

over your work for bias. You can test your writing for implied evaluation by reading it while (a) substituting your own group for the group or groups you are discussing or (b) imagining you are a member of the group you are discussing (Maggio, 1991). If you feel excluded or offended, your material needs further revision. Another suggestion is to ask people from that group to read your material and give you candid feedback.

What follows is a set of guidelines, followed in turn by discussions of specific issues that affect particular groups. These are not rigid rules. You may find that some attempts to follow the guidelines result in wordiness or clumsy prose. As always, good judgment is required. If your writing reflects respect for your participants and your readers, and if you write with appropriate specificity and precision, you will be contributing to the goal of accurate, unbiased communication. Specific examples for each guideline are given in Table 2.1 at the end of this chapter.

Guideline 1: Describe at the appropriate level of specificity

Precision is a necessity in scientific writing; when you refer to a person or persons, choose words that are accurate, clear, and free from bias. The appropriate degree of specificity depends on the research question and the present state of knowledge in the field of study. When in doubt, it is better to be more specific rather than less, because it is easier to aggregate published data than to disaggregate them. For example, using *man* to refer to all human beings is simply not as accurate as the phrase *men and women*. To describe age groups, it is better to give a specific age range (“ages 65–83”) instead of a broad category (“over 65”; see Schaie, 1993). When describing racial and ethnic groups, be appropriately specific and sensitive to issues of labeling. For example, instead of describing participants as Asian American or Hispanic American, it may be helpful to describe them by their nation or region of origin (e.g., Chinese Americans, Mexican Americans). If you are discussing sexual orientation, realize that some people interpret *gay* as referring to men

and women, whereas others interpret the term as including only men (for clarity, *gay men* and *lesbians* currently are preferred).

Broad clinical terms such as *borderline* and *people at risk* are loaded with innuendo unless properly explained. Specify the diagnosis that is borderline (e.g., “people with borderline personality disorder”). Identify the risk and the people it involves (e.g., “children at risk for early school dropout”).

Gender is cultural and is the term to use when referring to men and women as social groups. *Sex* is biological; use it when the biological distinction is predominant. Note that the word *sex* can be confused with *sexual behavior*. *Gender* helps keep meaning unambiguous, as in the following example: “In accounting for attitudes toward the bill, sexual orientation rather than gender accounted for most of the variance. Most gay men and lesbians were for the proposal; most heterosexual men and women were against it.”

Part of writing without bias is recognizing that differences should be mentioned only when relevant. Marital status, sexual orientation, racial and ethnic identity, or the fact that a person has a disability should not be mentioned gratuitously.

Guideline 2: Be sensitive to labels

Respect people’s preferences; call people what they prefer to be called (Maggio, 1991). Accept that preferences will change with time and that individuals within groups often disagree about the designations they prefer (see Raspberry, 1989). Make an effort to determine what is appropriate for your situation; you may need to ask your participants which designations they prefer, particularly when preferred designations are being debated within groups.

Avoid labeling people when possible. A common occurrence in scientific writing is that participants in a study tend to lose their individuality; they are broadly categorized as objects (noun forms such as *the gays* and *the elderly*) or, particularly in descriptions of people with disabilities, are equated with their conditions—*the amnesiacs*, *the depressives*, *the schizophrenics*, *the LDs*, for example. One solution is to use adjectival

forms (e.g., “gay men,” “elderly people,” “amnesic patients”). Another is to “put the person first,” followed by a descriptive phrase (e.g., “people diagnosed with schizophrenia”). Note that the latter solution currently is preferred when describing people with disabilities.

