Body Image 46 (2023) 246–255

Contents lists available at ScienceDirect

Body Image

journal homepage: www.journals.elsevier.com/body-image

Investigating the role of perceived ingroup and outgroup colourism on body image and wellbeing among Black, Asian, and other racialised/ethnic minority groups living in the UK

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ARTICLE INFO

Article history:
Received 15 December 2022
Received in revised form 15 June 2023
Accepted 15 June 2023
Available online 24 June 2023

Keywords:
Colourism
Body Image
Psychological distress
United Kingdom
Objectification theory
Minority stress theory

ABSTRACT

Colourism is a form of prejudice and discrimination based on skin shade, disadvantaging people of colour with darker skin. This study investigates the relationship between perceived colourism, body image, and psychological wellbeing, considering perceived colourism from the ingroup (people of the same racialised group) and the outgroup (white people). A total of 516 Black, Asian, and other racialised/ethnic minority adults living in the UK (56.8 % women) completed an online survey. Using structural equation modelling, we tested a theoretically informed model: ingroup and outgroup colourism were predictors, body image and psychological distress were outcomes, and skin shade satisfaction and surveillance were hypothesised mediators. The model provided a good fit to the data. Ingroup colourism was related to lower skin shade satisfaction and higher skin shade surveillance, which in turn related to worse body image and greater psychological distress. Outgroup colourism was related to higher skin shade surveillance, which in turn was associated with worse body image. Outgroup colourism was directly associated with greater psychological distress. Results showed perceived colourism was associated with worse body image and psychological distress among people of colour in the UK. Therefore, colourism should be considered in the development of societal-, community-, and individual-level body image interventions.

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1. Introduction

Colourism refers to a specific and insidious form of prejudice and discrimination based on a skin shade hierarchy that disadvantages people of colour with dark skin (Hunter, 2007). Colourism operates at a societal, interpersonal, and individual level (Charles, 2021; Harvey et al., 2017). At the societal level, light skin is widely promoted as a symbol of beauty, femininity, and higher social class by media, advertising, and the global beauty industry (Jha, 2015; Mitchell, 2020). In addition, people of colour with dark skin experience greater discrimination in education, healthcare, the judicial system, and other social institutions compared with peers with light skin from the same racialised group (Crutchfield et al., 2022; Monk, 2021; Slaughter-Acey et al., 2019). At the interpersonal level, qualitative studies highlight evidence of colourism in the form of preferential treatment, colourist comments, and teasing within families, among peers, and in romantic contexts (Abrams et al., 2020; Hall, 2017; Phoenix & Craddock, 2022; Wilder & Cain, 2011). Unsurprisingly, at the individual level, colourist narratives can be internalised by people of colour, affecting their self-worth and sense of belonging (Harvey et al., 2017).

Given that colourism is embedded within societal appearance standards and is widely perpetuated within communities (Jha, 2015), experiences of colourism stand to have a detrimental impact on people of colour's body image. Negative body image – that is, being dissatisfied and preoccupied with one's appearance – is associated with many adverse consequences ranging from poor mental health, the avoidance of certain health promoting behaviours (e.g., attending check-ups) and engagement in risky behaviours (e.g., smoking), as well as compromised quality of life (Griffiths et al., 2016). Importantly, while body size and shape has been prioritised in the body image literature, there is increasing recognition that

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https://doi.org/10.1016/j.bodyim.2023.06.010
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characteristics such as skin shade are highly salient to how people of colour perceive, monitor, and evaluate their appearance (e.g., Awad et al., 2015; Goel et al., 2021; Harper & Choma, 2019). While these studies acknowledge colourism as a precursor to skin shade dissatisfaction, they do not quantitatively test the association between colourism and body image. Therefore, understanding how perceived colourism affects body image among a multi-ethnic sample in the UK stands to contribute to the literature on colourism and body image. Furthermore, acknowledging that colourism can be perpetrated by white people as well as people of the same racialised group (Hannon, 2015), it is valuable to explore whether the relationship between colourism on body image and psychological wellbeing differs when colourism is perceived from white people to when it is perceived from people of the same racialised group.

1.1. Theoretical explanations underpinning the relationship between colourism, body image, and wellbeing

Minority stress theory (Meyer, 1995) has been used in conjunction with *objectification theory* (Fredrickson & Roberts, 1997) to examine the role of discriminatory experiences on body image and psychological wellbeing in different minority/marginalised groups. Minority stress theory (Meyer, 1995) is an important framework delineating the relationship between experiences of discrimination and wellbeing. The theory posits that experiences of marginalisation (i.e., discrimination, stigma, sociocultural prejudice) are a consequence of having a devalued social identity and are unique stressors that precipitate mental and physical health concerns (Meyer, 1995). It stands that when experiences of marginalisation are cued by appearance, minority stress may specifically impact body image.

Minority stress theory is relevant for people of colour (including Black, Asian, Arab, 'Mixed' and 'other' ethnic groups) in the UK, a majority (86%) white nation (Census, 2011). People of colour living in the UK may experience minority stressors related to racism specific to their ethnic minority group, and people of colour with dark skin may experience additional stress based on their skin shade. Indeed, consistent with minority stress theory, studies indicate that perceived racism (Paradies et al., 2015) and perceived colourism (Craddock et al., 2022; Monk, 2021; Oh et al., 2021) are associated with worse health-related outcomes.

Objectification theory is a well-established feminist theory that connects sexually objectifying experiences (e.g., exposure to sexualised media images or catcalling) to negative body image (e.g., body dissatisfaction or shame) and psychological symptomatology (e.g., depressive symptoms). These in turn are associated with unhealthy body control behaviours (namely, disordered eating) to "compensate" for perceived flaws (Fredrickson & Roberts, 1997). Objectification theory posits that, in response to objectifying experiences, women start to objectify themselves; that is, view themselves from an external perspective through the prism of society's rigid and unrealistic appearance standards (Moradi, 2011). Self-surveillance, the behavioural manifestation of self-objectification, is characterised by habitually monitoring one's own body in an effort to meet sociocultural appearance standards.

