population or the broader Latinx population. Future studies should include larger sample sizes for stronger generalizability and conceptualization of the impact of colorist experiences across Latinx ethnic groups and skin color ranges.

Recommendation for Research and Practice

Based on the results from the present study, several recommendations for research and clinical practice can be made. First, in terms of research, further efforts need to be made to create and validate culturally responsive measures of colorism and skin color for Latinx populations. The validation of the modified In-Group Colorism Scale could be an initial point of exploration;

however, additional work is needed to establish measures that capture the effects of this phenomenon within the Latinx population. In addition, the limited psychometric strength of the Skin Color Satisfaction Scale further demonstrates that measures need to be developed or adapted to more effectively capture the nuances of skin tone within the Latinx community. Qualitative research could particularly be useful in developing themes and categories for the process of scale development.

The findings of this study also have implications for mental health professionals working with Latinx populations. These findings highlight the need for colorism to be recognized as a significant sociocultural factor that serves as a systemic force of oppression and actively affects the well-being of Latinx individuals. The observed differences in internalized colorism across skin tone groups suggest that individuals with darker skin tones may be disproportionately affected by skin color discrimination. Given the potential psychological implications of this, practitioners should make an effort to center skin color as a salient factor in their assessment, interventions, and overall therapeutic work. Through a multicultural perspective, this focus could allow practitioners to address the adverse psychological effects that stem from internalized colorism, experiences of skin color discrimination, and racial/ethnic trauma.

Conclusion

While the findings of this study resulted in limited significant findings, the present research does contribute to a more nuanced understanding of how internalized colorism operates among Latinx emerging adults. Although some patterns align with prior studies, others continue to show the complexity of how colorism intersects with individual and psychosocial factors such as gender and skin color satisfaction. These results continue to highlight the need to develop culturally responsive measures that capture colorist experiences within the Latinx community.

Nevertheless, these findings contribute to the growing body of literature seeking to deepen the understanding of how colorism manifests within the Latinx community and its broader implications for the mental and physical well-being of Latinx individuals.

Appendix A: Extended Literature Review

The Latinx community is the largest community of Color in the United States; nevertheless, little research has explored the impact of colorism among the Latinx emerging adult population, which represents a large and growing subset of this population. This review examines the empirical and theoretical literature relevant to the impact of colorism on communities of Color, especially the Latinx community. I begin by providing a brief historical overview of colorism in Latin America and how the creation of a caste system based on skin color and phenotypic traits has shaped colorists' ideologies. I also explore the legacy of slavery in the United States and its role in establishing a skin color hierarchy within the African American community. I then review Borrell's (2005) Framework for the Effect of Race on Latinx Health and Well-Being (FERLHW), which conceptualizes the impact of race on the health and well-being of Latinx individuals. Finally, I review the existing literature that explores the impact of colorism among the variables of interest for this study: gender, skin color satisfaction, and mental health outcomes.

Historical Perspective of Colorism in Latin America (1492 - Current)

The roots of colorism in Latin America stem from systems of colonialism and racism that can be traced to the colonial caste system, which instituted social and racial hierarchies by prioritizing Whiteness and marginalizing Indigenous and African peoples (Charles 2021, Chaves-Dueñas et al 2014).

Conquest & Colonial Period

The conquest period is characterized as one of the most violent periods in Latin American history, marked by the arrival of the Spanish Conquistadors in the Caribbean and their subsequent movement Westward to Mexico and South America (Chavez Dueñas, 2014; Soler

Castillo & Pardi Abril, 2009). The Spaniards encountered established native populations such as the Tainos, Mayans, Aztecs, and Incas, whose languages, belief and spiritual systems, and social structures were labeled as "savage and primitive." These beliefs laid the groundwork for the centuries of systemic social and racial inequalities that continue to impact Latin American society to this day (Chavez-Dueñas et al., 2014; Charles, 2021).

During the colonial period, the Spaniards were a dominating force in Latin America and introduced a caste system that was based on skin color and phenotypic characteristics. With the genocide of Indigenous Peoples due to diseases, inhumane labor conditions, and mistreatment, began the need for new laborers, establishing the presence of the slave trade and with this the importation of 11.2 million Africans to the Americas (Gates, 2011; Russell-Cole et al, 2013). The *casta* emerged from the introduction of African slaves, the forced integration of Indigenous Peoples, and the presence of White colonists. This system deliberately placed the Spaniards and their descendants (Criollos) at the top at the expense of Indigenous and African groups. (see Figure 6; Chaves-Dueñas et al., 2014; Soler Castillo & Pardi Abril, 2009). This hierarchy determined access to rights, education, and opportunities, reinforcing systemic inequalities (Charles 2021, Chaves-Dueñas et al 2014).

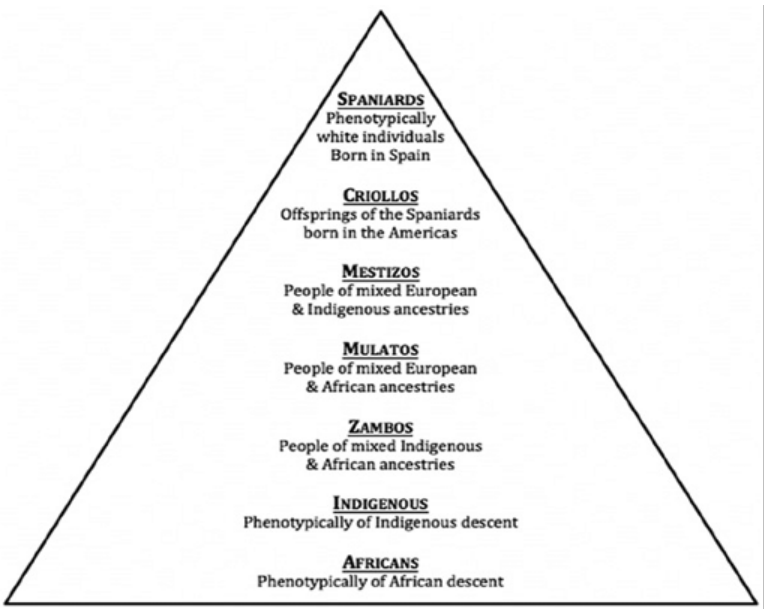

Figure 6. Latin American Social Caste Pyramid (LASCP; Chaves-Dueñas et al. 2014)

