

Running Head: SKIN TONE SURVEILLANCE AND WELL-BEING

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**Skin tone surveillance, depression, and life satisfaction in Indian women:
Colour-blind racial ideology as a moderator¹**

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Abstract

Consistent with objectification theory, many studies have shown that self-objectification (and body surveillance) is associated with depression and dissatisfaction with life. Critically, however, much of this research has been conducted with White women attending university in North America. To extend this literature, we investigated whether greater skin tone surveillance – a group-specific manifestation of self-objectification among women of colour – is linked to higher depression and lower life satisfaction among Indian women. Given that some system justifying ideologies provide a protective well-being effect for lower status individuals, we considered whether colour-blind racial ideology (i.e., the minimization/denial of White privilege) weakened the relations between skin tone surveillance and poorer well-being outcomes. Data were collected via Amazon Mechanical Turk; participants included Indian women ($N = 177$) between the ages of 19 to 30 living in India. Participants completed measures of skin tone surveillance, colour-blind racial ideology, depression, and life satisfaction. Results revealed that skin tone surveillance was associated with higher depression (and more strongly among women higher in colour-blind racial ideology). Moreover, skin tone surveillance was associated with lower life satisfaction only among women lower in colour-blind racial ideology. Implications are discussed.

Keywords: colour-blindness; Indian women; self-objectification; system justification; well-being.

1. Introduction

Across cultures, women are frequently portrayed and treated as sexual objects (Bartky, 1990; Fardouly, Diedrichs, Vartanian, & Halliwell, 2015; Vandenbosch, Muise, Eggermont, & Impett, 2015). Fredrickson and Roberts (1997) proposed objectification theory as a framework for understanding the effects of chronic sexual objectification. According to objectification theory, routine experiences of sexual objectification (in media, interpersonal encounters, etc.) reduce women and girls to their body parts and encourage women and girls to adopt a view of themselves as objects (i.e., to self-objectify). Self-objectification can manifest as excessive body-appearance monitoring which is known as body surveillance. Extensive research conducted primarily on White college women living in North America, Australia, and the UK has shown that self-objectification and body surveillance are associated with greater body shame and appearance anxiety, reduced flow (i.e., the inability to fully engage in the present moment; Csikszentmihalyi, 1990), and lower internal bodily awareness; in turn, these factors are linked to negative outcomes including depression, sexual dysfunction, disordered eating, and poorer well-being (for reviews see Calogero, 2012; Calogero, Tantleff-Dunn, & Thompson, 2011; Moradi & Huang, 2008). Presently, we focus on depression and dissatisfaction with life as outcomes of self-objectification.

As noted, self-objectification can contribute to depressive symptoms including persistent feelings of sadness, loss of pleasure, rumination, and negative thoughts about oneself (Nolen-Hoeksema, 2000). Media depict the ideal woman as ultrathin, a body type that most women do not meet. Women also tend to be subjected to appearance-related comments (e.g., weight criticisms, compliments), which have been shown to predict greater body surveillance (Calogero, Herbozo, & Thompson, 2009; Herbozo, Stevens, Moldovan, & Morrell, 2017) and appearance

anxiety (e.g., Dion, Dion, & Keelan, 1990). For women who self-objectify, depression likely ensues out of feelings of shame and hypervigilance with respect to how their bodies appear to others (Fredrickson & Roberts, 1997). Consistent with this rationale, studies have shown that chronic body surveillance is connected to depressive symptoms (see Jones & Griffiths, 2015 for a systematic review). Specifically, higher levels of self-objectification are linked to greater depressive symptoms, with body shame and appearance anxiety often mediating this link (e.g., Miner-Rubino, Twenge, & Fredrickson, 2002; Muehlenkamp & Saris-Baglama, 2002; Szymanski & Henning, 2007). Taken together, research suggests that repeatedly scrutinizing one's body is associated with persistent feelings of sadness, at least in part due to greater body shame and appearance anxiety.

Despite the established link between self-objectification and depression among (primarily) White women, Grabe and Jackson (2009) found no relation between self-objectification and depression among Asian American women. Fredrickson and Roberts (1997) cautioned that self-objectification experiences may differ across women from different social categories. It is possible that the typical body shape and size measures of self-objectification (e.g., body surveillance) do not capture the unique self-objectification experiences of women from different racial and ethnic groups. For some groups of women, physical features other than body shape and size may be particularly relevant for personal scrutiny. Hence, measuring culturally specific forms of self-objectification might be more useful in investigating mental health outcomes for racially and ethnically diverse groups of women.

