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# Publishing in Peer Review Journals

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Robert Joseph Taylor  
University of Michigan

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# Overview

- Psychology of Writing
  - First Steps
  - Sections of Research Paper
  - Submitting Paper
  - Revise and Resubmit
  - Rejection
  - First Papers
  - Journal Selection
  - Citations
  - Successful New Professors
  - Summary and Conclusion
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# Psychology of Writing

- The more you write the easier it gets.



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# Psychology of Writing

- The less you write the harder it gets.



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# Psychology of Writing

- **Binge Writing is rarely successful.**
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## Psychology of Writing

- **Consequently, people who write less can easily lose self-esteem over writing and have a more difficult time writing.**
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# First Steps

- Outline the draft of the paper (abstract, introduction, methods, results, discussion)
  - Fill out the outline, disregarding grammar and punctuation -- get it on paper.
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# First Steps

- Work on the easiest sections first
  - Mold and shape each section  
Write and re-write
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# My First Steps

- I do analysis first.
  - Analysis is based on theory.
  - I make sure that I have findings worth discussing.
  - I write the Methods and Results Sections first.
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# Sections of Research Paper

- Title Page
  - Abstract
  - Introduction
  - Methods
  - Results
  - Discussion
  - Tables
  - Figures
  - References
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# Title Page

- 1. Title (Concise)
  - 2. Authors and Affiliation
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# Title Page

- 2. Authors and Affiliation
  - (do not change your name, and be consistent in the use of your name).
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# Title Page

- 3. Corresponding Author with contact information
  - 4. Funding Source
  
  - (some journals want these two pieces in an Acknowledgment section)
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# Abstract

- Length: 150-250 words
  - Gerontology/Medical Style: Objective, Methods, Results, Discussion
  - Include Sample Size
  - Should provide your take home message (what you want readers to know)
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# Abstract

## **DURKHEIM, SUICIDE, AND RELIGION: TOWARD A NETWORK THEORY OF SUICIDE**

American Sociological Review, 1989, Vol. 54 (February:33-48)

- This paper redirects debates over the religion-suicide link away from specific empirical quarrels to a consideration of Durkheim's general proposition regarding religion's protective power. We argue that his proposition must be tailored to social and historical contexts and that research must specify the underlying social mechanism at work. A consideration of historical trends leads to a more detailed specification of religions in analyses of contemporary cases, and more importantly, to an inductive elaboration of Durkheim's theoretical underpinnings. Analysis of religion's effects on United States county group suicide rates in 1970 reveals that religion continues to affect suicide rates, with Catholicism and Evangelical Protestantism tending to lower rates, and Institutional Protestantism tending to increase them. The presence of Jewish adherents produces a small but inconsistent protective effect. We attempt to account for these results first by examining a variety of standard religious typologies and second by examining evidence on whether religious affiliation reflects the operation of network ties. Finding this evidence suggestive, we move toward a network reinterpretation to clarify and elaborate Durkheim's theory.
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# Abstract

## Spirituality, religion and suicidal behavior in a nationally representative sample

Journal of Affective Disorders 114 (2009) 32–40

- *Background:* Studies show that religion and spirituality are associated with decreased rates of mental illness. Some studies show decreased rates of suicide in religious populations, but the association between religion, spirituality and suicidal behaviors in people with mental illness are understudied. Few studies have examined the influence of social supports in these relationships.
  - *Methods:* Data were drawn from the Canadian Community Health Survey 1.2. Logistic regression was used to examine the relationship between spiritual values and religious worship attendance with twelve-month suicidal ideation and attempts. Regressions were adjusted for sociodemographic factors and social supports. Interaction variables were then tested to examine possible effect modification by presence of a mental disorder.
  - *Results:* Identifying oneself as spiritual was associated with decreased odds of suicide attempt (adjusted odds ratio-1 [AOR-1]=0.65, CI: 0.44–0.96) but was not significant after adjusting for social supports. Religious attendance was associated with decreased odds of suicidal ideation (AOR-1=0.64, 95% CI: 0.53–0.77) but not after adjusting for social supports. Religious attendance was associated with decreased odds of suicide attempt and remained significant after adjusting for social supports (AOR-2=0.38, 95% CI: 0.17–0.89). No significant interaction effects were observed between any of the tested mental disorders and religion, spirituality and suicidal behavior.
  - *Limitations:* This was a cross-sectional survey and causality of relationships cannot be inferred.
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# Abstract

