QUALITY OF LIFE
DEFINITION AND TERMINOLOGY:

A discussion document from the
International Society for Quality of Life Studies.

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Foreword

Over the first six months of 1998 spirited correspondence was exchanged between ISQOLS members on the topic of QOL definitions. The complete set of communications is available from the archive. This document is an edited version of that correspondence, and some of its characteristics should be noted.

It is intended to be a user-friendly means of following the discussions that took place. As such, it contains only the form of words used by the original authors. No doubt many contributors could have worded their ideas more clearly or succinctly than they did at the time of pressing the ‘send’ button, but such re-working is for another time and place. This document is simply a cut-and-paste of the original material.

In selecting what to retain I have no doubt shown my biases. However, the contributors have assented to this ‘final’ version of the document, and I thank them for their gracious tolerance in this process.

It also is important to note what this document is not. It does not represent some ‘official’ position taken by ISQOLS. Nor does it represent a balanced or exhaustive review of the topic. It is, simply, a record of scholarly exchange on the topic.

Finally, this is not supposed to be the last word on the topic. It is a record of where the contributors have been and will, I hope, continue to evolve as future discussions focus once again on the issue of defining QOL.

Robert A. Cummins
Professor of Psychology
Deakin University
29th July 1998

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1. QUOTATIONS

"Those who say that money can't buy happiness don't know where to shop." (cited as 'Anon', Oswald, 1997, p. 1815).

"There is no happiness except in the realization that we have accomplished something" — Henry Ford.

"When I was young, I used to think that wealth and power would bring me happiness...I was right." — Gaban Wilson.

"When we are happy we are always good, but when we are good we are not always happy."— Oscar Wilde

----------Joar Vittersø

The Norwegian poet Arne Garborg (1851-1924) who wrote (in my own translation):

"Money can buy you the shell of everything, but never the kernel."

2. DEFINITION IN RELATION TO THE COMPREHENSIVE QUALITY OF LIFE SCALE.

"Quality of life is both objective and subjective, each axis being the aggregate of seven domains: material well-being, health, productivity, intimacy, safety, community, and emotional well-being. Objective domains comprise culturally relevant measures of objective well-being. Subjective domains comprise domain satisfaction weighted by their importance to the individual."

----------Bob Cummins 4/3/98

I have now gathered from the published literature 107 definitions, and that does not include definitions by implication, created when people publish a scale which purports to measure 'QOL' with no attendant justification.

On the basis of this literature I have come to a number of conclusions. One is that I believe the stage is set for the emergence of a generally accepted definition, though how this play will unfold is not clear to me as yet. The second is that our conceptualizations of QOL are becoming increasingly sophisticated and that these, in turn, are driving the creation of increasingly sophisticated definitions.

As one outcome, I believe that a rehash of the old WHO definition of health, such the QOL can be defined in terms of "the physical, psychological and social aspects of the disease and the individual and not just the illness" is way past its use-by date. No general
definition of QOL should involve such terms as 'illness' and 'disease'. Moreover, the use of such terms as 'psychological' are so non-specific that they have almost no heuristic value.

So, let me offer an alternative (stated above) and which I have argued in detail elsewhere (Cummins, 1997a). Essentially I will argue for a set of propositions which then logically lead to the emergence of this definition. This set is as follows:

2.1 Objective vs. Subjective

The term 'Quality of life' refers to both the objective and subjective axes of human existence.

-------------Bob Cummins 7/3/98
Of all the findings of QOL studies I suspect that the relative independence of these two constructs constitutes one of the most robust. It goes right back to the dawn of our emerging discipline, with those amazing publications by Andrews and Withey (1976), and Campbell et al. (1976). Since then a plethora of empirical literature has supported the separateness of these two forms of measurement, at least over the normal range of values.

This last caveat is important. At the edges of the objective distributions it is clear that objective conditions begin to drive subjective well-being. For example, the group with the highest SWB are probably those people who, within the context of their culture, are seriously wealthy (most of us do not actually want to know this!) (see Cummins, 1995). At the other end of the distribution it is clear from numerous studies that gross poverty, chronic pain, homelessness, a lack of intimate relationships, etc., all produce levels of life satisfaction that lie below the normal range. But however they relate to each other, together, subjective and objective measures cover all the QOL bases.

-------------Richard Board 9/3/98
One thing we could surely agree upon, as a matter of common human experience, is that subjective human conditions are both the cause and the effect of objective human conditions. Are we not, therefore, jointly exploring the interacting, objective and subjective aspects of the human condition?

-------------Phil Friedman 7/4/98
QOL does not In my opinion have 2 dimensions ie an objective and subjective dimension. It only has a subjective dimension.

-------------Ross Andelman
1. While I don't think that objective data are irrelevant to the QOL equation, I agree that the core concept here is subjective. The impetus for the work of Andrews and Withey, Cambell, et al., Canirell and the rest of the 1976 vintage was the
empirically driven realization that social indicators—objective data—did not correlate with SWB.