Research on self-objectification has also considered relations with indices of general well-being. Life satisfaction, or a person's cognitive evaluation of their life overall, is a key component of subjective well-being (Diener, Emmons, Larsen, & Griffin, 1985). To the extent

that an individual's perceived life circumstances match their own standards for life, life satisfaction is high (Pavot & Diener, 1993). Sexual objectification communicates the notion that a woman's appearance is an important indicator of her overall value to others (Fredrickson & Roberts, 1997). Hence, when women self-objectify they place high emphasis on their appearance as indicative of their self-worth and may become more dissatisfied with life overall. Consistent with this assertion, research shows that women who more frequently monitor their bodies experience lower life satisfaction. For example, in a sample of 227 (primarily) White undergraduate women aged 18-31, Mercurio and Landry (2008) found that self-objectification related negatively with life satisfaction, with this relation explained by greater body shame and lower self-esteem. Thus, women who self-objectify are more likely to be dissatisfied with life, and feelings of greater shame about their bodies and lower confidence in self-worth account for this association.

1.1. Self-objectification and Women of Colour

Although most research on self-objectification or body surveillance has been conducted with White women in the U.S, Canada, and Australia, more recently researchers are considering the unique self-objectification experiences of women of colour (e.g., Buchanan, Fischer, Tokar, & Yoder, 2008; Choma & Prusaczyk, 2018; Frederick, Kelly, Latner, Sandhu, & Tsong, 2016; Velez, Campos, & Moradi, 2015). Relative to White women, the sexual objectification experiences of women of colour differ in meaningful ways. Watson and colleagues (2012) found that the sociohistorical effects of slavery and patriarchy have uniquely shaped the sexually objectifying experiences of African American women. For instance, the "Jezebel" stereotype, historically rooted in the slavery era, portrays lighter-skinned African American women as promiscuous, seductive, and animalistic (Collins, 1990; Townsend, Thomas, Neilands, &

Jackson, 2010). Unsurprisingly then, African American women are more likely than White women to report incidences of sexual objectification (Watson, Marszalek, Dispenza, & Davids, 2015). Moreover, in countries with histories of British colonialization or White settlement, cultural norms continue to exist depicting lighter-skinned women of colour as more prestigious and sexually attractive than their darker-skinned counterparts (see Charles, 2009, 2011). In India, for instance, interpersonal and workplace interactions often communicate the message that lighter (*vs.* darker) skinned Indian women are more attractive and higher in social status (see Hunter, 2011). Indian media outlets also routinely advertise skin bleaching products such as *Fair and Lovely* in which commercials depict the economic and social advantages of Whiteness (Hunter, 2011); when a darker Indian woman uses *Fair and Lovely*, she is immediately rewarded with a romantic relationship, implying that lighter skin tone is an important indicator of her worth and sexual attractiveness. Overall, these studies suggest that race is an integral component of sexual objectification, with sexual desirability and worth closely connected to skin colour.

Given that the sexual objectification experiences of women of colour are connected to lighter skin tone, Whiteness may be a relevant beauty ideal for women of colour. Consistent with this notion, women of colour anticipate being evaluated based on their skin tone (Bond & Cash, 1992) and indicate that they would lighten their skin tone if they had the chance (Wallace, Townsend, Glasgow, & Ojie, 2011). Thus, some women of colour might also internalize a *White* beauty ideal as their own personal standard (Bond & Cash, 1992; Hunter, 2011). In this way, skin tone may be an especially relevant physical feature for women of colour to monitor. That is, they might habitually scrutinize and question the attractiveness of their skin tone from an outsider's perspective or engage in a group-specific form of self-objectification known as *skin*

tone surveillance (Buchanan et al., 2008; see Choma & Prusaczyk, 2018; Harper & Choma, in press).

Skin tone surveillance is conceptually akin to body surveillance. Body surveillance has long been considered a manifestation of self-objectification (see Augustus-Horvath & Tylka, 2009; Linder, Tantleff-Dunn, & Jentsch, 2012; McKinley & Hyde, 1996; Moradi, 2010). As a construct, body surveillance encompasses the monitoring of one's physical body (e.g., body shape and size), and is typically measured using McKinley and Hyde's (1996) Objectified Body Consciousness Surveillance Subscale. However, since its development, objectification theory as a framework has enabled researchers to consider how unique cultural pressures other than thinness ideals influence the manifestation of body surveillance across diverse groups of women (Moradi, 2010). In this vein, the Skin Tone Surveillance Scale is a modified version of the body surveillance scale specifically measuring the monitoring of one's skin tone among women of colour. As argued by Buchanan and colleagues (2008) and Choma and Prusaczyk (2018), incorporating skin tone surveillance into the framework of objectification theory directly addresses Fredrickson and Roberts' claim that self-objectification may manifest differently depending on women's race and ethnicity (see also Moradi, 2010). Accordingly, skin tone surveillance may be a particularly useful measure of self-objectification for women of colour, allowing a direct way to test the tenets of objectification theory among women of colour.

To date, a handful of studies have investigated skin tone surveillance among women of colour. Consistent with objectification theory, research indicates that the internalization of the White beauty ideal (Harper & Choma, in press) predicts greater skin tone surveillance among Indian women living in India. Further, in a sample of African American women attending a university in the U.S., Buchanan et al. (2008) found that higher skin tone surveillance was

associated with greater skin colour dissatisfaction and body shame, paralleling findings with White women wherein body surveillance is associated with body dissatisfaction and body shame. Extending this work, in community samples of African American women in the U.S. and Indian women in India, Choma and Prusaczyk (2018) demonstrated that higher skin tone surveillance also was related to greater skin colour dissatisfaction as well as skin bleaching behaviour (of note, skin tone surveillance was a considerably stronger correlate of skin colour dissatisfaction and skin bleaching behaviour than body surveillance).

