

An Introduction to APA Style

A Student Guide for the 7th edition of the
APA Publication Manual

An Introduction to Writing in APA Style

This document provides an introduction to writing in American Psychological Association (APA) style. All of the information in this document is contained within the **seventh edition** of the Publication Manual of the American Psychological Association. If you need more details, please refer to the APA manual available in the: Douglas College Library, Psychology Lab, and Learning Centre.

Student papers for psychology courses usually fall into 2 categories: a literature review or an empirical study.

Literature Review

A literature review, also referred to as a “narrative literature review”, provides a narrative summary or evaluation of the findings or theories of an area of research. A thorough, if not exhaustive, search of published work (qualitative, quantitative, mixed-model research) is conducted for a given topic within a defined time frame. The resulting list of research articles are carefully examined to find trends, similarities, differences, contradictions, gaps, and inconsistencies. The resulting literature review synthesises this information resulting in an overview of past research with suggestions for future research. In sum, the narrative literature review should:

- define and clarify the problem;
- summarise previous research by identifying trends, similarities, differences, contradictions, gaps, and inconsistencies; and
- suggest directions for future research.

The organisational structure of a narrative literature review is at the author’s discretion. The paper may be organised based on similarities in concepts, research methodology, outcomes, theoretical perspectives, etc., with subsections detailing specifics when necessary. A literature review consists of, at minimum:

- title page
- introduction
- body — divided into sections and/or subsections
- conclusion
- references list

Empirical Study

An empirical study is a report of original research (experimental or correlational) in which an hypothesis is tested; data is collected; and the results are presented and evaluated. An empirical study consists of, at minimum:

- title page
- abstract
- introduction
- method
- results
- discussion
- references

Formatting for a literature review and empirical study follows the same conventions. Because the sections within an empirical study are more prescriptive, this document focuses on writing an empirical study.

This document is divided into three sections:

1. Writing an APA style Empirical Study

The first section provides a description of each of the major sections of an APA style empirical study.

2. Citations and References

The second section provides information on how to document your work: it tells you how to cite and reference the research articles that you will include in your paper. Read this section before gathering library materials (e.g., journal articles and books) and taking notes so you know what type of information to record (e.g., author's name, date of publication, name of journal, DOI). Also, carefully read the subsection on plagiarism.

3. Sample APA style Papers

The third section is comprised of sample papers:

a. Experiment (14 pages)

This sample paper illustrates the basic structure of an APA style empirical report.

b. Correlation (37 pages)

This sample paper contains the basic elements of an APA style empirical report plus additional headings and subheadings due to the complexity of the study.

c. Literature Review (38 pages)

This sample paper broadly illustrates the structure of a literature review. **NOTE:** the title of each section and subsection will vary based on the purpose of the literature review. Refer to "Level of Headings" on p. 4 of "An Introduction to APA style" for the formatting style of each section and subsection title.

Each sample paper follows the "Level of Headings" conventions for APA style (see. p. 4 of An Introduction to APA style).

Printing this document

Due to the length of this document, print the first 30 pages of this document along with the sample paper that is most relevant to your assignment.

Formatting

General Guidelines

- Leave 2.54 cm (1") margins at the top, bottom, left and right sides of all the pages of the paper.
- Double space all lines of text including the title page and the reference section.
- Bold section headings and sub-headings (see "Level of Headings" on page 4).
- Insert one space after all punctuation; in other words, one space follows a period at the end of a sentence, a comma, a semi-colon, a colon, and after each initial in the author's name.
- Use an Oxford comma (serial comma) to separate items in a list including the last item. For example, "The stimuli colours were blue, green, orange, purple, and red."
- Use left justification only; leave the right edge of the text ragged.
- Choose **one** of the following fonts. Once a font is chosen, it must be used throughout the paper including page numbers; the only exception is for figures and tables (see "Results" on page 8 for additional information).
 - Arial 11 pt.
 - Calibri 11 pt.
 - Georgia 11 pt.
 - Lucida Sans Unicode 10 pt.
 - Times New Roman 12 pt.
- Begin page numbering on the title page. Page numbers appear on the upper-right-hand corner of each page of the document. Use the "page number" function on your word processing program; do **not** manually type-in the page numbers.
- Indent paragraphs 5-7 spaces (1.27cm or ½"); do not indent the first line of the "Abstract".
- When reporting a numerical value, present the numerical value as digits if the value is greater than or equal to 10. If the numerical value is less than 10, type the value as a word, unless it contains a decimal. **Exception:** Do not begin a sentence with a digit, even if it is greater than or equal to 10.
- Submit a single-sided copy of your paper for grading.
- Staple the paper once in the upper left-hand corner. Do not use folders or duo-tangs.
- Keep a back-up copy of your paper.

Comments on Writing Style

- You should strive to present your ideas clearly and logically. Be precise in your choice of words. Get to the point, this is a scientific paper and therefore wordiness is frowned upon.
- Do not use colloquialisms (informal language): this is a formal paper.
- Refrain from making over-generalisations. For example, "Since the dawn of time, man has been intrigued about . . ."
- Academic papers are generally written in the third person. Although the use of personal pronouns are acceptable (e.g., we, our, I, my), they should be used judiciously: this is, after all, a formal paper. For example, both "The hypothesis for the experiment was . . ." (third person) and "Our hypothesis for the experiment was . . ." (first person), would be acceptable whereas "In my opinion, . . ." would be unacceptable because of the shift in tone from formal to informal.

- The active voice is preferable to the passive voice. For example, it is preferable to say "Participants completed a questionnaire" (active voice) rather than "Participants were given a questionnaire" (passive voice).

Level of Headings

Use different heading levels to divide the body of the paper into sections and subsections. Format the heading levels according to APA Style; see table below. Generally, speaking there should be at minimum Level 1 headings with increasing levels dependent on the content of a section.

Level	Format
1	Centred, Bold, Title Case Heading
2	Flush left, Bold, Title Case Heading
3	<i>Flush left, Bold, Italics, Title Case Heading</i>
4	Indent, Bold, Title Case Heading, ending with a period. Text begins on the same line and continues as a regular paragraph.
5	<i>Indent, Bold, Italics, Title Case Heading, ending with a period.</i> Text begins on the same line and continues as a regular paragraph.

Title Page

(See p. 1 of the [Experiment](#), [Correlation](#), or [Literature Review](#) sample papers)

The title page is comprised of the following elements:

- title
- author's name(s)
- affiliation
- course name
- instructor's name
- due date

Title

The title summarises the main topic of the paper and mentions the variables considered in the study (e.g., The Effectiveness of Excuse-Validation in Reducing Negative Affect). Remove unnecessary phrases such as "A Study of . . .".

Typing

The title is centred, bolded, and typed-in upper and lower case. The title appears in the top one-third of the page.

Author's Name

For student papers with multiple authors (group papers), student names are listed in alphabetical order; for example, Melanie Anderson, Jaspreet Brar, Jason Huang, etc. For professional papers, the order of authors' names is based on their level of contribution: the lead or primary author contributing the most, and each subsequent author's name appearing based on decreasing levels of contribution.

Typing

The author's first and last name is centred and **quadruple** spaced below the title with each subsequent author's name separated by a comma; insert the word "and" between the second-to-last and last author's name.

NOTE: If your student number is required, type this after your name.

Affiliation

The affiliation is the name of the department and institution at which the study or experiment was conducted.

Typing

The affiliation is centred, typed-in upper and lower case, and is double spaced below the author(s) name. The department name is typed first followed by a comma, then the name of the institution. All this information is presented on one line. For example, "Psychology Department, Douglas College".

Course Name

The course name includes the abbreviated name, section, and full name of the course for which the paper is to be submitted.

Typing

The course name is centred, typed-in upper and lower case, and is double spaced below the affiliation. The abbreviated course name, number, and section is first, followed by a colon with the full name of the course typed after the colon. For example, "Psyc 1100 (001): An Introduction to Psychology I".

Instructor's name

The name of the instructor to whom the paper is to be submitted.

Typing

The instructor's name is centred, typed-in upper and lower case, and is double spaced below the course name. Your instructor's name may take any of the following forms: "Dr. Nicole Vittoz"; "Dr. N. Vittoz"; "Nicole Vittoz, PhD"; or "N. Vittoz, PhD". Ask your instructor which form they prefer.

Due date

Include the due date for the paper. Use Canadian date format: day month year.

Typing

The due date is centred, typed-in upper and lower case, and is double spaced below the instructor's name. The day is typed using two digits; the name of the month is typed in full; and the year is typed using all 4 digits. For example, "01 June 2020".

Abstract

(See p. 2 of the [Experiment](#), [Correlation](#), or [Literature Review](#) sample papers)

The "Abstract" is a summary of the entire paper; do not include material that is not presented in the paper. The "Abstract" is comprised of the following:

- the purpose of the research
- the variables being investigated
- a description of the participants
- a description of the method including materials, data gathering procedures, names of tests, etc.
- a description of your findings; do NOT include numerical results
- a conclusion, implication, or application of the research findings

The "Abstract" is written in past tense. Report numerical values (e.g., number of participants) as digits unless the numerical value begins a sentence, in which case, report the numerical value as a word. The "Abstract" is no more than 250 words.

Typing

The abstract appears on the second page of the paper. The word "Abstract" is centred, bolded, and typed-in upper and lower case. Do NOT indent the first line of the abstract.

Introduction

(See pp. 3-5 of the [Experiment](#) or pp. 3-14 of [Correlation](#) sample papers)

This section introduces the topic being studied, reviews previous research, and clearly states the hypothesis for the study.

Academic journal articles are used to review previous research; this is referred to as a literature review. The literature review is NOT a passive summary of each academic journal article, but an active, critical discussion of past research. The active discussion involves integrating and synthesising the main research trends as well as noting limitations of past research. Because you are borrowing ideas from previous research, this section will be filled with citations (see pp. 16-18 for examples of APA style citations). In addition, APA style rarely uses direct quotes; paraphrasing (putting it into your own words), with proper citations, is preferred. The literature review should serve as a rationale for the present study, and the hypothesis becomes a logical extension of the literature review. Past tense is used for the literature review.

Following the literature review, the variables used in the present study are defined and the rationale for the hypothesis is developed. The hypothesis is then stated and predictions are made. At the end of the introduction, the reader should have a clear idea of what was expected to happen in the study and the reasons for the predictions. It is important to emphasise that the "Introduction" section moves from the general (i.e., the general topic, why it is important, theory, previous research findings) to the specific (i.e., the present study).

Typing

The "Introduction" section begins on the third page of the paper. The title of the paper is centred, bolded, and typed-in upper and lower case instead of the word "Introduction". The "Introduction" is approximately two to three pages in length. Each new paragraph should be indented 5-7 spaces (1.27cm or ½").

Method

(See [pp. 5-7 of the Experiment](#) or [pp. 15-20 of the Correlation](#) sample papers)

The “Method” section describes how the study was conducted, and provides enough information to facilitate replication. The “Method” section is usually divided into, at minimum, two subsections: (1) “Participants”, and (2) “Procedure”.

Typing

The word "Method" is centred, bolded, typed-in upper and lower case, and immediately follows the last sentence of the “Introduction” section.

Participants

The “Participants” subsection describes the individuals who participated in the study. Include information about the number of participants, their sex, gender identity, and average age. Describe how and from where participants were selected, and whether there were any incentives to participate (for example, course credit). Provide any other defining characteristics, but do not list details of individual participants. A clear description of the participants enables the reader to understand for whom the results may be generalised.

Typing

The word "Participants" is left justified, bolded, and typed-in upper and lower case. This subsection is written in past tense. The first line of this subsection is indented 5-7 spaces (1.27cm or ½”). When reporting the number of participants, present the number as digits if the numerical value is greater than or equal to 10. If the number of participants is less than 10, type the numerical value as a word.

Procedure

The “Procedure” subsection provides a description of: the equipment and/or tests that were used; the research design; and a summary of the steps followed during data collection. Provide enough information to enable replication.

When describing standard materials (e.g., a stop-watch) a detailed description is not required. If a test was used, cite the test name and author(s) in APA style and include the source of the test in the “References” list. If the test (or data recording form) has instructions typed on the test form, describe the instructions; do not provide verbatim instructions. If the test uses a rating scale, include a description of the rating scale and how total scores are produced. When describing a test that uses a rating scale, type the rating scale as digits and the anchors for the scale should be italicised and in parentheses. For example, the participants rated their responses from 1 (*most important*) to 5 (*least important*).

The description of the procedure should be in chronological order. Provide enough detail to enable the reader to understand how the data was collected. This description should include: how participants were separated into groups or conditions; where the testing took place; any verbal instructions given to each group or condition; the order of presentation of testing material; a description of the testing materials; any experimental manipulations; how the dependent variable(s) were measured; and any variables that were held constant.

Typing

The word "Procedure" is left justified, bolded, typed-in upper and lower case, and immediately follows the last sentence of the “Participants” subsection. This subsection is written in past tense. The first line of this subsection and subsequent paragraphs are indented 5-7 spaces (1.27cm or ½”).

Results

(See pp. 7-9 of the [Experiment](#) or pp. 20-26 of the [Correlation](#) sample papers)

The main purpose of the “Results” section is to convey the numerical data obtained. Begin with a reiteration of the hypothesis. Describe the statistic(s) that will be used to evaluate the results. Include all relevant data even those that may contradict the hypothesis. If data exclusion occurred (e.g., incomplete responses) indicate the number that was excluded along with the rationale for exclusion; and state whether there were any demographic differences between excluded and included responses. Follow this with a written description of the results for each group or condition. Once all results have been reported, clearly state whether the results support the hypothesis; do not draw any conclusions.

Report the mean (*M*), standard deviation (*SD*) for each group or condition and, when appropriate, the correlation coefficient (*r*); do NOT include the participants' individual scores. Raw data, if requested by your instructor, is included in the “Appendix” section (see the “Appendix” sub-section of this document for appropriate APA style). Numerical results (*M*, *SD*, *r*) are reported as digits. Report all results in sentence format. If a figure or table (see below for a description of an APA style figure or table) is included in this section, refer to the figure or table and state its relevance in the text of this section. The values you choose to report in this section should justify any conclusions you draw in the “Discussion” section.

NOTE: this section is written as a coherent paragraph(s).

Typing

The word "Results" is centred, bolded, typed-in upper and lower case, and appears immediately after the last sentence of the “Procedure” subsection. This section is written in past tense and should be approximately one-half to one page long including a table or figure. The first line of this section and subsequent paragraphs are indented 5-7 spaces (1.27cm or ½”).

Tables (see p. 9 of the [Experiment](#) or pp. 16, 21 of the [Correlation](#) sample papers)

Your instructor may require a table as part of the “Results” section. Tables are usually included if the results contain several sets of numbers that would be difficult to understand in sentence format. For example, if the results consisted of several means (*M*) and standard deviations (*SD*), reporting these values as a list of digits would detract from the readability and comprehension of the overall results. A table, therefore, serves as an organised presentation of the results. Values that are to be compared should be next to each other. For example, means (*M*) should be in one column, standard deviation (*SD*) should be in an adjacent column. Provide a brief summary of the table in the text of the “Results” section; highlighting the relevant comparisons.

Typing

Number each table with an Arabic numeral. The word "Table" and its corresponding number is left justified, bolded, and typed-in upper and lower case. The title for the table appears below the table number and is left justified, italicised, typed-in upper and lower case with the first letter of each main word in upper case. The heading for each column should be clear and concise; in addition, the heading should not be wider than the longest column entry. A horizontal line divides: the title from the headings; the headings from the numerical values; and the last row of the table from the rest of the text. Do **not** use vertical lines to separate each column. Line spacing may deviate from the required double-spacing for the rest of the paper. The table may be single-spaced, one-and-a-half spaced, or double-spaced. Choose spacing that optimises the readability of the data. Do not vary the line spacing within a table: keep the line spacing consistent within a table.

Figures (see p. 8 of the [Experiment](#) or pp. 11, 25 of [Correlation](#) sample papers)

“Figures” are graphs, charts, maps, drawings, photographs, or diagrams. Your instructor may require a graph (referred to as a “figure”) of your results. The graph should provide a visual representation of the over-all results. Provide a brief description of the graph in the text of the “Results” section. Unless otherwise specified, the graph should be computer generated.

Typing

Number each figure with an Arabic numeral. The word "Figure" and its corresponding number is left justified, bolded, and typed-in upper and lower case. The title for the figure appears

below the figure number and is left justified, italicised, and typed-in upper and lower case with the first letter of each main word in upper case. Label each axis indicating the quantity being measured and the units used. Use abbreviations — “no.” instead of “number” — or symbols — “%” instead of “percentage” — in the axis label. Each label is parallel to its axis; for example, the label for the ordinate/vertical axis should be printed vertically whereas the label for the abscissa/horizontal axis is printed horizontally. Provide the unit of measure in brackets after the label. Always include a zero point. Use a sans serif font, for example, Arial, Calibri, or Lucida Sans Unicode for the labels and numbers of the ordinate and abscissa. The font size should be no larger than 14 pt and no smaller than 8 pt; the point size should not vary more than 4 pt. For example, if 8 pt is used for the ordinate then the font size cannot be greater than 12 pt for the abscissa. Axis labels are bolded. When choosing a grid scale, take into consideration the range of both axes. The graph should be two dimensional NOT three dimensional. Unless printing from a colour printer, limit the colours for the bars to black and white: visually discriminating between different levels of shading can be difficult. If your graph includes a legend, then the legend should be centred, above the graph, with a box around it.

Discussion

(See pp. 9-11 of the [Experiment](#) or pp. 26-32 of the [Correlation](#) sample paper)

In the “Discussion” section, the results are examined, interpreted, and evaluated. Inferences may be drawn. The “Discussion” moves from the specific (e.g., your results described in words) to the general (e.g., why the results are theoretically important and how they relate to other findings in psychology).

The “Discussion” section usually opens by clearly stating whether the hypothesis was supported by the results. The results of the study are then evaluated against previous research.

Discuss the similarities and differences between your results and past research results; limit your comments to those journal articles used in your literature review (include citations). Follow-up with a discussion of the limitations and strengths of your study, and generalisability of results. Methodological problems should be discussed with the expectation of suggestions to improve the study.

End the “Discussion” with a comment about the implications of the study: how does the study contribute to your understanding of the phenomenon being investigated; are there real-world applications; are there unanswered questions; if “yes”, then provide suggestions for future research; and finally, provide an overall general conclusion.

Do NOT introduce new journal articles in this section. Do NOT repeat points already made or refer back to the introduction section; each new comment should help bolster your conclusions. If the results do not support the hypothesis, provide a plausible explanation; this should NOT be a list of excuses.

Typing

The word “Discussion” is centred, bolded, typed-in upper and lower case, and immediately follows the “Results” section. This section is written in present tense. The “Discussion” is approximately 2-3 pages in length. The first line of this section and subsequent paragraphs are indented 5-7 spaces (1.27cm or ½”).

References

(See p. 12 of the [Experiment](#), pp. 33-37 of the [Correlation](#), or pp. 28-38 of the [Literature Review](#) sample papers)

The “References” section is a list of cited works in an APA paper. It appears as a separate page at the end of the paper. Entries are listed in alphabetical order by the first author’s surname, or title if there is no author. Do not list articles that were not cited in your report, but include all articles that were cited. For more information on how to complete a references list, please refer to pp. 18-25 of “An Introduction to APA Style”.

Appendix

(See pp. 13-14 of the [Experiment](#) sample paper)

This section is optional; check with your instructor.

The “Appendix” contains information that is essential for the reader, but would be distracting in the body of the paper. For example, a long and detailed description of a complex piece of equipment may be necessary for the replication of a study but detracts from the readability of the “Method” section. This description would then be placed in an appendix and referred to in the body of the paper. As mentioned in the “Results” section, your instructor may want you to include the participants' scores. The participants' scores would be included in the “Appendix”. To draw the reader's attention to the participants' scores refer to them in the “Results” section of the paper. Signed consent forms, if required by your instructor, should also be included as part of the “Appendix”.

Typing

The “Appendix” follows the “References” list on a new page. The word "Appendix" is centred, bolded, typed-in upper and lower case, with an identifying letter typed-in upper case. Double-spaced beneath the “Appendix” label is the “Appendix” title. The “Appendix” title is also centred, bolded, and typed-in upper and lower case. The title should succinctly describe the content of the appendix. If there is more than one appendix, then type each appendix on a separate page with the corresponding appendix letter and title. The order of appearance is based on the order in which the items are mentioned in the paper; for example, “Appendix A” materials would have been mentioned prior to “Appendix B” materials, etc. If there is only one appendix, then an identifying letter is not necessary.

Citations and References

Empirical research is based on previous research. When formulating an hypothesis for a new study, the researcher pursues a line of inquiry that is an extension of previous published work. To acknowledge the influence of previous published work, authors routinely cite sources in their “Introduction” and “Discussion” sections of their empirical report. In the case of narrative literature reviews, cited sources would be used throughout the paper: a literature review without extensive citations would be inadequate because the purpose of a literature review is to provide narrative summary of an area of research.

APA follows particular conventions when citing published work:

- the citations are in text rather than as footnotes;
- work cited is primarily paraphrased rather than quoted;
- primary sources are preferred over secondary sources; and
- all cited work must be included with a full reference in the “References” section.

A “full reference” means providing enough information so that the reader is able to retrieve the original source. To facilitate this, APA follows particular conventions for references; broadly, these elements are provided for all references:

- the author(s);
- the date of publication;
- the title of the work;
- title of source (journal, book, newspaper, magazine, etc.); and
- DOIs or URLs when applicable.

APA has specific conventions based on the source of the information; several examples will follow.

Appropriately citing sources and including them in your “References” section is a professional courtesy: it is respectfully acknowledging those who have contributed ideas for your research and, consequently, your paper. Failure to acknowledge your sources or to cite your sources properly is considered academic dishonesty and in particular plagiarism. Before we continue with the discussion of APA style citations and references, it is important that you are familiar with what the college considers academic integrity and the consequences if one engages in academic dishonesty.

Below are selected excerpts from the Douglas College “Academic Integrity Policy”. To view the entire document go to: <https://www.douglascollege.ca/sites/default/files/docs/finance-dates-and-deadlines/Academic%20Integrity%20Policy%20w%20Flowchart.pdf>

Academic Integrity

Academic Integrity: the fundamental ethics of scholarship and knowledge creation and transmission, including the principles of honesty, respect for truth and knowledge, fairness and responsibility.

Academic Dishonesty: any act that breaches one or more of the principles of academic integrity identified in the definition, above, or the policy statement, below. Acts of academic dishonesty may include but are not limited to the following types:

- **Misuse or misrepresentation of sources:** presenting source material in such a way as to distort its original purpose or implication(s); misattributing words, ideas, etc. to someone other than the original source; massaging or manipulating research findings or data; suppressing aspects of findings or data in order to present conclusions in a light other than the research, taken as a whole, would support.