When you need to mention several groups in a sentence or paragraph, such as when reporting results, do your best to balance sensitivity, clarity, and parsimony. For example, it may be cumbersome to repeat phrases such as “person with _____.” If you provide operational definitions of groups early in your paper (e.g., “Participants scoring a minimum of X on the X scale constituted the high verbal group, and those scoring below X constituted the low verbal group”), it is scientifically informative and concise to describe participants thereafter in terms of the measures used to classify them (e.g., “. . . was significant: high verbal group, $p < .05$ ”), provided the terms are inoffensive. A label should not be used in any form that is perceived as pejorative; if such a perception is possible, you need to find more neutral terms. For example, *the demented* is not repaired by changing it to *demented group*, but *dementia group* would be acceptable. Abbreviations or series labels for groups usually sacrifice clarity and may offend: *LDs* or *LD group* to describe people with specific learning difficulties is offensive; *HVAs* for “high verbal ability group” is difficult to decipher. *Group A* is not offensive, but neither is it descriptive.

Recognize the difference between *case*, which is an occurrence of a disorder or illness, and *patient*, which is a person affected by the disorder or illness and receiving a doctor’s care (Huth, 1987). “Manic–depressive cases were treated” is problematic; revise to “The patients with bipolar disorders were treated.”

Bias may be promoted when the writer uses one group (usually the writer’s own group) as the standard against which others are judged. In some contexts, the term *culturally deprived* may imply that one culture is the universally accepted standard. The unparallel nouns in the phrase *man and wife* may inappropriately prompt the reader to evaluate the roles of the individuals (i.e., the woman is defined only in terms of her relationship to the man) and the motives of the author. The phrase *husband and wife* or *man and woman* is parallel and undistracting. Usage

of *normal* may prompt the reader to make the comparison of *abnormal*, thus stigmatizing individuals with differences. For example, contrasting lesbians with “the general public” or with “normal women” portrays lesbians as marginal to society. More appropriate comparison groups might be “heterosexual women,” “heterosexual women and men,” or “gay men.”

Guideline 3: Acknowledge participation

Write about the people in your study in a way that acknowledges their participation. Replace the impersonal term *subjects* with a more descriptive term when possible and appropriate—*participants*, *individuals*, *college students*, *children*, or *respondents*, for example. *Subjects* and *sample* are appropriate when discussing statistics, and *subjects* may also be appropriate when there has been no direct consent by the individual involved in the study (e.g., infants or some individuals with severe brain damage or dementia). The passive voice suggests individuals are *acted on* instead of being actors (“the students *completed* the survey” is preferable to “the students *were given* the survey” or “the survey *was administered* to the students”). “Participants completed the trial” or “we collected data from the participants” is preferable to “the participants *were run*.” Although not grammatically passive, “presented with symptoms” suggests passiveness; “reported symptoms” or “described symptoms” is preferred (Knatterud, 1991). Similarly, consider avoiding terms such as *patient management* and *patient placement* when appropriate. In most cases, it is treatment, not patients, that is managed; some alternatives are “coordination of care,” “supportive services,” and “assistance.” If patients are able to discuss their living arrangements, describe them as such. *Failed*, as in “8 participants failed to complete the Rorschach and the MMPI,” can imply a personal shortcoming instead of a research result; *did not* is a more neutral choice (Knatterud, 1991).

As you read the rest of this chapter, consult Table 2.1 for examples of problematic and preferred language. Section 9.03 lists references for further information about nondiscriminatory language and for the guidelines that the APA Publications and Communications Board received as

working papers for the additions to this section; the full texts of these papers are available in updated form on an ongoing basis.

2.13 Gender

Avoid ambiguity in sex identity or sex role by choosing nouns, pronouns, and adjectives that specifically describe your participants. Sexist bias can occur when pronouns are used carelessly, as when the masculine pronoun *he* is used to refer to both sexes or when the masculine or feminine pronoun is used exclusively to define roles by sex (e.g., “the nurse . . . *she*”). The use of *man* as a generic noun or as an ending for an occupational title (e.g., *policeman*) can be ambiguous and may imply incorrectly that all persons in the group are male. Be clear about whether you mean one sex or both sexes.

To avoid stereotypes, use caution when providing examples:

To illustrate this idea, **an American boy's** potential for becoming a football player might be an aggregate of strength, running speed, balance, fearlessness, and resistance to injury. [The manuscript was revised to *a child's*.]

