The Harmful Psychological Effects of the Washington Football Mascot

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This report was commissioned by the Oneida Indian Nation.

# **Executive Summary**

This report presents the scientific rationale for the position that the Washington football team's "R-word" mascot is harmful to the Native American population and should therefore be changed.

The simplest way to try to dismiss this issue is by insisting that the team's use of this slur is a victimless crime, or merely an issue of political correctness about which people can have differing views. However, the ongoing use of a dictionary-defined racial slur above the repeated objections of the Native American community poses serious risk for negative mental health consequences to Native Americans.

Native Americans are the only group in the United States subjected to having a racial slur as the mascot of a prominent professional sports team. The Washington football team, whether it intends to do so or not, is contributing to prejudice and discrimination against Native Americans by persisting in using the "R-word." With the help of the National Football League's \$9-billion-a-year global marketing machine, this behavior not only repeatedly exposes Native Americans to a harmful stereotype, but also implicitly condones the use of this term by non-Native Americans, which if performed on an interpersonal level would possibly constitute harassment or bullying.

Experimental laboratory studies demonstrate the causal effect and specific mechanisms by which Native American mascots influence Native American well-being. Tests have shown that the presence of Native American mascots results directly in lower self-esteem and lower mood among both Native American adolescents and young adults, as well as increased negative attitudes towards Native Americans among non-Native Americans. Importantly, these effects occur regardless of whether the Native American mascot is considered "offensive."

The Washington mascot is uniquely destructive because it not only perpetuates the stereotypical and outdated caricature portrayed by many Native American mascots, but also promotes and justifies the use of a dictionary-defined racial slur, thus increasing risk for discriminatory experiences against Native Americans. Further studies have shown that discrimination in the form of racial slurs, racial harassment and bullying is associated with poor mental health among Native American children and adults. This has manifested itself in the form of elevated levels of depression, substance abuse, suicidality, increased physical pain and maladaptive health behaviors among Native American children and adults in the United States.

In part because of the stress experienced in the form of ongoing discrimination, Native American people exhibit the highest level of psychological distress of any other group in the nation, including among the highest levels of depression, substance abuse and post-traumatic stress disorder. The Native American suicide rate is among the highest in the country and has risen by an alarming 65% in the last decade alone.

When considering the dire consequences associated with such mental health conditions, anything that causes additional stress and increased suffering, loss of productivity, loss of functioning or further loss of life among Native Americans, and is preventable, must be considered a public health priority.

This report draws upon a body of scientific study that provides support to the assertion that the Washington organization's continued use of its mascot represents a serious stressor to the Native American population. These findings provide validity to the claims of not only over 100 Native American organizations and various religious and civil rights organizations, but also of such professional organizations as the American Psychological Association, the American Sociological Association, and the American Counseling Association, that there are harmful effects associated with the ongoing usage of Native American mascots for sports teams.

Given the significant challenges already faced by the Native American community related to their mental and physical health, the Washington team should cease using the "R-word," which constitutes a racial slur, and change the name of their mascot.

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# I. Understanding the Washington Football Team's Mascot as a Form of Prejudice and Discrimination Against Native Americans

Native Americans are the only group in the United States subjected to having a dictionary-defined racial slur as the mascot of a prominent professional sports team. In the case of Washington, this involves a football team in our nation's capital that has spent billions of marketing dollars spreading this racial slur throughout the world. To define this behavior accurately, consider that in addition to the "R-word" being a dictionary-defined racial slur, over 100 Native American organizations including the National Congress of the American Indian (NCAI) have publicly declared that the use of Native American images as mascots is offensive (NCAI, 2013; National Museum of the American Indian, 2009). Further, the use of this racial slur has been conducted above the repeated objections of the Native American community who have described this term as a harmful racial slur for 40 years (NCAI, 2013).

Objections to the use of Native American mascots by the Native American population have been echoed by professional, civil rights and religious organizations. The American Psychological Association (2005), American Sociological Association (2007) and American Counseling Association (2001) have all passed resolutions recommending ending the use of all Native American mascots in sports, citing the damaging effects of this practice on Native American people. Further, civil rights organizations including the United States Commission on Civil Rights (2001) and National Association for the Advancement of Colored People (NAACP, 1999), educational organizations such as the National Education Association (1992) as well as religious organizations such as the United Methodist Church (1996) and athletic organizations such as The National Collegiate Athletic Association (NCAA) have called for ending the use of Native American mascots.

There is widespread acknowledgement that the Washington mascot is particularly dangerous because it not only utilizes an outdated, unrealistic image of Native Americans, but also is a dictionary-defined racial epithet that is being promoted worldwide. Acknowledgement of the specifically damaging effects of the use of the "R-word" can be seen in a letter sent to the Washington organization by a coalition of Native American groups including the NCAI and the American Indian Movement (AIM) explaining the disparaging nature of this term. "The term R\*dskin has been perpetuated through such media as western movies and television. Most often, the term is coupled with other derogatory adjectives, such as "dirty R\*dskin" or "pesky R\*dskin" which is used interchangeably with the word "savage" to portray a misleading and denigrating image of the Native American" (NCAI, 2013).

At least two public statements have been made by Native American individuals that directly challenge the assertion that Native Americans do not take issue with the Washington football team's racist name. Sportswriter Rick Reilly authored a column quoting his father in law Bob Burns, an elder of the Blackfeet Nation, as saying that the "R-word" is not an offensive term. In response, Bob Burns publicly stated that he was misquoted, and his opinions were misrepresented. Burns described how the "R-word" has repeatedly and consistently been used as a slur against him personally and Native Americans in general and that the term "...demeans Indians, and historically is insulting and offensive." Similarly, Washington's team owner Daniel Snyder wrote a letter to season ticket holders defending the Washington football team's name that included an assertion that the Red Cloud School was consulted about, and subsequently approved, the use of the "R-word." In response, the Red Cloud School made a public statement denying any involvement in determining the Washington football team name and stating that it also considers the "R-word" a demeaning racial slur.

Echoing the 40 years of specific protest to the use of the "R-word" by Native American groups, a number of organizations have publicly protested or questioned the use of the "R-word." These sentiments of the specific harm by the Washington mascot have been echoed by organizations such as the Anti-Defamation League, as well as a range of religious groups including the <u>United Methodist Church and the United Church of Christ in Washington, D.C.</u> Further, individuals across the political spectrum with a range of professional backgrounds have labeled the "R-Word" as offensive, including President Barack Obama, <u>Republican U.S.</u> Representative Tom Cole, U.S. Rep. Eleanor Holmes Norton of the District of Columbia, U.S. Rep. Betty McCollum, sports journalist Bob Costas, NFL announcer Chris Collingsworth, sportscaster <u>Mike Francesa</u>, and conservative columnist Charles Krauthammer. The harmful nature of using a dictionary-defined racial slur has been recognized among school-aged children; over the past 25 years, 28 high schools in the country have stopped using the "R-word" as their mascot (NCAI, 2013).

The 40 years of opposition to the use of the "R-word" helps illustrate how the ongoing use of the Washington football mascot can be understood as a harmful form of prejudice and discrimination. Specifically, part of the perception that the use of the "R-word" is a "victimless crime" is based on it being de-contextualized from a direct interpersonal interaction. The picture looks different when considering the use of this term in the presence of someone who is Native American, particularly if that individual has registered protest against the "R-word."

When considered from this perspective it is easier to understand the potentially damaging effects of the use of this mascot as forms of harassment or bullying. Specifically, The United States Equal Employment Opportunity Commission (EEOC) defines harassment in the workplace as including, "racial slurs, offensive or derogatory remarks about a person's race...or the display of racially offensive symbols." Repetition of the offensive act is critical to the definition of harassment; "harassment is illegal when it is so frequent...that it creates a hostile or offensive work environment." Further, the Department of Justice includes as part of its definition of bullying "repeated harmful acts" including "name-calling" (Sampson, 2002). Thus, in a direct interpersonal context, using a dictionary-defined racial slur, in combination with a response such as Daniel Snyder's response to calls from Native groups to stop using the racial slur: "We will

never change the name of the team...It's that simple. NEVER- you can use caps" would be considered harassment in the workplace and bullying in a school.

