

Social Comparison Activity Under Threat: Downward Evaluation and Upward Contacts

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Social comparison processes include the desire to affiliate with others, the desire for information about others, and explicit self-evaluation against others. Previously these types of comparison activity and their corresponding measures have been treated as interchangeable. We present evidence that in certain groups under threat, these comparison activities diverge, with explicit self-evaluation made against a less fortunate target (downward evaluation), but information and affiliation sought out from more fortunate others (upward contacts). These effects occur because downward evaluation and upward contacts appear to serve different needs, the former ameliorating self-esteem and the latter enabling a person to improve his or her situation and simultaneously increase motivation and hope. Implications for the concept, measurement, and theory of social comparison are discussed.

For almost 30 years, social comparison theory has held the dubious distinction of being social psychology's "second favorite theory" (Arrowood, 1978). Nonetheless, as a consequence, it has spawned several hundred empirical investigations (see Suls, 1977, for a review). In recent years, the influence of the theory has extended into clinical and personality psychology, as the importance of social comparisons in coping processes has been identified (Wills, 1981). In part as a result of these extensions to coping, it has become increasingly apparent that social comparisons are not purely social, but can also be cognitively manufactured to meet particular motives or goals (S. E. Taylor, Wood, & Lichtman, 1983). As a result, researchers have become interested in the cognitive underpinnings of social comparisons.

With this expanding influence has come the need for theoretical, conceptual, and empirical refinements to the original theory, one of which constitutes the concern of the present article. Festinger's (1954) original conceptualization of comparison activity was relatively broad and included the processes of gathering information from and about other people for the purpose of implicit or explicit self-evaluation. As a consequence, operational definitions adopted by social comparison researchers have been varied and have included choice of others with whom to affiliate, requests for information about others, and more explicit self-evaluations of one's attributes, emotions, opinions, and outcomes in comparison with those of a target. The present analysis suggests that there is now reason to distinguish among

these different types of comparison activity because they show divergent empirical patterns under the same psychological conditions and therefore may be differentially responsive to different psychological needs. In particular, we will show that in certain groups under threat, there is a strong preference to evaluate the self against less fortunate others (*downward* evaluations) but a desire for information about and contact with more fortunate others (a pattern we will label *upward* contacts). We will show that these patterns exist simultaneously in the same subjects under the same psychological circumstances and that, as such, they suggest a need for a more precise understanding of different types of comparison activities.

Overview of the Theory

Festinger's (1954) theory of social comparison maintains that people need to have stable, accurate appraisals of themselves. The theory posits that people prefer to evaluate themselves using objective and nonsocial standards, but if such objective information is unavailable, then individuals will compare themselves using other people. Originally the theory stipulated that the preferred source for social comparison is a person who is similar to the self-evaluator on the ability or opinion in question. Comparison with a similar other is maximally informative, according to Festinger, because it provides the person with a more precise, stable evaluation than would a comparison with someone who is very different. Subsequent additions to and modifications of the theory (Goethals & Darley, 1977) have suggested that under some circumstances, people prefer comparison others who are similar on attributes related to the dimension under evaluation. Thus, for example, a junior tennis player might select someone similar in age, experience, and training in order to have a basis for evaluating his or her skill at playing tennis.

Festinger (1954) also hypothesized that there is a unidirectional drive upward, generally interpreted to mean that people strive to be more capable than their current level of performance and more capable than the persons with whom they

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compare themselves. Some investigators (e.g., Wheeler, 1966) have interpreted the unidirectional drive upward as meaning that people prefer to compare themselves to others whose performance or abilities are slightly better. These social comparisons have been referred to as upward comparisons. Others (see Suls, 1977) have suggested that the drive to improve performance relative to others or to appear more capable involves an ego-enhancing motive that may be better served by making downward comparisons to less fortunate others, enabling the evaluator to deduce that he or she is better off than a worse-off other. Confusion regarding what Festinger meant by the unidirectional drive upward has led to confusion in generated predictions.

