

GUIDELINES TO REDUCE BIAS IN LANGUAGE

A Summary of the APA and BPS Guidelines

Both sets of guidelines suggest there is a weight of evidence sufficient to justify the effort in writing in an unbiased fashion. For example, research has shown that gender specific terms, such as *mankind*, *he*, are not necessarily interpreted as generic and, further, that such conventions reflect and reinforce stereotypes.

Consideration for the Reader

A writing style that might imply sexual, gender or ethnic bias may be distracting, causing irritation or interruption, and so should be avoided, out of consideration for the reader. Further, authors are required to “avoid writing in a manner that reinforces questionable attitudes and assumptions about people”. To do otherwise is not only offensive, but also can create bias in both research design and interpretation.

Basic Guidelines

1. Use an Appropriate Level of Specificity

In referring to people, choose words that are accurate, clear and free from bias. Be aware of the powerful influence of cultural practice. Use of the term *man* as a generic noun is not only ambiguous but also it reinforces the message that women are of secondary importance. Choose words that eliminate ambiguity.

It is also important to avoid stereotyping when writing; rather than using terms such as *typically female*, describe behaviour accurately.

See table for examples of appropriate language use in this and other sections.

2. Be Sensitive to Labels

Respect group members' preferences when deciding how to describe groups of people. Acceptable descriptions change over time, and there is often variation within groups regarding preferred wording. If in doubt, ask!

Avoid labelling wherever possible; in particular, equating people with categories (the schizophrenics, the elderly, the gays) is de-individualising and demeaning. Use adjectives, or preferably put the person first with a description after, *people with schizophrenia*.

Aim to balance sensitivity, clarity and parsimony and ensure terms used are inoffensive.

Discriminate between *cases*, an occurrence of a disorder and people who affected by the disorder.

Be aware of bias inherent in using one group as a standard against which others are judged. Use of the word normal as a comparison group can stigmatise people who are different and imply they are *abnormal*. The BPS guidelines suggest a test of implied evaluation: “substitute another group (your own) for the group being discussed. If you are offended by the revised statement there is probably bias in the original statement”.

Non-parallel terms are also problematic and should be avoided e.g. *man and wife* defines the woman only in relation to the man.

3. Acknowledge Participation

Acknowledge the role that participants play in research and describe their role actively rather than passively, e.g. *participants completed* is preferable to *the survey was administered*. The term *subject* should be avoided, rather descriptive non-pejorative terms should be used, e.g. *participants, students* etc.

4. Specific Groupings

Gender

Possible areas of bias include: using *he* to refer to both genders; defining roles by gender, e.g. using *she* to refer to nursing staff; stereotyping.

Avoid ambiguity by choosing words to accurately describe participants or behaviours. Rephrasing can avoid use of the generic *he*, as can replacing the pronoun with an article or dropping the pronoun. Replacing with *he or she* or *s/he* should be done sparingly as it can become very tiresome.

Sexual Orientation

The word *orientation* is generally preferable to *preference*; the terms *lesbians* and *gay men* preferable to *homosexual*. Homosexual is ambiguous and has accrued negative connotations in the past. Again, be specific and precise. In referring inclusively to people whose orientation is not heterosexual, include bisexual people.

Be aware of the distinction between sexual behaviour and sexual orientation. In describing behaviour, adjectives are preferable to nouns to clarify this distinction, e.g. *same gender, male-male, female-female, male-female sexual behaviour*.

Ethnic Identity

Acceptable phrasing for referring to ethnic groups changes frequently, partly due to personal preference, partly that terms often accrue negative connotations. Again, remember basic guidelines of sensitivity and specificity. Ask about preferred terminology and avoid negatively perceived terms. *Black* and *African-American* are currently acceptable. In this context, terms such as *Black* and *White* should be capitalised since they refer to ethnic groups and are therefore proper nouns.