- **Plagiarism:** presenting or submitting as one's own work the work, research, words, ideas, artistic imagery, arguments, calculations, illustrations or diagrams of another person or persons without explicit or accurate citation or credit; this includes submission of purchased material as well as material in which the student has permitted someone else (a fellow student, tutor, mentor or teaching assistant, friend, etc.) to contribute unacknowledged.
- **Self-plagiarism:** submitting one's own work for credit in more than one course without the permission of the instructors, or re-submitting work, in whole or in part, for which credit has already been granted.

PENALTIES FOR VIOLATIONS OF THE ACADEMIC INTEGRITY POLICY

It is recognized that acts of academic dishonesty or misconduct will vary in degree of seriousness. This policy allows for a range of penalties and encourages Responsible Administrators to consider the context and severity of each confirmed policy breach, as well as any recommendation made by the faculty member bringing the instance forward. It is understood that penalties with the most serious of consequences, such as expulsion or the recording of a grade of "FD" (fail, academic dishonesty) or "NMD" (non-mastery, academic dishonesty) on a transcript, will be reserved for egregious breaches of academic integrity and/or for repeat violations of a significant nature.

First and Second Offense

Typical penalties for first and second offenses may include (but are not limited to) one or more of the following:

- completion of a replacement assignment / test (the same or a substitute)
- a reduction in the grade earned for the assignment / test (e.g., a 50% reduction)
- a grade of zero on the assignment / test, which may or may not lead to failure in the course
- failure of the course and a notation on the transcript of "FD"
- non-mastery of the course and notation on the transcript of "NMD"
- suspension of the student, effective immediately and for a minimum of one additional semester
- a recommendation to the President to expel the student from Douglas College

Third Offense

For a third offense, the Responsible Administrator will recommend to the President that the student be expelled from Douglas College.

NOTE: Where a student is expelled from Douglas College for reasons of academic dishonesty, a notation such as "Expelled for reason of academic dishonesty, effective (date or date range)" will be placed on the student's permanent file and transcript.

Paraphrasing

APA style writing rarely includes direct quotes; paraphrasing is more common. Paraphrasing requires the internalisation of ideas, concepts, and theories; and then, in your own words, summarising and integrating them to provide a unique perspective of past research. Replacing a few words, rearranging the words, and/or splicing sentences together from a source is NOT paraphrasing – this would be considered plagiarism because you are using the source's words, but claiming them as your own. Although the ideas, concepts and/or theories are now in your own words, you still need to acknowledge the source hence the use of citations: see pages 16-18 for examples of APA citations.

Quotations

It is better to paraphrase than to quote. Any material of three or more words taken from another source is a quote. When quoting, ensure that the words, punctuation, and grammar is an exact replica of the original source. In addition to the author(s) surname(s) and year of publication, the page number for the quotation MUST be included. When quoting from a source that does not provide page numbers use paragraph numbers (type “para.” and the number) or, if the paper is divided into sections, provide the section and the paragraph number (type “para.” and the number) within that section.

If the quotation is short (\leq 40 words) insert the quotation as part of the sentence. Remember to enclose the quote within quotation marks.

Example of a short (\leq 40 words) quotation with page number:

Kahneman (2011) states “. . . that when people believe a conclusion is true, they are also very likely to believe arguments that appear to support it, even when these arguments are unsound” (p. 45).

OR

“. . . when people believe a conclusion is true, they are also very likely to believe arguments that appear to support it, even when these arguments are unsound” (Kahneman, 2011, p. 45).

Citations in “References” list:

Kahneman, D. (2011). *Thinking, fast and slow*. Doubleday Canada.

If the quote is greater than 40 words type the quote as a separate block. The block quote is double spaced, indented 5-7 spaces, (1.27cm or ½"), and is NOT surrounded by quotation marks.

Example of a long (> 40 words) quotation with page number:

Kahneman (2011) states that:

Sunstein came to believe that biased reactions to risks are an important source of erratic and misplaced priorities in public policy. Lawmakers and regulators may be overly responsive to the irrational concerns of citizens, both because of political sensitivity and because they are prone to the same cognitive biases as other citizens (p. 142).

OR

Sunstein came to believe that biased reactions to risks are an important source of erratic and misplaced priorities in public policy. Lawmakers and regulators may be overly responsive to the irrational concerns of citizens, both because of political sensitivity and because they are prone to the same cognitive biases as other citizens (Kahneman, 2011, p. 142).

Citations in “References” list:

Kahneman, D. (2011). *Thinking, fast and slow*. Doubleday Canada.

If the source document does not provide page numbers — common with e-textbooks — include the section or heading name and paragraph number from which the quote was taken.

Example of a short (≤ 40 words) quotation without a page number:

Schacter et al. (2023) state that pain sensations involves “... *A-delta fibres*, which are axons that transmit initial sharp pain, and slower *C fibres*, which are axons that transmit longer-lasting, duller persistent pain.”

(Sensing Pain section, para. 2).

OR

Sensing pain involves “... *A-delta fibres*, which are axons that transmit initial sharp pain, and slower *C fibres*, which are axons that transmit longer-lasting, duller persistent pain.” (Schacter et al., 2023, Sensing Pain section, para. 2).

Citations in “References” list

Schacter, D. L., Gilbert, D. T., Nock, M. K., & Johnsrude, I. S. (2023). *Psychology* (Canadian 6th ed.). Worth Publishers MacMillan Learning.

Example of a long (> 40 words) quotation without a page number:

Jensen Arnett and Arnett Jensen (2019) defines heritability as

... an estimate of the extent to which genes are responsible for differences among persons within a specific population. The value of the heritability estimate ranges from 0 to 1.00. If the heritability estimate is 0.70, for example, this means that genetic and environmental factors are estimated to contribute 70% and 30 % to a trait, respectively. (Principles of Behavior Genetics section, para. 2)

OR

Heritability is:

... an estimate of the extent to which genes are responsible for differences among persons within a specific population. The value of the heritability estimate ranges from 0 to 1.00. If the heritability estimate is 0.70, for example, this means that genetic and environmental factors are estimated to contribute 70% and 30 % to a trait, respectively. (Jensen Arnett & Arnett Jensen, 2019, Principles of Behavior Genetics section, para. 2)

Citations in “References” List:

Jensen Arnett, J., & Arnett Jensen, L. (2019). *Human development: A cultural approach* (3rd ed.). Pearson.

Primary versus Secondary Source

A primary source refers to information, ideas, or research findings obtained from reading the original research article whereas secondary sources refers to information, ideas, or research findings that were obtained from a source other than the original research article; a secondary source is analogous to second-hand information. Primary sources are preferred over secondary sources because you are obtaining first-hand information from the original author(s). If you should come across information that you find intriguing and would like to include in your paper: look-up the cited work in the paper's "References" list; obtain the original research article; read it; paraphrase the idea(s) from the original source; and cite the original author(s) in your paper.

If your instructor allows you to cite material from your textbook without having to obtain the original source of the information, then: cite the author(s) of the original idea along with the year of publication; followed by the phrase "as cited in"; and then the secondary source and year of publication. See examples below.

Example of a secondary source citation:

Paraphrased citation: Observational learning not only occurs with humans, but also occurs across species. For example, pigeons given the opportunity to watch other pigeons pecking a feeder or pressing a lever for food mimicked the behaviour when placed in the same apparatus (Zental et al., 1996, as cited in Schacter et al., 2023).

Narrative citation: Observational learning not only occurs with humans, but it also occurs across species. For example, Zental et al. (1996, as cited in Schacter et al., 2023) found that pigeons who had observed other pigeons pecking a feeder or pressing a lever to obtain food tended to emit the observed behaviour when placed in the same apparatus.

NOTE: Only include the secondary source in your "References" list.

Citation in "References" list:

Schacter, D. L., Gilbert, D. T., Nock, M. K., & Johnsrude, I. S. (2023). *Psychology* (Canadian 6th ed.). Worth Publishers MacMillan Learning.

Reference Citations in Text

The surname(s) of the author(s) and the date of publication are inserted directly into the text at the point where the author's work is mentioned. The complete citation is included in the "References" list at the end of the paper. Put parentheses around the author, the date, or both if they do not form a normal part of the sentence.

To ensure your sentence is grammatically correct, the sentence should be complete without the information contained within the parentheses.

1. One Author

Insert the author's last name and the date of publication into the text.

Example: In 2006, Brown investigated shame resilience theory . . .

or Brown's (2006) investigation of shame resilience theory . . .

or Shame resilience theory (Brown, 2006) . . .

Citations in "References" list

Brown, B. (2006). Shame resilience theory: A grounded theory study on women and shame. *Families in Society*, 87(1), 43-52. <https://doi.org/10.1606/1044-3894.3483>

2. Two Authors

When there are two authors always cite both surnames.

Parenthetical citation: In an earlier study (Tooby & Cosmides, 2006) . . .

Narrative citation: An earlier study by Tooby and Cosmides (2006)

Citations in "References" list

Tooby, J., & Cosmides, L. (2006). The evolved architecture of hazard management: Risk detection reasoning and the motivational computation of threat magnitudes. *Behavioral and Brain Sciences*, 29(6), 631-633. <https://doi.org/10.1017/S0140525X06009538>

3. More than Two Authors

When there are more than two authors, cite the first author's surname followed with "et al." (which is Latin for "and others").

NOTE: that "et" is not followed by a period, but "al" is.

Paraphrased citation: The results were supported by a later discovery (Talhelm et al., 2015) that showed . . .

Narrative citation: Talhelm et al. (2015) discovered . . .

Citations in "References" list:

Talhelm, T., Haidt, J., Oishi, S., Zhang, X., Miao, F. F., & Chen, S. (2015). Liberals think more analytically (more 'WEIRD') than conservatives. *Personality and Social Psychology Bulletin*, 41(2), 250-267. <https://doi.org/10.1177/0146167214563672>

4. Same first author and year of publication

Include as many subsequent author's surnames as necessary to clearly identify the source followed by a comma, then "et al." and the year of publication. In this case alphabetise, the citations based on the second author's surname.

Paraphrased citation: (Garcia, de Freitas, et al., 2013; Garcia, Hirotsu, et al., 2013)

Narrative citation: Garcia, de Freitas, et al. (2013) and Garcia, Hirotsu, et al. (2013)

Citations in "References" list:

Garcia, V. A., de Freitas, B. S., Busato, S. B., Portal, B. C. D., Piazza, F. C., & Schröder, N. (2013). Differential effects of modafinil on memory of naïve and memory-impaired rats. *Neuropharmacology*, 75, 304-311. <https://doi.org/10.1016/j.neuropharm.2013.07.038>

Garcia, V. A., Hirotsu, C., Matos, G., Alvarenga, T., Pires, G. N., Kapczinski, F., Schröder, N., Tufik, S., & Andersen, M. L. (2013). Modafinil ameliorates cognitive deficits induced by maternal separation and sleep deprivation. *Behavioural Brain Research*, 253, 274-279. <https://doi.org/10.1016/j.bbr.2013.07.029>

Exception: if the final author's surname is the only one that differs between the two sources, then cite all author's surnames: "et al." means "and others" (plural) which doesn't make grammatical sense when there is only one additional author (singular).

Parenthetical citation: (Bodenhausen, Kramer, & Süsser, 1994; Bodenhausen, Sheppard, & Kramer, 1994)

Narrative citation: Bodenhausen, Kramer and Süsser (1994) and Bodenhausen, Sheppard, and Kramer (1994)

Citations in "References" list:

Bodenhausen, G. V., Kramer, G. P., & Süsser, K. (1994). Happiness and stereotypic thinking in social judgment.

Journal of Personality and Social Psychology, 66(4), 621-632. <https://doi.org/10.1037/0022-3514.66.4.621>

Bodenhausen, G. V., Sheppard, L. A., & Kramer, G. P. (1994). Negative affect and social judgment: The

differential impact of anger and sadness. *European Journal of Social Psychology*, 24(1), 45-62. <https://doi.org/10.1002/ejsp.2420240104>

5. Same surname, different first name, same publication year

In this case, the second initial was used to alphabetise the entries because the first author of each article share both the same surname and first initial.

Parenthetical citation: (L. D. Smith, Peck, & McGovern, 2002; L. F. Smith & Smith, 2002)

Narrative citation: L. D. Smith, Peck, and McGovern (2002) and L. F. Smith and Smith (2002)

Citations in "References" list:

Smith, L. D., Peck, P. L., & McGovern, R. J. (2002). Comparison of medical students, medical school faculty, primary care physicians, and the general population on the attitudes toward psychological help-

seeking. *Psychological Reports*, 91(3, Pt2), 1268-1272. <https://doi.org/10.2466/PRO.91.8.1268-1272>

Smith, L. F., & Smith, J. K. (2002). Relation of test-specific motivation and anxiety to test performance.

Psychological Reports, 91(3, Pt1), 1011-1021. <https://doi.org/10.2466/PRO.91.7.1011-1021>

6. Same author with multiple publications within a year

To disambiguate sources from the same author who has more than one publication within a calendar year, assign a letter — starting with “a” — to each source. Letter assignment is based on the date of publication and will be clarified within the “References” list. Use the volume number, or issue number, if the work is published in the same journal or look at publication date (month) to determine chronological order.

Parenthetical citation: (Godwin-Jones, R., 2018a; Godwin-Jones, 2018b)

Narrative citation: Godwin-Jones (2018a) and Godwin-Jones (2018b)

Citations in “References” list:

Godwin-Jones, R. (2018a). Second language writing online: An update. *Language Learning & Technology*, 22(1), 1-15. <https://doi.org/10125/44574>

Godwin-Jones, R. (2018b). Chasing the butterfly effect: Informal language learning online as a complex system. *Language Learning & Technology*, 22(2), 8-27. <https://doi.org/10125/44643>

References List

The purpose of a “References” list is to enable the reader to retrieve the sources for the document. As a general rule, references are alphabetised according to the first author’s surname, with additional rules for the following circumstances:

- **2 or more references with the same first author:** alphabetise based on the subsequent author’s surname.
- **2 or more references from the same author(s), but a different publication year:** list the sources in chronological order.
- **2 or more references with identical author(s) and publication year:** insert a lowercase letter – a, b, c, etc., – at the end of the publication year, but before the parentheses to uniquely identify each source. **NOTE:** the lettered publication year will be used when citing the article in the paper.
- **20 authors or less:** list all authors’ surnames.
- **21 or more authors:** list the first 19 authors’ surnames, followed by an ellipsis (. . .), then insert the last author’s surname
- **Use DOIs or URLs when available.** If the cited work does not include a DOI, do the following:
 - go to <http://library.douglascollege.ca>
 - select “Research Guides” → “Cite Your Sources” → “DOI Form”.
 - Enter the full reference for the item in the “Enter text in the box below:”
 - Select “Submit” → a DOI, if available, will appear.

Typing

The word “References” is centred, bolded, typed-in upper and lower case, and appears on a separate page. Each new entry is flush left, with the subsequent line of the entry indented 5-7 spaces (1.27cm or ½”), referred to as a hanging indent. The titles of books, journals and volume numbers are italicised. **NOTE:** the comma after the journal title is not italicised.

Below and on the subsequent pages are examples of how to reference various sources.

Periodicals

Periodicals are journals, magazines and newspapers. The basic elements are:

- author(s)
- date of publication
- title of the work
- source
- DOI or URL

NOTE: format DOIs or URLs as “active” hyperlinks when submitting an e-copy of your paper, but format the hyperlinks as “inactive” when submitting a hard copy of your paper. Because this is an e-copy of the student manual, all DOIs and URLs are formatted as “active”.

1. Journal

Krebs, D. L., & Denton, K. (2006). Explanatory limitations of cognitive-developmental approaches to

morality. *Psychological Review*, 113(3), 672-675. [https://doi.org/](https://doi.org/10.1037/0033-295X.113.3.672)

[10.1037/0033-295X.113.3.672](https://doi.org/10.1037/0033-295X.113.3.672)

Paranthetical citation: (Krebs & Denton, 2006)

Narrative citation: Krebs and Denton (2006)

2. Journal without volume number, issue number, or page numbers.

Ionita, G., & Fitzpatrick, M. (2020). Barriers and facilitators to the use of progress-monitoring measures in psychotherapy. *Canadian Psychology/Psychologie canadienne*. <https://doi.org/10.1037/cap0000205>

Parenthetical citation: (Ionita & Fitzpatrick, 2020)

Narrative citation: Ionita and Fitzpatrick (2020)

3. Journal with 20 authors or less

Include all authors' surnames when there are 20 or fewer authors. Use an ampersand (&) between the second-to-last and last author's surname.

Beyers-Heinlein, K., Bergman, C., Davies, C., Frank, M. C., Hamlin, J. K., Kline, M., Kominsky, J. F., Kosie, J. E., Lew-Williams, C., Liu, L., Mastroberardino, M., Singh, L., Waddell, C. P. G., Zettersten, M., & Soderstrom, M. (2020). Building a collaborative psychological science: Lessons learned from ManyBabies 1. *Canadian Psychology/Psychologie canadienne*. <https://doi.org/10.1037/cap0000216>

Parenthetical citation: (Beyers-Heinlein et al., 2020)

Narrative citation: Beyers-Heinlein et al. (2020)

4. Journal with 21 or more authors

Include the first 19 authors' surnames followed by an ellipsis (. . .) but no ampersand (&) and then the final author's surname.

Nichols, H. B., Schoemaker, M. J., Cai, J., Xu, J., Wright, L. B., Brook, M. N., Jones, M. E., Adami, H.-O., Baglietto, L., Bertrand, K. A., Blott, W. J., Boutron-Ruault, M.-C., Dorransoro, M., Dossus, L., Eliassen, A. H., Giles, G. G., Gram, I. T., Hankinsen, S. E., Hoffman-Bolton, J., . . . Sandler, D. P. (2019). Breast cancer risk after recent childbirth: A pooled analysis of 15 prospective studies. *Annals of Internal Medicine*, *170*(1), 22-30. <https://doi.org/10.7326/M18-1323>

Parenthetical citation: (Nichols et al., 2019)

Narrative citation: Nichols et al. (2019)

5. Article from the Cochrane Database of Systematic Reviews

Abraha, I., Rimland, J. M., Lozano-Montoya, I., Dell'Aquilla, G., Véllez-Díaz-Pallarés, M., Trotta, F. M., Cruz-Jentoft, A. J., & Cherubini, A. (2020). Simulated presence therapy for dementia. *Cochrane Database of Systematic Reviews*. <https://doi.org/10.1002/14651858.CD011882.pub3>

Parenthetical citation: (Abraha et al., 2020)

Narrative citation: Abraha et al. (2020)

6. Magazine article

Hamblin, J. (2020, May 22). Is everyone depressed? *The Atlantic*. <https://www.theatlantic.com/health/archive/2020/05/depression-coronavirus/611986/>

Parenthetical citation: (Hamblin, 2020)

Narrative citation: Hamblin (2020)

Newspaper

7. Newspaper article

Giaimo, C. (2020, June 26). How bees avoid bumping into nature's obstacle course. *The New York Times*. <https://www.nytimes.com/2020/06/26/science/bees-obstacles-collisions.html>

Parenthetical citation: (Giaimo, 2020)

Narrative citation: Giaimo (2020)

Books

A reference for a book requires the following elements:

- author, group author, or editor(s)
- Date
- Title
- Publisher information
- DOI or URL when available

NOTE: Place of publication is not required.

8. Authored book without DOI

Kahneman, D. (2011). *Thinking, fast and slow*. Doubleday Canada.

Parenthetical citation: (Kahneman, 2011)

Narrative citation: Kahneman (2011)

9. Authored book with DOI

Sternberg, R. (2020). *Perspectives on hate: How it originates, develops, manifests, and spreads*. American Psychological Association. <https://doi.org/10.1037/0000180-000>

Parenthetical citation: (Sternberg, 2020)

Narrative citation: Sternberg (2020)

10. Edited book with DOI

Aber, J. L., Bishop-Josef, S. J., Jones, S. M., Taaffe McLearn, K., & Phillips, D. A. (Eds.). (2007). *Child development and social policy: Knowledge for action*. American Psychological Association. <https://doi.org/10.1037/11486-000>

Parenthetical citation: (Aber et al., 2007)

Narrative citation: Aber et al. (2007)

11. Chapter from an edited book with a DOI.

Krebs, D. L., & Janicki, M. G. (2004). The biological foundations of moral norms. In C. Crandall & M. Schaller (Eds.) *The Psychological Foundations of Culture* (pp. 125-148). Lawrence Erlbaum Associates. <https://doi.org/10.4324/9781410608994>

Parenthetical citation: (Krebs & Janicki, 2004)

Narrative citation: Krebs and Janicki (2004)

12. Book with government agency or corporate author

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed). <https://doi.org/10.1176/appi.books.9780890425596>

NOTE: Because the author and publisher are the same, the publisher's name is omitted.

Include manual name, edition, and abbreviation when **first cited**.

Paranthetical citation: *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013).

Narrative citation: American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., DSM-5).

Subsequent citations:

Paranthetical citation: (American Psychiatric Association, 2013)

Narrative citation: American Psychiatric Association (2013)

Dictionary or Encyclopaedia

13. Dictionary

VandenBos, G. R. (Ed.). (2015). *APA dictionary of psychology* (2nd ed.). American Psychological Association. <https://doi.org/10.1037/14646-000>

Paranthetical citation: (VandenBos, 2015)

Narrative citation: VandenBos (2015)

14. Encyclopaedia

Kazdin, A. E. (Ed.). (2000). *Encyclopedia of psychology*. American Psychological Association. <https://doi.org/10.1037/10517-000>

Paranthetical citation: (Kazdin, 2000)

Narrative citation: Kazdin (2000)

Tests, Scales, and Inventories

A reference for tests, scales, and inventories requires the following elements:

- author(s)
- Date
- Title of the test or Title of the test bank record [Database record]
- Publisher information; or
- Test Database name; or
- DOI or URL when available

15. Database record for a test

Fajkowska, M., Domaradzka, E., & Wytykowska, A. (2018). *Anxiety and Depression Questionnaire —*

Anhedonic Depression (ADQ-AD) [Database Record]. PsycTESTS. <https://doi.org/10.1037/t67045-000>

Parenthetical citation: (Fajkowska et al., 2018)

Narrative citation: Fajkowska et al. (2018)

16. Manual for a test, scale, or inventory

McCrae, R. R., & Costa, P. T., Jr. (2010). *NEO Inventories for the NEO Personality Inventory-3 (NEO-PI-3),*

NEO Five Factor Inventory-3 (NEO-FFI-3), NEO Personality Inventory-Revised (NEO-PI-R):

Professional Manual. PAR.

