



**Choosing Wisdom:
The Path Through Adversity**

A Discussion Guide

To accompany the PBS film

With support from the John Templeton Foundation

DISCUSSION GUIDE:
CHOOSING WISDOM: THE PATH THROUGH ADVERSITY

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An Invitation from the Producers

Dear Viewer,

Facing adversity is a universal human experience. The traditional psychological literature, and even the media, have focused on the negative impact of traumatic events. Yet we all know individuals who have faced adversity and been changed in a positive way, becoming a better person through their experience of moving through suffering. The friend who had cancer but seemed better for it in the end. The neighbor who lost a loved one but managed to find profound meaning in his loss. The community of people in a distant part of the world who suffer devastation in a natural disaster but rise together even stronger than before. What allows these people to not only survive, but to flourish? What characteristics or experiences do they have that we don't? Does this ability to transform suffering mean that these people are wise? And finally, are these individuals really so different from us?

When we began our research, we hoped to answer these questions as we studied two groups of people: individuals who suffered from chronic pain and physicians who had been involved in a serious medical error. These groups were chosen because they represent highly challenging, yet very different, circumstances. One of our goals was to identify ways to offer help to pain sufferers and physicians. But we also chose these two groups because if, in spite of their differences, we could identify the common thread of positive change, then we could further illuminate the positive response to adversity in general, and understand more about how to help all people who face adversity in their lives.

You are about to view the film we created highlighting just a few of the individuals we discovered who had found creative, meaningful, and yes, wise, ways of moving through their most difficult struggles. We hope that the film can achieve several goals.

- *We hope to show that ordinary people in difficult circumstances can respond to adversity in a way that leaves the world a better place;*
- *By showing people who have struggled, we hope to soften the world, creating in viewers a more compassionate and less judgmental view of themselves and others;*
- *We hope to foster curiosity about wisdom; and*
- *Ultimately, we hope to assure viewers (like you) that if faced with adversity (chronic pain, a medical error, or something else), you can survive, even flourish. Positive growth is accessible to anyone.*

We were given a tremendous opportunity in making this film, an opportunity, we hope, to make a difference in the lives of those who face adversity. Thank you for taking part in this journey with us, and we hope that the stories in this film spark strength, optimism, and even wisdom as you move through your own journey.

*With gratitude,
Margaret Plews-Ogan, MD, Justine Owens, PhD & Natalie May, PhD*

About the Producers

Margaret Plews-Ogan, M.D., M.S., Principal Investigator

Associate Professor of Medicine
Department of Medicine
Division Chief, General Medicine, Geriatrics and Palliative Care
University of Virginia
Charlottesville, VA

Dr. Plews-Ogan holds an undergraduate degree in philosophy and was a Rockefeller Fellow in Theology at Yale University Divinity School. She received her M.D. degree from Harvard University and completed her residency in Internal Medicine at the Brigham and Women's Hospital in Boston. Dr. Plews-Ogan has expertise in patient safety and medical errors, and integrative medicine including mindfulness. She serves as Director of the UVA Institute for Quality and Patient Safety where she provides strategic direction for its educational and research missions, oversees research grant awards, and mentors research fellows. She also teaches about quality and safety to faculty and residents and coordinates the Richardson Lecture and other invited lectureships on patient safety issues. She is also Director of the UVA Center for Appreciative Practice, a positive culture transformation initiative throughout the health system. She is also co-author of the recently published book, *Appreciative Inquiry in Healthcare: Positive Questions to Bring Out the Best*.

Justine Owens, Ph.D., Co-Principal Investigator

Associate Professor of Research
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University of Virginia
Charlottesville, VA

Dr. Owens is the co-principal investigator for the Wisdom in Medicine project and interviewed all of the participants living with chronic pain. She trained as a cognitive psychologist in the Stanford University Psychology Department and was awarded a two-year post-doctoral scholarship in the Stanford University Medical School. Dr. Owens served Research Director for the Center for the Study of Complementary and Alternative Therapies at the University of Virginia from 1995 to 1999, and NIH-funded research center with a primary focus on pain management. Dr. Owens is an Associate Professor in the University of Virginia Department of Medicine, and has served on the UVA faculty for the last 22 years. She has numerous academic publications in alternative therapies for pain management and other health-related areas. Her work on near-death experience has been featured in popular media.

