

# Quality of Life: Subjective or Objective?

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## Introduction

In the last several decades, quality of life research has become an extensive and diverse field. Governments, public policy institutes and other organizations have developed various indexes to measure the quality of life of the general population or particular subgroups. Quality of life measures are used today in such different areas as public policy design and evaluation, health care, economics, sociology, and psychology.

While this diversity attests to the growing importance of quality of life measurement in different fields, it also reflects unsettled issues and deep disagreements between researchers. Perhaps the most important debate concerns the use of objective and subjective indicators. Objective indicators attempt to measure quality of life on the basis of interpersonally observable and verifiable data – like material conditions, employment, or functional health status. Subjective indicators, in contrast, are based on people’s perceptions and evaluations – their life satisfaction, feelings of subjective well-being, or attitudes towards their life conditions. The emerging consensus in the debate is that both objective and subjective indicators are indispensable for quality of life measurement.

The notions of “subjective” and “objective”, however, are notoriously ambiguous. The examples of subjective and objective indicators listed above encompass two distinctions : one is between *descriptive* and evaluative measurement methods, and the other is a distinction among indicators according to whether their objects of evaluation or description are mental or other states.



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In this paper, I argue that the clear separation of these two distinctions provides a better defense of the view that both objective and subjective indicators are indispensable – that is, the view that both descriptive and evaluative measurement methods have a place in quality of life measurement.

## Objective Indicators and Subjective Evaluations

Quality of life research grew out from the *social indicators movement*, a sociological research movement that originated in the 1960s from the dissatisfaction with economic indicators of individual and social welfare. It was felt that economic indicators give a distorted and one-sided picture of how individuals and societies fare : they capture only that part of a person's welfare which arises from economic sources. It was hoped that by developing measures for the non-material sources of welfare, more comprehensive data can be provided for the purposes of policy making and evaluation.

Subsequently, however, the social indicators movement both broadened the scope of its research objectives and fragmented into different areas. One of these areas is quality of life research, which remained focused on the development and application of tools for measuring individual and social welfare.

Along with this expansion, an important dividing line has also occurred in quality of life research. The social indicators movement originally focused on *objective social indicators* – pieces of statistics which register frequencies or occurrences of observable and verifiable phenomena. Many researchers, however, argued that although these indicators might give valuable information about people's life conditions, they are unable to capture people's own perceptions, experiences, or evaluations of their life conditions. Thus, quality of life measurement must include *subjective indicators* in the form of surveys on people's *subjective evaluations* of their lives. In particular, it must also assess their *life satisfaction*.<sup>1</sup>

The controversy between those quality of life researchers who hold that objective indicators are sufficient and those who hold that subjective evaluations are also necessary (and perhaps even sufficient) for quality of life measurement has come to dominate the debate on the conceptual background of the field. At least part of the reason for the continuing controversy, however, is that there seems to be a considerable amount of confusion about what precisely "subjective" and "objective" mean. A subjective indicator of quality of life usually refers to the person's evaluation of some aspect of her life, but sometimes any method of mea-

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<sup>1</sup> A seminal work in this research direction is Campbell & al [1].

asuring quality of life that is based on self-reports is called subjective. In this sense, an objective quality of life indicator is any indicator whose measurement does not involve surveys or questionnaires.

Nevertheless, a distinction must be made between descriptive reports of life conditions and evaluations of these conditions. Descriptive reports may be called "subjective" both in the sense that the data are elicited from interviews, and in the sense that questions are asked about such "subjective" states as stress, pain, and depression. Descriptive reports do not, however, include evaluation on the part of the subject. In this sense, descriptive reports yield objective indicators of quality of life.

For example, consider the quality of life measures of the World Health Organization. The WHO defines quality of life in terms of the person's subjective evaluations of her life conditions :

Quality of Life has been defined by the World Health Organization as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns... This definition reflects the view that quality of life refers to a subjective evaluation, which is embedded in a cultural, social and environmental context. [2, p. 3]

The WHO's quality of life measures, however, are based on surveys which include questions concerning both the subject's evaluations and descriptions of her life conditions. The items on the questionnaires focus on medical support needs, financial situation, mobility, ability to concentrate and work, feelings of safety, and satisfactions, among others.<sup>2</sup>

If any tool that includes surveys is regarded subjective, it is hard to make sense of the controversy between those who hold that objective indicators are sufficient for quality of life measurement and those who hold that subjective indicators are also necessary. This is because it is hardly controversial that even if only objective indicators are relevant to quality of life measurement, the most feasible way to establish values for some of these indicators is to ask people about their experiences. (They might have the best or only access to the relevant information.) In this case, there might not be any disagreement between the two views.