There are many alternatives to the generic *he* (see Table 2.1), including rephrasing (e.g., from “When an individual conducts this kind of self-appraisal, *he* is a much stronger person” to “When an individual conducts this kind of self-appraisal, that person is much stronger” or “This kind of self-appraisal makes an individual much stronger”), using plural nouns or plural pronouns (e.g., from “A therapist who is too much like his client can lose *his* objectivity” to “Therapists who are too much like their clients can lose *their* objectivity”), replacing the pronoun with an article (e.g., from “A researcher must apply for *his* grant by September 1” to “A researcher must apply for *the* grant by September 1”), and dropping the pronoun (e.g., from “The researcher must avoid letting *his* own biases and expectations” to “The researcher must avoid letting biases and expectations”). Replacing *he* with *he or she* or *she or he* should be done sparingly because the repetition can become tiresome. Combination

forms such as *he/she* or *(s)he* are awkward and distracting. Alternating between *he* and *she* also may be distracting and is not ideal; doing so implies that *he* or *she* can in fact be generic, which is not the case. Use of either pronoun unavoidably suggests that specific gender to the reader.

2.14 Sexual Orientation

Sexual orientation is not the same as *sexual preference*. In keeping with Guideline 2, *sexual orientation* currently is the preferred term and is to be used unless the implication of choice is intentional.

The terms *lesbians* and *gay men* are preferable to *homosexual* when referring to specific groups. *Lesbian* and *gay* refer primarily to identities and to the culture and communities that have developed among people who share those identities. Furthermore, *homosexuality* has been associated in the past with negative stereotypes. Also, the term *homosexual* is ambiguous because some believe it refers only to men. *Gay* can be interpreted broadly, to include men and women, or more narrowly, to include only men. Therefore, if the meaning is not clear in the context of your usage, specify gender when using this term (e.g., *gay men*). The clearest way to refer inclusively to people whose orientation is not heterosexual is to write *lesbians, gay men, and bisexual women or men*—although somewhat long, the phrase is accurate.

Sexual behavior should be distinguished from sexual orientation; some men and women engage in sexual activities with others of their own sex but do not consider themselves to be gay or lesbian. In contrast, the terms *heterosexual* and *bisexual* currently are used to describe both identity and behavior; adjectives are preferred to nouns. *Same-gender, male-male, female-female, and male-female sexual behavior* are appropriate terms for specific instances of sexual behavior in which people engage, regardless of their sexual orientation (e.g., a married heterosexual man who once had a same-gender sexual encounter).

2.15 Racial and Ethnic Identity

Preferences for terms referring to racial and ethnic groups change often. One reason for this is simply personal preference; preferred designations

are as varied as the people they name. Another reason is that over time, designations can become dated and sometimes negative (see Raspberry, 1989). Authors are reminded of the two basic guidelines of specificity and sensitivity. In keeping with Guideline 2, authors are encouraged to ask their participants about preferred designations and are expected to avoid terms perceived as negative. For example, some people of African ancestry prefer *Black* and others prefer *African American*; both terms currently are acceptable. On the other hand, *Negro* and *Afro-American* have become dated; therefore, usage generally is inappropriate. In keeping with Guideline 1, precision is important in the description of your sample (see section 1.09); in general, use the more specific rather than the less specific term.

Racial and ethnic groups are designated by proper nouns and are capitalized. Therefore, use *Black* and *White* instead of *black* and *white* (colors to refer to other human groups currently are considered pejorative and should not be used). For modifiers, do not use hyphens in multiword names, even if the names act as unit modifiers (e.g., *Asian American* participants).

Designations for some ethnic groups are described next. These groups frequently are included in studies published in APA journals. The list is far from exhaustive but serves to illustrate some of the complexities of naming (see Table 2.1).

Depending on where a person is from, individuals may prefer to be called *Hispanic*, *Latino*, *Chicano*, or some other designation; *Hispanic* is not necessarily an all-encompassing term, and authors should consult with their participants. In general, naming a nation or region of origin is generally helpful (e.g., *Cuban* or *Central American* is more specific than *Hispanic*).