2. Attitudes and beliefs are key, yes, but missing here, I think, are the concepts of perspective and relativity. Calman (1987) best expressed the notion of the gap: "QOL measures the difference, at a particular period of time, between the hopes and expectations of the individual and the individual's present experience. A&W offer an inventory of standards of comparison, e.g. relative to an ideal; change in one's life over time; relative to 'good enough'. My sense is that the objective aspect of QOL plays its biggest role here. Your socio-economic status is part of your internal benchmark, certainly not the whole megilla.

3. Finally, the other element missing in this discussion is the role of development. A lot is made of intimacy and productivity. Absolutely essential ingredients in the QOL of early and middle adulthood. I think the theory to be truly unifying must be applicable across the life span.

----------Phil Friedman 10/4/98
Although I generally think happiness, well-being and QOL are subjective I have no objection to someone obtaining so-called objective measures. For the most part objective measures though correlate poorly with subjective measures. In addition to my clinical experience there is much more value in working to change variables that impact subjective measures of happiness, well-being and QOL than in trying to change objective measures. Thus happiness, well-being and QOL can be shifted much more rapidly from focusing on:

1. Shifting attitudes, beliefs and perceptions especially ones relating to self-discipline, self-empowerment, forgiveness, and gratitude
2. Fulfilling certain needs that enhance happiness (with each person having different needs that need to be fulfilled). In this case it would be important to help people satisfy those needs.
3. Turning to the Source of happiness which dwells within already. This could be called Self-Recognition i.e. recognizing and experiencing the Self within which is the internal Source of happiness through meditation/prayer etc.

----------Joar Vitterso 10/4/98
I belong among those believing in the necessity of separating objective and subjective components of QoL. As Bob has reminded us, these two aspects are relatively independent, thus we should not expect to find interaction effects between them. Still, the objective part is important in the interest of maintaining a viable QoL concept. The subjective part is too elusive to carry the heavy weight placed on the notion of life quality. Health is a good example. Usually, "objective" health status and measures of subjective quality of life (SQoL) are relatively unrelated. Nevertheless, I think health is
an important component of life quality. Thus, even if we don't capture health aspects in the SQoL, we need to include health in our overall conceptualization of QoL. As I have heard, a similar situation exists among people living in isolated religious sects with extreme values. Such people are supposed to be more happy than the general population, but I do not have any data on this. Having data or not, it *might* be the case, and if it is, I don't think we ought to recommend people to seek membership in such communities. However, if SQoL was all that we had, we would have to give such recommendations.

So, the way I understand it, subjective well-being is a more restricted concept compared with quality of life. As a tool in political management, the usefulness of SWB is rather limited. However, as a vehicle of understanding individuals and their feelings, motivations, thoughts and actions, it has great potentials.

The moral is: To maintain quality of life as a viable concept, we need to include both objective and subjective components!

--------Bob Cummins 16/4/98
Let me attempt to establish a base camp. A simple point of agreement to which we can refer with confidence knowing the we all share in a common understanding at that level. Since it is my hope that we can build on this statement I have called it ISQOLS statement#1.

ISQOLS statement #1: Quality of life can be measured both objectively and subjectively.

--------Phil Friedman 17/4/98
I would say that food, shelter, warmth, education, wealth or poverty are social or political or ecological or educational indicators which can be correlated with QOL measures but as Frisch has shown in his QOL scale it is the satisfaction with and importance of food, shelter, warmth, education, wealth or poverty to a person that is the measure of QOL and therefore a subjective measure.

--------Bob Cummins 23/4/98
(To Phil) I have some difficulty with your objection at a number of levels as follows:

1. Your statement that 'satisfaction with --x--is the measure of QOL, and therefore a subjective measure' is surely tautological. If QOL is to be measured through questions of satisfaction then, yes, QOL is being measured subjectively. But I do not see how this negates the possibility that QOL can also be measured objectively through the use of a quite different question such as 'What is your income?'

2. You state that objective indicators (eg wealth) 'can be correlated with QOL (subjective) measures'. Yes, I agree. But I do not see the relevance of this to the
question of whether objective indicators may also constitute a valid measure of QOL.

3. Your statement makes the implied point that subjective indicators are pre-eminent in that 'objective indicators' may be correlated with 'subjective QOL'. In other words, SQOL may be influenced by objective indicators, and SQOL is the primary measure. But, equally, objective indicators may be influenced by SQOL. For example, if someone is chronically depressed this will affect most aspects of their objective welfare.