Thus, the Washington football team is contributing to prejudice and discrimination again Naive Americans in this country by persistently using a dictionary-defined racial slur that has been formally protested by over 100 Native American organizations and other groups. This behavior not only increases exposure of Native Americans to harmful stereotypes, but implicitly condones behavior that if performed by Non-Native Americans would constitute harassment or bullying.

# II. Experimental Studies Demonstrating Causal Effects and Mechanisms by Which Native American Mascots Influence Native American Mental Health

Experimental studies demonstrate that the Washington organization is contributing to prejudice and discrimination that harms Native Americans in two ways. First, simply by aggressively marketing a stereotypical and outdated caricature of Native Americans, the organization is creating a "threat in the air" that risks offending and harming the self-concept of Native Americans (Ahmed, Mohammed & Williams, 2007; Steele, 1997). Second, these stereotypical images are being marketed to non-Native Americans, which threaten to perpetuate stereotypes of and negative attitudes towards Native Americans (Banks, 1993). The combination of these two factors increases the risk of creating "racially hostile environments" for Native Americans (American Psychological Association, 2005).

The negative effects of presenting stereotypical images have been previously demonstrated in other groups. For example, studies demonstrate that stereotypical images have resulted in poorer academic performances for women and African Americans (Steele, 1997). Further, studies have demonstrated that children are vulnerable to the negative effects of stereotyping on academic performance (Ambady, Shih, Kim, & Pittinksy, 2001). Additional studies have demonstrated that stereotypical images are associated with body image dissatisfaction among women (Lavine, Sweeney, & Wagner, 1999) as well as children and adolescents (Morris & Katzman, 2003).

Importantly, these experimental studies also demonstrate that even if the Washington mascot is a benign image that "honors" Native Americans the effect of spreading this stereotypical view can be damaging. Psychological theory and research demonstrate that even positive stereotypes can be damaging by increasing risk of being conceptualized by self or others in a limited and narrow way. For example, when reminded of their athletic identity, student athletes subsequently exhibit poorer self-regard and do poorer on academic tasks (Yopyk & Prentice, 2005). Similarly, exposing Asian American students to positive stereotypes of intelligence results in poorer test performance (Cheryan & Bodenhausen, 2000), anxiety (Son & Shelton, 2011) and can evoke negative reactions towards the individual making the stereotypical statement (Siy & Cheryan, 2013).

These experiments demonstrate that regardless of intent, and regardless of whether these stereotypical images are considered offensive, they have the effect of lowering self-esteem and mood among Native American adolescents and young adults, and of facilitating negative associations towards Native Americans by other racial groups.

### A. The Psychological Effects of Native American Mascots on Native Americans

The work of Stephanie Fryberg and her colleagues among adolescents and young adults has been crucial for demonstrating the causal relation between Native American mascots and negative psychological consequences for Native Americans. In their first study of the effects of Native American mascots, Fryberg et al. (2008), asked Native American high school students if American Indian mascot images have positive or negative associations for Native Americans, and whether these images are more or less positive than other images or information about Native Americans. In this study, two social representations were presented: "stereotypically negative outcomes represented by statistics about social problems (e.g. dropout rates) of Native American sports mascot of the Cleveland Indians. Analyses showed that following exposure to Chief Wahoo and Pocahontas, 80% and 81.8% of all associations, respectively, were positive. Thus, the Native American mascot, Chief Wahoo, was regarded in a positive light by Native Americans.

The positive reaction to Chief Wahoo made the results from the group's next three studies more surprising. In the next study, American Indian high school students residing on an Indian reservation participated in a study to determine the effect of the three conditions (Chief Wahoo, Pocahontas, and negative outcomes) on self-esteem. Analyses revealed that the priming conditions, Chief Wahoo, Pocahontas, and, marginally, Stereotypically Negative Outcomes, all depressed self-esteem relative to the control condition. In fact, exposure to Chief Wahoo depressed self-esteem more than the negative outcomes condition. Thus, stereotypical representations of Native Americans resulted in lower self-esteem, even if the images were labeled as positive by a previous Native American group

These findings were replicated in two other studies using slightly different methods. The first replication examined the effect of the same primes on sense of community worth. The sample was American Indian high school students residing on an Indian reservation in Arizona (*a different reservation than the previous study*). The procedure replicated the methods of the previous study, but the dependent variable was a scale measuring community worth (e.g., "I respect people in my community." "People in my community have a number of good qualities"). Analyses revealed that compared with the control condition, each of the primed social representations, Chief Wahoo, Pocahontas, and marginally the Stereotypically Negative Outcomes, depressed community worth among Native American participants. No differences were found between the experimental conditions, suggesting that an image of a "positive" Native American mascot is as damaging to sense of community as a reminder of native outcomes among the Native American community.

Finally, Fryberg et al. (2008) expanded these findings to examine different aspects of self-concept across a wider range of perceived representations of Native Americans with a wider

age range of participants. In this study, 179 American Indian undergraduates (52% who reported living on an Indian reservation and 48% who reported never living on an Indian reservation) from a predominantly American Indian university were primed with a wider range of Native American mascots (Chief Wahoo, Chief Illiniwek, Haskell Indian, American Indian College Fund) and control condition. Participants were then administered a "possible selves" questionnaire designed to assess flexibility of self-concept. As compared with the control condition, all three Native American mascots resulted in lower levels of sense of achievement. Thus, this study with a different population, wider range of representations of Native American mascots and different assessment of self-concept found the same result.

An independent study by Larocque, McDonald, Weatherly, and Ferraro (2012) showed that among college students, Native Americans may be more likely than non-Native Americans to find images of Native American mascots distressing as compared to other groups. In this study, 36 participants were classified as non-Native American and 33 were classified as Native American. Participants completed a measure of negative affect, the Multiple Affect Adjective Checklist-Revised (MAACL-R) before viewing two different slide presentations of Fighting Sioux-related images. Participants then completed the MAACL-R after each presentation. Results showed that Native Americans experienced higher negative affect following both slide presentations than did non-Native American participants.

Overall, these findings demonstrate that Native American students may experience a worsening of self-concept and an increase in psychological distress when viewing even neutral images of Native American nicknames/logos. These results suggest the causal role of exposure to Native American mascots in explaining the findings that Native Americans report significantly lower self-esteem than Caucasians (Twenge & Crocker, 2002)

### **B.** The Effects of Native American Mascots on Non-Native Americans

In addition to causing negative self-concept in Native Americans, studies demonstrate that exposure to stereotypical, outdated Native American mascots is also associated with negative attitudes towards Native Americans by others. Further, these effects exist regardless of whether the image of Native Americans portrayed is considered non-offensive or even "positive."

In an experimental study, Freng and Willis-Esqueda (2011) examined whether exposure to an American Indian mascot activated American Indian stereotypes in a predominately European American sample. In this study, 119 predominantly Caucasian students were primed with either an image of Chief Wahoo, or images of Yankees or Pirates. Reaction time was measured following the prime to a series of words that included stereotypically positive terms associated with Native Americans (e.g., noble, proud) as well as stereotypically negative stereotypes of Native Americans (e.g., savage, primitive). The results found that the Chief Wahoo image, compared to other images, activated negative, but not positive, American Indian stereotypes. Thus non-Native Americans are more likely to develop biases in automatic processing regarding Native Americans from stereotypical Native American images such as Chief Wahoo.

