Skin Color Matters in Latino/a Communities: Identifying, Understanding, and Addressing Mestizaje Racial Ideologies in Clinical Practice

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Little attention has been paid to within-group differences among Latino/as, particularly with regards to skin color and related racial features. The few available studies suggest that skin color, physiognomy, and colorism (a form of within-group racial discrimination) can negatively affect interpersonal relations, mental health, educational attainment, and income among Latino/as. Considering factors such as skin color and physiognomy in the general well-being and mental health treatment of Latino/as may foster rapport building in therapy and better treatment outcomes for individuals across the color gradient. Integrating such factors may also contribute to the provision of culturally responsive and racially conscious services to individuals from this community. Thus, there is an urgent need for mental health practitioners to understand and address the impact of skin color and physiognomy on the lived experience of Latino/as. The purpose of this paper is to help prepare mental health practitioners working with Latino/as to identify, acknowledge, and respond to the clinical implications of skin color, racial features, and colorism. To achieve this goal, 3 objectives are outlined. First, the concept of *Mestizaje racial ideologies*, a myopic view that places individuals of Latino/a descent from the entire color spectrum into one racial category, is presented. Second, a case vignette is offered to illustrate how topics related to skin color and colorism may present themselves in clinical practice. Finally, the article concludes with a model to assist mental health practitioners, educators, and clinical supervisors gain the knowledge, awareness, and clinical skills to competently address the role of skin color and physiognomy when working with Latino/as.

Keywords: Latino Latina, racial and ethnic discrimination, skin color, colorism and training, mental health intervention

The latest Bureau of the Census report (2011) demonstrates that in the last decade the United States (U.S.) has experienced an unprecedented change in its demographic makeup. Latino/as, one of the groups contributing to this shift, are currently the largest and fastest growing ethnic minority group in the U.S. As of the year 2010, there were 50.5 million Latinos/as, comprising 16% of the total U.S. population (U.S. Bureau of the Census, 2011). Moreover, it is estimated that by the year by 2030, 20% of the total U.S.

population will be of Latino/a decent (U.S. Census Bureau, 2004). As the proportion of Latino/as in the United States continues to grow, there is an increasing need for mental health providers to be adequately prepared to meet the needs of this population (Adames, Chavez-Dueñas, Fuentes, Salas, & Perez-Chavez, 2014) including understanding the complexities of within-group differences.

Despite the increased demographic representation of Latino/as in the U.S., there continues to be a dearth of psychological literature that addresses differences within the Latino/a population (Chavez-Dueñas, Adames, & Organista, 2014). Most of the literature uses the panethnic labels "Latino/a" and "Hispanic" that gloss over the diverse experience of Latino/as who come from distinct nation origin groups, different levels of acculturation, stages of racial and ethnic identity, generational and socioeconomic status, religion, spiritual faith, and race/skin color. Although panethnic terms may have political relevance and often provide a sense of unity among individuals who have experienced a history of oppression, discrimination, and invisibility in the U.S. (Chavez-Dueñas et al., 2014), they also obscure within group differences. The use of the terms like "Hispanic" and "Latino/a" by the U.S. government has led to some challenges for Latino/as regarding racial self-identification. For instance, in the latest report from the U.S. Bureau of the Census, 51% of Latino/as identified their race as "other" (Taylor, Hugo-Lopez, Hamar Martinez, & Velasco, 2012) suggesting that skin color and phenotype significantly impact their lives (Terry & Fond, 2013). A review of the few available studies examining colorism (a form of within-group racial discrimination) and skin color among Latino/as suggest that being darker and less European-looking can negatively impact mental health (Montalvo, 2005; Montalvo & Codina, 2001; Ramos, Jaccard, & Guilamo-Ramos, 2003), educational attainment, and wages (Arce, Murgia, & Frisbie, 1987).

In one of the earliest studies, darker and more indigenous phenotypical Latino/as reported less educational attainment (9.5 and 7.8 years, respectively), lower income ($12,721 and $10,450, respectively), and higher levels of perceived discrimination than their lighter skinned and more European looking Latino/a counterparts (Arce et al., 1987). A more recent study of diversity within the upper echelons of corporate America found that among chief executive officers of Fortune 500 companies, only 1% were of Latino/a descent (Zweigenhaft & Domhoff, 2006), and most of these were of elite Cuban American background and described as culturally and racially similar to European Americans, with their international orientation being the only feature differentiating them from non-Latino/a chief executive officers (Zweigenhaft & Domhoff, 2006).