--------Phil Friedman 23/4/98
I did say in my previous message that perhaps the differences were semantic. In other words I don't choose to call so-called objective indicators, indicators of quality of life. They are indicators of something e.g. wealth, education, shelter etc. I just wouldn't call them QOL indicators. To me the term QOL implies something more personal and therefore subjective. Obviously it doesn't for you and some others which is fine. If it will make you happy you can say there are subjective and objective indicators of QOL. I just do not prefer to see it that way.

--------Bob Cummins 2/5/98
I believe we are now agreed that, for some colleagues in ISQOLS, like yourself, the only QOL indicators that have relevance are the subjective indicators. For others, some of the economists perhaps, only the objective indicators have relevance. Still others, like myself, consider both types of indicator to have relevance depending on the context. Consequently, as you state, the meaning that people give to the term 'Quality of Life' will reflect their view of the construct on the subjective/objective dimension.

This solution also reflects the literature where, as we all know, the simple term 'QOL' has no standard meaning whatsoever. We have isolated one dimension of this problem, in the subjective/objective dichotomy, and it highlights the imperative in our communications that we clearly specify our interpretation of the construct beyond the simple use of the term. This requires, in turn, a clear operationalization of QOL in the terms of some form of measurement.

2.1.1 Alphas, Betas, and Gammas

--------Abbott Ferriss 9/4/98
There are three kinds of people: alpha, beta and gamma.
- The ALPHAS believe QoL can only be operationalized by subjective elements; SWB.
- The BETAS rely upon objective measures to define QoL.
- The GAMMAS accept both subjective and objective.
• Then, there are others, DELTAS, whom we will not consider, who don't really care one way or the other.

---------- Joe Sirgy  11/4/98
Among the ALPHAS, BETAS, and GAMMAS are people with very different interests and goals operating at different levels of analysis. There are those who operate at the societal level and conceptualize QOL at a country or world levels. Many economists, sociologists, and political scientists among us work at that level. Let's call these people the MACROS. Then there are those among us who focus on specific groups such as the elderly, the poor, children, women, the cancer patients, the diabetics, the physically handicapped, and so on. The interests of these researchers are limited to understanding the determinants of QOL of their constituency, how to measure QOL of that group, and/or how to assess the impact of specific programs, products, services on the QOL of that group. Let's call these people the GROUPIES. Then we have QOL researchers who focus on communities or geographic regions such as metropolitan areas, cities, towns, etc. Their interests are limited to measuring, for example, city QOL and possibly uncovering factors that would make one city rated highly in terms of QOL than another. Let's call these people the COMMUNITARIANS. Then we have those among us who focus on the family and study quality of family life. Let's call these people the HOUSIES. Then we have many among us who focus on individual QOL, i.e., the person. For example, Phil Friedman and Richard Board have been talking about QOL at the person level. Let's call these people the INDIVIDUALISTS.

In other words, we may have a two-dimensional matrix classifying QOL research and researchers. One dimension (subjective versus objective) deals with differences between subjective, objective, and combination of both subjective and objective—ALPHAS, BETTAS, AND GAMMAS. The second dimension deals with levels of analysis or what some may call "units of analysis"—MACROS, GROUPIES, COMMUNITARIANS, HOUSIES, AND INDIVIDUALISTS. This matrix contains 15 different cells.

---------- Stan Shapiro  13/4/98
There is another small group of us out there who might be called "contribuarians" or perhaps "determinists". We are interested, for example, primarily in what and how much health or employment or, in my own case, marketing, contributes to the well being and Quality of Life of individuals, families, communities, disadvantaged groups, etc. We also recognize there are both subjective (he who dies with the most toys wins") and objective measures affecting our particular concerns. It strikes me that we could have a three dimensional chart with 75 boxes if we identified five such contributing factors.

---------- Richard Board  13/4/98
Researchers who maximize the objective elements of the human condition, and minimize the subjective components to oblivion, such as economists, architects, furniture builders,
and automobile manufacturers are not interested in happiness or how it might be desribed.

Researchers who maximize the subjective elements of the human condition to the virtual disregard for the objective requirements of the individual, such as artists, performers, and spiritual leaders lose sight of the need for a healthy environment.

Researchers who look to the result of the integration between the person and the person's milieu, such as health care providers, teachers, parents, psychologists and sociologists are interested in both aspects of the human condition, as a whole.

--------Joe Sirgy, 13/4/98

We can call Stan's dimension an industry/institution-focus dimension. That is, different QOL researchers tend to have different industry/institution foci. There are those among us who are interested in marketing and the contribution of marketing as a societal institution to the QOL at different levels of analysis. Let's call these the MARKETERS. Then we have those who are in the healthcare and medical fields. Let's call these MEDICS. Then we have those who are interested in travel, tourism, and leisure. Let's call these the LEISUREITS. Then we have those who are interested in the effect of job, labor, income, unemployment, and related work issues on QOL. Let's call these the LABORITIES. Then we have those who are interested in the effect of finance, financial institutions, credit, and other finance-related issues on the QOL. Let's call these people the FINANCIALISTS. Then we have those who are interested in landscape, architecture, horticulture, and design issues. Let's call these the DESIGNERS. We have those people interested in the effect of environmental pollution on the QOL at various levels. Let's call these the ENVIRONMENTALISTS. Then we have the housing people--the effects of housing conditions, interior design, and other family resource management issues on QOL at the various levels. Let's call these the HOUSERS. Then we have those people interested in clothing and apparel and the effect of clothing, body image, fashion, etc. on the QOL. Let's call these people the APPARELISTS. I'm sure there are more industry/institution-focused QOL research that I missed here. We can certainly expand the number of categories of the third dimension.