A central feature of Festinger's (1954) original proposal concerned the implications that social comparison processes have for interpersonal interaction. That is, the theory was elaborated primarily as a social one, such that the need for self-evaluation under conditions of information ambiguity leads people to affiliate with others in order to better evaluate their opinions and abilities. This theme was given prominence in Stanley Schachter's (1959) book, *The Psychology of Affiliation*. The book presented the results of studies demonstrating that anxiety leads to affiliation with similar others. Schachter maintained that the relationship between anxiety and affiliation derives, at least in part, from the need to socially compare one's emotional state in order to determine its appropriateness.

As a result of these joint origins in cognitive and social processes, several different operational definitions of social comparison activity were adopted in the literature. A large literature on the evaluation of emotional states and abilities adopted the fear-affiliation model and used the desire to affiliate as a dependent measure indicating the desire to socially compare (see Cottrell & Epley, 1977; Rofe, 1984; Suls, 1977, for reviews). Apart from the fear-affiliation studies, other investigators have used preference for affiliation as an indicator of social comparison (Frey & Ruble, 1985; Nosanchuk & Erickson, 1985). Social comparison activity has also been operationally defined as a desire to see relevant individual difference information about selected target others and as a desire for information about others (e.g., Rofe, 1984; Suls, 1977; Wheeler & Koestner, 1984; Wheeler, Koestner, & Driver, 1982). Some research has also explicitly asked subjects to compare their own abilities and outcomes with those of others (e.g., Campbell, 1986; Crocker, Thompson, McGraw, & Ingerman, 1987; Marks, 1984; Tabachnik, Crocker, & Alloy, 1983).

Whether these different measures of social comparison activity can all be considered to be measuring the same process is difficult to evaluate. For the most part, researchers who have used one measure of comparison activity have not included other operational definitions. There is, however, an area within the social comparison literature that has examined desire for information, preference for affiliation, and explicit evaluations of self against target in the same samples evaluating the same outcomes. This is a modest but consistent literature on social comparisons among cancer patients. Of interest is the fact that this literature involves people in field settings experiencing real threat and evaluating the self on dimensions that are important and central to the self-concept. In the next sections, we will review the literature on cancer patients' explicit self-evaluations

and desire for contacts with other cancer patients in order to address the question of the functional interdependence of different operational definitions in the social comparison paradigm.

Explicit Self-Evaluations of Cancer Patients

In recent years, there has been substantial research interest in social comparisons under threat, and cancer has been one of the threatening events examined in this context. Before reviewing that literature, it is useful to provide the historical context for examining this research. With the development of Schachter's (1959) fear-affiliation paradigm and the growing literature on social comparison under threat came an important development in social comparison theory, namely the emphasis on motives other than self-evaluation. Several researchers, most notably Hakmiller (1966) and Thornton and Arrowood (1966), suggested that social comparisons can be made for the purpose of self-enhancement as well as for self-evaluation. In a now-classic experiment, Hakmiller (1966) provided subjects who had taken a personality test with threatening feedback, suggesting that they harbored a high level of hostility toward their parents. Subjects who were threatened responded by comparing themselves with someone who had received feedback that they were even more hostile, whereas subjects exposed to little threat compared themselves with someone receiving feedback that they held less hostility. These findings were interpreted to mean that, under conditions of threat, self-enhancement may lead people to make downward comparisons with somebody worse off than themselves.