Given limited research conducted on the effects of skin tone surveillance, it remains unclear the extent to which skin tone surveillance relates to general well-being outcomes among women of colour. Skin tone surveillance may be a particularly relevant predictor of depression and dissatisfaction with life for women of colour such as Indian women living in India. Just as surveying body shape and size relates to depression for (predominantly) White women, the repetitive focus on one's skin tone as inadequate may also foster depressive symptoms for women of colour. Moreover, as discussed earlier, women of colour are socialized to believe that their appearance, including their skin tone, is an important indicator of their overall worth and value to others. Hence, women of colour who monitor their skin tone may also experience lower satisfaction with life. Thus, extending the current literature on objectification theory, the present study considers whether skin tone surveillance relates to higher depression and lower life satisfaction among Indian women living in India.

1.2. System Justification

The emphasis on skin tone in the sexual objectification of women of colour is instilled within a broader social context wherein embodying lighter skin affords economic and social privileges. That is, Whiteness as an ideal exists within a system of colourism wherein White

women or lighter-skinned women of colour are privileged and considered to be more beautiful and higher in status than darker-skinned women of colour (see Charles, 2011; Hunter, 2011; Kendall, 2013). As Hunter (2011) describes, racial capital can only exist in a context that views a woman's body as a commodity to be objectified. Accordingly, women with lighter skin tones gain capital in the form of social networks, higher self-esteem, romantic relationships, higher social status, and economic benefits such as higher-paying jobs and promotions (Hunter, 2002; 2011). In other words, the social hierarchy that privileges lighter (vs. darker) skin operates among women of colour, not just between White women and women of colour.

According to system justification theory (Jost & Banaji, 1994), individuals belonging to lower and higher status groups are motivated to maintain group-based hierarchies. One way in which systems like colourism are maintained is through system justifying ideologies, or beliefs that social systems are fair and defensible. Endorsing a system justifying ideology that positions one group as higher in status over other groups legitimates inequality (e.g., Pratto et al., 2000), including perpetuating prejudice and discrimination (Sidanius, Pratto, Van Laar, & Levin 2004). To illustrate, Choma and Prusaczyk (2018) noted that the association between higher skin tone surveillance and greater skin bleaching behaviour was stronger among women of colour *higher* in belief in a just world (i.e., the belief that the world is a fair place and people get what they deserve; Lerner, 1980; see Hafer & Choma, 2009). In other words, women of colour endorsing belief in a just world were more likely to bleach their skin the more they monitored their skin tone, a behaviour that ultimately maintains rather than transforms colourism (see Jost & Burgess, 2000; Jost & Hunyady, 2005 for more examples). In a similar vein, the nature of the relations between skin tone surveillance and well-being may differ depending on Indian women's denial or minimization of colourism or White privilege. Critically, for lower status individuals, the

endorsement of system justifying ideologies is associated with higher well-being (e.g., Jost & Hunyady, 2005); that is, system justifying ideologies can serve a protective effect for those otherwise disadvantaged by hierarchical social systems because they impose a perception that current circumstances are fair and justifiable. Thus, Indian women who are more (*vs.* less) likely to “buy into” the status quo (i.e., those who endorse a system justifying ideology) might benefit with respect to higher well-being (i.e., they may perceive colourism as natural or legitimate).

1.2.1. Colour-blind racial ideology. Colour-blind racial ideology is a system justifying belief that narrowly considers race and therefore colourism (Neville, Lilly, Duran, Lee, & Browne, 2000). Colour-blind racial ideology includes emphasizing sameness between racial groups and skin tones, denying the notion of racism or White privilege. Colour-blind racial ideology also encompasses the attitude that everyone has the same opportunities to succeed in life and therefore individuals are to blame for their failures. Blatant acts of racism have become increasingly less tolerated in society (Dovidio & Gaertner, 1999; Dovidio, Gaertner, & Pearson, 2017). It is much more common for people to adopt a colour-blind racial ideology, as many individuals try to ignore race and be “fair minded.” Race, however, does matter because of subtler forms of institutional and cultural racism that exist in societies. By ignoring racial inequality, colour-blind racial ideology serves to rationalize and maintain prejudice and discrimination against people of colour. Therefore, Neville and colleagues have coined colour-blind racial ideology as a form of ultramodern racism among Whites and internalized racial inferiority among non-Whites.