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<sup>2</sup> The World Health Organization has two indexes for quality of life measurement: the WHOQOL-100 index and its shorter version, the WHOQOL-BREF. See [http://www.who.int/entity/mental\\_health/evidence/who\\_qol\\_user\\_manual\\_98.pdf](http://www.who.int/entity/mental_health/evidence/who_qol_user_manual_98.pdf).

Moreover, a plausible case can be made that a person's emotional states, perception and outlook on life are an important aspect of quality of life. However, it does not follow that the best or only way to measure quality of life with respect to this subjective component is through the person's evaluations. Perhaps it is, but perhaps descriptive indicators, elicited from the subject or from some other source, are more suited for this task.

Consequently, the distinction between objective and subjective indicators should be replaced by distinctions between measurement methods and the objects of those measurement methods. That is, we should distinguish between indicators based on descriptions and evaluations on the one hand, and mental and other objects of both description and evaluation, on the other. These replacement distinctions offer a better reconstruction of the controversy.

## Indicators and Components of Quality of Life

Quality of life research originated from an effort to develop indicators for the measurement of human welfare. "Welfare" refers to how well a person's life goes for the person whose life it is. A quality of life index measures the extent to which a person's life is good for that particular person. Quality of life refers to welfare, and measurements of quality of life are attempts to measure welfare.

Theories of welfare have traditionally been developed and discussed in philosophy. Broadly speaking, philosophers have proposed three types of theory. These are *hedonism*, *preference satisfaction views*, and *objective theories*. All have many different versions. Hedonism is the view that holds that how well your life goes for you depends on the extent to which you experience some conscious mental state, variously identified with pleasure, happiness, enjoyment, or satisfaction (in the sense of an attitude towards or feeling about your lot). Preference satisfaction views hold that how well your life goes for you depends on the extent to which (some or all of) your preferences are satisfied (in the sense that the preferred state of affairs obtains). And objective theories hold that how well your life goes for you depends on the extent to which it realizes certain normative ideals or contains certain valuable goods.

It might seem, then, that quality of life researchers could simply choose one of the theories that philosophers have put forward. For instance, if they are attracted to hedonism, they can develop quality of life indexes to measure pleasure, happiness, or satisfaction. If they prefer preference satisfaction views, they can develop tools to measure the extent to which people's preferences are satisfied. And if they think some objective view is the most plausible theory, they can measure the extent to which people's lives contain the valuable goods or realize the normative ideals that the theory proposes.

Nevertheless, I doubt that quality of life researchers should want to commit their inquiry to some particular philosophical theory of welfare. There is little agreement among philosophers about which theory is ultimately correct, and basing quality of life research on any one of them is bound to be controversial. Quality of life researchers have reason to be wary of taking a stand on whether mental states, the satisfaction of preferences, or some normative ideals are ultimately valuable. For the purposes of quality of life measurement, you should not have to commit yourself to any particular theory of welfare.<sup>3</sup>

There is, however, relatively broad agreement about particular goods which make a person's life go well, both within and outside of philosophy. Most people would agree that health, income, and strong social relations, for example, contribute to a person's welfare. This agreement offers a strategy for sidestepping the philosophical problems: whatever human welfare consists in, certain goods (services, opportunities, etc.) can be considered the *means or preconditions* for promoting a person's welfare – thus, quality of life research can measure people's access to them.

There are, however, two different approaches to this strategy. On one of them, you measure the extent to which a person has access to the relevant goods on the assumption that they are good indicators of whatever welfare ultimately consists in. Alternatively, you can proceed with measurement on the assumption that these goods are indicators of different *components* of overall welfare. It is important to distinguish between these two approaches. If, on the one hand, the core idea of quality of life research is that welfare can be directly measured, then different indicators must be systematically related to one another. If the measurement of different indicators yields inconsistent results, then some of them are not appropriate indicators of welfare. On the other hand, if the idea is that an indicator reflects only some component of welfare, then inconsistencies between different indicators do not invalidate them. The inconsistencies may be evidence that they measure different components of welfare, given that you have reason to think that they are appropriate indicators in the first place.

Even those who believe that welfare is one sort of entity can accept the idea that it has various components. For instance, they may believe that welfare consists in happiness, but accept that happiness has different components. They may furthermore agree that proposed indicators of welfare do not directly measure happiness but only its various components. Likewise, those who are pluralists about welfare – or deny that a unified theory of welfare is possible – can accept the idea that indicators reflect its components.

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<sup>3</sup> This has been argued by Brock [3], Musschenga [4], and Sandøe [5], among others. In [6], I examine how some common assumptions of quality of life measurement might commit researchers to particular theories of welfare.

