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Influencing audience satisfaction by manipulating expectations

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Four studies examined whether people manipulate audience expectations about outcomes to influence audience satisfaction. Studies 1 and 2 revealed that waiting customers often receive overestimations of the time they must wait before they can speak to a customer service representative (Study 1) or receive a table at a restaurant (Study 2). Studies 3 and 4 revealed that restaurant staff members are acutely aware of the relationship between expectations and outcome satisfaction, and intentionally overestimated wait times to influence how customers feel. We discuss the implications of these findings, including the conditions under which people may be more or less likely to manipulate expectations and when manipulation may be more or less successful.

"At pivotal past moments, low expectations have helped Bush."
Chuck Raasch, *USA Today*

George W. Bush is not known for his finely honed rhetorical skills. If anything, his verbal disfluencies and creative invention of vocabulary have been a wellspring of humor for late night talk shows, and a source of embarrassment that the Republican Party presumably would want to gloss over or ignore. It thus seemed ironic that, in the months prior to the 2000 presidential debates between presidential hopefuls Al Gore and George W. Bush, members of the Republican Party publicly bemoaned Bush's meager verbal skills, while simultaneously praising the oratorical abilities of Gore. By the time of the first debate, the performance expectations for Bush were exceedingly low. It thus came as a surprise to many when Bush performed capably during the debates, communicating intelligibly and persuasively. While his debate skills were arguably far short of those of Gore, Bush's

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performance during the debates received tremendous accolades from the media and the public, perhaps because it so exceeded expectations. Later Bush remarked that pre-debate expectations about his ability to string a sentence together were so low, all he had to do to win was say, "Hi, I'm George W. Bush" (Gilbert, 2000).

The public's response to Bush's debate performance illustrates an important feature of social perception: people's expectations color their interpretation of outcomes. The same outcome can feel quite differently depending on the counterfactual alternative—what could have been. A diagnosis of cancer feels worse when it is a surprise than when it is expected (cf. Shepperd & McNulty, 2002). Winning no money in a gamble feels good when one expected to lose $20, but feels bad when one expected to win $20 (Mellers, Schwartz, Ho, & Ritov, 1997). The effect of expectations on feelings about outcomes even appears among Olympic medalists. In one study, video tapes of Olympians on the medal stands revealed that bronze medalists appeared happier than silver medalists, presumably because bronze medalists were imagining the alternative outcome of receiving no medal, whereas silver medalists were imagining the alternative outcome of receiving a gold medal (Medvec, Madley, & Gilovich, 1995).

Given the close link between expectations and feelings about outcomes, it perhaps comes as no surprise that people sometimes will lower their expectations in anticipation of feedback to regulate how they feel about their outcomes (Shepperd, Grace, Cole, & Klein, 2005; Taylor & Shepperd, 1998). That is, people sometimes brace for the possibility that things may not turn out as desired. For example, students in one study shifted their expectations of how they did on a classroom exam from accuracy to pessimism in the moments prior to learning their scores (Shepperd, Ouellette, & Fernandez, 1996). By so doing, they could reduce or avoid feelings of disappointment associated with outcomes falling short of expectations (see Carroll, Sweeny, & Shepperd, 2006, for a review).

MANIPULATING THE EXPECTATIONS OF OTHERS

The research on bracing suggests that people are acutely sensitive to the relationship between expectations and feelings about outcomes and will adjust their expectations downward to influence how they feel about their outcomes. The present studies take this research to the next step by examining whether people manipulate a target audience's expectations about outcomes important to that audience. The gloomy pre-debate remarks from Republicans regarding George W. Bush's debating expertise suggest that they do. Indeed, it now appears commonplace prior to presidential and vice-presidential debates for both political parties in the United States to openly lament their own candidate's debating skills while

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exalting the debating skills of the opponent. Such was the case prior to the Bush–Gore debate, the Bush–Kerry debate, and the Cheney–Edwards debate. We believe that this sort of manipulation is not limited to political spin-doctors prior to election debates, but rather occurs more broadly. For example, workers may intentionally overestimate the time it will take to do a job or the cost of the job. When the job is completed earlier than expected or under the estimated cost, the customer would be pleasantly surprised and perhaps more likely to return for future work.