In the present context, Indian women who endorse a colour-blind racial ideology demonstrate internalized racial inferiority; by denying the impact of systemic and racial inequality in India, Indian women effectively justify and maintain colourism as a natural and fair

system. Although the endorsement of colour-blindness ultimately maintains colourism by failing to recognize (and rectify) how White privilege disadvantages darker-skinned individuals, it may provide personal benefits for those otherwise disadvantaged by the status quo. For instance, Coleman, Chapman, and Wang (2012) showed that people of colour who endorse colour-blind racial ideology report less race-related stress, presumably because they do not identify the ways in which racism affects them and, as a result, might perceive that their lives are more satisfying or less stressful. Relatedly, Fischer (2006) demonstrated that women's endorsement of benevolent sexism (a seemingly positive but oppressive attitude toward women) can serve a self-protective function in environments that are perceived as hostile toward women. In this regard, colour-blind racial ideology may be protective for Indian women in the context of colourism, potentially relating to lower depressive symptoms and higher life satisfaction.

Moreover, colour-blind racial ideology might also provide a protective effect for Indian women in a sexual objectification context. Indian women who endorse colour-blindness are less likely to recognize White privilege, or at least are relatively more content with their position in the racial hierarchy. Thus, Indian women endorsing colour-blind racial ideology might be less likely to experience poorer well-being when monitoring their skin tone. In other words, theoretically, Indian women who more strongly (*vs.* weakly) endorse colour-blind racial ideology might be less likely to experience depression and dissatisfaction with life when monitoring their skin tone.

1.3. The Present Research

In summary, relations between skin tone surveillance with depression and life satisfaction, and the possible moderating function of colour-blind racial ideology on these associations, were investigated in a sample of Indian women living in India. Consistent with

objectification theory (Fredrickson & Roberts, 1997), we expected greater skin tone surveillance to be related to higher depression (Hypothesis 1a) and lower life satisfaction (Hypothesis 1b). Given that some system justifying ideologies provide a personal-level protective effect, we predicted that colour-blind racial ideology would be associated with lower depression (Hypothesis 2a) and higher life satisfaction (Hypothesis 2b). Further, we expected colour-blind racial ideology to weaken the relations between greater skin tone surveillance with higher depression (Hypothesis 3a) or lower life satisfaction (Hypothesis 3b).

2. Method

2.1. Participants and Procedure

Ethics approval was granted from the second author's institution. Indian women ($M_{\text{age}} = 26.49$, $SD = 2.67$, range: 19-30) (initial sample: $n = 200$; 23 participants were removed because they identified as male, leaving 177 women) fluent in English were recruited using Amazon Mechanical Turk (see Buhrmester, Kwang, & Gosling, 2011) and paid \$1US for their participation. After providing consent, participants completed several measures, including skin tone surveillance, colour-blind racial ideology, life satisfaction, and depression. Other variables were measured as part of a larger study on skin tone surveillance; portions of these data have been previously analyzed. Specifically, skin tone surveillance was analyzed in relation to skin colour dissatisfaction and skin-bleaching behavior (see Choma & Prusaczyk, 2018).

2.2. Measures

2.2.1. Skin tone surveillance. Skin tone surveillance was assessed with a modified version of McKinley and Hyde's (1996) Objectified Body Consciousness Scale: The Body Surveillance Subscale. Buchanan et al. (2008) modified the eight items from the Body Surveillance Subscale to emphasize surveying skin tone rather than body shape and size.

Participants responded to these modified items (e.g., “I often think about how much lighter or darker my skin is than other people’s”) on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Scores were computed by averaging the items with higher scores indicating greater skin tone surveillance; Cronbach’s $\alpha = .85$ in the present study.

2.2.2. Colour-blind racial ideology. Colour-blind racial ideology was measured using the 16-item Color-Blind Racial Attitudes Scale (Neville et al., 2000). Items referring to an ‘American’ context were modified to an ‘Indian’ context. Participants responded to the items (e.g., “Everyone who works hard, no matter what skin tone they have, has an equal chance to become rich” or “Racism and discrimination against skin tone in India are rare, isolated situations”) on a scale from 1 (*not at all appropriate*) to 5 (*very appropriate*). Scores were computed by averaging the items with higher scores denoting greater endorsement of colour-blind racial ideology; Cronbach’s $\alpha = .85$ in the present study.

2.2.3. Depression. Depression was measured using Lovibond and Lovibond’s (1995) 14-item depression subscale of the Depression Anxiety Stress Scales. Participants responded to the items (e.g., “I feel downhearted and blue” and “I feel that life is meaningless”) on a scale from 1 (*does not apply to me*) to 4 (*does apply to me very much*). Scores were computed by averaging items, with higher scores denoting greater depression; Cronbach’s $\alpha = .96$ in the present study.

2.2.4. Life satisfaction. Life satisfaction was measured using Diener, Emmons, Larsen, and Griffin’s (1985) 5-item Satisfaction with Life Scale. Participants responded to the items (e.g., “The conditions of my life are excellent”) on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*). Scores were computed by averaging items, with higher scores denoting greater life satisfaction; Cronbach’s $\alpha = .82$ in the present study.