Post-Colonial Period

Throughout the postcolonial era, ideologies based on White superiority and eugenics were created to further establish inequality and a system of racial and social hierarchy. *Mestizaje*, an ideology asserting everyone's mixed descent, was a primary tactic employed by the Spaniards to downplay the advantages linked to visibly White traits. An important goal of *mestizaje* was to create a culturally homogenous society through the assimilation of Indigenous and African people. *Mestizaje* left an ongoing legacy throughout Latin America, most notably the belief in "*blanqueamiento*" or "whitening policies," which were practices used to "*mejorar la raza*" or improve the race (e.g., interracial breeding, encouraging European immigration; Andrews, 2016). The legacy of skin color in Latin America has undoubtedly shaped colorist ideologies affecting the livelihood of AfroLatinx communities throughout Latin America and beyond. In particular, mestizaje racial ideologies have furthered the invisibility of Afrolatinx individuals and

communities by discouraging identification with skin color and instead equating race with nationality or cultural heritage (Adames et al., 2016; Castillo & Abril, 2009; Sanchez, 2021).

Historical Perspective of Colorism in the United States (1492-1930)

As in Latin America, the history of colorism in the United States has also been largely shaped and linked to the institution of European conquest, colonialism, and slavery. Similar to Latin America, the decimation of the Native American population through disease and annihilation led to the importation of slave labor of approximately 450,000 African slaves to the United States to meet the labor demands of the plantation system (Frazier, 1995). Assimilation and intermixing of the races, often through violent acts of colonial domination such as rape, established a large population of mixed raced individuals called *mulattos* (Frazier, 1995). White attitudes towards the mulatto population established a skin-color hierarchy that informed anti-Black practices and colorism both within and between racial groups (Russell et al. 1992).

With the emancipation period, as distinctions between the social status of slaves and free Blacks diminished, light-skinned Blacks increasingly practiced social closure through color homogamy, which involved the intermarriage of mulattos. However, as Whites grew concerned about Black individuals gaining power and influence, they sought to reinforce a strict racial divide through measures such as the one-drop rule and Jim Crow laws, which ultimately erased 'mulatto' as a recognized racial category by 1930, in contrast to Latin America's *mestizaje* and whitening policies (Dixon & Telles, 2017).

In conclusion, colorism in Latin America and the United States is a complex issue with deep-rooted connections to the legacy of slavery, colonialism, and racism. Social, economic, and political systems reinforce the effects of colorism as a skin color hierarchy, creating further divisiveness and disparities within communities of color. The effects of colorism are still evident

today, underscoring the need for research that explores how the internalization of colorist ideas impacts mental health among Latinx emerging adults.

Theoretical Framework

In recent years, scholars have called for the consideration of race and skin color within the psychological literature that explores physical and mental health among the Latinx community (Adames et al., 2016; Cuevas et al., 2016; Fuentes et al., 2021; Gomez, 2008; Sanchez, 2021). Much of the reasoning for this revolves around the concern that the Latinx community has been studied as a homogenous group, often failing to consider the racial diversity of the community and the broader implications of this in a racialized American society. The psychological study of the Latinx community as a "racial monolith" has contributed to the narrative that Latinx individuals of different races and skin colors experience similar health outcomes (Cuevas et al., 2016). This assumption fails to take into account the role of colorism in providing privileges and disadvantages on the basis of skin color (Borrell, 2005; Cuevas et al., 2016). Borrell's (2005) Framework for the Effect of Race on Latinx Health and Well-Being (FERLHW) addresses this gap by conceptualizing the implications of race on Latinx health and well-being.

Borrell's (2005) FERLHW provides a conceptual model that illustrates how on the basis of race, health disparities are created and exacerbated in the Latinx community. This framework posits that race operates alongside individual, psychosocial, and contextual factors to shape health and well-being outcomes for Latinx individuals. At the individual level, factors such as gender influence health by providing or restricting access to resources and opportunities. At the psychosocial level, experiences and processes such as racial discrimination and skin color satisfaction interact with skin color to impact psychosocial dimensions of health. At the

contextual level, systemic forces of oppression like racism and colorism shape the broader social structures that influence the health outcomes of Latinx individuals (Borrell, 2005; Cuevas et al., 2016; Sanchez et al., 2024).

This study adapts Borrell's (2005) model to explore how colorism (contextual), gender (individual), and skin color satisfaction (psychosocial) influence depressive mental health outcomes among Latinx emerging adults. Gender serves as an individual factor as it accounts for the ways in which colorism affects men and women differently. Skin color satisfaction represents a psychosocial factor, accounting for how this psychological process of self-evaluation are impacted by colorist experiences. As a by-product of racism, colorism serves as a contextual factor by perpetuating social structures of inequality that influence health outcomes. By incorporating these variables onto Borrell's (2005) framework, this study aligns with a growing body of research that underscores the significance of skin color within the Latinx population and explores its influence on health disparities within the community. The following discussion provides a description of the known associations between the variables outlined above and their interaction with mental health among Latinx individuals.