African-American Women and Suicide: A Review and Critique of the Literature  
Sociology Compass 5/5 (2011): 336–350

- This paper reviews the literature on African-American women's suicide rates. This topic is often neglected due to African-American women's low rates of suicide occurrence. This review seeks to answer the call for increased scientific inquiry on matters related to African-American women and suicide. The author begins by identifying complex dynamics surrounding African-American women's unique social position in order to establish a better understanding of how socio-cultural influences are addressed in the literature in relation to the suicide paradox. Both theoretical and empirical studies are thoroughly assessed in order to identify the risk and protective factors exclusive to African-American women. The literature concludes that a history of mental disorders, particularly depression, a history of physical and emotional abuse, and a history of alcohol and substance abuse have all proven significant in increasing the risk of suicidal behavior among African-American women. Untreated depression continues to be the leading cause of suicide among African-American women. Contrarily, the literature identifies religious/spiritual beliefs, strong social ties, low rates of suicide acceptability, and unique coping strategies developed as a result of longstanding oppressive conditions as primary reasons for African-American women's exceptionally low suicide rates.
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# Abstract

Prevalence of lifetime DSM-IV affective disorders among older African Americans, Black Caribbeans, Latinos, Asians and Non-Hispanic White people  
**Int J Geriatr Psychiatry (2011)**

- **Objectives:** The purpose of this study is to estimate lifetime prevalence of seven psychiatric affective disorders for older non-Hispanic White people, African Americans, Caribbean Black people, Latinos, and Asian Americans.
  - **Design:** Data are taken from the older sub-sample of the Collaborative Psychiatric Epidemiology Surveys. Selected measures of lifetime DSM-IV psychiatric disorders were examined (i.e., panic disorder, agoraphobia, social phobia, generalized anxiety disorder, post-traumatic stress disorder, major depressive disorder, and dysthymia).
  - **Setting:** Community epidemiologic survey.
  - **Participants:** Nationally representative sample of adults 55 years and older (n = 3046).
  - **Measurements:** Disorders were assessed using the DSM-IV World Mental Health Composite International Diagnostic Interview.
  - **Results:** Major depressive disorder and social phobia were the two most prevalent disorders among the seven psychiatric conditions. Overall, non-Hispanic White people and Latinos consistently had higher prevalence rates of disorders, African Americans had lower prevalence of major depression and dysthymia.
  - **Conclusions:** This study furthers our understanding of the racial and ethnic differences in the prevalence of DSM-IV disorders among older adults and the correlates of those disorders.
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# Introduction

- Longer the Introduction, the more theory
  - Establish importance of study, important previous research
  - How does your study add to the literature
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# Introduction

- 5-8 pages in most Psychology and Interdisciplinary journals
  - Could be longer in Sociology, Political Science
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  - 1-3 pages in major medical journals
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# Introduction

- Social Science articles in medical and public journals tend to have less writing but more tables and more info in tables.



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# Introduction – # of Total Words

- **American Sociological Review** (15,000 words in length including text, references, and footnotes)
  - **Social Forces (Sociology Journal)** (9,000)
  - **American Historical Review** (ideally 8,000 words)
  - **American Political Science Review** (no more than 50 pages)
  - **Child Development** (up to 40 pages including references)
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# Introduction – # of Total Words

- **Journal of Consulting and Clinical Psychology**  
(35 pages)
  - **Child Development** (up to 40 pages including references)
  - **Journal of Marriage and Family** (30 -35 pages)
  - **Journal of Gerontology: Social Sciences**, (5,000)
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# Introduction – # of Total Words

- American Journal of Public Health, 3,500
  - American Journal of Psychiatry, 3,500
  - American Journal of Epidemiology, (3,500, 4000 for Review Articles)
  - Journal of Immigrant and Minority Health (3,000)
  - Journal of the American Medical Association (3,000)
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# Methods

- Sample: When collected, response rate, how collected
  - Measures: Instruments, survey items (details on instruments depends on type of journal)
  - Statistical Methods and Software
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# Methods

- It is Ok if this section is written similarly in your articles.
  - Especially, the description of the sample.
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# Methods

- Describe Sample, age, race, SES, gender

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# Results

- Refer to Tables and describe significant findings
  - Psychology and Medical Style -- Include Statistics for major findings, even if in Tables
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# Discussion