Consider the implications of these approaches. It is well known that measurements of quality of life by the two kinds of indicators yield inconsistent results. There is, at best, a weak correlation between evaluations and descriptive indicators. There are wide variations in people's evaluations of their life conditions when there is little variation in descriptive measures of these conditions ; and similar evaluative responses are given by people in different conditions, as measured by some descriptive indicator.<sup>4</sup>

What reasons can then be given for including both evaluations and descriptive indicators in quality of life measurement, as most quality of life researchers insist ?<sup>5</sup> The case for the indispensability of descriptive indicators seems straightforward : these indicators are necessary for the measurement of quality of life since they map goods which are typically means for making a person's life go better for that person. That is, one can make the case that better health, closer social relations, more secure material conditions, and the like, promote the person's welfare on any plausible theory of welfare.

The case for the indispensability of evaluations is more controversial. Quality of life researchers have given different arguments in favor of including evaluations in quality of life measurement. Many of these arguments are *normative* : they appeal to certain desirable consequences of taking people's evaluations into account.

Consider, for instance, the following argument :

What is good for people cannot be determined without taking their views into account. Being able to reflect the perspectives of individuals, subjective well-being measures allow people an input channel in which to voice their concerns and immediate demands for public funds and assistance. [9, p. 207]

A similar argument is sometimes made in medical ethics. If health-related quality of life is measured by descriptive indicators, medical decisions are more likely to be made without consulting a competent patient, denying her autonomy and self-determination.<sup>6</sup>

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<sup>4</sup> For a thorough discussion and some important qualifications, see Cummins [7]. One qualification is that there is stronger correlation in the case of people who are under a certain threshold level as measured by descriptive indicators that is, those who are in very bad objective conditions tend also to be dissatisfied with their lot.

<sup>5</sup> See Cummins [8, p. 118], Diener and Suh [9], Hagerty & al [10, pp. 7-9], and Raphael [11, p.161], among others. Incidentally, the number of measurement tools using only descriptive indicators is a bit surprising, given this agreement. Roughly, a third of the 22 quality of life indexes for people with disabilities that Cummins presents use only descriptive indicators. Around half of the 68 health-related quality of life indexes that Taillefer & al [12] analyze are similar in this respect. And roughly half of the 22 general measures of quality of Hagerty & al assess do not include evaluations.

<sup>6</sup> See, for example, Kaplan [13].

While normative considerations do have a place in the broader context of policy design and evaluation, they have limited relevance in the narrower context of welfare measurement. Undoubtedly, people's perceptions and views are a relevant factor for the development and assessment of programs and policies, but building normative considerations into the measurement of their quality of life can easily lead to confusion. Measuring quality of life and enhancing public participation and information flow are separate matters.

Finally, the case for evaluations has also been made on the grounds that only quality of life measures based on people's evaluations can have intercultural applicability. In order to be able to carry out intercultural comparisons, any sound quality of life measurement tool must include people's evaluations, since only these can capture their different values :

a subjectivist notion of quality of life is largely independent of changing social and cultural values. The more the concept of quality of life is analysed by objective characteristics, the less likely it will be applicable independently of specific cultural norms and ideas. If, however, quality of life is to function as a culture-independent standard, it must focus on subjective well-being rather than on the nature of the objective conditions on which subjective well-being depends. [14, p. 30]

Nevertheless, members of different cultures and societies may have not only different values and norms, but also different aspirations and expectations for their lives, so that their evaluations have different implications for their level of welfare. It remains to be shown that a given level of life satisfaction in one society represents the same level of welfare as the same level of life satisfaction in another society.

## Conclusion

The inconclusiveness of these arguments should prompt us to rethink the relation of different kinds of indicators and what they are supposed to be the indicators of. If we take the approach that both evaluations and descriptive indicators are "direct proxies" of a person's welfare, their inconsistency forces us to choose between them, since only one of these kinds of indicators can be ultimately related to welfare.

In order to sidestep the issues of correlation of indicators and allow for the possibility that sometimes either kind of indicators may be more informative, we should choose the second of the two approaches described above. On this view, different indicators reflect different *components* of welfare. One implication of this view is that we do not have to choose between evaluations and descriptive indicators simply because their measures are not highly correlated. Thus, we can adopt a "piecemeal approach" to quality of life measurement, deciding on a case-by-case basis what sort of indicators we use.

I have argued that part of the reason for the continuing controversy is a failure to separate two different claims. One is that welfare has a “subjective” component that is, a person’s feelings, happiness, satisfaction or attitudes towards her life are relevant for determining how well that person’s life goes. Thus, this component must be represented in any sound quality of life measurement tool. The other claim is that the most appropriate way to measure this particular component is by the person’s own evaluations of her life conditions. But there is no reason to expect that a one-to-one relation exists between a measurement method of welfare and an underlying component of welfare. That is, there is no reason to suppose that the best or only way to represent the “subjective” component of welfare is by evaluative indicators. Both descriptive indicators and evaluations may be good indicators of both “subjective” and “objective” components of welfare. ●

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