Colorism (Contextual Factor)

At the contextual level, Borrell's (2005) framework highlights how societal structures like racism promote inequalities and shape health outcomes among Latinx individuals. As a by-product of racism, colorism serves as a contextual indicator as it operates within the social structures that influence health and well-being outcomes among communities of Color, further promoting systemic inequities. By privileging and valuing lighter skin tones and Eurocentric features over darker skin tones and Afrocentric features, systemic disadvantages arise for darker-skinned and AfroLatinx individuals (Charles, 2021). Psychological literature has highlighted

how these disadvantages manifest within structural factors such as employment, housing, and education (Centeno et al., 2023; Hunter, 2012, 2008; Pearson-Trammell 2010; Pew Research Center, 2021). In a chapter entitled, *The Cost of Color: What We Pay for Being Black and Brown*, Hunter (2008) highlights the steep price that dark-skinned African American and Latinx individuals pay for their skin color. In terms of employment, light-skinned African Americans and Mexican Americans have been found to earn a higher income than their darker-skinned counterparts even when accounting for similar backgrounds (Hunter, 2008). In terms of education, research has highlighted the educational disparities that exist among the Mexican American population, with lighter-skinned Mexican Americans completing about 1.5 more years of formal education than darker-skinned Mexican Americans (Hunter, 2008). In terms of housing, Logan (2003) found that darker-skinned Latinxs and non-Latinx Blacks live in similar segregated areas, often isolated from White neighborhoods. According to Borrell (2005), these intersecting structural inequities in education, employment, and housing perpetuate a cycle of disadvantages that limits access to resources critical for health and well-being among Latinx individuals. Considering that these disadvantages are in part driven by colorism, I aim to capture the mental health experiences of Latinx emerging adults beyond a monolithic frame by considering the interplay of contextual, individual, and psychosocial factors.

Gender (Individual Factor)

At the individual level, Borrell's (2005) model posits that characteristics such as SES, marital status, and gender can influence health outcomes in the Latinx community. This ties to the current psychological understanding of colorism as it suggests that cisgender women and men experience colorism differently, with darker-skinned women disproportionately experiencing the effects of this phenomenon (Hunter 2012). Borrell's framework helps us

understand this by suggesting that gender amplifies the effects of colorism by shaping the opportunities and disadvantages tied to skin tone. Further, Latinx emerging adults' skin color and other phenotypic features associated with colorism could have a significant impact on how they experience privileges and disadvantages (Cuevas et al., 2016; Sanchez et al., 2024). The psychological literature on colorism suggests that this disparity is further exacerbated by gender, with lighter-skinned Latinx emerging adult women benefiting from greater access to resources and privileges linked to the social capital afforded by their proximity to Whiteness (Hunter, 2002). The opposite may be experienced by darker-skinned Latinx emerging adults, especially women, who may also face compounded disadvantages due to colorism and gender discrimination, resulting in reduced access to opportunities and greater vulnerability to adverse mental health outcomes (Hunter, 2007; Russell et al., 1993; Thomson & Keith, 2001). Overall, as an individual factor, gender is expected to influence access to resources, opportunities, and social capital, which in turn shape physical and mental health outcomes for Latinx emerging adult cisgender women and men. Considering this, understanding how gender intersects with colorism is important to advancing mental health research within the Latinx community.

Colorism research suggests that women of Color disproportionately experience the effects of the phenomenon due to societal beauty expectations that reinforce the value of lighter skin and Eurocentric phenotypic traits (Hunter, 2002; Russell et al. 1993; Thomson & Keith, 2001). While men of Color also face social pressures related to physical appearance, societal beauty standards are closely aligned with the experiences of women of Color, as adhering to these ideals serves as a form of social capital that could facilitate upward mobility and access to resources (Norwood, 2015). Given the influence of colorism and beauty standards, studies have examined the impact of these on women of Color. Mathews and Johnson (2015) explored how

colorism impacted African American women's life outcomes in terms of self-esteem and levels of social capital. Women with darker complexions agreed that society values Whiteness and features associated with European beauty standards over darker complexions (Mathews & Johnson, 2015). Although no significant differences were found in relation to social capital between participants of different skin colors (light, medium, and dark), participants' acknowledgment that "lighter" equals "valuable" adds to our complex understanding of how beauty is defined through a Eurocentric lens has been historically used as a source of social capital.

In a similar fashion, Hunter (2002) explored the impact of skin color on Mexican American and African American women's life outcomes. Unlike Mathews and Johnson (2015), this study reported that lighter skin did influence social capital and privilege in terms of education and income. Specifically, lighter-skinned Mexican American women were shown to gain an additional year of schooling compared to their darker-skinned counterparts. The study also found significant disparities in terms of income, with very light-skinned African American women earning more than $2,600 more annually than their darker-skinned counterparts even when controlling for similar backgrounds. These results illustrate the impact of social beauty norms in shaping perceptions and reinforcing Whiteness as a source of social capital based on the possession or acquisition of Eurocentric features (Hunter, 2002).

Beyond the influence of beauty standards, research suggests that darker-skinned women of Color experience the effects of colorism more severely since they bear the compounded weight of racism, sexism, and colorism (Hunter, 2002; Russell et al., 1993; Thomson & Keith, 2001). Hall and Crutchfield (2018) explored the mental health consequences of colorist experiences on African American women. African American women with darker skin reported

frequent feelings of inadequacy and the need to work harder to counteract biases. Similar negative consequences have been found with Latinx women. Uzogara (2019) explored the association between skin tone and discrimination and found that medium and darker-skinned Latinx women reported higher rates of discrimination. Among immigrant Latinx women, Telzer and Garcia (2009) found that those with darker skin tones showed a tendency to internalize negative societal standards, often expressing desires to alter their appearance to align with Eurocentric ideals.

Although the implications of colorism have been largely studied with women of Color, there is limited literature that points to the negative effects of colorism on men of Color (Hill, 2002; Reece, 2021; Thomson & Keith 2001). Alexander and Carter (2022) found that African American men who disliked their skin tone and internalized racist views of African Americans experienced increased anxiety and depression. Furthermore, Reece (2021) investigated income stratification within the African American community and found that light-skinned men possess higher incomes than dark-skinned African American men and women. The authors suggest that light-skinned African American men hold "dual advantages" in that they are provided privileges through colorism by being a light skin person of color and also by being men in a patriarchal society, while darker-skinned Black men cannot escape the disadvantages that come with having a darker skin tone. Similar patterns have been found within the Latinx community, with lighter-skinned individuals reporting higher income, lower unemployment, and lower poverty rates than darker-skinned individuals (Hunter, 2007; Fears, 2003).