Parenthetical citation: (McCrae & Costa, 2010)

Narrative citation: McCrae and Costa (2010)

Audiovisual Media

This includes films, TV series, podcasts, streaming videos, and TED Talks. Referencing of audiovisual media follows the same convention as references for periodicals and books except substitute either the writer, director or host in place of “author”.

17. Streaming video

Beck, A. T. (Host). (2012). *Aaron Beck on cognitive therapy* [Video]. Psychotherapy.net. [http://](http://www.psychotherapy.net.eu1.proxy.openathens.net/stream/douglascollege)

www.psychotherapy.net.eu1.proxy.openathens.net/stream/douglascollege

Parenthetical citation: (Beck, 2012)

Narrative citation: Beck (2012)

18. Film or Video

Howard, R. (Director), & Grazer, B. (Producer) (2001). *A beautiful mind* [Film]. Imagine Entertainment.

Parenthetical citation: (Howard & Grazer, 2001)

Narrative citation: Howard and Grazer (2001)

19. Podcast

Santos, L. (Host). (2019—present). *The happiness lab* [Audio podcast]. Pushkin Industries.

Paraphrased citation: (Santos, 2019—present)

Narrative citation: Santos (2019—present)

20. Episode from a Podcast

Bragg, M. (Host). (2018, 21 June). Echolocation [Audio podcast episode]. In *In our time*. BBC Radio 4.

Paraphrased citation: (Bragg, 2018)

Narrative citation: Bragg (2018)

This is an example of an episode from a podcast. Follow the format for a chapter in a book except list the host of the podcast as the author; the date in which the podcast was aired; the title of the episode and episode number if available — indicate whether it is audio or video in square brackets —; the title of the podcast; the publisher; and the URL. If the URL is unknown, because the podcast is available via an app, then omit the URL.

NOTE: The URLs were omitted from the above examples because the podcasts were accessed via an app.

21. TV Series

Anderson, G., Cubitt, A., Irwin, P., Thomson-Glover, J., & Wright, S. (Executive Producers). (2013–2015).

The Fall [TV series]. Fables Limited, Artist Studio, BBC Northern Ireland, & RTÉ; BBC Two.

Paraphrased citation: (Anderson et al., 2013-2015)

Narrative citation: Anderson et al. (2013–2015)

22. Episode from a television series

Rosenberg, M. (Writer), & Lieberman, R. (Director) (2006, October 29). Love American style (Season 1,

Episode 5) [TV series episode]. In J. Manons, Jr., J. Goldwyn, S. Colleton, & C. Phillips (Executive Producers), *Dexter*. John Goldwyn Productions; Showtime.

Paraphrased citation: (Rosenberg & Lieberman, 2006)

Narrative citation: Rosenberg and Lieberman (2006)

Follow the format for a chapter in a book, except insert the writer(s) and director(s) name in place of the author(s) of the chapter; and insert the name of the producer(s) in place of the editor.

23. TED Talk

Loftus, E. (2013, June). *How reliable is your memory?* [Video]. TEDGlobal 2013. https://www.ted.com/talks/elizabeth_loftus_how_reliable_is_your_memory

Parenthetical citation: (Loftus, 2013)

Narrative citation: Loftus (2013)

Social Media

Cite only original content that has been posted on social media (Facebook, Instagram, Twitter). If the posted material includes a content link and the material cited is from the link, then cite the content link as the source for the material.

24. Facebook page

Canadian Psychological Association|Société canadienne de psychologie (n.d.). *Home* [Facebook page].

Facebook. Retrieved July 03, 2020, from <https://www.facebook.com/CPA.SCP/>

Parenthetical citation: (Canadian Psychological Association|Société canadienne de

Narrative citation: Canadian Psychological Association|Société canadienne de psychologie

25. Facebook post

Enter the first 20 words of the post in the “title” element.

National Institute for Mental Health. (2020, July 02). *Mental disorders are like medical conditions such as heart disease or diabetes. The earlier the treatment begins, the more effective* [Post].

Facebook. https://www.facebook.com/pg/nimhgov/posts/?ref=page_internal

Parenthetical citation: (National Institute for Mental Health, 2020)

Narrative citation: National Institute for Mental Health (2020)

26. Twitter profile

Health Canada and PHAC [@GovCanHealth]. (n.d.). *Tweets* [Twitter profile]. Retrieved July 03, 2020, from <https://twitter.com/GovCanHealth>

Parenthetical citation: (Health Canada and PHAC, n.d.)

Narrative citation: Health Canada and PHAC (n.d.)

27. Tweet

Enter the first 20 words of the tweet in the “title” element.

CMHA National [@CMHA_NTL]. (2020, July 02). *Social connection can lower #anxiety and #depression, help us regulate our emotions, lead to higher self-esteem and #empathy, and actually* [Tweet].

Twitter. https://twitter.com/CMHA_NTL

Parenthetical citation: (CMHA National, 2020)

Narrative citation: CMHA National (2020)

Curriculum and Course Material**28. Presentation Slides**

Janicki, M. G. (2020, February 24). *Social Influence, Part I: Psychology 3330 Winter 2020* [PowerPoint slides]. Douglas College Blackboard Community. https://douglascollege.blackboard.com/webapps/portal/execute/tabs/tabAction?tab_group_id=381_1

Parenthetical citation: (Janicki, 2020)

Narrative citation: Janicki (2020)

NOTE: If the slides are from a class’ website, Learning Management System’s (e.g., Blackboard), or intranet, and the reader has access to this material, provide the name of the site and it’s URL; in the case of an LMS use the URL for the login page.

References

American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.).

See [pp. 5-6](#) of An Introduction to APA Style
[Title](#)



The Effectiveness of Excuse-Validation in Reducing Negative Affect

[Author's Name](#)

→ Kathy Denton 300123456

Psychology Department, Douglas College

[Affiliation](#)

[Course Name](#)

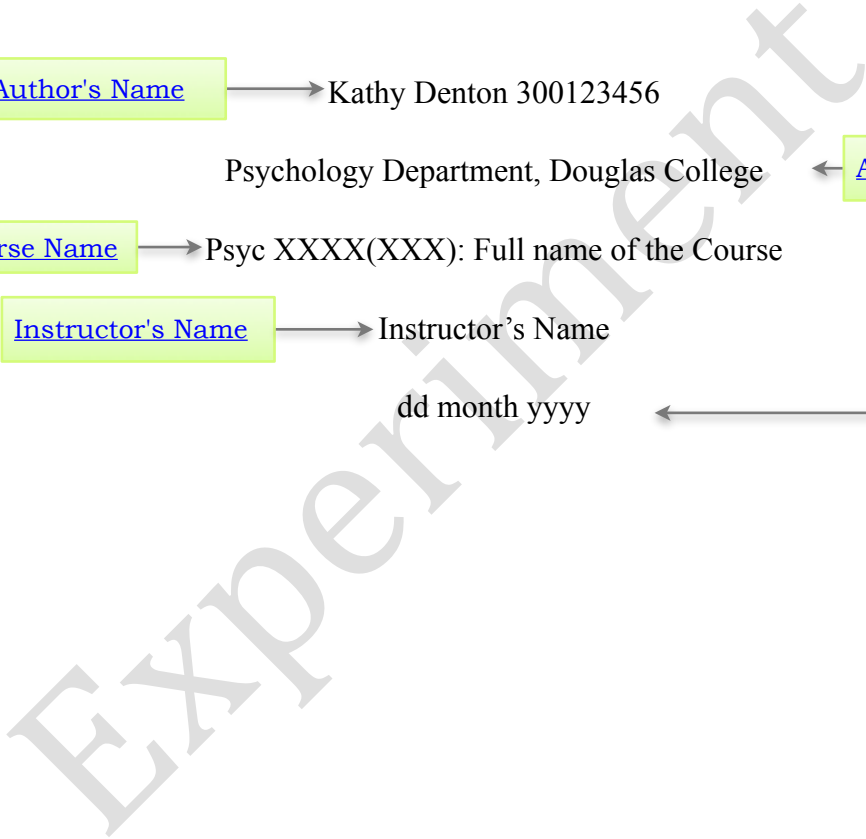
→ Psyc XXXX(XXX): Full name of the Course

[Instructor's Name](#)

→ Instructor's Name

dd month yyyy

[Due Date](#)



[See p. 6](#) of An Introduction to APA Style

Abstract

Excuse-making is a common strategy people invoke to feel better following a negative event. When excuses are advanced in public, their effectiveness may depend on whether they are validated by others. The present study was conducted to assess the emotional impact on participants of having their excuses validated by a supportive stranger in a conversation about a real life negative event, as compared to receiving no support from an attentive audience. Participants were 31 male and 39 female undergraduate students, who participated for course credit. Participants' affective state was assessed prior to and after talking to a supportive stranger who either validated or did not validate their excuses. It was hypothesized that participants in the excuse-validation condition would report lower levels of negative affect at the post-conversation assessment than participants whose excuses were not validated. The results indicated that excuse-validation is an effective form of social support and is necessary for publicly made excuses to alleviate negative affect.

See p. 6 of An Introduction to APA style

→ **The Effectiveness of Excuse-Validation in Reducing Negative Affect**

Social psychology is replete with evidence that people who receive information that threatens their sense of self, such as a negative evaluation, will distort the information in self-serving ways (see Miller & Porter, 1988; Snyder & Higgins, 1988; Taylor & Brown, 1988, for reviews). Snyder et al. (1983) have demonstrated that making excuses (e.g., trivializing negative feedback, making an external attribution for the cause of an unfavourable outcome) is a common way in which people attempt to construct a less threatening reality following upsetting experiences.

Investigations of excuses and related processes tend to focus on excuses people make in private, laboratory contexts after receiving some form of negative feedback (see Snyder & Higgins, 1988, for a review). The results of this research suggest that processes that help people evade responsibility for their negative outcomes, such as excuses, are beneficial. Excuses preserve people's self-concepts and alleviate negative affect associated with unfavourable outcomes (Snyder & Higgins, 1988; Taylor & Brown, 1988).

See pp. 17-20 of An Introduction to APA style.

It is unclear whether excuses provide relief from negative events when they are advanced outside of the lab, in public contexts. Few researchers have assessed the effectiveness of publicly-made excuses. Three studies (Denton & Zarbatany, 1996; Mehlman & Snyder, 1985; Schönbach, 1990), however, suggest the effectiveness of publicly-made excuses may depend on the audience who receives the excuse and context in which the excuse is invoked.

A study by Schönbach (1990) revealed that audiences in competitive or antagonistic contexts (e.g., people on an opposing side of a dispute) have a vested interest

in challenging people's excuses, which constrains the excuse-maker's ability to evade responsibility and to alleviate negative affect. Similarly, a study by Mehlman and Snyder (1985) demonstrated that excuses examined by an "all knowing," electronic audience in an experimental context were constrained by anticipated challenges to their validity, and, therefore, less effective than privately-made, unexamined excuses in relieving negative affect.

In contrast, in a study of social support strategy effectiveness, Denton and Zabatany (1996) observed that when people discussed real life negative experiences with friends during supportive conversations, their friends not only agreed with their excuses (i.e., provided excuse-validation) but also made excuses for them. In terms of the effectiveness of excuses and excuse-validation in reducing negative affect, Denton and Zabatany (1996) reported that the excuses people made for themselves were ineffective in reducing negative affect; but, friends' validation of these excuses helped alleviate negative affect. Indeed, the validation of excuses by friends was found to be a more effective support strategy than any other form of social support or coping assessed in this study (i.e., excuse-making, emotional support, advice, discussing a more pleasant topic). The correlational nature of this study, however, does not permit conclusions to be drawn about whether excuse-validation caused reductions in negative affect or was a consequence of negative affect reduction.

The present study was a first attempt to test the effectiveness of excuse-validation as a social support strategy in a controlled experiment. Participants discussed a real-life negative event with a supportive stranger who either validated their excuses or listened

attentively without providing excuse-validation. Prior to and after this discussion, participants completed a questionnaire to assess their level of negative affect. Based on past correlational research on excuse-validation (Denton & Zarbatany, 1996) and related research on the effects of implicit (Mehlman & Snyder, 1985) and explicit (Schönbach, 1990) challenges to people's excuses, it was expected that participants whose excuses were validated would benefit more from the supportive conversation than participants whose excuses were not validated.

[See p. 7](#) of “An Introduction to APA Style”

Method

Participants

Participants were 31 male and 39 female undergraduate students (M age = 25.8) who attended the University of Western Ontario. Participants were told that the study assessed how people talk about negative events. Volunteers received course credit for their participation.

Procedure

Two brief versions of the Multiple Affect Adjective Check List (MAACL; Zuckerman & Lubin, 1965) were used to assess negative affect (see Appendix). Each checklist contained 42 words that described various emotional states (e.g., happy, nervous). Participants were instructed to read each item and place an “x” beside those items that described how they felt at that moment. Total negative affect scores were created by adding together the number of negative emotional words in each of three subscales (i.e., anxiety, depression, anger) that were marked with an “x” and the number of positive emotional words (e.g., relaxed, happy) that were not marked with an “x,” then

dividing by three. The highest possible score on the test was 14, which indicated a very high level of negative affect.

In addition to the MAACL, a short, written questionnaire was created for this study. This five-item questionnaire assessed participants' impressions of the supportive stranger (e.g., "How supportive was she?"; "How comfortable did you feel talking to her?"). Responses were made on 7-point rating scales and aggregated to produce an impression of supportive stranger score. The higher the score, the more positively participants viewed the supportive stranger.

A research assistant contacted potential participants by telephone and provided them with a brief description of the study. Meeting times were arranged for volunteers, who were tested individually in a Psychology lab.

When participants arrived at the Psychology lab, the experimenter asked them to (a) disclose an upsetting incident from their past that still bothered them to think about and (b) complete a brief version of the MAACL. Next, participants discussed the incident they disclosed to the experimenter with a "supportive stranger" (who was referred to as a research assistant) for seven minutes in front of a video camera.

During the seven-minute conversation, the supportive stranger interacted with participants according to the social support requirements of the experimental condition to which subjects were randomly assigned: excuse-validation or attentive listening. In the excuse-validation condition, the supportive stranger was instructed to validate every excuse participants made by nodding or by verbalizing agreement. For example, if a participant minimized the seriousness of getting an "F" on a test by saying it was only a

quiz, the supportive stranger might say, “yeah, quizzes aren’t worth much.” In contrast, in the attentive listening condition, the supportive stranger would not validate participants’ excuses or invoke any other form of support, but merely provide an opportunity for participants to express their feelings and points of view by encouraging conversation and asking questions. For example, after learning about a failing grade, the supportive stranger might ask, “What did you do when you received your grade?”

After seven minutes of conversation with the supportive stranger, the experimenter entered the room and asked the supportive stranger to leave. Participants then completed the second version of the MAACL and the set of five questions about the supportive stranger. Participants were then thanked and debriefed.

[See p. 8](#) of An Introduction to APA style

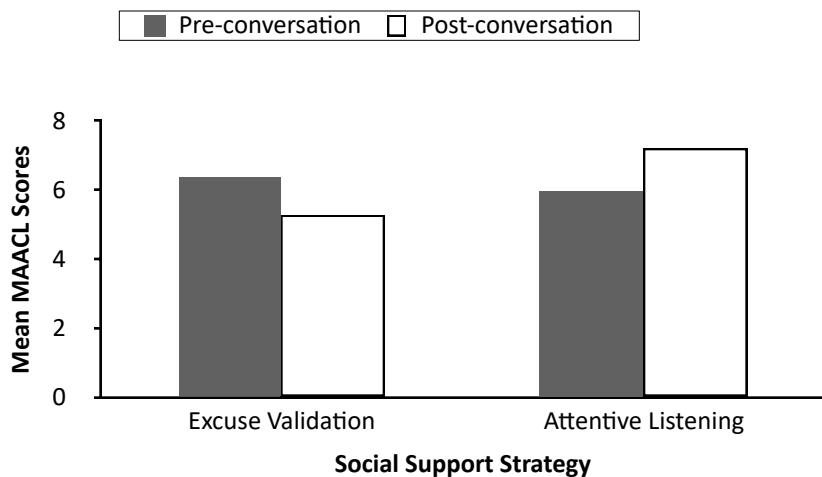
Results

The effectiveness of the three forms of social support were assessed by comparing the mean pre- and post-conversation MAACL scores of participants in both experimental conditions. As expected, participants in the excuse-validation condition reported higher negative affect scores before ($M = 6.4$) than after ($M = 5.3$) talking to the supportive stranger (see Figure 1). In comparison, participants in the attentive listening conditions experienced an increase in negative affect from the pre-conversation assessment to the post-conversation assessment ($M_s = 6.0$ and 7.2 , respectively).

Figure 1

See pp. 8-9 of An Introduction to APA style

Mean Pre- and Post-conversation MAACL Score by Experimental Condition



Analyses of participants' impressions of the supportive stranger revealed that she was viewed as highly supportive in both experimental conditions. As shown in Table 1, participants in both experimental conditions viewed her very positively. The average impression of supportive stranger rating by participants in the excuse-validation condition was 5.9 (on a 7-point scale). The average rating by participants in the attentive listening condition was 6.0.

Table 1[See p. 8](#) of An Introduction to APA style*Mean Impression of Supportive Stranger Ratings Across Experimental Conditions*

Experimental Condition	Mean Rating
Excuse-Validation	5.9
Attentive Listening	6.0

Discussion[See p. 9](#) of An Introduction to APA Style

The results of this study demonstrated that excuse-validation was effective in reducing negative affect. As expected, participants whose excuses were validated by the supportive stranger reported lower levels of negative affect at the post-conversation assessment than at the pre-conversation assessment. Reductions in negative affect from pre- to post-conversation were not reported by participants in the attentive listening condition, whose excuses were not validated. These results were not moderated by participants' impressions of the supportive stranger. Participants in both experimental conditions rated the supportive stranger very positively.

Past research suggests that excuses are commonly invoked following negative events (Snyder & Higgins, 1988). The results of the present study demonstrate that the validation of excuses is an effective way to help people feel better. The reason why excuse-validation may alleviate negative affect is because validation strengthens the credibility of excuses, making them believable. According to Snyder et al. (1983), when

excuses are believed, excuse-makers may feel less responsible for the event that evoked the excuses (“It wasn’t my fault”) or the event may seem less important (“It wasn’t worth getting upset about”). In contrast, when excuses do not receive validation, as in the attentive listening condition where excuse-validation was prohibited, the excuse-maker may have difficulty evading responsibility or minimizing the event (Denton & Zabatany, 1996; Mehlman & Snyder, 1985; Schönbach, 1990).

[See pp. 17-20](#) of *An Introduction to APA Style*

Although the hypothesis in this study was supported, the study has a number of limitations. First, no controls were taken to ensure that excuse-making occurred in both experimental conditions. It is possible that only participants in the excuse-validation condition made excuses or that participants in the excuse-validation condition made more excuses than participants in the attentive listening condition. Therefore, the results of the experimental condition may be confounded by excuse-making. To minimize the confounding effects of excuse-making, future researchers may consider assessing the amount of excuse-making across conditions and, if necessary, invoking statistical controls.

A second limitation of the present study concerns the type of negative event disclosed by participants. The only constraint imposed on participants was that the event disclosed continued to evoke negative affect. It is possible that factors like the type of negative event (e.g., academic failure, loss of relationship) may affect the type of social support needed. Accordingly, excuse-making and excuse-validation may be more effective for some events than others. Therefore, to rule out the confounding effects of event type, future researchers may consider putting additional constraints on the type of event disclosed or ensuring that similar types of events are disclosed by subjects across

experimental conditions.

In conclusion, the findings of this study are consistent with the claim of researchers such as Snyder and Higgins (1988) that the ability to make and benefit from excuses may depend on the receptiveness of one's audience. When audience members behave as though they believe the excuses people make for themselves, the audience communicates that the excuses are valid. This may engender greater confidence in excuse-makers about their perception of a self-serving reality, which, in turn, may give rise to a more positive affective state.

References

See pp. 21-29 of An Introduction to APA Style

- Denton, K., & Zarbatany, L. (1996). Age differences in support processes in conversations between friends. *Child Development*, 67(4), 1360-1373. <https://doi.org/10.2307/1131705>
- Mehlman, R. C., & Snyder, C. R. (1985). Excuse theory: A test of the self-protective role of attributions. *Journal of Personality and Social Psychology*, 49(4), 994-1001. <https://doi.org/10.1037/0022-3514.49.4.994>
- Miller, D. T., & Porter, C. A. (1988). Errors and biases in the attribution process. In L. Y. Abramson (Ed.) *Social cognition and clinical psychology: A synthesis* (pp. 3-32). Guilford Press.
- Schönbach, P. (1990). *Account episodes: The management or escalation of conflict*. Cambridge University Press.
- Snyder, C. R., & Higgins, R. L. (1988). Excuses: Their effective role in the negotiation of reality. *Psychological Bulletin*, 104(1), 23-35. <https://doi.org/10.1037/0033-2909.104.1.23>
- Snyder, C. R., Higgins, R. L., & Stucky, R. J. (Eds.). (1983). *Excuses: Masquerades in search of grace*. John Wiley & Sons.
- Taylor, S. E., & Brown, J. D. (1988). Illusion and well-being: A social psychological perspective on mental health. *Psychological Bulletin*, 103(2), 193-210. <https://doi.org/10.1037/0033-2909.103.2.193>
- Zuckerman, M., & Lubin, B. (1965). *Manual for the Multiple Affect Adjective Checklist*. Educational and Industrial Testing. <https://doi.org/10.1037/t06152-000>

Appendix
MAACL Form A

[See p. 10](#) of An Introduction to
APA Style

Experiment

MAACL Form B

Experiment

See pp. 5-6 of An Introduction to APA Style
Title

Social Skills Difficulty: Model of Culture Shock for International Graduate Students

Authors' Name

Raquel Faria Chapdelaine 300654321, and Louise R. Alexitch 300987654

Psychology Department, University of Saskatchewan

Affiliation

Course Name

→ Psyc XXXX (XXX): Full name of the Course

Instructor's Name

→ Instructor's Name

dd month yyyy

Due Date

Copyright for published paper. Omit from title page.

Copyright © The American College Personnel Association. This article first appeared in Journal of College Student Development 45:2 (2004), 167-184. Reprinted with permission by Johns Hopkins University Press. <https://doi.org/10.1353/csd.2004.0021>

[See p. 6](#) of An Introduction to APA style

Abstract

This study expanded and tested Furnham and Bochner's (1982) model of culture shock, employing a sample of 156 male international students in a Canadian university. Path analysis was used to assess the effects of cultural differences, size of co-national group, family status, cross-cultural experience, and social interaction with hosts on culture shock. Results suggested that social interaction with hosts plays an important role in international students' adjustment.