American Indian and *Native American* are both accepted terms for referring to indigenous peoples of North America, although *Native Americans* is a broader designation because the U.S. government includes Hawaiians and Samoans in this category. There are close to 450 Native groups, and authors are encouraged to name the participants' specific groups.

The term *Asian* or *Asian American* is preferred to the older term *Oriental*. It is generally useful to specify the name of the Asian subgroup: Chinese, Vietnamese, Korean, Pakistani, and so on.

2.16 Disabilities

The guiding principle for "nonhandicapping" language is to maintain the integrity of individuals as human beings. Avoid language that equates persons with their condition (e.g., *neurotics*, *the disabled*); that has superfluous, negative overtones (e.g., stroke *victim*); or that is regarded as a slur (e.g., *cripple*).

Use *disability* to refer to an attribute of a person and *handicap* to refer to the source of limitations, which may include attitudinal, legal, and architectural barriers as well as the disability itself (e.g., steps and curbs handicap people who require the use of a ramp). *Challenged* and *special* are often considered euphemistic and should be used only if the people in your study prefer those terms (Boston, 1992). As a general rule, "person with _____," "person living with _____," and "person who has _____" are neutral and preferred forms of description (see Table 2.1).

2.17 Age

Age should be defined in the description of participants in the Method section (see section 1.09). Be specific in providing age ranges; avoid open-ended definitions such as "under 18" or "over 65" (Schaie, 1993). *Boy* and *girl* are correct terms for referring to people of high school age and younger. *Young man* and *young woman* and *male adolescent* and *female adolescent* may be used as appropriate. For persons 18 and older (or of college age and older), use *men* and *women*. *Elderly* is not acceptable as a noun and is considered pejorative by some as an adjective. *Older person* is preferred. Age groups may also be described with adjectives; gerontologists may prefer to use combination terms for older age groups (*young-old*, *old-old*, *very old*, and *oldest old*), which should be used only as adjectives. *Dementia* is preferred to *senility*; *senile dementia of the Alzheimer's type* is an accepted term.

Table 2.1. Guidelines for Unbiased Language

Problematic	Preferred
Guideline 1: Use an appropriate level of specificity	
The client's behavior was typically female.	The client's behavior was [specify].
<i>Comment:</i> Being specific avoids stereotypic bias.	
Guideline 2: Be sensitive to labels	
Participants were 300 Orientals.	There were 300 Asian participants [perhaps adding "150 from Southeast Asia (Thailand, Laos, and Vietnam) and 150 from East Asia (North and South Korea)"].
<i>Comment:</i> <i>Orientals</i> is considered pejorative; use <i>Asian</i> , or be more specific.	
the elderly	older people
<i>Comment:</i> Use adjectives as adjectives instead of as nouns.	
girls and men	women and men
<i>Comment:</i> Use parallel terms; <i>girls</i> is correct if females of high school age or younger are meant.	
Guideline 3: Acknowledge participation	
Our study included 60 subjects.	Sixty people participated in our study.
<i>Comment:</i> <i>Participants</i> is preferred to <i>subjects</i> .	
Gender	
1. The client is usually the best judge of the value of his counseling.	The client is usually the best judge of the value of counseling. The client is usually the best judge of his or her counseling. Clients are usually the best judges of the value of the counseling they receive.

Table 2.1. (continued)

Problematic	Preferred
	The best judge of the value of counseling is usually the client.
2. man, mankind	people, humanity, human beings, humankind, human species
man a project	staff a project, hire personnel, employ staff
man-machine interface	user-system interface, person-system interface, human-computer interface
manpower	workforce, personnel, workers, human resources
man's search for knowledge	the search for knowledge
3. males, females	men, women, boys, girls, adults, children, adolescents
<i>Comment:</i> Specific nouns reduce the possibility of stereotypic bias and often clarify discussion. Use <i>male</i> and <i>female</i> as adjectives where appropriate and relevant (<i>female experimenter, male participant</i>). <i>Males</i> and <i>females</i> may be appropriate when the age range is quite broad or ambiguous. Avoid unparallel usage such as 10 <i>men</i> and 16 <i>females</i> .	
4. Research scientists often neglect their wives and children.	Research scientists often neglect their spouses and children.
<i>Comment:</i> Alternative wording acknowledges that women as well as men are research scientists.	
5. woman doctor, lady lawyer, male nurse, woman driver	doctor or physician, lawyer, nurse, driver
<i>Comment:</i> Specify sex only if it is a variable or if sex designation is necessary to the discussion ("13 female doctors and 22 male doctors"). <i>Woman</i> and <i>lady</i> are nouns; <i>female</i> is the adjective counterpart to <i>male</i> .	