In the second study, the investigators wanted to eliminate the possibility that the effect seen in their initial study was the result on negative attitudes towards controversy, as the University of Illinois had experienced recent debate about the use of a Native American mascot. Thus, for the second study, the "Native American mascot" prime was not an image of the University mascot, but rather a reading of a flattering historical portrayal of Chief Illiniwek from the university library. The comparison group was a description of an arts center. The same results were found from the first study in that reading about even a positive portrayal of the Native American mascot was associated with increased anti-Asian stereotypes. Thus, the effects of stereotypical Native American mascots not only occurs if the stereotype is positive, but the harmful effects in the form of creating negative stereotypical attitudes apply not only to Native Americans but other groups as well.

The implicit associations specifically towards Native Americans can directly translate into changes in behavior of Non-Native Americans towards Native Americans. Chaney, Burke and Burkley (2011) examined implicit biases toward Native American people and mascots using an Implicit Association Test (IAT) (Greenwald, Nosek, & Banaji, 2003), and the relation between Native mascot IAT performance and race-biased behaviors toward Native Americans. In the first study, 22 Caucasian undergraduate psychology students were given information processing tasks that included words associated with Native Americans (e.g. Cherokee, Navajo) as compared to words associated with European nationalities (e.g., English, Irish), "pleasant" words (e.g. love, beauty) and "unpleasant" words (e.g. hatred, rotten). Results indicated that participants were more likely to associate pleasant words with European terms as compared to Native American terms, indicating an implicit bias towards the concept of "European." Next, participants completed an IAT task that examined implicit attitudes towards Native American mascots as compared to other mascots. Native American Mascot terms included the "R\*dskins" as well as other Native American mascots such as "Warriors." In contrast, non-Native American mascots included terms such as "Vikings" and "Fighting Irish." Similar results were found, whereby participants were more likely to implicitly associate the Native American mascots with "unpleasant" terms. Further, responses to information regarding native Americans was highly correlated with responses to Native American mascots, indicating a similarity in how participants processed information regarding Native Americans and associated Native American mascots.

In a second study, the investigators sought to determine if implicit attitudes towards Native American mascots would then predict conscious attitudes towards Native Americans. In this study, 42 Caucasian participants engaged in two separate testing sessions two weeks apart. In the first session, participants completed a different IAT task. This task included the mascot categories described above (Native American vs. European) but examined their association with positive (e.g., "smart," "healthy") or negative (e.g., "dirty," "lazy") stereotypes of Native Americans as determined by a written survey of 125 student participants. Further, participants who indicated that they disapprove of Native American mascots were eliminated from the study, thus including only participants with neutral or positive opinions.

In session two, through an experimental manipulation the subjects were asked whether their potential Native American partner would enjoy participating in academic tasks (math, verbal) as compared to non-academic tasks ("culture" and "environment"). Results indicated that implicit biases against Native American mascots as determined in session 1 predicted increased tendency to consciously assume that Native Americans would not enjoy academic tasks. These results support the notion that even if someone consciously does not find Native American mascots offensive, the implicit attitudes that an individual has towards those mascots predicts prejudicial attitudes among non-Native Americans towards Native Americans.

Further, viewing stereotypical Native American mascots appears to result in more widespread prejudicial attitudes. Kim-Prieto, Goldstein, Okazaki, and Kirschner (2010) conducted two experimental studies that examined the effects of viewing a Native American mascot (Chief Illiniwek) among college students at the University of Illinois. In the first study, students were randomly primed with images of either the Native American mascot, the Illinois symbol "I" and school colors, or a neutral prime. Students were then administered a self-report measure of anti-Asian stereotypes. Students primed with the Native American mascot were significantly more likely to endorse anti-Asian attitudes, indicating a facilitation of prejudice and stereotyping by viewing the Native American mascot.

Results from two studies examining the University of North Dakota "Fighting Sioux" support these findings. In a University setting in which the school's mascot in theory "honors" Native Americans, qualitative analyses by Steinfeldt et al. (2010) showed that individuals who indicate support for Native American mascots actually express ignorance of and disdain toward Native Americans. Further, a study by Gonzalez (2006) found that White students at the University of North Dakota demonstrated negative attitudes towards Native Americans, particularly against Native American students who do not endorse the school's Native American mascot.

Thus, overall, images of Native Americans mascots, even those that are deemed by Native Americans as neutral or positive, result in harmful psychological effects. Not only do mascots have a direct effect on Native American self-esteem, mood, community confidence and sense of achievement, but they also perpetuate negative associations of and attitudes towards Native Americans among non-Native American groups.

# III. The Effects of Prejudice and Discrimination on the Mental Health of Native Americans

These experimental studies of Native American mascots provide ample evidence of the potentially harmful effects of the Washington mascot. However, the Washington organization is further increasing risk for Native Americans in two important ways. Unlike other teams that market a stereotypical and outdated version of Native American culture, the Washington team is promoting a dictionary-defined racial slur and promoting that slur with the National Football League's \$9-billion-a-year global marketing machine against the protests of Native Americans throughout the country. By definition, this will increase the likelihood of Native Americans experiencing prejudice and discrimination by being exposed to harmful stereotypical slurs in every aspect of their lives: on television or radio, in newspapers or magazines, at work, in stores or in schools.

Further, the Washington organization's response "We will never change the name of the team...It's that simple. NEVER- you can use caps" implicitly condones the use of the term by non-Native Americans. To be sure, the Washington organization's playbook of systematically denying that the "R-word" is a dictionary-defined racial slur while explaining how the term "honors" Native Americans, provides a clear rationale for both adults and children to freely utilize this racial slur in public settings. The continued use of the "R-word," when being used to describe the Washington team or Native Americans, increases the likelihood of creating racially hostile environments both in workplaces and schools, and the continued use of the term above objections of Native Americans risks ongoing harassment and bullying of Native Americans.

The measures utilized in studies of perceived discrimination in Native Americans provide an excellent opportunity to determine how the experimental effects seen in laboratory studies translate into real-world consequences for Native Americans. For example, these measures ask whether an individual has ever been the target of racial slurs (e.g., "R-word") or insults or being mistreated (e.g. harassed or bullied). Further, items include "being excluded because of race" an analogue to the findings of negative attitudes towards Native Americans found in the Gonzalez (2006) study. Finally, items include whether Native American children have experienced a teacher not expecting them to succeed, an experimental effect of Native American mascots demonstrated by Chaney, Burke and Burkley (2011).

When considered in this light, we can examine the potential effects of the Washington mascot by examining existing research that examines the effects of harmful racial slurs and associated forms of discrimination on health and well-being. Prejudice and discrimination predicts negative health outcomes across every studied minority group (Kessler, Mickelson, & Williams, 1999; Paradies, 2006), including African Americans (Clark, Anderson, Clark, & Williams, 1999), Latinos (Moradi & Risco, 2006), gays and lesbians (Mays & Cochran, 2001), women (Davies, Spencer, Quinn, & Gerhardstein, 2002), the elderly (Luo, Xu, Granberg, & Wentworth, 2012), Asians (Gee, Spencer, Chen, Yip, & Takeuchi, 2007), and the obese (Puhl &

Brownell, 2012). To examine these effects empirically, Pascoe and Richman (2009) conducted a meta-analytic review to examine the relation between perceived discrimination and both mental and physical health outcomes. Analysis of 134 samples suggests perceived discrimination has a significant negative effect on both mental and physical health, including depression, substance abuse, increased physical symptoms of disease and poor health behaviors. Thus, across minority groups perceived discrimination is associated with poor mental and physical health outcomes.

Multiple studies among Native Americans confirm that perceived discrimination is associated with poor mental health outcomes. Further, these studies demonstrate that prejudice and discrimination worsen some of the most serious mental health issues among Native Americans. Specifically, prejudice and discrimination is associated with increased depression, substance use and suicidal ideation among Native Americans, as well as health symptoms and health behaviors that influence well-being. Several of the studies described below are part of a longitudinal study of Native American children and adults conducted by Whitbeck and colleagues on four Native American reservations from the Northern Midwest as well as five central Canadian First nation reserves. Throughout this study, investigators measured perceived discrimination as described above, as well as several mental health outcomes, including depression, substance abuse and suicidality.