Since that hypothesis was initially ventured, a large amount of literature has confirmed the finding that, under conditions of threat, individuals typically make downward social comparisons (see Wills, 1981, for a review). For example, laboratory studies have replicated Hakmiller's (1966) initial finding with a variety of threats (e.g., Amabile & Glazebrook, 1982; Pyszczynski, Greenberg, & LaPrelle, 1985; Sherman, Presson, & Chassin, 1984). A conceptually similar body of literature examining negative evaluations of outgroups by threatened persons shows that prejudice is strongest among individuals whose self-esteem is low or whose social status is low (Brewer & Campbell, 1976; Ehrlich, 1973; Stephan & Rosenfield, 1978; D. G. Taylor, Sheatsley, & Greeley, 1978; see also Goethals & Darley, 1986; Holmes, 1978; Wills, 1981). Research on the social comparisons of people under threat reveals a preponderance of downward comparisons (Affleck, Tennen, Pfeiffer, Fifield, & Rowe, 1987; Gibbons, 1985; Schulz & Decker, 1985).

Research on cancer patients consistently shows that cancer patients also evaluate their situation vis-à-vis less fortunate others. A study by Wood, Taylor, and Lichtman (1985) coded the spontaneous social comparisons of cancer patients made during 2-hour interviews across several attributes: physical situation (including state of health and treatments received), coping abilities, personal situation, and overall psychological adjustment. Statements were coded as comparative in nature only if the respondent explicitly evaluated herself against another individual. Overwhelmingly, respondents made downward comparisons to less fortunate others. Frequencies ranged between 60% and 90% of the total comparisons made by the sample within each cate-

gory. Looking at respondents overall, we found that of 73 respondents, 4 made no free-response comparisons, 1 made more upward than downward comparisons, 5 made an equal number of upward and downward comparisons, and 63 made more downward than upward comparisons. Thus, the preponderance of comparison activity was clearly in the downward direction.

Other studies have elicited self-evaluative activity more directly by asking cancer patients to evaluate their physical situation or coping abilities vis-à-vis others. In a survey study of 668 cancer patients (S. E. Taylor, Falke, Shoptaw, & Lichtman, 1986), respondents were asked to indicate how they felt they were doing in comparison with other cancer patients. The results showed that 93% felt they were coping better than other cancer patients, and 96% felt they were in better health than other cancer patients. In an interview study of 55 cancer patients, Collins, Dakof, and Taylor (1988) asked respondents to indicate whether they evaluated their physical situation, coping abilities, and individual resources against those of other cancer patients. In all three categories, patients showed a strong preponderance of downward comparisons.

To summarize, in studies of cancer patients in which explicit evaluations of one's own abilities or outcomes have either been coded from free responses or cued by questions, a pattern of downward evaluations has been found. As previously noted, these findings are consistent with a large body of literature suggesting that under conditions of threat, people make downward comparisons with less fortunate others (Wills 1981, 1983).

Preferences for Contacts Among Cancer Patients

In contrast to the downward comparisons observed in the explicit evaluations measures, cancer patients do not appear to seek contact with or information about less fortunate others. Indeed, quite the opposite appears to be the case. There is emerging evidence to suggest that cancer patients seek exposure to other patients who have either overcome their threatening circumstances or adjusted well to them and that they avoid exposing themselves to those who are doing poorly.

In a questionnaire study of 506 cancer patients, Molleman, Pruyn, and van Knippenberg (1986) asked respondents if they would like to interact with fellow patients who were much less, slightly less, similarly, slightly more, or much better off physically. Subjects strongly preferred to interact with a fellow patient who was similarly or slightly better off. Patients were also asked how they experienced their interactions with fellow patients. Interaction with fellow patients who were much worse off was experienced most negatively, followed by interactions with fellow patients who were slightly worse off. Interaction with fellow patients who were similarly or slightly better off was experienced less negatively still, and interaction with fellow patients who were much better off was experienced the most positively.

S. E. Taylor, Aspinwall, Dakof, and Reardon (1988) found evidence suggesting that cancer patients experience information about better-off others positively and worse-off others negatively. They interviewed 55 male and female cancer patients regarding their responses to stories about other cancer patients. The majority reported that most of the stories they were told by others involved cancer patients who were coping poorly, who

had physically deteriorated, or who had died. Almost uniformly, the patients found these stories to be unhelpful, often attributing selfish and morbid motives to the storyteller. In contrast, stories that were upbeat, involving long-term survival or successful coping, were experienced as significantly more helpful.

