

Married & Wise - A Correlational Study of Wisdom, Well-Being, and Resilience in Relation to Gender, Age and Marital Status

Moh'd Shoqeirat¹, Ahmed Almatarneh², Mohammad Alkhalwaldeh³, Mamduh Alzaben⁴, Salwa Al Majali⁵ & Abdunaser Algaralleh⁶

Abstract

Wisdom, well-being, and resilience are essential for individuals to effectively cope with life's adversities. This study aims to examine the relationship between wisdom, well-being, and resilience within a sample of 223 participants (60 males and 163 females) aged between 18 and 65 years. Moreover, gender, age, and marital status were examined in relation to the three variables. The study utilized the San Diego Wisdom Scale, the World Health Organization-5 Well-Being Index, and the Connor-Davidson Resilience Scale for data collection. Pearson correlation, t-test and Chi-square analyses were employed to analyze the obtained results. The study findings revealed a significant positive correlation between wisdom and resilience, psychological well-being and resilience, and well-being and age. No correlation was observed between wisdom and well-being and wisdom and age. Males demonstrated having higher psychological well-being, while females reported higher wisdom than males. Furthermore, compared to unmarried individuals, married ones had higher psychological well-being.

Keywords: Age, gender, resilience, well-being, wisdom

Introduction

Wisdom can be categorized into two types: theoretical and practical. The former aims to understand the nature of reality and the human place in it, while the latter is related to good decision-making and performing moral actions at the appropriate time for the right reasons. This definition implies that wisdom may be a uniquely human ability having specific components, such as emotional regulation, social decision-making, pro-social behavior, self-reflection, acceptance of uncertainty, decisiveness, and spirituality (Jeste et al., 2019). Following a review of studies,

¹ Dr., AL-Ahliyya Amman University, Jordan, m.shoqeirat@ammanu.edu.jo

² Dr., Mutah University, Jordan, Ahmed_jmat@yahoo.com

³ Dr., The University of Jordan, M_alkhalwaldeh@ju.edu.jo

⁴ Dr., AL-Ahliyya Amman University, Jordan, m.alzaben@ammanu.edu.jo

⁵ Dr., Al Ain University, United Arab Emirates, salwa.almajali@aau.ac.ae

⁶ Dr., Mutah University, Jordan, dr_naser_musa@mutah.edu.jo

Bangen et al. (2013) and Meeks and Jeste (2009) identified the six most commonly used components of wisdom: (1) general knowledge of life and social decision-making—the ability to provide useful advice as well as having life's knowledge and skills; (2) emotional regulation— affect regulation and self-control; (3) pro-social behaviors—e.g., empathy, compassion, altruism, and a sense of fairness; (4) insight—the ability and desire to comprehend oneself and one's actions at a deep level; (5) value relativism (tolerance for divergent morals)—being nonjudgmental and accepting of other value systems; and (6) decisiveness—the capability to make quick and effective choices. Thus, as a whole, wisdom is greater than the sum of its components in terms of its utility to the self and society. Other studies have defined it as expertise in the fundamental pragmatics of life, that is, exceptional knowledge and judgment about the human condition and life planning, management, and understanding (Staudinger & Glück, 2011).

Wisdom and age: Throughout history and across cultures, wisdom has been assumed to increase with age (Orwoll & Perlmutter, 1990). Some researchers have questioned the long-standing supposition that wisdom comes with age, as unwise older adults may exist. Oscar Wilde noted wryly, "With age comes wisdom, but sometimes age comes alone." We agree that ageing alone does not guarantee wisdom (Jeste et al., 2019, p. 225). However, other studies have yielded different results. For example, Grossmann et al. (2012) reported that wisdom (e.g., understanding the limits of personal knowledge, recognizing multiple perspectives and the importance of compromise) increased with age among Americans. Interestingly, younger and middle-aged individuals from Japan exhibited a higher utilization of wise reasoning strategies compared to their counterparts from the United States of America. Furthermore, Ardelt et al. (2018) proposed that the relationship between age and wisdom follows an inverse U-curve, reaching its peak in midlife. They posited that education should be taken into account when exploring this relationship, as wisdom is correlated with education. However, Jeste et al. (2019) reported that wisdom tends to increase with active ageing.