Skin Color and Gender

Afro-Latinas (Latinas of African descent) report the highest levels of depressive symptoms when compared with European Americans and African Americans (Comas-Diaz, 1996; Ramos, Jaccard, & Guilamo-Ramos, 2003). Araújo and Borrell (2006) identified three studies that consistently linked discrimination to mental health outcomes such as stress and depressive symptoms. The first, by Codina and Montalvo (1994), looked at levels of depression, as measured by the Center for Epidemiologic Studies Depression Scale, and found that dark-skinned Latinas reported

higher levels of depression than lighter skinned Latino/as. The second, by Stuber, Galea, Ahern, Blaney, and Fuller (2003), conducted 382 phone interviews with Latino/as and found that those who reported poor mental health also reported experiencing racial discrimination. Finally, the third study, by Ramos et al. (2003), compared the depressive symptoms between European Americans, African Americans, and Afro-Latino/a adolescents (i.e., identifying their ethnicity as Latino/a and race as Black) and found the latter reported the highest levels of depressive symptoms. Another study by Telzer and Vazquez-Garcia (2009) examined skin color in immigrant and U.S.-born Latina college students and found that Latina immigrants with darker skin reported more negative self-perceptions, felt less attractive, and wanted their skin color to be lighter. However, they also found that racial socialization and ethnic identity served as protective factors. That is, Latina immigrants with darker skin who felt more connected to their ethnic group reported higher self-esteem and more satisfaction with their skin color as compared to those with lower levels of racial socialization ethnic identity.

While more research is needed, the pattern in the extant literature reviewed strongly suggests that individuals with darker skin and less European looking phenotype experience more racial stigma and discrimination and consequent psychological distress (Codina & Montalvo, 1994; Telzer & Vazquez-Garcia, 2009). Thus, it is critical that mental health providers be knowledgeable regarding how skin color and colorism may impact Latino/as, and how to integrate such knowledge into clinical practice.

The purpose of this article is to help prepare mental health practitioners working with Latino/as to identify, acknowledge, and respond to the clinical implications of skin color, racial features, and colorism for their clients. To accomplish these goals, a brief discussion on how the ideology of *mestizaje* (an ideology whereby everyone of Latino/a descent are deemed to be of mixed race) contributes to the challenges Latino/as face with racial self-identification is offered as a prelude to a case vignette illustrating how skin color and racial features may present themselves in clinical practice. The article concludes with a model to help mental health practitioners planfully prepare to address this sensitive and significant topic.

Mestizaje Racial Ideologies (MRIs): Implications for Self-Identification

Latino/as have a rich history of ancestral traditions that traces its roots to three predominant different racial groups including indigenous, Black, and White. The mixing of these three groups in the period following the colonization of the Americas is referred to as *mestizaje* (Chavez-Dueñas et al., 2014; Gates, 2011). Although this term was initially used to connote that all individuals of Latino/a descent were racially mixed, the term was also constructed as a way to deny that a racial/color hierarchy had been established within which lighter skinned and more European-looking phenotypes had higher power and status than individuals with darker skin and more indigenous and/or African phenotypes (Organista, 2007; Soler-Castillo & Pardo Abril, 2009). In this article, we refer to the historical socialization of Latino/as that formed and continues to maintain the denial, deflection, and minimization of the skin color hierarchy as *Mestizaje Racial Ideologies* (MRIs). As a result, MRIs

place individuals from the entire color spectrum, from the darkest indigenous/African type to the lightest European type, into one racial category that de-emphasizes the impact of skin color and phenotype on the lives of Latino/as. Overall, individuals of Latin American descent were socialized not to identify themselves racially despite being perceived and treated as such, thereby enacting a skin color hierarchy and persistent preference for Whiteness that continues to this day (Chavez-Dueñas et al., 2014; Montalvo & Codina, 2001).

The MRIs instilled in Latino/as have impacted their racial self-identification in complex ways. It is not surprising that when Latino/as are asked to identify their race, over half continue to identify as "some other race" or as "Latino/Hispanic" (Taylor, Hugo-Lopez, Hamar Martinez, & Velasco, 2012). Of the remaining, 36% identified as White, 10% as Black, and 3% did not answer the question. The fact that most Latinos/as classify their race as "other" makes it difficult to accurately assess their discriminatory racial experiences. For instance, "many Latino/as may not see themselves as victims of racial discrimination because they do not classify themselves as Black" (Araújo & Borrell, 2006, p. 251) despite being phenotypically Black. Although it may be difficult to accurately assess the discriminatory racial experiences of Latinos/as of indigenous and African descent, addressing the role of skin color in clinical practice becomes paramount given the links between racial/ethnic identity, self-esteem, mental health, racial discrimination and quality of life more generally (Codina & Montalvo, 1994; Montalvo & Codina, 2001; Telzer & Vazquez-Garcia, 2009).