(table continues)

Table 2.1. (continued)

Problematic	Preferred
6. mothering	parenting, nurturing [or specify exact behavior]
7. chairman (of an academic department)	chairperson, chair [use <i>chairman</i> only if it is known that the institution has established that form as an official title]
<i>Comment:</i> Department head may be appropriate; however, the term is not synonymous with <i>chair</i> and <i>chairperson</i> at all institutions.	
chairman (presiding officer of a committee or meeting)	chairperson, chair, moderator, discussion leader
<i>Comment:</i> In parliamentary usage, <i>chairman</i> is the official term and should not be changed. Alternatives are acceptable in most writing.	
8. foreman, mailman, salesmanship	supervisor or superintendent, postal worker or letter carrier, selling ability
<i>Comment:</i> Substitute preferred noun.	
9. The authors acknowledge the assistance of Mrs. John Smith.	The authors acknowledge the assistance of Jane Smith.
<i>Comment:</i> Use given names.	
10. cautious men and timid women	cautious women and men, cautious people timid men and women, timid people
<i>Comment:</i> Some adjectives, depending on whether the person described is a man or a woman, connote bias. The examples illustrate some common usages that may not always convey exact meaning, especially when paired, as in the first column.	
11. Participants were 16 men and 4 women. The women were housewives.	The men were [specify], and the women were [specify].

Table 2.1. (continued)

Problematic	Preferred
<i>Comment:</i> Describe women and men in parallel terms, or omit description of both. Do not use <i>housewife</i> to identify occupation, a term that indicates sex and marital status and excludes men. Use <i>homemaker</i> , which can denote a man.	
Sexual orientation	
1. The sample consisted of 200 adolescent homosexuals.	The sample consisted of 200 gay male adolescents. The sample consisted of 100 gay male and 100 lesbian adolescents.
<i>Comment:</i> Avoid use of <i>homosexual</i> , and specify gender of participants.	
2. Manuscript title: "Gay Relationships in the 1990s"	"Gay Male Relationships in the 1990s" "Lesbian and Gay Male Relationships in the 1990s"
<i>Comment:</i> Specify gender equitably.	
3. Participants were asked about their homosexuality.	Participants were asked about the experience of being a lesbian or a gay man.
<i>Comment:</i> Avoid the label <i>homosexuality</i> .	
4. The women reported lesbian sexual fantasies.	The women reported female-female sexual fantasies.
<i>Comment:</i> Avoid confusing lesbian orientation with specific sexual behaviors.	
5. It was the participants' sex, not their sexual orientation, that affected number of friendships.	It was the participants' gender, not their sexual orientation, that affected number of friendships.
<i>Comment:</i> Avoid confusing gender with sexual activity.	

(table continues)

Table 2.1. (continued)

Problematic	Preferred
6. participants who had engaged in sexual intercourse	participants who had engaged in penile-vaginal intercourse participants who had engaged in sexual intercourse or had sex with another person

Comment: The first preferred example specifies kind of sexual activity, if penile-vaginal intercourse is what is meant. The second avoids the assumption of heterosexual orientation if sexual experiences with others is what is meant.

7. Ten participants were married, and 5 were single.	Ten participants were married, 4 were unmarried and living with partners, and 1 was unmarried and living alone.
--	---

Comment: The preferred example increases specificity and acknowledges that legal marriage is only one form of committed relationship. Marital status is sometimes not a reliable indicator of cohabitation (e.g., married couples may be separated), sexual activity, or sexual orientation.

