**Skin color discrimination, self-esteem and depression in young women Introduction**  Numerous studies show that experiences skin of discrimination and unfair treatment are prevalent among African Americans and other racial minorities and that these experiences are positively associated with emotional distress, especially depressive symptoms (Paradies 2006; Williams et al. 2003; Williams and Mohammed 2009). The link between discrimination and emotional well-being may be especially salient for African American women because they face the conjoint effects of both racism and sexism in historically unique ways (Collins 2000). With the exception of the Pavlov et al. (2003) study of work discrimination, studies of interpersonal discrimination among African American women have been based on small or geographically limited samples (e.g., Borrell et al. 2006; Kwate et al. 2003; Schulz et al. 2006b; Siefert et al that discrimination is more prevalent among dark-skinned African Americans than among their co-ethnics with lighter skin (Hughes and Hertel 1990; Klonoff and Landrine 2000). We focus on the sense of mastery, the belief that can control important circumstances symptoms. Our focus is on African American women in the U.S. context, but skin complexion and mental health issues are found among other ethnic groups in the U.S. and worldwide (see Rondilla and Spickard 2007; Glenn 2009. Colorism is a system of discrimination among individuals of color that gives advantages to individuals with lighter skin over individuals with darker skin (Hunter 2002; Hunter 2007). Colorism plays a major role in the lives of Black Americans, as it is deeply embedded in American history in much of the same ways that racism is. Hall (2010) claims that “racism, sexism, classism, colorism, and victim-group discrimination are included among the various American ‘isms’ brought about by Western racism and colonialism” (p. 35). The role of colorism in Black Americans’ lives makes skin color an important predictor of various life outcomes and opportunities (Hargrove 2019; Keith and Herring 1991; Monk 2014), even shaping variation within the mental well-being of Black Americans (Louie 2020; Monk 2015). Colorism is one experience that can impede mental health, but racial discrimination is another experience that can also negatively influence mental health. Contributing to the previous research on skin color and discrimination on mental health outcomes (Louie 2020; Monk 2015), I explore the effects that skin color, discrimination, and religious coping have on Black Americans’ mental health with the National Longitudinal Study of Adolescent to Adult Health (Add Health). Previous research affirms that skin color and discrimination serve as an important predictor of mental health outcomes, and that darker skin color among African Americans is negatively associated with mental health. This study aims to investigate if these findings hold up amongst a different nationally represented data set (Add Health) with a sample of young people. I also consider coping resources that may work as a buffer from negative mental health. Religious importance may serve as a coping resource to explain the connection between skin color and mental health (Breland-Noble, Wong, Childers, Hankerson, and Sotomayor 2015; Louie 2020). **Complexion, discrimination and emotional problems**