Addressing the Role of Skin Color in Clinical Practice

While the link between skin color and discrimination has been established and the issues addressed in this paper have persisted for some time, it remains an issue that can be easily overlooked or avoided in the press of day-to-day work with clients and the complexity of problems they present. In order to help practitioners work toward mindfully and planfully addressing the role of skin color/racial features in the treatment of Latino/as, the *multiracial/multiethnic/multicultural competency building model* (M3CB) is presented here to provide guidance. The M3CB was developed by White and Henderson (2008) to "offer a way for both European American and Multicultural minority mental health professionals to progress on their [multicultural competence] journey" (p. 24) by explicitly articulating the role of emotional processing and planful action on the development of multicultural competency. The creation of the conceptual model was informed by the *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* (American Psychological Association, 2003) and Sue and Sue's (2008) *Multidimensional Model for Developing Cultural Competence*, which are two seminal pieces of literature that provide structure for cultural competence in the field of mental health.

The M3CB is composed of four levels that address different domains of growth in multicultural competency (White & Henderson, 2008). The first level emphasizes conceptual/theoretical/intellectual learning, while the second level calls for individuals to participate in challenging cross-cultural dialogues, which may offer opportunities for emotional growth. At the third level of behavioral engagement, immersing oneself in the context of di-

verse people is required. Finally, the fourth level focuses on building practical skills that facilitate rapport building and allow mental health practitioners to provide effective services tailored to the unique and complex needs of diverse clients. The model requires thoughtful and planful action at each level. By engaging in activities at each of the four levels, mental health practitioners can move toward multicultural competency including an understanding of power, privilege, and within-group differences which ultimately impact service delivery.

The following case vignette illustrates how topics related to skin color and racial features among Latino/as may be indirectly communicated by clients; hence, requiring clinicians to be familiar with how colorism can manifest itself in the lived experience of their clients.

The Case of Beatriz

Beatriz is a 28-year-old, heterosexual, U.S.-born Latina female of Dominican descent. She was born and raised in a Latino neighborhood of New York City and is currently an undergraduate student in the engineering department at a public university in the northeast. Beatriz is the oldest of three siblings, all of whom were born in the United States. Her parents immigrated from the Dominican Republic in the early 1970s and established themselves in New York City, where they work at local factories and earn a minimum wage. Beatriz grew up in a traditional Latino household with strict gender roles and conservative religious Catholic values. She is the first in her immediate and extended family to attend college. She is currently dating an Afro-Latino male of Panamanian descent.

Beatriz's primary care physician referred her to the university's counseling center out of concern for her emotional well-being. She presented with a gradual loss of appetite and insomnia, which began during her first semester of college. She reported feeling too tired to attend classes. In addition, she mentioned that she had not been able to meet all of her assignment deadlines. Given her problems with appetite and losing approximately 15 lbs in the last 2 months, the family encouraged Beatriz to see their primary care physician. Specifically, Beatriz and her family were worried that she may be suffering from a "disease." Beatriz's primary care physician referred her to psychotherapy after no biological etiologies were found that could help explain her symptoms. However, prior to coming to psychotherapy, Beatriz tried traditional healing methods. For instance, she went to see a *curandera* (traditional healer) at the recommendation of her mother. Although she felt good immediately following her visit with the *curandera*, her symptoms and difficulties with sleeping returned the following week.

In the first therapy session, Beatriz reported feeling worried about "failing out of college" and expressed that "becoming an engineer would make her family very proud." She stated, "They will finally accept me." When asked to say more regarding "acceptance," Beatriz proceeded to describe a sense of "not belonging, even within my own family." She also discussed rarely feeling attractive but was "thankful" for her parents who would often say that she was their *bella negrita* (beautiful little Black girl), which used to make her feel special. Beatriz also stated "everyone thinks I will not get married because I am not pretty enough." She expressed feeling happy about dating someone who understands her and supports her goals but is concerned that some members of the extended family are not approving of her relationship. They have reportedly commented that she is not *mejorando la raza* (bettering the race) with her current partner. Beatriz stated, "All Latinos are racists." She remembered growing up always hearing comments

about her *cabello malo* (bad hair), her skin color being too dark, her nose too wide, and was often described as a "*cocola*" (derogatory term referring to individuals with dark skin color similar to the husk of a coconut).