Objectification theory is increasingly supported across diverse populations, albeit with some modifications (Moradi & Huang, 2008; Schaefer et al., 2018). For example, while most research testing objectification theory focuses on surveillance of, and subsequent dissatisfaction with, body size and shape, Buchanan et al. (2008) tested an extended version of objectification theory with African American women, focusing on skin colour. They found that skin shade surveillance was associated with increased skin shade dissatisfaction, and in turn, body dissatisfaction. Subsequent studies (e.g., Choma & Prusaczyk, 2018; Harper & Choma, 2019) also highlight the relevance of skin shade surveillance in testing objectification theory among women of colour, finding that it is associated with worse body image and mental health. However, experiences of perceived colourism are not directly tested in these studies.

Other relevant extensions of objectification theory have included racism when considering racialised minority groups' body image and psychological wellbeing (Moradi, 2013). In a pan-theoretical model of dehumanisation, which draws on minority stress and objectification theory, Moradi (2013) posited that discrimination, stigma, and objectification operate simultaneously to harm the health of people from marginalised and minority groups with negative health consequences. In turn, studies have provided empirical support for including racism within expanded models of objectification theory when examining body image and wellbeing among racialised minority people (e.g., Cheng, 2014; Cheng et al., 2017; Kelly et al., 2015; Velez et al., 2015; Watson et al., 2013). For example, in a study of Asian American women, exposure to racism was associated with lower self-esteem and increased appearance ideal internalisation. In turn, those with lower self-esteem and higher internalisation reported more body dissatisfaction (Cheng, 2014). Similarly, Velez et al. (2015) found that racism was directly associated with greater depressive symptomology and body shame among Latina women living in the US. Such associations are not limited to women, with Kelly et al. (2018) finding that perceived racism was associated with disordered eating among African American and Latino men as well as among Asian American men who reported a low sense of belonging to their ethnic group.

Taken together, evidence supports the inclusion of stressors related to racism as contexts of objectification for people of colour. Colourism can be conceptualised as a specific form of racialised discrimination as well as a unique minority stressor in a UK context. In line with Moradi's (2013) pan-theoretical model of dehumanization, people of colour with dark skin can experience unique dehumanisation. As a result, they can feel simultaneously hyper-visible and invisible, in addition to feeling fetishized in society by people of the same racialised group and by white people (Awad et al., 2015; Phoenix & Craddock, 2022; Watson et al., 2019). Importantly, studies indicate that men also experience, and are affected by, colourism (Keyes et al., 2020; Phoenix & Craddock, 2022). Therefore, an examination of the impact of perceived colourism on body image and wellbeing among an ethnically diverse, gender inclusive sample of people of colour living in the UK is warranted.

1.2. Study aims and hypothesised model

In response to calls for research to consider unique stressors that may influence body image and wellbeing among people of colour (Brady et al., 2017; Moradi, 2011), this study aimed to investigate the relationship between perceived colourism, body image, and related health outcomes among people of colour living in the UK. Using tenets of both objectification and minority stress theories, this study aimed to test theoretically relevant mediators and moderators in a hypothesised model.

Study hypotheses were pre-registered [https://osf.io/gq7hb/]. All hypotheses except one are included in this paper and there are two notable adjustments from the pre-registration and the current manuscript which are detailed in the methods section.

Consistent with existing research on perceived discrimination in general (for a review, see Schmitt et al., 2014) and perceived colourism in particular (Craddock et al., 2022), we hypothesised that self-reported experiences of colourism would be negatively associated with body esteem and positively related to psychological distress (Hypothesis 1). That is, those who perceived more colourism would evaluate their appearance less favourably and would report greater psychological distress. In line with an expanded model of objectification theory, we also hypothesised that skin shade satisfaction and skin shade surveillance would help explain these relationships. That is, skin shade satisfaction and skin shade

surveillance would mediate the hypothesised relationships between perceived colourism, body image, and psychological distress (Hypothesis 2). We anticipated that those who perceived more colourism would be less likely to be satisfied with their skin shade and more likely to engage in surveillance of their skin shade (i.e., monitoring, comparing, and assessing of the shade of their skin). In turn, we expected that people who reported lower skin shade satisfaction and higher skin shade surveillance would report worse body image and greater psychological distress.

This study also aimed to explore whether there are differences in how colourism is associated with wellbeing outcomes depending on whether it originates from one's own racialised group (the ingroup) or from white people (the outgroup). We did not make a priori hypotheses in the pre-registration. However, emerging research (Craddock et al., 2022; Monk, 2021; Oh et al., 2021) indicates that perceived colourism from individuals' ingroup is more potent than perceived colourism from white people with respect to other physical and mental health-related outcomes. Therefore, we wanted to explore whether this was also the case with body image and psychological wellbeing. Finally, we also considered whether the model operated in the same way for women and men as a supplementary exploratory research question to the pre-registration.

2. Method

2.1. Procedure

The study received institutional ethical approval from the University of the West of England's faculty ethics committee and was pre-registered on the Open Science Framework [https://osf.io/gq7hb/]. Registration includes further details on study recruitment, materials, hypotheses, and the statistical analysis plan.

An a-priori power analysis run with Soper's SEM power calculator (Soper, 2021) found that a minimum sample size of 256 participants was necessary to detect medium effect sizes (r = 0.3) considering 80% power,0.05 alpha error, 7 observed variables, and 3 latent variables (established a-priori). As this paper is part of a wider project on everyday colourism in the UK, a larger sample was recruited.

The study was advertised on social media platforms (specifically, Twitter and Instagram) as well as Prolific (www.prolific.co), a research crowdsourcing platform. Interested individuals who met the eligibility criteria (1. identifying as a person of colour, 2. living in the UK, and 3. being 18 years or over) were invited to take part in a brief anonymous online survey hosted on Qualtrics (https://www.qualtrics.com/uk/). After responding to three screening questions to verify their eligibility, participants were presented with study information and a privacy notice. Then, participants were asked to provide digital consent before completing a series of demographics questions and the study measures. At the end of the survey, participants were invited to complete an optional free-text response box on how they found taking part in the study. Participants recruited via social media had the opportunity to enter a draw to win one of five £ 50 online shopping vouchers if they completed a second survey required for the scale validation component of the wider project. Prolific participants were paid based on a rate of £ 8.28 per hour.

