

## Section 2

### Values, Systems, and Communication Research

## Quality of Life Research

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What is high quality of life? Security against hunger and deprivation? No. But the feeling of security against hunger and deprivation must count. Good health? No. But the feeling of being in good health must count. Being often together with good friends? No. But enjoying being often together with good friends must count. Sufficient money and decent income? No. But the feeling of having sufficient money and decent income must count. Access to art? No. But enjoyment and felt positive appreciation of what one classes as art must count. Access to higher education? No. But absence of frustration and ill feelings about lack of access must count. Extreme fatigue? Not necessarily. If victory in a sport seems close at hand, extreme fatigue may be there, but not felt.

Two people may seem to be in exactly the same lamentable situation, but life quality may be astonishingly different:

Jack and Mac both have cancer and undergo unpleasant, at times painful, treatment. Jack is depressed, feels helpless, dispirited, cheerless, sullen, discouraged. Mac is on the whole cheerful, has his mind at ease and full of spirit. The difference is one of life quality, not that of a so-called objective state.

The term “life quality” is *in* and therefore some conflicting usages appear. Most important is a usage that makes the concept, in its applications, rather similar to those of standard of living. In this situation one has to choose and, evidently, there is a need for a concept that fairly consistently traces how one feels rather than what one has or what one ought to feel, or what state of feelings might be expected, or should be expected, and so on. This leads to the usage I conform to. It is a usage of many researchers. But inconsistencies are common and to some extent unavoidable. Also, one has to take into account the unavoidable vagueness and ambiguity, and last, but not least, the

unavoidable search for testability that depends more or less upon operational definitions, or sometimes even of one's own feelings, more or less indirect means cannot be avoided.

If a person is at ease and feels well it *might induce* complacency, laxity, negligence, unawareness of danger, of consequences of action or inaction. Because "life quality" is a plus term, it is natural to get into inconsistencies in these cases and start saying the person does not *really* have a high quality of life. The proposed concept is not such that what a person should feel is relevant, or what calamities somehow are related to joyfulness. A couple of examples will help.

All through 1988 and 1989 Mr. Jones had a good feeling contemplating what he called his "excellent health." The feeling added to his life quality. Then he got the information that he had been having a growing ulcer all that time. So he had been in error. His feeling of being in good health was an illusion, he concluded. Perhaps we should say: He felt he had a high quality of life, but not that he *had* a high quality of life. But was his feeling an illusion or was his belief that his health was good an illusion? But why should life quality be isolated from feelings? In many cases, we may say that a certain positive or negative feeling would not occur if we had better knowledge. We need a concept like life quality which registers how people actually feel.

Another example: The day after a period of feeling of security in spite of the war, Mr. Bernstein, a Norwegian of Jewish faith, woke up on the 9th of April 1940 in Norway and discovered that the country was being occupied by the German Nazis. He felt no security any longer; he felt a grave concern as to how to get out of Norway, was afraid of being arrested and sent to a concentration camp. Is it the right conclusion to draw that, because Mr. Bernstein in reality was not secure in Norway in 1940, his feeling of security could not add to his quality of life? The answer should be: The feeling did add, or to be more specific: The most fruitful concept of *life quality* is such that one should say that Mr. Bernstein's feeling of security added to his quality of life. But his implicit or explicit assumption of security against Nazi occupation turned out to be wrong. His feeling was not wrong and it added to his life quality, but the assumption was dangerous and unfortunate. It added to his reluctance to follow the advice of people urging him to get out of Norway. Some Norwegian Jews in Norway in 1940 and even in 1941 felt secure but nevertheless followed the advice of their older or more authoritative family members to leave Norway. Their feeling of security added to their life quality as long as it lasted. In this sense, no adverse

consequence followed from the false assumption on which the feeling rested.

If we note that Mr. X, a cheerful person, has been put in prison in a hot country, with great discomfort relative to the standard he used to enjoy, is this so-called objective condition sufficient to note a decrease of life quality? To Mahatma Gandhi, and thousands of others, it was a great relief to be put in prison.

It is of great methodological and, ultimately, political and philosophical interest to clarify the conceptual relations between standard of living and quality of life. Roughly, standard of living tells what you possess in life, quality of life tells how life feels to you.

After this introductory discourse it is time to step down to facts: What has actually been done in life quality research as a strictly empirical social science discipline? I shall mainly make use of an excellent empirical survey.<sup>1</sup> It ends with a list of references to about 100 books and articles, a very small percentage, of course, of the total research literature, but a good guide for further reading.

Let me start with obviously useful research of a rather limited character. For years there had been a controversial issue of whether the very unpleasant radiation therapy or the also very unpleasant chemical therapy was the worst to endure for the people suffering from inoperable lung cancer. For these people the question was of great importance and also for their nearest who daily were aware of their suffering. The nagging doubt was always present: "Perhaps the other kind of therapy is less disagreeable? Why can't the doctors tell?"