Beatriz says that the feelings of not fitting in have intensified since she started college. She discussed feeling "out of place, not belonging" and questioning whether she would be "accepted" by her student peers and professors. Beatriz stated, "my peers and professors seldom acknowledge my presence, it must be because they don't like me." Beatriz is the only woman and the darkest student in her engineering program; however, there is another Latino in the program from Argentina who is phenotypically White. When asked about the Latino peer, Beatriz reported that she did not feel connected with him because on orientation day he walked past her without even saying, "Hi." As a result, Beatriz has avoided him ever since and believes he does not like her.

When thinking about Beatriz's case, we can identify a number of recurrent and salient themes including feeling different and not fully accepted by others, both within her family and her academic program. She also expressed ambivalent feelings about self-image or not feeling pretty despite her parents addressing her as their *bella negrita.* Like many Latino/as, Beatriz is part of a family where there is a broad range of physical characteristics, including wide variations in skin color and phenotype. Given Beatriz's long personal history of feeling different, out of place, and not being accepted, we can hypothesize that being the only woman and the darkest student in her engineering program has contributed to her presenting problems (e.g., loss of appetite, fatigue, weight loss, insomnia). Beatriz's case can be conceptualized from a number of different theoretical perspectives. However, regardless of the framework used by the clinician, several factors are important to consider when treating individuals coming from families and groups with broad ranges in skin color and phenotypes and who reference such topics (e.g., Beatriz's family discouraging her from dating certain types of people because she is not "bettering the race").

Many questions may arise for some clinicians working with individuals presenting with topics related to skin color, phenotype, and colorism. For instance, clinicians may question their personal comfort and preparedness to deal with such complexities. Others may wonder how family dynamics are impacted by broad variation in skin color and phenotype. Unfortunately most clinicians have not received training regarding how to discuss skin color and colorism in clinical practice; thus, they are likely to avoid, minimize or even exaggerate the importance of these factors.

Using the structure of the M3CB model, the following section offers recommendations to help clinicians meet the goals of each level to address colorism and phentoyping among Latino/as. That is, to planfully gain the knowledge, self-awareness, and emotional preparedness required to provide racially conscious mental health services to Latino/as, such as in the case of Beatriz.

First Level: Theoretical/Intellectual Change

The goal of the first level in the M3CB model is to increase knowledge that will assist psychotherapists to contextualize the experience of their clients. For instance, this level will focus here on the impact of skin color and phenotype on the individual, family dynamics, and access to opportunities.

The impact of skin color, phenotype, and colorism on the individual.

- Become familiar with the literature on how skin color and colorism impacts mental health. Literature in this area describes how darker skinned Latino/as often experience higher levels of psychological distress and poorer mental health due to stigma and discrimination in comparison to their lighter skinned counterparts (Araújo & Borrell, 2006; Williams, Neighbors, & Jackson, 2003).

- The skin color and phenotype influence access to opportunities available to Latino/as (Bonilla-Silva, 2014). For instance, dark-skinned Latino/as face higher levels of discrimination in the labor and housing market compared to their lighter skinned counterparts (Bonilla-Silva, 2014; Espino & Franz, 2002). Mental health practitioners are encouraged to become familiar with the literature in this area.

- Afro-Latino/as may find that they do not "fit" well within any monolithic society or group. Clinicians are encouraged to become a consumer of multidisciplinary literature from different fields (e.g., sociology, anthropology, history, popular culture) that captures the broader experience of darker skinned Latino/as. For example, Isabel Allende's (2009) novel, *Island Beneath the Sea*; Junot Diaz's (2007) novel, *The Brief Wondrous Life of Oscar Wao;* and Teun Van Dijk's (2009) edited volume, *Racism and Discourse in Latin America*, offer diverse and in depth perspectives on the experience of Latino/as across the color gradient and various phenotypes.

- MRIs de-emphasize the impact of skin color and phenotype on the lives of individuals and consequently negate the experiences of Afro-Latino/as and Latino/as of indigenous descent. Thus, mental health practitioners are encouraged to view and accept skin color and linked experiences as an integral part of their Latino/a client lives.

- A number of racial and ethnic identity models have been developed to help mental health practitioners understand the perceptions that individuals from *minoritized* racial and ethnic groups have about themselves as members of a racial and ethnic minority group (e.g., Atkinson, Morten, & Sue, 1989; Cross, 1995; Helms, 1995; Phinney, 1992). However, they do not consider within-group differences with regards to skin color. Thus, it is important to consider how the racial and ethnic identity of Latino/as is impacted by their skin color and phenotypic characteristics.