2.2 The objective axis

The objective axis incorporates norm-referenced measures of objective well-being. These include the social indicators such as the availability of medical care, income, standard of housing, etc. They also include any variables which can be accurately measured in terms of quantity or frequency, such as the number of friends that a person has or the number of times that they are ill.

--------Richard Board 24/3/98
The English phrase "well being," was brought to the international forum of the General Assembly of the UN with the presumption that it enjoyed a clear and generally accepted meaning. When the member nations later tested the UN definition for domestic application, it was discovered that "well being" was not supported by consensus in the language. It was found to be ambiguous. There is probably no phrase more defamed than "well being."

2.3 The subjective axis

The subjective axis incorporates measures of perceived well-being. This axis is also referred to in the literature as subjective well-being and life satisfaction. It includes those measures of well-being which cannot be measured accurately by anyone other than the person who is experiencing the state. The most gross measure is the single question "How satisfied are you with your life as a whole?", but there are a plethora of more complex instruments which claim to make a more refined measurement.

--------- Phil Friedman  6/3/98
A person with a lower self-esteem score will not be able to hold their SWB score up for very long without bringing up his/her level of self-esteem. In other words a high SWB is not stable until the self-esteem score is also in the high range. In my opinion self-worth is an essential component of a person's quality of life.

--------- Bob Cummins  9/3/98
I certainly agree that under most circumstances I would expect self-esteem and subjective well-being, measured through satisfaction or happiness, to be highly related, and that any incongruence to be short-lived. But this does not mean that SE is a measure of Subjective well-being. Instead, I suggest that the measure of SWB is satisfaction, and that self-esteem is one of the processes that are involved in the generation of SWB. Hence, if this is true, SE should not form part of a definition of SWB unless (a) it is clearly specified as a process and not as an outcome, and (b) the other known processes (such as perceived control, for example) are also included.

2.4 QOL domains

Both objective and subjective QOL can be considered to consist of a number of 'domains' which, in sum, constitute the QOL construct. There seems to be wide agreement with the idea of 'domains' but many of the authors who have proposed sets of domains seem to have ignored the crucial second part of this proposition, that together, the domains must encompass the entire QOL construct.

--------- Phil Friedman  6/3/98
I believe domain satisfaction to be something else than overall satisfaction, and the focus of interest within SWB research should be overall evaluations. In the interest of parsimony I think that overall satisfaction takes the different domains into account, if these domains are of significant importance for the individual. From this point of view, the domain propositions are not only redundant, but also biased. True subjective evaluations should be taken from the individual's point of view. I don't think that a sum score made up by some culture-biased scientist (me, you or anybody else) should overrule the individual's own weighting and evaluations of his or her life domains.

----------Bob Cummins  10/3/98

Domains have utility as psychometric devices. They allow a more refined measurement of QOL than can be achieved through a single question. They can, in fact, be diagnostic in informing about the aspects of life that are failing. Moreover, if the sum of the domains is equivalent to overall life satisfaction as measured by a single global question, then such a grouping of domains is a valid measure of QOL. This is the case for the seven domains which comprise the Comprehensive Quality of Life Scale (Cummins, 1996).

The critical feature of the ComQol definition is that the domains are so central to the experience of life quality that they are cross-cultural. In relation to the proposed seven domains we have strong evidence that this requirement is met. For example, our research with Italians, Greeks, Persians, and Phillipinos indicates that all groups regard the seven domains as relevant to their life quality, and they even rank the relative importance of the domains in very nearly the same order. For example, 'intimacy' is first order and 'community' is last order. Moreover, the use of 'importance' as a weighting factor for 'satisfaction', in the rating of each domain, allows people to individually weight the relative contribution of each domain to their overall life quality (see 2.5).

That seven domains can be identified that constitute the QOL construct as follows: Material wealth/well-being, Health, Work or other form of productive activity, Social/family connections, Safety, Community connection, and Emotional well-being.

In fact, in looking at the degree of agreement with this scheme from among the other published definitions, there is a clear majority in favor of five as: Material, Health, Productivity, Intimacy, and Emotional well-being. However, a reasonable case can be made for the other two. My arguments in this regard have been elaborated in Cummins 1996 and Cummins 1997b.