The differential exposure hypothesis argues that some individuals are at greater risk for 2007; Vines et al 2006). The current study uses nationally representative data and draws from the social stress perspective to address three specific research questions regarding the relationship between experiences of discrimination and depressive symptoms among African American women.We focus on skin tone as a source of differential exposure to discrimination because issues surrounding lightness and darkness of skin complexion have been implicated in African American women’s self- concept and emotional well-being (Hunter 2005; Russell et al. 1992; Thompson and Keith 2001), and some research suggests emotional difficulties because they experience more stressful conditions, and that greater or lesser exposure is linked to ascribed characteristics, status positions, and social roles (Turner et al. 1995). Skin complexion may be a major source of differential exposure to discrimination for African American women. Many scholars argue that one of the most enduring legacies of slavery and white supremacy in the United States is a racial stratification system that not only privileges Whites over Blacks, but also privileges African Americans with lighter complexions and a more Eurocentric appearance (e.g., straight hair texture, light eye color, and narrow lips and noses) over those with darker complexions and a more Afrocentric appearance (e.g., kinky hair, full lips, broad noses, and brown eyes) (Frazier 1957; Hunter 2005; Myrdal 1944). Researchers have documented a positive relationship between lighter skin tones and status achievement (e.g., Drake and Cayton 1945; Hill 2000; Hughes and Hertel 1990; Keith and Herring 1991), positive self-concept (Thompson and Keith 2001), and attributions of positive personality traits such as intelligence and competence (Anderson and Cromwell 1977). In a recent study Gullickson (2005) found that the salience of skin tone for status achievement, although not for marriage, largely disappeared for cohorts born after the mid 1950s, but other findings of an association between negative stereotypic traits (e.g., drug use, laziness) and Afrocentric physical characteristics (Maddox and Gray 2002) suggest the continuing significance of phenotypic stratification. Maddox (2004) theorizes that color gradations still matter because darker African Americans come closer to representing the cultural stereotypes, largely negative, that are associated with African Americans as a racial group. It is important to note that the argument that lighter skin color is more privileged than darker skin color is not synonymous with maintaining that light-skinned African Americans do not experience racism or discrimination. As Hunter (2005) points out, race and complexion represent two different, but overlapping, systems of oppression. The hierarchical ranking of skin tone affects African Americans of both genders, but it has long been acknowledged that it plays a more essential role in women’s lives because it is inextricably tied to cultural values regarding physical attractiveness. In American society, idealized beauty and femininity are socially constructed to incorporate white or light skin, long hair, and European facial features as well as being thin. African American women who come closer to this ideal are considered more beautiful (Hill 2002a). Darker African American women have historically been deemed less attractive, less marriageable, and have been disadvantaged in terms of social mobility. Darker skinned African American women also report lower self-worth than their lighter skinned counterparts, although the relationship is strongest for those who are less affluent (Thompson and Keith 2001). Only a few studies have explicitly investigated the relationship between skin tone and subjective experiences of discrimination, and these have yielded conflicting results. Herring (2004) found that darker African Americans reported more job discrimination than those of medium and light complexion. Klonoff and Landrine (2000) found that darker African Americans were 11 times more likely to be in the “high discrimination” group defined through cluster analysis. On the other hand, findings from the ongoing CARDIA study show no relationship between complexion and discrimination (Borrell et al. 2006). These inconsistent findings may reflect differences in sample composition as well as the measures of skin tone and discrimination employed. While the preponderance of evidence suggests that darker skinned African American women are at higher risk for unfair treatment, Hunter (2005) found that some light-skinned African American women experience social rejection and challenges to their racial authenticity from other African Americans. Whether darker skin is more disadvantaged than lighter skin or vice versa, the literature suggests that skin tone may be viewed as an additional status marker that exposes African American women to differing degrees of discrimination. Skin color is one of the most significant social markers of difference (Glenn, 2009; Jablonski, 2012). It is among the most visible elements in interactions and can have a decisive impact on the development of social relations, especially with regards to the creation of taxonomies that distinguish human races. **The Socio-Demographic Context**  Consistent with previous community-based research on the stress process (Pearlin 1999; Turner et al. 1995), discriminatory experiences, mastery, and depressive symptoms are likely to vary by African American women’s status positions. Both age and education are status positions that entail inequalities in the possession of power and privilege and both can shape one’s social experiences in complex ways. Prior research generally shows that depressive symptoms are most prevalent in younger African American women (Brown and Keith 2003; Rikert et al. 2000), although there is some evidence that symptoms increase in extreme old age (George and Lynch 2003). These findings are thought to reflect younger women’s heavy involvement in balancing the demands of intimate relationships, bearing and raising children, and establishing stable employment and careers. On the other hand, feelings of mastery appear to decline with age in the general U.S. population (Mirowsky and Ross 2003) and among African Americans (Broman et al. 2000), possibly due to increasing physical dependency and loss of meaningful relationships. Although findings are inconsistent (Paradies 2006), younger African Americans tend to report higher levels of discrimination (Banks et al. 2006; Broman et al. 2000; Kessler et al. 1999). A more active lifestyle is likely to increase younger African Americans’ interactions with others, creating spaces where discrimination is encountered.