3. Results

Analysis of missing data showed that 0.31% of items across all cases were missing, and 91% ($n = 161$) of items across cases had complete data. The most missing cases for any individual item was five participants. Where there were missing items, available item analysis (AIA) was used (Parent, 2013). That is, scale-level scores were created based on available items for each participant. Means, standard deviations, and correlations among study variables are shown in Table 1. Results showed that greater skin tone surveillance related to higher colour-blind racial ideology and depression but was unrelated to life satisfaction. Further, greater endorsement of colour-blind racial ideology related to higher life satisfaction and depression. Greater life satisfaction related to lower depression.

Table 1
Means, standard deviations, and correlations

| | <i>M (SD)</i> | 1 | 2 | 3 |
|---------------------------------|---------------|-------|-------|--------|
| 1. Skin tone surveillance | 4.12 (1.20) | -- | | |
| 2. Colour-blind racial ideology | 3.27 (0.70) | .42** | -- | |
| 3. Life Satisfaction | 5.25 (1.11) | -.01 | .28** | -- |
| 4. Depression | 1.94 (0.80) | .38** | .32** | -.28** |

Note. $N = 177$. * $p < .05$. ** $p < .001$.

3.1. Primary Analyses

To test our hypotheses, two linear regression analyses were conducted using Model 1 in PROCESS software (see Table 2) (Hayes, 2018). We entered the predictor (i.e., skin tone surveillance), moderator (i.e., colour-blind racial ideology), and one outcome at a time in each analysis (i.e., depression or life satisfaction). The moderator was mean-centred in PROCESS before the analyses were conducted. Significant interactions were probed at 1SD above the mean,

at the mean, and $1SD$ below the mean of the moderator to illustrate effects; the Johnson-Neyman technique was employed to more specifically identify the continuous point(s) along the moderators where an effect transitions between being statistically significant to nonsignificant or vice versa. Parameter estimates and significance tests were based on bias-corrected estimates generated from 1000 bootstrap samples.

Table 2
Regression results

| | Depression | Life Satisfaction |
|------------------------------|------------------|---------------------|
| Skin Tone Surveillance | .20** [.10, .30] | -.14* [-.29, -.003] |
| Colour-Blind Racial Ideology | .23* [.06, .40] | .57** [.33, .82] |
| STS \times CBRI | .11* [.01, .21] | -.20* [.04, .35] |
| Model R^2 | .19 | .13 |

Note. * $p < .05$. ** $p < .001$. Standardized coefficients are shown, followed by 95% confidence intervals in brackets. CBRI = Colour blind racial ideology. STS = skin tone surveillance.

3.1.1. Depression. Consistent with Hypothesis 1a, greater skin tone surveillance significantly predicted higher depression. Inconsistent with Hypothesis 2a, greater colour-blind racial ideology was significantly associated with higher (*vs.* lower) depression. With respect to Hypothesis 3a, the interaction between skin tone surveillance and colour-blind racial ideology was significant. However, opposite of what was expected, simple slope analyses showed that the positive slope was significant among those higher in colour-blind racial ideology, $b = .27$ (95% CI: .15 to .40), $t(173) = 4.21$, $p < .001$, and significant, but comparatively weaker, among those lower in colour-blind racial ideology, $b = .12$ (95% CI: .01 to .23), $t(173) = 2.23$, $p = .030$ (see Figure 1). Specifically, the Johnson-Neyman technique showed that the positive relation between

skin tone surveillance and depression was significant for colour-blind racial ideology scores including and above 2.57 (on a 1-5 scale).

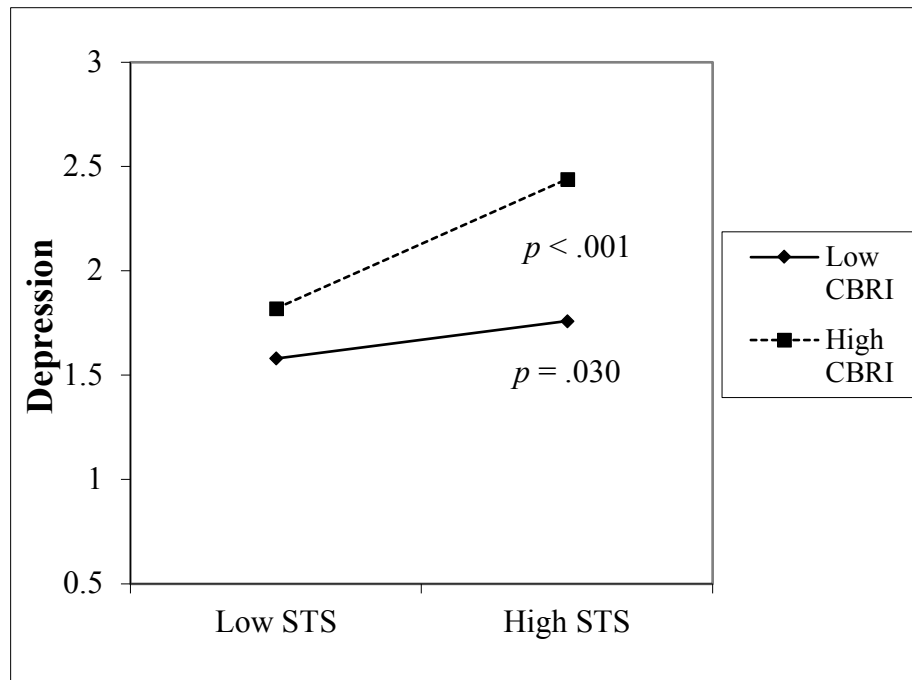


Figure 1. Interaction between skin tone surveillance and depression with colour-blind racial ideology as moderator. CBRI = colour blind racial ideology; STS = skin tone surveillance.