### A. Discrimination and Depression Among Native Americans

A series of studies by Whitbeck and colleagues demonstrate that perceived discrimination is associated with depression and anger among Native Americans. In a sample 287 American Indian adults, Whitbeck, McMorris, Hoyt, Stubben and Lafromboise (2002) examined how perceived discrimination relates to depressive symptoms. The results indicate that increased discrimination is strongly associated with increased depressive symptoms among American Indian adults.

These effects appear consistent among children. Whitbeck, Walls, Johnson, Morrisseau and McDougall (2009) examined the relation of perceived discrimination to depressive symptoms among 459 North American Indigenous children aged 11-13. Analysis indicated that, even when controlling for family factors, increased perceived discrimination was independently related to increased depressive symptoms.

To examine the predictive relation between discrimination and negative affect, Hartshorn, Whitbeck, and Hoyt (2012) examined whether aggressive behaviors emerge over time as a consequence of perceived discrimination and anger, or whether adolescents who engage in aggressive behavior perceive that they are being discriminated against and become angry. Path analysis was used on a sample of 692 Native American children. Results showed only one directional path, with perceived discrimination significantly predicting subsequent aggression years later.

### **B. Discrimination and Substance Abuse Among Native Americans**

Similar results are found in studies of substance abuse. Whitbeck, Chen, Hoyt, and Adams (2004) investigated the effects of discrimination on meeting diagnostic criteria for 12month alcohol abuse among Native Americans in the upper Midwest. A sample of 452 American-Indian adult parents/caretakers participated in diagnostic interviews for lifetime and 12-month alcohol abuse and completed measures of perceptions of discrimination. Structural equation modeling was used to indicate that perceived discrimination predicted increased risk for meeting criteria for 12-month alcohol abuse.

These effects are consistent across children as well. Whitbeck et al. (2001) examined the relation between perceived discrimination and early substance abuse among 195 American Indian children grades 5-8 from three reservations. The findings indicated that perceived discrimination contributed to early substance abuse, and that these effects were mediated by adolescent anger and delinquent behaviors. Cheadle and Whitbeck (2011) later investigated the predictive links between alcohol use trajectories and problem drinking (DSM-IV abuse/dependence) using five waves of data from 727 North American Indigenous adolescents 10–17 years-old from eight reservations. Results indicated that perceived discrimination directly and indirectly predicted early and problematic alcohol use by children and adolescents. Results suggest that perceived discrimination results in decreasing positive school attitudes while increasing feelings of anger and perceived delinquent friendships.

Another study demonstrated the effect of perceived discrimination on substance abuse, but only in boys. For example, in a separate data sample, Galliher, Jones, & Dahl (2011) examined concurrent and longitudinal relations among Navajo adolescents' ethnic identity, experiences of discrimination, and psychosocial outcomes (i.e. self-esteem, substance use, and social functioning). While a different sample, this study utilized the same measure of perceived discrimination utilized in the Whitbeck studies. At Time 1, 137 Navajo adolescents (67 male, 70 female), primarily in grades 9 and 10, completed a written survey assessing ethnic identity, discrimination experiences, and a range of internalizing and externalizing behaviors. Two years later, 92 participants completed the same survey again. At Time 1, discrimination experiences were linked to lower self-esteem and social functioning for male adolescents. By Time 2, discrimination experiences emerged as the most consistent correlate of poorer psychosocial functioning for male adolescents. Controlling for Time 1 psychosocial functioning, the discrimination experiences demonstrated strong and consistent longitudinal links with boys' substance use.

### C. Discrimination and Suicidality Among Native Americans

Most disturbingly, perceived discrimination appears to be associated with suicidal ideation in Native Americans. Yoder, Whitbeck, Hoyt, and LaFrombosie (2006) conducted

interviews with 201 children (average age 12) and examined, among other variables, perceived discrimination and suicidal ideation. Perceived discrimination was an independent, and one of the strongest, predictors of suicidal ideation. This study examined correlates of suicidal ideation among 212 American Indian youth who lived on or near three reservations in the upper Midwestern United States. The youths were, on average, 12 years old, and 9.5% reported current thoughts about killing themselves. Females were over 2 times more likely than males to think about suicide. Multivariate logistic regression results indicated that perceived discrimination was related to suicidal ideation, even taking into account controlling variables such as negative life events.

Freedenthal and Stiffman (2004) examined the relation of perceived discrimination to suicidal behavior among Native American adolescents (age 12-20) who were living in urban settings (n=144 urban) as compared to living on reservations (n=170). Participants underwent interviews regarding a range of factors, including suicidal behavior as well as perceived discrimination, which was measured by a single item "treated unfairly or badly on purpose" because of race or ethnicity. Interestingly, Native American adolescents (40.1%) reported almost twice as frequent experience of racial discrimination as compared to urban adolescents (20.6%). Further, and perhaps related to the differences in frequency or intensity of experience, perceived discrimination was only related to suicidality among Native American adolescents who lived on reservations.

#### D. Discrimination, Physical Pain and Health Behaviors Among Native Americans

Other studies examined the relation of perceived discrimination to the experience of physical symptoms as well as health behavior. For example, Chae and Walters (2009) examined associations between racial discrimination and physical pain and pain-associated impairment (e.g., does pain interfere with work) among 447 gay, lesbian, bisexual, and other sexual-minority Native Americans. In this study, a 33-item scale was utilized to measure perceived discrimination that included questions about everyday encounters with discrimination including whether they are asked to "get a sense of humor" or "lighten up" about Native American mascots or logos. In this study, greater self-reported discrimination was associated with higher odds of physical pain and impairment associated with pain.

Gonzales, Harding, Lambert, Fu and Henderson (2013) conducted a study of 200 Native American women with Type II diabetes to determine the effects of perceived discrimination on health seeking behaviors. Breast and cervical cancer-mortality disparities are prominent among Native American women. These disparities, in part, may result from patients' perceived experiences of discrimination in health care which are higher among Native Americans (Johansson, Jacobsen, & Buchwald, 2006; Trivedi & Ayanian, 2006). Data were collected from patient report and medical records. Prevalence of breast and cervical cancer screening were assessed. Substantial proportions of Native American women in the sample were behind the recommended schedules of screening for breast and cervical cancer. Analyses revealed that perceived discrimination was significantly associated with not being current for clinical breast examination and Pap test, and was close to statistical significance with not being current for mammography. The number of suboptimal health care-seeking behaviors increased with higher levels of perceived discrimination.

Thus, overall, across multiple studies, prejudice and discrimination including the use of racial slurs such as the "R-word" of the Washington mascot are associated with higher levels of depression, substance abuse, suicidality, increased pain and maladaptive health behaviors among Native American adults, adolescents and children.

# IV. Importance of Findings: The Public Health Context of the Washington Mascot

Supporters of the Washington mascot often dismiss calls to change the Washington mascot name as issues of political correctness, implying that the use of a dictionary-defined racial slur is a "victimless crime." The importance of the findings of the harmful effects of the Washington mascot can be best understood in the context of the extreme disparities and severe mental and physical health problems in the Native American population. The harmful negative effects of the Washington mascot as demonstrated in both experimental and real-world studies is not only an integral part of the overall prejudice and discrimination facing Native Americans today, but also represents a significant threat to increased suffering, loss of productivity and loss of life among Native American children and adults.

### A. Disparities in Native American Populations

The use of the Washington football team's mascot isn't an isolated incident against an otherwise unharmed group of people, but rather an integral part of a pattern of prejudice and discrimination against the Native American population in the United States (Akins, Lanfear, Cline, & Mosher, 2013; National Congress of American Indians, 2013; Whitbeck, Adams, Hoyt, & Chen, 2004). The history of prejudice and discrimination against Native American people continues today in the form of disparities in terms of access to services for Native Americans as compared to other groups in the country (Agency for Healthcare Research and Quality, 2011). A recent report by the Centers for Disease Control and Prevention (2013) found that Native Americans had among the highest levels of poverty, lowest levels of education, and poorest access to housing of any group in the country.