Natalie May, Ph.D., Co-Investigator

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Charlottesville, VA

Dr. May holds a Bachelor's degree from Wellesley College, an MA in Creative Writing from Boston University, and a PhD from the Curry School of Education at the University of Virginia. She has extensive grant writing, program development, qualitative research and program evaluation experience. Dr. May is a faculty member in the UVA Center for Appreciative Practice and co-author of the book, *Appreciative Inquiry in Healthcare: Positive Questions to Bring Out the Best*. She also serves as the Project Director for *Call to Health*, a new initiative that uses text messaging, mindfulness, and self-compassion principles to improve the health of African-American women with diabetes.

Suggestions for Viewing and Talking About *Choosing Wisdom*

We hope that this film will provide a starting point for exciting discussion among small groups of friends or colleagues interested in learning more about wisdom and how people respond positively to adversity.

The film is 55 minutes long, and we recommend that you schedule 2 hours for a small discussion group.

Keep the group size manageable and small enough to allow everyone to participate – 6 to 10 people, or fewer, is great.

Begin the discussion with general questions, such as, “What did you think of the film?” “Was there a particular person you identified with, and why?” Once everyone is warmed up a bit, move to the discussion questions that follow.

It may be helpful to encourage participants to think about times in their own lives when they experienced adversity, or to think of people that they know who have journeyed through difficult times. Be careful not to let people get bogged down in rehashing difficult events. Encourage these speakers, as best you can, to focus on the ways they responded positively to difficult circumstances.

And remember, some of the goals of a group discussion are to stimulate curiosity about wisdom, help people think creatively about responses to adversity, and to encourage us all to be less judgmental of ourselves and others.

DISCUSSION GUIDE

CHOOSING WISDOM: THE PATH THROUGH ADVERSITY

What is Wisdom?

Why do you think this film was titled, *Choosing Wisdom*?

How did the film define wisdom? How would *you* define it? Why is it important, and why do we aspire to be wise?

Do you consider the people in the film to be “wise”? Why or why not? How are they different, or not different, from yourself or others that you know?

Dr. Ardelt says that “openness to experience” is a major trait related to wisdom. Why do you think that is? What does “openness to experience” look like?

The Path to Wisdom

The film talks about different steps along the path to coping with adversity: acceptance, stepping into it, integration, new narrative, and wisdom. Is this a linear path? How can you imagine someone moving along this path?

What happens immediately following a crisis (a medical error, a serious injury or illness, a loss)? How do people typically respond? Does the film suggest that wise people respond any differently? If yes, how do wise people respond?

What does the film mean by “acceptance”?

What were some examples of people “stepping into” their problems in the film?

The film showed examples of individuals relying on their Christian faith to help them cope with adversity. How do other faiths (Judaism, Buddhism, Islam, etc.) help ease suffering? What about people who do not have a religious faith?

Wisdom and You

Did the film change any stereotypes you may have held about chronic pain patients or physicians? What surprised you?

It seems clear in the film that each of these individuals is different now *because of* their experience with pain or medical error. Think about an experience that profoundly changed you. How were you *before* the experience? How were you *after*?

In what ways did people in the film “choose” wisdom? Do you think it is possible to apply this concept of “choosing wisdom” to other circumstances? What about “Choosing happiness”? “Choosing gratitude”? “Choosing kindness”?