3.1.2. Life satisfaction. Consistent with Hypothesis 1b, greater skin tone surveillance was significantly associated with lower life satisfaction. Consistent with Hypothesis 2b, greater colour-blind racial ideology significantly predicted higher life satisfaction. With respect to Hypothesis 3b, the interaction between skin tone surveillance and colour-blind racial ideology was also significant. Consistent with expectations, simple slope analyses showed that the negative slope was significant among those lower in colour-blind racial ideology, $b = -.28$ (95% CI: $-.46$ to $-.10$), $t(173) = -3.13$, $p = .002$, but nonsignificant among those higher in colour-blind racial ideology, $b = -.01$ (95% CI: $-.18$ to $.17$), $t(173) = -0.07$, $p = .941$ (see Figure 2).

Specifically, the Johnson-Neyman technique showed that the negative association between skin

tone surveillance and life satisfaction was significant for colour-blind racial ideology scores including and below 3.29 (on a 1-5 scale).

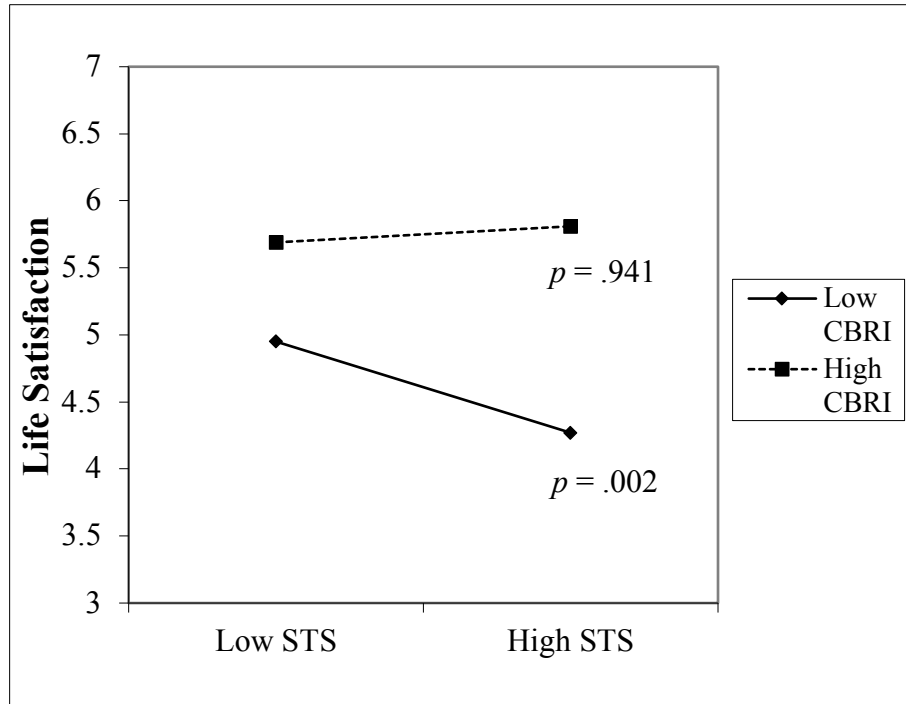


Figure 2. Interaction between skin tone surveillance and life satisfaction moderated by colour-blind racial ideology. CBRI = colour blind racial ideology; STS = skin tone surveillance.

4. Discussion

Most research on self-objectification has been conducted with White university women living in Western countries. However, the self-objectification experiences of women of colour are unique and warrant further empirical investigation. That is, sexual objectification experiences often hypersexualize women of colour while also communicating the message that lighter-skinned women of colour are more sexually appealing or worthy than darker-skinned women of colour (e.g., Bond & Cash, 1992; Hunter 2011; Watson et al., 2012). Given that the sexual objectification of women of colour occurs in a context that privileges lighter skin tone, Whiteness may be a dominant beauty ideal for women of colour. In this way, skin tone may be

an especially important physical characteristic for women of colour to evaluate. As such, women of colour may engage in skin tone surveillance, or the habitual scrutiny and questioning of the attractiveness of their skin tone (see Buchanan et al., 2008). Fredrickson and Roberts (1997) claimed that the manifestation of self-objectification may vary across racial and ethnic groups. By studying skin tone surveillance in the present research, we address Fredrickson and Roberts' hypothesis and the applicability of objectification theory across social/cultural groups.