Disabilities

Maintain the integrity of individuals as human beings, do not equate the person with the disability, avoid unnecessary negative terms such as *victim, (stroke victim) or cripple*.

Disability refers to an attribute of the person and handicap to constraints on the person, which may include attitudes, physical environment and legislation.

Age

Be specific when defining ages of participants. *Older person* is preferable to *elderly*, which can be considered pejorative and is not acceptable as a noun. *Dementia* is preferable to *senility*, although *senile dementia of the Alzheimer's type* is acceptable.

Problematic

Preferred

Guideline 1: Use an appropriate level of specificity

The client's behaviour was typically female

The client's behaviour was [specify].

***Comment:* 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)"].

***Comment:* Orientals is considered pejorative; use Asian, or be more specific.**

the elderly

older people

***Comment:* Use adjectives as adjectives instead of as nouns.**

girls and men

women and men

***Comment:* Use parallel terms; girls 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.

***Comment:* For human beings, "participants" is preferred to "subjects".**

Gender

1. The client is usually the best judge of the value of his counselling.

The client is usually the best judge of the value of counselling.

The client is usually the best judge of his or her counselling.

Clients are usually the best judges of the value of the counselling they receive.

The best judge of the value of counselling is usually the client.

<i>Problematic</i>	<i>Preferred</i>
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-machine 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.
Comment: 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 subject</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.
Comment: 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.
Comment: 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> .	
6. mothering	parenting, nurturing [or specify exact behaviour].
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].
Comment: <i>Department head</i> may be appropriate; however, the term is not synonymous with <i>chair</i> and <i>chairperson</i> at all institutions.	

<i>Problematic</i>	<i>Preferred</i>
chairman (presiding officer of a committee or meeting).	chairperson, chair, moderator, discussion leader.
Comment: 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.
Comment: Substitute preferred noun.	
9. The authors acknowledge the assistance of Mrs John Smith.	The authors acknowledge the assistance of Jane Smith.
Comment: Use given names.	
10. cautious men and timid women.	cautious women and men, cautious people timid men and women, timid people.
Comment: 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].
Comment: 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>home-maker</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.
Comment: 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".
Comment: Specify gender equitably.	

<i>Problematic</i>	<i>Preferred</i>
3. Participants were asked about their homosexuality.	Participants were asked about the experience of being a lesbian or a gay man.
Comment: Avoid the label <i>homosexuality</i> .	
4. The women reported lesbian sexual fantasies.	The women reported female-female sexual fantasies.
Comment: Avoid confusing lesbian orientation with specific sexual behaviours.	
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.
Comment: Avoid confusing gender with sexual activity.	
6. participants who had engaged in sexual intercourse.	... engaged in penile-vaginal intercourse. ... 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 is 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).
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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.

<i>Problematic</i>	<i>Preferred</i>
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2. The 50 American Indians represented The 50 American Indians (25 Choctaw, 15 Hipi, and 10 Seminole) represented

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.

4. 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 identify 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
mentally ill person	person with a mental illness

<i>Problematic</i>	<i>Preferred</i>
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Comment: 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	people with learning disabilities

Comment: Because the person is *not* the disability, the two concepts should be separate.

3. Use emotionally neutral expressions

stroke victim	individual who had a stroke
afflicted with cerebral palsy	person with cerebral palsy
suffering from multiple sclerosis	people who have multiple sclerosis
confined to a wheelchair	wheelchair user

Comment: Problematic expressions have excessive, negative overtones and suggest continued helplessness.