The association between education and depressive symptoms is well-established in the mental health literature. As one indicator of socioeconomic status, formal education exposes individuals to problem-solving skills that are useful in managing life problems and avoiding emotional upset (Mirowsky and Ross 2003:77–84; Ross and Sastry 1999). Among African American women, education is inversely related to depressive symptoms and psychological distress (Gazmararian et al. 1995; Jonas and Wilson 1997). Studies also show that a large part, although not all, of the relationship between socioeconomic status and depressive symptoms is mediated by mastery in the U.S. population (e.g., Pearlin et al. 1981) and among African Americans (William et al. 1997). That is, levels of mastery tend to be higher for higher status individuals and this resource acts to offset the potentially devastating impact of stressors that often accompany resource deficits. Findings from studies examining the relationship between education and exposure to discrimination are mixed. In some studies, African American women who are better educated report more unfair treatment than their less educated counterparts (Borrell et al. 2006; Brown and Keith 2003), while other studies report no relationship (Klonoff and Landrine 1999). We expect better-educated African American women to report more discriminatory experiences in part because they are more likely to live and work in racially diverse settings where exposure to interpersonal racism is much more probable. “Colourism is the daughter of racism” – Lupita Nyon’go Colourism is a form of prejudice and/or discrimination in which people with comparable ethnic traits or perceived race are treated differently based on the social consequences of the cultural stigmas attached to skin colour. It is the assignment of privilege and disadvantage according to the darkness or lightness of one’s skin colour (Burke, 2008). Eurocentric beauty standards, external racism perpetrated by white people, internalized racism perpetrated by black people, and rigid conceptions of femininity and masculinity in relation to race and skin tone all contribute to the manifestation of colourism as a phenomenon (Franklin, Boyd-Franklin, & Kelly, 2006; Kelly, 2004; Walker, 1983). What differentiates colourism from other forms of discrimination is the fact that it is both a within-group and between-group issue. When discussing colourism in a BBC interview, Lupita Nyon’go refers to colourism as the daughter of racism, highlighting the causal relationship between the two ("Lupita Nyong'o: Colourism is the daughter of racism", 2022). Although colourism isn’t limited to Black people, It has been linked to several interpersonal and intrapersonal issues within the black community and effects the way black people are perceived by other races. Colourism differs from other forms of racial prejudice because those who fall prey to it experience its discomforts both internally, by expressing a desire to appear more ‘light skinned’ to receive the social benefits of it (Landor & McNeil Smith, 2019), and externally because often those with a more ‘dark skinned’ complexion are perceived negatively by their own race and other races (Maddox & Gray, 2002). What establishes the link between colourism and racism as causal is the fact that colourism, and the perceptions of ‘dark skinned’ and ‘light skinned’ individuals, is linked to their proximity to whiteness (Moffitt, 2020). Simply put it stems from the belief that to be white. **SKIN-TONE, SELF ESTEEM, AND PERCEIVED DISCRIMINATION**  is to be better and the closer an individual is to appearing as white, the more likely they are to benefit from its privileges. This concept will be explored further in this study. Since colourism has only recently began being discussed, many of the few studies conducted on it have been in America. This leaves a large gap in the research and gives the impression that it is only an issue in America. However, as a Black Afro-Irish woman, I have seen its effects first-hand. Colourism can lead one to view themselves negatively if they have a darker skin complexion and this, combined with external racial prejudice and experience can have dire consequences. Colourism often can lead to race-based trauma which has been found to indirectly cause its victims to have poorer mental and physical health in the future (Stanley et al., 2019). Colourism's mental health consequences have been equated to psychological and emotional abuse. Colourism may increase the likelihood of aggressiveness, substance abuse, self-injury, and hazardous sexual conduct. Colourism has also been linked to depression and anxiety. Poor self-concept and poor self-esteem, which are often an effect of colourism (Jordan & Hernandez-Reif, 2009), increase the incidence of depression, whereas persistent inspection, taunting, and abuse raise the risk of anxiety ("The Skin I'm in: What Colorism Means for Psychological Healing — Therapy For Black Girls", 2022) Most of the research conducted on race-based trauma has been centred around oppression and race-based violence and aggression but many studies fail to discuss more of the subtle forms of racism such as colourism. This lack of research has led to a lack of knowledge surrounding the topic, therefore trauma as a result of racist experiences such as colourism is not even recognised by many psychological and psychiatric diagnostic services (Stanley et al., 2019) meaning those suffering from it is less likely to receive treatment. This study aims to highlight the effects of colourism and its existence within the black community in Ireland as most studies have been centred in America. More research is required in this area and this study aims to build upon that.  **Chapter III Methodology** This section includes topics i.e., research Design, Sampling strategy, Inclusion criteria, Exclusion Criteria, Sample characteristics, Operational definition, Assessment measures for data collection.  **Research Design**