Further, these historical issues contribute to Native Americans having among the most limited access to health care in the country (Jones, 2006). Barriers to care include lack of access to health care facilities, particularly as the majority of Native Americans live off of reservations and thus do not have access to Indian Health Services facilities (Norris, Vines, & Hoeffel, 2012; Zuckerman, Haley, Roubideaux, & Lillie-Blanton, 2004). Native Americans are the least likely group in the country to have health insurance, (Zuckerman, Haley, Roubideaux, & Lillie-Blanton, 2004) with 29.2% of the population uninsured (Centers for Disease Control 2013). The combination of these factors results in poorer care for Native Americans and more risk of emergencies (Zuckerman, Haley, Roubideaux, & Lillie-Blanton, 2004). Korenbrot, Ehlers and Crouch (2003) found that the number of Native Americans who suffer from avoidable hospitalizations is over 100% higher for Native Americans as compared to the general population.

Perhaps most indicative of the ongoing prejudice and discrimination against Native Americans in this county is the rate of violent victimization (American Psychiatric Association, 2011). A U.S. Department of Justice report showed that Native Americans have the highest levels of violent victimization of any group in the country, twice the national average with the highest rate of sustained physical injury during an attack (Greeenfield, & Smith, 1999; Tjaden & Thoennes, 2000). Results show that 61.4% of women and 75.2% of men will experience physical assault during his or her lifetime. Native American children are more likely to be threatened or to experience violence than other children (Campbell & Smalling, 2013). Further, Native American women have the highest rates of sexual assault in the country with one in three women experiencing assault during her lifetime (Tjaden, & Thoennes, 2000). Further, sexual assaults against Native American women are more likely to be interracial (Bachman, Zaykowski, Lanier, Poteyeva, & Kallmyer, 2010); in 70% of cases the perpetrator is not Native American (Greeenfield & Smith, 1999).

When considering the devastating effect of these disparities, the findings of the potentially harmful effects of the Washington mascot become alarming because it highlights the strength of the effects of prejudice and discrimination in the form of stereotypical images and racial slurs on Native American children and adults. Even among all of the disparities and associated stressors facing Native Americans, not only does simple exposure to Native American mascots worsen Native American self-concept and mood, but discrimination in the form of racial slurs and associated treatment predicts negative mental health outcomes.

### **B. The Public Health Cost of Native American Mental Health Suffering**

Further, research studies demonstrate that perceived discrimination predicts the same mental health outcomes that are particularly prevalent among, and causing damage to, the Native American people. Issues such as mood and anxiety disorders, substance abuse and dependence, and suicidality are prominent among Native Americans. These mental health issues are among the leading causes worldwide of suffering, loss of functioning and productivity, and in the most extreme cases, loss of life (Buka, 2008, World Health Organization, 2004).

In part because of the stress experienced in the form of ongoing prejudice and discrimination, Native Americans report the highest level of psychological distress of any other group in the nation, (Substance Abuse and Mental Health Services Administration, 2008) with particularly high reports of "nervousness" or "restlessness." Thirty-five percent of Native American women report a lifetime prevalence of DSM-IV disorders, and 50% of Native American men report a lifetime prevalence of mental disorders (Beals et al., 2005).

Depression is prominent among Native Americans who report the highest levels of lifetime depression in the country, with lifetime prevalence of 19% (Kobau, Safran, Zack, Moriarity, & Chapman, 2004; Tann, Yabiku, Okamoto, & Yanow, 2007; United States Department of Health and Human Services, 2005). Further, Native Americans suffer anxiety disorders, with among the highest levels of post-traumatic stress disorder in the country (Beals et al., 2005). Native Americans report the highest levels of substance abuse in the country, with a lifetime prevalence of substance use disorders of 18.4%, almost twice that of the general population (10.3%) (American Psychiatric Association, 2010). Alcohol abuse is prominent in Native American populations with 30% of Native Americans engaging in binge drinking, the highest rate of any group in the country (Beals et al., 2005; Substance Abuse and Mental Health Services Administration, 2010). In addition, Native Americans suffer from the highest rate of nicotine dependence of any group in the country (American Psychiatric Association, 2010; Center for Disease Control, 2006). Further, substance use starts younger for Native Americans than any other group. Compared with the national average for adolescents aged 12-17, Native Americans had higher rates of cigarette use (16.8% vs. 10.2%), marijuana use (13.8% vs 6.9% and non-medical use of prescription drugs (6.1% vs. 3.3%) (Substance Abuse and Mental Health Services Administration, 2011).

Not only are mental disorders common among Native Americans, but these disorders tend to be chronic, lasting over the course of a lifetime (Judd, Schettler, & Akiskal, 2002). Thus, once an individual has a mental health disorder, the struggle with this issue is often ongoing. We have similarly known for decades about the chronic nature of substance abuse (Brownell, Marlatt, Lichtenstein, & Wilson, 1986). The prevalent and chronic nature of these mental health conditions have high impact on native Americans in the form of suffering, lost productivity and functioning, exacerbation of physical health conditions and loss of life in the form of suicide.

Mental health conditions such as depression not only cause substantial suffering in their own right (e.g., sadness, poor concentration), but they also tend to be associated with greater physical suffering in the form of increased pain and experience of physical symptoms (Casano & Fava, 2002). In a review of the research literature, Bair, Robinson, Katon, and Kroenke (2003) found that patients with pain and comorbid depression experienced more pain complaints, more intense pain, and longer duration of pain. Further, this issue tended to be chronic as patients with both conditions were more likely to have persistent pain; and depression predicted future episodes of pain. To understand the relation of pain and depression among Native Americans, Wilson, Civic, and Glass (1995) examined data from a clinic-based research study of depression undertaken by the Indian Health Service (IHS). One hundred and six patients from an IHS primary care clinic participated in the study, with twenty-one percent (20.7%) scoring positive for a depressive disorder, and nine percent (9%) meeting criteria for a major depressive syndrome. Increased depression was found to be associated with higher levels of unexplained pain. A more recent study by Hayes, Randall, Robinson, and McNeil (2012) of 150 Native Americans found similar results, with depression being associated with higher levels of pain.

Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability. Individuals who suffer from mental health disorders are more likely to experience functional impairments in multiple domains, including employment, physical and social functioning (Casano & Fava, 2002; Ustun, Ayuso-Mateos, Chatterji, Mathers, & Murray, 2004). This connection is consistent among Native Americans. Robin, Long, Rasmussen, Albaugh, and Goldman (1998) examined the relation of binge drinking to functional impairment in a sample of 582 adult Southwestern Native Americans. When controlling for alcohol dependence and other covariates, binge drinking was independently associated with an increase in odds for positive diagnoses for social, work, physical, and violence/lawlessness behavioral problems.

Not only do mental health disorders create functional impairment in their own right, but they also impact the onset and course of physical health conditions (Detweiler-Bedell, Friedman, Leventhal, Miller, & Leventhal, 2008). As a group, Native Americans exhibit some of the worst physical health in the nation, with among the highest rates of diabetes and cardiovascular disease in the country (Agency for Healthcare Research and Quality, 2011). Native Americans suffer from the highest co-morbidity of triADD, or risk of alcohol abuse, depression and diabetes, of any group in the country (Tann, Yabiku, Okamoto, & Yanow, 2007). Mental health disorders such as depression are not only associated with direct biological stress that worsens disease, but they also interfere with engaging in the health behaviors necessary to avoid or treat disease (Kobau, Safran, Zack, Moriarity, & Chapman, 2004).