The impact of skin color, phenotype, and colorism on intra-family dynamics. Due to the influence and history of skin color privilege and stigma on the lives of Latino/as (Chavez-Dueñas et al., 2014; Quiros & Dawson, 2013), mental health professionals are encouraged to understand how the variations in skin color within Latino families are likely to impact family dynamics. For example,

- Lighter skinned Latino/as within a family are likely to be perceived as more attractive than their darker skinned siblings, cousins, and the like. In fact, Latino/as make several statements that reveal their preference for Whiteness such as, "*Ay, que bonita esta su niña . . . es tan*

blanquita" (Oh, how pretty is your child, she is so beautifully White) and "*Oh! nacio negrito/prietito pero aun asi lo queremos*" (Oh, he was born so Black/dark but we still love him all the same; Bonilla-Silva, 2014; Chavez-Dueñas et al., 2014; Dowling, 2014). Such statements, and related terms of endearment such as *bella negrita*, are often expressed with love and affection but tinged with pity. However, such double-edged terms of endearment can also be used to belittle and further stigmatize darker skinned Latino/as during times of frustration and heated discussions (e.g., Get your Black a** home right now!!).

- Darker skinned Latino/as may perceive their lighter skinned siblings as being favored and loved more than themselves. Thus, they may have poorer self-perceptions, including lower self-esteem, feelings of less attractiveness, and may desire lighter skin color and European features (Telzer & Vazquez-Garcia, 2009). Preference for Whiteness can create and/or exacerbate sibling rivalry and lead to jealousy and resentment, disrupting family cohesion.

- Racism against darker skinned Latino/as may influence the choice of a romantic partner as well as the acceptance of a Black and/or indigenous Latino/a partner (Comas-Diaz, 1996). For instance, the common saying, "*Hay que mejorar la raza*" (We have to better the race by marrying a White individual; Chavez-Dueñas et al., 2014; Comas-Diaz, 1996) may affect who is perceived as desirable. Lighter skinned Latino/as may find it easier to find a romantic partner compared to darker skinned counterparts. Conversely, darker skinned Latinas are often seen as sexually exotic but not desirable as spouses because they "do not improve the race; but rather damage the race" (Comas-Diaz, 1996, p. 173). The fear of *requintar* (to resemble), or the inheritance of African physiognomy not manifested in the parents or grandparents but potentially present in upcoming generations, also makes darker skinned Latinas less desirable as partners (Comas-Diaz, 1996).

Table 1 provides a list of key resource articles to assist mental health practitioners in building their knowledge on the impact of skin color on the lives of Latino/a individuals.

Second Level: Emotional Level Through Multiracial Dialogue

The second level of the M3CB focuses on emotional growth through interaction and dialogue with diverse people. This exercise will offer mental health practitioners the opportunity to gain a deeper understanding of themselves as racial beings in relations

Table 1
Key Resources to Build Knowledge Regarding the Impact of Skin Color on the Lives of Latino/as

Resource	Population	Description
Araújo & Borrell (2006)	Latino/as self-identified as Afro-Latino/a, Cuban, Dominican, Mexican, or Puerto Rican	*Literature review on empirical studies:* Reviews and critiques empirical evidence linking perceived discrimination to life chances and mental health outcomes among Latino/as with an emphasis on Latino/a phenotype.
Arce, Murgia, & Frisbie (1987)	Sample of 991 Mexicans (59% female, 83% male)	*Study:* Investigates the relationship between physical appearance on educational level, occupational prestige, and income among a sample of individuals of Mexican descent.
Chavez-Dueñas, Adames, & Organista (2014)	Latino/as of African and indigenous descent in Latin America and the United States	*Theoretical & historical:* Provides a review of the historical and psychological literature on colorism and within-group racial discrimination among individuals of Latino/a descent. Connections between today's color-blind racial ideologies and *mestizaje* are underscored.
Comas-Díaz (1996)	Afro-Latina women	*Theoretical:* Provides description of the impact of race on the identity, sexuality, attractiveness, & mental health of Afro-Latina women.
Comas-Díaz (2003)	Afro-Latino/a children & youth	*Resource guide:* Written for educators and parents, the guide describes ways to raise healthy Afro-Latino/a youth with an emphasis on the important role of identity formation.
Montalvo (2005)	Individuals of Mexican descent	*Theoretical:* Review of the treatment of racially different people in colonial Mexico.
Organista (2009)	Latino/as across the skin-color gradation	*Theoretical:* Author responds to Montalvo's 2005 article by describing a range of clinical assessment proposals that clinicians can implement to assess colorism in the psychological adjustment of Latino/a clients.
Quiros & Dawson (2013)	Women of Chicana, Cuban, Dominican, Ecuadorian, & Puerto Rican descent	*Case studies:* Eight Latina case studies exploring dynamics of racial identification and their privilege and stigmatized experiences in the United States.
Zweigenhaft & Domhoff (2006)	Cubans, Mexicans, & Puerto Ricans in the United States	*Study:* Assessment of color & physiognomy of Latinos on Fortune 1000 corporate boards.