It is noteworthy that other researchers have explored efforts to lower audience expectations. For example, several studies reveal that an actor will occasionally attempt to lower audience expectations or perceptions of the actor's ability either to reduce performance pressures (e.g., Baumgardner & Brownlee, 1987; Gibson & Sachau, 2000) or, in competitive settings, to induce the target to lower his or her guard or withhold effort (Shepperd & Soucherman, 1997). These studies focus on manipulating audience perceptions of the actor's probable outcome in a personal performance domain. The present research is distinct in that it examines manipulations of audience expectations and emotions about outcomes that are important to the audience. Rather than manipulating audience perceptions of the actor's performance or outcome, the focus is on manipulating audience perceptions of the audience's outcomes.

THE PRESENT RESEARCH

The present research explored two questions in four studies. First, do people systematically misinform audiences about outcomes that are important to the audience? Second, does the misinformation represent an intentional manipulation of expectations undertaken to influence audience satisfaction with the outcome? We steered clear of expectations about political debates and instead focused on expectations regarding more clear-cut events to address our questions. Studies 1 and 2 were field studies that examined whether customers receive exaggerated estimates of how long they must wait before they receive service. We predicted that the wait time offered would exceed the actual wait time. Studies 3 and 4 probed the motives underlying wait time estimates by surveying restaurant hosts and hostesses. We predicted that that primary reason offered by hosts and hostesses for exaggerating restaurant wait times would be to influence customer satisfaction.

STUDY 1: THE CUSTOMER-SERVICE TELEPHONE NUMBER

We first explored whether people systematically misinform audiences about an outcome that is important to the audience by examining the wait times provided in recorded messages to customers calling a customer-service

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telephone number. Many companies with busy telephone customer-service departments provide an estimate of how long customers must wait before speaking with a customer-service representative. Presumably these estimated wait times are based on a careful analysis of thousands of prior phone calls. But are the estimates an accurate reflection of the actual wait time, or are they exaggerated? We predicted the latter.

Method

We made 20 phone calls to the customer-service number of a regional phone company, which, when all lines are busy, provides a recorded message that includes an estimate of the amount of time the caller must wait before a customer-service representative is available. To avoid the possibility that our calls might influence the wait time, no more than one call was made to the number on any single day. We started a stopwatch to record the wait time at the onset of the recorded message, and stopped the watch and hung up the moment a customer service representative answered the call. We then compared the estimated time provided during the recorded message with the actual wait time recorded on the stopwatch.

Results

Did the regional telephone company systematically overestimate the average wait time? Analysis revealed that it did. The estimated time provided by the phone company ($M=252$ s, $SD=183.2$ s) was significantly longer (by 14.5% on average) than the actual wait time we recorded ($M=220$ s, $SD=202.9$ s), $t(19)=2.34$, $p < .05$. Indeed, in 17 of 20 cases, the estimated time exceeded the actual time.

STUDY 2: RESTAURANT WAIT TIMES

Study 1 examined behavior of an organization over time and revealed that the behavior (setting expectations) is consistent over time. However, Study 1 has two limitations. First, Study 1 examined only one organization—the regional telephone company—raising questions about generality. Second, some proportion of callers undoubtedly hang up prior to reaching a customer representative. These early hang-ups may be responsible for the estimated wait time exceeding the actual wait time. On the other hand, we suspect that the company is aware of this proportion and could, if they wished, adjust their estimates accordingly. The fact that the estimates significantly exceed the actual wait time suggests that the company chooses not to adjust or perhaps purposely adjusts insufficiently. Study 2 addressed these limitations by examining another domain (restaurants) and by

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investigating multiple organizations. In Study 2 we observed the wait times estimated by hostesses at restaurants and compared these wait times with the actual time patrons waited to be seated. We predicted that restaurant hostesses would significantly overestimate the wait time.