2.2. Participants

A total of 547 people of colour living in the UK completed the survey, 94.3 % (n = 516) of whom provided complete data. Given that less than 10 % of the data was missing (Bennett, 2001) and the analyses were sufficiently powered to run with 516 participants, the hypothesised models were tested based on complete cases only,

Table 1
Participants' demographics characteristics (N = 516).

Characteristic	*N*	%
Gender		
Woman	293	56.8
Man	217	42.1
Non-binary	5	1
Another gender identity	1	0.2
Sexual Orientation		
Asexual/Greysexual	3	0.6
Bisexual/Pansexual	37	7.2
Gay/Lesbian	13	2.5
Heterosexual	450	87.2
Another sexual orientation	5	1.0
Prefer not to say	8	1.6
Relationship Status		
Single	255	49.4
In a romantic relationship(s)	112	21.7
Married/ Civil partnership	139	26.9
Divorced	8	1.6
Another relationship status	2	0.4
Country of birth		
United Kingdom	388	75.2
Outside the UK	112	21.7
Africa	31	6.1
Angola, Egypt, Ghana, Kenya, Nigeria, Seychelles, Sierra Leone, Somalia, South Africa, Sudan, Zambia, Zimbabwe		
East Asia	12	2.4
China, Hong Kong, Japan, Macau, South Korea		
South Asia	28	5.5
Afghanistan, Bangladesh, India, Pakistan, Nepal, Sri Lanka		
Southeast Asia	16	3.2
Brunei, Malaysia, Vietnam, Philippines, Singapore		
West Asia	4	0.8
Armenia, Saudi Arabia, UAE		
Europe	11	2.2
Austria, France, Germany, Ireland, Italy, Portugal, Spain		
Latin America	4	0.8
Mexico, Peru, Venezuela		
North America	6	1.2
Bermuda, Jamaica, USA		
Country not specified	8	1.4
Ethnicity		
Arab	6	1.2
Asian or Asian British	293	56.8
Bangladeshi	37	7.2
Chinese	21	4.1
Indian	109	21.1
Pakistani	88	17.1
Another Asian background	38	7.4
Black or Black British	87	16.9
Black African	59	11.4
Black Caribbean	26	5.0
Another Black background	2	0.4
Mixed Heritage	106	20.5
Asian & Black Caribbean	1	0.2
Asian & White	35	6.8
Black African & White	16	3.1
Black Caribbean & White	35	6.8
Another Mixed background	19	3.7
Another ethnic background	20	3.9
Prefer not to say	4	0.8
Religion		
Buddhist	10	1.9
Christian	102	19.8
Hindu	39	7.6
Muslim	167	32.4
No religion or belief	148	28.7
Another religion of belief	35	6.8
Prefer not to say	15	2.9
Employment		
Employed	379	73.3
Unemployed	31	6.1
Student	94	18.2
Other	12	2.4
Education		
GCSE or vocational level 2 and equivalents	34	6.6
A-Level or vocational level 3 and equivalents	97	18.8

(*continued on next page*)

Table 1 (*continued*)

Characteristic	*N*	%
Higher Education Diploma	26	5.0
Foundation Degree	9	1.7
Undergraduate Degree	220	42.6
Postgraduate Degree	122	23.6
Prefer not to say	4	0.8
None of the above	4	0.8

avoiding potential bias related to data imputation (Graham, 2003; White & Carlin, 2010). All the SEM assumptions were met.

This study is based on data from 516 people of colour (56.8 % women) living in the UK (56.8 % Asian, 16.9 % Black, 20.5 % Mixed, 3.9 % Other ethnic background), aged between 18 and 61 years (M = 29.92, SD = 8.98). The demographic breakdown by racialised group broadly reflects statistics reported in the last UK Census in 2011. Three-quarters (75.2 %) of the sample were born in the UK. Full participant demographics including specific self-reported ethnic group, sexual orientation, and SES variables are reported in Table 1.

Of the 516 participants, 55% (n = 284) were recruited from Prolific. Significantly more men were recruited via Prolific (n = 198) than via social media (n = 19), χ^2 = 195.50, p < .001. There was also a significantly higher proportion of Black participants in the Prolific sample (n = 63) compared with the social media sample (n = 24) χ^2 = 12.77, p < .001 but there was not a significant difference between the respective Prolific and social media samples based on the proportion of Asian (χ^2 = 0.88, p = .347) or Mixed-Race (χ^2 = 1.93, p = .165) participants. In addition, participants recruited on Prolific were significantly younger (M_{age} = 29.3 years) than those recruited via social media (M_{age} = 30.7) as indicated by a Mann-Whitney Test, z = −3.05, p = .002. There were no significant differences between groups based on self-reported skin shade (t (514) = −0.10, p (two-sided) = 0.919).

2.3. Measures

2.3.1. Predictor variable

2.3.1.1. Perceived colourism. The Everyday Colourism Scale (ECS; Craddock et al., 2022) is a newly developed 16-item scale based on the Everyday Discrimination Scale (Williams et al., 1997) designed to measure perceived experiences of subtle and more overt prejudice based on a hierarchical stratification of skin shade disadvantaging people of colour with dark skin. Participants are asked to complete the scale twice; once based on how they perceive they are viewed or treated by people of the same racialised group as them (the ingroup) and once based on how feel they are viewed or treated by white people (the outgroup). Example items include "[insert participant's self-identified ethnic/racialised group OR white people] treat me with less respect than they do other [insert participant's ethnicity] people who have lighter skin" and "[insert participant's self-identified ethnic/racialised group OR white people] make fun of my skin shade". Each item is scored on a scale of 1 = *Never*, to 5 = *Always*, with higher mean scores indicating more perceived colourism. The internal consistency was high; Cronbach's alpha for ECS scores based on the ingroup = .94 and the outgroup = .95.