with Latino/as across the skin color gradient through multiracial dialogues:

- Mental health professionals are encouraged to expand their social networks by developing relationships with Latino/as across the skin color spectrum. With trust being a goal of these new relationships, topics of race, skin color, and phenotype are more likely to be discussed openly and honestly. Professionals can lead by discussing how their own skin color, ethnicity, and race have impacted their lives or ask questions about some of the resources reviewed in Level 1. Dialogues on skin color and phenotype may help practitioners gain a deeper and more complex understanding of how these characteristics impact their lives.
- A willingness to feel awkward and to make mistakes is necessary to become more comfortable discussing topics related to race and its impact on racial minority groups. For example, questioning or minimizing a discrimination narrative shared by a darker skinned Latino/a by making statements such as "Is it really true that police treat people of color worse than Whites?" or "Was it really that bad?"
- It is important for mental health practitioners to see themselves and others in the context of race. As such, they are encouraged to consider where they are in their own racial identity development. Knowledge and awareness about one's racial identity is critical for both White European American therapists (see Helms's, 2008, model of White racial identity development), as well as for therapists of color (see Atkinson et al.'s, 1989, minority identity development model) because it will impact participation in and interpretation of multiracial dialogues and encounters, including MRIs.

Third Level: Change Through Multiracial Engagement

In this third level, mental health practitioners are invited to go out of their own community to interact with Latino/as from varying racial backgrounds. Behavioral engagement may facilitate mental health practitioners' growth in three ways. One, help mental health practitioners see how Latino/as from different skin colors live, interact, communicate, and experience the world in their own community. Two, allow mental health practitioners to think and reflect on the personal reactions that may arise from this experience such as feelings of discomfort, fear, guilt, as well as curiosity, interest, and enjoyment. Three, allow mental health practitioners to learn from their own observations and experiences in a community different than their own, rather than solely learning from the narratives provided by clients or information found in other sources. Community engagement activities may include

- Participation in cultural events, including festivals, parades, religious, and spiritual services.
- Local, national, and international immersion trips may assist practitioners in gaining a deeper understanding of the complexities and impact of race in Latin America. When such trips are not feasible, watching Spanish-language TV can be an insightful alternative. Such experiences may also allow mental health practitioners to observe stratified racial discrepancies with regards to access to education, employment, health, and other resources among Latino/as of indigenous and African descent.
- Watching Spanish-language TV may help mental health practitioners observe the racial stratification within Latino/a communities. For instance, in many of the Spanish *novelas* (soap operas), one can observe how actors who are playing servants or characters with less status are typically darker skinned and/or of indigenous descent. We can also observe how most anchors and hosts on Spanish TV are phenotypically White.
- Works of art that address cultural and racial topics are additional ways practitioners can immerse themselves in the lives of diverse Latino/as, this can include autobiographies, novels, and documentaries. Table 2 provides annotations of a few artistic exemplars that integrate themes of colorism into their narratives.

Fourth Level: Skill Building Integration of the Conceptual, Emotional, and Behavioral Changes

The last level of the M3CB involves the integration of the conceptual, emotional, and behavioral change into the development of specific skills for training and practice. In this level, practitioners are better positioned to develop racially conscious strategies that integrate the knowledge and awareness acquired through the first three levels of the M3CB into the treatment of Latino/a clients. Suggestions for factors to consider in order to facilitate addressing the role of skin color in the treatment of Latino/as are provided below:

1. *Confianza* (trust), a traditional cultural value that is characteristic of the Latino/a culture, where individuals are invested in establishing relationships that are based on reciprocal trust, is important in the treatment of Latino/as across the color gradient. *Confianza* can be observed when someone expresses deep thoughts and feelings only to an inner circle of familiar confidants. Overall, *confianza* connotes that the other person(s) in the relationship has the individual's best interest in mind. Hence, clinicians need to be mindful that the establishment of *confianza* will take time. Moreover the development of *confianza* will likely be impacted by experiences of discrimination, prejudice, and oppression as well as the clinician's own stimulus value (e.g., race, skin color, phenotype). Given the complexity around building and establishing *confianza*, the following recommendations are offered:

- The establishment of a relationship based on *confianza* will depend on the practitioner's ability to integrate other traditional cultural values in therapy such as *personalismo* [personalism], a value that places emphasis on the warm and supportive interactions with others. Thus, practitioners need to listen, demonstrate care and empathy, and be open and affirming of their Latino/a clients' racial experiences.