- 4-5 pages
  - Don't simply restate the results
  - Discuss how study is unique and major findings
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# Discussion

- Integrate findings with previous research
- Explain and hypothesize what your findings mean



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# Discussion

- Limitations of Study
  - Conclusion, Practice/clinical Implications
  - Directions for Future Research (only a little effort on this)
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# References

- Always cite peer-reviewed journal articles
  - Style varies by journal, ensure correct format
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# Submitting Paper

- Prepare short letter to the editor (name of paper, not submitted elsewhere)



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# Submitting Paper – Cover letter

- The manuscript “Church Based Social Support and DSM-IV Mood and Anxiety Disorders among Older African Americans” is respectfully submitted to the American Journal of Geriatric Psychiatry. This manuscript has not been published elsewhere and is not under submission elsewhere. There is no conflict of interest with any of the authors with this manuscript. The corresponding author (and first author) is Robert Joseph Taylor.
  - 
  - Robert Joseph Taylor,
  - School of Social Work and Institute for Social Research
  - University of Michigan
  - 
  - Address:
  - 1080 South University Avenue,
  - Ann Arbor, MI, 48109.
  - Phone: (734) 763-0411; FAX:(734) 763-3372.
  - E-mail: [rjtaylor@umich.edu](mailto:rjtaylor@umich.edu)
  - 
  - 
  - Please feel free to contact me should you have additional questions ([rjtaylor@umich.edu](mailto:rjtaylor@umich.edu)).
  - 
  - Sincerely,
  - 
  - Robert Joseph Taylor, M.S.W., Ph.D.
  - Sheila Feld Collegiate Professor of Social Work
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# Submitting Paper – Cover letter

- This manuscript examines the influence of religious participation on 12 month and lifetime DSM IV major depressive disorder among African Americans. Although research has found that religious participation is both an important protective and coping factor, there has been surprisingly little research on religion and depression among African Americans. This is mostly due to the fact that most data sets that have DSM IV or III depressive disorder tend not to have many religion variables and also have too few African Americans in the sample. Similarly, data sets that study religion tend not to measure psychiatric disorders.
  - Our paper is the first to examine religion and DSM depression among African Americans. Our paper has the advantages of having a national sample as well as several measures of religious participation.
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# Submitting Paper

- First submission should be polished, (first impressions are critical)



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# Submitting Paper

- Almost all submissions are web based.
  - Have the names and e-mail addresses of co-authors ready.
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# Submitting Paper

- Have the names and e-mail addresses of reviewers ready.
  - Some journals allow you to name people that you do not want to be reviewers.
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# Submitting Paper

- Naming files
- Abstract, Table 1 demo, Table 2 bivariate, Table 3 logistic regression



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# Revising and Resubmitting

- Read editor's letter and get his/her feelings about manuscript
  - Read reviewers comments carefully and underline or highlight each concern
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# Revising and Resubmitting

- Letter to the Editor
  - Thank for excellent reviews
  - Indicate that paper is revised along lines suggested by reviewers and paper is stronger



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# Revising and Resubmitting

- Letter to the Editor

- Describe how you did what the reviewers suggested
  - Always do what the reviewers ask
  - Never be defensive or argumentative even when the reviewers are incorrect
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# Revising and Resubmitting

- Need to respond to at least 75%-85% of concerns
  - Need to respond strongly to concerns that you can clearly address
  - Don't respond to the 10-20% of the concerns that you cannot address
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# Revising and Resubmitting

- Reanalyze data if that is requested (but try to avoid)



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# Revising and Resubmitting

- Response Letter should be a “stand alone” letter.



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# Rejection and Resubmitting to a Different Journal

- Reviewers are very idiosyncratic (next journal may give totally different reviews)
  - Reviews from less prestigious journals may not be consistent with the quality of the journal
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# Rejection and Resubmitting to a Different Journal

- Make Corrections that are easy to make
  - Make Corrections if there are things that are clearly wrong
  - Make Corrections to fatal flaws if possible (may not be able to change sample)
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# Summary

- No matter how much effort that you put into a research study, it will be for naught unless your results are published.





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# Summary

- It is critical to publish your results because you made a promise to your respondents/subjects.
  - You promised them that their time/responses/blood/DNA are important
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# Conclusion

- Getting papers published is a skill than can be learned.