The dire nature of the mental health situation is perhaps most highlighted by the fact that Native Americans consistently have among the highest rates of suicide of any group in the country, and this finding is consistent among both males and females (Centers for Disease Control and Prevention National Center for Injury and Control, 2013; Dorgan, 2010; Indian Health Services, 2008). Among people ages 10-39, Native Americans have by far the highest suicide rate of any group in the country. Perhaps even more disturbing, the rate of suicide among Native Americans has risen an alarming 65% over the past decade. Major mental disorders such as depression, substance use and post-traumatic stress disorder (PTSD) represent major risk factors for suicide (Nock et al. 2008; Nock & Kessler, 2006) and have shown to be associated with suicidality among Native Americans (Alcantara & Gone, 2007; Grossman, Milligan, & Deyo, 1991).

Thus, findings in both experimental studies and real-world investigation demonstrate that the negative mental health effects of the Washington mascot in the form of depression, substance abuse and suicidality are associated with significant suffering, loss of functioning and in extreme cases, loss of life. These findings support assertions by Williams and Mohammed (2009) of how prejudice and discrimination represents a serious stressor to health and well-being in the country. It further supports the assertion of the American Psychological Association (2011) that stressors such as prejudice and discrimination are so damaging that as a nation we face a "stress-induced public health crisis."

When considering the dire consequences associated with mental health conditions such as depression, substance abuse, anxiety and suicide among Native Americans, any stress such as the prejudice and discrimination of the Washington mascot that causes more suffering, loss of productivity, loss of functioning or loss of life in this community, and is preventable, must be considered a public health priority.

# V. Summary of Findings and Conclusions

This report was compiled to present the scientific rationale for the position that the Washington NFL football team mascot is harmful to the Native American population in the United States. This report provides research-supported evidence for the following assertions:

The Washington football team is contributing to prejudice and discrimination against Native Americans in this country by persistently using a dictionary-defined racial slur that has been formally protested by over 100 Native American organizations and other groups. This behavior, if performed on an interpersonal level or in the workplace, would constitute harassment or bullying.

Experimental laboratory studies demonstrate causal effects and mechanisms by which Native American mascots influence Native American health among adolescents and young adults. Tests have shown that the presence of Native American mascots results directly in lower self-esteem and lower mood within this population, as well as increased negative associations of Native Americans among non-Native American groups. Importantly, these effects occur regardless of whether the Native American mascot is considered "offensive."

Studies have shown that prejudice and discrimination in the form of racial slurs, racial harassment and racial bullying is associated with poor mental health among Native American children, adolescents and adults. This has manifested itself in the form of higher levels of depression, substance abuse, suicidality, and other negative physical symptoms and health behaviors among this group in the United States.

The Native American people report the highest level of psychological distress of any other group in the nation, due in part from being the target of ongoing prejudice and discrimination.

When considering the dire consequences associated with mental health conditions such as depression, substance abuse, anxiety and suicide among Native Americans, anything that causes additional stress and increased suffering, loss of productivity, loss of functioning or further loss of life in this community, and is preventable, must be considered a public health priority.

The findings of this report support the conclusions of the damaging effects of Native American mascots that have been previously asserted by over 100 Native American organizations, religious and civil rights organizations and professional organizations such as the American Psychological Association, the American Sociological Association, and the American Counseling Association.

The preponderance of scientific data provides further validity to the 40 years of specific claims from the Native American community of the harmful effects of the Washington mascot.

The Washington team should cease using the "R-word," which constitutes a racial slur, and change the name of their mascot.

## **VI. References**

Agency for Healthcare Research and Quality (2011). AHRQ Research and Other Activities Relevant to American Indians and Alaska Natives. U.S. Department of Health and Human Services; Rockville, MD.

Ahmed, A.T., Mohammed, S.A., & Williams, D.R. (2007). Racial discrimination and health: Pathways and evidence. Indian Journal of Medical Research, 126, 318-327.

Akins, S., Lanfear, C., Cline, S., & Mosher, C. (2013). Patterns and correlates of adult American Indian substance use. Journal of Drug Issues, 43, 497-516.

Alcantara, C., & Gone, J. (2007). Reviewing suicide in Native American communities: Situating risk and protective factors within a transactional-ecological framework. Death Studies, 31, 457-477.

Ambady, N., Shih, M., Kim, A., & Pittinksy, K.L. (2001). Streotype susceptibility in children: Effects of identity activation on quantitative performance. Psychological Science, 12, 385-390.

American Counseling Association (2001). Resolution: Opposition to use of stereotypical Native American images as sports symbols and mascots.

American Psychiatric Association (2010). Mental health disparities: American Indians and Alaska Natives. Office of Minority and National Affairs, Washington, D.C.

American Psychological Association (2011). Stress in America (2011): Our Health at Risk. Washington DC: Author.

American Psychological Association (2005). APA resolution recommending the immediate retirement of American Indian mascots, symbols, images, and personalities by schools, colleges, universities, athletic teams, and organizations. Washington, DC: Author. Anti-Defamation League (2013). ADL Statement on Sports Team Names and Stereotypes. Anti-Defamation League: New York, NY.

Armstead, C.A., Lawler, K.A., Gorden, G., Cross, J., & Gibbons, J. (1989). Relationship of racial stressors to blood pressure responses and anger expression in black college students. Health Psychology, 8, 541-556.

Baca, L.R. (2004). Native images in schools and the racially hostile environment. Journal of Sport and Social Issues, 28, 71-78.

Bachman, R., Zaykowski, H., Lanier, C., Poteyeva, M., & Kallmyer, R. (2010). Estimating the magnitude of rape and sexual assault against American Indian and Alaska Native (AI/AN) women. Australian & New Zealand Journal of Criminology, 43,199-222.

Bair, M.J., Robinson, R.L., Katon, W., & Kroenke,K. (2003). Depression and pain comorbidity.Archives of Internal Medicine, 163, 2433-2445.

Banks, D.J. (1993). Tribal names and mascots in sports. Journal of Sport and Social Issues, 17, 5-8.

Beals, J., Manson, S.M., Whitesell, N.R., Spicer, P., Novins, D.K., & Mitchell, C.M. (2005). Prevalence of DSM-IV disorders and attendant help-seeking in 2 American Indian reservation populations. Archives of General Psychiatry, 62, 99-108.

Brownell, K.D., Marlatt, G.A., Lichtenstein, E., & Wilson, G.T. (1986). Understanding and preventing relapse. American Psychologist, 41, 765-782.

Buka, S.L. (2008). Psychiatric epidemiology: Reducing the global burden of mental illness. American Journal of Epidemiology, 168, 977-979.

Burke, A.L. (2011). Behavioral correlates of implicit evaluation and stereotyping of Native American mascots. UMI Dissertation Publishing. Byers, L.G. (2006). Depression, discrimination, trauma, and American Indian ethnic identity. Dissertation Abstracts International Section A: Humanities and Social Sciences, Vol 67(2-A), 2006, 717.

Campbell, E.M., & Smalling, S.E. (2013). American Indians and bullying in schools. Journal of Indigenous Social Development, 2, 1-15.

Casno, P., & Fava, M. (2002). Depression and public health: An overview. Journal of Psychosomatic Research, 53, 849-857.

Centers for Disease Control and Prevention National Center for Injury and Control (2013). National Suicide Statistics at a glance: Suicide rates among persons ages 10 years and older, by race/ethnicity and sex, United States, 2005-2009. Atlanta, GA: Centers for Disease Control and Prevention National Center for Injury Prevention and Control (NCIPC).

Centers for Disease Control and Prevention (2013). The CDC Health Disparities & Inequalities Report -United States, 2011. Atlanta, GA: Centers for Disease Control and Prevention.

Chae, D.H., & Walters, K.L. (2009). Racial discrimination and racial identity attitudes in relation to self-rated health and physical pain and impairment among two-spirit American Indians/Alaska Natives. American Journal of Public Health, 99, S144-S151.