2. Providing racially conscious interventions can be facilitated by clinicians becoming aware of coloristic nicknames, *refranes*, and *dichos* (proverbs) often used among

Table 2
Exemplars of Literature and Film That Integrate Themes of Colorism

Title, author (year)	Summary
The Island Beneath the Sea, Isabel Allende (2009)	Historical fiction narrating the story of a *mulata* (a woman of mixed European and African ancestry) born into slavery in the plantations of Saint-Domingue. The novel is set in the 18th century on the Island of Hispaniola and chronicles the experiences of various enslaved individuals and how their life chances were impacted by colorism.
The Brief Wondrous Life of Oscar Wao, Junot Diaz (2007)	Provides a rich contemporary narrative of a Dominican immigrant family and their revolving journey between Santo Domingo and New York/New Jersey across time. Coloristic themes layer the narratives of the main characters. For instance, the author provides detailed accounts of the nuance associated with the role that skin color, gender, poverty, and the immigrant experience have on the lives of the main characters. Overall, the novel provides exemplars of the varied experiences of Latino/as across the color gradation and their capacity to persevere in the social and racial stratification of the United States.
My Beloved World, Sonia Sotomayor (2013)	Provides the autobiography of the first Latina to become a justice of the U.S. Supreme Court. Justice Sotomayor is the daughter of Puerto Rican immigrants born and raised in the Bronx. The text narrates her journey from the projects of the Bronx to the Ivy League hallways of Princeton and Yale, where she completed her formal education. Her story is a rich portrait of a woman shaped by a rich culture full of *orgullo* (pride), who is the epitome self-determination.
Black in Latin America, Henry Louis Gates (2011)	A series of documentaries that chronicles the journey of Professor Gates through four different Latin American countries (Cuba, Dominican Republic, Mexico, Peru). The series narrates the history of Latino/as of African descent from the moment they were uprooted from their homelands to contemporary Latin American society. The documentary narrates the challenges this group of Latino/as experience as a result of systemic and individual racism. Afro-Latino/as' contributions to Latin American art, music, cuisine, dance, politics, and spirituality are highlighted throughout the series.

Latinos/as (see Tables 3 and 4). Becoming familiar with these types of phrases can help clinicians identify and inquire about them when expressed in therapy.

3. The impact of skin color and colorism on Latino/a clients can and should be addressed in treatment regardless of theoretical orientation. For instance, clinicians who practice from a cognitive–behavioral perspective are encouraged to consider how skin color may impact a client's lived experience and to be vigilant regarding how this can be reflected in how clients think and talk about self and others before exploring unhelpful cognitions and behaviors. In the case of Beatriz, when she says, "Members of my family believe that I will never get married because I

am not attractive," a clinician can explore this statement as possibly stemming from colorism. If this is the case, as it was in Beatriz' family, exploration toward cognitive restructuring could include a preliminary question such as "Why do you think some Latino families are prejudiced towards darker skinned family members?" to help the client reflect upon this type of internalized oppression.

4. Clinicians may also consider using roleplays to help clients like Beatriz respectfully challenge family members in culturally congruent ways. In order to get a fuller sense of how colorism is manifested within family dynamics, therapists are advised to begin by playing the

Table 3
Coloristic Nicknames

Nicknames	Translation
1. *Negra/o; negrita/o*	A common nickname for dark-skinned/African-looking person
2. *Trigueña/o; trigueñita/o*	A person with olive skin
3. *Morena/o; morenita/o; Prieta/o; prietita/o*	A dark-skinned person
4. *Cocola/o; cocolita/o*	Term referring to individuals with dark-skin color similar to the husk of a coconut
5. *Aperladita/o*	A person with White skin like a pearl
6. *Jabao; jabita*	A person with White skin and coarse hair
7. *Güero/a; güerito/a*	A person with White skin and light color hair
8. *Aborigen*	Aboriginal of indigenous descent
9. *Cenizo*	A dark-skinned person; connoting the blackness of ashes
10. *Indio/a*	A person with indigenous features with dark skin
11. *Indio/a lavado*	A person with indigenous features with light skin
12. *Indio/a canelo*	A person with indigenous features and brown/reddish skin

Table 4
Ten Coloristic Refranes and Dichos (Common Sayings and Proverbs)