Method

We surreptitiously observed hostesses at four chain restaurants in three Florida cities. For each observation we recorded the wait time estimated by the hostess and, using a stopwatch, the actual time that elapsed between the point when the wait time was offered and the patrons were called to be seated. The restaurants (and the number of observations made at each restaurant) were *The Texas Roadhouse* ($n=18$), *The Outback Restaurant* ($n=19$), *The Olive Garden* ($n=26$), and *Chili's* ($n=33$).

Results

Did the hostesses overestimate the time patrons would wait before being seated? The answer is yes. The average wait time estimated by the hostesses ($M=41.9$ min, $SD=29.7$ min) was significantly longer (by 12.9% on average) than the actual wait time we observed ($M=37.1$ min, $SD=24.4$ min), $t(95)=5.17$, $p < .0001$. In 67 of 96 cases, the hostesses overestimated, in 4 cases they estimated accurately, and in 25 cases they underestimated the wait time.

It is noteworthy that three of four hostesses overestimated the wait time, but one did not. This fourth hostess tended to underestimate the wait time, estimating on average a 21.7 min ($SD=3.83$ min) wait when the actual wait was 23.7 min ($SD=3.46$ min), $t(17)=1.79$, $p < .09$. Moreover, she underestimated the wait time 61% of the time (in 11 of 18 observations). Each of the remaining three hostesses significantly overestimated the wait time, all ts > 2.33, all ps $< .05$, overestimating anywhere from 70% to 100% of the time. We return to this individual difference in wait-time predictions later.

STUDY 3: A SURVEY OF RESTAURANT STAFF

Studies 1 and 2 find in two different settings that people significantly overestimate the wait time they provide to customers. Of course, these studies are observational and do not reveal whether the overestimation is intentional. We also do not know why people systematically misinform audiences about their likely outcomes. To address these questions, we surveyed restaurant employees at a local restaurant who either hosted at the restaurant or reported providing, in response to a phone order, estimates of when the order would be ready for pick-up. We predicted that most employees would report purposely overestimating the wait time and that few

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employees would report purposely underestimating the wait time. Further, we predicted that the primary reason offered for overestimating the wait time would be to influence customer feelings about outcomes.

In overestimating the wait time, there is reason to believe that restaurant personnel may be more concerned with decreasing or avoiding negative emotions, such as anger and or annoyance from customers, than with increasing or fostering positive emotions. Being seated or served later than expected can be thought of as unexpected bad news, whereas being seated or served sooner than expected can be thought of as unexpected good news. Research on loss aversion suggests that people respond to unexpected bad news more strongly than they respond to unexpected good news (Kahneman & Tversky, 1984). For example, studies of restaurant tipping reveal that experiencing food and service outcomes that are worse than expected (unexpected bad news) had a bigger effect on tip size than experiencing food and service outcomes that are better than expected by the same amount (unexpected good news; Tse, 2003). To the extent that restaurant personnel are aware of loss aversion, they should report overestimating the wait time to reduce or avoid customer displeasure than rather than to increase customer pleasure.

Method

Participants (6 male, 14 female) voluntarily completed a brief questionnaire administered by a co-worker (the third author) when the restaurant was not busy, assessing the estimated wait times they provided customers. After reporting how long they had worked in the restaurant industry and how long they had worked for the current restaurant, participants read the following overview.

> We are interested in how people make judgments about time. When the restaurant is busy you must estimate how long a customer must wait before receiving a table. Or when taking a phone order, a customer may ask how long it will take before an order is ready. Making this estimate is part experience and part guesswork. Think back on the last few times you had to make this sort of estimate.

