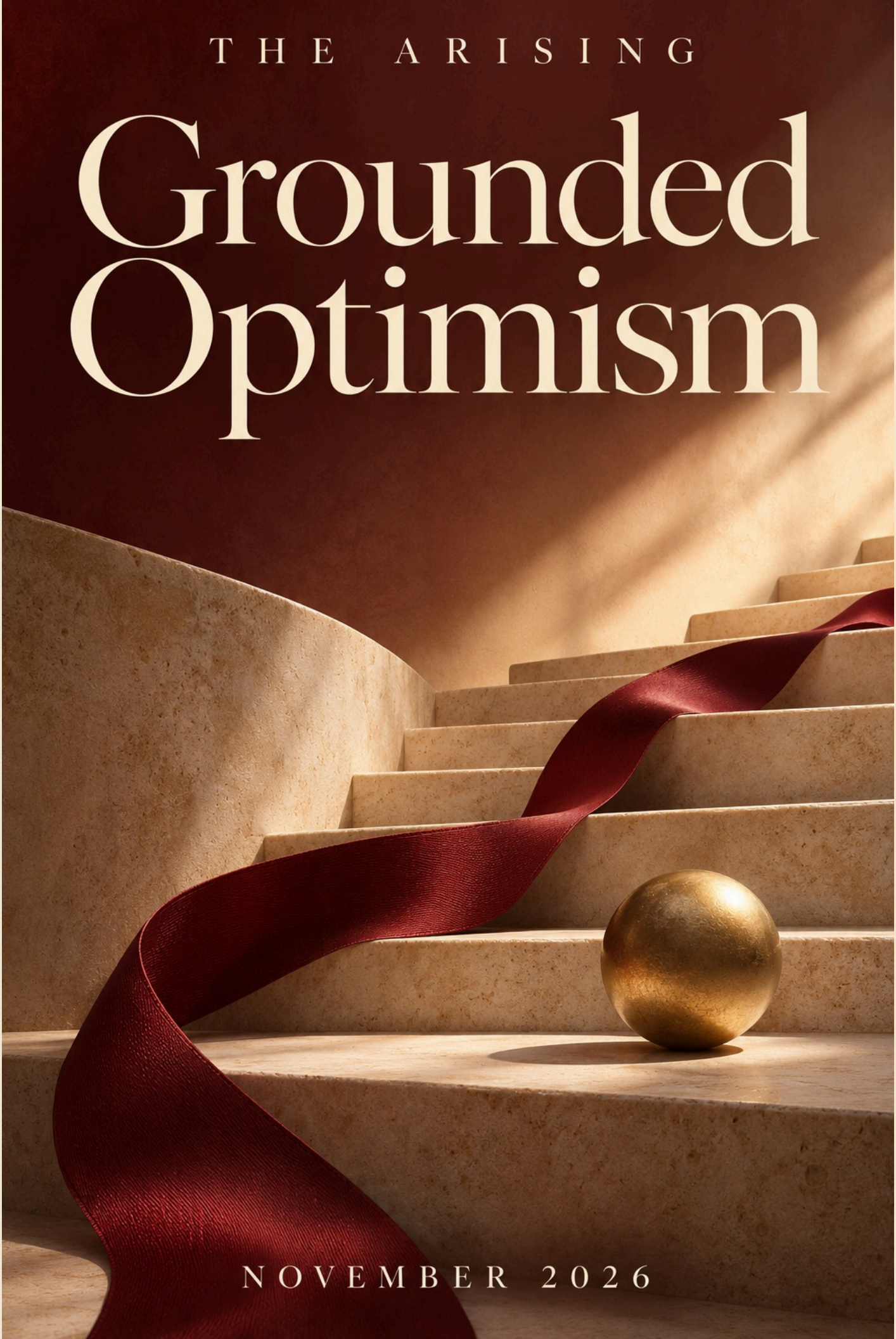
THE ARISING

# Grounded Optimism



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ORIGINAL ESSAY · JOHN GRIFFIN, MD

# The Fierce Optimist

## A choice within the process

There is no resignation in wanting to meet what is real.

Acknowledging change does not require us to accept preventable suffering. Recognizing limits does not require us to stop investigating them. Admitting that understanding can be revised does not leave us unable to know anything useful.