Wisdom and gender: The findings concerning wisdom and gender have yielded inconsistent results. Some studies have suggested that women have advantages in the interpersonal aspects of wisdom, while men tend to excel in the cognitive components. However, other studies have suggested fewer gender differences (e.g., Aldwin, 2009; Ardelt, 2009; Orwoll & Achenbaum, 1993). World Health Organization (WHO, 2014) defines mental health as encompassing psychological well-being, characterized a positive mental state that fosters personal growth,

success, and flourish (see Clarke et al., 2011). Furthermore, it entails experiencing happiness while being free from feelings of sadness or anxiety (O'Connor et al., 2018).

Well-being entails the ability of individuals to develop their creative potential, form strong relationships with others, contribute to their community, and achieve personal and social goals (Jenkins et al., 2008). The American Psychological Association Dictionary (2020) defines well-being as a state of happiness and contentment, with low levels of distress, overall good physical and mental health as well as outlook, or good quality of life.

Well-being and marital status: Well-being is closely associated having strong social support. Having a partner is recognized as an important source of social support (Schwarzer et al., 2004) and is consistently associated with higher levels of well-being (Helliwell et al., 2009). On the other hand if the marriage is not unhappy, that will affect negatively on well-being, happiness, life satisfaction, and self-esteem (Hawkins, & Booth, 2005).

Also, divorce, separation, widowhood, or being single have been linked to lower levels of happiness, lower life satisfaction, decreased self-esteem, more significant negative affect, and depressive symptoms (Von Soest et al., 2018). Men, in particular, often experience poorer health and well-being when they are not engaged in a romantic relationship compared to women (Bottom, 2013; Wanic & Kulik, 2011). Marriage has been shown to boost life satisfaction in men but not women's (Chipperfield & Havens, 2001). Furthermore, husbands tend to report better well-being than wives (Mills et al., 1992). However, some studies found that long-term, poor-quality marriages can have a substantial negative impact overall well-being (Hawkins & Booth, 2005).

Well-being and age: There is a strong positive relationship between age and psychological well-being (Nilsson et al., 2010; Maroof & Khan, 2016). However, some studies have reported that well-being deteriorates in the elderly (Sapranaviciute-Zabazlajeva et al., 2018). Also, there is a proposition that an inverse U-shaped association exists between the two variables, implying that older individuals might experience a higher prevalence of health issues that could influence their well-being. Furthermore, the loss of loved ones could have an adverse effect on their mental health (Steptoe et al., 2015); nonetheless, the results have been inconsistent (Berg et al., 2006).

Well-being and gender: Gender-related variations in well-being have generated inconsistent results. While certain investigations have identified no disparities (Bano, 2014; Ashok, 2017; Hasan, 2019) divergent findings have emerged. Some studies have reported significant differences

favoring women (Graham & Chattopadhyay, 2013; Chraif & Dumitru, 2015), while others have indicated similar differences for men (Maroof & Khan, 2016).

The term resilience originated from the Latin word 'resiliens', which relates to a substance's elastic or pliant quality (Joseph, 1994). Individuals exhibiting resilience manifest strong self-control, a positive self-concept, and heightened adaptability in confronting life's myriad challenges. They adeptly navigate demanding and perilous situations, successfully devising coping strategies.

Resilience has been linked to healthy ageing. Therefore, an individual who maintains high level of functioning, despite encountering adversities is considered to possess high resilience and is likely to undergo healthy ageing (Cosco et al., 2017). However, those who lack resilience might not enjoy these benefits.

Psychology defines resilience as adapting effectively to life's adversity, threats, traumatic events, and stress resources, such as family and relationship conflicts, serious health problems, or workplace and financial stressors. As much as it involves 'bouncing back' from these challenging experiences, it can also comprise profound personal growth (Southwick et al., 2011). Resilience aids in maintaining and promoting mental health, bolstering inner strength and safeguarding against potential well-being threats. It is believed to be a process rather than a single event and a continuum rather than a binary outcome. Viewed as a process, not an isolated event, it is crucial for positive mental health (WHO, 2005). Those who remain illness-free after stress may possess higher resilience (Bonanno et al., 2015).

