



Affective forecasting for cosmetic surgery of Thai women: A qualitative study

Daraphak Yenchai*, Veena Sirisook

Department of Society and Health, Faculty of Social Sciences and Humanities, Mahidol University, Nakhon Pathom 73170, Thailand

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Abstract

The objectives of this research were to study the components and mental simulation in affective forecasting for cosmetic surgery of Thai women. In this qualitative case-study, 17 participants were purposively selected using snowball sampling. Both prospective and retrospective approaches were designed for data collection in which nine cosmetic surgery prospective and eight cosmetic surgery retrospective participants were grouped, respectively. Narrative and in-depth interviews were used in collecting data. The results showed that the participants forecasted that after undergoing the cosmetic surgery, they would have positive emotions (satisfaction, happiness, feeling proud, confidence) which were more intense than their negative emotions (fear, irritation, annoyance, worry, disappointment, stress), with the duration of forecasted emotions expected to last longer than the negative ones. However, the actual emotions after the surgery were different from the forecasted emotions (for example, feeling fine and dissatisfaction). It was revealed that positive emotions were more intense than negative emotions. The duration of the forecasted emotion showed that positive emotions were forecasted to last longer than negative emotions. It was found that negative emotions were more intense and seemed to last longer than forecasted. The discrepancies could be attributed to mental simulation, such as unrepresentative simulation and decontextualized simulation. The results could be applied to reduce the discrepancy between expectations and reality and to guide related organizations in implementing some strategies for controlling cosmetic surgery clinics/hospitals to provide clients with accurate information before making any wrong decision or undergoing re-surgery, as well as to help those with negative emotions after surgery.

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Introduction

Currently, cosmetic surgery is very popular, especially in many Western countries (such as USA, UK, and Brazil) and also in some Eastern countries (such as South Korea, Japan, China, and Thailand) (International Society of Aesthetic Plastic Surgery [ISAPS], 2012). In addition, current survey

statistics in 2014 revealed that Asian countries were still in the top-five for cosmetic surgery (ISAPS, 2015). These data explicitly imply that cosmetic surgery has become more and more popular in all countries around the world, including Asian countries. In Thailand, cosmetic surgery is very popular among Thai women. A survey in 2011 revealed that Thailand was ranked twentieth in the world, fifth in Asia, and first in Southeast Asia (ISAPS, 2012). At present, surgery among Thai people is clearly and most commonly related to the elimination of perceived inferiorities and the development of personality (enhanced beauty).

* Corresponding author.

E-mail address: bdaraphak@gmail.com (D. Yenchai).

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Cosmetic surgery is closely correlated with expectations and feelings (Akhlaghi, Zadehmohammad, Ahmadabadi, Maleki, & Motamedi, 2015). People undergoing cosmetic surgery usually have mental simulation that they can be more beautiful and gain greater happiness. The positive emotions include happiness, pride among others. On the other hand, learning about the cosmetic surgery mistakes of other people might lead to negative emotions such as depression and stress. An individual's emotional adjustment between the positive and negative emotions regarding undertaking cosmetic surgery might depend on the individual's characteristics and emotional base. In fact, people usually have different emotions. With the emotional diversity and instability of the cosmetic surgery results, affective forecasting might be vary among individuals. Therefore, affective forecasting is interesting because it is correlated with the decisions associated with each cosmetic surgery operation (Loewenstein, 2007) and can be used in the evaluation of satisfaction and the results of cosmetic surgery.

Affective forecasting is the theoretical concept underpinning this study. Wilson and Gilbert (2003) suggested that affective forecasting was the personal forecasting of the future feelings and that the forecasting consisted of four components (prediction of valence, specific emotions, intensity, and duration). In the affective forecasting process, mental simulation is used, which involves mental mechanisms that partly process the accumulated experience, together with the consideration of non-experienced matters. Similarly, to forecast the feelings of women undergoing cosmetic surgery, affective forecasting will occur through the mental simulation concerning the cosmetic surgery.