It leaves us responsible for continuing to look.

Someone asks whether an older adult can keep walking. Someone tests a treatment against a fracture, a cardiovascular event, a loss of function. Someone studies a cellular process closely enough that an earlier question becomes newly precise.

An ordinary future can become a little more available. We will not learn when that is possible by deciding in advance what reality ought to say.

## What we cultivate

I have written that doom is a created thing. I do not mean that dangers are imaginary, or that tragedy is caused by an insufficiently optimistic mind. Disease, loss, violence, and error are real. They deserve attention, preparation, and care.

What we create is also an account of what they permit us to expect. We can mistake a danger for a destiny. We can make an interpretation so complete that no new evidence is allowed to enter.

We can do the same with hope. A promise of inevitable progress can become another way of refusing to see.

The choice I want to make is cultivation: attending to what helps, investigating what might help, correcting what harms, and making room for other people to take part.

This gives intention a place in the process, not control over every outcome.

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# The next piece of work

We can choose how carefully to do the next piece of work. We can choose whether to listen. We can notice when a cherished explanation has become an obstacle. We can help another person meet a day that would otherwise be harder to bear.

A discovery does not have to solve every problem to alter one person's possibilities. Nor does a physician have to know everything to take responsibility for continuing to learn.

The work is to remain attentive enough that something useful has a better chance of reaching the life it could help.

## Room for another beginning

Meaning can change without becoming less real. A vocation ends. A relationship changes. A capacity becomes unavailable. Something once central no longer gives the day its shape.

The possibility of another beginning should not become a demand to turn every loss into growth. Some losses remain painful. Some days call for no lesson at all. There can be patience here. Care before interpretation. Company before advice.

Fierce optimism asks for an honest encounter with what is present and a willingness to continue learning. It can hold a danger in view without declaring the future finished.

There is work to do. There is someone beside us. There may be a possibility we have not yet learned to see.

COMPANION · GROUNDED OPTIMISM

# Keeping possibility open

The essay asks for a way of meeting the world. This companion explores that stance without turning it into a medical promise. Here, grounded optimism means staying open to improvement while allowing evidence, limits, and other people’s needs to change the plan. It is an editorial framework, not a diagnosis, a personality test, or a validated treatment.

## Three questions that belong together

What is happening? What matters here? What could be done next? The first asks for observation. The second asks for values. The third asks for agency. A promising answer to one cannot replace the others. A desired outcome does not make a forecast true, and an accurate forecast does not decide what a life is worth.

Consider an uncertain project: a community wants a shaded walking route, but funding and access are unresolved. Hope can name the desired future. Grounding means identifying costs, who could be excluded, and what would count as a useful first step. Agency may be a conversation about the route rather than a declaration that the project will succeed. This is an illustrative example, not a study result.

## Leave room for an unwelcome answer

A belief earns trust partly through what could change it. Before starting, name a reason to revise: a safety problem, a cost that displaces a more urgent need, or evidence that the intended benefit is not reaching the people it was meant to help. A stopping rule can express care for the goal rather than abandonment of it.

This stance also permits a pause. Rest, grieving, asking for help, or declining an unsuitable proposal need not become evidence of failed optimism. Hope can be quiet. It does not require confidence on demand.

| Reality | Values | Agency |
| --- | --- | --- |
| What is known? | What matters? | What is possible? |

A thinking aid: three different questions, with no promise that the answer is under our control.

COMPANION · READING THE RESEARCH

# An association is a question

In a 2019 study, Lee and colleagues examined optimism and longevity in two observational cohorts: women in the Nurses' Health Study and men in the Veterans Affairs Normative Aging Study. Follow-up periods were 10 and 30 years. Higher baseline optimism was associated with longer lifespan and greater odds of reaching age 85. [1]

The authors adjusted for demographic factors and health conditions, then considered health behaviors. Adjustment matters, but it does not turn an observational comparison into a randomized experiment. People who report greater optimism may differ in measured and unmeasured ways. Health, circumstances, and expectations can be connected in more than one direction.

## What the finding can support

The result supports investigating optimism as a possible contributor to healthy aging. It does not establish that asking someone to think positively will extend that person's life. Nor does it estimate how many years an individual could gain from an exercise. A group association cannot supply that personal forecast.

