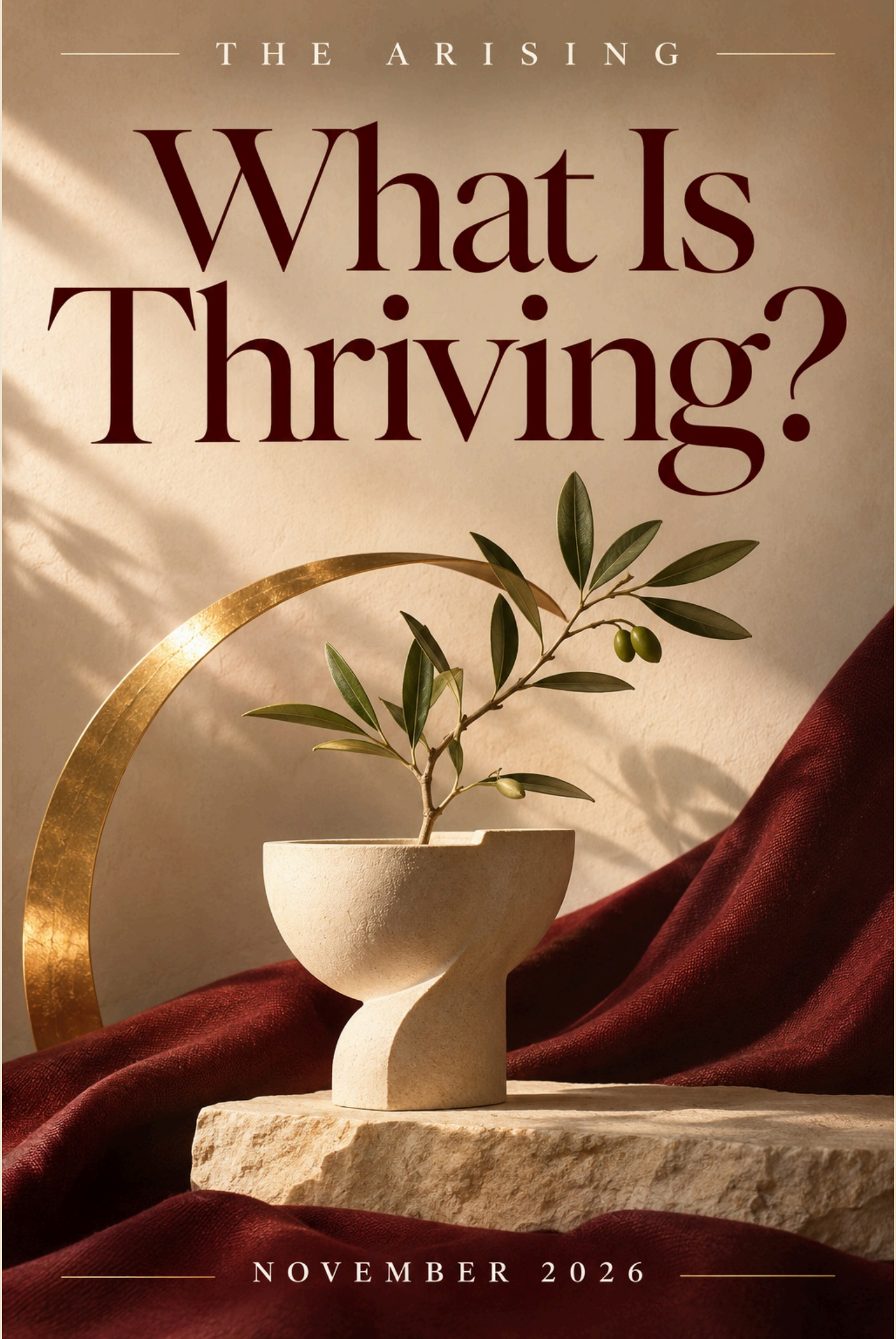
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What Is Thriving?