Participants then reported (yes/no) whether they had ever purposely *over*estimated the wait time for a table or phone order. Participants who answered "yes" responded to an open-ended question asking them to explain why they overestimated. They also reported (yes/no) whether they ever had been advised by a manager to overestimate the wait time. Next, participants reported (yes/no) whether they had ever purposely *under*-estimated the wait time for a table or phone order; to explain why, if they

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responded "yes", they underestimated the wait time; and to indicate (yes/no) whether they had ever been advised by their manager to underestimate the wait time.

Results and discussion

Participants had worked at the restaurant for an average of 12.1 months (SD=9.9) and had worked in the restaurant business an average of 25.0 months (SD=25.2). For the item concerning overestimation of response times, of the 20 participants, 18 reported that they had purposely overestimated the wait time for a table or phone order. For the item concerning underestimation of response times, none reported purposely underestimating the wait time. Not surprisingly, statistical analysis comparing responses two these two items using Cochran's test for comparison of percentages in matched samples (Hays, 1963) revealed that these two patterns of responses were significantly different, $\chi^2(1, N=20)=18.0$, $p < .0001$. The responses provide a clear answer to our first question: People do intentionally manipulate an audience's expectations about outcomes that are important to the audience. It is noteworthy that 8 of 20 participants reported being advised by a manager to overestimate the wait time, but none reported being advised by a manager to underestimate the wait time.

Our second question addressed whether people manipulate audience expectations to influence audience satisfaction with the outcome. The findings provide preliminary evidence that they do. Of the 18 participants who reported overestimating the wait time, 17 provided reasons. Two judges independently coded the reasons and reached identical tallies. The most frequent reason offered (n=7) was to regulate satisfaction or affect. It is noteworthy that six of these seven responses were clearly focused on avoiding negative reactions from customers (e.g., "People get mad if you underestimate"), suggesting that participants were more concerned with avoiding aggravating than with pleasing customers Another six participants suggested a desire to avoid underestimating but did not explain why. The remaining four reasons were difficult to classify, such as "personal reasons" and "it is hard to estimate."

In sum, the restaurant personnel reported purposely overestimating the wait time and apparently did so primarily to avoid negative customer responses associated with underestimating the wait time.

STUDY 4: PREDICTING CUSTOMER RESPONSES

Study 3 revealed that people will manipulate audience expectations about outcomes that are important to the audience and provided preliminary evidence that these manipulations are intended to influence audience satisfaction with the outcome. However, the evidence in support of the

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second question was somewhat murky. Only 7 of 17 participants clearly indicated that they overestimated the wait time to influence participant satisfaction or affect. The responses of the remaining 10 participants were ambiguous.

We designed Study 4 to examine the second question more directly by asking restaurant hosts and hostesses to think about a situation they likely encountered frequently (providing a couple with an estimated wait time), and to tell us what they would do and why. We also asked them to anticipate how patrons would respond if they overestimated vs underestimated the wait time. Consistent with Study 3, we predicted that our hosts and hostesses would report overestimating the wait time and would report doing so primarily to influence customer satisfaction or affect. We also predicted that participants would report that overestimating the wait time would lead to greater satisfaction than would underestimating the wait time.

Method

Participants were 9 hosts and 33 hostesses at local restaurants who were approached by a research assistant when the restaurant was not busy and voluntarily completed a one-page questionnaire on the restaurant premises. The questionnaire provided the following description:

> Imagine that you are a host/hostess in a restaurant responsible for seating customers. It's a Saturday night and several parties are waiting for tables. A couple enters the restaurant, asks to be put on the waiting list and asks how long you think it will take before they get a table. From your past experience, you know that the wait will be on average 20 minutes. However, the range could be anywhere from 10 to 30 minutes. How long would you tell the couple they will wait for a table? Please report a single number, not a range.

Participants reported the estimated wait time they would give to the couple, and participants who provided an estimate other than 20 minutes were directed on the questionnaire to explain why they supplied an estimated that differed from 20 minutes.