This study draws on affective forecasting for cosmetic surgery among Thai women because cosmetic surgery totally affects their behavior, especially in terms of decision making and the overall health of the women undergoing cosmetic surgery whether the cosmetic surgery is successful or not. In addition, affective forecasting is the process related to satisfaction with the cosmetic surgical services and also the perception of cosmetic surgery in Thailand.

Literature Review

The term “affective forecasting” was initiated in the 1990s by Kahneman and Snell (1990). They employed this term in their economics study which was associated with various concepts of utility and predicting the utility that a person receives. They used it to make a hedonic prediction that a person receives from his/her decision utility by predicting which types of decision make a person the happiest. Thus, it is said that affective forecasting is based on theories of economics related to the decision utility that a person will receive and the results from the hedonic decision. Gilbert and Wilson (2007), well-known researchers in affective forecasting, claim that affective forecasting is a prediction of “pre-feeling” or the effect prior to future events happening by simulating mental events in advance.

Wilson and Gilbert (2003) claim that affective forecasting is divided into four components: 1) predicting

valence, which is crucial because people have to predict or estimate whether there will be an effect if some events occur or if they make any decisions; 2) predicting specific emotions—although people can predict the relationship between an event and a future effect correctly whether it be positive or negative, they often try to indicate that both future positive and negative effects are specific emotions, no matter how much experience they have regarding that event and moreover, various emotions can appear at the same time, such as shock, anger, fear, disgust or all of them; 3) predicting intensity—according to research, the intensity of emotions is measured by estimating an increase in affective responses after the event occurs, the highest intensity of emotions when giving responses, and a decrease in emotions. In addition, an event which is rather similar to one which people have experienced will be associated with less intense emotions than one which has never been experienced; 4) predicting duration—is a forecast of the length of the future emotions which can be either correct or incorrect. However, the intensity of emotions does not need to be in line with the duration of those emotions.

Since affective forecasting concepts have been developed in Psychology, self-report rating scales have been used in most studies, and the measures have also be found to have validity and reliability, as well as allowing a comparison between forecasted and actual effect (Wilson & Gilbert, 2003). However, the current study was designed using a qualitative methodology which focused on an emic view; therefore narrative and in-depth interviews were used in order to obtain participants' narration and explanation in their own words. The participants were asked about specific emotions—both positive and negative—that were forecasted to occur after undergoing cosmetic surgery, and they were asked to provide details about each specific emotion and its meaning, together with its intensity level and duration.

Research Objectives

The research aimed to study the affective forecasting components by investigating the mental processes of the forecasting of future emotions occurring after cosmetic surgery among Thai women having cosmetic surgery, as well as examining the actual effect after the surgery.

Research Methodology

The population for this study was Thai women older than 18 years, who were undertaking facial cosmetic surgery. Participants were chosen using snowball sampling by contacting participants through acquaintances of the researcher. There were 17 participants in this study, divided into those who were going to have cosmetic surgery (nine participants) and those who had used cosmetic surgery within the past year (eight participants).

This study was designed to use both prospective and retrospective approaches. The data were collected by way of narrative and in-depth interviews to get detailed forecasts, emotions, and test the accuracy of the forecasts. For the participants who were going to have cosmetic surgery,

the design was conducted using a prospective approach while a retrospective method was applied for the participants who had undergone cosmetic surgery within the past year. Additionally for both the prospective and retrospective approaches, data were collected from participants who had experienced cosmetic surgery before regarding their forecasted emotions of the past cosmetic surgery. Thus not only did the study gain information on experience with prior cosmetic surgery but it also had information about the affective forecasting, thinking processes, and event simulations associated with the affective forecasting. The researcher recorded observations during the interviews. The observation included facial expression and behavior related to forecasting, as well as the wounds and the appearance of the surgery organs. The researcher spent 14 months (February 2015–March 2016) on data collection.