The existing literature suggests that colorism influences life outcomes for both cisgender women and men, affecting various structural and psychosocial domains ranging from educational attainment to self-esteem and health outcomes (Hunter 1998, 2002; Reece, 2021; Thomson &

Keith 2001). The psychological literature, however, has yet to fully understand the mechanics of this phenomenon, especially as it pertains to how colorism impacts Latinx women and men. Therefore, this study aims to contribute to the understanding of how gender influences the relationship between the internalization of colorism and mental health outcomes among Latinx emerging adults.

Skin Color Satisfaction (Psychosocial Factor)

At the psychosocial level, Borrell's (2005) framework highlights how psychological and social influences interact with race (skin color) to adversely impact health outcomes among Latinx individuals. As a psychosocial factor, skin color satisfaction reflects the psychological and social processes through which individuals perceive and experience their skin color. In other words, skin color satisfaction captures the degree to which individuals internalize societal skin color preferences.

Although the psychological literature on skin color satisfaction is limited, there is some evidence that points to the adverse effects of skin color dissatisfaction on individuals' mental and physical health. Particularly, among the African American community, higher levels of skin color satisfaction have been linked with greater self-esteem and health outcomes, while dissatisfaction has been associated with negative self-perceptions (Bond & Cash, 1992; Falconer & Neville, 2000; Parker, 2024). For example, Falconer & Neville (2000) explored the influence of skin color satisfaction on body image perceptions among African American college women and found that those who reported lower skin color satisfaction also indicated lower overall appearance satisfaction. Similarly, using a longitudinal approach, Parker (2024) explored how skin color satisfaction in adolescence influenced health outcomes during adulthood. Consistent with previous research that suggests that self-reported skin color satisfaction was associated with

satisfaction in terms of body image (Bond & Cash, 1992) and overall appearance (Falconer & Neville, 2000), the authors reported that greater skin color satisfaction was associated with improved self-esteem. While research on emerging adults is limited, Wang et al., (2022) found that among 604 Mexican-origin adolescents, skin color satisfaction was associated with positive psychological outcomes including development of resilience, especially among youth with darker skin colors. Although the associations described by these studies are complex and require further investigation, it does highlight the influence of skin color satisfaction. In addition, considering the impact of skin color satisfaction on self-evaluations and different dimensions of health, it is important to consider how this psychosocial factor interacts with individual factors and structural forces such as colorism to impact mental health outcomes. Within this context, Borrell's (2005) framework provides a valuable lens to explore how systemic privileging of Whiteness and the internalization of these colorist ideologies impact mental health among Latinx emerging adults.

As a byproduct of racism, colorism perpetuates hierarchies that influence internalized beliefs about skin tone. Maxwell et al. (2015) found that African American college students who reported higher levels of internalized racism also experienced greater dissatisfaction with their skin color. Likewise, Alexander and Carter (2022) reported that cisgender men and women experienced less skin color satisfaction as internalized racism increased. These findings suggest that societal messages about race and beauty contribute to self-perceptions of skin color and overall well-being. While much of this work has focused on African American communities, the Latinx community is also subject to colorist ideologies that reinforce Whiteness as the standard of beauty. Latinx individuals are often socialized with ideals that privilege Whiteness and Eurocentric features, perpetuated through messages and practices that uphold colorist standards

(Rivero et al., 2024; Adames et al., 2016). Understanding how these messages shape internalized colorism and mental health is crucial for expanding research on skin color satisfaction to other communities of color.

Historically, assumptions regarding skin color satisfaction have suggested a direct relationship between darker skin tones and lower skin color satisfaction due to the privileging of Whiteness and Eurocentric beauty standards. Nevertheless, empirical studies on skin color satisfaction have produced mixed findings that do not conclusively support these assumptions (Maxwell et al., 2015). For example, among a sample of African American college students, Bond & Cash (1992) explored skin tone preferences and body image perceptions among African American college students. The authors found that participants who desired a different skin tone reported a preference for lighter shades. Despite these reported preferences, no clear association between skin tone and satisfaction was found, as participants across various skin tones expressed satisfaction with their skin color. Similarly, Coard, Breland, and Raskin (2001) reported that among a sample of African American college students, participants preferred medium brown skin tones. In addition, lighter-skinned participants reported lower levels of satisfaction compared to their darker-skinned counterparts (Coard, Breland, and Raskin, 2001). These findings challenge common assumptions about skin color satisfaction and highlight the need for research that captures its nuances, particularly among communities of Color.

Given the gap in the literature, this study aims to deepen the understanding of skin color satisfaction as a psychosocial factor that influences mental health. The limited research available, particularly on Latinx populations, highlights the complexity of this relationship. This study builds on these findings to examine how skin color satisfaction shapes mental health outcomes among Latinx emerging adults.

Depressive Symptoms (Health Outcomes)

The emerging adulthood stage is marked by significant changes that can contribute to increased anxiety and depressive symptoms (Arnett et al., 2014; Kranzler et al., 2019; Thornhill et al., 2021). Based on national data from the Substance Abuse and Mental Health Services Administration (SAMHSA, 2021), emerging adults in the United States reported a greater prevalence of major depressive disorder (18.6%) than any other age group. Among Latinx emerging adults, 12.8% reported experiencing a major depressive episode and 6.4% reported having a serious mental illness (SAMHSA, 2018). Borrell's (2005) model suggests that some of the stressors related to these adverse mental health outcomes are related to systemic inequities such as racism, colorism, and racialized experiences (Viruell-Fuentes et al., 2012; Sanchez et al., 2024). Although there is plenty of evidence that associates race with psychological well-being, very little is known of the role of skin color (lightness or darkness) in shaping mental health outcomes among Latinx emerging adults. The psychological literature suggests that Afro-Latinx individuals are more likely to experience discriminatory experiences such as microaggressions and negative stereotypes (Ayala & Young, 2022; Brown et al., 2022; Vasquez, 2010). According to Borrell's (2005) model, these experiences, in combination with structural systems of inequalities, work together to impact psychological well-being. Telzer and Garcia (2009) found that among a sample of Latinx college women, those with darker skin reported overall lower self-perceptions (self-esteem and attractiveness) as well as a desire to change their skin color to be lighter. These findings suggest that Latinx emerging adults could experience adverse mental health problems such as depression as a consequence of internalizing colorist ideologies. Understanding how individual, psychosocial, and contextual factors impact the prevalence of

depressive symptoms is critical given current gaps in the psychological literature that explores colorism within Latinx emerging adults.

