



DOES KNOWING THE OUTCOME CHANGE OUR VIEW? HINDSIGHT BIAS IN SUICIDE



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INTRODUCTION

Background

Hindsight bias is commonly referred to as the “I knew it all along” effect. Individuals who are informed of a specific outcome prior to judging how the event will pan out perceive that outcome as more likely to occur than do individuals who are not informed of that outcome.¹ In essence, individuals perceive a given outcome as more obvious when they know that it happened.

In the current study, we investigated hindsight in the context of suicide. We were interested in suicide because...

- It is common for people to look back and wish they had seen the signs or done things differently when a suicide has occurred.
- It is an understudied context; the last research on hindsight bias in the context of suicide was conducted in 1985.²
- We suspected the effect of hindsight bias would be relatively strong due to the severity of the outcome discussed.
- It is important to determine whether hindsight bias leads people to inappropriately blame suicide victims or the ones they leave behind for not having prevented or done more to prevent the suicide.

Hypotheses

In this study, we investigated the effects of outcome knowledge and severity of depression/variety other suicide risk factors on participants’ perceptions of a hypothetical student “Jordan” and her mental health, her “Professor,” and various aspects of a potential suicide for Jordan.

- We predicted that participants who received outcome knowledge of a suicide would rate Jordan’s depression as more severe, a suicide as more foreseeable/likely, and Jordan’s professor less favorably.
- We questioned whether outcome knowledge of a suicide would affect participants’ judgements more when warning signs were ambiguous (low suicide risk) than when more clear (high suicide risk).

Participants

Participants were UWEC students who completed a paper-and-pencil questionnaire as part of a voluntary classroom activity. The final sample included 345 adults ($M_{age} = 19.54 \pm 0.14$; 210 women, 115 men, 20 other/sex unreported).

PROCEDURE

❖ All participants reviewed a hypothetical conversation between a student “Jordan” and her “Professor.” In each version of the conversation, the professor’s statements remained constant.

IV1: Suicide Risk Low Risk Vs. High Risk

❖ Half of participants reviewed a hypothetical conversation that presented **low risk** for a potential suicide. Less severe depressive symptoms and various other suicide risk factors were mentioned; several protective factors were mentioned by Jordan.

Excerpts from different points in the conversation:

Jordan: I honestly have been struggling feeling a little sad here and there. I think it is probably just homesickness. I’ve never felt sad for this long, but I have been managing it okay I think. I still finish most of my homework on time.

Jordan: I feel like there’s not a lot of time left in the semester to make things better but I also am kind of discouraged about making friends in general. This is a long time for me to be in a bad mood and it is really preventing me from being social. I haven’t felt like that before and I am starting to get really upset about it. Anyway, can we stop talking about this for now and figure out when I can take the quiz?

Professor: I think tomorrow at 10 should work? After you finish the quiz, let’s take a walk over to counseling services. I think it would be good for you to get connected to some resources to help you through this.

❖ Half of participants reviewed a hypothetical conversation that displayed **high risk** for a potential suicide. More severe depressive symptoms and various other suicide risk factors were mentioned; few protective factors were mentioned by Jordan.

Excerpts from different points in the conversation:

Jordan: I honestly have been struggling with being really frustrated and sad. At first, I thought it was just homesickness but it hasn’t gotten any better. I’ve experienced depression in the past but I never felt so down for this long before. It is really draining so I haven’t been able to do a lot of homework.

Jordan: Well, I definitely feel like I am the only one feeling this way, so that’s more of the reason why I don’t want to make any friends. This is a long time for me to be like this and I’m done trying to fix it. I sometimes think I could just end it all, and I feel okay with that. At the same time, I know I need to keep pushing through and do well in college. So, can we stop talking about this and figure out when I can take the quiz?

Professor: I think tomorrow at 10 should work? After you finish the quiz, let’s take a walk over to counseling services. I think it would be good for you to get connected to some resources to help you through this.

IV2: Outcome Knowledge No Suicide Vs. Suicide

❖ Half read an outcome knowledge statement that had **no mention of suicide**.

The next day:

Jordan shows up to take her quiz. She and her professor walk over to counseling services to find help.

❖ Half read an outcome knowledge statement that referenced Jordan going on to **die by suicide**.