2.3.2. Mediators

2.3.2.1. Skin shade satisfaction. The Skin Colour Satisfaction Scale (Falconer & Neville, 2000) is a 7-item scale examining various dimensions of satisfaction and dissatisfaction with one's own skin shade (e.g., "I like my skin shade."). Items are rated on a 5-point Likert scale. We made a few minor modifications to scale items. For example, we changed "skin colour" to "skin shade" and slightly rephrased some items to better fit the British cultural context. We also dropped two items ("If I could change my skin colour, I would make it lighter or darker" and "Compared to most African American people, I believe my skin colour is. 1 (*extremely light*) to 9 (*extremely dark*)". Therefore, a mean total score of the five items was calculated, with higher scores indicating greater satisfaction with one's skin shade. The internal consistency in this study sample was robust, α = 0.82.

2.3.2.2. Skin shade surveillance. The Skin Shade Surveillance Scale (Buchanan et al., 2008) is an 8-item scale measuring how often individuals worry about and monitor their skin shade (e.g., "I often worry about how my skin colour looks to other people"). Items are rated on a 7-point Likert scale (1 = *Strongly Disagree* to 7 = *Strongly Agree*). Item scores were averaged, with higher scores indicating higher levels of skin shade-related worry. The internal consistency was acceptable, α = 0.85.

2.3.3. Criterion variables

2.3.3.1. Psychological distress. The Kessler Psychological Distress Scale (K-10; Kessler et al., 2002) is a 10-item scale exploring different emotional states experienced by the respondent in the last month (e.g., "In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?"). It is designed to assess non-specific psychological distress and screen for common psychiatric disorders such as anxiety and depression (Kessler et al., 2002). Items are rated on a 5-point Likert scale (1 = *Never* to 5 = *All the time*). Scores were summed, with higher scores indicating higher levels of psychological distress and mental health risk. The internal consistency was excellent, α = 0.94.

2.3.3.2. Body image. The Appearance Evaluation subscale from the Body Esteem Scale for Adults and Adolescents (BESAA; Mendelson et al., 2001) is a 10-item scale that measures feelings of satisfaction/dissatisfaction with one's own physical appearance ("I like what I see when I look in the mirror"). Items are rated on a 5-point Likert scale (1 = *Never* to 5 = *Always*). A mean total score was calculated, with lower scores indicating worse body image. The internal consistency was excellent, α = 0.93.

2.3.4. Covariates

2.3.4.1. Demographics. Participants filled out a demographics form, which collected information on age, gender, ethnicity, religion, occupation, annual income, education, relationship status, sexual orientation, and UK county of residence.

2.3.4.2. Self-reported skin shade. Participants indicated how light or dark they perceived their skin shade to be, in comparison with people from the same racialised group ("Compared with people of the same ethnic/racialised group as you, please describe your skin shade"). The 5-points ranged from 1 = *Very Dark* to 5 = *Very Light*, so that higher scores indicated lighter skin shades.

2.4. Data analysis

Preliminary analysis indicated that the hypothesised moderation with ethnic pride and belonging was not significant. For parsimony, we have excluded this line of research in the current paper but report all results in our Supplementary online materials. Preliminary analysis also revealed that 77.5% of participants reported never engaging in skin lightening behaviours; thus, our data were not normally distributed. Therefore, this hypothesised outcome was excluded from the model testing, though descriptive statistics for skin lightening behaviour are also detailed in the Supplementary materials.

The hypothesised model (Fig. 1) was tested via SEM with AMOS for SPSS. We ran three SEMs, with perceived colourism from the ingroup as the predictor variable (PV) (Model 1), then perceived

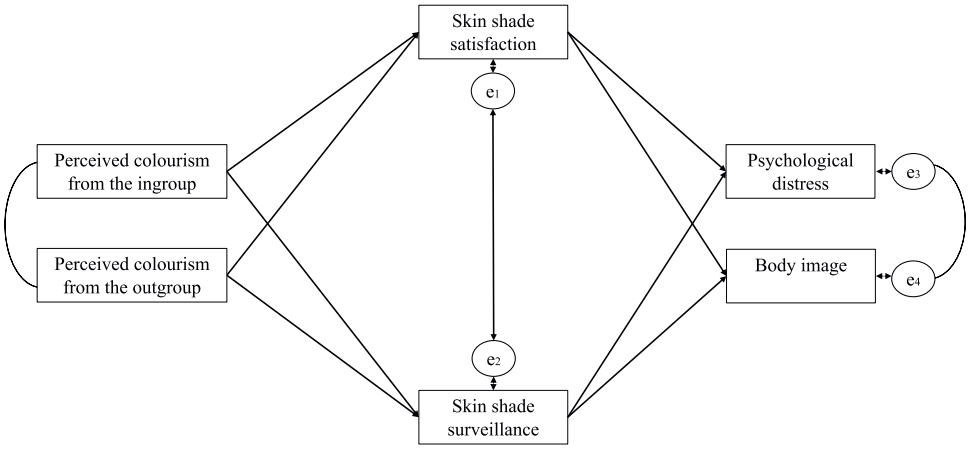

Fig. 1. Hypothesised theoretical model.

colourism from the outgroup as the PV (Model 2), and lastly with both perceived colourism from the ingroup and outgroup as PVs (Model 3). In each model, skin shade surveillance and skin shade satisfaction were hypothesised mediators, and psychological distress and body image were criterion variables. Model 1 and Model 2 can be found in the Supplementary online materials. This paper presents Model 3 for parsimony.

Mediator error terms were allowed to correlate, as were the error terms of criterion variables. Indications of a model with a satisfactory fit included a non-significant χ^2, or a χ^2/df ratio ≤ 5, a CFI ≥ 0.90, values of RMSEA less than.08, and SRMR less than.08 (Hu & Bentler, 1999; Schreiber et al., 2006).