Additional Resources: Learning More About Wisdom

▪ Books

- Bianchi, Eugene C. *Elder Wisdom. Crafting Your Own Elderhood*. New York: Crossroad, 1994.
- Birren, James E. and Feldman, Linda. *Where to go From Here: Discovering Your Own Life's Wisdom in the Second Half of Your Life*. New York: Simon and Schuster, 1997
- Brown WS. *Understanding Wisdom: Sources, Science and Society*. Templeton Foundation Press Philadelphia and London 2000.
- Curnow, Trevor. *Wisdom, Intuition, and Ethics*. Brookfield, Vt.: Ashgate, 1999.
- Dalai, Lama and Cutler, Howard C. *The Art of Happiness: A Handbook for Living*. New York: Riverhead Books, 1998.
- Frankl VE. *Man's Search for Meaning*. Boston, MA: Beacon Press, 1959.
- Goleman D. *Emotional Intelligence: Why It Can Matter More Than IQ*. New York: Bantam, 1995.
- Hall SS. *Wisdom: From Philosophy to Neuroscience*. New York: Vintage Books, 2010.
- Hanson R, Mendius R. *Buddha's Brain: The Practical Neuroscience of Happiness, Love, and Wisdom*. Oakland, CA: New Harbinger Publications, Inc., 2009.
- Kekes, John. *Moral Wisdom and Good Lives*. Ithaca, NY: Cornell University Press, 1995.
- Macdonald, Copthorne. *Toward Wisdom: Finding Our Way to Inner Peace, Love and Happiness*. Willowdale, Ontario, Canada: Haunslow, 1993.
- Maslow, Abraham H. *The Farther Reaches of Human Nature*. New York: The Viking Press, 1971.
- Sternberg, Robert J. and Jordan, Jennifer (eds.) *A Handbook of Wisdom. Psychological Perspectives*. New York: Cambridge University Press, 2005.
- Sternberg RJ. *Wisdom: Its Nature, Origins, and Development*. New York: Cambridge University Press, 1990.

▪ Articles

- Achenbaum WA, Orwoll L. Becoming wise: a psycho-gerontological interpretation of the book of Job. *Int J Aging Human Develop* 1991; 32(1): 21-39.
- Ardelt M. Antecedents and effects of wisdom in old age: a longitudinal perspective on aging well. *Research on Aging* 2000;22:360-394.
- Ardelt M. Intellectual versus wisdom-related knowledge: the case for a different kind of learning in the later years of life. *Educ Gerontol* 2000a; 26:771-789.

Ardelt M. Empirical assessment of a three-dimensional wisdom scale. *Research on Aging* 2003;25:275-324.

Branch WT, Mitchell GA. Wisdom in medicine. *The Pharos* Summer 2011;12-17.

Bluck S, Glück J. Making Things Better and Learning a Lesson: Experiencing Wisdom Across the Lifespan. *J Personality* 2004;72:543-572.

Clayton VP, Birren JE. The development of wisdom across the life span: a reexamination of an ancient topic. *Life-Span Develop Behav* 1980; 3:103-135.

Kaldjian LC. Teaching practical wisdom in medicine through clinical judgement, goals of care, and ethical reasoning. *J Med Ethics* 2010;26:558-562.

▪ **Internet Resources**

The Wisdom Page: <http://www.wisdompage.com/index.html>

Collective Wisdom Initiative: <http://www.collectivewisdominitiative.org/>

Defining Wisdom: <http://wisdomresearch.org/>

Additional Resources: Learning More About Post-Traumatic Growth

▪ Books

- Calhoun LG, Tedeschi RG. *Facilitating Posttraumatic Growth: A Clinician's Guide*. Mahwah, NJ: Lawrence Erlbaum Associates, Publishers, 1999.
- Calhoun LG, Tedeschi RG. (Eds.). *The Handbook of Posttraumatic Growth: Research and Practice*. Mahwah, NJ: Lawrence Erlbaum Associates Publishers, 2006.
- Calhoun, LG, Tedeschi RG. *Posttraumatic Growth in Clinical Practice*. Routledge, forthcoming.
- Tedeschi RG, Calhoun LG. *Trauma and Transformation: Growing in the Aftermath of Suffering*. Thousand Oaks, CA: Sage, 1995.
- Tedeschi RG, Park CL, Calhoun LG. (Eds.). *Posttraumatic Growth: Positive Changes in the Aftermath of Crisis* (pp.1-14). Mahwah, NJ: Lawrence Erlbaum Associates, Publishers, 1998.

▪ Articles and Book Chapters

- Calhoun LG, Cann A, Tedeschi RG. The posttraumatic growth model: Socio-cultural considerations. In T. Weiss & R. Berger (Eds.), *Posttraumatic growth and culturally competent practice* (pp.1-14). Hoboken, NJ: John Wiley & Sons, Inc., 2010.
- Calhoun LG, Tedeschi RG. The foundations of posttraumatic growth: New considerations. *Psychological Inquiry* 2004;15:93-102.
- Cann A., Calhoun LG, Tedeschi RG, Kilmer R P, Gil-Rivas V, Vishnevsky T, Danhauer S C. The *Core Beliefs Inventory*: a brief measure of disruption in the assumptive world. *Anxiety, Stress, & Coping* 2010;23:19-34.
- Cann A, Calhoun LG, Tedeschi RG, Taku K, Vishnevsky T, Triplett KN, Danhauer, SC. A short form of the Posttraumatic Growth Inventory. *Anxiety, Stress, & Coping* 2010, 23: 127-137.
- Tedeschi RG, Calhoun LG. Beyond the concept of recovery: growth and the experience of loss. *Death Studies* 2008;32:27-39.
- Tedeschi RG, Calhoun L. The Posttraumatic Growth Inventory: measuring the positive legacy of trauma. *J Traumatic Stress* 1996;9:455-471.
- Tedeschi R, Calhoun L. Posttraumatic growth: conceptual foundations and empirical evidence. *Psychological Inquiry* 2004;15:1-18.