NOVEMBER 2026

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The Arising · Expanded magazine · November 2026

Opening essay by John Griffin, MD

An opening essay on what makes additional years worth having, followed by an editorial companion on meaning, measurement, and participation.

What Is Thriving?

A personal essay on what makes additional years worth having.

The Arising · John Griffin, MD · November 2026

What are the years for?

We know how to count the years. We are still learning how to ask what they are for.

After the studies, the mechanisms, the treatments, and the possibilities, the question returns to a person. What would make the additional time worth having? What is being protected? What is being made more available?

The answer cannot be assigned by a physician, a laboratory, or a culture that happens to admire a particular kind of achievement.

For one person, thriving means returning to the mountains. For another, remaining at home among familiar books and people. For a parent, it may mean having enough energy and attention to show up for a child. For someone who has suffered, it may mean nothing grander - and nothing smaller - than the chance to begin again.

The invisible architecture of a day

Consider two people with similar physical limitations. One lives in a place with accessible doors, reliable transportation, and people willing to help. The other encounters a staircase at every entrance and has no dependable way to reach a friend.

The comparison is an illustration, not a clinical case. Its point is that the condition of a body does not completely describe the possibilities of a day. A change in surroundings can matter even when the body itself has not changed.

This makes the work of longevity larger than personal optimization. The clinic, the home, the workplace, and the community all influence whether a preserved capacity can be used.

Someone may need substantial assistance and still have clear preferences, a generous sense of humor, work worth doing, and a place in other people's lives. A good plan should help those things remain visible.

The tyranny of the perfect day

A life devoted to avoiding every risk can become a life in which very little is permitted to happen.

The morning is measured. The meal is evaluated. The conversation competes with a protocol. The evening ends with a score that seems to know more about the day than the person who lived it.

Measurement can be useful. It can reveal a pattern, guide treatment, or help a practice improve. But its place should be determined by the question it serves. A number that changes no useful decision may still consume attention. A regimen that crowds out what the person values can defeat its own purpose even while being followed perfectly.

There should be room to ask whether the plan is helping.

A possibility worth protecting

What do you want more life for?

You may know immediately. Perhaps there is a person you want to remain beside, a piece of work you want to finish, a place you hope to see again. Perhaps the answer is an ordinary morning in a familiar room.

Or perhaps the question is difficult. Perhaps you have lost what once gave your days shape. Perhaps the honest answer is that you do not know.

That is a beginning, too.

Then the next question can be smaller: what would make a valued possibility more available?

The answer does not have to be heroic to matter. The point is to connect a reason with a useful next action, then remain willing to learn from what follows.

Longevity is the subject. Thriving is the goal. The meaning belongs to the life being lived.

The possibilities a life can use

An editorial companion to What Is Thriving?

The opening essay asks what additional years are for. The following companion develops that question through research on wellbeing, the interpretation of patient-reported measures, and the circumstances that make participation possible. Its examples are imagined situations, and its reflection questions are editorial prompts rather than a validated questionnaire.

1. Give the question enough dimensions

A person can feel satisfied with the direction of a life while having a difficult week. Someone can enjoy a pleasant afternoon and still feel that an important relationship is missing. Physical function can improve without making a valued activity easier to reach. These are useful distinctions when deciding what to ask about thriving.