Correlation

Social Skills Difficulty: Model of Culture Shock for International Graduate Students

Universities and colleges can benefit greatly if they become international communities that contribute to the advancement of knowledge. The outcomes of hosting international students are beneficial for all parties involved as these students contribute to the enrichment of higher education, to the strengthening of relations with various countries in world trade, and to the promotion of global understanding (Canadian Bureau for International Education [CBIE], 1977; Cunningham, 1981). Moreover, international students provide additional financial support needed by many universities whose traditional student body is changing. Specifically, in a socioeconomic analysis of the international students residing in the United States during the late 1980s, Paige (1990) estimated that American universities were receiving over 300,000 international students per academic year, and that this number was expected to increase with the phenomenon of globalization. Paige argued that for smaller colleges and universities in the United States, these international students not only helped maintain high enrolment levels but also provided significant contributions for tuition revenue.

Given the increasing focus on internationalization strategies by many universities (Association of Universities and Colleges of Canada [AUCC], 1998), the literature on international student adjustment has expanded greatly in the past decades. Although varied approaches have been employed to examine international student adjustment, researchers and theorists agree that this population experiences an array of difficulties in their sojourn (Charles & Stewart, 1991; Das et al., 1986; Day & Hajj, 1986; Furnham & Bochner, 1982; Klineberg & Hull, 1979; Schram & Lauver, 1988; Searle & Ward, 1990). We examined international student adjustment difficulties from a culture shock perspective. Specifically, we expanded and tested

Furnham and Bochner's (1982) Social Skills and Culture Learning Model of Culture Shock.

According to this model, international students experience adjustment difficulties because they are not aware of the implicit social rules that regulate interaction in the host country. Being unaware of these social rules, international students may lack culture-specific social skills that allow for effective interaction with hosts. As a result, they experience social difficulty in situations that presented no problems in their countries of origins. Thus, in this perspective, culture shock is defined as degree of social difficulty encountered in cross-cultural interaction.

The purpose of this study was twofold: First, it assessed Furnham and Bochner's (1982) conceptualization of culture shock by determining whether international students experienced a higher degree of social difficulty in Canada than in their countries of origins. Second, it expanded the social skills and culture learning model of culture shock by incorporating into the model additional variables that have been theoretically linked to social difficulty in cross-cultural interactions. The expanded model of culture shock was subsequently tested through path analysis.

[Level 1 heading see p. 4](#) of An Introduction to APA Style

→ **The Major Approaches To Culture Shock**

The term culture shock was first introduced by anthropologist Kalervo Oberg in the late 1950s. Oberg (1960) defined it as a "disease" suffered by individuals living in a new cultural environment. According to Oberg, culture shock resulted from the loss of well-known cultural signs and symbols, causing individuals to experience anxiety, frustration, and helplessness. The term culture shock has been repeatedly redefined and renamed in the literature. For example, culture shock has been referred to as cross-cultural adjustment (Befus, 1988; Searle & Ward, 1990), culture learning (Paige, 1990), and cultural adjustment stress (Anderson, 1994). Despite

its multiple definitions, researchers seem to agree that culture shock refers to the multiple demands for adjustment that individuals experience at the cognitive, behavioral, emotional, social, and physiological levels, when they relocate to another culture (Befus et al., 1986; Searle & Ward, 1990).

Four major approaches have been used to explain the etiology of culture shock. These approaches offer cognitive, behavioral, phenomenological, as well as psychological and sociocultural explanations of culture shock. Proponents of the cognitive approach to culture shock postulate that cross-cultural adjustment depends upon individuals' ability to make correct attributions about the cultural values, beliefs, behaviors, and norms of the new society. They ineffectively use their own cultures as the standard for interpreting, judging, and behaving in the new culture (Triandis, 1990). For example, whereas individuals from collectivist societies (e.g., Mexico, Philippines) tend to place greater value on behaviors promoting in-group interdependence and in-group goals, individuals from individualist societies (e.g., United States, Great Britain) are likely to endorse behaviors related to independence from the in-group and to individual goals (Hofstede, 1991; Triandis, 1990). Thus, individuals from collectivist societies may interpret independence from the in-group, for example, as a sign of disrespect for the social group. In contrast, those from individualist societies may interpret the same behavior as a sign of maturity.

Proponents of the behavioral approach (Anderson, 1994) postulate that culture shock occurs because individuals do not know the systems of rewards and punishment associated with the verbal and nonverbal behaviors in the host culture. In other words, behaviors that were positively reinforced in the home country would elicit aversive stimuli in the host country. In an

interview with an international student from Iran, the first author was provided with an illustrative example of how similar behaviors may elicit different responses across cultures. The interviewee from Iran was encountering difficulties making male friends in Canada. He explained that in his home country male friends are expected to call each other very frequently (almost daily) to demonstrate the strength of their friendship. He started experiencing difficulties in Canada when he engaged in this behavior with a Canadian male that he considered a good friend. The Canadian friend, who did not share the notion that daily phone calls are a sign of a strong male friendship, interpreted the international student's behavior as very intrusive and almost terminated the friendship. Thus, whereas the same behavior elicited positive reinforcement in the international student's country of origin, it elicited an aversive response in the host country.

According to the phenomenological approach, culture shock is a transitional experience from a state of low self- and cultural awareness to a state of high self- and cultural awareness (Adler, 1975; Bennett, 1986). According to this approach, individuals experience culture shock because they can no longer use their own cultural references to convey and validate central aspects of their identity in the new culture. Consider "politeness" as one of aspect of one's self-identity. Given that social rules for politeness vary cross-culturally, one may not be able to convey and validate this aspect of self-concept in a different culture in the same way as in one's own culture. Although self-concepts are comprised of several components, and a single invalidation incident is unlikely to undermine established identities, repeated episodes may challenge some aspects of one's self-concept.

Finally, the sociopsychological approach (Searle & Ward, 1990; Ward & Searle, 1991) indicates that culture shock can be better understood in terms of *both* (a) affective or psychological adjustment and (b) social adjustment. Whereas the psychological adjustment dimension relates to individuals' feelings of well-being in the host culture, the social adjustment component refers to individuals' ability to interact effectively with host members (Ward & Searle, 1991). According to this theory, the psychological dimension of culture shock can be understood in terms of cultural dissimilarities and of feelings of loneliness in the host country. The social dimension of culture shock can be explained in terms of (a) individuals lacking the appropriate cultural knowledge about the host country and (b) individuals having strong cultural identities that would make them less likely to adapt to the host culture. According to this approach, cross-cultural adjustment would depend upon individuals' ability to bridge cultural differences between their home countries and the host country, as well as on the extent to which individuals are able to develop meaningful cross-interactions with members of the host culture.

[Level 1 heading see p. 4 of An Introduction to APA Style](#)

→ **The Social Skills and Culture Learning Model of Culture Shock**

The expanded social skills and culture learning model of culture shock incorporates the key elements of the previously described approaches. The model is derived from two earlier models: the social skills model and the social skills and culture learning model of culture shock (Furnham & Bochner, 1982). The social skills model was originally developed to explain problems of *intracultural* social inadequacy. That is, the model examined the difficulties of individuals who had not mastered the social rules regulating behaviors in their own cultures. The underlying assumption is that effective interactions depend upon individuals' knowledge of social rules and on their ability to perform the appropriate behaviors (i.e., social skills). The

model posits that if individuals are not aware of the sets of behaviors considered appropriate by most members of a group in specific social situations (e.g., rules regulating nonintimate relationships, rules regulating conflicts), cooperative relationships among group members do not follow, and conflict arises (Argyle & Henderson, 1985). Social skills training would consist of identifying individuals' unique social difficulties and providing them with the knowledge and skills required for effective interactions.

The social skills and culture learning model of culture shock was derived from the social skills model. Furnham and Bochner (1982) argued that the latter could be further developed to account for the adjustment difficulties of sojourners because of the similarities underlying *intracultural* and *cross-cultural* social difficulties. The social skills and culture learning model posits that international students lack culture-specific social skills required for effective cross-cultural interactions because they were not socialized in the host culture. As a result, they rely on their own cultural references to interpret, to evaluate, and to behave in the new culture. To the extent that these cultural references are not shared by the host culture and vice-versa, international students experience adjustment difficulties.

Furnham and Bochner (1986) used the analogy of a game to explicate the dynamics of cross-cultural encounters. In a game, players typically follow the same rules. In cross-cultural encounters, however, players follow different rules for the same game—the game of social interaction. They sustained that, because social rules are different, miscommunication often occurs:

[See p. 14](#) “Example of a long (>40 words) quotation with page number” of an Introduction to APA style.

From the point of view of the sender, the intended messages may not have reached the receiver, or if they did, they were incomplete, garbled or distorted. From the point of

view of the receiver, the messages may have been difficult to interpret, were ambiguous and, in more extreme cases, offensive. And since receivers are also senders, once the spiral of miscommunication has commenced, it can accelerate very quickly into a vicious circle of misunderstanding. (p. 202)

Misunderstandings would, in turn, hinder the effectiveness of cross-cultural encounters. Social situations that presented no problems in international students' countries of origins (e.g., making friends, making contact with the opposite sex) would suddenly become difficult in the host country. Because interactions with host members comprise a highly important part of the sojourn, social difficulties in cross-cultural interactions are viewed as the essence of culture shock.

Furnham and Bochner's (1982) theory of culture shock has two major limitations. First, culture-specific social skills cannot be directly measured because there are no clear criteria specifying which social skills are considered useful in different cultures. In their research, no empirical attempt was made to examine the effect of this variable on culture shock. Second, Furnham and Bochner examined culture shock solely as the degree of social difficulty in the new country. Specifically, the test of their theory consisted of comparing the degree of social difficulty experienced by international students living in England to the degree of social difficulty reported by British students. Although results supported their hypothesis, indicating that international students did experience higher degrees of social difficulty than did British students, the authors did not examine additional variables that have been previously hypothesized to influence culture shock such as (a) cross-cultural differences (Church, 1982;

Ward & Searle, 1991), (b) size of co-national group in the host country (Gallois et al., 1995), (c) family status in host country (Chapdelaine & Alexitch, 1995), (d) previous cross-cultural experience (Adler, 1975; Church et al., 1991), and (e) degree of social interaction with hosts (Klineberg & Hull, 1979; Mallinckrodt & Leong, 1992; Ward & Searle; Westwood & Baker, 1990; Ying & Liese, 1994). The inclusion of these variables in the model of culture shock provides a greater understanding about *how* social difficulties occur in cross-cultural interactions. That is, the expanded model not only tests the hypothesis that culture shock can be operationalized as degree of social difficulty in cross-cultural interaction—but it also specifies variables that are expected to influence the degree of social difficulties. Thus, compared to Furnham and Bochner’s original theory, the expanded model of culture shock provides a more detailed theoretical definition of the phenomenon.

Expanding the Social Skills and Culture Learning Model of Culture Shock

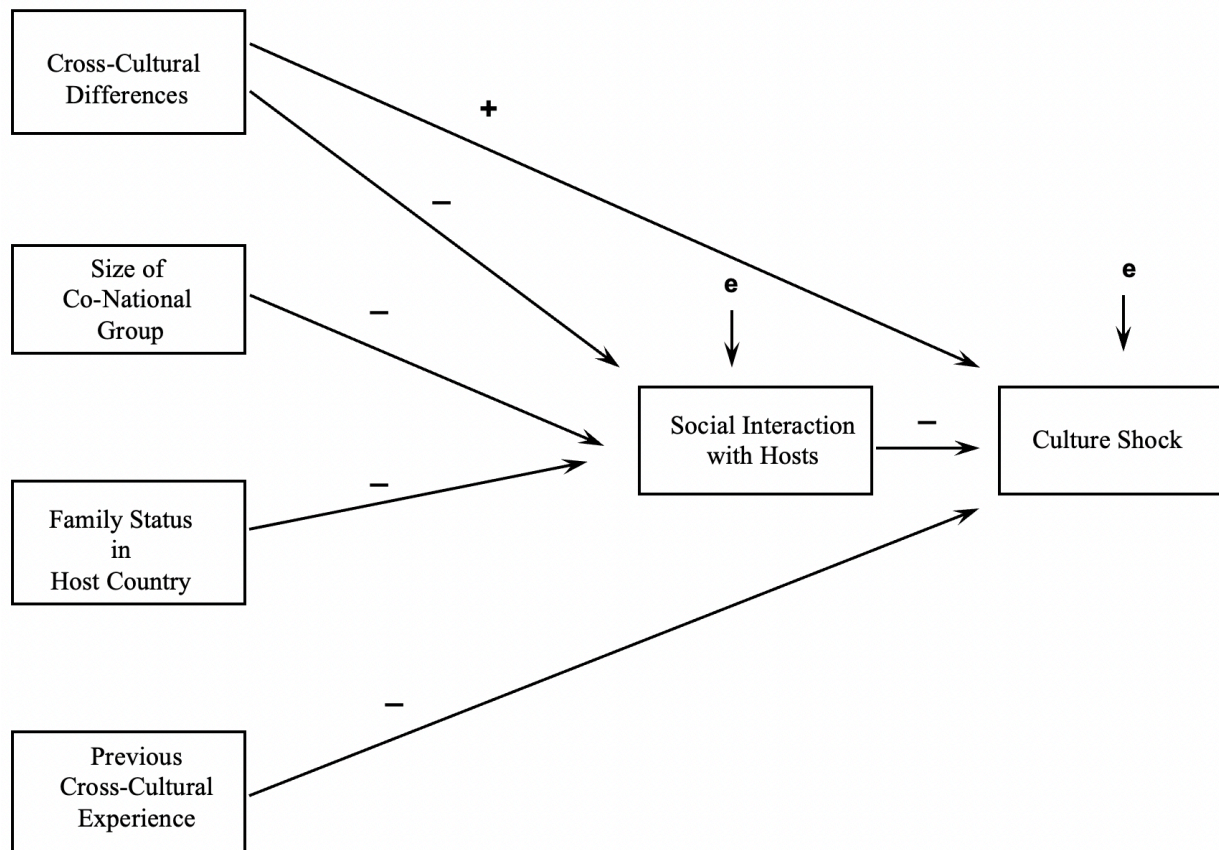
Level 2 heading see p. 4 of An Introduction to APA Style

In light of the limitations previously described, the social skills and culture learning model of culture shock was further developed in this research (see Figure 1).

Figure 1

See pp. 8-9 of An Introduction to APA Style

The Expanded Social Skills and Culture Learning Model of Culture Shock



Cross-Cultural Differences in Social Interaction

Level 3 heading see p. 4 of An Introduction to APA Style

To address the difficulties associated with the measurement of culture-specific social skills, cross-cultural differences in social interaction—the precursor of culture-specific social skills—was used in this research as a proxy for the original variable. Cross-cultural differences in social interaction were operationalized as the degree of cultural distance between international students' countries of origin and the host country. The literature (e.g., Church, 1982; Ward & Searle, 1991) has supported the hypothesis that higher degrees of cultural distance between international students' countries of origins and their host countries are associated with higher

degrees of social difficulty in cross-cultural interactions. The assumption is that the greater the cultural distance between countries, the more socially unskilled international students will be in the host country, and the more social difficulties they will encounter in their cross-cultural interactions.

The expanded model also accounts for an untested hypothesis previously specified by Furnham and Bochner (1982, 1986), stating that cross-cultural differences may have an effect on culture shock through social interaction with hosts. A high degree of cross-cultural differences may hinder the social interaction between international students and host members because of differing values, attitudes, and communication styles. Lower degrees of interaction with host members may decrease the likelihood that international students will learn social rules and social skills pertaining to the host culture, thus increasing the degree of social difficulty in their interactions with hosts (i.e., culture shock).

Size of Co-National Group

← [Level 3 heading see p. 4](#) of An Introduction to APA Style

Size of co-national group in the host country is hypothesized to have an indirect effect on culture shock through social interaction with hosts. According to Gallois et al. (1995), a great amount of adjustment is required in the social interaction of cross-culturally different individuals. International students who belong to large co-national groups in the host country may rely mostly on their co-nationals for social interactions, being less likely to learn culture-specific social skills. This would lead to higher degrees of difficulties in cross-cultural interactions.

Family Status in the Host Country

← [Level 3 heading see p. 4](#) of An Introduction to APA Style

Family status in the host country is hypothesized to have an indirect influence on culture shock through degree of social interaction with hosts. Previous research (Chapdelaine &

Alexitch, 1995) suggests that international students who come to the host country with their partners and/or children may have less time to interact with members of the host society. As a result, these international students may be less likely to learn culture-specific social skills and, thus, experience higher degrees of social difficulty in their cross-cultural interactions.

Previous Cross-Cultural Experience ← [Level 3 heading see p. 4](#) of An Introduction to APA Style

Previous cross-cultural experience is hypothesized to have a direct effect on culture shock. Specifically, researchers have associated previous cross-cultural experience with lower degrees of culture shock (Adler, 1975; Church, 1982; Rohrlich & Martin, 1991). It has been argued that previous cross-cultural experience in countries other than one's own (including the host country) helps international students realize that their own cultural references may be ineffective in the new culture. Previous cross-cultural experience would facilitate the process of culture learning, ultimately decreasing the degree of culture shock.

Degree of Social Interaction with Hosts ← [Level 3 heading see p. 4](#) of An Introduction to APA Style

Previous research has indicated that social interaction with hosts is crucial to successful cross-cultural adjustment (Klineberg & Hull, 1979; Mallinckrodt & Leong, 1992; Rohrlich & Martin, 1991; Ward & Searle, 1991; Westwood & Barker, 1990; Ying & Liese, 1994). Higher degrees of interaction with hosts are associated with lower levels of cross-cultural difficulties. The rationale is that international students who engage in high degrees of social interaction with members of host culture are more likely to learn the social rules and social skills pertaining to that culture and, therefore, experience less social difficulty in their cross-cultural interactions.

[Level 1 heading see p. 4 of An Introduction to APA Style](#)

Hypotheses

To reiterate, there are two major hypotheses in this study: First, concerning the nature of culture shock, it is hypothesized that, if culture shock is indeed manifested as social difficulty in cross-cultural interaction, then international students should report higher degrees of social difficulty in Canada than in their countries of origin. Second, concerning the expanded model of culture shock, the following propositions were derived:

1. Higher levels of social interaction with hosts would be associated with lower levels of culture shock.
2. Higher levels of cross-cultural differences in social interaction would be associated with higher levels of culture shock.
3. Higher levels of cross-cultural differences in social interaction would be associated with lower levels of social interaction with hosts.
4. Size of co-national group would be negatively correlated with social interaction with hosts. Specifically, international students belonging to larger co-national groups would experience lower levels of social interaction with host members than would international students from smaller co-national groups.
5. Family status in host country would be negatively correlated with social interaction with hosts. That is, international students accompanied by their partners and/or children would experience lower levels of social interaction with host members than would unaccompanied international students.
6. Previous cross-cultural experience (including previous experience in the host culture) would be associated with lower levels of culture shock.

[See p. 7](#) of *An Introduction to APA Style*

Method

Participants

A total of 195 male international students enrolled in graduate programs at a mid-sized Western Canadian University were available to take part in the study. The largest groups of international students were from China, Iran, and India. Of these 195 international students, 156 (80%) participated in the research. Female international graduate students were not selected for participation because they were underrepresented in this population at the time of the study. The sample was comprised of students from China ($n = 31$, 20%), India ($n = 29$, 19%), Iran ($n = 22$, 14%), and 35 additional countries ($n = 74$, 47%). The latter group included students from countries in South and Central America, Europe, Africa, and Asia.

Demographic information for the sample (age, marital status, and program of study) is presented in Table 1. The majority of participants ($n = 108$, 69%) were between 25 and 34 years. Forty-four percent of participants were single ($n = 68$) whereas 55% were married ($n = 86$); only 1% ($n = 2$) was separated or divorced. Forty-six percent ($n = 71$) were enrolled in master's programs and 53% ($n = 83$) were registered in doctorate programs; 1% ($n = 2$) were enrolled in postdoctorate programs.

Previous cross-cultural experience was defined as the length of time spent in Canada and in countries other than the home country. The large majority of the sample ($n = 113$, 72%) indicated that, besides their current stay in Canada, they had not had any previous cross-cultural experiences. Only 28% ($n = 43$) reported having cross-cultural experiences in both Canada and other foreign countries. The median for length of time spent in Canada was 31.50 months ($SD = 24.83$ months, Mode = 10 months, Range = 8 to 166 months). The median and the mode for

length of time spent in other foreign countries was zero ($SD = 21.49$ months, Range = 0 to 132 months).

Table 1

[See p. 8](#) of An Introduction to APA Style

Sample Demographic Information by Country of Origin

	Country of Origin				Total ($N = 156$)
	China ($n = 31$)	India ($n = 29$)	Iran ($n = 22$)	Other ($n = 74$)	
Age					
< 24	--	05 (17)	--	01 (01)	06 (04)
25 – 34	23 (74)	22 (76)	09 (41)	54 (73)	108 (69)
35 – 44	08 (26)	02 (07)	12 (55)	17 (23)	39 (25)
> 45	—	—	01 (04)	02 (03)	03 (02)
Marital Status					
Single	05 (16)	22 (76)	03 (14)	38 (52)	68 (44)
Married	25 (81)	07 (24)	19 (86)	35 (47)	86 (55)
Separated or Divorced	01 (03)	—	—	01 (01)	02 (01)
Program of Study					
MA	16 (52)	18 (62)	01 (05)	36 (49)	71 (46)
PhD	15 (48)	11 (38)	21 (95)	36 (49)	83 (53)
Postdoctorate	—	—	—	02 (02)	02 (01)

Note. Numbers in parentheses represent the percentage of respondents in the particular group.

Procedure ← [See p. 7](#) of An Introduction to APA Style

The International Student Advisor Office and several international student associations helped us advertise the study. The total population of international male graduate students at the university was contacted by phone or e-mail about their willingness to participate. Those who volunteered their participation were then asked to take part in group testing sessions, each consisting of 4 or 5 students. The testing sessions lasted approximately 45 minutes and participants were financially compensated for their participation.