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A domain of spiritual/religious well-being is missing from the list.

----------Bob Cummins  15/3/98
We have now conducted three studies in which this eighth domain has been included. And the results are very instructive, not just in relation to this particular domain but in relation to our use of domains in general. The form of question that we used went something like "How satisfied are you (or how important to you) is your religion or spirituality? (remember that we use the product of satisfaction and importance to calculate subjective well-being with the domain). All three studies provided quite consistent data as follows:

a) About one quarter to one third of respondents indicated that they had no religion or spirituality. This proportion will vary, of course, with location and sample, but it raises a point of nuisance. With the inclusion of this domain people are differentially responding to 7 or 8 domains. This is undesirable from a psychometric point of view, but could be tolerated if necessary. But it is probably unnecessary as will be shown.

b) We have devised a rather novel form of regression analysis. I have not seen it reported in the literature, and so am unsure what to call it (enlightenment will be welcomed). It is a form of 'internal' analysis, where we regress the 8 individual domains (including spiritual) against their total. Not surprisingly we find we can explain all of the variance! But the interest in the technique is that the square of the semi-partial correlation coefficients provide an estimate of the unique (as opposed to shared) variance contributed by each domain. And this is where it gets interesting. All 8 domains contribute only about 2 to 4% of unique variance. In other words, the 8 domains together contribute only about 20 to 25% unique variance, and they all share in the remainder.

This has some important implications. It means that, if we ask just one domain question we are able to capture around 80% of the variance. It means that, none of the domains appear to be contributing very much more unique variance than the others. And it also means that, it is not necessary to include an eighth domain of spiritual well-being unless one has a special purpose in doing so.

2.5 Domain Importance

Subjective QOL must reflect the values of the individual respondent, and this involves weighting domain satisfaction by domain importance. There is little value in measuring domain satisfaction without knowing how valued is that domain to the individual. For example, if someone is very satisfied with their material well-being but do not regard this domain as being important, then, presumably, their degree of satisfaction or dissatisfaction with the domain has little relevance to their overall subjective QOL.
2.6 Definitional Relevance to all Groups

A definition of QOL must be equally relevant to both the general population and to all defined population sub-groups. This is essential to prevent the generation of definitions being generated for disadvantaged sub-groups which use lower criteria for a 'quality life' than would be acceptable to the general population.

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There is no problem in having different definitions for sub-groups.
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Consider the following definition of QOL which referred to people with an intellectual disability. "...a multidimensional construct (whose) dimensions include normalized and decent living conditions, some degree of autonomy, opportunities for personal growth, and general happiness." (Vitello, 1984 p348). Would the general population consider this to be a suitable guide to define a quality life for them? I do not think so. And so the danger is that, when QOL is defined in such minimal terms, that the attainment of the defined conditions may then be used to infer that such people have attained a high quality of life. The only way to avoid such an abuse of the construct is to define QOL in the same way for everybody.

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In relation to people with an intellectual disability, this would be impossible due to their different life experiences and the way they view life.
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In relation to intellectual disability, we have developed a parallel version of the scale specifically designed to cater for people with this or any other form of cognitive impairment. This is called ComQol-15 (Cummins, 1997). The '5' indicates this as the fifth edition of the scale which has been under development since 1991. In this the same information is gathered but using a simplified form of questioning. In addition, the testing commences with a protocol designed to determine the level of Likert scale complexity that the person is able to validly employ.

When we use this instrument with people who have an intellectual disability we find that, at least for those living in the community, their subjective life quality is no different from that of the general population. Not only do these people register a level of life satisfaction that is within the normal population range of 75+/-.5%SM but also a rank-order of the seven domains is not different from that of the general population (Cummins et al, 1997).

---------Ross Andelman  10/3/98
Psychosocial development continues through adulthood in most developmental theories, including Erickson’s. In conceptualizing or measuring QOL in adults, is there any need to accommodate for evolving psychosocial tasks/conflict? Is a general QOL measure designed for middle adulthood, 25-45, appropriate for younger or older adults?

--------Alex Michalos  13/3/98
If we ask someone a short happiness question as one means of measuring their qol or part of their qol, there does not seem to be any need to create a special item. We might find different norms for responses from groups of different ages, but that is not the issue. If, on the other hand, we wanted to assess the impact of being infertile on a female’s qol, I suppose we would have to craft questions proper to post-puberty females. Or, if we want to know the impact of old age on qol, we might have to craft special questions.

2.7 The Definition

Consistent with the above propositions is the following definition:

"Quality of life is both objective and subjective, each axis being the aggregate of seven domains: material well-being, health, productivity, intimacy, safety, community, and emotional well-being. Objective domains comprise culturally relevant measures of objective well-being. Subjective domains comprise domain satisfaction weighted by their importance to the individual."

This definition is operationalized by the Comprehensive Quality of Life Scale (Cummins, 1997b).