Racial and ethnic identity

1. The sample included 400 undergraduate participants.	The sample of 400 undergraduates included 250 White students (125 men and 125 women) and 150 Black students (75 men and 75 women).
--	--

Comment: Human samples should be fully described with respect to gender, age, and, when relevant to the study, race or ethnicity. Where appropriate, additional information should be presented (generation, linguistic background, socioeconomic status, national origin, sexual orientation, special interest group membership, etc.). Note that *African American* currently may be preferred.

2. The 50 American Indians represented. . . .	The 50 American Indians (25 Choctaw, 15 Hopi, and 10 Seminole) represented. . . .
---	---

Table 2.1. (continued)

Problematic	Preferred
-------------	-----------

Comment: When appropriate, authors should identify American Indian groups by specific group or nation; when the broader designation is appropriate, note that *Native American* may be preferred to *American Indian*. In general, American Indian, African, and other groups prefer *people* or *nation* to *tribe*.

3. We studied Eskimos	We studied Inuit from Canada and Aleuts
-----------------------	---

Comment: Native peoples of northern Canada, Alaska, eastern Siberia, and Greenland may prefer *Inuk* (*Inuit* for plural) to *Eskimo*. Alaska Natives include many groups in addition to Eskimos.

4. Table entries:	
Race	Race
White 21 15	White 21 15
Non-White 15 4	African American 10 1
	Asian 5 3

Comment: *Non-White* implies a standard of comparison and is imprecise.

5. the articulate Mexican American professor	the Mexican American professor
--	--------------------------------

Comment: Qualifying adjectives may imply that the "articulate" Mexican American professor is an exception to the norm (for Mexican American professors). Depending on the context of the sentence, ethnic identity may not be relevant and therefore should not be mentioned.

Disabilities

1. Put people first, not their disability

disabled person	person with (who has) a disability
defective child	child with a congenital disability
	child with a birth impairment

(table continues)

Table 2.1. (continued)

Problematic	Preferred
mentally ill person	person with mental illness
<i>Comment:</i> Preferred expressions avoid the implication that the person as a whole is disabled.	
2. Do not label people by their disability or overextend its severity	
depressives	people who are depressed
epileptics	individuals with epilepsy
borderlines	people diagnosed with borderline personality disorder
neurotic patients	patients with a neurosis (or neuroses)
the learning disabled	children with [specify the learning characteristics]
retarded adult	adult with mental retardation
<i>Comment:</i> Because the person is <i>not</i> the disability, the two concepts should be separate.	
3. Use emotionally neutral expressions	
stroke victim	individual who had a stroke
person afflicted with cerebral palsy	person with cerebral palsy
population suffering from multiple sclerosis	people who have multiple sclerosis
individual confined to a wheelchair	individual who uses a wheelchair
<i>Comment:</i> Problematic expressions have excessive, negative overtones and suggest continued helplessness.	

CHAPTER THREE

APA Editorial Style

When editors or typesetters refer to *style*, they usually do not mean writing style; they mean editorial style—the rules or guidelines a publisher observes to ensure clear, consistent presentation of the printed word. Editorial style concerns uniform use of punctuation and abbreviations, construction of tables, selection of headings, and citation of references, as well as many other elements that are part of every manuscript.

An author writing for a publication must follow the style rules established by the publisher to avoid inconsistencies among journal articles or book chapters. For example, without rules of style, three different manuscripts might use *sub-test*, *subtest*, and *Subtest* in one issue of a journal or one book. Although the meaning of the word is the same and the choice of one style over the other may seem arbitrary (in this case, *subtest* is APA style), such variations in style may distract or confuse the reader.

This chapter describes the style for APA journals. It omits general rules explained in widely available style books and examples of usage with little relevance to APA journals. Among the most helpful general guides to editorial style are *Words into Type* (Skillin & Gay, 1974) and the *Chicago Manual of Style* (University of Chicago Press, 1993), both of which were used in developing this section. Style manuals agree more often than they disagree; where they disagree, the *Publication Manual*, because it is based on the special requirements of psychology, takes precedence for APA publications.