3. Results

Descriptive statistics and bivariate correlations are presented in Table 2. Independent sample *t*-tests indicated that women reported only slightly higher scores ($p = .048$) compared with men on perceived colourism from the ingroup but not from the outgroup, broadly supporting our initial decision not to run separate models for women and men. Moreover, all possible pairs of bivariate correlations between colourism (ingroup and outgroup), skin shade, skin shade satisfaction, skin shade surveillance, psychological distress and body image were examined for both female and male participants (see Table B in the Supplementary materials). Gender differences in the strength of all possible pairwise correlations were examined using Fisher's hyperbolic tangent comparison for two independent groups. These analyses indicated similarity in most correlations, with one notable exception. The strength of correlation between ingroup colourism and body image was significantly stronger in the female sample ($p < .001$).

An unconstrained saturated model (Fig. 2) with 20 proposed paths and 8 proposed covariances indicated that 9 paths and 2 covariances were non-significant.

After inspecting this model, we removed the non-significant paths (χ^2/df = 17.891 /11 = 1.62, $p = .084$; CFI = 0.994, RMSEA = 0.035; SRMR = 0.026). Modification indices did not suggest the inclusion of any additional paths. Given the preference for parsimony, we accepted this version of the model (Fig. 3, Table 3).

As displayed in Fig. 3 and Table 3, both ingroup and outgroup colourism showed a significant and negative indirect association towards body image, suggesting that colourism may lead to worse body image via skin shade satisfaction and skin shade surveillance. Notably, the total associations of colourism on body image are higher when considering colourism from the ingroup compared with associations from the outgroup. Perceived colourism from the ingroup and outgroup were positively correlated. Perceived colourism from both the ingroup and the outgroup showed a significant direct positive association with psychological distress. This time, the relationship was stronger when considering outgroup colourism compared with ingroup colourism. Colourism perpetuated by the ingroup showed a significant indirect association with psychological distress, confirming the mediation association of skin shade satisfaction and skin shade surveillance for ingroup colourism. However, the same was not found based on colourism from the outgroup.

Ingroup colourism showed a direct significant negative association towards skin shade satisfaction and a direct significant positive association toward skin shade surveillance. Outgroup colourism showed a direct significant positive association toward skin shade

Table 2
Descriptive statistics and correlations for study variables for the total sample and split by women and men.

		1	2	3	4	5	6	7	Women *M (SD)* *n* = 293	Men *M (SD)* *n* = 217
1. Colourism - Ingroup		-	.65***	-.33***	.42***	.38***	-.36***	-.38***	2.04 (0.81)	1.90 (0.78)
2. Colourism - Outgroup		.67***	-	-.10	.34***	.36***	-.25***	-.25***	2.33 (0.88)	2.20 (0.91)
3. Skin Shade Satisfaction		-.25***	-.19**	-	-.60***	-.26***	.44***	.11	3.73 (0.83)	3.99 (0.80)
4. Skin Shade Surveillance		.27***	.40***	-.60***	-	.37	-.49***	-.16**	3.14 (1.02)	2.98 (1.44)
5. Psychological Distress		.26***	.38***	-.31***	.33***	-	-.46***	.10	25.31 (9.01)	21.5 (8.83)
6. Body Image		-.04	-.12	.55***	-.51***	-.50***	-	.06	3.07 (0.92)	3.35 (0.83)
7. Skin Shade		-.23***	-.26***	.08	-.05	-.05	.05	-	3.18 (0.76)	3.16 (0.77)
Score Range		1–5	1–5	1–5	1–7	10–50	1–5	1–5		
Full Sample	Mean	1.97	2.25*	3.83***	3.07	23.84***	3.18***	3.17		
(*N* = 516)	*SD*	.80	.89	.83	1.22	9.20	.90	.76		

Note. Coefficients above the diagonal = women; coefficients below the diagonal = men
*** = $p < .001$, ** $p < .01$, * $p < .05$; *p* values by full sample means indicate significant differences by gender using independent sample *t*-tests (two-tailed)