Similarly, in an examination of social support (S. E. Taylor & Dakof, 1988), cancer patients were asked to indicate the most helpful and least helpful actions that they experienced in their interactions with other cancer patients. Three of the most common helpful actions were (a) acting as a good role model, (b) coping well with the cancer, and (c) simply surviving with cancer, implying that cancer patients who were doing well were preferred as interpersonal contacts. The most unhelpful actions reported by cancer patients in their interactions with other cancer patients were (a) acting as a poor role model by coping poorly or (b) continuing to engage in actions that threatened health, implying that those doing poorly were not desired as interpersonal contacts.

In addition to evidence revealing cancer patients' preferences for contact with or information about more fortunate others, there is some evidence that cancer patients prefer not to interact directly with less fortunate others. Collins et al. (1988) asked cancer patients how they felt about waiting in the waiting room with other cancer patients to see their physician. More than 70% of the patients indicated that they found the waiting-room situation to be noxious, and one of the most common reasons given for this reaction was that the presence of others who were so obviously deteriorating physically upset them or made them depressed.

In attempting to understand the patterns of preferences for contact uncovered by these data, it is useful to borrow the upward-downward distinction applied to explicit self-evaluations. Upward contacts may be defined as a preference to interact with or to gain information about individuals who are slightly or much better off, and downward contacts may be defined as a preference to interact with or gain information about others who are worse off. Converging evidence suggests that among cancer patients, upward contacts are preferred over downward ones, whether those contacts involve direct affiliation or simply the opportunity to get information about others.

Because the preference for upward contacts seems to conflict with research on comparison processes under threat, it is useful to consider whether the pattern occurs for a distinctive group of patients who are either well-adjusted, have low informational uncertainty, or who do not meet the conditions under which social comparisons are likely to be invoked. Three points argue against these possibilities. First, there are no factors that distinguish the samples in studies that demonstrate downward evaluations from the samples used in studies that demonstrate preferences for upward contacts. The sample demographics are very similar. Second, and more important, is that downward evaluations exist simultaneously with preferences for upward contacts in at least one sample (i.e., Collins et al., 1988, and S. E. Taylor et al., 1988, used the same sample). Third, there is evidence to refute the idea that patients choosing upward contacts have had their informational uncertainty resolved. The study by Molleman et al. (1986) found that cancer patients preferred to affiliate with other cancer patients as uncertainty about aspects of

their illness and treatment was greater. Therefore, preconditions for demonstrating social comparison activity appear to have been met: Objective information was lacking, and consequent uncertainty was high (see Festinger, 1954; Gerard, 1963; Gerard & Rabbie, 1961; Singer & Shockley, 1965).

Another possible confounding explanation is that patients express a preference for contact with better-off others because they feel uncomfortable or ambivalent about making downward comparisons. The literature has suggested that downward comparisons create conflict for people because feeling better at another's expense is considered to be a socially inappropriate behavior (e.g., Brickman & Bulman, 1977; Wills, 1981). However, this interpretation seems an unlikely explanation for the observed pattern of data. The preference to affiliate with a worse-off other, if it existed, would seem to be quite socially appropriate, inasmuch as it could be interpreted as showing compassion for others' misfortunes. In contrast, the process of making downward evaluations to less fortunate others might be considered somewhat socially inappropriate. However, precisely the opposite data pattern exists, namely a readiness to make downward evaluations but a preference for upward contacts. Ambivalence over making downward comparisons does not appear to explain the pattern of upward contacts observed in these studies.