The next day:

Jordan never shows up to take her quiz. Her professor finds out from the Dean of Students that she died by suicide the night before.

❖ Half read an outcome knowledge statement that had **no mention of suicide**.

The next day:

Jordan shows up to take her quiz. She and her professor walk over to counseling services to find help.

❖ Half read an outcome knowledge statement that referenced Jordan going on to **die by suicide**.

The next day:

Jordan never shows up to take her quiz. Her professor finds out from the Dean of Students that she died by suicide the night before.

After the Manipulations: Dependent Measures

After reading the conversation and final sentence that provided outcome knowledge, participants responded to 18 different statements about the likelihood of a suicide, Jordan and her mental health, and the professor. The table below shows types of statements and what statistical analyses revealed about the effect of suicide risk (severity of Jordan’s symptoms) and outcome knowledge (no suicide or suicide occurred) on participants’ judgments.

	Effect of high versus low suicide risk on judgments	Effect of suicide outcome knowledge on judgments
Suicide Likelihood		
“Based on their conversation, how likely was it that Jordan would go on to die by suicide?”	0.89	0.29
“Jordan seemed too stable to eventually die by suicide.”	-0.65	0.06
Jordan		
“Jordan felt hopeful about the future.”	-0.37	-0.22
“Jordan should have sought professional help earlier.”	0.34	0.59
“Based on the conversation Jordan and her professor had, rate the severity of Jordan’s depression.”	0.86	0.44
Jordan’s Professor		
“Jordan’s professor could have done more to help her.”	0.47	0.73
“Jordan’s professor should have intervened sooner.”	0.18	0.61
“Jordan’s professor handled the situation well”	-0.36	-0.93

Note. Values in right columns are effect sizes in Cohen’s *d*, where .20=weak, .50=moderate, and .80=strong. Effects that were statistically significant are in bold. Participants’ ratings of suicide likelihood were on a 0-100% scale; ratings of depression severity were on a five-point scale; and the remaining judgments were on a seven-point scale (Strongly Disagree to Strongly Agree). For all but two of the 18 outcome variables, suicide risk and outcome knowledge were independent, additive effects – they did not interact to predict participants’ ratings.

RESULTS/DISCUSSION

Figure 1

Participants’ ratings of the likelihood that Jordan would die by suicide were strongly affected by suicide risk and weakly affected by outcome knowledge.

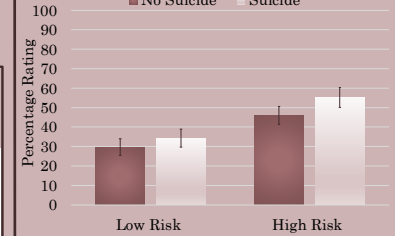


Figure 2

Participants’ ratings of the professor could having done more to help Jordan were moderately affected by suicide risk and strongly affected by outcome knowledge.

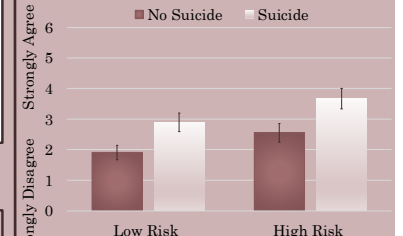
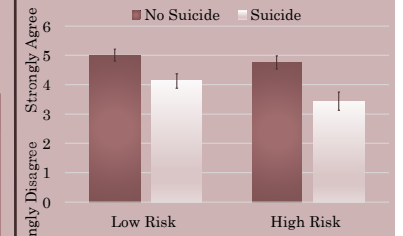


Figure 3

Participants’ ratings of the professor in handling the situation well were weakly affected by suicide risk and very strongly affected by outcome knowledge.



Note. Error bars in all graphs represent ± 2 SEM.

CONCLUDING THOUGHTS:

Generally, the effects of outcome knowledge were weaker than the effects of suicide risk on the dependent variables studied, except for judgments of the professor. In addition, suicide risk and outcome knowledge generally acted additively (they did not interact). Most notably, participants who read of a suicide for Jordan viewed the professor’s actions more negatively: as too little, too late. The evidence of hindsight bias in this study implies that after a suicide, warning signs may seem obvious and lead outsiders to engage in unwarranted blame.

REFERENCES

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