As a byproduct of racism and colonialism, colorism functions to reinforce racialized hierarchies where lighter-skinned individuals receive advantages and privileges that are not equally afforded to those with darker skin tones (Adames et al., 2016; Chaves-Dueñas et al. 2014). Psychological research within the African American community has highlighted the adverse effects of colorism not just on economic and social factors but also on the physiological effects of this skin color hierarchy (Dixon & Telles, 2017; Keyes et al., 2020; Monk, 2021). Primarily, these findings point to the increased risk of depression, anxiety, psychological distress, and even cardiovascular diseases as a result of experiencing and internalizing colorism (Dixon & Telles, 2017; Keyes et al., 2020, Mok, 2021). Within Latinx communities, though the understanding of colorism is limited, there is some evidence that links discrimination and internalization of colorist beliefs to lower self-esteem, greater depressive symptoms, and psychosocial stress (Centeno, 2019; Codina and Montalvo, 1994; Napoleón, 2023). Codina and Montalvo (1994) especially highlight that darker-skinned U.S.- born Mexicans reported higher levels of depressive symptoms compared to their lighter-skinned counterparts. In addition, research that has explored the mental health of AfroLatinx individuals has found high rates of depressive symptoms within this community (Mena et al., 2020; Ramos et al., 2003). Considering that previous studies point to high prevalence rates of depression among the Latinx community (27%; Lerman et al., 2018), it is important to consider how systemic forces of inequality, like colorism, may contribute to this ongoing mental health disparity.

As previously discussed, Latinx individuals are often exposed to language that labels Whiteness and European beauty standards as the ideal, while Blackness and Afrocentric features

are devalued (Adames et al., 2016; Chaves-Dueñas et al., 2014). Rivero et al. (2023) examined how internalization of beauty standards communicated by family members influenced depressive symptoms in Latinx women. Using a sample of emerging Latinx women, the authors reported a significant positive relationship between the internalization of negative messages relating to beauty standards and Latinx women's depressive symptoms. Although Rivero and colleagues (2023) investigated the internalization of beauty standards primarily through messages about eating and weight, the authors recommend further investigating how messages concerning skin color and phenotypic features may impact depressive symptoms among Latinx individuals. While psychological research has established the impact of discrimination on depression among Latinx emerging adults (Cano et al., 2016; Rahman et al., 2022), the role of colorism remains particularly limited and therefore this study hopes to address Rivero's et al. (2023) recommendation by exploring how the internalization of colorist ideals impacts depressive symptoms among Latinx emerging adults. Given that Latinx emerging adults' development is influenced by messages about race, ethnicity, and beauty standards, it is important to understand how internalized colorism may contribute to their mental health outcomes.

Conclusion

Overall, the psychological literature on colorism highlights the impact that this phenomenon can have on communities of color on various factors ranging from socioeconomic opportunities to mental and physical well-being. While much of the existing research has focused on the African American experience, this has laid the foundation for understanding the nuances and consequences of colorism. Nevertheless, there are significant gaps in the literature, particularly regarding the Latinx community, a community with a complex racialized history and extensive skin color diversity. In addition to this gap, the colorism literature has also failed to

fully understand the dynamics of gender and how colorism presents and impacts individuals differently based on gender. Furthermore, the psychological process of skin color satisfaction can provide insights into how individuals internalize societal messages about skin color and, ultimately, the mental health consequences of colorism. To address these gaps, future research must examine how individual and psychosocial factors, such as gender and skin color satisfaction, impact mental health outcomes in the face of colorism. Such work is essential to better understanding the unique experiences of communities of Color, including the Latinx community.

Appendix B: Eligibility Form

Please enter your age: _____ (*dropdown menu was provided from 17 years or older to 31+)*

(If participants indicated ages outside of 18-30 to the question above, participants will be directed to the end of the survey.)

(Display if participants indicate ages between 18-30 to the question above.)

Are you of Latina/o/x/e descent or Hispanic?

- ☐ No
- ☐ Yes

(Display if they indicate Yes to the question above.)

You indicated that you are of Latina/o/x/e or Hispanic descent. Please select the country your family has lineage/heritage from in Latin America (select all that apply).

- ☐ Argentina
- ☐ Belize
- ☐ Brazil
- ☐ Bolivia
- ☐ Chile
- ☐ Colombia
- ☐ Costa Rica
- ☐ Cuba

- Dominican Republic
- El Salvador
- Ecuador
- Guatemala
- Guyana
- Haiti
- Honduras
- Mexico
- Nicaragua
- Panama
- Paraguay
- Peru
- Suriname
- Uruguay
- Venezuela

(Displayed if they indicate identifying as Latina/o/x/e or Hispanic descent)

Do you wish to participate?

- Yes
- No

(*The rest of the survey will be displayed if they indicated Yes to the question above and if they meet all the eligibility criteria*).

If the participant indicated No to the question above or did not meet the eligibility criteria, the following message will appear: **You indicated that you do not wish to participate in the study or that the eligibility criteria were now met. Therefore, the rest of the survey will not be administered. Thank you for your time and interest in participating in our study.**

Appendix C: Demographic Information

Please enter your age? _____

Which of the following best describes your gender identity?

- ☐ Gender non-binary, gender diverse, gender expansive
- ☐ Woman
- ☐ Trans woman
- ☐ Trans man
- ☐ Man
- ☐ I describe my gender identity as (please specify): _____

How would you identify your sexual orientation/sexual identity?