Novel to the present body of literature, in the present study we found that Indian women who monitored their skin tone more were more likely to experience depressive symptoms. These findings are consistent with objectification theory (Fredrickson & Roberts, 1997) and past research showing that body surveillance predicts depression and poorer well-being among (predominantly) White university women (e.g., Choma et al., 2009; Jones & Griffiths, 2015). Thus, just as monitoring body shape and size relates to depression for (predominantly) White women (see Jones & Griffiths, 2015), the repetitive focus on one's skin tone as inadequate also fosters depressive symptoms for Indian women. Future research could establish the causal effect of skin tone surveillance on depressive symptoms, and test whether this effect is mediated by greater body shame and appearance anxiety as in past research (e.g., Szymanski & Henning, 2007).

Skin tone surveillance also was related to lower life satisfaction², consistent with objectification theory and research showing that body surveillance is linked to lower life satisfaction among (predominantly) White women (Mercurio & Landry, 2008). Sexually

² The zero-order correlation between skin tone surveillance and life dissatisfaction was not significant; however, skin tone surveillance was related to lower life satisfaction once color-blind racial ideology was entered into the regression equation, suggesting that it is a suppressor variable (e.g., see Conger, 1974; Thompson & Levine, 1997). In other words, when holding color-blind racial ideology constant, skin tone surveillance is related to life dissatisfaction.

objectifying experiences communicate the message that a woman's worth is closely intertwined with her skin tone. Accordingly, Indian women who are chronically preoccupied with their skin tone as inferior perceive their lives to be less satisfactory. Future research could test the causal effect of skin tone surveillance on lower life satisfaction, and whether this effect is mediated by greater body shame or lower self-esteem (consistent with Mercurio & Landry, 2008).

The White beauty ideal emerged from a system of colourism that has historically elevated lighter skin tone as superior to darker skin tone (see Charles, 2011; Hunter, 2011; Kendall, 2013). According to system justification theory (Jost & Banaji, 1994), systems like colourism are maintained through system justifying ideologies, or beliefs that social systems are fair and defensible. In denying the impact of systemic and racial inequality, individuals who endorse colour-blind racial ideology justify and maintain colourism as natural and fair. Although endorsing colour-blind racial ideology can maintain White privilege, disadvantaged group members (e.g., Indian women) who endorse colour-blindness might experience a protective effect of enhanced well-being. For instance, people of colour who endorse colour-blind racial ideology tend to report less race-related stress (Coleman et al., 2012); when individuals are colour-blind, they likely do not realize the ways in which racism affects them personally and thus may experience less stress. As such, we theorized that women who endorse greater colour-blind racial ideology might experience lower depression and higher life satisfaction.

Contrary to expectations of a protective effect, our study demonstrated that Indian women who endorsed greater colour-blind racial ideology were more likely to be depressed. However, as expected and consistent with system justification theory (Jost & Banaji, 1994), Indian women who endorsed greater colour-blind racial ideology were more satisfied with life. It is possible that because life satisfaction involves a cognitive assessment of one's life in general,

Indian women report greater life satisfaction buying into the “natural order” of society. That is, they may evaluate their life as more satisfying when minimizing White privilege. However, given that Indian women nonetheless occupy a disadvantaged social position it is possible that they simultaneously experience visceral feelings of sadness when denying the existence of colourism, despite perceptions of fairness. Indeed, in general, relative to advantaged group members (e.g., Whites), individuals from disadvantaged groups tend to experience more persistent psychological disorders (Breslau, Kendler, Su, Gaxiola-Aguilar, & Kessler, 2004) and higher rates of depression (Pascoe & Richman, 2009). In other words, it is possible that disadvantaged group members who endorse system justifying ideologies experience enhanced well-being with respect to cognitive evaluations, but not affect. Future research could replicate this effect and address this distinction.

We also considered the moderating role of colour-blind racial ideology. Specifically, we hypothesized that colour-blind racial ideology might provide a protective effect for Indian women in the context of sexual objectification. That is, Indian women who more strongly (*vs.* weakly) endorse colour-blindness may be relatively more content with their position in the racial hierarchy, and thus less likely to experience poor well-being when monitoring their skin tone. Inconsistent with this prediction, we found that among Indian women higher (*vs.* lower) in colour-blind racial ideology the positive association between skin tone surveillance and depression was stronger rather than weaker. That is, colour-blind racial ideology had an exasperating effect. As noted above, although some Indian women deny or minimize racial divisions, they may still encounter discrimination based on skin tone. Thus, it is possible that Indian women who deny White privilege may be blind to how racism informs the White beauty ideal and may be especially likely to feel bad about themselves when monitoring their skin tone.

In this way, they may perceive themselves to be at fault for their personal shortcomings. In contrast, Indian women who acknowledge White privilege may recognize that the White beauty ideal stems from a racist system and might be more likely to scrutinize societal ideals rather than internalize personal inferiority. Future research could explore this possibility.