Next, all participants imagined that they seated the couple 10 minutes earlier than expected and were asked to write about how the couple would behave when the table was ready. Next were three 9-step items asking how the couple would feel about the restaurant (1=*displeased*, 5=*neither pleased nor displeased*, 9=*pleased*), how the couple would feel toward the participant (i.e., the host/hostess) (1=*angry*, 5=*neither angry nor happy*, 9=*happy*), and how the outcome would influence the couple's tipping of the wait staff (1=*they would tip less*, 5=*it would not influence their tipping*, 9=*they would*

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tip more). Finally, all participants were asked to imagine instead that they seated the couple 10 minutes later than expected and were asked to write about how the couple would behave when the table was ready. Participants then responded to the same three 9-step items asking about feelings about the restaurant, feelings toward the host/hostess, and tipping. No items were counterbalanced.

RESULTS AND DISCUSSION

The average wait time participants said they would provide the couple (M=24.0 min, SD=5.2 min) was significantly higher (by 20% on average) than 20 min, $t(41)=5.02$, $p < .0001$. Of the 42 participants, 12 said they would estimate 20 min, 26 said they would estimate something more than 20 min, and 4 said they would estimate something less than 20 min. Similar to Study 3, the 26 participants who indicated that they would estimate a longer wait time provided a range of reasons. Two judges independently evaluated the responses and in the three cases of disagreements, a third independent judge served as the tie-breaker. As in Study 3, the most frequent reason (n=16) offered for overestimating involved influencing customer satisfaction or affect. Of note, unlike Study 3, these participants were evenly split in terms of whether they were felt the overestimation would achieve a positive outcome (i.e., "If the wait is shorter, the couple is happier") or avoid a negative outcome (e.g., "So they do not get mad if a table does not open in 20 minutes"). Of the remaining 10 participants, 8 indicated that they wished to regulate expectations (e.g., "It is better to over quote than under quote") but didn't explain why, and two provided responses that were difficult to code (e.g., "Because it would depend on how many parties and how many people we have on the list").

When asked how the couple would behave if seated earlier than expected, 35 of the 40 participants who provided responses reported that the couple would express positive emotions such as happiness. Of the remaining five participants, two reported that the couple would be "angry" or "upset" because they would feel manipulated, and three reported that the couple would say something like "that was fast." When asked how the couple would behave if seated later than expected, 33 reported that the couple would express negative emotions such as "anger" or "annoyance." The remaining nine participants reported that the couple would demonstrate impatience, for example, by asking "if the table is ready" (n=4), would leave (n=2), would accept the delay (n=2), or would be ready to eat (n=1).

Finally, responses to the 9-step items revealed that participants anticipated that the couple would respond more positively if the host/hostess overestimated the wait time than if s/he underestimated it. Specifically, participants reported that the couple in the overestimation condition, as

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compared to the underestimation condition, would be more pleased (Ms=7.5 vs 4.0), $t(41) > 12.25$, $p < .0001$, happier (Ms=7.7 vs 3.6), $t(41) > 12.59$, $p < .0001$ and would tip more (Ms=6.7 vs 4.2), $t(41) > 8.23$, $p < .0001$.

In sum, the hosts/hostesses in Study 4 reported that they would err on the side of overestimating the wait time, and the primary reason offered was to influence how the couple felt about the outcome. Unlike Study 3, participants did not report a greater concern with avoiding aggravating participants than with pleasing participants. In addition, responses to subsequent items revealed that participants overwhelmingly expected that the couple would respond positively if the wait time was shorter than expected, but would respond negatively if the wait time was longer than expected.

GENERAL DISCUSSION

We began with two questions. First, do people systematically misinform audiences about outcomes that are important to the audience? Second, are these manipulations undertaken to influence satisfaction with the outcome? The results from four studies reveal that the answer is "Yes" to both questions.