Resilience and gender: Samplin et al. (2013) concluded that females show greater resilience to the neurological impacts of childhood maltreatment, although This is not necessarily linked to reduced psychiatric symptoms.

A study by Campbell-Sills et al. (2006) examining resilience in relation to personality, coping, and psychiatric symptoms among young adults found no significant gender-based difference in resilience levels. Moreover, research has indicated that females tend to exhibit higher resilience scores than males, with the differences being more pronounced among older women than younger ones (Netuveli et al., 2008).

Resilience and marital status: Resilience has been associated with social support in diverse populations, including disabled adolescents (Migerode et al., 2012) and individuals with chronic disease (Ruiz-Robledillo et al., 2014). Ni et al. (2015) found that married individuals exhibit higher levels of resilience compared to those who are single. Resilience and age: Gucciardi et al. (2011)

found no significant relationship between age and resilience. However, this result contrasts with the findings of Yu and Zhang (2007), who reported that younger students exhibit higher resilience than older ones.

The correlation between wisdom and psychological well-being is inconsistent (Zacher & Staudinger, 2018). While some studies have found significant relationship between wisdom and greater psychological well-being (Ardelt, 2016; Ardel & Jeste, 2018; Webster et al., 2014), others have reported no significant correlation between the two (e.g., Glück et al., 2013; Mansfield et al., 2010).

Resilience and well-being are fundamentally related; in some instances, the former is measured using the latter's instruments (Davydov et al., 2010; Windle, 2011). Researchers have argued that a higher level of well-being is an antecedent of resilience (e.g., Harms et al., 2018; Kuntz et al., 2016). Resiliency is emphasized as assessing one's inner wisdom that affects life satisfaction and builds the capacity to recover from adversities (Nelson-Becker, 2013). It can be defined as having social negotiation skills; therefore, wise people can activate their resources to engage in effective decision-making, leading to more significant positive outcomes (Ungar, 2010). Therefore, there seems to be a gap in information concerning the relationship between these three variables.

Throughout human existence, lives are laden with burdens, adversities, and miseries. It is apparent that human life encompasses suffering, which to a certain extent is imperative for maintaining mental and physical well-being (Linden, 2014). This is precisely where resilience plays a crucial role.

Individuals with wisdom can distance themselves from challenging events, exhibit enhanced coping skills for both familiar and novel situations, and possess the capacity to recall fewer negative events from their earlier life experiences (Ardelt, 2005; Johnson, 1995). Therefore, the study's rationale was based on the idea that wisdom, well-being, and resilience are vital for humans to cope efficiently with life's adversities. As such, a potential relationship between these constructs is plausible. Furthermore, this study aims to explore potential relationships between these variables and gender, age, and marital status.

Study questions:

Q1 - How does the study sample perform on the utilized measures, namely the San Diego Wisdom Scale, Connor-Davidson Resilience Scale, and World Health Organization-5 Well-Being Index?

Q2 - Is there a significant correlation between the total scores of the three measures?

Q3 - Are there significant gender differences regarding the performance on the three measures?

Q4 - Are there significant differences between marital status categories regarding performance on the three measures?

Q5 - Is there a significant relationship between the total scores of the three measures and participants' ages?

Q6 - Are there significant associations between the variables (marital status, age, and gender) and the three measures (resilience, wisdom, and well-being), as determined by Pearson Chi-Square tests of independence?

Method

Participants

The study participants consisted of 223 adults (60 males and 163 females) aged between 18 and 65 years (mean age 28.54 years, SD: 11.52). Among them, 73 participants were married, and 150 were unmarried, all from Jordan.

Data Collection Tools

San Diego Wisdom Scale (SD-WISE) (Thomas et al., 2019): This scale consists of 24 items developed to measure an individual's wisdom level. It encompasses six components: social advising, decisiveness, emotional regulation, insight, pro-social behaviors, and tolerance for divergent values.

The scale is rooted in a putative neurobiological foundation; its components share a common neuro circuitry comprised of the prefrontal cortex (dorsolateral, ventromedial, and anterior cingulate) and amygdala (Thomas et al., 2019). The items are rated on a five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The scores range between 24 and 120; the higher the score, the higher the level of wisdom.

