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WISDOM ACROSS ADULT LIFESPAN: ASSOCIATIONS WITH POSITIVE TRAITS AND STATES

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in daily life. The present symposium will shed light on exciting new directions in the rapidly growing field of wisdom research, drawing connections to various fields of gerontology, psychology, sociology, and psychiatry.

## WISDOM ACROSS ADULT LIFESPAN: ASSOCIATIONS WITH POSITIVE TRAITS AND STATES

D. Jeste, A. Martin, B. Palmer, R. Daly, D. Glorioso, M. Thomas, *University of California, San Diego, San Diego, California* 

We examined associations of cognitive, reflective, and affective dimensions of wisdom in a 2-year follow-up study of a community-based sample. Participants (51% male) were 1,441 adults aged 21 to 100 years (M = 66; SD = 21). Wisdom was assessed with 39-item 3-Dimensional Wisdom Scale. Cross-sectionally, correlations with age were small (-.17 for cognitive, and -.05 and -.08 for others). All 3 dimensions had medium size correlations (r > .3) with resilience, optimism, and personal mastery. The reflective dimension also had medium size correlations with happiness and life satisfaction, and inverse correlations with levels of perceived stress, anxiety, and depression. At 2-year follow-up, reliability change index scores indicated relatively little change in the reflective and affective scores, but a slight decline in the cognitive scores. These results suggest that wisdom is a relatively stable trait that is associated, especially its reflective dimension, with positive traits and states (e.g., resilience, happiness).

## WISDOM AND COMPASSION: TOGETHER FOR BETTER (OR FOR WORSE)?

J. Spannari<sup>1</sup>, M. Ardelt<sup>2</sup>, A. Pessi<sup>1</sup>, M. Paakkanen<sup>1</sup>, 1. *University of Helsinki, Helsinki, Finland*, 2. *University of Florida*, *Gainesville*, *Florida* 

Compassion and wisdom are two deeply human and social phenomena, rooted in our biology and in the evolution of social structures. But can they be taught and cultivated? This presentation examines qualitative and quantitative survey data from the Finnish CoPassion research project. The project included an intervention by training compassion & emotional skills, with a goal of enhancing compassion at the workplace. This talk discusses results of this intervention, focusing on shifts in compassion (measured via the Santa Clara Brief Compassion Scale), wisdom (measured via 3D-WS-12 scale), and participants' experiences of the effects of the intervention six months after it, as well as the interrelation between the constructs. This research will shed new light on the definitions and conceptualizations of wisdom in relation to compassion, but also on the ways these constructs evolve through brief interventions, speaking to malleability of trait-wisdom over time.

#### PROFESSIONAL WISDOM: WISDOM AND NON-WISDOM MEMORIES OF TEACHERS AND MANAGERS

J. Glueck, K. Leitner, A. Oberlojer, Psychology, Alpen-Adria-Universitaet Klagenfurt, Klagenfurt, Austria

Professional wisdom, the way people balance their own interests with those of their organization and the individuals they work with, has not often been investigated yet. We

believe that organizational and situational constraints can limit individuals' ability to act wisely. For a first test of this hypothesis, we investigated autobiographical memories of teachers and managers, two groups that are often viewed as in need of wisdom but differ markedly in control over their work, concerning professional situations in which they did and did not act wisely. A sample of 24 teachers and 15 high-ranking managers were interviewed about such situations, and responses were content-coded for wise and unwise behaviors and situational constraints. Results showed that unwise behaviors often involved ignoring divergent perspectives, overconfidence, and lack of empathy, and that situational factors predicting these differences including role pressures, limited time, and competition.

### THE POWER OF THE SITUATION FOR UNVEILING INSIGHTS ABOUT DAILY WISDOM

I. Grossmann, Psychology, University of Waterloo, Waterloo, Ontario, Canada

Though wisdom is inherently context-dependent, only recently scholars began to empirically test the situational contingencies inhibiting or promoting wisdom in daily life. Grossmann reviews a range of recent diary studies and high-powered experiments concerning people's likelihood of engaging in wisdom-related cognitions (e.g., considerations of different perspectives, intellectual humility, dialectical thinking, integration/compromise). Results indicate that social contexts (e.g., being together with friends/work-colleagues) promote greater wisdom than non-social situations. self-focused contexts inhibit wisdom, and contexts promoting ego-decentered mindsets (e.g., generativity, self-distancing) sustain wisdom in self-focused situations. Within-person (state) differences in wisdom across situations also appear larger than between-person (trait) differences. At the end, Grossmann introduces a novel state-sensitive approach to measure wisdom-related characteristics across both state and trait-level, showcasing its utility in a large-scale study (N = 2545 U.S. Americans) of individual differences, social contexts, affordances promoting wisdom and downstream consequences in a cost-efficient fashion.

#### **SESSION 5095 (SYMPOSIUM)**

# MEDICARE AND MEDICAID INTEGRATION IN THE UNITED STATES: CHALLENGES AND SOLUTIONS

Chair: C.L. Graham, University of California, Berkeley, Berkeley, California

Discussant: G.E. Alkema, The SCAN Foundation, Long Beach, California

Over 10 million seniors and adults with significant disabilities in the United States (US) are dually eligible for Medicaid and Medicare. They represent beneficiaries with the lowest incomes and, on average, the most complex care needs and the highest care utilization. For this reason, they account for a disproportionate share of spending in both programs. In Medicare FFS spending is more than twice as high for dual eligible beneficiaries compared with non-dual eligible beneficiaries. The frequently misaligned incentives in Medicare and Medicaid can cause much inefficiency, including duplication of care, poor coordination of care,