Regarding the first question, our observations revealed that recorded phone messages significantly exaggerated the wait time before connection with a customer-service representative (Study 1), and restaurant hostesses significantly exaggerated the wait time before a table would be ready (Study 2). In addition, the wait staff surveyed in Studies 3 and 4 readily admitted that they overestimated the wait times they provided to customers. Regarding the second question, the primary reason offered in Studies 3 and 4 for manipulating customer expectations about the wait time involved influencing customer satisfaction or feelings about outcomes. Although Study 3 showed an asymmetry in the reasons given for overestimating, such that participants were more concerned with avoiding customer aggravation than with fostering satisfaction, Study 4 did not replicate the asymmetry. In Study 4, participants were just as likely to mention in their open-ended responses increasing satisfaction as decreasing dissatisfaction. Because Study 3 revealed that participants are not always able to articulate their reasons for overestimating the wait time, we asked participants in Study 4 how they thought customers would respond if they underestimated vs overestimated the wait time. Participants reported that customers would be happy if they overestimated the wait time and would be angry if they underestimated the wait time.

It is noteworthy that the overestimation of wait time was not excessive. The average overestimation was 14.5% in Study 1, 12.9% in Study 2, and 20% in Study 4. We suspect that estimators steer clear of excessive wait times to avoid appearing non-credible or manipulative, or to avoid driving away customers.

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Collectively, our findings extend the work on the relationship between expectations and satisfaction with outcomes. Studies find that people feel less displeased about losing money in a gamble, testing positive for a disease, and receiving a poor exam grade when the negative outcome was expected than when it was unexpected (Mellers et al., 1997; Shepperd & McNulty, 2002). Furthermore, research on consumer behavior shows an expectancy-disconfirmation effect, such that customers are more satisfied with a product or service when their experience surpasses their expectations (Johnson, Anderson, & Fornell, 1995; Oliver, 1977, 1980; Swan & Twawick, 1981). For example, all other things being equal, customers who expect a high price, a long wait, or poor quality are more satisfied with the product or service than are customers with more positive expectations. Our studies add to this literature by demonstrating that service providers exploit the expectancy-disconfirmation effect by manipulating customer expectations. In addition, the pervasiveness of the expectancy-disconfirmation effect suggests that our findings should also generalize to a variety of domains.

On the other hand, our finding that restaurant staff overestimated wait times stands in contrast to findings from research on the planning fallacy, the tendency for people to underestimate the time it will take to complete tasks (Kahneman & Tversky, 1979). For instance, students underestimate the time to complete projects (Buehler, Griffin, & Ross, 1994) and taxpayers underestimate the time to complete their taxes (Buehler, Griffin, & MacDonald, 1997). How do we reconcile our findings with the findings from the planning fallacy?

The planning fallacy and the phenomenon we examined differ on a variety of dimensions. For example, the planning fallacy typically arises when people fail to consider the various subtasks required to complete a task (Buehler et al., 1994), whereas the phenomenon we investigated reflects an attempt to strategically manipulate an audience's expectations. In addition, the planning fallacy and the phenomenon we are examining differ in how much control the person making the estimate has over the completion of the task. With the planning fallacy, the task is largely under personal control. For example, the planning fallacy is typically seen for estimates where the person making the estimate can control the commencement of the task, the amount of effort put forth, and how he or she organizes his or her time. Although unexpected impediments to task completion may arise (and may have arisen in the past), these impediments typically are not considered when the estimates are made. The phenomenon we examined in the present studies typically occurs for tasks in which the person making the estimate has less control over the outcome and is largely at the mercy of external forces such as the behavior of other people.