The scale underwent translation into Arabic and subsequent back-translation into English by experts in the English language. Adjustments, as needed, were made by specialists in clinical

neuropsychology and clinical psychology. Construct validity, test-retest reliability, and Cronbach's alpha were assessed, yielding values of 0.78 and 0.85, respectively. The original measure demonstrated a reliability of .80. In this study, the total score of the scale was employed (its psychometric characteristics are available in Shoqeirat (2021).

World Health Organization-5 Well-Being Index (WHO-5): This five-item measure evaluates participants on a five-point Likert scale, ranging from 0 (at no time) to 5 (all the time). The raw score is calculated by adding the five answers' points and ranges from 0, representing the worst possible well-being, to 25, indicating the best possible one. To obtain a percentage score ranging from 0 to 100, the raw score is multiplied by four.

Percentage scores of 0 and 100 represent the lowest and highest levels of well-being, respectively (Topp et al., 2012). For this study, an Arabic version of the index, adapted by Sibai et al. (2009), was utilized. This version has demonstrated favorable psychometric properties, with a Cronbach's alpha of .877 for test-retest reliability and .84 for the current study. A cut-off score of <50% is indicative of low well-being.

The Connor–Davidson Resilience Scale (CD-RISC) (Connor & Davidson, 2003): Consisting of 25 items, this scale employs a five-point Likert scale, ranging from one (strong disagreement) to five (strong agreement). The cumulative score is computed, with elevated scores indicating heightened resilience. This measure has been widely employed within Arabic culture and possesses established validity and reliability (refer to Abu Dora'n, 2020). In the present study, Cronbach's alpha was 0.93

The researchers guaranteed that there is no common method bias in their measurements. And counterbalanced was used when distribution the scales (Podsakoff, et al., 2003; Podsakoff et al., 2012).

Data Collection

This cross-sectional study utilized an internet-based survey conducted through Google Forms. Inclusion criteria encompassed participants aged 18 years or older, who provided consent, were native Arabic speakers, and completed the three measures along with demographic information. While 274 participants initially filled out the forms, 51 responses were subsequently excluded from the probability sample due to non-compliance with study requirements or incomplete information.

Data Analysis

The SPSS statistical package was utilized for the data analysis, after checking the assumption all measurements was fit, normality and homogeneity tests using Levene's tests were made as a requirement for using parametric tests. The results show a normal distribution (Ghozali, 2018), and there was homogeneity, according to Hair et al. (2018). employing Pearson correlation, t-test and Chi-square tests to analyze the data at hand.

Findings

Q1: How does the study sample perform on the utilized measures, namely the San Diego Wisdom Scale, Connor-Davidson Resilience Scale, and World Health Organization-5 Well-Being Index? Table 1 presents the means and standard deviations (SD) of the sample's performance on the measures. Notably, the sample exhibited high performance on the SD-WISE, with a mean of 77.97 and an SD of 9.55. Approximately 65% of participants achieved scores toward the higher end of the scale. Performance on the WHO-5 showed a slightly above-average level (mean=54.67, SD=20.70); however, considering the cutoff score for low well-being (<50%), the sample's percentage was above this threshold at 55%. In terms of resilience, participants demonstrated a high level of performance (mean=93.37, SD=16.65), with approximately 75% achieving scores indicating resilience.

Table 1

Descriptive Statistics

Scale	N	Mean	SD	%
SD-WISE	24	77.97	9.55	65%
WHO-5	5	54.67	20.70	55%
CD-RISC	25	93.37	16.65	75%

Q2: Is there a significant correlation between the total scores of the three measures?

Table 2 presents the results of the Pearson correlation coefficients. A significant positive relationship was observed between the total scores of the SD-WISE and CD-RISC. Furthermore, a significant positive correlation was identified between the total scores of the CD-RISC and WHO-5. However, no significant correlation was observed between the SD-WISE and WHO-5 total scores.

Table 2

Correlations between the total scores of the three measures

Scale	SD-WISE	WHO-5	CD-RISC
SD-WISE	1	.273	.376*
WHO-5		1	.232*
CD-RISC			1

*significant at the .05 level (two-tailed).

Q3: Are there significant gender differences regarding performance on the three measures?