▪ Internet Resources

University of Virginia, Wisdom Through Adversity: <http://www.choosing-wisdom.org> or <http://www.medicine.virginia.edu/community-service/centers/wisdom>

University of North Carolina – Charlotte, Posttraumatic Growth: <http://ptgi.uncc.edu/>

Additional Resources: Physicians Coping with Medical Error

▪ Books

Berlinger N. *After Harm: Medical Error and the Ethics of Forgiveness*. Baltimore, MD: The Johns Hopkins University Press, 2005.

Bosk C. *Forgive and Remember: Managing Medical Failure*. University of Chicago Press, Chicago and London, 1981.

Rosenthal M, Sutcliffe K. (Eds.). *Medical Error: What Do We Know? What Do We Do?* John Wiley & Sons, 2000.

Truog RD, Browning DM, Johnson JA, Gallagher TH. *Talking with Patients and Families about Medical Error: A Guide for Education and Practice*. Baltimore, MD: The Johns Hopkins University Press, 2011.

▪ Articles

Bell SK, Moorman DW, Delbanco T. Improving the patient, family, and clinician experience after harmful events: the "when things go wrong" curriculum. *Acad Med* 2010;85:1010-1017.

Christianson J, Levinson W, Dunn P. The heart of darkness: the impact of perceived mistakes on physicians. *JGIM* 1992;7:424-431.

Delbanco T, Bell S. Guilty, afraid and alone: struggling with medical error. *NEJM* 2007;17:1682-1684.

Engle K, Rosenthal M, Sutcliffe K. Residents' responses to medical error: coping, learning and change. *Acad Med* 2006;81:118-122.

Fischer M, et al. Learning from mistakes: factors that influence how students and residents learn from medical errors. *JGIM* 2006;21:419-423.

Gallagher T, Lucas MH. Should we disclose harmful medical errors to patients? If so, how? *JCOM* 2005;12:253-259.

Gallagher TH, Studdert LB, Levinson W. Disclosing harmful medical errors to patients. *NEJM* 2007;356:2713-2719.

Gallagher TH, Waterman AD, Ebers AG, Fraser VJ, Levinson W. Patients' and physicians' attitudes regarding the disclosure of medical errors. *JAMA* 2003;289:1001-07.

Ofri D. Ashamed to admit it: Owning up to medical error. *Health Affairs* 2010;29:1549-1551.

Quirk M, Mazor K, Haley H, Philbin M, Fischer M, Sullivan K, Hatem D. How patients perceive a doctor's caring attitude. *Patient Educ Counseling* 2008;72:359-366.

Scott SD, Hirschinger LE, Cox KR, McCoig M, Hahn-Cover K, Epperly KM, Phillips EC, Hall LW. Caring for our own: deploying a system wide second victim rapid response team. *Jt Comm J Qual Patient Saf* 2010;36:233-240.

Shannon SE, Foglia MB, Hardy M, Gallagher T. Disclosing errors to patients: perspectives of registered nurses. *Jt Comm J Qual Patient Saf* 2009;35: 5-12.

Van Pelt F. Peer support: Healthcare professionals supporting each other after adverse medical events. *Qual Saf Healthcare* 2008;17:249-252.

West C, Huschka M, et al. Association of perceived medical errors with resident distress and empathy. *JAMA* 2006;296:1071-1078.

White AA, Bell SK, Krauss MJ, Garbutt J, Dunagan WC, Fraser VJ, Levinson W, Larson EB, Gallagher TH. How trainees would disclose medical errors: educational implications for training programmes. *Med Educ* 2011;45:372-380.