Not all restaurant hostesses exaggerated wait times. In Study 2 the hostess at one restaurant underestimated the wait time in 11 of 18 observations. It is

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possible in some instances that hosts and hostesses are concerned with losing customers to other restaurants and underestimated the wait time to entice them into waiting. Or, they may be more concerned with customers' immediate satisfaction (i.e., telling the customers what they want to hear) than in managing how customers feel when they finally are seated. Of course, such concerns carry considerable cost. Past studies reveal that people are dissatisfied when outcomes are worse than expectations (e.g., Shepperd & McNulty, 2002). Moreover, the results of Study 4 suggest that restaurant hosts and hostesses are acutely sensitive to this fact. We can only assume that the hostess who frequently underestimated the wait time in Study 2 did not understand how expectations influence feelings about outcomes, was unwilling to exaggerate the wait time, or simply did not care.

Inducing people to form low expectations about their outcomes can be beneficial in that it makes people feel more satisfied with the outcomes they receive. However, we can imagine circumstances in which it can be problematic. For example, a physician who exaggerates the time needed to recover from an operation or illness may induce greater satisfaction in patients when their recovery rate exceeds expectations. Yet, the low expectations may also undermine recovery. To the extent that they have control over their recovery, patients may recover more quickly if offered a challenging (but obtainable) recovery goal rather than artificially low recovery goal. Likewise, a coach who prompts athletes to form low expectations may create a self-fulfilling prophecy whereby the poor outcome actually occurs. Finally, the restaurant host or hostess risks losing customers to other restaurants if the wait time is excessive, a point noted by the few hostesses in Study 4 who reported that they would underestimate the wait time.

These illustrations beg an important question: when is it wise to persuade others to form low expectations about their outcomes and when is it not? We suspect that the answer lies in the degree to which the outcome can be influenced or controlled, or in perceptions of personal efficacy (Locke & Latham, 1990). If control and self-efficacy are high then it may be wise to induce high expectations. Indeed, research suggests that high or optimistic expectations facilitate recovery from health setbacks (Carver & Scheier, 1981; Scheier & Carver, 1988). Low expectations (and more importantly, low self-efficacy) may be discouraging, leading the audience to expend low effort or quit prematurely. However, when control over the outcome is low, inducing low expectations may have few costs and carry substantial benefits.

Furthermore, lowering expectations for performance is unwise when the audience can choose a more appealing alternative. Clothing stores may lose customers if they advertise poor service and high prices, physicians may lose patients if they suggest overly grave prognoses, and professors may lose students if they predict extremely difficult tests and low grades. However, these losses will only occur if alternatives exist. If a town had only one

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clothing store, a hospital only one physician, or a university only one course that meets a students's needs, lowering audience expectations may have few downsides.

Finally, past experience with an audience may also limit the ability to manipulate audience expectations. Research on consumer behavior finds that expectations are based in large part on previous experience with a product or service (Johnson et al., 1995). Although people can still manipulate expectations by providing additional information about likely outcomes, previous experience may limit the range of potential expectations. To return to an earlier example, members of the Republican party were able to manipulate expectations for George W. Bush's debate performance in the 2000 election because the public had little experience with Bush's speaking style. However, this same strategy was less successful in the 2004 election following 4 years of public-speaking engagements by President Bush. Future research could examine how controllability of outcomes, presence of desirable alternatives, and past experience influence the effectiveness of manipulating audience expectations.

Importantly, our finding that people will manipulate audience expectations about outcomes that are important to the audience is not limited to restaurants and to customer service phone lines. We can imagine that high-school guidance counselors might manipulate students' expectations about admission to colleges and universities. Or, physicians might manipulate patient expectations about possible diagnoses, the outcomes of treatment, or the length of time of recovery. Or, as in the example of the Bush/Gore presidential debate, political parties might manipulate public expectations about candidate debating skills. Of course, people who are in the position of influencing other people's expectations about important outcomes walk a fine line between supplying estimates that are too low and estimates that are not low enough. As just noted, estimates that are too pessimistic can be discouraging. On the other hand, expectations that are insufficiently pessimistic can be problematic should the outcome be worse than expected.

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