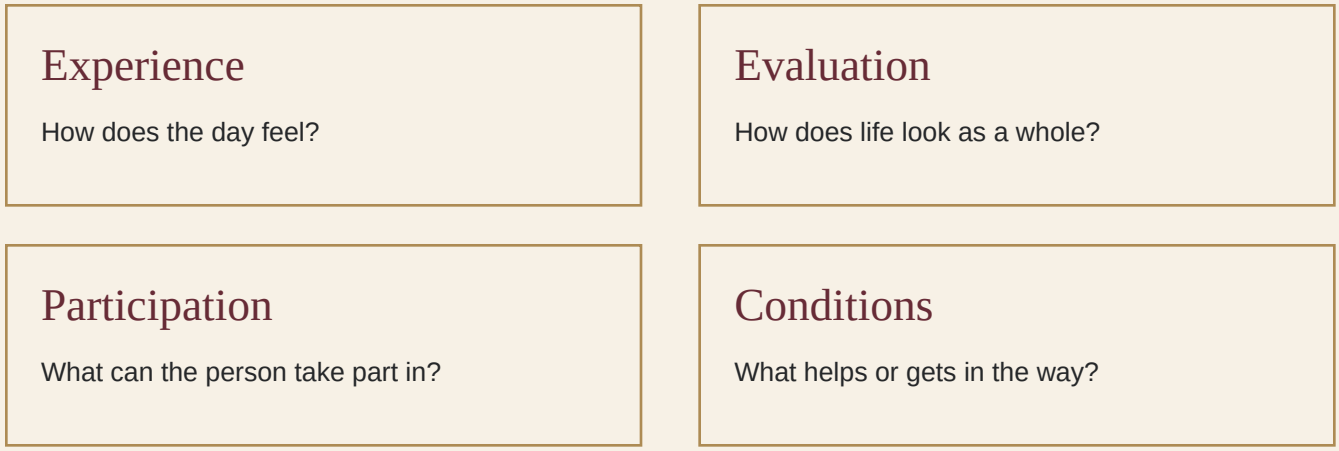
In a 2017 framework paper, Tyler VanderWeele argued for a broader view of flourishing than a single disease outcome, income measure, or measure of positive feeling. His account includes mental and physical health, happiness and life satisfaction, meaning and purpose, character and virtue, and close social relationships. The paper proposes measures and reviews research; it does not establish one universally required way to live. [1]

A framework helps identify what a narrow assessment might overlook. It also contains choices. Including character and virtue brings questions about values into the assessment. People may disagree about how those values should be defined or who should interpret an answer. A broad measure needs scrutiny just as a narrow one does.

For a reader, the practical starting point can be smaller than a complete theory of flourishing. Which part of life is prompting the question today? Is it pain, fatigue, a lost role, a relationship, a lack of security, or a sense that the day no longer belongs to anything valued? Several answers can be true at once.

A useful conversation allows those answers to remain distinct. It does not require a person to declare that everything is going well before recognizing something worth protecting. Nor should difficulty in one area erase the value of another. A life with disability, dependence or grief can still contain commitments, enjoyment and belonging. That is an editorial principle about how to listen, not an estimate of any treatment's effect.

Visual guide: four questions, four kinds of information



- Experience: How does the day feel?
- Evaluation: How does the person judge life as a whole?
- Participation: What can the person take part in?
- Conditions: What makes participation possible or difficult?

These questions overlap, but they are not interchangeable. The guide is an editorial map, not a new score or a reproduction of a validated instrument.

2. Choose a measure that answers the question

The Satisfaction With Life Scale was developed to assess a person's overall judgment of life satisfaction. Its original development paper explicitly distinguishes that construct from positive affect and loneliness. A life-satisfaction result therefore cannot, by itself, answer whether a person felt cheerful yesterday or has the company they want. [2]

That limited scope is useful when the question is clear. A brief measure can focus attention. Problems arise when a result is asked to represent more than it measured. A clinic, employer or individual might call a number a “wellbeing score” without explaining which part of wellbeing the questions actually address.

Before using a questionnaire, look for its name, version, intended population and purpose. Ask what period the questions cover, how missing answers are handled, and whether a translated version has been evaluated for the intended setting. These are checks on interpretation. They are not reasons to disregard people's accounts of their own lives.

Reliability concerns how consistently a measure behaves under the conditions being studied. Validity concerns the evidence for a particular interpretation and use of its scores. Neither label makes every

use appropriate. A questionnaire that is useful for comparing groups may not tell one person whether a small week-to-week change is important. An assessment developed for one language or setting should not be assumed to work identically everywhere.

Keep the purpose visible. If the question is whether a person can join a weekly meal, a global satisfaction score may be too distant from the decision. A conversation about transport, timing, fatigue and the welcome they expect could be more directly useful. A standardized measure and an ordinary description can contribute different information.