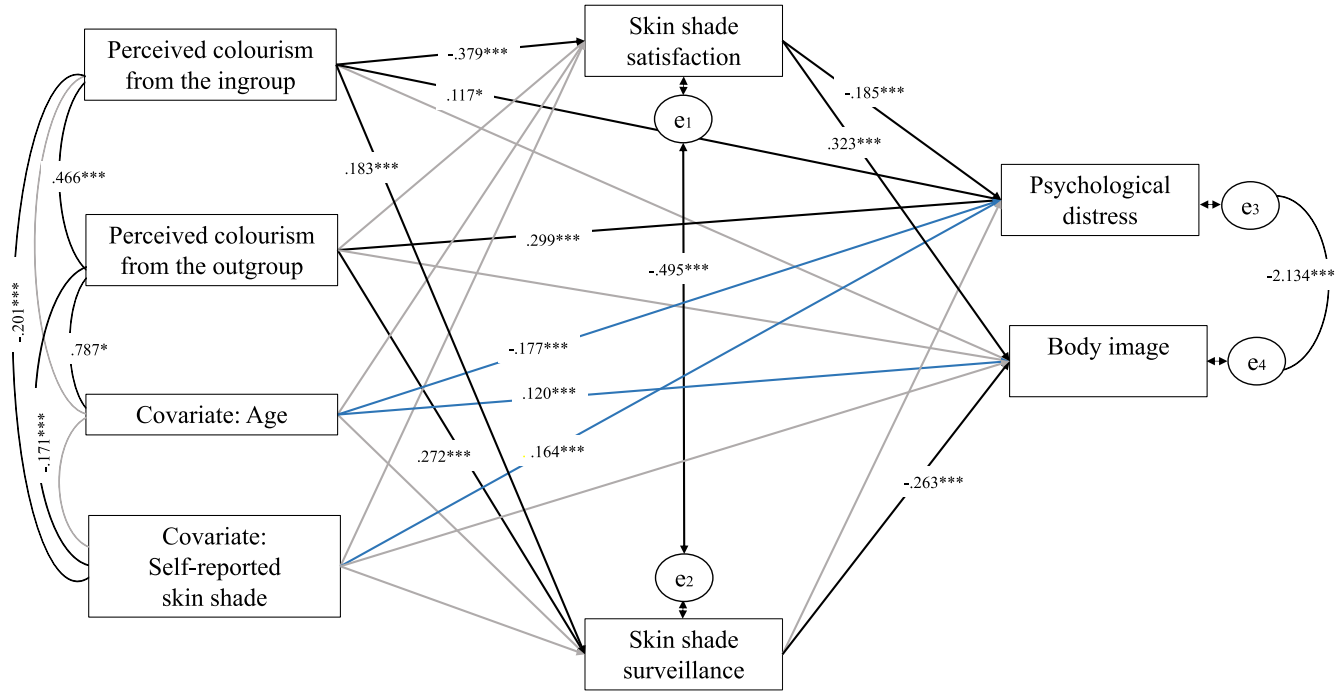

Fig. 2. Predicted saturated model for the associations of perceived colourism perpetuated by the ingroup and perceived colourism perpetuated by the outgroup (white people). *N* = 516. Hypothesised significant path are represented in black. Significant paths with no previous hypothesis (from covariates) are represented in blue. Non-significant paths are represented in grey. Standardised estimates are shown, with *$p \leq .05$. **$p \leq .01$. ***$p \leq .001$.

surveillance, but the path from outgroup colourism towards skin shade satisfaction was non-significant. This suggests that there is an increased likelihood of monitoring and surveying one's skin shade in response to perceived colourism regardless of perpetrating group, but there is only an increased likelihood of skin shade dissatisfaction in response to perceived colourism from those of the same racialised group. Similarly, skin shade satisfaction was associated with lower psychological distress and better body image. Skin shade surveillance was associated with worse body image but did not show any significant relationship with psychological distress.

Turning to covariates, self-reported skin shade was negatively associated with perceived colourism from the ingroup and outgroup. That is, people who assessed their skin shade as darker relative to their racialised group reported more frequent experiences of

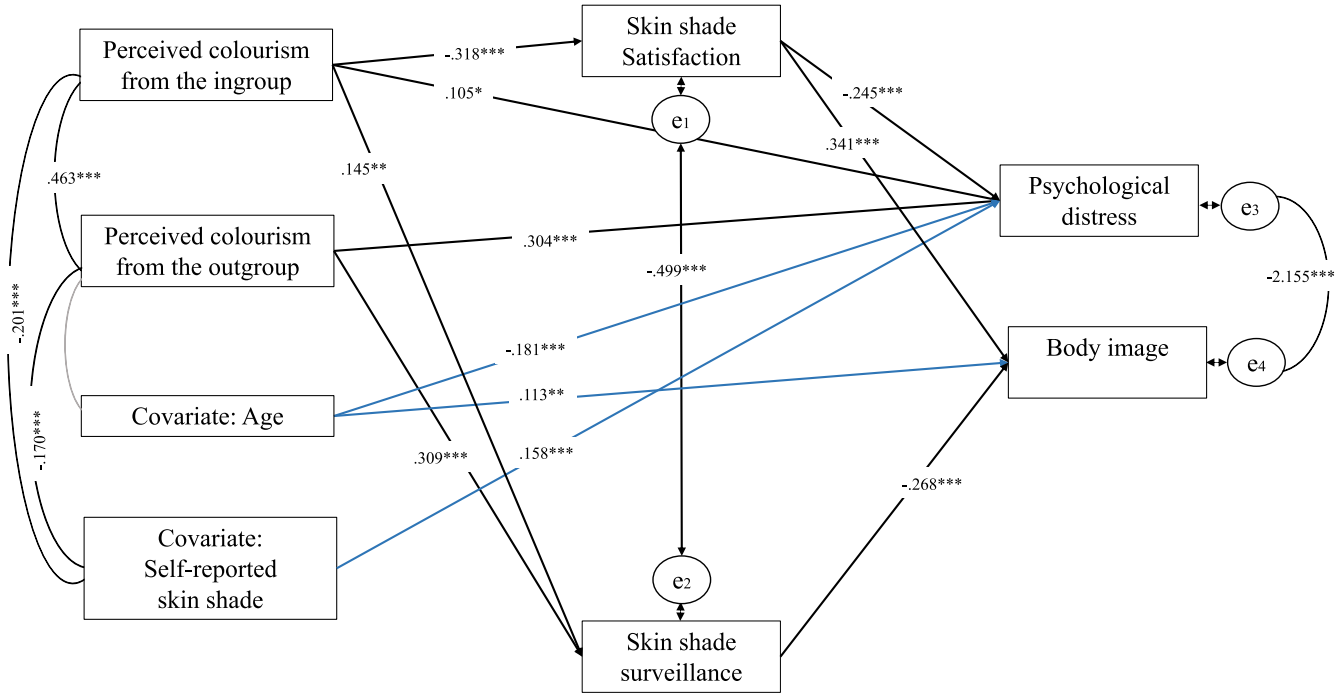

Fig. 3. Predicted parsimonious model for the associations of perceived colourism perpetuated by the ingroup and perceived colourism perpetuated by the outgroup (white people). *N* = 516. Hypothesised significant path are represented in black. Significant paths with no previous hypothesis (from covariates) are represented in blue. Non-significant paths are represented in grey. Standardised estimates are shown, with * $p \leq .05$. ** $p \leq .01$. *** $p \leq .001$.

Table 3
Standardised direct, indirect, and total associations from the final significant parsimonious model with perceived colourism from the ingroup and perceived colourism from the outgroup (i.e., white people) as the predictor variables.