Reconciling Downward Evaluations and Upward Contacts

In this section, we highlight some of the problems these divergent data patterns pose for social comparison theory and suggest some interpretations that may serve as a guide to theoretical and empirical refinement in the future. A first question that arises is how cancer patients, and possibly also other victims, make downward evaluations in the absence of contact with less fortunate others. Indeed, our own data suggest that revulsion and fear are often reactions to the prospect of contact with less fortunate cancer patients (e.g., S. E. Taylor et al., 1988). A partial answer is that cancer patients may have enough direct and indirect contacts with less fortunate others to make downward evaluations. Although the media usually feature positive, upbeat cancer stories (Rimer, 1984; S. E. Taylor & Levin, 1976), they do include some stories that involve poor coping, deterioration, and death (Rimer, 1984), which may provide exposure to less fortunate others and create opportunities for downward evaluation. In physicians' waiting rooms patients are often exposed to fellow patients who are worse off than themselves (Collins et al., 1988; Wood et al., 1985). Family, friends, and acquaintances tell cancer patients stories about other cancer patients who have coped poorly or who have physically deteriorated (S. E. Taylor et al., 1988). Thus, although cancer patients themselves may avoid contacts with less fortunate others, such contacts may be thrust on them nonetheless, making downward evaluations a possibility.

Another part of the answer may be provided by the observation that when cancer patients do not have directly available targets for downward evaluation, they invent them. In a study with breast cancer patients, S. E. Taylor and her associates (S. E. Taylor et al., 1983; Wood et al., 1985) found that sometimes patients manufactured a hypothetical group of less fortunate

others with whom to compare themselves. For example, a patient who had undergone a mastectomy might compare her own adjustment favorably to "those other women" who seem to have so much difficulty adjusting (S. E. Taylor et al., 1983, p. 34; see also Schulz & Decker, 1985). By cognitively inventing a less fortunate group, victims may spare themselves direct contact with such a group. In summary, then, cancer patients may be able to make downward evaluations without seeking contact with less fortunate others, first, because they have some unavoidable contacts with less fortunate others and, second, because they invent less fortunate others with whom to compare themselves.

A parallel issue that arises when considering cancer patients' preferences for contacts with well-adjusted others is how patients avoid the negative implications of explicit self-evaluations when compared with such people. One could argue that evaluating one's self against a survivor or an especially good copier would produce ego-deflating consequences (Suls, 1977). One possible answer is that cancer patients may not use their contacts with survivors and good copiers for explicit self-evaluation, but rather may use them for some other purpose. Evidence from the studies assessing preferences for affiliation with more fortunate others suggests that exposure to good copiers and long-term survivors may serve both informational and emotional functions. Cancer patients in one study (S. E. Taylor et al., 1988) reported that good copiers and long-term survivors acted as role models on whom they could pattern their own coping and efforts to survive. Respondents also reported feeling inspired, optimistic, and hopeful from such contacts. Indeed, evidence from one study that asked patients if they compared themselves with other cancer patients doing better uncovered relatively few direct self-evaluations (Collins et al., 1988).

Overall, what causes explicit self-evaluations and preferences for contacts to diverge in cancer patients and possibly other people under threat? One possibility is that the management of emotional needs is paramount under conditions of threat and that these needs are best satisfied by downward evaluations and upward contacts. Evaluation against a less fortunate other may be ego-enhancing, but actual contact with such people may also be depressing and frightening. Similarly, contact with very well-adjusted targets can be motivating and inspirational, but direct evaluation of one's current status against such targets could be ego-deflating. Consequently, in the interests of maintaining positive affect, upward contacts and downward evaluations may be made without the potential liabilities of downward contacts and upward evaluations.