Question guidelines were employed in the narrative and in-depth interviews. While initially getting familiar with the participants, the questions involved general information regarding the participant's personal history, past experience with cosmetic surgery and other matters. This stage helped to "break the ice", allowed the interviewer and interviewee to become used to each other and focused on building a rapport. Then, 1–3 days before the cosmetic surgery was to be performed, the questions included those regarding forecasting affection likely to occur in the future, (immediately after the cosmetic surgery and also after the surgical wounds had healed). They focused on particular forecast affection and how much that forecast affection occurred. The questions used after the cosmetic surgery were divided into two consecutive stages. The first stage involved the period after the cosmetic surgery had been completed (1–3 days) but before the surgical wound had healed. At this stage, the questions used involved participants' narration of affection after the cosmetic surgery had been just conducted and the surgical wound was healing, as well as their affective forecasting of what was likely when the surgical wound had disappeared. These questions assisted in forecasting particular affection, as well as the length and the degree of the affection which might occur again. The second consecutive stage occurred after participants had completed cosmetic surgery for 1–2 weeks or when the surgical wound had healed. The questions at this stage aimed to elicit participants' authentic affect in detail, such as the length and the degree of their affection in reality.

Data collection for the prospective approach occurred in four stages. The first two stages consisted of a period before the cosmetic surgery [(1) 2–4 weeks before the cosmetic surgery was conducted and (2) 1–3 days before the surgery]. The other two stages involved the period after the surgery [(3) 1–3 days after the surgery and (4) 1–2 weeks after the surgery or when the surgical wound had healed]. On the other hand, for the retrospective approach there was only one stage of data collection. In other words, the participants who had undergone cosmetic surgery less than a year earlier were interviewed several times to obtain data regarding the affective forecasting and its errors compared to emotions after the surgery. The researcher spent approximately 5 months collecting the data from this group of participants (retrospective design).

The data gained from the narrative interviews and the in-depth interviews were transcribed and typed. All data were read and understood with the supportive field data to obtain the significant phrases or statements that related to the events. Data were further understood and interpreted with their relevant context and also compared with the words related to the feelings, in terms of the similarity and difference, used by the participants. The obtained data were compiled with particular regard to the occurrence of feelings, types of specific emotion, intensity, and durability of emotion/feeling. The data were also validated with the participants. Incorrect or inconsistent data were corrected while additional information provided by the participants would be added to the complete data analysis.

Results

Forecasted Affects

In this study in which the prediction of feelings expected to occur after intended cosmetic surgery was involved, all 17 participants (see participants' backgrounds in Table 1) expected to have some positive emotions after the cosmetic surgery especially when the surgical wounds had completely gone. Clearly, such emotions were also associated with the expectation and mental simulation.

All participants forecasted to have positive emotions in the future, such as satisfaction, happiness, feeling proud, and confidence because they wished to have a more beautiful face and the surgery results would achieve this. As such, the mental simulation was involved with the imagination that their face would be more beautiful while surgical changes would produce the desired shape and perfectly match with their face. The positive feelings were then forecasted to occur based on the mental simulation. The positive emotional intensity was from the 'moderate level' to 'highest level' (based on the participants' words, however some participants also used others kinds of explanations, such as 'extremely happy'); most of the intensity was clearly at the 'quite-high level' to 'high level' (based on the participants' words). Regarding the duration of the predicted feelings, many participants forecasted that the specific emotions occurred after the cosmetic surgery especially the positive ones would stay with them for a long time because the participants expected to have successful cosmetic surgery while such expectation mentally simulated that they would have a beautiful face; the problems with the surgical organ would be solved, and they would be happy, confident, and proud. As long as such positive emotions remained, the participants would not have any further cosmetic surgery or reconstruction with that organ. The terms the participants preferably used in terms of the duration of their predicted emotions included 'forever', 'all the time', 'everyday', 'long lasting', 'continuous', and 'life-long'. For example, a participant, aged 24 years, who was having rhinoplasty (nose reconstruction) narrated that:

"Despite several times of nose reconstruction, I expect that the result should be good and satisfactory. Again, for this time, I also expect that after the nose reconstruction, I will be happy, satisfied, and confident because it makes me

Table 1
Personal backgrounds and data concerning cosmetic surgery

Participants	Age & marital status	Education	Occupation	Experience of cosmetic surgery in the past (times)	Kind of cosmetic surgery at present	Cosmetic surgery location	Price (baht)
1	36 married	Bachelor's degree	Sales manager of a private company	No	Rhinoplasty	Private clinic	30,000
2	36 single	Master degree	Purchasing employee of a private company	Yes (1)	Blepharoplasty	Private clinic	20,000–30,000
3	28 single	Bachelor's degree	Sales representative	Yes (2)	Lip reduction	Private clinic	10,000
4	55 married	Bachelor's degree	Teacher	No	Ptosis surgery	Public hospital	15,000
5	24 single	Bachelor's degree	Business owner	Yes (5)	Rhinoplasty (re-surgery)	Private clinic	Free (period of guarantee)
6	22 single	Studying in fourth year at a university	Student	No	Alarplasty	Private clinic	5,000
7	37 single	Bachelor's degree	Nurse	No	Rhinoplasty	Public hospital	15,000–20,000
8	38 married	Bachelor's degree	Business owner	No	Blepharoplasty	Private clinic	20,000–25,000
9	33 single	Master degree	Teacher	No	Double eyelid surgery	Public hospital	20,000
10	23 single	Bachelor's degree	Nurse	No	Rhinoplasty	Private clinic	25,000
11	30 single	Bachelor's degree	Nurse	No	Rhinoplasty	Public hospital	15,000
12	23 single	Bachelor's degree	Teacher	No	Alarplasty	Private clinic	35,000
13	23 single	Studying in fourth year at a university	Student	No	Rhinoplasty	Private clinic	18,000
14	34 married	Grade 12	Business owner	Yes (1)	Lip reduction	Private clinic	30,000
15	21 single	Studying in third year at a university	Student	No	Rhinoplasty	Private clinic	20,000
16	30 married	Bachelor's degree	Employee of a public hospital	Yes (2)	Double eyelid reconstruction	Public hospital	Free (period of guarantee)
17	27 single	Bachelor's degree	Secretary of a private company	Yes (1)	Chin augmentation surgery	Private clinic	9,900

Participants 1–9 collected using a prospective approach, participants 10–17 collected using a retrospective approach

more beautiful. ... **Satisfaction** is a feeling that the surgical result is satisfactory and worthwhile with the money I pay for the expenses. It is the feeling that I made the right decision to have that cosmetic surgery. ... In my view, **happiness** will be derived from the gladness that the surgical result is satisfactory and fulfills my desire. I have had cosmetic surgery several times and I will be **happy** if the result is rewarding. ... I will be **extremely happy and confident**. ... **These feelings should be continuous** because I have to look at myself in the mirror every day (smiling)." (personal interview, February 21, 2015)

However, the simulation of surgical organs after the cosmetic surgery of some participants indicated forecasted negative emotions might occur after their cosmetic surgery. Such negative effects were involved with the side effects such as surgical wounds on the face and the daily life inconvenience. Mental simulations led to negative feelings and emotions, such as fear, irritation, annoyance, worry, disappointment, and stress. However, when compared with the positive ones, the negative emotions were less as the participants said that the negative emotions were just expected in case their surgical results were not satisfactory. The evidence for this is shown in the following affective forecasts.