REFERENCE:

Publication Manual of the American Psychological Association, Fourth Edition. Washington DC: American Psychological Association

PHASE I ABANDONMENT OF RACISM	White Racial Identity Status	Information Processing & Impact on Counselling
	<p>Contact</p> <ul style="list-style-type: none"> Aware of and naively curious about whether racial differences actually exist. Superficially recognise their Whiteness, but often fail to perceive themselves as “racial beings”. Limited in ability to recognise their participation in racism. 	<p>Denial, obliviousness, naiveté</p> <ul style="list-style-type: none"> Colour-blind perspective - contends that all people should be treated equally without acknowledging race or culture. Oblivious to racial / cultural factors associated with client's presenting issues – this may reduce empathic understanding. Operating exclusively from own frame of reference, client's presentation is understood from a White cultural perspective.
	<p>Disintegration</p> <ul style="list-style-type: none"> See themselves as White and acknowledge the existence of discrimination and prejudice. Guilt about racial differences, as they belong to group often called ‘the oppressor’. Often feel forced to choose between loyalty to White race and humanism, inducing disorientation and anxiety. Fear alienation by other Whites. 	<p>Suppression, disorientation, ambivalence</p> <ul style="list-style-type: none"> Counsellors may have difficulty distinguishing between the environmental and societal factors relevant to client's presentation. As the counsellor wrestles with their personal understanding, they may be less able to assist the client at a progressive, therapeutic level. Limited in ability to intervene simultaneously at intrapsychic and environmental levels.
	<p>Reintegration</p> <ul style="list-style-type: none"> Idealise their socio-racial group. Believe that Whites are superior and other racial groups are inferior. 	<p>Selective perception, minimisation, out-group distortions</p> <ul style="list-style-type: none"> Attribution of client's presenting issues to perceived cultural and racial inferiority (overtly or covertly). Belief in White superiority may significantly limit empathic understanding or positive regard for the client. Assumptions that are racially biased may limit their ability to actively listen and effectively intervene.

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PHASE II DEFINING A NON-RACIST IDENTITY	White Racial Identity Status	Information Processing & Impact on Counselling
	Pseudo-Independence <ul style="list-style-type: none"> Intellectualisation of commitment to the White race and deceptive toleration of other racial groups. Underlying strong negative feelings around racial issues (e.g. fear of Blacks). Primary goal is to get rid of their racism and move towards a positive white identity. Decision to help other racial groups may be cathartic because it enables release of intense and pent up feelings around racial issues. 	Reshaping Reality, Selective Perception, Intellectualised Liberalism <ul style="list-style-type: none"> Heightened desire to understand and help culturally diverse client. Empathy most likely to be guided by White monocultural standards, an intellectualised view of the client's cultural milieu and ineffective management of relevant affect. May believe that the most effective intervention is grounded in the White cultural value system despite awareness of societal injustices targeted toward culturally diverse people. Have difficulty accepting diverse cultural experiences as appropriate resources on which to build interventions. Struggles to empower clients to use own cultural resources.
	Immersion / Emersion <ul style="list-style-type: none"> Search for increased understanding of their meaning of racism and inherent personal benefits. Attempt to redefine their Whiteness. May become racial advocates in their personal life choices and in counselling. 	Hypervigilance, Probing, Analysing <ul style="list-style-type: none"> Committed to discovering more accurate information about self as an individual and as a member of various cultural groups. Actively pursues learning about culturally relevant variables in the therapeutic relationship and is better able to empathize and establish a collaborative relationship. Explores significance of intrapsychic factors and systemic injustices that may contribute to the client's presenting issues.
	Autonomy <ul style="list-style-type: none"> Learns about their personal Whiteness and modifies their internal definition of what it means to be White. Motivated to develop a new capacity to let go of the privileges of racism. See oppression of non-Whites as defunct. Avoid choices that require oppression. Commitment to informed positive socioracial groups. 	Pluralistic, Flexible Interpreting of Racial Stimuli <ul style="list-style-type: none"> Draws on his or her comfort and competency to make contacts and connections that continue to broaden awareness and use of culturally relevant interventions. Able to empathise with the client and confront cultural and racial issues when this may be therapeutically beneficial. Truly values diversity and may work as a change agent toward the elimination of socio-political oppression within and outside of the counselling session.

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