Chaney, J., Burke, A., & Burkley, E. (2011). Do American Indian mascots = American Indian people? Examining implicit bias towards American Indian people and American Indian mascots. American Indian and Alaskan Native Mental Health Research, 18, 42-62.

Cheadle, J.E., & Whitbeck, L.B. (2011). Alcohol use trajectories and problem drinking over the course of adolescence: A study of North American indigenous youth and their caretakers. Journal of Health and Social Behavior, 52, 228-245. Cheryan, S., & Bodenhausen, G.V. (2000). When positive stereotypes threaten intellectual performance: The psychological hazards of "model minority" status. Psychological Science, 11, 399-402.

Clark, R., Anderson, N.B., Clark, V.R., & Williams, D.R. (1999). Racism as a stressor for African-Americans: A biopsychosocial model. American Psychologist, 54, 805-816.

Davies, P.G., Spencer, S.J., Quinn, D.M., & Gerhardstein, R. (2002). Consuming images: How television commercials that elicit stereotype threat can restrain women academically and professionally. Personality and Social Psychology Bulletin, 28, 1615-1628.

Davies, P.G., Spencer, S.J., & Steele, C.M. (2005). Clearing the air: Identity safety moderates the effects of stereotype threat on women's leadership aspirations. Journal of Personality and Social Psychology, 88, 276-287.

Detweiler-Bedell, J.B., Friedman, M.A., Leventhal, H., Miller, I.W., & Leventhal, E.A. (2008). Integrating co-morbid depression and chronic physical disease management: Identifying and resolving failures in self-regulation. Clinical Psychology Review, 28, 1426-1446.

Dorgan, B.L. (2010). The tragedy of Native American Youth Suicide. Psychological Services, 7, 213-218.

Freedenthal, S., & Stiffman, A.R. (2004). Suicidal behavior in urban American Indian adolescents: A comparison with reservation youth in a southwestern state. Suicide and Life-Threatening Behavior, 34, 160-170.

Freng, S., & Esqueda, C.W. (2011). A question of honor: Chief Wahoo and American Indian stereotype activation among a university based sample. The Journal of Social Psychology, 151, 577-591.

Fryberg, S.A., Markus, H.R., Oyserman, D., & Stone, J.M. (2008). Of warrior chiefs and indian princesses: The psychological consequences of American Indian mascot. Basic and Applied Social Psychology, 30, 208-218.

Galliher, R.V., Jones, M.D., & Dahl, A. (2011). Concurrent and longitudinal effects of ethnic identity and experiences of discrimination on psychosocial adjustment of Navajo adolescents. Developmental Psychology, Vol 47, 509-526.

Gee, G.C., Spencer, M., Chen, J., Yip, T., & Takeuchi, D.T. (2007). The association between selfreported racial discrimination and 12 month DSM-IV mental disorders among Asian Americans nationwide. Social Science and Medicine, 64, 1984-1996.

Gonzalez, J. (2006, August). Ingroup/Outgroup dynamics of Native American mascot endorsement. New Directions in Ethnic Minority Research. Symposium conducted at the 114th Annual American Psychological Association Convention, New Orleans, LA.

Gonzales, K.L., Harding, A.K., Lambert, W.E., Fu, R., & Henderson, W.G. (2013). Perceived experiences of discrimination in health care: A barrier for cancer screening among American Indian women with type 2 diabetes. Womens Health Issues, 23, e61-e67.

Greenfield, L.A., & Smith, S.K. (1999). American Indians and Crime. Washington DC: US Department of Justice Office of Justice Programs Bureau of Justice Statistics.

Greenwald, A., Nosek, B., & Banaji, M. (2003). Understanding and using the Implicit Association Test: I. An improved scoring algorithm. Journal of Personality and Social Psychology, 85, 197-216.

Grossman, D.C., Milligan, B.C., & Deyo, R.A. (1991). Risk factors for suicide attempts among Navajo adolescents. American Journal of Public Health, 81, 870-874.

Harrell, J.P., Hall, S., & Taliaferro, J. (2003). Physiological responses to racism and discrimination: An assessment of evidence. American Journal of Public Health, 93, 243-248. Hartshorn, K.J.S., Whitbeck, L.B., & Hoyt, D.R. (2012). Exploring the relationships of perceived discrimination, anger, and aggression among North American indigenous adolescents. Society and Mental Health, 2, 53-67.

Hayes, S.E., Randall, C.L., Robinson, S.A., & McNeil, D.W. (2012). Chronic pain moderates the relation between depression and culturally-related anxiety in American Indians: Gender differences. Poster presented at the meeting of the Association of Behavioral and Cognitive Therapies, National Harbor, MD, November 2012.

Indian Health Service. (2008, June). *Fact Sheet: Indian Health Disparities*.

Johansson, P., Jacobsen, C., & Buchwald, D. (2006). Perceived discrimination in health care among American Indians/Alaska natives. Ethnicity & Disease, 16, 766-771.

Jones, D.S. (2006). The persistence of American Indian disparities. American Journal of Public Health, 96, 2122-2134.

Judd, L.L., Schettler, P.J., & Akiskal, H.S. (2002). The prevalence, clinical relevance and public health significance of subthreshold depression. Psychiatric Clinics of North America, 25, 685-698.

Kessler, R.C., Mickelson, K.D., & Williams, D.R. (1999). The prevalence, distribution, and mental health correlates of perceived discrimination in the United States. Journal of Health and Social Behavior, 40, 208-230.

Kim-Prieto, C., Goldstein, L.A., Okazaki, S., & Kirschner, B. (2010). Effect of exposure to an American Indian mascot on the tendency to stereotype a different minority group. Journal of Applied Social Psychology, 40, 543-553. Kobau, R., Safran, M.A., Zack, M.M., Moriarity, D.G., & Chapman, D. (2004). Sad, blue, or depressed days, health behaviors and health-related quality of life, Behavioral Risk Factor Surveillance System, 1995-2000. Health and Quality of Life Outcomes, 2, 40-48.

Korenbrot, C.C., Ehlers, S., & Crouch, J.A. (2003). Disparities in hospitalizations of rural American Indians. Medical Care, 41, 626-636.

Larocque, A.R., McDonald, D., Weatherly, J.N., & Ferraro, F.R. (2012). Indian sports nicknames/logos: Affective differences between American Indian and Non-Indian college students. American Indian and Alaska Native Mental Health Research, 18, 1-16.

Lavine, H., Sweeney, D., & Wagner, S.H. (1999). Depicting women as sex objects in television advertising: Effects on body dissatisfaction. Personality and Social Psychology Bulletin, 25, 1049-1058.

Luo, Y., Xu, J., Granberg, E., & Wentworth, W.M. (2012). A longitudinal study of social status, perceived discrimination, and physical and emotional health among older adults. Research on Aging, 34, 275-301.

Mays, V.M., & Cochran, S.D. (2001). Mental health correlates of perceived discrimination among lesbian, gay and bisexual adults in the United States. American Journal of Public Health, 91, 1869-1876.

Moradi, B., & Risco, C. (2006). Perceived discrimination experiences and mental health of Latina/o american persons. Journal of Counseling Psychology, 53, 411-421.

Morris, A.M., & Katzman, D.K. (2003). The impact of media on eating disorders in children and adolescents. Journal of Paediatrics and Child Health, 8, 287-289.

National Congress of American Indians (October, 2013). Ending the legacy of racism in sports & the era of harmful "Indian" sports mascots.

National Education Association (1992). Use of Derogatory Names for Sports Teams. Washington, D.C.: National Education Association.

National Museum of the American Indian (2009). Entities opposing "Indian" sports references.

Nock, M.K., Borges, G., Bromet, E.J., Alonso, J., Angermeyer, M., Beautrais, A., Bruffaerts, R., Chiu, W.T., de Girolamo, G., Gluzman, S., de Graaf, R., Gureje, O., Haro, J.M., Huang, Y., Karam, E., Kessler, R.C., Lepine, J.P., Levisnon, D., Medina-Mora, M., Ono, Y., Posada-Villa, J., & Williams, D.R. (2008). Cross-national prevalence and risk factors for suicidal ideation, plans, and attempts. British Journal of Psychiatry, 192, 98-105.