- ☐ Asexual
- ☐ Bisexual
- ☐ Homosexual/Gay/Lesbian
- ☐ Heterosexual/Straight
- ☐ Pansexual
- ☐ Queer
- ☐ Questioning or unsure
- ☐ None of these best describe my sexual orientation (please specify):_____
- ☐ Decline to state

Which of the following describes your racial identity? (Please select all that apply)

- [ ] Asian/ Asian American
- [ ] Black/African American
- [ ] White/ European American
- [ ] Native/ Native American/ Indigenous People
- [ ] Native Hawaiian/Pacific Islander
- [ ] Multiracial/Biracial
- [ ] I describe my racial identities as (please specify): _____

If you identify as Latinx/e/a/o/Hispanic, how would you describe your racial identity? (Select all that apply)

- [ ] Afro-Latinx/e/a/o
- [ ] Indigenous Latinx/e/a/o
- [ ] White Latinx/e/a/o
- [ ] Mestizo/a
- [ ] Mulato/a
- [ ] Trigüeño/a
- [ ] Indio/a
- [ ] Moreno/a
- [ ] I describe my racial identities as (please specify): _____

Please identify your ethnic identity: _____

Please identify your nation of origin. _____

How would you identify your immigrant generation in the U.S?

- 1st generation (not born in the U.S.)
- 2nd generation (born in the U.S. to immigrant parents)
- 3rd or higher generation (parents born in the U.S.)

What is your household's yearly income level?

- Less than $10,000
- $10,000 and $20,000
- $20,000 and $30,000
- $30,000 and $40,000
- $40,000 and $50,000
- $50,000 and $60,000
- $60,000 and $70,000
- $70,000 and $80,000
- $90,000 and $100,000
- $100,000- $150,000
- Greater than $150,000

Below is a scale used to measure skin tone. Please indicate the number corresponding to the image that best indicates ***your*** skin tone.


1 2 3 4 5 6 7 8 9 10

Appendix D: Informed Consent Form

Institutional Review Board
1204 Marie Mount Hall ● 7814 Regents Drive ● College Park, MD 20742 ● 301-405-4212 ● irb@umd.edu

CONSENT TO PARTICIPATE

Project Title	*Colorist Realities: The Role of Gender and Skin Color Satisfaction in the Associations Between Colorism and Mental Health Among Latinx Emerging Adults*
Purpose of the Study	*This research is being conducted by **Génesis Genao, B.A.** at the University of Maryland, College Park. This work is being supervised by Delida Sanchez, Ph.D. Associate Professor in the Department of Counseling, Higher Education, and Special Education. We are inviting you to participate in this research project because you identify as Latinx/a/o/e or Hispanic. Also, you are between the ages of 18-30 and you can provide a unique perspective on the issues assessed in this survey. The purpose of this research project is to better understand the colorism experiences of Latinx college students and the mental health implications of this.*
Procedures	*If you provide consent to participate in this study, you will be asked to complete a brief (20-30 minutes), one-time online survey. The survey will be conducted using Qualtrics and will include a brief eligibility questionnaire, a demographic questionnaire, measures assessing colorism and mental health, along with some open-ended questions asking about participant experiences. Example items will ask your level of agreement with the following statements: "My skin tone affects my self-esteem", and "Skin tone affects how much money you can make."* *If you choose to participate in this study, you will enter a raffle for a chance to win one of fifty, $15 gift card.*
Potential Risks and Discomforts	*There are no known risks to participating in this study. However, you may experience discomfort while answering some questions. You may choose to skip any questions you do not wish to answer. Additionally, you may choose to withdraw from this study at any time.*

Potential Benefits	*There are no direct benefits from participating in this research. We hope that this study increases the understanding of how systemic forces of discrimination like colorism impact the Latinx community.*
Confidentiality	*Any potential loss of confidentiality will be minimized by storing the data on password protected computers that can only be accessed by the researcher (Génesis Genao). The online survey will be accessed through a secure link, and you will be asked to read and indicate consent before proceeding. Your name will not be associated with your responses to the study.* *At the end of the survey, if you are interested in entering the raffle for a $15 gift card for your participation, you will be automatically directed to a link that brings you to a different survey where you will enter your full name and UMD email. This form will be separate from the survey and your name and email will not be linked to your survey responses. The identifiable data will be deleted after gift cards are distributed.*
Right to Withdraw and Questions	*Your participation in this research is completely voluntary. If you decide to participate in this research, you may stop participating at any time. You may also choose not to take part at all. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify. If you are an employee or student at the University of Maryland, your academic standing as a student or employability at UMD will not be affected by your participation or non-participation in this study.* *If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the investigator:* ***Génesis Genao*** ***ggenao@umd.edu***
Participant Rights	*If you have questions about your rights as a research participant or wish to report a research-related injury, please contact:* University of Maryland College Park Institutional Review Board Office 1204 Marie Mount Hall College Park, Maryland, 20742 E-mail: irb@umd.edu Telephone: 301-405-0678

	For more information regarding participant rights, please visit: https://research.umd.edu/research-resources/research-compliance/institutional-review-board-irb/research-participants *This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.*	
Statement of Consent	*By clicking 'I agree', you indicate that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction, and you voluntarily agree to participate in this research study. You may print/download/save a copy of this consent form.* *If you agree to participate, please select "I agree".*	
Consent and Date	☐ **I AGREE**	
	☐ **DECLINE**	
	DATE	

Appendix E: In-Group Colorism Scale (ICS; Harvey et al., 2017)

Below is a list of statements. Please choose the response that best applies to you.