Predictor variables	Associations Criterion variables	Direct	Indirect	Total
PV: Perceived Colourism from the Ingroup	Skin Shade Satisfaction	-0.318*	__	-0.318*
	Skin Shade Surveillance	0.145*	__	0.145*
	Psychological Distress	0.105*	0.078*	0.183*
	Body Image	__	-0.148*	-0.148*
PV: Perceived Colourism from the Outgroup	Skin Shade Surveillance	0.309*	__	0.309*
	Psychological Distress	0.304*	__	0.304*
	Body Image	__	-0.083*	-0.083*
Cov: Age	Psychological Distress	-0.181*	__	-0.181*
	Body Image	0.113*	__	0.113*
Cov: Self-Reported Skin Shade	Psychological Distress	0.158*	__	0.158*
Me: Skin Shade Satisfaction	Psychological Distress	-0.245*	__	-0.245*
	Body Image	0.341*	__	0.341*
Me: Skin Shade Surveillance	Body Image	-0.268*	__	-0.268*

Note. Direct and total association significance values taken from model weights table; indirect associations taken from bootstrapping analyses based on 10,000 samples. PV = Predictor Variable; Cov = Covariate; Me = Mediator.
* $p \leq .001$

colourism from both people from the same racialised group and white people. Interestingly, self-reported skin shade scores were positively associated with psychological distress, suggesting that individuals reporting a lighter skin shade experienced more psychological distress compared with their peers with darker skin. Finally, age was associated with lower psychological distress and better body image, suggesting a potential protective association of older age.

Finally, an exploratory multi-group analysis comparing women and men provided some evidence to suggest a slight deviation in the model for women and men ($\chi^2 = 21.14$, $df = 12$, $p = .048$). Analyses of each structural weight indicated the difference by gender is driven by the outgroup everyday colourism and skin shade surveillance pathway ($p < .001$). This pathway was significant for men ($p < .001$) but not for women ($p = .084$). In addition, the pathway between ingroup everyday colourism and skin shade surveillance significantly differed ($p = .014$). Conversely, this pathway was significant for women ($p < .001$) but not for men ($p = .951$) though this relationship was not as strong as the one between outgroup colourism and skin shade surveillance for men.

4. Discussion

Overall, results from this study indicate that colourism should be considered in body image and mental health research when including people of colour. The present study aimed to test a hypothesised model of perceived colourism, body image, and psychological distress, informed by minority stress theory and objectification theory. Specifically, drawing on minority stress theory we proposed that people of colour who perceived more colourism would report worse wellbeing than those experiencing less colourism. We then drew on objectification theory to explain why this might be the case. We proposed that colourism might act as a potent situational variable, affecting the extent to which people engage in self-surveillance focused on their skin shade and feel unhappy or dissatisfied with their skin shade. In turn, we reasoned that skin shade surveillance and dissatisfaction might predict low levels of health and wellbeing (i.e., worse body image and higher levels of depression and anxiety). Therefore, we cross-sectionally tested a pattern of associations consistent with this full possible model. Finally, the study also aimed to explore whether perceived colourism from people belonging to the same racialised/ethnic group (ingroup) or from white people (outgroup) were differentially associated with study outcomes. Results indicated that the hypothesised models provided a good fit, and that perceived colourism was associated with worse body image and greater psychological distress among people of colour living in the UK. The pattern of results differed when experiences of colourism were being perpetrated by the ingroup and outgroup.

The results of this study are congruent with existing evidence indicating that perceived racialised discrimination (e.g., Cheng, 2014; Cheng, 2017; Velez et al., 2015) is negatively associated with body image in line with an expanded model of objectification theory. Specifically, the current study found perceived colourism was associated with lower body image scores, supporting theory and research indicating that experiences of colourism are a salient risk factor for negative body image among people of colour. Furthermore, the present study showed total associations of colourism on body image are higher when considering colourism from the ingroup compared with those from the outgroup. Interestingly, the relationship between *ingroup* colourism and body image was fully mediated by skin shade satisfaction and skin shade surveillance. Meanwhile, the relationship between *outgroup* colourism and body image was mediated by skin shade surveillance but not skin shade satisfaction. This finding suggests that while perceived colourism from white people may not directly relate to whether a person of colour likes (or is satisfied with) their skin shade, it is still associated with vigilance and monitoring of skin shade. These results support the inclusion of skin shade surveillance in understanding negative body image among people of colour (e.g., Buchanan et al., 2008; Choma & Prusaczyk, 2018) alongside perceived colourism.

Consistent with other studies showing that perceived colourism is associated with worse mental health (Craddock et al., 2022; Oh et al., 2021), the present study found perceived colourism was associated with greater psychological distress. Interestingly however, the results are not entirely consistent with the few prior studies that have examined differences in outcome based on whether colourism is perpetrated by individuals belonging to the same ethnic group as participants or by white people. Previous research suggests that colourism from one's own racialised/ethnic group is more potent than colourism from white people on health and wellbeing-related outcomes (Craddock et al., 2022; Monk, 2021; Oh et al., 2021). While findings from the present study indicated that ingroup colourism was more salient to body image than outgroup colourism, contrary to prior research, outgroup colourism was more relevant to psychological distress. That is, the relationship between perceived colourism from white people and psychological distress was larger than the relationship between perceived colourism from one's own racialised/ethnic group and psychological distress. One explanation for this finding is that perceived racism may be a possible confounding factor. However, perceived racism was not included in the current model. Indeed, a related study from our wider Everyday Colourism

in the UK Project found that colourism from white people was more highly correlated with racism than colourism from people of the same ethnic group was correlated with racism (Craddock et al., 2022), suggesting the relevance of perceived racism when considering perceived colourism from white people.

An interesting finding in the model was the role of age. Results suggested that older people are more likely to report colourism from white people, indicating a generational association on experiences of colourism. However, older age was associated with better body image and lower psychological distress, indicating that older age may have a protective association on these variables. This is consistent with prior findings based on longitudinal data indicating that body image often improves with age among adult women and men (Hockey et al., 2021). Studies examining age associations on psychological distress also indicate declines in symptomology from early adulthood (20 s) into individuals' later midlife (50 s and 60 s) (e.g., Drapeau et al., 2014; Jorm et al., 2005).