The objective is a decision that becomes better informed. The score does not have to become the center of the person's day.

3. Translate the number back into ordinary life

Patient-reported outcome measures give structure to experiences that a laboratory test may not capture. Their usefulness still depends on interpretation. What does a score suggest about the kinds of difficulty a person might be reporting? What remains uncertain? Which answer needs a follow-up conversation?

Rothrock and colleagues developed graphical interpretation aids called T-score Maps for 21 PROMIS short forms. They compared predicted item responses with responses in a previously conducted study of 1,594 adults with chronic conditions. The authors reported support for the predicted responses and proposed testing the maps as interpretation aids in different applications. That is evidence about a measurement aid, not proof that displaying a map improves health or changes care for the better. [3]

The idea is valuable even without adopting that particular tool: bring a number back into contact with the experiences behind it. Ask what the person meant, rather than filling in a story from a score. Two people can arrive at similar totals through different difficulties. A total can also hide a change in one important area if another area moves in the opposite direction.

When following a measure over time, keep the instrument and its scoring method consistent. Consider what changed around the measurement: an illness, a new job, a period of caregiving, a different interpretation of the question, or an unusually demanding day. These are possibilities to investigate, not automatic explanations for a result.

A change can be worth discussing before anyone knows exactly what caused it. A new or worsening problem should not be dismissed because an overall wellbeing score remains high. Conversely, a disappointing score should not become a verdict on effort, gratitude or character.

A useful record might contain three separate entries: the measured result, the person's account of what changed, and the next question. Keeping them separate makes uncertainty easier to see.

4. Capacity meets the world

The World Health Organization's International Classification of Functioning, Disability and Health includes environmental factors because functioning occurs in context. Its framework concerns health and disability at individual and population levels. That broad approach supports looking beyond a diagnosis when describing a person's circumstances. It does not establish that a particular environmental change will produce a particular health outcome. [4]

Return to the opening essay's two people with similar physical limitations. Suppose both want to attend a neighborhood gathering. One has a dependable ride and a step-free entrance. The other is willing and able to participate once inside, but cannot get through the door. The example is hypothetical. Its purpose is to locate a barrier that a description of physical capacity alone would miss.

Now change the example. The entrance is accessible, but the event begins during a caregiver's working hours. A different time could help that person while making attendance harder for someone else. Practical planning often involves competing needs rather than a single perfect arrangement.

A useful participation question has a specific activity attached: taking part in a conversation, going to a class, visiting a friend, working, resting in a shared space, or contributing to a family decision. The activity belongs to the person. It need not demonstrate productivity or physical achievement to be worth making possible.

Assistance can be part of participation. A ride, an interpreter, an assistive device, a quieter room or another person's help may change what is available. The presence of support should not make the person's contribution less visible. At the same time, a plan should acknowledge the person providing help. Who supplies the time? Is that arrangement sustainable? What happens when they are unavailable?

This shifts attention toward a practical inquiry: what is difficult here, for whom, and which part can reasonably be changed? Some answers belong in clinical care. Others concern design, scheduling, resources or how people treat one another.

Visual guide: trace one valued activity



Valued activity / what it asks of the person / conditions around it / support or change to consider / review what happened.

The arrows describe a planning sequence. They do not imply that an intervention is proven effective or that every barrier can be removed.

5. Relationships are not a performance target

Close relationships appear in the flourishing framework, but recognizing their place in a life does not supply a universal prescription for how many relationships someone should have. [1] A busy calendar does not describe whether a person feels understood, safe or able to ask for help. Nor should being alone automatically be interpreted as an unwanted condition.

Begin with the person's account. Are there people they want to see more often? Is an existing relationship supportive, demanding, uncertain or harmful? Do they want company, privacy, practical help, or a different way to take part? These questions can point in very different directions.

The examples here are deliberately ordinary. Someone may want to return to a conversation that stopped during an illness. Another person may need a predictable period without demands. A third may want to contribute but dislike being treated only as a recipient of care. These are illustrative possibilities, not findings from a study or instructions to contact any particular person.