Table 3 outlines the t-test results. The analysis showed significant differences in SD-WISE scores between males and females, with females having a favourable advantage. However, significant gender differences in the WHO-5 scores favoured the males. Also, no significant gender differences were observed regarding the CD-RISC scores.

Table 3

Independent Samples t-test by gender

Scale	Gender	N	Mean	SD	F	df	Sig.
SD-WISE	Male	60	77.71	11.95	5.729	221	0.017*
	Female	163	78.07	8.56			
WHO-5	Male	60	59.30	20.66	5.250	221	0.031*
	Female	163	53.00	20.51			
CD-RISC	Male	60	91.80	18.02	0.263	221	0.608
	Female	163	93.94	16.14			

*significant at the 0.05 level (two-tailed).

Q4: Are there significant differences between marital status categories regarding performance on the three measures?

The results of this question are presented in Table 4. The t-test analysis results for the two independent groups showed a significantly higher performance of the married participants compared to unmarried individuals on the WHO-5 scale, indicating a higher level of well-being among the former. However, no significant differences were observed between these two groups in relation to the total scores on SD-WISE and CD-RISC scales. While unmarried individuals displayed higher scores on both scales, these differences did not reach statistical significance.

Table 4

Independent Samples t-test by Social Status

Scale	Social Status	N	Mean	SD	F	df	Sig.
SD-WISE	Married	73	77.64	10.75	1.650	221	0.200
	Unmarried	150	78.11	9.04			
WHO-5	Married	73	61.53	19.45	4.556	221	0.000*
	Unmarried	150	51.85	20.58			
CD-RISC	Married	73	91.96	16.87	0.041	221	0.840
	Unmarried	150	93.95	16.57			

**significant at the 0.05 level (two-tailed).*

Q5: Is there a significant correlation between the total scores of the three measures and participants' ages?

Table 5 presents the Pearson correlation coefficient results, indicating a significant positive correlation between age and the WHO-5, while no significant correlations were observed between age and the SD-WISE or CD-RISC.

Table 5*Correlations between the total scores of the three tools and age*

Scale	SD-WISE	WHO-5	CD-RISC	Age
SD-WISE	1	.273	.376*	.214
WHO-5		1	.232*	.282*
CD-RISC			1	.040
Age				1

**significant at the 0.05 level (two-tailed).*

Q6: Are there significant associations between the variables (marital status, age, and gender) and the three measures (resilience, wisdom, and well-being), as determined by Pearson Chi-Square tests of independence?

Table 6 presents the results of the Pearson Chi-square tests. The analysis revealed that resilience exhibited dependency on marital status, while it remained independent of age and gender. Wisdom was found to be dependent on marital status and age, yet it remained independent of gender. Well-being was observed to be dependent on age, while being independent of marital status and gender.

Table 6*Chi-Square Tests*

Factors	N of Valid Cases	Pearson Chi-Square Value	P-value
Marital Status			
Resilience	233	254.496 ^a	.001*
Wisdom	233	92.713 ^a	.017*
Well Being	233	96.644 ^a	.962
Age			
Resilience	233	198.422 ^a	.305
Wisdom	233	114.655 ^a	.000*
Well Being	233	183.550 ^a	.000*
Gender			
Resilience	233	56.090 ^a	.719
Wisdom	233	28.274 ^a	.167
Well Being	233	47.635 ^a	.221

**significant at the 0.05 level (one-tailed).*

Discussion

Table 1 shows the high performance of individuals in SD-WISE, WHO-5 and also a high-performance regarding resilience. This is further supported by Pearson's correlation coefficient findings in Table 2. Therefore, it can be assumed that wise people have a deep understanding and life experience, enabling them to embrace and confront unexpected adverse circumstances. Moreover, they may have the ability to cope with and adapt effectively to life's adversities and tend not to give up. Moreover, they are more mindful (Beaumont, 2011), capable of acknowledging and regulating their emotions while navigating the repercussions of life's circumstances. They can judge their personal abilities, weaknesses, and strengths realistically rather than in an artificial manner; consequently, they can accommodate life hazards.

Together with other attributes, these traits could elucidate the positive correlation between wisdom and resilience identified in this study. This finding aligns with the findings of Nelson-Becker (2013) and Ungar (2010). From a neurobiological perspective, both resilience and wisdom are related to the prefrontal cortex's functions (Southwick et al., 2011; Thomas et al., 2019), yet other factors are not excluded.