1	2	3	4	5	6	7
Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree

Self-Concept								
1.	My skin tone is an important part of my self-concept.	1	2	3	4	5	6	7
2.	My skin tone is an important component of who I am.	1	2	3	4	5	6	7
3.	My skin tone affects my self-esteem.	1	2	3	4	5	6	7
4.	My skin tone is a big part of my identity.	1	2	3	4	5	6	7
Impression Formation								
5.	You can tell a lot about a person by their skin tone.	1	2	3	4	5	6	7
6.	Latinx people with lighter skin tone tend to be more pleasant people to deal with.	1	2	3	4	5	6	7

7. Dark-skinned people are more difficult to work with.	1	2	3	4	5	6	7
8. There are real differences between light-skinned and dark-skinned people.	1	2	3	4	5	6	7
Affiliation							
9. I'm usually uncomfortable being around people who are a certain skin tone.	1	2	3	4	5	6	7
10. Most of my friends tend to be the same skin tone.	1	2	3	4	5	6	7
11. I usually choose who I'm going to be friends with by their skin tone.	1	2	3	4	5	6	7
12. The majority of my current friends are the same skin tone as me.	1	2	3	4	5	6	7
Attractiveness							
13. I'm primarily attracted to people of a certain skin tone.	1	2	3	4	5	6	7
14. I prefer light skin over dark complexion skin when choosing romantic interests.	1	2	3	4	5	6	7
15. I prefer a romantic partner who has the same skin tone as me.	1	2	3	4	5	6	7
16. Lighter skin tone makes others more attractive.	1	2	3	4	5	6	7
Upward Mobility							

17. Even if you work really hard, your skin tone matters most.	1	2	3	4	5	6	7
18. Skin tone plays a big part in determining how far you make it.	1	2	3	4	5	6	7
19. Skin tone effects how much money you can make.	1	2	3	4	5	6	7
20. If you want to get ahead, you have to be the right skin tone.	1	2	3	4	5	6	7

Appendix F: The Skin Color Satisfaction Scale (SCSS; Falconer & Neville, 2000)

Please rate the extent to which you agree with the following statements. There is no right or wrong answer. Please answer openly and honestly.

1	2	3	4	5	6	7	8	9
Strongly Disagree	Disagree	Moderately Disagree	Mildly Disagree	Neither Agree nor Disagree	Mildly Agree	Moderately Agree	Agree	Strongly Agree

Compared to the complexion (skin color) of members of my family, I am satisfied with my skin color	1	2	3	4	5	6	7	8	9
I wish the shade of my skin was darker	1	2	3	4	5	6	7	8	9
I wish my skin was lighter	1	2	3	4	5	6	7	8	9
Compared to the complexion (skin color) of other Latinx people, I am satisfied with my skin color	1	2	3	4	5	6	7	8	9

Appendix G: Center for Epidemiological Studies-Depression Scale (CED-D; Radloff, 1977)

Please read each question carefully and select the choice to indicate how you felt or behaved during the past week, including today.

0	1	2	3
Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)

During the past week…				
1. I was bothered by things that usually don't bother me	0	1	2	3
2. I did not feel like eating; my appetite was poor	0	1	2	3
3. I felt that I could not shake off the blues even with help from my family and friends	0	1	2	3
4. I felt that I was just as good as other people	0	1	2	3
5. I had trouble keeping my mind on what I was doing	0	1	2	3
6. I felt depressed	0	1	2	3
7. I felt that everything I did was an effort	0	1	2	3
8. I felt hopeful about the future	0	1	2	3
9. I though my life had been a failure	0	1	2	3
10. I felt fearful	0	1	2	3

11. My sleep was restless	0	1	2	3
12. I was happy	0	1	2	3
13. I talked less than usual	0	1	2	3
14. I felt lonely	0	1	2	3
15. People were unfriendly	0	1	2	3
16. I enjoyed life	0	1	2	3
17. I had crying spells	0	1	2	3
18. I felt sad	0	1	2	3
19. I felt that people disliked me	0	1	2	3
20. I could not get “going”	0	1	2	3

Appendix H: Compensation Survey

If you are interested in entering a raffle for a $15 gift card, please provide your email below.

Please enter your email: _____

Appendix I: Open-Ended Questions

The following questions ask about your personal experiences, observations, and reflections. There are no right or wrong answers, please answer as openly and honestly as you feel comfortable.

1. Have you been discriminated against or treated differently because of your skin color? If so, can you describe an experience?

2. In what ways have you seen colorism *(discrimination based on skin color or phenotypic features, including hair texture or facial features*) show up within your family, school, or social environments?

3. Have you felt pressure to hide or change aspects of your appearance (e.g., skin color, hair texture, facial features) to fit in or feel accepted? If so, can you describe the experience?

4. Do you believe that women and men experience colorism differently in the Latinx community? Why or why not?

5. How satisfied are you with your skin color? What factors have influenced this satisfaction?

6. How have your experiences related to skin color or appearance impacted your mental health or well-being?

Table 1

Participant Demographics

Variable	Frequency	Percent
Ethnic Background		
Mexican	43	14.1%
Central American	95	31.06%
South American	66	21.6%
Spanish Caribbean	27	8.9%
Mixed (two or more Latinx/o/e groups)	70	22.9%
Unspecified	5	1.6%
Race		
Asian/Asian American	3	1.0%
Black/African American	15	4.9%
White/European American	126	41.2%
Native/Native American/Indigenous People	20	6.5%
Native Hawaiian/Pacific Islander	1	0.3%
Multiracial/Biracial	103	33.66%
Other	38	12.4%
Gender		
Women	218	71.2%
Men	88	28.8%
Sexual Orientation		
Asexual	3	1.0 %
Bisexual	49	16.0%
Heterosexual/Straight	208	68.0%
Homosexual/Gay/Lesbian	10	3.3%
Pansexual	6	2.0%
Queer	10	3.3%
Questioning or Unsure	10	3.3%
Decline to state	7	2.3%
None of these best describe my sexual orientation (please specify):	3	1.0%
Generational Status		
1st Generation	55	18.0%
2nd Generation	207	67.6%
3rd or Higher Generation	44	14.4%
Socioeconomic Status		
Less than $10,000	13	4.2%
$10,000 and $20,000	13	4.2%
$20,000 and $30,000	20	6.5%
$30,000 and $40,000	36	11.8%
$40,000 and $50,000	22	7.2%
$50,000 and $60,000	22	7.2%
$60,000 and $70,000	20	6.5%