Another possible explanation seems more compatible with the evidence relating preference for upward contacts to the perceived informativeness of better-off others (Molleman et al., 1986). If one assumes that a highly stressful event like cancer produces both emotional needs (e.g., fear, anxiety) and problem-solving needs (e.g., efforts to eliminate the cancer), then one would expect coping to revolve around these two basic sets of tasks: the regulation of emotional states and problem-solving efforts (Lazarus & Folkman, 1984). Downward evaluations seem to be clear efforts to regulate emotions by making the person feel better in comparison with worse-off others. Upward contacts, however, may be viewed simultaneously as problem-solving efforts, by providing a person with information valuable

for potential survival and successful coping, and as a method for meeting emotional needs, by providing hope, motivation, and inspiration. Consistent with the idea that upward affiliations are a valuable source of motivation, inspiration, and hope, a study of 663 lymphoma and breast cancer patients (van den Borne, Pruyn, & van den Heuvel, 1987) found improved mood among cancer patients following contacts with fellow patients. Significantly, increased self-esteem was found only among patients who were the worst off (i.e., who were undergoing a second set of treatments). Those who were better off did not show increased self-esteem as a result of contact with fellow patients. This finding tentatively suggests that upward contacts can be valuable for improving self-esteem.

Consistent with the idea that upward contacts satisfy informational needs and emotional needs simultaneously, a review of 18 articles by van den Borne, Pruyn, and van Dam-de Mey (1986) found that cancer patients' contacts with fellow cancer patients consistently led to a higher level of information, as well as to a reduction in negative feelings (anxiety, fatigue, tension, and confusion; see also Kulik & Mahler, 1987). This finding lends some credence to the idea that contacts with fellow sufferers meet both informational and emotional needs. Unfortunately, none of the studies reviewed assessed whether patients differentially preferred to affiliate with better-off others; consequently, the types of affiliations sought by these patients cannot be assessed, only the outcomes of the affiliations.

Cautions and Limitations Regarding the Present Analysis

Several cautions regarding the present analysis should be raised. One limitation is that the preponderance of evidence comes from one research laboratory. Although this presents a potential point of bias, several factors argue against its significance. First, the data patterns uncovered by the senior author's studies have been confirmed by at least one other investigation in the case of upward contacts and by a preponderance of evidence from individuals under threat in the case of downward evaluations. Second, the divergence of contact and evaluative activities was uncovered gradually in serial investigations, and moreover, the data pattern was unanticipated. Consequently, the likelihood of bias would appear to be small. Finally, the preference for upward contacts and downward evaluations emerged with several different types of data—some free-response, some directed—in each of the two categories of measures (explicit self-evaluations and contacts) and therefore would not appear to be a methodological artifact. Overall, the fact that most of the evidence comes from one laboratory would not seem to have a major impact on the nature of the data, although investigations by other researchers are desirable.

A second caution concerns the fact that the data on evaluations and contacts came from cancer patients, and the points may not generalize to other victimized groups. Consequently, more research on social comparison processes among victims other than cancer patients is needed. Although the tendency for victimized groups to make downward comparisons under threat is well-established (Wills, 1981, 1983), information concerning informational and affiliative preferences among victims is lacking.¹

When social comparison processes are examined as cognitive processes and as coping processes, several additional implications for social comparison theory emerge. The first concerns how "social" the process is. Festinger's (1954) original formulation assumed, and subsequent research has incorporated the assumption, that the process is fundamentally a social one. When objective information is unavailable for self-evaluation, social information is the next best thing, and so a relatively similar other is selected as a yardstick for self-evaluation. Undoubtedly, there are many circumstances when social comparison occurs in this way. However, the literature on social comparison under threat, including the cancer literature, suggests that making social comparisons can also be a heavily cognitive process. When a similar other is not available, or the right kind of similar other is not available, victims under threat can manufacture comparison others by inventing less fortunate others from whole cloth (S. E. Taylor et al., 1983). As previously noted, these processes are most evident when victims' needs for self-enhancement are paramount, as evidenced by the strong bias toward downward comparisons. But threat may not be the only circumstance in which the social comparison process is cognitive rather than social. For example, people striving toward a goal for which there is no readily available role model may also cognitively assemble such a model from available pieces in the environment. In any case, the heavy involvement of cognitive constructions in social comparisons under threat should alert researchers to the potential role of cognitive construction in social comparison activity under nonthreatening conditions as well.