--------Richard Board  4/3/98
Your wording unnecessarily exposes your ideas to what Kuhn refers to as "challenge". A challenge is a non-complimentary expression that can incapacitate your theory as a catalyst for paradigm, without offering a more acceptable theory. You have already acknowledged that there are those who would argue for five domains. Someone else might add education, for example, and argue in favor of eight. These are challenges. The phrase "well-being," which you use several times, is a built-in challenge. That phrase was rendered meaningless in the Canadian Parliament during the national health care discussions. The question was asked: "Is a woman who is pregnant, in a state of well being?". An affirmative response to that question would disqualify the pregnant woman under national health coverage. As a consequence, the WHO definition was abandoned. That shows the consequences of a challenge to a theory. Other member nations have also rejected the WHO definition for domestic applications. One would be hard pressed to isolate "well-being" from the language of WHO, and redefine it in a useful, new way.
Psychosocial development continues through adulthood in most developmental theories, including Erickson's. In conceptualizing or measuring QOL in adults, is there any need to accommodate for evolving psychosocial tasks/conflict? Is a general QOL measure designed for middle adulthood, 25-45, appropriate for younger or older adults?

-------------Alex Michalos  13/3/98
If we ask someone a short happiness question as one means of measuring their qol or part of their qol, there does not seem to be any need to create a special item. We might find different norms for responses from groups of different ages, but that is not the issue. If, on the other hand, we wanted to assess the impact of being infertile on a female's qol, I suppose we would have to craft questions proper to post-puberty females. Or, if we want to know the impact of old age on qol, we might have to craft special questions.

2.7 The Definition

Consistent with the above propositions is the following definition:

"Quality of life is both objective and subjective, each axis being the aggregate of seven domains: material well-being, health, productivity, intimacy, safety, community, and emotional well-being. Objective domains comprise culturally relevant measures of objective well-being. Subjective domains comprise domain satisfaction weighted by their importance to the individual."

This definition is operationalized by the Comprehensive Quality of Life Scale (Cummins, 1997b).

-------------Richard Board  4/3/98
Your wording unnecessarily exposes your ideas to what Kuhn refers to as "challenge". A challenge is a non-complimentary expression that can incapacitate your theory as a catalyst for paradigm, without offering a more acceptable theory. You have already acknowledged that there are those who would argue for five domains. Someone else might add education, for example, and argue in favor of eight. These are challenges. The phrase "well-being," which you use several times, is a built-in challenge. That phrase was rendered meaningless in the Canadian parliament during the national health care debates. The question was asked: "Is a woman who is pregnant, in a state of well being?" An affirmative response to that question would disqualify the pregnant woman under national health coverage. As a consequence, the WHO definition was abandoned. That shows the consequences of a challenge to a theory. Other member nations have also rejected the WHO definition for domestic applications. One would be hard pressed to isolate "well-being" from the language of WHO, and redefine it in a useful, new way.
To continue as the Devil’s advocate, what do you mean by "health?". When you say health, do you mean "the absence of disease", the definition used by the American medical establishment in 1947 when the UN consensus for WHO was obtained? Do you perhaps refer to the WHO definition itself? That definition reads, "Health is not the absence of disease, but complete physical, mental and social well being." This WHO definition of health directly contradicted and challenged the paradigm of the American establishment. In 1993, the American Medical Association, that had been the traditional defender of the "disease theory of health," withdrew its support. It did not, however, adapt the WHO definition or any other. In the words of the AMA President, "the complexity requires a definition in the context within which the word is used." Meaning, of course, that no general definition is recognized.

---------Alex Michalos 13/3/98
I don’t think it is a good idea to formulate a definition of health on the basis of whether or not a particular national health insurance plan would cover the case of a pregnant woman. I don’t think the WHO definition, broad as it is and that is a problem, implies that one has complete health or none at all. Rather, I think a fully healthy person would have complete, physical, etc.

---------Bob Cummins 25/3/98
1. (To Richard Board) The essential feature of my definition is that it CAN be challenged. It makes an explicit statement about the structure of QOL having seven domains, and so on. This makes it useful because future falsification of its propositions should lead to new understanding about the structure of QOL. In this way a gradual consensus may begin to emerge as to the definition of the QOL construct. It will be a developing structure based on the weight of empirical evidence.

2. I agree that the terms used in my definition have no universally agreed meaning. That is why the definition is operationalized by the Comprehensive Quality of Life Scale. This scale provides an unequivocal meaning to the terms in the definition by the form of each question. Thus, for example, three items measure objective health. Subjective health is measured by the product of two items as: 'How important to you is your health' and 'How satisfied are you with your health'. Are these the best forms of items? Are they adequate to represent the construct as defined? Does the definition serve its intended function in encompassing the entire QOL construct? These are issues of empirical verification not philosophical speculation.