Nock, M.K., & Kessler, R.C. (2006). Prevalence of and risk factors for suicide attempts versus suicide gestures: Analysis of the National Comorbidity Survey. Journal of Abnormal Psychology, 115, 616-623.

Norris, T., Vines, P.L., & Hoeffel, E.M. (2012). The American Indian and Alaska Native Population. Washington DC: U.S. Census Bureau.

Paradies, Y. (2006). A systematic review of empirical research on self-reported racism and health. International Journal of Epidemiology, 35, 888-901.

Pascoe, E.A. & Richman, L.S. (2009). Perceived discrimination and health: A meta-analytic review. Psychological Bulletin, 135, 531-554.

Puhl, R. & Brownell, K.D. (2012). Bias, discrimination and obesity. Obesity Research, 9, 788-805.

Robin, R.W., Long, J.C., Rasmussen, J.K., Albaugh, B., Goldman, D. (1998). Relationship of binge drinking to alcohol dependence, other psychiatric disorders, and behavioral problems in an American Indian tribe. Alcoholism: Clinical and Experimental Research, 22, 518-523.

Sampson, R. (2002). Bullying in Schools. Problem-Oriented Guides for Police Series, Volume 12. Washington, D.C.: U.S. Department of Justice Office of Community Oriented Policing Services. Siy, J.O., & Cheryan, S. (2013). When compliments fail to flatter: American individualism and responses to positive stereotypes. Journal of Personality and Social Psychology, 104, 87-102.

Society of Indian Psychologist (1999). Letter in Support of Retiring All Indian Personalities as the Official Symbols and Mascots of Universities, Colleges, or Schools (and Athletic Teams).

Son, D. & Shelton, J.N. (2011). Stigma consciousness among Asian Americans: Impact of positive stereotypes in interracial roommate relationships. Asian American Journal of Psychology, 2, 51-60.

Steele, C.M. (1997). A threat in the air: How stereotypes shape intellectual identity and performance. American Psychologist, 52, 613-629.

Steele, C.M., & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African Americans. Journal of Personality and Social Psychology, 69, 797-811.

Steinfeldt, J., Foltz, B., Kaladow, J., Carlson, T., Pagano, L., Benton, E., & Steinfeldt, M.C. (2010). Racism in the electronic age: Role of online forums in expressing racial attitudes about American Indians. *Cultural Diversity and Ethnic Minority Psychology*, *16*, 362-371.

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (October 4, 2011.) *The NSDUH Report: Substance Use among American Indian or Alaska Native Adolescents*. Rockville, MD.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (June 24, 2010). *The NSDUH Report: Substance Use among American Indian or Alaska Native Adults*. Rockville, MD.

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (October 4, 2011.) *The NSDUH Report: Substance Use among American Indian or Alaska Native Adolescents.* Rockville, MD. Substance Abuse and Mental Health Services Administration (2008). Results from the 2007 National Survey on Drug Use and Health: National Findings. NSDUH Series H-34, DHHS Publication No. SMA 08-4343. United States Department of Health and Human Services, Rockville, MD.

Tann, S.S., Yabiku, S.T., Okamoto, S.K., & Yanow, J. (2007). TRIADD: The risk for alcohol abuse, depression, and diabetes multimorbidity in the American Indian and Alaska native population. American Indian and Alaska Native Mental health Research, 14, 1-23.

Tjaden, P., & Thoennes, N. (2000). Full report of the prevalence, incidence and consequences of violence against women. US Department of Justice, Washington DC.

Trivedi, A.N., & Ayanian, J.Z. (2006). Perceived discrimination and use of preventive health services. Journal of General Internal Medicine, 21, 553-558.

Twenge, J.M., & Crocker, J. (2002). Race and selfesteem: Meta-analyses comparing Whites, Blacks, Hispanics, Asians, and American Indians and comment on Gray-Little and Hafdahl (2000). Psychological Bulletin, 128, 371-408.

### U.S. Commission on Civil Rights statement on Harmful

Ustun, T.B., Ayuso-Mateos, J.L., Chatterji S., Mathers, C. & Murray, C.J.L. (2004). Global burden of depressive disorders in the year 2000. British Journal of Psychiatry, 184, 386-392.

Whitbeck, L.B., Adams, G.W., Hoyt, D.R., & Chen, X. (2004). Conceptualizing and measuring historical trauma among American Indian people. American Journal of Community Psychology, 33, 119-130.

Whitbeck, L., Chen, X., Hoyt, D.R., & Adams, G.W. (2004). Discrimination, historical loss and enculturation: Culturally specific risk and resiliency factors for alcohol abuse among American Indians. Journal of Studies in Alcohol, 65, 409-418.

Whitbeck, L.B., Hoyt, D.R., McMorris, B.J., Chen, X., & Stubben, J.D. (2001). Perceived discrimination and early substance abuse among American Indian children. Journal of Health and Social Behavior, 42, 405-424.

Whitbeck, L.B., McMorris, B.J., Hoyt, D.R., Stubben, J.D., & Lafromboise, T. (2002). Perceived discrimination, traditional practices, and depressive symptoms among American Indians in the upper midwest. Journal of Health and Social Behavior, 43, 400-418.

Whitbeck, L.B., Walls, M.L., Johnson, K.D., Morrisseau, A.D., & McDougall, C.M. (2009). Depressed affect and historical loss among North American indigenous adolescents. American Indian and Alaska Native Mental Health Research, 16, 16-41.

Whitesell, N.R., Mitchell, C.M., Spicer, P. and the Voices of Indian Teens Project Team (2009). A longitudinal study of self-esteem, cultural identity and academic success among American Indian adolescents. Cultural Diversity and Ethnic Minority Psychology, 15, 38-50.

Williams, D. M. (2007). Where's the honor? Attitudes toward the "Fighting Sioux" nickname and logo. Sociology of Sport Journal, 24, 437–456.

Williams, D.R., & Mohammed, S.A. (2009). Discrimination and racial disparities in health: Evidence and needed research. Journal of Behavioral Medicine, 32, 20-47.

Wilson, C., Civic, D., & Glass, D. (1995). Prevalence and correlates of depressive syndromes among adults visiting an Indian Health Service primary care clinic. American Indian and Alaska Native Mental Health Research, 6, 1-12.

World Health Organization. The World Health Report 2004: Changing History. Annex Table 3: Burden of Disease in DALYs by Cause, Sex, and Mortality Stratum in WHO Regions, Estimates for 2002. Geneva, Switzerland: World Health Organization; 2004.

Yoder, K.A., Whitbeck, L.B., Hoyt, D.R., & LaFrombosie, T. (2006). Suicidal ideation among American Indian youths. Archives of Suicide Research, 10, 177-190.

Yopyk, D.J.A., & Prentice, D.A. (2005). Am I an athlete or a student? Identity salience and stereotype threat in student athletes. Basic and Applied Social Psychology, 27, 329-336.

Zuckerman, S., Haley, J., Roubideaux, Y., & Lillie-Blanton (2004). Health service access, use and insurance coverage among American Indians/Alaska Native and Whites: What role does the Indian Health Service play? American Journal of Public Health, 94, 53-59.

### **About The Author**

Dr. Mike Friedman is a clinical psychologist specializing in how social environment can influence mental and physical health. He attended University of Pennsylvania as an undergraduate, Yale University for his graduate studies, and completed his clinical internship and post-doctoral fellowship at Brown University. Dr. Friedman has co-authored several papers and book chapters in the areas of depression, eating and weight disorders, relationship functioning and chronic disease management. Dr. Friedman regularly presents his work at both academic and professional conferences including seminars at Price Waterhouse Cooper. Dr. Friedman's work on stigma of obesity has been recently featured on



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