Avoid turning relationships into another regimen to complete. An invitation can be useful without becoming an obligation. A person can decline it. Plans involving other people need their agreement, their boundaries and room for circumstances to change.

Thriving should not become a requirement to display happiness, maintain a particular family structure, or transform every loss into growth. Care can remain worthwhile when the future is uncertain and the day is painful.

6. What the evidence can and cannot carry

This companion uses a conceptual framework, an original life-satisfaction scale paper, a study of score interpretation, and an official classification framework. They help clarify questions and measurement. They do not jointly establish a clinical program that produces longer life, and they do not show that optimism treats disease. No effect on lifespan is estimated here.

A study that reports an association between wellbeing and health would require further appraisal before supporting a causal claim. Health can influence wellbeing; circumstances can influence both; measures and follow-up can be incomplete. Even a well-supported average effect would not determine what matters most to a particular person.

Evidence about a measure also differs from evidence about an action. Showing that an instrument captures a construct does not show that collecting it routinely improves care. To assess a proposed service, researchers would need to specify what happens after the result, compare relevant alternatives, and examine benefit, burden and harm.

The sources were selected for this focused explanation, not through a systematic search of every wellbeing measure. The reflection prompts below have not been validated as an assessment or treatment.

These limits leave useful work to do. A clearer question, an accurately described measure and an honest account of a barrier can improve the quality of a conversation without promising a medical outcome.

7. A page to return to

Choose one question, or leave the page alone until it is useful. There is no total score.

1. What is one part of life you would like to protect, recover or make more available? Describe an activity or relationship rather than an abstract ideal if that helps.

2. What currently gets in the way? Separate symptoms or limitations from timing, access, money, uncertainty and other people's availability.

3. What is already helping? Include ordinary supports that might otherwise be taken for granted.

4. What would a small, meaningful difference look like in practice? Let the person affected define it.

5. Who would need to agree to a proposed change, and who would do the work?

6. What information is missing? A clinical concern may need assessment rather than a self-directed experiment.

7. When would it be useful to review the plan? What would count as a reason to adapt it, stop it or ask for help?

For an imagined reader who wants to attend a weekly book group, the first change might be checking whether a quieter, accessible room is available. The observation could be whether attending felt possible and worthwhile, including the effort of getting there. No health score needs to improve for that question to have meaning. The example is a planning illustration, not evidence that book groups treat illness.

A plan can also reveal that the original aim no longer fits. Preferences change. Health changes. Resources change. Revising the plan can preserve its connection to the person rather than signal failure.

The opening question remains available: what are the years for? A useful answer may begin with something small enough to notice, particular enough to matter, and shared with the people whose lives it touches.

Sources and further reading

1. VanderWeele TJ. On the promotion of human flourishing. *Proceedings of the National Academy of Sciences*. 2017;114(31):8148-8156. DOI: 10.1073/pnas.1702996114. Primary publication record. Conceptual and research framework, not a trial of the plan proposed here.

2. Diener E, Emmons RA, Larsen RJ, Griffin S. The Satisfaction With Life Scale. *Journal of Personality Assessment*. 1985;49(1):71-75. DOI: 10.1207/s15327752jpa4901_13. Primary publication record. Original scale-development paper; this magazine does not reproduce or administer the instrument.

3. Rothrock NE, Amtmann D, Cook KF. Development and validation of an interpretive guide for PROMIS scores. *Journal of Patient-Reported Outcomes*. 2020;4:16. DOI: 10.1186/s41687-020-0181-7. Primary publication record. Evaluation of a score-interpretation aid, not a trial of improved clinical outcomes.

4. World Health Organization. International Classification of Functioning, Disability and Health (ICF). Official framework summary. Classification framework, not evidence for the effectiveness of a specific intervention.

Educational material. Questions about symptoms, disability support or treatment should be discussed with an appropriate qualified professional. This edition does not provide individualized medical advice.