Dichos and Refranes	Translations and connotations
1. *Hay que mejorar la raza o cásate con un blanco*	We need to better the race by marrying a White individual
2. *Vete por la sombrita*	Go into the shade (to avoid getting darker)
3. *Le salio el Indio*	The "Indian" in you came out; connoting negative stereotypes about the ill behavior of indigenous people
4. *No tiene la culpa el indio, sino quien lo hace compadre*	It is not the fault of the indigenous person but of whomever trusts them
5. *Trabajo como un negro/a*	I work hard like a Black person; connoting working hard like a slave
6. *Indio, pájaro y conejo, en tu casa, ni aún de viejo*	You don't want indigenous people, birds, or rabbits in your house, not even in old age
7. *Cien negros por un caballo*	One horse is worth 100 Black individuals
8. *Hay moros en la costa*	There are no Moors in the coast; connoting the time of the Islamic Moors settlement in Spain; resentment of darker skinned individuals
9. *Está muy prieto/a, pero tiene buenas facciones; está prieto/a, pero fino/a*	They have dark skin but they have European features
10. *Sacar lo que el negro del sermón*	Just like Black people, you did not understand anything from the sermon; connoting that dark-skinned people are unintelligent

client, while having the client take on the role of different family members in order to appreciate the challenges of colorism faced by the client. Later, roleplaying can integrate ways to begin questioning and challenging family members. As recommended by Comas-Diaz (1996), Beatriz could pose respectfully assertive questions and prompts such as "With all due respect, why do some of us Latinos believe that darker Latino/as are less attractive than lighter skinned Latinos? Who taught us to be prejudiced towards our own in this way?" and "Would you permit me to tell you how it feels to be regarded this way?" The respect contained in the latter question facilitates eliciting "permission" to proceed to which Beatriz could add, "It's painful to feel prejudice and discrimination from my own family when we should be protecting each other from racism." However, if a family member such as a parent does not permit such expression, clients like Beatriz can say, "Very well but please know that not being able to share how I feel makes me sad and distant from you when I'd rather feel close and free to express myself on important matters."

5. Clients such as Beatriz can also be encouraged to read or watch insightful resources on colorism such as those listed in Table 2. Such resources can further assist in the exploration and discussion of this sensitive topic with the therapist, as well as with friends and family members.

6. Further, clinicians who are more mindful regarding the stimulus value of their own skin color and physiognomy and how such power and privilege (or lack thereof) may impact treatment, can more flexibly explore and intervene with colorism. For example, when addressing impasses in the therapeutic relationship, mindful clinicians can explicitly explore any potential unconscious enactments (emotionally intense psychological and social recreations) playing out in therapy. That is, therapists may address impasses by nondefensively accepting the possible role of their own skin color and physiognomy in the impasse. That is, clinicians are invited to consider how

their own socialization and internalization of colorism may impact how they relate and respond to client's skin color and physiognomy.

• In the case of Beatriz, empathetic observations and questions can include,

I'm noticing that you have become quieter now (or any other concrete change in behavior or affect), do you notice this as well, Beatriz? I'm wondering if you are feeling out of place . . . not belonging . . . similar to the feelings you mentioned within your family and at school. Is this also happening here too?

Assuming this line of questions is on target, a subsequent question could be, "I'm wondering how it may be for you to share your feelings with me, a light-skinned therapist?" By communicating self-awareness with regard to skin color and colorism, clients receive the message that this largely taboo topic is now open for discussion, exploration, and even interrogation for the good of the client and Latino/as more generally.

Conclusion

Mental health professionals may not have been trained to take into account the implications of MRIs in the lives of their Latino/a clients. However, culturally responsive and racially conscious treatment requires practitioners to have an adequate historical, as well as current understanding of the complexities associated with skin color differences and racial features among Latino/as. It is also important for practitioners to be more aware of and sensitive to the ways in which Latino/as have been socialized to deny, deflate, or minimize the skin color hierarchy despite its implications for identity, interpersonal relations, and mental health. In this article we described a model for mental health practitioners to learn, understand, and begin to address the complexities of skin color among Latino/as or what is often referred to as colorism in the literature. Also offered were a variety of both scholarly and popular cultural resources for deepening understanding of this important topic, as well as some illustrations and recommendations for clinical assessment and intervention. Unfortunately, the impact of darker skin color and colorism plagues many other ethnic groups (e.g., African American, South Asians, Native American); hence, the information covered in this paper can serve as a spring-

board for practitioners to explore this sensitive and important topic with non-Latino/a clients. Although this paper predominately focuses on practice, the information provided is relevant to education and training coupled with stimulating research in this understudied area. As the U.S. Latino/a population continues to increase, it is essential for mental health practitioners, researchers, and educators to also increase their understanding of how skin color differences and MRIs affect the mental health and overall wellbeing of Latino/a clients. In closing, "we do not dream that the world will change, we dream with a community that have awoken their [racial] consciousness. If [racial] consciousness is gained by the people, then dreams are not necessary" (Subcomandante Marcos, 2002, p. 93).

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