Measures ← [Level 2 heading see p. 4](#) of An Introduction to APA Style

Cross-Cultural Differences in Social Interaction ← [Level 3 heading see p. 4](#) of An Introduction to APA Style

Cross-cultural differences in social interaction were operationalized as the degree of cultural distance between Canada and international students' countries of origin. The close-ended version of the Cultural Distance Index (CDI) (Babiker et al., 1980) was used to measure the differences in social life between Canada and international students' countries of origin. Using a scale ranging from 1 (*no differences at all*) to 5 (*very different*), participants indicated how different Canada was from their home countries in regards to aspects such as friendship, marriage, educational systems, language, and so forth. Higher scores are associated with higher degrees of cultural distance between the host country and the country of origin. Previous research with international students in New Zealand (Searle & Ward, 1990) indicated that the instrument was reliable, yielding a Cronbach's alpha of .85.

Size of Co-National Group ← [Level 3 heading see p. 4](#) of An Introduction to APA Style

Size of co-national group was determined by the number of compatriots studying at the same university. The list specifying the number of students in each nationality category was

provided by the International Student Advisor's Office. The largest co-national groups were comprised of international students from China, Iran, and India.

Family Status ← [Level 3 heading see p. 4](#) of An Introduction to APA Style

Family status in the host country was defined as the number of family members accompanying international students in Canada. International students received one of four possible scores: 0 = they came to Canada alone, 1 = they came to Canada with their spouses (or partners), 2 = they came to Canada with their spouses and their children, and (3 = they came to Canada with their spouses, their children, and their relatives.

Previous Cross-Cultural Experience ← [Level 3 heading see p. 4](#) of An Introduction to APA Style

Previous cross-cultural experience was defined as the length of time spent in (a) Canada and (b) other foreign countries in months. The score for previous cross-cultural experience was formed by adding the total amount of months spent in Canada to the total amount of months spent in other countries.

The Social Interaction Scale ← [Level 3 heading see p. 4](#) of An Introduction to APA Style

We developed the Social Interaction Scale (18 items) for the purposes of this study. The items were developed according to a pilot study with international students (Chapdelaine & Alexitch, 1995) in which students identified common types of social interactions with hosts, co-nationals, and other international students in the host country. The scale measures degree of social interaction in Canada, which was defined as the frequency with which international students engage in common social interactions (e.g., "sharing meals", "going to parties", "going to movies"). The instrument is comprised of three subscales measuring degree of social interaction in Canada with (a) Canadians, (b) co-nationals, and (c) international students who do

not belong to one's co-national group. Higher scores are associated with higher degrees of social interaction with the aforementioned groups.

Culture Shock

← [Level 3 heading see p. 4](#) of An Introduction to APA Style

Culture shock was operationalized as degree of social difficulty in cross-cultural interaction and was assessed through the Revised Social Situations Questionnaire (RSSQ, 35 items). We devised the RSSQ based primarily on Furnham and Bochner's (1982) Social Situations Questionnaire (SSQ). Specifically, the SSQ was revised because the instrument had been originally employed to assess culture shock in international students living in England in the early 1980s. In a pilot study with international students living in Canada, Chapdelaine and Alexitch (1995) found that students considered some of the original SSQ items to be unclear and that changes in the wording were needed to make the questionnaire items more relevant for this population. For example, item 4 on the original SSQ, "Going to discotheques or dances" was changed to "Going to clubs or bars" in the RSSQ, because the term "discotheque" is no longer used and because "dances" presented ambiguity for international students who attended exclusive dances with members of their own co-national groups. In the pilot study, international students indicated that the modified item was clearer and more effective in describing a situation involving a greater degree of interaction between themselves and host members.

The RSSQ is comprised of two subscales: Social Difficulty in Canada and Social Difficulty in the Country of Origin. These subscales measure whether international students experience a higher degree of social difficulty in Canada than in their countries of origin (i.e., culture shock). The questionnaire items describe social situations that are potentially difficult for international students (e.g., "getting to know people well"; "making friends"; "understanding

jokes, humor, and sarcasm”). Culture shock scores are calculated by subtracting the degree of social difficulty in the country of origin from the degree of social difficulty in Canada. A previous pilot study (Chapdelaine & Alexitch, 1995) employing the RSSQ indicated that the instrument subscales were reliable. Specifically, the Cronbach’s alphas obtained for the Social Difficulty in Canada and the Social Difficulty in the Country of Origin subscales were .89 and .84, respectively.

[See p. 8 of An Introduction to APA Style](#)

Results

Table 2 shows the means, standard deviations, ranges, and Cronbach’s alpha reliability coefficients obtained for the scales employed in the study. Reliability analysis indicated that all scales and subscales employed in the study were reliable. To provide a validity check for the Culture Shock Scale, we included in the questionnaire booklet the single item, “How difficult is it for you to socially interact with Canadians?” Participants were asked to rate their degree of difficulty on a scale ranging from 1 (*not difficult at all*) to 5 (*very difficult*). Rating scores from this item were then correlated with culture shock scores, which were calculated by subtracting degree of social difficulty in the country of origin from degree of social difficulty in Canada. We predicted that culture shock scores would be positively correlated with score ratings from the single item. As expected, the two variables were significantly positively correlated ($r = .46, p < .01$), indicating that higher degrees of culture shock were associated with higher degrees of overall difficulty in the interaction with Canadians.

Table 2

See p. 8 of An Introduction to APA Style

Means, Standard Deviations, Ranges, and Reliability Coefficients

Variables	<i>M</i>	<i>SD</i>	Range	<i>N</i>	Cronbach's Alpha
Culture Shock Scale (RSSQ)					
Social Difficulty in Canada subscale	90.36	29.52	24 – 168	144	0.91
Social Difficulty in the Country of Origin subscale	63.02	20.63	20 – 131	142	0.89
Social Interaction in the Host Country Scale					
Social Interaction With Canadians subscale	43.79	11.89	22 – 83	145	0.91
Social Interaction With Co-nationals subscale	51.13	12.80	18 – 76	143	0.91
Social Interaction With Other International Students subscale	38.69	11.54	18 - 70	143	0.92
Cross-cultural Differences in Social Interaction Scale (CDI)	38.70	7.74	15 - 53	155	0.78
Size of co-national group	33.84	27.87	01 - 71	151	—
Family status	0.78	0.89	0 - 02	156	—
Previous cross-cultural experience	45.21	32.77	08 - 174	149	—

Note. For the variables “size of co-national group,” “family status,” and “previous cross-cultural experience,” the calculation of Cronbach’s alpha was not applicable.

One of the major hypotheses of this study posited that culture shock is manifested as social difficulty in cross-cultural interaction. To test this proposition, we predicted that international students would report higher degrees of social difficulty in Canada than in their countries of origin. Prior to assessing differences, some item ratings had to be recoded for the subscales measuring social difficulty in Canada and social difficulty in the country of origin. Specifically, because the rating scales for both subscales included a “never experienced” category, it would not be possible to assess differences accurately if participants indicated that

they had experienced social difficulty in one country but not in the other country. When comparing differences, participants' social difficulty scores for one specific country would be unduly inflated. To avoid this problem, ratings were recoded in the following manner: If participants indicated experiencing social difficulty in specific situations in one country, but having never experienced the same situations in the other country, their rating scores were changed to "never experienced" for both countries.

After recoding, a paired *t*-test analysis was performed between social difficulty in the host country and social difficulty in the country of origin. Results showed that, as expected, participants experienced a higher degree of social difficulty in Canada ($M = 90.09$, $SD = 29.62$) than in their countries of origin ($M = 62.68$, $SD = 20.57$), supporting the hypothesis that international students experienced culture shock, $t(139) = 11.99$, $p < .001$. The difference between degree of social difficulty in the host country and degree of social difficulty in the country of origin was used in subsequent analyses as participants' culture shock scores. The overall social difficulty scale ratings were 2.59 for Canada, and 1.79 for the country of origin indicating that, in general, participants experienced almost no social difficulty in their countries of origin and low levels of social difficulty in Canada.

We performed independent *t* tests to assess whether program of study, marital status, and age were associated with culture shock. Regarding program of study, only participants in master's and doctoral programs were included in the analysis because they comprised 99% of the total sample ($n = 154$). Results indicated no significant differences in degree of culture shock between participants enrolled in master's ($n = 63$; $M = 28.33$, $SD = 24.54$) and doctoral programs ($n = 76$; $M = 26.08$, $SD = 27.86$), $t(139) = 0.50$, $p > .05$. In relation to marital status, analyses

were performed with only married and single participants because, like program of study, they represented 99% of the sample ($n = 154$). No significant differences in degree of culture shock were found between married ($n = 76$; $M = 30.13$, $SD = 25.04$) and single participants ($n = 64$; $M = 23.36$, $SD = 27.54$), $t(138) = 1.52$, $p > .05$. Finally, the sample was divided into two broad age categories because 94% of the sample ($n = 147$) ranged from 25 to 44 years of age. The first age category included participants who were 34 years or younger ($n = 105$; $M = 25.44$, $SD = 25.46$) and the second category consisted of participants who were 35 years or older ($n = 36$; $M = 31.53$, $SD = 28.31$). An independent t test revealed no significant differences in degree of culture shock between age groups, $t(139) = -1.20$, $p > .05$.

Test of Hypothesized Social Skills Model of Culture Shock

[Level 2 heading see p. 4 of An Introduction to APA Style](#)

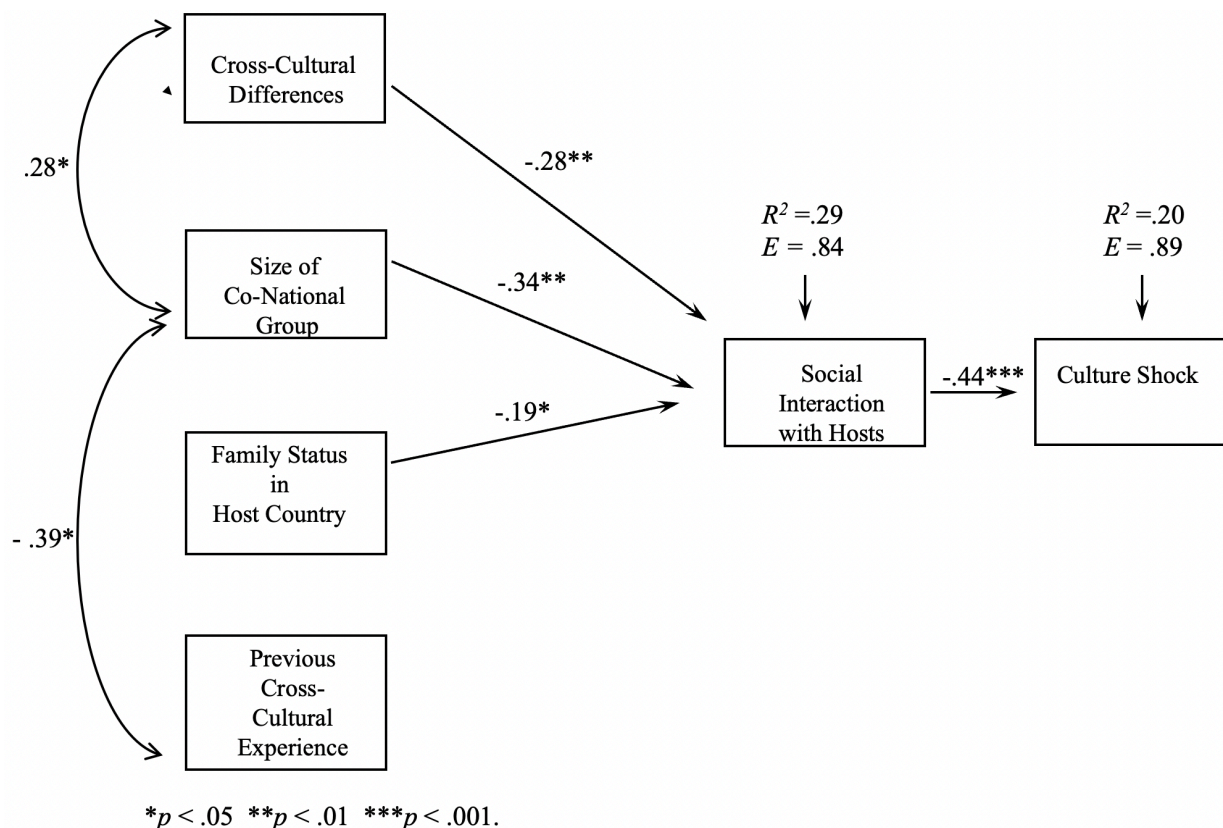
The second major hypothesis of this study relates to the testing of the expanded Social Skills and Culture Learning Model of Culture Shock (see Figure 2). Scale correlations and standard deviations were converted to covariance matrices for path analysis using EQS (Bentler, 1995). A number of criteria were used to assess the goodness of fit of the model (Bentler, 1995; Loehlin, 1992). Good fit is indicated when the χ^2 statistic is nonsignificant or when the ratio of χ^2 to the degrees of freedom is less than 2. However, because the χ^2 statistic is sensitive to sample size and to assumptions underlying the χ^2 distribution, the χ^2 may not always provide a reliable fit (Tabachnick & Fidell, 1996). Good fit can be more accurately assessed when the root mean square error of approximation ($RMSEA$) does not exceed .10 and the standardized root mean square residual is less than .05 ($SRMR$) (Tabachnick & Fidell, 1996). Furthermore, models provide a good fit to the data when either the comparative fit index (CFI) (Bentler, 1995) or the adjusted goodness-of-fit index ($AGFI$) (Jöreskog & Sörbom, 1996) exceeds .90. These latter

indices account for model degrees of freedom and represent the proportion of variance explained by the evaluated model.

The feasibility of the hypothesized model was tested using a maximum likelihood estimation procedure. Results showed that the proposed model did not provide a good fit for the data: $\chi^2 (9, N = 156) = 42.98, p < .001$; $CFI = 0.670$, $AGFI = 0.786$, $RMSEA = 0.175$, $SRMR = 0.137$. These results indicated the presence of some misspecification in the hypothesized model because the fit indices were not acceptable. Post hoc model modifications were performed to determine the source of the misspecification. Along with an examination of the standardized and nonstandardized path coefficients and measurement equations, both Wald and LaGrange Multiplier tests (Bentler, 1995) were conducted to guide the deletion and addition of paths, respectively. Two nonsignificant paths were dropped from the model. Specifically, the path from cross-cultural differences to culture shock was dropped, as was the path from previous cross-cultural experience to culture shock. In addition, two covariance paths were added to the model: There was a path linking cross-cultural differences to size of co-national group and another path linking size of co-national group to previous cross-cultural experience. Evaluation of this alternative model provided a significantly improved fit: $\chi^2 (9, N = 156) = 12.26, p = .19$; $CFI = 0.968$, $AGFI = 0.927$, $RMSEA = 0.055$, $SRMR = 0.065$. The revised model, with all path coefficients, R^2 , and error terms is shown in Figure 2.

Figure 2

See p. 8-9 of An Introduction to APA Style

Alternative Social Skills and Culture Learning Model of Culture Shock

Four out of 6 hypothesized path coefficients received empirical support in the study. Specifically, lower levels of social interaction with hosts were associated with higher levels of culture shock ($Z = -5.48, p < .001$). In addition, higher levels of cross-cultural differences in social interaction were associated with lower levels of social interaction with hosts ($Z = -3.58, p < .01$). Being accompanied by partners and/or children in the host country was linked to lower levels of social interaction with hosts ($Z = -2.55, p < .05$). Finally, belonging to a large co-national group was also related to lower levels of social interaction with hosts ($Z = -4.32, p < .001$).

According to the model tested, social interaction with hosts was the sole significant direct predictor of culture shock accounting for a fair amount of variance ($R^2 = .20$). In addition, cross-cultural differences, size of co-national group, and family status significantly predicted social interaction with hosts, explaining a reasonable proportion of variance ($R^2 = .29$). Taken together, these results suggest that social interaction with hosts acts as a mediating variable between culture shock and (a) cross-cultural differences in social interaction, (b) size of co-national group, and (c) family status in the host country.

[See p. 9](#) of *An Introduction to APA Style*

Discussion

The current data support Furnham and Bochner's (1982) proposition that culture shock occurs in the domain of social encounters between sojourners and members of the host society. As predicted, international students reported higher degrees of social difficulty in Canada than in their countries of origin. The correlations and path model evaluated in the current study supported many of the hypotheses and expanded upon the findings of previous studies. Specifically, findings revealed that as the degree of cross-cultural differences increases between international students' countries of origin and the host society, the degree of interaction with hosts decreases. Similarly, results indicated that as the size of co-national group increases, the degree of interaction with hosts decreases. Taken together, these findings corroborate Gallois et al.'s (1995) proposition that higher amounts of adjustment are required in the interaction of culturally different individuals. Compared to international students reporting lower degrees of cross-cultural differences, international students reporting higher degrees of cross-cultural differences may not feel as comfortable interacting with host members. Likewise, international students belonging to large co-national groups may find it easier to interact with co-nationals. In

both cases, the amount of cross-cultural training that international students could receive from host members is limited, thus leading to higher degrees of culture shock.

The hypothesized link between family status in the host country and degree of social interaction with hosts was also supported. International students who came to the host country with their partners and/or children were less likely to interact with host members. This proposition, which was derived from a pilot study with international graduate students (Chapdelaine & Alexitch, 1995), seems to be quite reasonable if one considers that international graduate students are enrolled in demanding academic programs and have a limited amount of time for socializing. Students who are accompanied by their partners and/or children may want to spend their free time with their families, thus limiting the amount of interaction they have with hosts. Also, families may make additional demands on the time of the international students.

The data supported the hypothesized link between social interaction with hosts and culture shock. As the degree of social interaction with hosts decreases, the degree of culture shock increases. These findings support Furnham and Bochner's (1982) argument that without meaningful social interactions with hosts, international students are unlikely to learn and develop the culture-specific social skills that would enable effective cross-cultural interactions. In addition, results are consistent with previous research associating social interaction with hosts with sojourner adjustment (e.g., Klineberg & Hull, 1979; Mallinckrodt & Leong, 1992; Rohrllich & Martin, 1991; Ward & Searle, 1991; Westwood & Barker, 1990). Social interaction with hosts plays an important role in explaining culture shock as it acts as a mediating variable between culture shock and (a) cross-cultural differences, (b) size of co-national group, and (c) family status in the host country. These findings suggest that by engaging in higher degrees of

interaction with hosts, international students will experience lower degrees of culture shock, even if they have highly different cultural backgrounds or have a high number of co-nationals or family members in the host country.

Contrary to expectations, results did not support the hypothesized links between culture shock and cross-cultural differences and previous cross-cultural experience. It was predicted that (a) higher levels of cross-cultural differences would be associated with culture shock, and (b) that previous cross-cultural experience would be negatively correlated with culture shock. There are two potential explanations for these unexpected findings. First, cross-cultural differences and previous cross-cultural experience have been operationalized and measured in distinct manners in different studies. Furnham and Bochner (1982), for example, did not measure cross-cultural differences directly; instead they used a theoretical framework to classify the cultural distance between international students' home countries and the British society. Previous cross-cultural experience could be also operationalized as degree of knowledge regarding the values, customs, and norms of the host culture. In this study, the previous cross-cultural experience was solely operationalized as length of time spent in the host country and in other foreign countries, given that we could not find any instruments in the literature measuring the variable. Spending time in the host country may not guarantee that one will be willing, or have the means, to learn the social rules that regulate the host culture. In future studies, the measurement of previous cross-cultural experience should be expanded to include degree of cultural learning. Further, future researchers should also examine how previous cross-cultural experience relates to some of variables examined in this study, such as family status in the host country, size of co-national group, and degree of social interaction with hosts.

The second explanation for the unexpected findings is that, contrary to predictions, both cross-cultural differences and previous cross-cultural experience do not actually have a direct effect on culture shock. If this assertion is true, the alternative model is the most adequate model of culture shock. According to this model, the relationship between these determinants and culture shock would be indirect, being mediated by social interaction with hosts. However, several studies have supported the latter association between the variables. A significant link between the variables may not have been found because the measure of previous cross-cultural experience used in this study may have been limited in scope.

The alternative model indicated that two covariance paths should be added to the model. Specifically, post hoc analyses indicated that (a) cross-cultural differences should be correlated with size of co-national group and (b) size of co-national group should be linked to previous cross-cultural experiences. One could argue that the correlation between cross-cultural differences and size of co-national group is feasible because higher levels of cross-cultural differences demand greater cross-cultural adjustment (Gallois et al., 1995). Thus, international students from highly different cultural backgrounds may favor to a greater extent social interactions with their own co-nationals—especially if the size of their co-national group is large.

The covariance path between size of co-national group and previous cross-cultural experience is somewhat unclear. Specifically, there is no theoretical formulation that could explain how previous cross-cultural experience (i.e., length of time spent in Canada and in other foreign countries) relates to one's size of co-national group in the host country. Given Pedhazur's (1982) recommendation that path models should not be determined by the data—but rather by sound theory—one could argue that the link between size of co-national group and previous

cross-cultural experience should be disregarded. On this basis, the variable previous cross-cultural experience could also be deleted from the model. However, given that previous studies (e.g., Adler, 1975; Church, 1982; Rohrllich & Martin, 1991) have supported the link between previous cross-cultural experience and culture shock, the former variable should remain part of the model and future studies should investigate this relationship.

Implications

[Level 2 heading; see p. 4](#) of An Introduction to APA Style

This study has practical value for international student advisors, cross-cultural trainers, and researchers. International student advisors may use information regarding the patterns of interactions between international students and hosts when planning programs. Given the potential benefits of the interaction between international students and hosts, advisors should promote programs that provide opportunities for such interaction. Advisors should also consider offering cross-cultural training programs for international students and for the university staff members who work with these students (e.g., faculty). These programs should be aimed at increasing participants' awareness of how different cultural frameworks may cause "well-meaning clashes" in cross-cultural encounters. Finally, cross-cultural trainers and applied researchers may use the revised version of Furnham and Bochner's (1982) RSSQ as a tool for designing training sessions. Through the RSSQ, these professionals can identify situations that have the potential for most difficulty for students and tailor their programs to address the specified needs.

[Level 2 heading; see p. 4](#) of An Introduction to APA Style

Limitations and Directions for Future Research

One of the limitations of the study concerns the generalization of the results. Findings are restricted to male graduate students, as females were not included in the research because they

were underrepresented in the population of international students at the time of the study. Future studies including a more representative sample of international students—including undergraduate international students—are needed to support current findings. Further, the operational definition of culture shock used in the study—social difficulty in cross-cultural interaction—was limited in scope. Future studies should measure the additional aspects of culture shock such as the psychological reactions individuals experience as a result of being in a new culture (e.g., depression, loneliness) as well as racism. There are also some limitations to the instrument assessing culture shock in this study—the RSSQ. Despite significant differences between degree of social difficulty in Canada and in the countries of origin, results showed that the overall social difficulty ratings for Canada indicated a small amount of difficulty ($M = 2.59$) compared to almost no difficulty at all in the home country ($M = 1.79$). Although these results seem reasonable when considering the home country, one would expect higher overall mean ratings for social difficulty in the host country. Perhaps only students experiencing lower levels of culture shock participated in the study. This hypothesis seems reasonable if one considers the literature indicating that international students who have lived in the host culture for longer periods of time (e.g., more than one year) experience less culture shock than those who lived in the host culture for shorter periods of time (Church, 1982). In this study, the average length of time spent in Canada was approximately 3 years, and only 29 students (18%) had lived in Canada for less than a year.