In accordance with system justification theory (Jost & Banaji, 1994), among Indian women higher in colour-blind racial ideology, there was no association between skin tone surveillance and dissatisfaction with life. Among Indian women lower in colour-blind racial ideology, however, skin tone surveillance was related to lower satisfaction with life. This finding is consistent with a buffering effect of colour-blind racial ideology (Coleman et al., 2012), wherein denying or minimizing racial divisions in society enhances well-being, in this context removing the negative association between skin tone surveillance and life dissatisfaction otherwise present for Indian women lower in colour-blind racial ideology. Thus, despite perpetuating colourism at the societal level by denying rather than transforming colourism, endorsing a colour-blind racial ideology may provide a protective benefit in neutralizing an association otherwise present between skin tone surveillance and life dissatisfaction.

4.1. Limitations

There are limitations to consider in the present research. First, the correlational design of the present research does not reveal the direction or causality of the relations tested. For instance, it is possible that depression or life dissatisfaction predict skin tone surveillance. Although this is theoretically inconsistent with objectification theory and system justification theory, experimental research could confirm the direction and causality of relations. Second, we did not measure the internalization of a White beauty ideal. Instead, consistent with most literature on self-objectification demonstrating that the internalization of a thin beauty ideal at least partly

mediates the effect of sexual objectification on self-objectification (e.g., Vandenberg & Eggermont, 2012), we adopt the position that Whiteness internalization is one factor that might contribute to skin tone surveillance. In preliminary support for this claim, Harper and Choma (in press) report strong correlations between Whiteness internalization and skin tone surveillance in samples of African American women and Indian women. Future research evaluating the causal ordering of these variables would be fruitful for demonstrating why sexual objectification leads to skin tone surveillance among women of colour.

Third, actual skin colour (i.e., tone) may be important to consider with respect to colour-blind racial ideology or skin tone surveillance. Although we did not measure an indicator of skin colour in the present study, Harper and Choma (in press) show that for Indian women living in India, skin colour does not predict skin tone surveillance. Instead, consistent with system justification theory and objectification theory, endorsing the status quo that privileges Whiteness may be more relevant for skin tone surveillance and well-being than objective skin colour. Researchers could further explore the role of skin colour in the present context.

Fourth, body surveillance as a measure of self-objectification has its limitations. Although the Objectified Body Consciousness Surveillance Scale is a valid and reliable measure (McKinley & Hyde, 1996; Moradi & Varnes, 2017), some researchers question whether body surveillance and self-objectification are the same construct (e.g., see Calogero, 2011). Moreover, some items on the Objectified Body Consciousness Surveillance Scale reflect social comparison components unrelated to the definition of self-objectification (Lindner & Tantleff-Dunn, 2017). Given that the Skin Tone Surveillance Scale was modified based on the Objectified Body Consciousness Surveillance Scale, the present findings should be considered with respect to the caveats of the original measure. Recently, Lindner and Tantleff-Dunn (2017) validated a new

measure of self-objectification, known as the Self-Objectification Beliefs and Behaviors Scale. Although this scale has been validated with samples of predominantly White women in Western contexts, future research could use or modify the Self-Objectification Beliefs and Behaviors Scale with a focus on skin colour to further explore the effects of skin-based self-objectification.

Fifth, our findings may not be generalizable to all women of colour, but rather, may apply more specifically to Indian women. It would be fruitful for future researchers to replicate this research and evaluate the relations between skin tone surveillance and well-being outcomes in other samples of women of colour to confirm that skin tone surveillance is indeed a group specific type of self-objectification that operates similarly across women of colour from different cultures (including more research in an Indian context). Moreover, given that India is a hierarchically organized caste society in which lighter skin tone is favored (Hunter, 2011), colour-blind racial ideology may be a particularly relevant system justifying ideology in the present context but not in less racially stratified societies. Future research could explore this possibility.

4.2. Conclusion

Skin tone surveillance – a group-specific type of self-objectification – is a presently understudied phenomenon despite emerging research suggesting its utility in understanding the sexually objectifying experiences of women of colour. The present research extends objectification theory by suggesting that skin tone surveillance operates like body surveillance in its association with poorer mental health among women of colour. Given the ubiquity of the White beauty ideal, self-objectification researchers are encouraged to explore further the effects of skin tone surveillance among women of colour. The present findings also extend research on system justification theory by suggesting that colour-blind racial ideology – a system justifying

ideology – appears to provide a protective effect with respect to beliefs about one’s life but does not buffer against depressive symptoms. More research is needed to differentiate whether system justifying ideologies enhance emotional well-being (i.e., affective indicators) for lower status group members or merely contribute to beliefs and perceptions that life is fair and satisfactory (i.e., cognitive indicators). Ultimately, although non-Western, non-White, and non-university samples are more difficult to secure, research on self-objectification with more diverse samples will serve to evaluate the utility of objectification theory (and system justification theory) for appreciating the self-objectification experiences of women in a multitude of cultural contexts.

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