Wu AW, Folkman S, McPhee SJ, Lo B. Do house officers learn from their mistakes? *JAMA* 1991;265:2089-2094.

Wu A. Medical error, the second victim: the doctor who makes the mistake needs help, too. *BMJ* 2000;320(7237):726-727.

▪ Internet Resources

University of Virginia, Wisdom Through Adversity:

<http://www.choosing-wisdom.org> or

<http://www.medicine.virginia.edu/community-service/centers/wisdom>

Doc.com module on medical error: <http://www.aachonline.org/?page=doccom>

MITSS (Medically Induced Trauma Support Services): <http://www.mitss.org/>

Additional Resources: Pain Management and Wellness

Web Resources Compiled by the American Pain Society and the National Institutes of Health

▪ **Books**

Altemus B. *The Gift of Pain: Transforming Hurt into Healing* (1st ed.). New York: Berkley Pub. Group, 2003.

Egoscue P, Gittines R. *Pain Free: A Revolutionary Method for Stopping Chronic Pain*. New York: Bantam Books, 1998.

Fishman S, Berger L. *The War On Pain: How Breakthroughs in The New Field Of Pain Medicine are Turning The Tide Against Suffering* (1st ed.). New York: HarperCollins, 2000.

Gach MR, Henning BA. *Acupressure For Emotional Healing: A Self-Care Guide For Trauma, Stress & Common Emotional Imbalances*. New York: Bantam Books, 2004.

Haidt J. *The Happiness Hypothesis: Finding Modern Truth In Ancient Wisdom*. New York: Basic Books, 2006.

Kabat-Zinn J, University of Massachusetts Medical Center/Worcester. Stress Reduction Clinic., & Stephen Watts Fund. *Full Catastrophe Living: Using The Wisdom Of Your Body And Mind To Face Stress, Pain, And Illness*. New York: Delta Trade Paperbacks, 2005.

Ma Y, Ma M, Cho Z. *Biomedical Acupuncture For Pain Management: An Integrative Approach*. St. Louis: Elsevier, 2005.

Melzack R, Wall PD. *The Challenge of Pain* (Rev. ed.). London, England; New York, NY, USA: Penguin Books, 1988.

Phillips M. *Reversing Chronic Pain: A 10-Point All-Natural Plan For Lasting Relief*. Berkeley, CA: North Atlantic Books, 2007.

Remen RN. *Kitchen Table Wisdom: Stories That Heal*. New York: Riverhead Books, 1996.

Santorelli S. *Heal Thy Self: Lessons on Mindfulness in Medicine* (1st ed.). New York: Bell Tower, 1999.

Turk DC, Winter F. *The Pain Survival Guide: How to Reclaim Your Life* (1st ed.). Washington, DC: American Psychological Association, 2006.

Wall PD, McMahon SB, Koltzenburg M. *Wall and Melzack's Textbook of Pain* (5th ed.). Philadelphia: Elsevier/Churchill Livingstone, 2006.

- **Articles**

Arnstein P. Comprehensive analysis and management of chronic pain. *Nurs Clin North Am* 2004;38:403-417.

- **Internet Resources & Web Sites**

The Pain Consortium: http://painconsortium.nih.gov/pain_index.html

The American Pain Society: <http://www.ampainsoc.org/people/>

Additional Reading: What Do We Know about Wisdom and Growth?

What Is Wisdom?

Wisdom implies integration of knowledge, experience, and humility into a creative life. Although there is an increasing body of research on wisdom, there is as yet no widely accepted definition of this elusive concept. As one researcher noted, “Wisdom is about as elusive as psychological constructs get.”ⁱ There are, however, common themes running through the numerous attempts to capture the multidimensional nature of wisdom. The first is that wisdom is integrative, with multiple dimensions^{ii,iii,iv}, and that it is an active concept, intimately connected with the conduct and meaning of life.^{2,4} The second, best exemplified in the book of Job, is that wisdom somehow involves humility, “knowing the limits of knowing”⁴, “understanding the extent to which life is uncertain” (Max Plank Institute), understanding life in the face of death itself.^v We had the opportunity to study this complex, integrative coming together of knowledge, experience and humility into a creative life story, with appropriate attention to its richness and its dynamic quality.

How Do We Become Wise?