Concerning the model, further research is also needed to determine whether the hypothesized relationships between culture shock and (a) cross-cultural differences and (b) previous cross-cultural experience indeed exist. In addition, the relationship between cross-

cultural differences and size of co-national groups should be further examined. Because error coefficients in the model were high, it is likely additional variables have been omitted. Thus, the adequacy of the alternative models should further investigated. Finally, future researchers could also examine how culture shock may affect degree persistence and attainment of international students.

Correlation

See pp. 21-29 of An Introduction to APA Style

References

- Adler, P. S. (1975). The transitional experience: An alternative view of culture shock. *Journal of Humanistic Psychology, 15*(4), 13-23. <https://doi.org/10.1177/002216787501500403>
- Anderson, L. E. (1994). A new look at an old construct: Cross-cultural adaptation. *International Journal of Intercultural Relations, 18*(3), 293-328. [https://doi.org/10.1016/0147-1767\(94\)90035-3](https://doi.org/10.1016/0147-1767(94)90035-3)
- Argyle, M., & Henderson, M. (1985). The rules of relationships. In S. Duck & D. Perlman (Eds.) *Understanding personal relationships* (pp. 63-85). Sage.
- Association of Universities and Colleges of Canada. (1998). *A warm welcome? Recruitment and admission of international students to Canadian universities: Policies, procedures, and capacity*. AUCC.
- Babiker, I. E., Cox, J. L., & Miller, P. M. (1980). The measurement of cultural distance and its relationship to medical consultations, symptomatology and examination performance of overseas students at Edinburgh University. *Social Psychiatry, 15*(3), 109-116. <https://doi.org/10.1007/BF00578141>
- Befus, C. P. (1988). A multilevel treatment approach for culture shock experienced by sojourners. *International Journal of Intercultural Relations, 12*(4), 381-400. [https://doi.org/10.1016/0147-1767\(88\)90032-6](https://doi.org/10.1016/0147-1767(88)90032-6)
- Bennett, M. J. (1986). A developmental approach to training for intercultural sensitivity. *International Journal of Intercultural Relations, 10*(2), 179-196. [https://doi.org/10.1016/0147-1767\(86\)90005-2](https://doi.org/10.1016/0147-1767(86)90005-2)

- Bentler, P. M. (1995). *EQS: Structural equations program manual* [Computer program manual].
Multivariate Statistical Software.
- Brislin, R. W., Cushner, K., Cherrie, C., & Yong, M. (1986). *Intercultural interactions: A practical guide*. Sage.
- Canadian Bureau for International Education. (1977). *A question of self-interest: A statement on foreign students in Canada*.
- Canadian Bureau for International Education. (1981). *The integration of international students on Canadian post-secondary campuses* (CBIE Research, No. 1).
- Chapdelaine, R., & Alexitch, L. (1995). *Social difficulties encountered by international students* [Unpublished manuscript]. Department of Psychology, University of Saskatchewan.
- Charles, H., & Stewart, M. A. (1991). Academic advising of international students. *Journal of Multicultural Counseling and Development*, 19(4), 173-181. <https://doi.org/10.1002/j.2161-1912.1991.tb00554.x>
- Church, A. T. (1982). Sojourner adjustment. *Psychological Bulletin*, 91(3), 540-572. <https://doi.org/10.1037/0033-2909.91.3.540>
- Das, A. K., Chow, S. Y., & Rutherford, B. (1986). The counseling needs of foreign students. *International Journal for the Advancement of Counselling*, 9(2), 167-174. <https://doi.org/10.1007/BF00129411>
- Day, R. C., & Hajj, F. M. (1986). Delivering counseling services to international students: The experience of the American University of Beirut. *Journal of College Student Personnel*, 27(4), 353-357.

- Furnham, A., & Bochner, S. (1982). Social difficulty in a foreign culture: An empirical analysis of culture shock. In S. Bochner (Ed.) *Cultures in contact: Studies in cross-cultural interaction* (pp. 161-198). Pergamon Press. <https://doi.org/10.1016/B978-0-08-025805-8.50010-X>
- Furnham, A., & Bochner, S. (1986). *Culture shock*. Methuen & Co.
- Gallois, C., Giles, H., Jones, E., Cargile, A. C., & Ota, H. (1995). Accommodating intercultural encounters: Elaborations and extensions. In R. L. Wiseman (Ed.) *Intercultural communication theory* (pp. 115-147). Sage.
- Hofstede, G. (1991). *Cultures and organizations: Software of the mind*. McGraw-Hill.
- Jöreskog, K. G., & Sörbom, D. (1996). *LISREL 8: A guide to the program and applications* [Computer program manual]. SPSS.
- Klineberg O., & Hull, F. W. (1979). *At a foreign university: An international study of adaptation and coping*. Praeger.
- Loehlin, J. C. (1992). *Latent variable models: An introduction to factor, path, and structural analyses*. Erlbaum.
- Mallinckrodt, B., & Leong, F. T. L. (1992). International graduate students, stress, and social support. *Journal of College Student Development*, 33(1), 71-77.
- Oberg, K. (1960). Culture shock: Adjustment to new cultural environments. *Practical Anthropology*, 7, 177-182. <https://doi.org/10.1177/009182966000700405>
- Paige, M. R. (1990). International students: Cross-cultural psychological perspectives. In R. W. Brislin (Ed.) *Applied cross-cultural psychology* (pp. 161-185). Sage. <https://doi.org/10.4135/9781483325392>

- Pedhazur, E. J. (1982). *Multiple regression in behavioral research: Explanation and prediction*. Holt, Rinehart, & Winston.
- Rohrlich, B. F., & Martin, J. N. (1991). Host country and re-entry adjustment of student sojourners. *International Journal of Intercultural Relations*, 15(2), 163-182. [https://doi.org/10.1016/0147-1767\(91\)90027-E](https://doi.org/10.1016/0147-1767(91)90027-E)
- Schram, J. L., & Lauver, P. J. (1988). Alienation in international students. *Journal of College Student Development*, 29(2), 146-150.
- Searle, W., & Ward, C. (1990). The prediction of psychological and socio-cultural adjustment during cross-cultural transitions. *International Journal of Intercultural Relations*, 14(4), 449-464. [https://doi.org/10.1016/0147-1767\(90\)90030-Z](https://doi.org/10.1016/0147-1767(90)90030-Z)
- Tabachnick, B. G., & Fidell, L. S. (1996). *Using multivariate statistics* (3rd ed.). Harper Collins College.
- Triandis, H. C. (1990). Theoretical concepts that are applicable to the analysis of ethnocentrism. In R. W. Brislin (Ed.) *Applied cross-cultural psychology* (pp. 34-55). Sage. <https://doi.org/10.4135/9781483325392>
- Ward, C., & Searle, W. (1991). The impact of value discrepancies and cultural identity on psychological and sociocultural adjustment of sojourners. *International Journal of Intercultural Relations*, 15(2), 209 - 225. [https://doi.org/10.1016/0147-1767\(91\)90030-K](https://doi.org/10.1016/0147-1767(91)90030-K)
- Westwood, M. J., & Barker, M. (1990). Academic achievement and social adaptation among international students: A comparison groups study of the peer-pairing program. *International Journal of Intercultural Relations*, 14(2), 251-263. [https://doi.org/10.1016/0147-1767\(90\)90008-K](https://doi.org/10.1016/0147-1767(90)90008-K)

Ying, Y. W., & Liese, L. H. (1994). The initial adjustment of Taiwanese students to the U.S.: The impact of post-arrival variables. *Journal of Cross-Cultural Psychology*, 25(4), 466-477.

<https://doi.org/10.1177/0022022194254003>

Correlation

See pp. 5-6 of An Introduction to APA style
Title

The DSM-5 Controversies: How Should Psychologists Respond?

Authors' Name

Steven Welch 300456789, Cherisse Klassen 300789123, Oxana Borisova 300987654,
and Holly Clothier 300321123

Psychology Department, Douglas College

Affiliation

Course Name

Psychology XXXX(XXX): Full name of the Course

Instructor's Name

Instructor's Name

dd month yyyy

Due Date

Copyright for published paper. Omit from title page.

©Canadian Psychological Association, 2013. This paper is not the copy of record and may not exactly replicate the authoritative document published in the CPA journal. Please do not copy or cite without author's permission. The final article is available at: <https://doi.org/10.1037/a0033841>

[Level 1 heading \(p.4\)](#); see p. 6 of An Introduction to APA Style

Abstract

The American Psychiatric Association (APA) published *DSM-5* in May 2013. The revision process was fraught with controversy. In the first section of this paper, we briefly summarize the controversies related to the actions of the APA and the Task Force responsible for the revision process. These include allegations of secrecy, accusations of conflict of interest, apprehension over a promised paradigm shift, concerns regarding the definition of mental disorder, charges of medicalizing normality, and claims of poor methodology. In the second section, we briefly summarize the controversies related to some of the revisions to the *DSM-5* disorders and diagnostic criteria. In the third section, we argue that the *DSM-5* development was unnecessarily contentious for reasons that could have been foreseen and prevented. Since incremental updates to the *DSM-5* are anticipated in the near future (APA, 2010a), we propose that psychologists external to the revision process should use their unique expertise to assist in resolving the controversies that have beset the *DSM-5* and thereby facilitate a less contentious development of the next iteration of the *DSM*.

The *DSM-5* Controversies: How Should Psychologists Respond?

The American Psychiatric Association (APA) published the *DSM-5* in May 2013 (APA, 2013). The revision process was fraught with controversy. Our purpose is to first summarize those controversies and then to examine how psychologists might respond to them. We reviewed the literature using PsycINFO, PsychiatryOnline, MEDLINE, and Google Scholar databases using DSM V, DSM-V, DSM 5 and DSM-5 as search terms, through December 2012. Two major areas of controversy were identified. The first was the way the APA and Task Force conducted the revision process. The second related to some of the proposed revisions to the disorders and diagnostic criteria that were posted on the APA’s website, *DSM-5 Development* (APA, 2010b; the proposed disorders, criteria sets, and rationales were removed from the website in 2012.) The search yielded a plethora of articles. Consequently, we review only as many articles as necessary to give the reader an awareness of the main controversies and to provide a context for understanding why we believe that psychologists should respond to them.

Background

The *DSM-5* Task Force was responsible for the revision process. In 2006, Dr. David Kupfer was appointed Chair and Dr. Darrel Regier was appointed Vice-Chair. Members of 13 Work Groups were announced in 2008. The Task Force developed four guiding principles (Kupfer et al., 2008). The first was that proposals be based on empirical evidence. The second was that continuity with previous *DSMs* be maintained when possible. The third, and most controversial, was the removal of all limitations on the amount of change that could occur. The fourth was that *DSM-5* be a living document that could be updated periodically. The APA

(2010a) replaced the conventional Roman numeral with an Arabic numeral to permit incremental updates using decimals (*DSM-5*, 5.1, 5.2, etc).

[Level 1 heading \(p.4\); see p. 1 "Literature Review" of An Introduction to APA Style](#)

Controversies Related to the Task Force

The issue of secrecy is one of the most significant controversies surrounding the development of the *DSM-5*. Dr. Robert Spitzer (2008), Chair of the *DSM-III* and *DSM-III-R* Task Forces, reported that Dr. Regier had denied his request for the minutes of Task Force meetings in order to maintain *DSM-5* confidentiality. Spitzer (2008) was incredulous. He reported that all Task Force and Work Group members were required to sign an *acceptance form* that prevented them from discussing their work publicly. Spitzer said the confidentiality agreement was unprecedented in the development of prior *DSMs*. He argued that the development of *DSM-5* in secrecy indicated a failure by the Task Force to understand the necessity for an open and transparent revision process (Spitzer, 2008). Dr. Allen Frances, Chair of the *DSM-IV* Task Force, stated that the best way to avoid unforeseen problems was to solicit as much outside opinion as possible (Frances, 2009a). A series of exchanges between Spitzer and Frances and the APA and Task Force ensued. Schatzberg et al. (2009) described the development of *DSM-5* as open and inclusive. They defended the confidentiality agreements as necessary to protect intellectual property. They also accused Frances and Spitzer of being motivated by the royalties they receive from earlier *DSMs*.

Controversy over conflict of interest also marred the *DSM-5* development. The pharmaceutical industry spends twice as much on drug promotion as on research and development (Batstra & Frances, 2012). Consequently, concern that the industry might have an influence on the development of *DSMs* (Pilecki et al., 2011) led the APA to develop a mandatory

disclosure requirement. Cosgrove and Krimsky (2012) concluded that the APA's conflict of interest policy was inadequate. They noted that 69% of the *DSM-5* Task Force had direct industry ties, an increase from the *DSM-IV* Task Force. Although Kupfer and Regier (2009) assured that the *DSM-5* disclosure policy was sufficient to limit industry bias, concern over the development of industry-friendly diagnoses persists (Obiols, 2012). ← [See pp. 17-20](#) of An Introduction to APA Style

A controversy arose as to whether the Task Force should implement a paradigm shift in psychiatric diagnosis. Clinicians and researchers have expressed growing frustration with the *DSM-IV*'s atheoretical and categorical nature. The expectation that syndromes would be refined until the etiology of each was discovered has not been realized (Kendler & First, 2010) and has resulted in a desire by some for a paradigm shift in diagnosis (First, 2010b). Two proposals were called paradigm-shifting. The first was to make *DSM-5* etiologically based and the second was to supplement diagnostic categories with dimensional ratings (Kendler & First, 2010). Regarding the first, it is clear that the etiology clearly favoured was a biological one (Kupfer & Regier, 2011). The controversy relates to plausibility. Many argued that it will be decades before our knowledge of the pathophysiology of mental disorders permits a shift to classification based on etiology and the strategy was attacked for being premature and disruptive (Frances, 2009b; Phillips; 2010b; Vanheule, 2012). Regarding the second, Regier et al. (2009) stated that the incorporation of dimensional measures would constitute a major difference between *DSM-IV* and *DSM-5*. The desire to replace or supplement the *DSM-IV* categorical system with a dimensional system has been well received in theory (Jones, 2012b). The controversy relates to clinical utility; the extent to which the measures are user-friendly. Many argued that the dimensional measures proposed for *DSM-5* would be a time-consuming administrative burden and

consequently would be ignored by busy clinicians (First, 2010a; Phillips, 2010b). Additionally, Frances (2010d) and Jones (2012b) suggested that the Task Force did not have the time or the psychometric expertise to construct the measures, which therefore might not be psychometrically sound. Despite the enthusiastic claim by Regier et al. (2009), the measures were placed in *Section III of DSM-5: Conditions for Further Study* (APA, 2013).

Consistent with the intention to shift to a classification system based on a biological etiology, controversy arose over a proposed change to the definition of a mental disorder (Stein et al., 2010). One part of the *DSM-IV* (APA, 2000, p. xxxi) definition requires that the syndrome be, "...a manifestation of a behavioral, psychological, or biological dysfunction in the individual." Stein et al. (2010, p. 1761) proposed that the wording in *DSM-5* be changed to: "That reflects an underlying psychobiological dysfunction." First and Wakefield (2010) recommended that the *DSM-IV* wording be retained because the word *or* allowed for a disorder that is not intrinsically biological. McLaren (2010) lamented that Stein et al. had an "implicit ideological commitment to biological reductionism" (p. 193). The definition ultimately used in *DSM-5* includes the less provocative phrase, "a dysfunction in the psychological, biological, or developmental processes underlying mental functioning" (APA, 2013, p. 20).

See p. 13 "Example of a short quotation" of An Introduction to APA Style

Controversy flared over the potential of *DSM-5* to foster a medicalization of normality. Frances and Widiger (2012) concluded that the *DSM-5* could trigger nine epidemics of mental disorder. They stated that five new diagnoses were characterized by symptoms common in the general population such as binge eating, minor neurocognitive problems, mixed anxiety-depression, pre-psychotic symptoms, and temper dysregulation. They also claimed that lowering the diagnostic thresholds for four existing disorders, ADHD, Generalized Anxiety Disorder,

PTSD, and Substance Dependence, would result in millions of false positives who would pay a high price in medication side effects, stigma, and insurability problems.

The Task Force's methodology for guiding the empirical review process sparked several controversies. Frances (2009a) expressed concern that the Task Force had not developed an a priori methodology for Work Groups to follow and they had been encouraged to think innovatively, with little guidance. Regarding the methodology for the field trials, Jones (2012a) summarized their primary limitations. She noted that the ambitiousness of the Task Force placed a great burden on the field trials to ensure that the revisions were reliable, valid, and did not result in excessive false positives. The trials occurred in small routine practice settings and academic/large clinical settings. The latter was to occur in two phases. Phase I was to evaluate the draft diagnostic criteria and phase II was to evaluate required revisions. The clinician attrition rate in the small routine practice settings was enormous. Thus, the clinicians who completed the trial were unlikely to be a representative sample and yet they tested the dimensional measures in clinical practice as well as the new diagnostic criteria for milder disorders where false-positives are most likely because of the fuzzy boundary between mild disorder and normal variation. The field trials in academic/large clinical settings were beset by missed deadlines and consequently phase II, the quality control phase, was dropped to meet the May 2013 publication deadline. Finally, although concern had been raised about increased false-positives, the field trials did not compare *DSM-IV* and *DSM-5* prevalence rates for the same disorders. Jones (2012a) also noted that Drs. Kupfer and Regier had claimed that *DSM-5* would be more valid than *DSM-IV*, yet no tests of predictive validity were undertaken and a planned test of convergent validity was abandoned. These limitations are cause enough for concern but the issue that ignited the most

controversy was the measurement and interpretation of reliability. Spitzer developed the methodology used for determining diagnostic reliability in *DSM-III* and *IV* (Spitzer et al., 2012). Structured interviews were used to separate the unreliability of clinicians from the unreliability of the diagnostic criteria. Kappas below 0.4 were considered unacceptable, those between 0.4-0.6 were considered fair, and those above 0.6 were good to excellent. Kraemer et al. (2012) proposed that for *DSM-5*, kappas between 0.2 and 0.4 be considered acceptable, perhaps because they had chosen to use unstructured interviews to simulate actual clinical practice (Jones, 2012a). A firestorm of criticism ensued.

[Level 1 heading \(p. 4\); see p. 1 "Literature Review" of An Introduction to APA Style](#)

Controversies Related to Proposed Disorders

Our literature review revealed too many criticisms of too many proposals to present them all. Accordingly, we review only a representative sample to give the reader an understanding of why we believe that psychologists should respond to them. We use alphabetical order, not order of importance. The number of citations does not reflect the number of published criticisms.

The Psychotic Disorders Work Group asserted that young people with *Attenuated Psychosis Syndrome* (APS) could be identified and that early treatment is most effective. The main controversy surrounding APS is the risk of false positives, which was found to range from 50% to 84%. Other concerns included apprehension that pharmaceutical companies will market antipsychotics overzealously to consumers despite the health risks, worry about how stigma might affect young adults, and concern that ordinary clinicians might not be able to distinguish APS from certain nonpsychotic disorders or the extremes that exist in normal teenage behaviour (Corcoran et al., 2010). Ultimately, APS was included in *Section III* (APA, 2013).

The Neurodevelopmental Disorders Work Group proposed to replace the individual diagnoses comprising the Pervasive Developmental Disorders with a single diagnosis, *Autism Spectrum Disorder* (ASD) (Worley & Matson, 2012). The most contentious aspect of this change was the elimination of Asperger's Disorder (AD). The rationale for this change was that a number of researchers found no difference between AD and high functioning autistic patients and so a single spectrum disorder was seen as more consistent with the data (see Worley & Matson, 2012). Not all researchers agreed with this interpretation but the major controversy related to stigma. It was argued that many of those currently diagnosed with AD, as well as their families, identify positively with this condition and consequently they will reject a diagnosis of ASD because of the greater stigma associated with the term *autism* (see Szatmari, 2011).

The Childhood and Adolescent Disorders Work Group proposed a new disorder for *DSM-5* originally called Temper Dysregulation Disorder with Dysphoria (TDD) and later renamed *Disruptive Mood Dysregulation Disorder*. It is one of the Depressive Disorders in *DSM-5* (APA, 2013). One reason for its inclusion was to address the over diagnosis of bipolar disorder in children (APA, 2013). Axelson (2010) applauded the intention but criticized the solution because temper dysregulation is a symptom of other disorders. Frances and Widiger (2012) argued that TDD would lead to the misdiagnosis of difficult children and promote the over-prescription of antipsychotic medications for children despite their associated risks.

The *DSM-IV* diagnosis of Gender Identity Disorder (GID) was changed to *Gender Dysphoria* (GD) in *DSM-5* (APA, 2013). The most controversial aspect of GD is whether it is a valid disorder. Some researchers had argued that GID should not be considered a mental disorder in children because any discomfort GID children feel is not due to their gender identity but rather

to the gender role assigned to their sex. Also, children with GID show no psychopathology (see Bockting, 2009). Regarding adults, it had been argued that if GID is a disorder, it is better conceptualized as a physical one because the most commonly recommended treatment is medical, not psychiatric (Bockting, 2009; Meyer-Bahlberg, 2010). Ironically, an ethical dilemma would arise if GD had been deleted from the *DSM-5*; transgender adults would become ineligible for insurance coverage for reassignment surgery (Bockting, 2009; Meyer-Bahlberg, 2010).

Hypersexual Disorder was proposed for *DSM-5*. The primary controversy relates to the validity of the disorder. According to the 2010 APA website and Kafka (2010), there is evidence that hypersexual behaviour is associated with public health concerns such as marital discord, increased risk of STDs, and unwanted pregnancies, and there is a demand from mental health consumers for a diagnosis for those with hypersexual behaviour. Wakefield (2012) was critical of these points. He argued that the proposed diagnostic criteria failed to distinguish normal variation from pathology, that people who have more sex might be at greater risk of sex-related problems but also will enjoy more sex-related benefits, and that demand from consumers does not validate a diagnosis. Wakefield also asserted that the diagnosis would provide a psychiatric excuse for those who had exercised bad judgement. This disorder was not included in *DSM-5*.