A different experiment asks a different question. Boselie and colleagues randomly assigned 141 participants to brief online "best possible self" writing, imagery, combined writing and imagery, or a typical-day control condition. The study reported improved optimism and affect in the best-possible-self conditions, measured immediately afterward in a healthy population. [2]

## Match the conclusion to the outcome

That experiment addresses a short-term psychological outcome. It did not establish a reduction in disease or an increase in lifespan. Joining its result to the longevity association would skip the essential test: whether changing optimism through an intervention changes long-term health outcomes, for whom, and with what trade-offs.

| Observed | Tested | Unproven |
| --- | --- | --- |
| Optimism + longevity | Brief task → outlook | Task → longer life |

Different questions require different evidence. The last link is not demonstrated by these studies.

COMPANION · DECISIONS UNDER UNCERTAINTY

# Make the next step useful

A decision can be responsible even when the outcome remains uncertain. The practical aim is to make the reasoning visible enough to examine later. The following prompts are a reflection exercise, not a tested clinical protocol or a substitute for professional advice.

### 1 / Name the decision, not only the hope

“I want things to improve” leaves the next move unclear. “I will compare two feasible options and ask what each costs” defines work that can be done. Include time, money, effort, and the burden placed on someone else. If no action is available now, identifying what information is missing can itself be a useful next step.

### 2 / Separate possibility from probability

A result can be possible without being likely. Ask what supports the expectation, whether the comparison is fair, and what the downside would be if the expectation is wrong. With a health claim, ask which population was studied, what outcome was measured, and whether the evidence concerns a treatment rather than a change in a questionnaire score.

### 3 / Choose a bounded step and a review point

For a low-stakes project, try a small, reversible step when practical. Decide beforehand what you will notice and when you will reconsider. A conversation, a prototype, or a request for information can expose assumptions before a large commitment. High-stakes medical or financial decisions need the appropriate professional input, not simply a smaller gamble.

### 4 / Keep the person larger than the outcome

If an effort fails, review the plan and the conditions rather than assigning moral blame. Illness, disability, bereavement, and structural barriers cannot be read as a failure to hope correctly. A person may need practical assistance or skilled care more than another exercise in reframing.

The useful question at the end is modest: what did this step reveal, and what deserves attention now? Continuing may be right. Changing direction may be right. A grounded hope can allow either answer.

| Choose | Observe | Revise |
| --- | --- | --- |
| A bounded next step | Costs and effects | Continue, change, stop |

A proposed decision loop. No score, threshold, or health benefit has been validated for this exercise.

SOURCES & PERSPECTIVE

# What this issue claims

The original essay is a statement of perspective. The companion’s practical prompts and diagrams are proposed ways of thinking, not empirically validated interventions. Two primary studies anchor the research discussion. Neither justifies a promise that optimism cures disease or extends an individual’s life.

### 1 / Optimism and longevity

Lee LO, James P, Zevon ES, et al. Optimism is associated with exceptional longevity in 2 epidemiologic cohorts of men and women. Proceedings of the National Academy of Sciences. 2019;116(37):18357–18362.

Read the PubMed record · doi:10.1073/pnas.1900712116

Design: observational cohorts. Relevant conclusion: association with longevity, not proof of a causal effect from changing optimism. Cohort findings are not a personal lifespan estimate.

### 2 / Brief optimism experiment

Boselie JJLM, Vancleef LMG, van Hooren S, Peters ML. The effectiveness and equivalence of different versions of a brief online Best Possible Self (BPS) manipulation to temporary increase optimism and affect. Journal of Behavior Therapy and Experimental Psychiatry. 2023;79:101837.

Read the PubMed record · doi:10.1016/j.jbtep.2023.101837

Design: randomized online experiment, 141 participants. Relevant conclusion: immediate changes in optimism and affect in a healthy population. The study does not establish durable clinical benefit or longer life.

### An appropriate boundary

These selected studies address different questions and are not a comprehensive review of optimism research. Psychological support may matter in its own right; a claim about disease prevention requires evidence on disease outcomes. Hope can accompany clinical care without replacing it or making a person responsible for every outcome.