It is likely that there are certain kinds of experiences that are formative to wisdom, when knowledge and experience are honed by humility. There is evidence that fundamental life events, particularly adversity, can be transformative experiences.^{vi,vii,viii} There is unique opportunity in the situation of adversity to forge wisdom out of knowledge and experience.^{ix} In the course of our lives one is privileged to witness individuals whose knowledge and experience have been honed by suffering. Some have emerged with wisdom. Others have been destroyed, filled with anger, bitterness and ongoing pain. As Kierkegaard writes in *The Gospel of Sufferings*, “The way is the same; the difference is how it is traveled.”^x Observing and understanding the creative path, the successful path, through adversity to wisdom is the first step toward being able to nurture this creative response.

What do Great Thinkers and researchers believe about wisdom?

The notion of wisdom has a rich history, with both religious and philosophical attempts to capture its essence. What is most notable throughout the literature on wisdom is how elusive it is as a concept. Perhaps it is its multidimensional nature, perhaps that it appears to be an active concept (to understand or know it one must see it in action). Regardless, examination of the literature and most recently the research on wisdom does reveal some common threads in our understanding, and most importantly gives us a starting place.

Aristotle recognized that wisdom could be conceptualized as phronesis or practical wisdom, and Sophia or theoretical wisdom but also that wisdom was signified by a life lived a certain way, a life lived in accordance with aretis or excellence. (Aristotle’s

Metaphysics 1.1) Thus, very early on it was noted that wisdom had many dimensions. Thomas Aquinas described wisdom as both practical and speculative. In some of the first studies examining the nature of wisdom, Clayton and Birren investigated common opinions about wisdom and found that respondents considered wisdom “an attribute representing the integration of general cognitive, affective and reflective qualities.”³ Since then, numerous studies have documented this multidimensional nature of wisdom.^{2,xi,xii,xiii} Ardelt has characterized wisdom as an integration of cognitive, reflective and affective components. The cognitive is described as “a desire to know the truth and to comprehend the significance and deeper meaning of phenomenon and events, including the limits of human knowledge.” The affective component has to do with empathy and compassion, which “increase as self-centeredness is transcended”. Empathy and compassion “imply serenity and contentment, because it enables one to accept the possibilities and limitations of life, including physical health and decline”. The reflective component of wisdom is described as “a clear-sighted perception of reality, de-centering from self, and ability to consider events from different perspectives, to perceive life as it is, rather than through one’s fears and projections”. This reflective component is seen as a component which promotes the further development of wisdom.²

What does wisdom look like?

Throughout the literature on wisdom there are repeated references to wisdom being an active concept, known only through the doing of it, related intimately to experience, and understood only by observing the doer. The biblical wisdom literature stresses wisdom as practical, related to questions about life rather than questions about knowing, about coping first and understanding later, because the understanding comes out of the coping. In the book of Job, the path to wisdom is to be found in the process of coping with and responding to suffering. In the description of Job, the reader can see wisdom in Job’s coping, in stark contrast to those around him who presumed knowledge but clearly did not understand. Ardelt comments that wisdom “cannot remain theoretical, abstract, detached, but is necessarily applied, concrete and involved.”² Baltes suggests that there is consensus that wisdom is “easily recognized when manifest.”⁴ If wisdom is an active concept, then the understanding of wisdom begins with observation. Trowbridge, in his comprehensive review of the state of wisdom research, concludes that any study of wisdom in this era must consider the value of studying wise persons. “The value of studying exemplars carefully is that they can show us the *way* to wisdom. They may have put ultimate questions, or questions about meaning and significance of existence, into a form that is helpful for our pluralistic world as we struggle with important choices and questions of meaning” (pp. 248-249).^{xiv}

How does suffering lead to wisdom?

One of the properties generally accepted as inherent in any definition of wisdom, according to Baltes, is “knowledge particularly about the limits of knowledge.”⁴ In most descriptions of wisdom, either theoretical or based on common opinions about wisdom, there is the notion of humility (knowledge of one’s limits), understanding the extent to which life is uncertain, acceptance of ambiguity, and the ability to reflect on this ambiguity. Also universal in descriptions of wisdom is the affective component of empathy and compassion and the ability to transcend self-centeredness. All of these components imply the ability to accept both the limitations and the potential in life circumstances and to continuously search for, and create, meaning in life events. Suffering presents the greatest of all challenges to what we know about ourselves, about God and about the meaning of our lives. Empathy and compassion are born out of one’s own experiences of suffering. Appreciation of the limits of knowledge likewise comes from our experience of things we cannot understand, and tolerance of ambiguity is likely born out of experiences that we can neither understand nor control.