The Mood Disorders Work Group proposed to remove the bereavement exclusion for a *Major Depressive Disorder* (MDD). The controversy relates to validity. The Work Group argued that there is no evidence to distinguish between symptoms caused by bereavement from those caused by other stressors (see Wakefield & First, 2012). However, Wakefield and First (2012) reviewed studies that demonstrated that MDDs caused by bereavement could be distinguished from MDDs caused by other stressors. Additionally, First (in First et al., 2011) argued that

medicalizing grief would stigmatize individuals and expose them needlessly to harm such as drug side effects and discrimination by insurance companies due to a mental disorder diagnosis. Regardless, the bereavement exclusion was removed from *DSM-5* (APA, 2013).

In *DSM-5* a distinction is made between a *paraphilia* and a *paraphilic disorder*. A paraphilia is *ascertained* according to the A criterion (fantasies, urges, or behaviours) and a paraphilic disorder is *diagnosed* according to the A and B criteria (distress, impairment, or harm to others) (see Krueger & Kaplan, 2012). The primary controversy relates to the utility of *ascertaining* a paraphilia in the absence of a disorder. Krueger and Kaplan (2012) reviewed the literature on the distinction. It would be advantageous to researchers who want to study persons who meet the A criterion only. However, critics note that it will cause confusion. Those ascertained as having a paraphilia might be mistaken as having a mental disorder diagnosis.

The Paraphilias Subworkgroup proposed a new disorder, *Paraphilic Coercive Disorder* (PCD). The rationale was based, in part, upon research by Thornton (2010) who explained that the term *coercive* paraphilia is justified when coercion is the erotic focus of a sexual act. He argued that some men who rape warrant this diagnosis. The primary controversy relates to whether it is a valid disorder. Wakefield (2012) countered that research shows that fantasies of sexual coercion are common and he noted the impossibility of distinguishing between the rare paraphilic rapist and the rapist who simply is a criminal. Frances (2011b) explained that PCD needs to be better validated in light of its potential for misuse in legal settings. The *DSM-IV* diagnosis of Paraphilias NOS has been used to civilly commit some sexually violent predators (SVPs) in the USA after their prison sentence has been served. Frances expressed concern that an

apparently more credible PCD diagnosis would legitimize the civil commitment when the validity of PCD is questionable. Ultimately, this disorder was not included in *DSM-5*.

The Paraphilias Subworkgroup also proposed the expansion of pedophilia to include hebephilia (sexual attraction to young adolescents). The rationale provided for inclusion of *Pedohebephilic Disorder* was that studies using phallometric testing indicated that hebephilia exists as a sexual age preference (see Good & Burstein, 2012). The primary controversy related to the validity of hebephilia as a mental disorder. Frances and First (2011) argued that the chief concern was not whether pedophilia and hebephilia could be distinguished phallometrically, but whether hebephilia is a mental disorder. Good and Burstein (2012) and Wakefield (2012) argued that it is not because the normality of adult sexual attraction to young adolescents is well documented. Additionally, Frances and First (2011) argued that lawyers will use the diagnosis of *Pedohebephilic Disorder* to civilly commit some SVPs when it is not a valid mental disorder. In the end, *Pedohebephilic Disorder* was not included in *DSM-5* and the diagnostic criteria for *Pedophilic Disorder* remain essentially the same as in *DSM-IV* (APA, 2013).

The original proposal for the diagnosis of *Personality Disorders* (PD) involved rating the degree of match to five PD prototypes (Antisocial/Psychopathic, Avoidant, Borderline, Obsessive-Compulsive and Schizotypal) and the degree of impairment on 37 traits. After critical feedback, the Work Group abandoned the prototype-matching model, reduced the number of traits to 25, and added a sixth PD type (Narcissistic). This is a hybrid categorical-dimensional system (see Skodol, 2012). There are four primary controversies: (a) Livesley (2010) argued that the Work Group's taxonomic principles were confused because psychopathology cannot be both categorically and dimensionally distributed; (b) Livesley (2010) expressed concern that

prototype matching involves the use of heuristics, which are not appropriate for scientific decision-making. Widiger (2011) argued that prototype matching was less reliable than the criteria counting approach of *DSM-IV*. In contrast, Phillips (2010b) and Westen et al. (2010) argued the opposite, insisting that prototype matching is consistent with clinicians' natural cognitive processes. In contrast again, First (2010a) and Frances (2011c) argued that the human mind naturally organizes information into categories rather than dimensions (e.g., blue or green rather than wavelengths); (c) Livesley (2010) and Tyrer (2012) stated that although dimensions are a more valid way of describing personality traits, the PD dimensional assessments proposed for *DSM-5* were so complex that they lacked clinical utility; (d) Livesley (2010) and Widiger (2011) acknowledged that the excessive co-occurrence among the *DSM-IV* PDs was a problem but reducing the number from 10 to five (later six) as a solution was draconian, arbitrary, and not empirically based. Despite all the fervour, the 10 PDs and categorical model of *DSM-IV* were retained in *DSM-5* and the hybrid categorical-dimensional with six personality disorders was placed in *Section III* (APA, 2013).

The Work Group on Anxiety Disorders proposed to remove *PTSD* from the Anxiety Disorders and place it into a new category entitled Trauma and Stressor-Related Disorders (Friedman et al., 2011). Some researchers questioned the data used to justify the move (Zoellner et al., 2011). Others criticised the failure to remove criteria common to other anxiety disorders and depression (Koffel et al., 2012). In *DSM-IV*, attention had focused on the A1 (nature of the trauma) and A2 (emotional response) indicators of trauma (Friedman et al., 2011) and a *DSM-5* controversy relates to the definition of trauma and malingering. Researchers expressed concern about the expansion of the concept of trauma over successive *DSMs*, a phenomenon known as

conceptual bracket creep (McNally, 2009). The Work Group attempted to resolve this problem by clarifying the A1 criterion but First (2010c) concluded that the new wording remained too broad. First (2010c, p. 258) suggested that some of the wording was “so vague so as to be a potential new source of creative litigation.” Nevertheless, the A1 criterion in *DSM-5* (APA, 2013) is essentially identical to the draft criterion criticized by First.

The Work Group on Substance-Related Disorders proposed a new category of disorder entitled Substance Use and Addictive Disorders (APA, 2013). The Work Group proposed to include non-substance behavioural addictions in this category based on the contention that behavioural and substance addictions share a natural history (Mihordin 2012). *Gambling Disorder* is the only behavioural addiction to date. Three major controversies developed: (a) Frances and Widiger (2012) argued that the empirical evidence that pathological gambling shares significant commonalities with substance use disorders is meagre; (b) Kaminer and Winters (2012) asserted that patients and families will reject the term *addiction* because it is stigmatizing and this will reduce treatment seeking; (c) Mihordin (2012) alleged that the inclusion of behavioural addictions in *DSM-5* represents a medicalization of life choices that is unlikely to stop with Gambling Disorder, and that some patients will use the diagnosis as an excuse for eschewing personal responsibility. Nonetheless, the disorder is in *DSM-5* (APA, 2013).

[Level 1 heading \(p. 4\); see p. 1 “Literature Review” of An Introduction to APA Style](#)

How Should Psychologists Respond?

We have summarized many of the controversies that beset the *DSM-5* revision process.

As *DSM-5* is now a fait accompli, we suggest that psychologists should offer assistance in making the next iterations (APA, 2010a) less contentious.

The Revision Process

[Level 2 heading \(p. 4\); see p. 1 “Literature Review” of An Introduction to APA Style](#)

Change is a powerful stressor. The *DSM-5* Task Force should have anticipated that a substantial revision of the *DSM-IV* would generate substantial anxiety and they should have taken pre-emptive steps to minimize it. Early consultation with, rather than exclusion of, predictably interested parties could have reduced anxiety and suspicion. The response of the APA to the allegations of secrecy was so ineffective that four years after Spitzer raised the issue, the accusation was still being made (Kaliski, 2012). Moreover, the Task Force used inflammatory language. As Phillips (2010a, p. 1) observed, “...the authors of *DSM-V* must surely rue their invocation of the Kuhnian phrase, ‘paradigm shift’ to describe - and promise - what we might expect in the new *DSM*.” The term *paradigm shift* implies a significant change and therefore it was sure to generate significant anxiety. Industrial-organizational psychologists should suggest tactics and strategies for instigating change that foster trust rather than suspicion. Social psychologists might agree that the controversy over secrecy could have resulted in the APA, Task Force, and Work Groups becoming an *ingroup*, with others like Spitzer, Frances and similar thinkers becoming an *outgroup*. Social psychologists should clarify the problems that can arise from *ingroup bias* (VandenBos, 2007). Greater consultation with mental health professionals might have prevented the possible creation of in and outgroups, and instead have fostered a *superordinate goal* that might have reduced hostility and mistrust (VandenBos, 2007).

The *DSM-5* Work Groups are *groups*, and therefore group processes will apply to them. Because group processes can lead to poor decisions, social psychologists should be interested in studying how these processes might have operated within the Work Groups. *Group polarization* is the enhancement of a group's prevailing opinion following the discussion of an idea that most members already support and it can lead to poor decision-making (VandenBos, 2007). With respect to the *DSM-5*, some Work Groups were said to be similar in opinion and limited in diversity (Franklin, 2010; Kramer, 2011). This would be fertile ground for group polarization to occur. *Groupthink* is the type of thinking that occurs when the desire for harmony in a decision-making group overrides good judgement (VandenBos, 2007). Antecedents of groupthink include: (a) insulation of the group; (b) an absence of methodological decision-making procedures; (c) lack of variety among group members; (d) the need to make urgent decisions; and (e) rationalizing group decisions rather than discussing possible alternatives. It is quite possible that these antecedents were present in some of the Work Groups: (a) The confidentiality agreement and alleged secrecy discussed earlier suggests that the Work Groups were insulated. (b) Task Force had not developed an a priori methodology for Work Groups to follow (Skodol, 2012). (c) Franklin (2010) noted that the *DSM-5* Paraphilias Subworkgroup had limited diversity. The Chair of the Subworkgroup, Dr. Blanchard, was also is the first author of the research study upon which the pedohebephilia proposal was based. Dr. Zucker, Chair of the *DSM-5* Sexual and Gender Identity Disorders Work Group, was the chief psychologist where the research was conducted. Further, Blanchard and Zucker served as editors of the journal that published the study. Kramer (2011) observed that all of the members of the Subworkgroup were specialists whose interest was restricted to that of controlling sex offenders. As a second example, Lilienfeld

et al. (2012) observed that the PD Work Group consisted of scholars who were all similar in their theoretical orientations. Lilienfeld et al. cited research showing that groups with more diversity tend to make better decisions and are less prone to groupthink. (d) Critical publication deadlines were missed (Frances, 2011a) so it is likely that there was an urgent need to make decisions. (e) The Work Groups rationalized decisions without considering alternatives according to Frances (2010c, para. 3), who stated that the rationales provided for all the *DSM-5* proposals shared “An uncritical and ‘cheerleading’ presentation of the data and arguments that would support the proposal.” This brief analysis raises the possibility of a groupthink phenomenon. Frances (2010b, para. 36) asked, “How can such smart and scrupulous people make so many bad suggestions?” Groupthink and group polarization might be the culprits. Social psychologists should examine how the Work Groups functioned and provide advice as to how to prevent common problems associated with group processes.

Some of the controversies discussed earlier relate to the thinking of Task Force and Work Group members, and to the thinking of clinicians. Consider the thinking of the former. Decisions are made when revising a *DSM* and it is likely that the decision-makers will be subject to common cognitive errors. *Belief perseverance* involves clinging to one’s initial conception after the basis on which it was formed has been discredited (VandenBos, 2007). Regarding APS, early studies suggested that conversion rates to full psychosis were 40 to 50% but more recent studies reported numbers as low as 12% (Corcoran et al., 2010). Belief perseverance might have caused the Work Group to hold to their original decision to include APS based on the earlier studies despite more recent disconfirming research. *Confirmation bias* occurs when there is a tendency to search for information that confirms one’s preconceptions (VandenBos, 2007). This cognitive

error might have been operating when the Work Group members who proposed PCD assumed that men who showed a penile response to sexual activity depicting coercion meant that these rapists were aroused *only* by the coercive elements of the stimuli (Knight, 2010). The thinking of some members of the PD Work Group might reflect confirmation bias as well. Livesley (2012) observed that the Work Group members were aware of evidence that PDs do not fit a categorical model, yet they proposed a categorical-dimensional hybrid model (and ultimately a categorical model) rather than a pure dimensional model. Livesley examined the publications of the Work Group members and found that the five PDs initially proposed for retention correlated with the research interests of the Work Group members (also see Blashfield & Reynolds, 2012). Hence, the members might have focused only on evidence that confirmed their bias. Experts in cognitive psychology should inform the field of typical cognitive errors and recommend strategies for minimizing them during future Work Group deliberations. Now consider the thinking of clinicians. *Categories, dimensions, and prototypes* all were proposed for conceptualizing the *DSM-5* PDs. As discussed earlier, opinions as to how clinicians think are quite mixed. Cognitive psychologists have the expertise confirm whether clinicians think best in categories, dimensions, or prototypes, and inform the APA on how to create a diagnostic system that balances validity and clinical utility.

The *DSM-5* Task Force intended to move towards an etiologically based system of classification with a focus on biology (Kupfer & Regier, 2011). Even the definition of a mental disorder proposed by Stein et al. (2010) was alleged to reflect a commitment to biological reductionism (McLaren, 2010). Others argued that it would be decades before research on the pathophysiology of mental disorders has any impact on clinical practice (e.g., Frances, 2009b).

Biopsychologists have the expertise to review the literature and offer an opinion as to whether its paradigm-shifting plan is timely or premature.

Dr. Steven S. Sharfstein (2005, p. 3), past president of the APA, stated, “as a profession, we have allowed the biopsychosocial model to become the bio-bio-bio model.” Given the intention to develop a classification system based on a presumed biological etiology of mental disorder, clinical and counselling psychologists who believe that the data support a biopsychosocial etiology should contribute to the debate.

The Task Force considered the introduction of dimensional measures to be a defining feature of *DSM-5* (Regier et al., 2009). However, Phillips (2010b) predicted that working clinicians would not consider the instruments proposed for use in the *DSM-5* to be worth the time involved in administering them. Frances (2010d) and Jones (2012b) suggested that the Task Force did not have the time or psychometric expertise required to construct the proposed measurement scales, which are now in *Section III* for further study. Psychologists with expertise in psychometrics should examine these measures and, if warranted, inform the APA on how to construct measures of the constructs of interest that are reliable, valid, and possess clinical utility. Clinical and counselling psychologists should examine the contention by Frances (2010d) that well-developed rating scales already exist and inform the APA about any instruments that might have good reliability and validity, and possess greater clinical utility.

It is arguable that many of the controversies regarding the new disorders and revised diagnostic criteria arose in large part because of the inadequate definition of a mental disorder. The controversy regarding *DSM-5* medicalizing normal variation and increasing false positives might not have arisen if a definition existed that clearly distinguished normality from

psychopathology (Frances & Widiger, 2012). The concerns of First and Wakefield (2010) and McLaren (2010), discussed earlier, regarding the definition proposed by Stein et al. (2010) are but one illustration of the difficulty mental health professionals have had with the elusive definition. As a second illustration, First (2008, p. 36) observed: “It is important to clarify from the outset that the criteria for determining whether a behavior is a ‘vice’ (i.e., whether it is illegal or immoral) is not equivalent to the criteria for determining whether a behavior is indicative of a mental disorder.” However, this issue arose repeatedly in our discussion of Hypersexual Disorder, PCD, Pedohebephilic Disorder, and the Behavioural Addictions, where Work Groups argued that these are mental disorders and opponents argued that they are vices. As a third illustration, Frances and Widiger (2012, p. 111) argued that, “Historically, conditions have become mental disorders by accretion and practical necessity, not because they met some independent set of abstract and operationalized criteria.” Mental disorders are social constructs, they argued, and consequently must be defined pragmatically according to the useful purposes they serve. The real challenge is not to create a definition but rather to hold the line against diagnostic inflation by resisting the addition of conditions that have fuzzy boundaries with normality and that fail the test of *primum non nocere* (first, do no harm) (Frances & Widiger, 2012). The task would be challenging, but if clinical and counselling psychologists could construct a definition that better distinguishes mental disorder from normality, this would be a momentous contribution to *DSM-5* and to the field. Alternatively, if Frances and Widiger (2012) are correct, clinical and counselling psychologists should direct their efforts to finding the line that separates practical necessity from diagnostic inflation (Batstra & Frances, 2012).

Many authors expressed concerns about the Task Force’s methodology (e.g., Frances, 2009a, 2011a). It was alleged that the Task Force had placed no constraints on the amount of change that could occur during the revision of *DSM-5* and that the Work Groups had been encouraged to think innovatively, with little guidance. Skodol (2012, p. 324), a member of the Task Force, confirmed these allegations: “For the first year or so, everything was on the table, and Work Groups were encouraged to think outside the box....For the first year or so of Work Group meetings, there were no guidelines for change for *DSM-5*.” Social and Industrial-Organizational psychologists with expertise in leadership are well suited to suggest ways to promote good leadership and adherence to methodological processes in a way that inspires confidence in concerned observers. Additionally, the manner in which the field trials were conducted and data analyzed were controversial. Earlier we summarized Jones’ (2012a) critique of the field trials. The problems with the settings, attrition rate, missed deadlines, and the failure to evaluate validity and prevalence rates cannot be excused. The decision to change the customary way of conducting diagnostic reliability tests and interpreting kappa might have merit but there is no evidence that the Task Force acquired any external opinion as to whether the problems solved by the change would outweigh the problems caused by the discontinuity with the method used in *DSM-III* and *DSM-IV*. Psychologists with expertise in medical research design and statistics should evaluate the field trials and inform the field as to whether the new or old field trial methodology has the greatest value.

The Disorders and Diagnostic Criteria

[Level 2 heading \(p. 4\); see p. 1 “Literature Review” of An Introduction to APA Style](#)

Some of the new disorders proposed for *DSM-5* were accepted for inclusion. Those that were not could be diagnosed as an *Other Specified* or *Unspecified* Disorder, the *DSM-5*

replacements for the *Not Otherwise Specified* designation (APA, 2013), or considered again during planned incremental updates (APA, 2010a). Consequently, we discuss both.

The validity of many of the new *DSM-5* disorders was intensely disputed. For example, Frances and Widiger (2012) (see earlier) argued that five new disorders are defined by symptoms that are common in the population and therefore medicalize normality. They also argued that the reduced diagnostic thresholds for four established disorders have the potential to trigger epidemics of false positives with associated problems due to medication side effects, stigma, and insurability. Clinical and counselling psychologists have the expertise to review the literature, do the research, and determine the veracity of these claims.

First (2010c), Frances (2010e), and Kaliski (2012) argued that the forensic risks of some disorders were not adequately considered. Frances (2010b) lamented that TDD would be used by lawyers as an excuse for misbehaviour and lead to unforeseen forensic problems. Consider PCD and Pedohebephilic Disorder. Although not included in *DSM-5* by name, they could be diagnosed as *Other Specified Paraphilic Disorder* (APA, 2013) or included in the next iteration of *DSM-5* (APA, 2010a). If so, Frances (2011b) and Frances and First (2011) alleged that they could be misused to civilly commit sexually violent predators (SVPs) after their prison sentence are served because it has not been established that either are valid diagnoses. Consequently, more research is needed to determine if PCD and hebephilia are mental disorders and how the presence of either in the *DSM* will influence the civil commitment of SVPs. Problems also arise with PTSD from a legal perspective. First (2010c) was concerned about the broadness of the range of qualifying traumatic stressors and the increased opportunity this gives to individuals to malingering when reporting subjective symptoms in personal injury cases. Kaliski (2012) argued

that many of the new *DSM-5* disorders will not satisfy the requirement of forensic utility.

Forensic psychologists have the expertise to examine these disorders and diagnostic criteria, and evaluate their forensic risks.

School psychologists are involved in the identification and diagnosis of children with psychological problems (Wodrich et al., 2008). Several controversial disorders (e.g., ADHD, ASD, Disruptive Mood Dysregulation Disorder, Substance Use and Addictive Disorders) are likely to arise in school. School psychologists are in a unique position to review these disorders and diagnostic criteria and inform the APA as to their clinical utility.

Ethical Issues

Level 2 heading (p. 4); see p. 1 "Literature Review" of An Introduction to APA Style

The revision of the *DSM* is replete with ethical questions that require consideration.

Psychologists are users of the *DSM* and consequently psychological ethicists should contribute to the resolution of these issues. Psychologists might have an ethical obligation to do so. The *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association, 2002) states in its Preamble that psychologists are committed to improving the condition of society. In doing so, they may perform the role of social interventionist. Principle IV of the *Code of Ethics for Psychologists* (Canadian Psychological Association, 2000) states that psychologists have a responsibility to society, that psychologists should promote human welfare, and that psychologists should act when they possess expert knowledge relevant to important societal issues. Since the *DSM-5* will have a significant impact on society, these ethical principles imply that psychologists should use their expertise to address the *DSM-5* controversies.

We discussed the conflict of interest controversy that originated with *DSM-IV* and that raised questions regarding pharmaceutical industry influence on the *DSM-5*. There is no doubt

that the industry influences the prescribing habits of physicians (Katz et al., 2010). Consequently, it is likely the industry will be interested in, and support drug research on, the new mental disorders in *DSM-5* (Raven & Parry, 2012). Similarly, the industry will support a change from the current atheoretical approach to classification to one based upon the presumption of a biological etiology because this will generate increased profits. Kupfer and Regier (2009) assured that the *DSM-5* disclosure policy was sufficient to limit industry bias, but others are less certain because a substantial number of Task Force members have industry ties (Cosgrove & Krimsky, 2012; Pilecki et al., 2010). Katz et al., (2010) reviewed research showing that even small gifts from drug companies can influence the behaviour of recipients. Psychological ethicists should examine the extent to which drug companies might have influenced the *DSM-5*, and might influence the incremental updates (APA, 2010a).

We discussed earlier the medicalization of normality controversy. Batstra and Frances (2012) espoused the need to prevent further diagnostic inflation due to *DSM-5*. The additions to the *DSM-5* of new disorders and lower diagnostic thresholds have significant implications for society. A psychiatric diagnosis can affect self-esteem, employment, insurability, parental access, adoption, and military service, among other things. Moreover, the extent to which the *DSM-5* and its future iterations might promote the unnecessary use of dangerous medication by medicalizing normal variation needs to be examined and managed. This concern is made salient by the fact that prescription drugs now cause more unintentional deaths in the USA than do street drugs (Batstra & Frances, 2012). Psychological ethicists should examine whether the APA's disclosure policy, the new *DSM-5* disorders, and the lowered diagnostic thresholds for some

disorders, are in the public interest as opposed to the interest of researchers and the pharmaceutical industry, and offer their conclusions to the field.