Quantitative Cross-sectional Correlational research design will be used in the present study to know the effect of skin colour discrimination, self esteem and depression in young women. **3.2 Sample and sampling strategy**

The sample consisted of (N=180) females (n=120) and males (n=60). The participants for the study included mostly females of different areas as well as universities. The survey will also share through social media accounts like WhatsApp, snapchat and Instagram that increase the likelihood that it will reach to multiple sources. The sample included both male and female with age range of 18 to 26 years. Participants were chosen using a strategic method of non-purposive sampling. Sample was recruited for data collection according to inclusion and exclusion criteria.

* + 1. ***Inclusion Criteria***
* Mostly dull or dark colour females and males will be included who are facing skin tone discrimination.
* Both male and female participants will be included. Only young adults (18-26 years) will be included ***Exclusion Criteria***
* Individuals with any type of physical and psychological comorbidity will be excluded.

Females with fair colour will excluded. **3.3 Operational Definitions of Variables**

* ***3.3.1 skin colour discrimination*** Discrimination is a process by which members of a social group are treated differently and especially unfairly because of belonging to that group (Krieger, 1999). It is considered a powerful psychosocial stressor that contributes to the highest rates of psychological distress found among socially disadvantaged populations (Williams & Mohammed, 2009). Such discrimination experiences are not randomly distributed***. 3.3.2 self esteem*** Self-esteem is an important and also a very popular construct in social psychology, and it is widely used in everyday life: It is the evaluative aspect of the self-concept that corresponds with an overall view of the self as worthy or unworthy (Leary & Baumeister, 2000). Those that possess high self-esteem are presumably psychologically healthy and happy (Branden, 1994). **3.4 Assessment Measures**

**3.4.1 Demographic Information Sheet**

The demographic information sheet was used to gather personal information. It included Age, Gender, Marital Status, Family Type, Siblings, Birth order, Mother’s education, Father’s education, Mother’s occupation, Father’s occupation, and Monthly income, how many hours spend on social media per day. **Perceived Discrimination Scale:**  The 20-item Perceived Discrimination Scale, developed by Williams, Yu, Jackson, and Anderson (1997), assesses how frequently people believe that others treat them poorly or unfairly on the basis of their race, ethnic origin, gender, age, faith, personal appearance, sexual identity, and perhaps other characteristics. The Perceived Discrimination Scale (PDS) is a twenty-item instrument composed of two subscales: the Lifetime Discrimination Scale and the Daily Discrimination Scale. Respondents complete the 11-item Lifetime Discrimination measure by indicating the number of times they have encountered unjust treatment throughout their lives. The overall score on this scale is increased by the number of incidents that occurred at least once for the respondent. More discrimination during one's life is linked with higher scores on this test. Participants were able to type in the number for this section of the study questionnaire. The Daily Discrimination is a nine-item subscale that assesses respondents' daily

encounters with unjust treatment. On a scale of 1 to 4, respondents indicate how frequently they feel discriminated against (1 = frequently; 2 = occasionally; 3 = rarely; 4 = never). The researchers evaluated this scale by reverse coding all the items and adding the scores together, with higher scores indicating more discriminatory experiences **Rosenberg Self Esteem Scale** The Rosenberg Self-Esteem Scale (RSES) is a ten-item, Likert scale, self-report measure that was initially created to collect data on teenage self-esteem and self-worth. It has subsequently grown to be one of the most extensively used measures of adult self-esteem (Rosenberg, 1965). The questions are answered on a four-point Likert scale ranging from strongly agree to strongly disagree (Winch and Rosenberg, 1965). High scores indicate higher levels of self-esteem. Low scores indicate lower levels of self-esteem. This scale has been found to have high internal reliability with Cronbach’s Alpha scores ranging from 0.84 to 0.86 (Tinakon & Nahathai, 2012).