Turning to gender, results showed that women reported slightly higher perceived colourism from the ingroup than men though there was not a significant difference between women and men for outgroup colourism. This supports prior scholarship detailing how women of colour are adversely affected by ingroup colourism – specifically from families, peers, and in the relationship market (Hall, 2017; Hunter, 2007). It also supports research detailing how men also experience colourism (Monk, 2015; Phoenix & Craddock, 2022). Further, in the current study, exploratory multi-group analysis comparing women and men indicated the model deviated slightly between women and men. The deviation was primarily based on pathways between perceived colourism and skin shade surveillance. Specifically, perceived colourism from white people was significantly associated with skin shade surveillance for men but not for women. Conversely, perceived colourism from racialised peers was significantly related to skin shade surveillance for women but not for men though this was a smaller association in the current model.

These findings suggest that the source (i.e., ingroup or outgroup) of perceived colourism is perceived from changes how women and men appraise, monitor, and perceive their skin shade. Self-surveillance is characterised by habitually monitoring one's body through the lens of the external male gaze (Fredrickson & Roberts, 1997). It is plausible that in the context of skin shade surveillance, there are different relevant external gazes including the white gaze and the gaze of peers from the same racialised group. Extending this, it is possible that in response to perceived colourism from white people, men (more so than women) may be surveilling their skin shade through a white gaze. The intersection of racialisation and gender may be associated with men of colour being more hypervigilant about their skin shade in a majority white country due to stereotypes concerning criminality and possible experiences or awareness of racial profiling (Russell-Brown, 1998). Considering the association between perceived colourism from the same racialised group and skin shade surveillance in women, women (more so than men) may be viewing their skin shade via the gaze of their racialised group. Drawing on existing literature, it is viable that this related to the pressure women of colour can experience from family members or peers from the same racialised group to have light skin as a symbol of feminine beauty and desirability (Hall, 2017; Hunter, 2007). The relationship between ingroup or outgroup colourism and skin shade surveillance by gender warrants further investigation.

Finally, it is important to reflect on the hypothesised role of ethnic pride and belonging that was dropped from the present study as it did not moderate the relationships between perceived colourism (ingroup and outgroup) and skin shade satisfaction and surveillance. Though prior work has proposed that ethnic pride and belonging may be protective against body dissatisfaction and disordered eating (Cotter et al., 2015; Goel et al., 2021), this may not be the case in the instance of colourism, since colourism can be perpetrated from one's own ethnic group.

4.1. Limitations

Three limitations warrant acknowledgement. First, as this study is cross-sectional, causality cannot be inferred. Longitudinal research stands to help determine if experiences of colourism temporally precede skin shade surveillance and dissatisfaction, as well as body image and psychological distress. While longitudinal work cannot definitively establish causality, temporal precedence is a necessary condition of a causal relationship. Second, though our sample included a range of demographic variables, and the percentage of Asian and Black participants broadly reflects those captured in the 2011 Census, it was not a representative sample. Therefore, we cannot assert generalisability of our findings. Third, while we asked participants to rate the relative lightness/darkness of their skin shade in comparison with their broad ethnic group in line with other studies, we did not capture a more objective measure of skin shade – e.g., using a skin shade chart. Doing so may have allowed us to provide a more complete picture on who is at most risk of being adversely affected by colourism. However, consistent with Monk (2015), a subjective measure of skin shade (like the measure used in the present study) is valuable in the context of perceived colourism.

4.2. Implications and future directions

Findings from the present study highlight the relevance of colourism when exploring body image and psychological wellbeing for people of colour. This has implications for body image and mental health interventions, as well as body image and mental health research more broadly. Findings suggest a need to tackle colourism in universal body image interventions that serve people of colour. Recent interventions developed for use in Indonesia (Garbett et al., 2022) and India (Lewis-Smith et al., 2022) have incorporated such strategies, with promising results indicating improvements in skin shade satisfaction (Garbett et al., 2023). Findings also may have clinical implications for culturally sensitive therapeutic care when working with people of colour with body image or body image-related concerns.

To build upon and extend the current work, six future directions are presented. First, it would be valuable to replicate this research in other countries to allow for cross-cultural comparisons. Specifically, it would be interesting to test the hypothesised model in countries where skin lightening products are more widely sold and marketed (e.g., India). In such contexts, skin lightening behaviour may be a more relevant outcome and may also function as a normally distributed continuous variable. Relatedly, although we dropped skin lightening behaviour in the current analysis due to data skewness, in line with an extended objectification theory model, a second future direction would be the inclusion of behavioural outcomes such as skin lightening behaviour, disordered eating, and social withdrawal. The inclusion of these variables would allow us better to understand the consequences of colourism. Third, it would be valuable to distinguish between the role of perceived colourism and perceived racism on body image and wellbeing. Fourth, future research may want to examine this model, adopting a more intersectional lens, considering characteristics such as body size and sexual orientation. Fifth, more in-depth analysis by gender is warranted. Finally, particularly when considering psychological distress, it would be useful to include perceived racism into a model alongside colourism to parse out the unique contributions of each predictor. This is particularly relevant when considering outgroup colourism in a majority white context, like the UK.

5. Conclusion

The current study explored the associations of perceived colourism on body image and wellbeing among a mixed gender, mixed ethnicity sample of people of colour living in the UK. Results suggest that perceived colourism from both the ingroup and outgroup are relevant in individuals' body image and psychological wellbeing. Findings add to emerging scholarship investigating the role of perceived colourism on health-related outcomes.

CRediT authorship contribution statement

Nadia Craddock: Methodology, Resources, Project administration, Funding acquisition, Conceptualization, Writing - original draft, Writing - review & editing. **Caterina Gentili:** Methodology, Resources, Formal analysis, Writing – original draft, Writing – review & editing. **Aisha Phoenix:** Methodology, Writing – review & editing. **Paul White:** Methodology, Writing – review & editing. **Phillippa C. Diedrichs:** Methodology, Writing – review & editing. **Fiona K. Barlow:** Conceptualisation, Methodology, Writing – review & editing, Supervision.

Data availability

Data will be made available on request.

Declaration of Competing Interest

The authors declare no conflicts of interest in relation to this work.

Acknowledgements

This research was funded by an internal grant from the Centre for Appearance Research, UWE Bristol, UK.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at doi:10.1016/j.bodyim.2023.06.010.

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