--------Richard Board 31/3/98
When I referred to the need to ward off "challenges" to the central core theory of a paradigm, I was not talking about falsification of the assumptions that follow from it. An
"effective challenge" to a core theory of a disciplinary matrix precludes or destroys the paradigm status.

If we stipulate a theory broad enough to include all of the major views of QOL, and there is certainly a common denominator from which we can work, we would unite them all. Dissenting views that might form thereafter, would need to take the initiative and show where and how we might be in error.

As I see it, the best way to accomplish this is through a common understanding of "happiness." If the word "happiness" were left out of a theory of QOL, as you suggest it might be, a breach with the past would occur. I agree that the word is meaningless and only contributes by inference. However, happiness is part of the tradition. If it were abandoned, many researchers, or at least some researchers, would be compelled to "challenge," the theory by denouncing it. They would not be inclined to attempt to falsify it.

Happiness can be defined in a useful way by combining it with the phenomenon it most closely represents. The gratification that results from the realization of potential is a phenomenon of common experience. It is linguistically proper to refer to that phenomenon as "happiness".

---------Joar Vitterso 8/3/98
I do not think that the term happiness' has a clear meaning. For example, in most theories of emotion, happiness, as other emotions, is considered to be brief events. Some researchers consider happiness to be a functional state of "action readiness" that signalize to us a message of continuation of ongoing activity e.g. (Oatley, 1992). On the other hand, some scholars think of happiness as a lasting and complete state of being (e.g. Tatarskiewich, 1976). I believe Runt Veenhoven can provide us with a dozen or more different definitions on happiness. Also, if you look the word up in a dictionary, several different connotations to the term will be revealed. Moreover, folk theories of happiness probably vary a great deal, and we cannot expect the idea of happiness to be identical across individuals (not to speak of differences across nations). My point is that a definition of QoL referring to the term happiness cannot be virtually unassailable.

3. DEFINITION (Friedman 8/3/98)

QOL can be defined by a combination of "joy, peace, happiness, love, and self worth/ self esteem.

---------Bob Cummins 10/3/98
I do not agree for the following reasons.
(a) The first four terms are all global indicators of well-being and, I would guess, share most of their variance. If so, then it is not parsimonious to include more than one unless some specific type of information is being derived from the other terms.

(b) Self-esteem can have one of three characteristics. It could be (1) A measure of subjective well-being, (2) A product of subjective well-being, or (3) Causally involved in the production of subjective well-being. For my money the data are in on this issue and come firmly down on (3). For example:

Pugliesi (1988) concludes "It is conceptually distinct from symptoms of distress and feelings of happiness and satisfaction which are tapped by measures of well-being."

Block and Robbins (1993) argue that self-esteem has no necessary relation to mental health (whereas subjective well-being does).

Hermans (1992) demonstrates that high levels of self-esteem can co-exist with low levels of subjective well-being (measured by a combination of joy, happiness, enjoyment, and inner calm).

----------Phil Friedman  11/3/98

I don't think that the measure of SWB is satisfaction. There are different components to SWB: emotional stability (peace/contentment) and joyfulness which largely accounts for happiness; self-esteem, satisfaction, sociability and intimacy. I don't think these are all identical and they may correlate with different things though of course there is some overlap. I would suggest that the intervening variable is attitudes/beliefs. i.e. attitudes/beliefs about the self equal self-esteem. Attitudes about work, relationships, self and life account for life satisfaction to some extent and other attitudes account for emotional stability and joyfulness e.g how much humor you experience and how much sensory quietness. (not the best term) Of course there is a lot of overlap here. In my clinical work when attitudes/belief change everything else changes to.

----------Bob Cummins  12/3/98

In relation to the measurement of SWB I certainly do not feel that there is anything like a consensus on this issue at the moment, or really any solid data upon which to base a decision.

For me, satisfaction represents the end-point of all the cognitive/emotional processes that are related to the generation of SWB. This is a very simple view, it is easy to operationalize, and therefore has heuristic utility. Whether it is correct is actually a major question for our research.

----------Phil Friedman  13/3/98
Self-esteem is an attitude about the self for sure. I teach clients that they need to let go of judgement and forgive themselves in order to feel more worthy. I am not sure exactly where it fits in actually just that it is very important in feeling good about oneself.