$70,000 and $80,000	30	9.8%
$90,000 and $100,000	24	7.8%
$100,000- $150,000	56	18.3%
Greater than $150,000	50	16.3%
Skin Color		
		
1	16	5.2%
2	78	25.5%
3	104	34.0%
4	74	24.2%
5	24	7.8%
6	10	3.3%

*Note. In terms of generational status, 1st Generation refers to being born outside of the U.S., 2nd Generation refers to one or both of a participants' parents being born outside of the U.S., and 3rd Generation refers to one or both of a participants' parents, grandparents, or great-grandparents being born in the U.S. Given the various ethnic, racial, sexual, and gender identifications in this sample, I opted to provide the most common categories for clarity of presentation.

Table 2

Correlation Table

Variable	*M*	*SD*	1	2	3
1.Colorism (ICS)	3.21	.90	--	.220**	.120*
2.Skin Color Satisfaction (SCSS)	6.07	1.65	.220**	--	-.050
3.Depression (CES-D)	2.03	.35	.120*	-.050	--

** Correlation is significant at the .01 level (2-tailed).

Table 3

Results from an Exploratory Factor Analysis with Promax Rotation of the In-Group Colorism Scale (IGS; Harvey et al., 2017)

IGC Scale Item	Factor Loading		
	1	2	3
Factor 1: Social Preferences; Eigenvalue= 4.32, & Variance = 21.63%			
14. I prefer light skin over dark complexion skin when choosing romantic interests. (AT)	**.747**	-.119	-.122
16. Lighter skin tone makes others more attractive. (AT)	**.696**	-.074	.007
15. I prefer a romantic partner who has the same skin tone as me. (AT)	**.666**	-.061	.009
13. I'm primarily attracted to people of a certain skin tone. (AT)	**.624**	-.035	.005
7. Dark-skinned people are more difficult to work with. (IF)	**.618**	.091	-.089
10. Most of my friends tend to be the same skin tone. (AF)	.552	-.006	.055
11. I usually choose who I'm going to be friends with by their skin tone. (AF)	.552	.009	.095
12. The majority of my current friends are the same skin tone as me. (AF)	.520	-.062	.049
6. Latinx people with lighter skin tone tend to be more pleasant people to deal with. (IF)	.495	.141	-.140
9. I'm usually uncomfortable being around people who are a certain skin tone. (AF)	.412	.111	.166
8. There are real differences between light-skinned and dark-skinned people. (IF)	.393	.097	.137
Factor 2: Self-Concept; Eigenvalue= 2.98, & Variance = 14.93%			
2. My skin tone is an important component of who I am. (SC)	-.046	**.905**	-.025
4. My skin tone is a big part of my identity. (SC)	-.030	**.871**	.003
1. My skin tone is an important part of my self-concept. (SC)	-.044	**.843**	.002
3. My skin tone affects my self-esteem. (SC)	.041	.552	.018
Factor 3: Upward Mobility; Eigenvalue= 1.89, & Variance = 9.48%			
5. You can tell a lot about a person by their skin tone. (IF)	.324	.387	.029
18. Skin tone plays a big part in determining how far you make it. (UM)	-.012	-.018	**.899**
19. Skin tone effects how much money you can make. (UM)	-.087	-.038	**.856**
20. If you want to get ahead, you have to be the right skin tone. (UM)	.051	.009	**.775**

17. Even if you work really hard, your skin tone matters most. (UM)	.093	.063	.521

Principal axis factoring with promax rotation was used as the extraction method. Factor loadings above .60 are in bold.

Table 4

Results from an Exploratory Factor Analysis with Oblimin Rotation of the Skin Color Satisfaction Scale (SCSS; Falconer & Neville, 2000)

SCSS Item	Factor Loading	
	1	2
Factor 1: Skin Color Satisfaction Compared to Others; Eigenvalue= 1.39, & Variance = 34.75%		
1. Compared to the complexion (skin color) of members of my family, I am satisfied with my skin color	**.814**	.106
4. Compared to the complexion (skin color) of other Latinx people, I am satisfied with my skin color	**.683**	-.372
Factor 2: Desire for Skin Tone Change; Eigenvalue= .200, & Variance = 5.00%		
2. I wish the shade of my skin was darker	-.131	.331
3. I wish my skin was lighter	-.033	-.221

Principal axis factoring with Oblimin rotation was used as the extraction method. Factor loadings above .45 are in bold.

Table 5

Moderation Table

	B	*SE*	*t*	*p*
Model 1: Total Scale				
Outcome: Depressive Symptoms				
Predictor: Internalized Colorism	-.036	.093	-.382	.703
Interaction 1 (Int. Col. X Gender)	-.000	.049	-.006	.995
Interaction 2 (Int. Col. X Skin Color Satis.)	.016	.013	1.17	.243
Model 2: Social Preference				
Outcome: Depressive Symptoms				
Predictor: Social Preference	-.023	.077	-.296	.767
Interaction 1 (Soc. Pref. X Gender)	.013	.037	.351	.726
Interaction 2 (Soc. Pref. X Skin Color Satis.)	.003	.010	.268	.789
Model 3: Self-Concept				
Outcome: Depressive Symptoms				
Predictor: Self-Concept	.031	.054	.582	.561
Interaction 1 (Self-Con. X Gender)	-.022	.027	-.816	.415
Interaction 2 (Self-Con. X Skin Color Satis.)	.003	.007	.380	.704
Model 4: Upward Mobility				
Outcome: Depressive Symptoms				
Predictor: Upward Mobility	-.067	.058	-1.14	.252
Interaction 1 (Upward Mob. X Gender)	.014	.027	.532	.595
Interaction 2 (Upward Mob. X Skin Color Satis.)	.014	.008	1.72	.086

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