"At that moment, I will be **fearful** because the result of the cosmetic surgery is 50-50. So, the surgical result might be satisfactory or disappointing. I have seen bad surgical results on some people and I think that a bad result might

occur with my cosmetic surgery." (a participant, 30 yrs, having rhinoplasty, personal interview, December 25, 2015)

"After the cosmetic surgery, there might be some **stress** (sighing). The result might be disappointing, so we should think about this as well just in case. Feeling stress, I will be **discomforted** and **unhappy** to do things." (a participant, 37 yrs, having rhinoplasty, personal interview, July 23, 2015)

For the specific emotions both positive and negative, the participants would also predict the 'intensity' of such emotions. In contrast, most of the negative emotions were at the 'low level' (based on the participants' words) because the participants expected successful cosmetic surgery. The intensity of the negative forecasted emotions was only at the 'moderate level' (based on the participants' words) or 'very tiny'. Possibly due to the mental simulation which the participants imagined regarding a successful result rather than failure.

"My worry is **very tiny**. I just think about it in case the surgical result might not be successful." (a participant, 30 yrs, having rhinoplasty, personal interview, December 25, 2015)

"If the surgical result is not satisfactory. ... However, my negative emotions will be only at a **moderate** level." (a participant, 33 yrs, having double eyelid surgery, personal interview, October 27, 2015)

Although the participants forecasted that the positive emotions should last for a long time, the negative emotions, in their views, should last for a while but would finally disappear. The participants forecasted that there might be some negative emotions such as fear or stress due to the surgical side effects, unfamiliarity with the resultant surgical organ, and an unsuccessful surgical result. However, such negative emotions would last only for a short time and would finally disappear when the wounds had completely recovered or when the surgical organ was reconstructed.

*"If the surgical result is not satisfactory, I will be stressful **until I have the reconstruction** for the surgical organ."* (a participant, 33 yrs, having double eyelid surgery, personal interview, October 27, 2015)

*"I think I will feel fearful **until all side effects are completely gone**. After that, it should be alright."* (a participant, 37 yrs, having rhinoplasty, personal interview, July 23, 2015)

Actual Affects after the Cosmetic Surgery

According to the in-depth interviews, the emotions of the participants were easily and alternatively changed from positive to negative emotions and vice versa particularly in the earliest stage after the cosmetic surgery depending on the wound conditions. The participants would always observe the wound symptoms (such as swelling, pain and other abnormalities). Worse than that, some participants felt so stressed that they had to visit the surgeon to ask about the wounds and symptoms. In contrast, when the wounds were flattened or caused no pain, the participants would have positive emotions such as 'happiness' and 'confidence'. Nevertheless, the negative emotions like 'stress' and 'worry' still remained because the participants wished to see their face after wound recovery. As such, the intensity of the emotion, both positive and negative, during this stage was at the 'high level'. However, the participants mentioned that the negative emotions would remain until the surgical wounds were completely healed. After that, the intensity of the positive emotions would be at the 'high level' (quite fulfilled, with happiness and confidence) and would be long lasting.

*"I always check my face in the mirror. ... I thought that the silicon was penetrating my nose. I was **very stressed** and went to the surgeon promptly. However, I felt relieved when he told me that everything was alright."* (a participant, 37 yrs, having rhinoplasty, personal interview, August 27, 2015)

In addition, it was found that the participants also adjusted their emotions to comply with those people they interacted with (external sources). They changed their negative emotion to positive emotion, together with adjusting the intensity higher and for a longer duration for positive emotion but reduced them for negative ones, as a participant said

"...I had undergone re-surgery for my chin, and my friends gave me comments that I look more charming and pretty. At first I was reluctant and stressful; but no in contrast,

that's gone ..." (a participant, 27 yrs, having chin augmentation surgery, personal interview, February 18, 2016)

Upon having continuously collected the data until the surgical wounds were completely healed, it was found that the participants had more positive emotions than negative ones. Positive emotions specifically included feelings of 'satisfaction', 'happiness', 'feeling proud', and 'confidence' of which satisfaction was the most-mentioned actual positive emotion. Apart from these positive specific emotions, there were also unexpected specific emotions like 'feeling fine'. The participants would preferably define 'fine' as the 'extreme happiness'. Saying this word, the participants always smiled while their eyes were brighter with supreme happiness. Additionally, the participants also mentioned their actual behaviors when doing activities in front of the mirror (make-up). The participants also added that their happiness was at the 'high level' and such feeling should be long lasting.