A life quality study was started. Through long periods of time the researchers reported both the somatic situation and the answers from the patients as to how they felt. They focussed on variables such as depression, courage to live on, self-respect, confidence, and loneliness. The actual wording was standardized, most questions were indirect, that is, not of the kind "Do you feel depressed?" The answer to the basic question turned out in this study to be rather simple: No clear statistically significant difference. The importance of the seemingly uninteresting conclusion was clear: There was no reason of a general kind to adopt the one or the other therapy, from the point of view of life quality. The conclusion simplified practical decisions to some extent.

The concentration on feelings, in a wide sense, including sentiments, does not imply that terms which do not directly refer to how one feels should be avoided at all costs. "Courage to live on" is not a term used in

standard of living investigations, but it belongs to life quality research in spite of courage not being a feeling. Lack of courage to live on is taken to be symptomatic of depression, a negative basic state with an unavoidable negative emotional colour. Self-respect as felt self-respect, a feeling of respect for what one is, does likewise belong to the vocabulary of how one feels. The latter expression is useful because it covers more than just feelings. Confidence may be seen as a state of the mind which may be perfectly habitual and possibly devoid of feeling. For those less certain about themselves, occasional full confidence is a positive component of life quality.

Closer analysis opens rich sources of reflection and may add to one's self-knowledge.

The medical projects belong to a wide class of life quality evaluation of treatments. Thousands of therapeutic procedures are planned and implemented at great costs in our rich societies. Most often they admit alternatives, and this causes discussion about their future short term and long term effect increasing, maintaining or decreasing life quality of the persons affected. When a treatment involves considerable physical and mental interference, intense discussion occurs whether the desired effect has been obtained. One of the basic questions is "How does the patient feel now?" Different mutually incompatible estimates abound. In this situation, life quality research is an indispensable tool to bring more methodically collected empirical data into the discussion. Sometimes the result is seemingly uninteresting: People affected neither feel significantly better, nor worse. A new procedure or a reform of the old could have been dispensed with. But sometimes a clear difference is confirmed, and practice is adapted to life quality research findings.

Some amusing research projects concern the influence of substantial increases of income. At least some time after an increase took place people were negatively affected. They felt worse! Possible factors: separation and divorce, more stress in general or more stressful job, change of home, more complicated life, loss of old friends.

A great number of research projects concern the feelings resulting from differences of level of income. To be clearly ahead of the Joneses is a source of satisfaction. That is, to be ahead of those in the social environment with which one compares, whatever the general level of material standard of living. In Norway, there were significant increases within the five periods 1960–65, 1965–70, . . . 1980–85. There were at least five successive steps of increased standards of living. People significantly ahead of the Joneses in 1960 would, if they retained their

life quality at that level, be well below the standard of life of the Joneses when these moved on to level 3 or 4 or 5. People in 1985 significantly below the Joneses and feeling badly about it, would live on a much higher material standard of living than those in 1965 or even 1975 who were satisfied being ahead of the Joneses. The bad feelings, the low life quality, may therefore persist in spite of great gain in the so-called objective standards.

In short, life quality research concerning income levels confirms that it is the socially relative level that counts for most people in rich countries, not the absolute level; that is, what counts is what people *have in relation* to people in their social environment, not simply what they have.

The vast increase of private consumption in rich Western countries, at least since 1960, has been a major source of pollution and of declining global life conditions in general. Conclusion: The establishment of a level of a standard of living significantly below the present in the rich countries may not reduce the quality of life. But there will be a period of transition in which the prospect of decrease of standard, or the decrease itself, would be a source of decrease of quality. Old cherished habits, however bad, are changed only with some difficulty.

I assume that there is a serious wish in the rich countries to create general conditions favourable to high life quality. Therefore, the need to know as clearly as possible what causes increase in life quality as distinct from mere standard of living, and economic progress as distinct from mere economic growth per capita.

If one per cent of one per cent of the money used to find out about human preferences as revealed in markets was put into life quality research, it would make people more aware of the possibility of more ecologically responsible policies without decreasing what they obviously cherish: high quality of life.

Adult education is central and requires the mobilization of universities. The outlook for a decrease of material standard of living in the rich countries is better if we can persuade a sizeable minority that life quality is different from, and more important for, their, and especially for their children's, life on Earth than mere high material standard. One of the things to be done is to inform the public that the talk about quality of life is not mere talk by romantics and idealists, but the subject of serious research.

The rich now tend to reject getting less affluent out of solidarity, and the poor tend to think they might all be rich. But what is a rich person, a rich community, and a rich country? Something eminently worth pursuing (richness) is largely, but not totally, independent of material standard, and largely, but not totally, dependent on life quality.

### **Endnote**

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<sup>1</sup>Arne Nastekaasa a.o., *Livskvalitetsforskning*, Rapport 88:6, Institutt for samfunnsforskning, Oslo 1988.