Furthermore, a positive correlation was observed between resilience and well-being; this may be attributed to the pivotal role of resilience in upholding and restoring well-being during challenging circumstances. Resilient individuals possess the capacity to practice mastery over adverse life events, contributing to better wellness.

Both resilience and well-being enable individuals to engage others and new situations confidently, fostering improvements in self-esteem and self-perception. This finding aligns with the conclusions drawn by Davydov et al. (2010) and Windle (2011).

The discovery of higher wisdom scores in females compared to males, aligns with literature indicating that males tend to prioritize intelligence as a primary element of wisdom, while females focus on humanitarian principles and the acceptance of diverse perspectives and values. This suggests that males may view wisdom as more 'cognitive', while females perceive it as more 'affective'.

Furthermore, in contrast to men, women demonstrate more prosaic behaviours, which are a major constituent of wisdom. This could suggest that females possess a higher level of wisdom. Another potential explanation could be that women express greater concern for the well-being of others, show respect for cultural values and individual differences, as well as care deeply about self-direction, fairness, and equality as fundamentals of human society. These findings align with previous studies conducted by Ardel (1997), Abdullahi and Kumar (2016), Kumar et al. (2016), and Glück et al. (2020). However, they are inconsistent with the findings of Shoqeirat (Accepted), who reported no gender differences. The higher well-being among males compared to females might stem from differences in future wellness optimism potentially linked to gender socialization, roles, and other factors like marital status, employment, social roles, and gender attitudes. Additionally, females' dissatisfaction with their femininity could contribute to this pattern. Furthermore, women are statistically more prone to mental health issues like depression and anxiety, with a prevalence two to three times higher than in men (Eaton et al., 2012). Societal stereotypes regarding sexuality and body image could impose substantial stress and distress on women, potentially placing them at an elevated risk of both physical and mental illnesses, which may subsequently impact their overall well-being. In China, males tend to initiate seeking social support and discussing issues more actively compared to females, as noted by Ni et al. (2015). Besides, females are expected to face higher rates of abuse (physical, sexual, and psychological) and harassment than men (e.g., Smolak & Piran, 2012), affecting their well-being negatively. Well-being is closely connected to sufficient social support, and being in a relationship, like a marriage, is often seen as a source of such support. Partnerships, including marriages, can serve as protective factors against stressors, contributing to overall well-being.

Married individuals tend to exhibit greater confidence, enjoy increased social support, and benefit from enhanced health regulation compared to those who are single. Love within a marital relationship is linked to improved emotional well-being, alongside various forms of interaction. In addition to that, a marital relationship provides people with physical, emotional, and sexual interaction resources. These findings align with previous studies by Liu and Umberson (2008), Bottom (2013), and Mills et al. (1992). It could be assumed that well-being increases with age, as mental and physical capabilities also enhance with it. Some studies show that the ageing process does not affect well-being negatively, explaining it as a 'stability despite loss' paradox (Walker, 2005).

Elderly individuals have reported relatively high levels of life satisfaction despite their poor conditions; possibly due to ‘age-cohort effects’, where lower expectations contribute to heightened life satisfaction in older individuals (Walker, 2005). Furthermore, happiness tends to rise with age and correlates with overall well-being. As age advances, people tend to recalibrate their expectations and accept life's realities, potentially contributing to the positive correlation between well-being and age. Well-being increases with age or remains constant, which could further explain this positive correlation. This aligns with findings by Maroof and Khan (2016) and Nilsson et al. (2010), suggesting a linear relationship between age and well-being throughout the lifespan.

Conclusion

This study explored interconnectedness of wisdom, resilience, and well-being and investigated through three scales examined demographic factors. Yet, the limited sample size could impact result generalization. Future research delves into the neural basis and intricate components of these variables for a comprehensive understanding.

Data Availability The datasets analysed during the current study are available from the corresponding author upon reasonable request.

Conflict of Interest: The authors declare no conflicts of interest in this study.

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Consent to Participate Participants provided informed consent to participate in this study.

Ethics approval: This study was conducted in accordance with the principles of the Committee on publication ethics (COPE).

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