COPERS is an acronym that summarizes the major personality and attitudinal dimensions that people with high levels of well-being as measured by the Friedman Well-Being Scale have:

\[
\begin{align*}
C &= \text{CONFIDENT, self-assured, assertive, hopeful, optimistic} \\
O &= \text{OUTGOING, sociable, neighborly, friendly, warm, loving} \\
P &= \text{PEACEFUL, calm, contented, relaxed, at ease, serene} \\
E &= \text{ENTHUSIASTIC, jovial, joyful, energetic, cheerful} \\
R &= \text{RESOURCEFUL, reliable, conscientious, organized, practical} \\
S &= \text{STABLE, secure, steady, trusting, forgiving, grateful}
\end{align*}
\]

People with low levels of well-being are not self-confident, self-assured, assertive or hopeful. Compared to people with high levels of well-being they tend to be more un-social or anti-social, socially avoidant, distant, aloof, unfriendly, cold, unloving and unneighbourly. They are also much more tense, worried, nervous, fearful, angry or hostile, sad or depressed, guilty and impulsive. They generally feel discontented, vulnerable and very sensitive in interpersonal relations. They also tend to be much more unenthusiastic, pessimistic, irresponsible, unreliable, unconscientious, disorganized, un-self-disciplined and impractical relative to people who have high levels of well-being. They perceive themselves as much more unstable, unsteady, insecure, untrusting, unforgiving, ungrateful, co-dependent and joyless. They frequently engage in automatic negative thoughts.

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-------Bob Cummins  15/3/98
I do think that the model has limited utility as a measure of 'subjective well-being' for the following reasons:

(a) The model essentially taps some of the personality factors that are associated with SWB. For example, if it is matched against the 'Big Five' personality factors of the NEO PI-R (Costa and McCray, 1992) then the following relationships become apparent:

Confident = high extraversion
Outgoing = high extraversion
Peaceful = low neuroticism
Enthusiastic = high extraversion
Resourceful = high conscientiousness
Stable = high agreeableness

In this, the missing factor is 'Openness'.

(b) For me, the measure of SWB should not be in terms of personality for the following reasons: (a) Personality is a stable partial determinant of SWB, but there are other contributing factors as well. For example, if a person who is very high on extraversion suffers from severe arthritis then the constant pain will reduce their SWB. (b) There are cognitive processes outside the Big Five that also contribute to the generation of SWB. Examples here include 'emotion focused coping' and 'secondary control'. However, I must add that the extent to which these processes are driven by the Big Five is not at all clear to me.

(c) I currently believe that THE measure of SWB is satisfaction. It seems to me that satisfaction/dissatisfaction is the end product of all the personality factors, cognitive variables, and other impinging variables in interaction.

---------Phil Friedman 16/3/98

(a) Openness doesn't correlate with any of my measures of well-being to any substantial extent.

(b) My research indicates that personality measures are not stable when effective therapeutic interventions are implemented. Also personality measures are strongly influenced by attitudinal variables. Constant pain will reduce SWB only temporarily. These are stresses anyone can encounter.

(c) As I said I correlated the Friedman Scales with over 100 other scales. The fact that many of them also correlate with the Big 5 shows the power of the Big 5. As you said it is not clear to what extent 'emotion focused coping or secondary coping correlate with the Big 5. I bet they do to some extent.

---------Bob Cummins 18/3/98

1. Are you indicating that your scale is, in fact, strongly tapping the Big Five (except openness)? If so, are you suggesting that an appropriate measure of QOL is, in fact, personality?

2. You state that 'personality measures are not stable in the face of intervention', but let me give you an alternative view. That the measures you are using comprise a combination of 'personality' and 'other'. Then, in an intervention, the 'personality' component remains stable, while the 'other' changes. In this case, surely it would be more useful to identify the 'other' as the measure of QOL?
That is, for a QOL measure to be useful it must be sensitive to changes in experience.

3 In response to my claim that chronic pain will cause a chronic reduction in SWB you state 'Such reduction is only temporary'. Here I believe you are wrong. There are certain, quite common, life circumstances which provide chronic stress from which people cannot escape and, under those circumstances, their SWB in chronically reduced. These include prisoners, people in chronic pain, mothers caring for severely impaired children at home, and people with marked schizophrenia.

3.1 Balance model as the interaction between health and happiness

----------Phil Friedman  16/3/98
The model of happiness that is most consistent (actually highly consistent) with all of the research that I have conducted is a *balance model*. Ultimately I would say this model has to do with *energy balance* which has both Eastern and Western roots.

Pragmatically, however, in terms of measurement the research clearly indicates a *cognitive-affective balance* model accounts for most of the self-reports of happiness i.e. the ratio of positive thoughts and feelings to positive plus negative thoughts and feelings. Moreover, the research seems to indicate that a ratio of 5 to 1 typically leads to a fairly high state of happiness. Within the *balance* model the 2 components that have the most contribution to happiness are emotional stability and joyfulness.

4. DEFINITION (Board 5/3/98)

QOL is the human condition determined by the interaction between health and happiness.

QOL refers to the human condition. From that perspective, the initial words of a universally acceptable definition might, therefore, be, "The quality of life is the human condition .

If we define health as "the ability to realize potential" then satisfaction is the phenomenon that results from the realization of potential.

"Happiness" is the gratification that results from the realization of potential. Then "Quality of life is the human condition determined by the interaction between health and happiness."