Is there a path through suffering?

Gluck et al used narrative to study the development of wisdom and found that “wisdom stories” differed from “peak experiences” and “foolish behavior” narratives. The narratives provided evidence that wisdom involves “fundamental events, and is elicited chiefly in response to life decisions and negative events” (p. 206).⁷ Pascual-Leone described “limit situations” as situations which are overwhelming, unavoidable, apparently irresolvable life events” (p. 247).^{xv} He suggests that confronting these “with awareness and resolve can lead to remarkable growth in the self...and the natural emergence of the transcendent self...if they do not destroy the person first”(p. 247).¹⁵ Sorajjakool suggests that illness causes us to question our sense of meaning, and in the process of moving through illness we have the opportunity to re-configure and reintegrate this sense of meaning. He sees this as a necessary developmental task in the path to true (spiritual) healing. Thus, as Kierkegaard implied, “just by observing such a sufferer, one comes to know unmistakably what the highest is” (Kierkegaard). Erikson described wisdom as “Informed and detached concern for life itself in the face of death itself”, implying a path, if you will, through death (suffering) to wisdom.⁵ We postulate that the experience of suffering or adversity offers an opportunity in the development of wisdom. Studying physicians and patients who have successfully met serious life challenges, transforming adversity into wisdom, offers insight into the traits and circumstances associated with those who have taken this path to wisdom.

Can we respond to adversity in a positive way?

We do know something about humans’ response to adversity. A new psychological construct has emerged in the last ten years termed Post-Traumatic Growth which describes a positive psychological response to in the wake of trauma that goes beyond the concept of resilience to a process of positive transformation. Tedeschi and Calhoun

have described a complex positive transformational response among survivors of major trauma that they divide into 5 domains: 1) greater appreciation for life and changed sense of priorities 2) warmer more intimate relationships with others 3) recognition of new possibilities or paths for one's life 4) greater sense of personal strength 5) spiritual development.⁹ In the process of this positive transformation, persons go beyond "bouncing back" from a difficult experience and are able to leap forward in the development of what looks a lot like wisdom. Tedeschi and Calhoun have developed a framework of how this post-traumatic growth takes place (Figure 1).