*"I'm continuously **happy every time** I look at myself in the mirror (smiling). Feeling '**fine**' for me is just like the supreme **happiness**. I feel like ... the surgical organ perfectly and naturally matches my face. These positive feelings should be **long lasting**. If so, I won't do anything more with my face."* (a participant, 37 yrs, having rhinoplasty, personal interview, October 24, 2015)

Though most participants did not have negative emotion after wound recovery because the results were satisfactory, some of them still had some negative emotion although the wounds had healed. One such negative feeling was 'dissatisfaction'. They were dissatisfied with the surgical result because it did not correspond to their expectation. The intensity of the negative emotion was at the 'quite-high level'. A participant mentioned that the negative emotion would remain until such surgical organ was reconstructed.

*"I was **very dissatisfied** because the surgical nose is too prominent like a European's. There is no curve or shape like the nose of an Asian. So, I **want to have nose reconstruction**."* (a participant age 24, having rhinoplasty, personal interview, May 30, 2015)

Discussion

The forecasting in this study aimed to predict the feelings that will happen in the future based on a human being's expectation which, by its nature, for most people involves expectations of pleasure (hedonic) and what they are planning to do to make themselves happy (Close & Russell, 2014). Subsequently in the cosmetic surgery, it looks like the persons' plan in deciding to undergo cosmetic surgery was in order to get satisfaction, pleasure, and emotions/feelings that would be positive once having successfully recovered from the surgery. In this study, the participants expected and forecasted that they would gain pleasure from undergoing cosmetic surgery. They therefore decided to go ahead with it. Emotion theorists state that emotion causes direct behavior (Baumeister, Vohs, DeWall,

& Zhang, 2007), and also that the task that the feeling does best is the motivation resulting in behavioral targeting (Cosmides & Tooby, 2000, pp. 91–115). A source that provokes emotion is derived either externally or from within the individual herself. The external sources typically are the actual or real events. The essential internal source within people is their imagination (Smith & Lazarus, 1990). The findings from this study also indicated that emotions resulting from both sources were associated with the feeling forecast. For the stimulation source from their inner to predict the events that would happen in the future, the participants used the event simulation that would take place in their imagination.

Satisfaction was the feeling most forecasted in this study. The participants predicted that after the surgery, once successful, they would be very satisfied because from an economic perspective, it was worth the investment in doing the surgery. The value in this case was equal to the exchange of the result and the cost spent. The participants considered cosmetic surgery should be a kind of good at a cost for which they had the right to receive satisfaction or not from consuming this product. If they were satisfied, they would receive utility from the consumption which they considered as value, being happy, and economic benefits (hedonic) (Hsee, Hastie, & Chen, 2008). The results of this study found that most of the participants forecasted that once the surgery result was successful and had made them satisfied, the process would be considered as accomplishing its goal. Furthermore, if the level of satisfaction was continuously high, this would show that they had achieved the goal they had set. As such, the intensity of satisfaction or pleasure from consumption is related to the goals set.

On the other hand, the negative emotion that was most forecast was fear, which is a basic human emotion that had been mentioned among psychologists who have studied emotions, such as in the concept with regard to the wheel of emotions of Plutchik (1980). It is the fundamental emotion whose intensity can be adjusted to an extreme of feeling terror down to feeling apprehension (Plutchik, 1980). However, the current study did not find that the participants adjusted their fear level up or down as a new emotion. With regard to the fear expressed, it is commonsense to predict the results that would be obtained from cosmetic surgery as they were afraid that it would not meet their expectations or the results of the surgery would affect their body. Moreover, fear also seemed to have been caused by realizing the failures from undergoing cosmetic surgery with other people such as 'the surgery outcome does not look good', 'non-durable as beauty clinics guaranteed' or 'side effects happen to them' and so forth.