A number of proposed disorders come with their own specific ethical dilemmas. The British Psychological Society (2011) and Frances (2010b) argued that the Behavioural Addictions are best conceptualized as life choices, not mental disorders. These authors have suggested that medicalizing Gambling Disorder, and possibly other problems such as Internet Gaming Disorder, currently in *Section III* for further study, could be harmful. Turning to Autism Spectrum Disorder, there is consensus that this diagnosis is more stigmatizing than the diagnosis of Asperger's (e.g., Szatmari, 2011). Even if data suggest that Asperger's is part of ASD, this finding might not justify the harm done by forcing those with Asperger's to accept a more stigmatizing diagnosis. Similarly, the evidence for considering Gender Dysphoria a mental disorder needs to be weighed against the harm done by the stigma. Meyer-Bahlberg (2010) observed that calling transgenderism a mental disorder has been to the detriment of transgender persons in divorce proceedings, custody disputes, employment, and serving in the military. GD could be moved to the chapter for non-mental disorders, *Other Conditions That May Be a Focus of Clinical Attention*, or conceptualized as a medical problem, as suggested by Meyer-Bahlberg (2010). Alternatively, GD could be viewed as a normal variation and be removed from the *DSM*, as homosexuality was. If removed, a solution as to how GD adults would obtain access to the accepted medical treatments would be required. Consider also the paraphilias. According to the *DSM-5*, a person can be ascertained as having a paraphilia without having a paraphilic disorder (APA, 2013). Labelling a person with the condition of paraphilia in the absence of a disorder solely for the convenience of researchers might not be ethically justifiable. Research is required

to determine the possible psychological sequelae of ascertainment. Regarding the Personality Disorders, Tyrer et al. (2011) stated that *DSM-IV* PDs were under-diagnosed due to practitioners' concerns about stigmatizing patients. Skodol (2012, p. 321) confirmed that the Work Group had considered changing the name of the PDs to something "more meaningful and less pejorative" but they were unable to agree upon an alternative. Obtaining agreement would require a herculean effort but if it reduced stigma and thereby increased treatment availability to those who need it, the effort would be warranted. Research on the effect of a name change is needed. Regarding PTSD, a major focus in the literature has been on conceptual bracket creep and how to limit the problem of malingering. However, as the definition of a traumatic stressor is limited, some individuals who truly have been traumatized will become ineligible for a diagnosis of PTSD. Ethically, the greater error might be missing true positives, not increasing the risk of malingering. Research is required to determine how many true positives will be missed with the A criterion in *DSM-5*. Psychological ethicists should examine all these issues.

Conclusion

[Level 1 heading \(p.4\); see p. 1 "Literature Review" of An Introduction to APA Style](#)

The *DSM-5* controversies indicate that successful incremental updates of *DSM-5* will require a consideration of more than just empirical research. As a human endeavour, it will require the consideration of the many process variables that affect the revision process. Psychologists with expertise in areas reviewed above are exceptionally qualified to analyze the *DSM-5* controversies and recommend solutions to the problems that have arisen and are likely to arise again unless they are recognized, acknowledged, and solved. We have suggested that psychologists should study the *DSM-5* controversies not only because they have the ability to do so but also because psychologists have an ethical duty to use their skills in a manner that will

benefit society. The voices of a small number of psychologists could go unheard. However, Frances (2010a, para. 21), who is uniquely positioned to know because of his experience with *DSM-IV*, has argued that the APA will be “exquisitely sensitive” to the opinions of professional research-oriented organizations within psychiatry, psychology, and the neurosciences.

Consequently, if psychologists’ recommendations come from credible organizations such as the American and Canadian Psychological Associations and the British Psychological Society, perhaps via their respective divisions and sections, it is likely that they will be heard.

Literature Review

[Level 1 heading \(p.4\); see pp. 21-29](#)
of An Introduction to APA Style

References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision).
- American Psychiatric Association. (2010a, March 9). APA modifies DSM naming convention to reflect publication changes.
- American Psychiatric Association. (2010b, February 15). *DSM-5 development*.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- American Psychological Association. (2002). *Ethical principles of psychologists and code of conduct*. <http://www.apa.org/ethics/code/principles.pdf>
- Axelton, D. (2010, December 1). Adding the diagnosis of temper dysregulation disorder to DSM-5: Do we really need it? *Psychiatric Times*, 27(11). <https://www.psychiatristimes.com/view/adding-diagnosis-temper-dysregulation-disorder-dsm-5>
- Batstra, L., & Frances, A. (2012). Diagnostic inflation: Causes and a suggested cure. *The Journal of Nervous and Mental Disease*, 200(6), 474-479. <https://doi.org/10.1097/NMD.0b013e318257c4a2>
- Blashfield, R. K., & Reynolds, S. M. (2012). An invisible college view of the DSM-5 personality disorder classification. *Journal of Personality Disorders*, 26(6), 821-829. <https://doi.org/10.1521/pedi.2012.26.6.821>

- Bockting, W. (2009). Are gender identity disorders mental disorder? Recommendations for revision of the World Professional Association for Transgender Health's *Standards of Care*. *International Journal of Transgenderism*, 11(1), 53-62. <https://doi.org/10.1080/15532730902799987>
- Canadian Psychological Association. (2000). *Code of ethics for psychologists* (3rd ed.). <https://cpa.ca/cpsite/UserFiles/Documents/Canadian%20Code%20of%20Ethics%20for%20Psycho.pdf>
- Corcoran, C. M., First, M. B., & Cornblatt, B. (2010). The psychosis risk syndrome and its proposed inclusion in the DSM-V: A risk–benefit analysis. *Schizophrenia Research*, 120(1-3), 16-22. <https://doi.org/10.1016/j.schres.2010.03.018>
- Cosgrove, L., & Krinsky, S. (2012). A comparison of *DSM-IV* and *DSM-5* panel members' financial associations with industry: A pernicious problem persists. *PLoS Medicine*, 9(3), Article e1001190. <https://doi.org/10.1371/journal.pmed.1001190>
- First, M. B. (2008). Clarifying the relationship between vice and mental disorder: Vice as manifestation of a psychological dysfunction. *Philosophy, Psychiatry & Psychology*, 15(1), 35-38. <https://doi.org/10.1353/ppp.0.0166>
- First, M. B. (2010a). Clinical utility in the revision of the diagnostic and statistical manual of mental disorders (DSM). *Professional Psychology: Research and Practice*, 41(6), 465-473. <https://doi.org/10.1037/a0021511>
- First, M. B. (2010b). Paradigm shifts and the development of the diagnostic and statistical manual of mental disorders: Past experiences and future aspirations. *The Canadian Journal of Psychiatry*, 55(11), 692-700. <https://doi.org/10.1177/070674371005501102>

- First, M. B. (2010c). The PTSD stressor criterion as a barrier to malingering: DSM-5 draft commentaries. *Psychological Injury and Law*, 3(4), 255-259. <https://doi.org/10.1007/s12207-010-9096-6>
- First, M. B., Pies, R. W., & Zisook, S. (2011, April 8). Depression or bereavement? Defining the distinction. *Medscape Psychiatry*. http://www.medscape.com/viewarticle/740333_print
- First, M. B., & Wakefield, J. C. (2010). Defining 'mental disorder' in DSM-V. *Psychological Medicine*, 40(11), 1779-1782. <https://doi.org/10.1017/S0033291709992339>
- Frances, A. (2009a, June 26). A warning sign on the road to *DSM-V*: Beware of its unintended consequences. *Psychiatric Times*, 26(8). <https://www.psychiatristimes.com/view/warning-sign-road-dsm-v-beware-its-unintended-consequences>
- Frances, A. (2009b). Whither DSM-V? *The British Journal of Psychiatry*, 195(5), 391-392. <https://doi.org/10.1192/bjp.bp.109.073932>
- Frances, A. (2010a, January 7). Alert to the research community: Be prepared to weigh in on DSM-V. *Psychiatric Times*, 27(1). <https://www.psychiatristimes.com/view/alert-research-communitybe-prepared-weigh-dsm-v>
- Frances, A. (2010b, February 11). Opening Pandora's box: The 19 worst suggestions for DSM5. *Psychiatric Times*, 27(2).
- Frances, A. (2010c, May 7). The missing risk/benefit analyses for DSM-5. *Psychiatric Times*. <https://www.psychiatristimes.com/view/missing-riskbenefit-analyses-dsm5>
- Frances, A. (2010d, May 7). Rating scales: DSM-5 bites off far more than it can chew. *Psychiatric Times*. <https://www.psychiatristimes.com/view/rating-scales-dsm5-bites-far-more-it-can-chew>

- Frances, A. (2010e). The forensic risks of DSM-V and how to avoid them [Editorial]. *Journal of the American Academy of Psychiatry and the Law*, 38(1), 11-14. <http://jaapl.org/content/38/1/11.full>
- Frances, A. (2011a, April 15). The constant DSM-5 missed deadlines and their consequences: The future is closing in. *Psychiatric Times*, 28(6). <https://www.psychiatrictimes.com/view/constant-dsm-5-missed-deadlines-and-their-consequences-future-closing>
- Frances, A. (2011b, May 12). DSM-5 rejects coercive paraphilia: Once again confirming that rape is not a mental disorder. *Psychiatric Times*. <https://www.psychiatrictimes.com/view/dsm-5-rejects-coercive-paraphilia-once-again-confirming-rape-not-mental-disorder>
- Frances, A. (2011c, June 27). Time to scrap the DSM-5 personality disorder proposal. *Psychiatric Times*. <https://www.psychiatrictimes.com/view/time-scrap-dsm-5-personality-disorder-proposal>
- Frances, A., & First, M. B. (2011). Hebephilia is not a mental disorder in DSM-IV-TR and should not become one in DSM-5. *Journal of the American Academy of Psychiatry and the Law*, 39(1), 78-85. <http://www.jaapl.org/cgi/reprint/39/1/78>
- Frances, A., & Widiger, T. (2012). Psychiatric diagnosis: Lessons from the DSM-IV past and cautions for the DSM-5 future. *Annual Review of Psychology*, 8, 109-130. <https://doi.org/10.1146/annurev-clinpsy-032511-143102>
- Franklin, K. (2010). Hebephilia: Quintessence of diagnostic pretextuality. *Behavioral Sciences and the Law*, 28(6), 751-768. <https://doi.org/10.1002/bsl.934>
- Friedman, M. J., Resick, P. A., Bryant, R. A., & Brewin, C. R. (2011). Considering PTSD for DSM-5. *Depression and Anxiety*, 28(9), 750-769. <https://doi.org/10.1002/da.20767>

- Good, P., & Burstein, J. (2012). Hebephilia and the construction of a fictitious diagnosis. *The Journal of Nervous and Mental Disease*, 200(6), 492-494. <https://doi.org/10.1097/NMD.0b013e318257c4f1>
- Jones, K. D. (2012a). A critique of the DSM-5 field trials. *The Journal of Nervous and Mental Disease*, 200(6), 517-519. <https://doi.org/10.1097/NMD.0b013e318257c699>
- Jones, K. D. (2012b). Dimensional and cross-cutting assessment in the DSM-5. *Journal of Counseling & Development*, 90(4), 481-487. <https://doi.org/10.1002/j.1556-6676.2012.00059.x>
- Kafka, M. P. (2010). Hypersexual disorder: A proposed diagnosis for DSM-V. *Archives of Sexual Behavior*, 39(3), 377-400. <https://doi.org/10.1007/s10508-009-9574-7>
- Kaliski, S. (2012). Will forensic psychiatry survive DSM-5? *African Journal of Psychiatry*, 15(1), 13-15. <https://doi.org/10.4314/ajpsy.v15i1.2>
- Kaminer, Y., & Winters, K. (2012). Proposed DSM-5 substance use disorders for adolescents: If you build it, will they come? *The American Journal on Addictions*, 21(3), 280-281. <https://doi.org/10.1111/j.1521-0391.2012.00217.x>
- Katz, D., Caplan, A., & Merz, J. (2010). All gifts large and small: Toward an understanding of the ethics of pharmaceutical industry gift-giving. *The American Journal of Bioethics*, 10(10), 11-17. <https://doi.org/10.1080/15265161.2010.519226>
- Kendler, K. S., & First, M. B. (2010). Alternative futures for the DSM revision process: Iteration v. paradigm shift. *The British Journal of Psychiatry*, 197(4), 263-265. <https://doi.org/10.1192/bjp.bp.109.076794>

Knight, R. A. (2010). Is a diagnostic category for paraphilic coercive disorder defensible?

Archives of Sexual Behavior, 39(2), 419-426. <https://doi.org/10.1007/s10508-009-9571-x>

Koffel, E., Polusny, M., Arbisi, P., & Erbes, C. (2012). A preliminary investigation of the new

and revised symptoms of posttraumatic stress disorder in DSM-5. *Depression and*

Anxiety, 29(8), 731-738. <https://doi.org/10.1002/da.21965>

Kraemer, H. C., Kupfer, D. J., Clarke, D. E., Narrow, W. E., & Regier, D. A. (2012). DSM-5:

How reliable is reliable enough? *American Journal of Psychiatry*, 169(1), 13-15. [https://](https://doi.org/10.1176/appi.ajp.2011.11010050)

doi.org/10.1176/appi.ajp.2011.11010050

Kramer, R. (2011). APA guidelines ignored in development of diagnostic criteria for

pedohebephilia [Letter to the Editor]. *Archives of Sexual Behaviour*, 40(2), 233-235.

<https://doi.org/10.1007/s10508-010-9683-3>

Krueger, R. B., & Kaplan, M. S. (2012). Paraphilic diagnoses in DSM-5. *Israel Journal of*

Psychiatry and Related Sciences, 49(4), 248-254.

Kupfer, D. J., & Regier, D. A. (2009, January 1). Toward credible conflict of interest policies in

clinical psychiatry [Counterpoint]. *Psychiatric Times*, 26(1), 2. [https://](https://www.psychiatristimes.com/view/toward-credible-conflict-interest-policies-clinical-psychiatry)

[www.psychiatristimes.com/view/toward-credible-conflict-interest-policies-clinical-](https://www.psychiatristimes.com/view/toward-credible-conflict-interest-policies-clinical-psychiatry)

[psychiatry](https://www.psychiatristimes.com/view/toward-credible-conflict-interest-policies-clinical-psychiatry)

Kupfer, D. J., & Regier, D. A. (2011). Neuroscience, clinical evidence, and the future of

psychiatric classification in DSM-5. *The American Journal of Psychiatry*, 168(7), 672-674.

<https://doi.org/10.1176/appi.ajp.2011.11020219>

- Kupfer, D. J., Regier, D. A., & Kuhl, E. (2008). On the road to DSM-V and ICD-11. *European Archives of Psychiatry and Clinical Neuroscience*, 258 (Suppl. 5), 2-6. <https://doi.org/10.1007/s00406-008-5002-6>
- Lilienfeld, S. O., Watts, B. S., & Smith, S. F. (2012). The DSM revision as a social psychological process: A commentary on Blashfield and Reynolds. *Journal of Personality Disorders*, 26(6), 830-834. <https://doi.org/10.1521/pedi.2012.26.6.830>
- Livesley, W. J. (2010). Confusion and incoherence in the classification of personality disorder: Commentary on the preliminary proposals for DSM-5. *Psychological Injury and Law*, 3(4), 304-313. <https://doi.org/10.1007/s12207-010-9094-8>
- Livesley, W. J. (2012). Disorder in the proposed DSM-5 classification of personality disorders. *Clinical Psychology and Psychotherapy*, 19(5), 364-368. <https://doi.org/10.1002/cpp.1808>
- McLaren, N. (2010). The DSM-V project: Bad science produces bad psychiatry. *Ethical Human Psychology and Psychiatry*, 12(3), 189-199. <https://doi.org/10.1891/1559-4343.12.3.189>
- McNally, R. J. (2009). Can we fix PTSD in DSM-V? *Depression and Anxiety*, 26(7), 597-600. <https://doi.org/10.1002/da.20586>
- Meyer-Bahlburg, H. F. L. (2010). From mental disorder to iatrogenic hypogonadism: Dilemmas in conceptualizing gender identity variants as psychiatric conditions. *Archives of Sexual Behavior*, 39(2), 461-476. <https://doi.org/10.1007/s10508-009-9532-4>
- Mihordin, R. (2012). Behavioral addiction - quo vadis? *The Journal of Nervous and Mental Disease*, 200(6), 489-491. <https://doi.org/10.1097/NMD.0b013e318257c503>

- Obiols, J. (2012). DSM-5: Precedents, present and prospects. *International Journal of Clinical and Health Psychology*, 12(2), 281-290.
- Phillips, J. (2010a). From the editor. [Editorial]. *Association for the Advancement of Philosophy & Psychiatry Bulletin*, 17(2), 1. <https://aapp.press.jhu.edu/publications/aapp>
- Phillips, J. (2010b). The muddle that is DSM-V. *Association for the Advancement of Philosophy & Psychiatry Bulletin*, 17(1), 10-12. <https://aapp.press.jhu.edu/publications/aapp>
- Pilecki, B., Clegg, J., & McKay, D. (2011). The influence of corporate and political interests on models of illness in the evolution of the DSM. *European Psychiatry*, 26(3), 194-200. <https://doi.org/10.1016/j.eurpsy.2011.01.005>
- Raven, M., & Parry, P. (2012). Psychotropic marketing practices and problems: Implications for DSM-5. *The Journal of Nervous and Mental Disease*, 200(6), 512-516. <https://doi.org/10.1097/NMD.0b013e318257c6c7>
- Regier, D. A., Narrow, W. E., Kuhl, E. A., & Kupfer, D. J. (2009). The conceptual development of DSM-V. *The American Journal of Psychiatry*, 166(6), 645-650. <https://doi.org/10.1176/appi.ajp.2009.09020279>
- Schatzberg, A. Scully, J., Kupfer, D., & Regier, D. (2009, July 1). Setting the record straight: A response to Frances commentary on DSM-V. *Psychiatric Times*, 26(8). <https://www.psychiatrictimes.com/view/great-dsm-debate>
- Sharfstein, S. S. (2005, August 5). Big pharma and American psychiatry: The good, the bad and the ugly. *Psychiatric News*, 40(16). <https://doi.org/10.1176/pn.40.16.00400003>
- Skodol, A. E. (2012). Personality disorders in DSM-5. *Annual Review of Clinical Psychology*, 8, 317-344. <https://doi.org/10.1146/annurev-clinpsy-032511-143131>

- Spitzer, R. L. (2008, July 18). DSM-V: Open and transparent? [Letter to the Editor]. *Psychiatric News*, 43(14). <https://doi.org/10.1176/pn.43.14.0026>
- Spitzer, R. L., Williams, J. B. W., & Endicott, J. (2012). Standards for DSM-5 reliability. [Letter to the Editor]. *The American Journal of Psychiatry*, 169(5), 537. <https://doi.org/10.1176/appi.ajp.2012.12010083>
- Stein, D., Phillips, K., Bolton, D., Fulford, K., Sadler, J., & Kendler, K. (2010). What is a mental/psychiatric disorder? From DSM-IV to DSM-V. *Psychological Medicine*, 40(11), 1759-1765. <https://doi.org/10.1017/S0033291709992261>
- Szatmari, P. (2011). New recommendations on autism spectrum disorder. [Editorial]. *British Medical Journal*, 342, 1-2. <https://doi.org/10.1136/bmj.d2456>
- The British Psychological Society. (2011). Response to the American Psychiatric Association: DSM-5 development. <https://thepsychologist.bps.org.uk/volume-24/edition-8/news#>
- Thornton, D. (2010). Evidence regarding the need for a diagnostic category for a coercive paraphilia. *Archives of Sexual Behavior*, 39(2), 411-418. <https://doi.org/10.1007/s10508-009-9583-6>
- Tyrer, P. (2012). Diagnostic and statistical manual of mental disorders: A classification of personality disorders that has had its day. *Clinical Psychology and Psychotherapy*, 19(5), 372-374. <https://doi.org/10.1002/cpp.1810>
- Tyrer, P., Crawford, M., & Mulder, R. (2011). Reclassifying personality disorders. *The Lancet*, 377(9780), 1814-1815. [https://doi.org/10.1016/S0140-6736\(10\)61926-5](https://doi.org/10.1016/S0140-6736(10)61926-5)
- VandenBos, G. R. (2007). *APA dictionary of psychology*. American Psychological Association.

- Vanheule, S. (2012). Diagnosis in the field of psychotherapy: A plea for an alternative to the DSM-5.x. *Psychology and Psychotherapy: Theory, Research and Practice*, 85(2), 128-142. <https://doi.org/10.1111/j.2044-8341.2012.02069.x>
- Wakefield, J. C. (2012). The DSM-5's proposed new categories of sexual disorder: The problem of false positives in psychiatric diagnosis. *Clinical Social Work Journal*, 40(2), 213-223. <https://doi.org/10.1007/s10615-011-0353-2>
- Wakefield, J. C., & First, M. B. (2012). Validity of the bereavement exclusion to major depression: Does the empirical evidence support the proposal to eliminate the exclusion in DSM-5? *World Psychiatry*, 11(1), 3-10. <https://doi.org/10.1016/j.wpsyc.2012.01.002>
- Westin, D., Bradley, B., & Hilsenroth, M. (2010). Prototype personality diagnosis in clinical practice: A viable alternative for DSM-5 and ICD-11. *Professional Psychology: Research and Practice*, 41(6), 482-487. <https://doi.org/10.1037/a0021555>
- Widiger, T. A. (2011). A shaky future for personality disorders. *Personality Disorders: Theory, Research, and Treatment*, 2(1), 54-67. <https://doi.org/10.1037/a0021855>
- Wodrich, D., Pfeiffer, S., & Landau, S. (2008). Contemplating the new DSM-V: Considerations from psychologists who work with school children. *Professional Psychology: Research and Practice*, 39(6), 626-632. <https://doi.org/10.1037/0735-7028.39.6.626>
- Worley, J. A., & Matson, J. L. (2012). Comparing symptoms of autism spectrum disorders using the current DSM-IV-TR diagnostic criteria and the proposed DSM-V diagnostic criteria. *Research in Autism Spectrum Disorders*, 6(2), 965-970. <https://doi.org/10.1016/j.rasd.2011.12.012>

Zoellner, L. A., Rothbaum, B. O., & Feeny, N. C. (2011). PTSD not an anxiety disorder? DSM committee proposal turns back the hands of time. [Editorial]. *Depression and Anxiety*, 28(10), 853-856. <https://doi.org/10.1002/da.20899>

Literature Review