In conclusion, there is now evidence to suggest that social comparison processes involve a diverse set of social and cognitive activities, including affiliation with others, desire for information about others, and explicit self-evaluation against others. Rather than paralleling each other, these different types of comparison activity diverge, at least under certain conditions of threat. Explicit self-evaluation tends to be downward toward less fortunate others, and preferences for information and affiliation (i.e., contacts) tend in an upward direction. We have suggested and presented some evidence that these processes diverge in part because they address different needs. Downward "comparisons" (or explicit self-evaluations, as we have called them) may meet emotional needs by making people feel fortunate in comparison with others and by raising self-esteem. Upward contacts may serve problem-solving needs by providing role models on whom one can pattern one's own behavior and meet certain emotional needs by providing hope and inspiration. These two patterns (upward contacts and downward evaluations) may exist simultaneously in the same people without engendering any contradictions, inasmuch as affiliations are social contacts and downward evaluations can be cognitive constructions.

These findings have at least three implications. The first is the need to attend more carefully to operational definitions of social

¹ We have replicated the finding that people under stress do not like stories about less fortunate others and prefer stories about more fortunate others, with a different population, namely college students facing examinations; thus, the preference for upward contacts and rejection of downward evaluations appears to extend beyond the samples described in this article.

comparison activity in the future—in particular, keeping self-evaluation and measures of preferences for affiliation or information conceptually and empirically distinct. The second implication is the need to reexamine the results and conclusions of previous investigations that have confounded or potentially misinterpreted effects of different types of social comparison activities. The third and most important need is to refine social comparison theory to distinguish among and identify the antecedents and consequents of different kinds of social comparison activity. We offer the present analysis as an effort in this direction.

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Call for Nominations

The Publications and Communications Board has opened nominations for the editorships of the *Journal of Experimental Psychology: Animal Behavior Processes*, *Contemporary Psychology*, the Personality Processes and Individual Differences section of the *Journal of Personality and Social Psychology*, *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, and *Psychology and Aging* for the years 1992–1997. Michael Domjan, Ellen Berscheid, Irwin Sarason, Alan Kazdin, and M. Powell Lawton, respectively, are the incumbent editors. Candidates must be members of APA and should be available to start receiving manuscripts in early 1991 to prepare for issues published in 1992. Please note that the P&C Board encourages more participation by members of underrepresented groups in the publication process and would particularly welcome such nominees. To nominate candidates, prepare a statement of one page or less in support of each candidate.

- For *JEP: Animal*, submit nominations to Bruce Overmier, Department of Psychology-Elliott Hall, University of Minnesota, 75 East River Road, Minneapolis, Minnesota 55455. Other members of the search committee are Donald A. Riley, Sara J. Shettleworth, Allan R. Wagner, and John L. Williams.
- For *Contemporary Psychology*, submit nominations to Don Foss, Department of Psychology, University of Texas, Austin, Texas 78712. Other members of the search committee are Edward E. Jones, Gardner Lindzey, Anne Pick, and Hans Strupp.
- For *JPSP: Personality*, submit nominations to Arthur Bodin, Mental Research Institute, 555 Middlefield Road, Palo Alto, California 94301. Other members of the search committee are Charles S. Carver, Ravenna S. Helson, Walter Mischel, Lawrence A. Pervin, and Jerry S. Wiggins.
- For *Psychological Assessment*, submit nominations to Richard Mayer, Department of Psychology, University of California-Santa Barbara, Santa Barbara, California 93106. Other members of the search committee are David H. Barlow and Ruth G. Matarazzo.
- For *Psychology and Aging*, submit nominations to Martha Storandt, Department of Psychology, Washington University, St. Louis, Missouri 63130. Other members of the search committee are David Arenberg and Ilene C. Siegler.

First review of nominations will begin January 15, 1990.