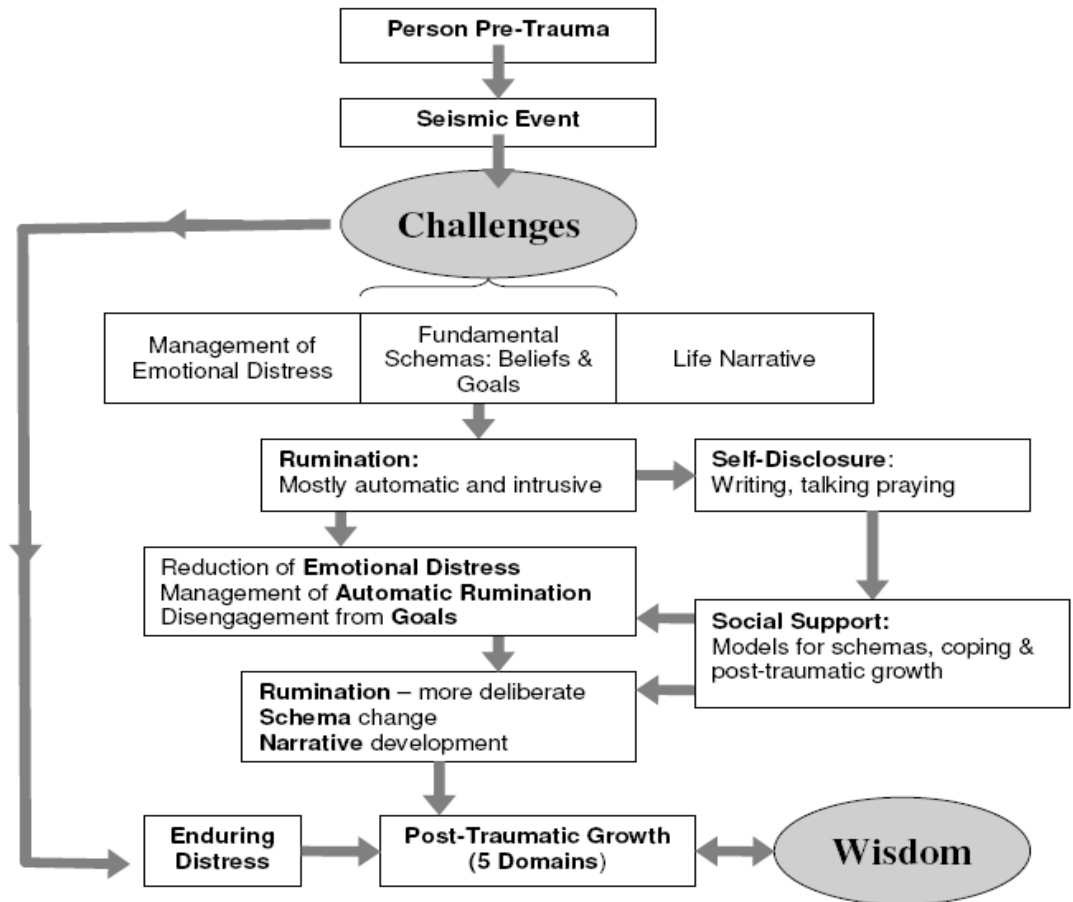


Figure 1. A Model of Posttraumatic Growth
 Tedeschi and Calhoun, "Posttraumatic Growth: Conceptual Foundations and Empirical Evidence" *Psychological Inquiry* 2004, Vol. 15. No. 1, p.7.

In this schema, persons facing adversity move through a process of rumination and with the help of self-disclosure and engaging social support, are able to re-configure their schema (self-understanding/ understanding of the world), re-work their story and emerge with positive growth. Lerner noted that in the face of adversity humans need to make sense of what has happened. In fact, this ability to make sense of tragedy is "the key that unlocks what has been termed "post traumatic growth'."xvi According to

Lerner, when bad things happen, we cope in three major ways: active coping (find a problem and fix it), re-appraisal (internal work that allows us eventually to be more resilient in the future), and avoidance coping. Not surprisingly, optimists tend toward the first two coping mechanisms, and they tend to be happier in the long run. But, as Haidt notes, “the key to growth is not optimism per say, but the sense-making that optimists find easy” (p. 147).¹⁶

How do we find meaning in suffering?

James Pennebaker, in his important work on responding to adversity and its effects on health, found that those who talked with friends or with a support group did better than those who did not.⁸ He then went further, and in an elegant study using narrative, documented that it was not the “letting off of steam” that was beneficial. Rather it was in telling the story that people were able to find meaning in what had happened to them. Pennebaker asked participants to “write about your worst experience, especially one that you have never shared with anyone before.” He had them write for 15 minutes each day, for four days in a row. In the analysis of the narratives and then correlating that with health outcomes over the next year, he found that those who were able to discover meaning in their experience over the course of the narratives had fewer visits to the doctor than those who just ranted. Thus, it appears that, at least for some people, adversity can be a positive transformational experience of growth. This positive transformation looks a lot like wisdom in its description. In addition, it appears to be the meaning found through suffering that leads to growth, and, we would suggest, the development of wisdom. Even further, this wisdom may have tangible, positive effects on health or sense of wellbeing.

How do we share wisdom?

In many traditions, wisdom is shared through stories. Rachel Remen writes, “Sitting around the table telling stories is not just a way of passing time. It is the way the wisdom gets passed along.” We suspect it is the same in medicine, though where and how these stories are told is not clear. If wisdom is about meaning, then it is not surprising that wisdom would be shared in stories, and that narrative may not only capture and convey wisdom most thoroughly, but also may contribute to its development, both individually and collectively. Rita Charon notes that in narrative, meaning is created in the expression of the experience.^{xvii} This finding meaning may occur as the patient relates his or her story to the physician, as the physician writes about an experience and in the writing discovers the meaning, or as patients or physicians orally share their stories with one another. It is not surprising, then, that in Pennebaker’s study, persons were noted to discover meaning in their experience through the process of narrative.⁸ In the arena of medical error, talking about mistakes is a way of both finding meaning in the experience and sharing wisdom about doctoring. Narrative, then, is likely to be the best way to capture the path which patients and physicians take in the development of wisdom out of adversity.

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