Discrepancies in the affective forecasting compared with the actual feeling were based on the concepts of Gilbert, Pinel, Wilson, Blumberg, and Wheatley (1998) who concluded that the errors would come from two major sources: the simulation of events in the mind and the thought processes that lead to the discrepancies in the timing of the persistence of feelings forecasted. The current study found that the discrepancies of forecast feelings arising from mental simulation bias were discrepancies caused by the participants predicting that the outcome

would be satisfactory. However, when the results did not bear out this expectation, the current study also found discrepancies in the forecasts due to a mental simulation of the events, such as the simulation was unrepresentative of the event, the simulation was reduced in the context. All these are consistent with the concepts of Gilbert et al. (1998).

The current study found that the simulation was not representative of the event because the participants visualized future events from their experience memories. They had contacted people who had had successful cosmetic surgery and remembered these success. They therefore created a visual identity that if they underwent cosmetic surgery, then they would get a successful outcome like the others without taking into account the failures that might occur. For this reason, when the results came out wrong, their actual emotion therefore was different. These findings are consistent with Movius and Wilson (2011) who mentioned that their findings showed that the simulation did not represent the event such as when people felt pain at missing the train using the base portion of the bad experiences that they had missed the train over all experiences on a train and it could be concluded like Gilbert and Wilson (2007 as cited in Movius & Wilson, 2011) that: "everyone seems to remember 'the best day', 'the worst day', and 'yesterday' of them only".

Decontextualized simulation was another cause of errors in the affective forecasting in the study. Gilbert and Wilson (2007) discussed the contextual factors that are a critical factors both during the forecast and the actual feeling that happened. During the forecast, if the person does not consider the context of the simulation events that will occur, the forecasted affects probably will not match with the actual emotions happening. During an actual emotion, contextual factors also affect the emotional perception. Regarding factors about cultural context, it is about values of doing cosmetic surgery in Thailand but currently, the most popular cosmetic surgery is Korean style so that the nose with has a curved shape or the nose tip is droplet shaped. In the current study, a participant preferred to have a curve on her nose according to the Korean style. However, when the surgery was done, she was not satisfied with the result as she saw it was more Western style. This made her feel that the cosmetic surgery was not successful causing a discrepancy in the affective forecasting.

The results of this research also revealed that unsuccessful results caused the participants to undertake cosmetic surgery more than once. The participants might be concerned about the lack of perfection with the result, defects, and not having the shape or size they wanted. These should be recognized as 'perfectionism'. Their concerns regarding perfection, could act to motivate them to undertake cosmetic surgery again regardless of the dangers of the surgery as they only focus on achieving beauty perfection. The idea of such perfection is consistent with the research which indicated that perfectionism could perfectly predict the attitude toward undertaking cosmetic surgery (Jinchang, 2010). The popularity of perfection may also involve a mental disorder, called 'body dysmorphic disorder' (Conrado, 2009) or a condition in people think

obsessively about the appearance of their bodies that are impaired or not consistent with the perceived norm. This is consistent with the conclusion of Gorbis (2004) who stated that individuals with body dysmorphic disorder would consider cosmetic surgery as the answer to end the perceived offensiveness in their looks. Affective forecasting should benefit these people and provide greater understanding to them.

Recommendation

Based on these findings, it is suggested that to assist clients in making a decision on undergoing cosmetic surgery or re-surgery, surgeons/staff in the beauty clinics, including the agencies involved in the cosmetic surgery, should provide accurate information about cosmetic surgery, especially pre-cosmetic surgery in order that the forecasted feelings which take place in the near future can be similar to the results and the emotions that will actually occur. Moreover, since the actual affects might be negative and mostly these are much more negative and last longer than forecasted ones, there should be some kind of psychological help (such as emotional coping) for those who may suffer from negative emotions after cosmetic surgery.

Conflict of Interest

There is no conflict of interest.

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