

What is quality of life therapy ?

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Abstract

The understanding, measurement and improvement of human quality of life have been major goals in daily life. The aim of this study is introduction and definition of quality of life and quality of life therapy for improvement of human life.

Keywords: Human life, Quality of life, Quality of life therapy.

Introduction

Several studies provide their definition for what quality of life should mean. Quality of life is “interpreted to be the livability in the area or as one measure of the level of attractiveness or as the absence or mitigation of family and medical issues such as teen pregnancy, disease, and quantity of poverty. Although quality of life studies and literature is plentiful there remains some debate about which indicators are best suited to determine an area’s livability. There is also research testing the correlation between objective and subjective quality of life indicators in which the results were mixed (Bognar, 2005).

Quality of life (QoL) can be defined in many ways, making its measurement and incorporation into scientific study difficult. As illness and its treatment affect the psychological, social and economic wellbeing, as well as the biological integrity, of individuals, any definition should be all encompassing while allowing individual components to be delineated. This allows the impact of different disease states or interventions on overall or specific aspects of QoL to be determined (Wimberly, 2010).

The term “quality of life” is used to indicate the general well-being of people and societies. It often is associated with the term "standard of living," but the two do not necessarily mean the same. A standard of living merely is the evaluation of the wealth and employment status of a

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person in a society. Though both are factors to determine quality of life, these are not its sole indicator. A person's environment, physical and mental health, education, recreation, social well-being, freedom, human rights and happiness also are significant factors (Nzaku et al., 2005).

Some politicians and economists use the term "quality of life" to assess the livability of a society. In healthcare, a patient who is diagnosed with a major depressive disorder often is evaluated based on his or her quality of life. Many social psychologists also consider quality of life to be a major factor that influences some people's decisions to commit suicide (Atkinson et al., 1997).

Quality of life is measured in a variety of contexts. Aside from healthcare, it also is used in international development and political science. This results in the diverse definitions given to the term. Factors that are considered are both qualitative and quantitative. Many local, national and international organizations conduct surveys and psychological tests to determine an individual or society's quality of life for different purposes (Pal, 1996).

In international development, quality of life is used to broaden the analysis of a society's standard of living. The theories and methodologies used greatly depend on the organization's principles and ideologies. In many cases, such methods also are affected by the kind of result that the organization expects from their study (Frisch et al., 1992).

World Bank has defined quality of life in terms of its neo-liberal policies that are supposed to eradicate poverty on a global scale. It defines the term based on the fundamental needs of humans. Based on this, poverty is then defined as having low quality of life. For grassroots non-government organizations that are not focused on reducing poverty on a national or international scale, improving quality of life is usually done by helping the individuals in their communities (Nzaku, 2005).

The methods to determine the quality of life in a society or for an individual can be either objective or subjective. To illustrate, determining the level of happiness of a person is difficult to quantify. This is the reason that many organizations would rather depend on tried-and-tested quantitative instruments in assessing it. One popular example is the Human

Development Index used by the United Nations Development Program (Guhathakurta et al., 2007).

QOLTC is a new evidence-based approach to Positive Psychology, developed by Michael Frisch, PhD, of Baylor University. Positive Psychology is the science and promotion of happiness. Happiness (satisfaction with the quality of your life) leads to better health, more rewarding relationships, and greater success in school and work.

QOLTC is for people who:

1. Are looking for more satisfaction and fulfillment in one or more areas of life
2. Have difficulty following through with resolutions and plans
3. Are re-inventing them, or building a new life
4. Have found that what they are currently doing is not working
5. Are very motivated to make changes (Gill et al., 1994).

Quality of Life Therapy presents a comprehensive approach to positive psychology that is equally applicable to clients with or without a psychiatric or psychological disturbance. It builds upon the work of cognitive behavioral clinicians such as Aaron Beck, activity theories such as that of Mihalyi Csikszentmihalyi, and positive psychologists such as Martin E. P. Seligman (Muldoon et al., 1998).

The interventions teach clients that happiness is a choice. Although happiness matters, learning loving kindness also counts. That is, the interventions do not just focus on the self, but also focus on helping the client to grow by learning compassion and kindness (Mitchell et al., 1988).

The exercises and are built around five concepts: Life circumstances, attitudes, standards, the importance of values, and overall satisfaction (CASIO). Within this model, 30 central principles for a happy life are described (altogether almost 200). The CASIO model and the 30 principles give practitioners very concrete ways to move their clients in positive directions. It stresses 16 areas of life that may constitute a person's overall quality of life. 16 areas of life is including: Health, Self-esteem, Goals and values, Money, Work, play, learning, creativity, helping, love, friends, children, relatives, home, neighborhood, community (Koller, et al., 2002).

What is the CASIO model?

The CASIO model a corner stone of QOLT is the CASIO rubric for problem solving and quality of life (QOL) enhancement. According CASIO theory of life satisfaction (the perceived gap between what one has and what one wants) with a *particular area* of life is made up of 5 (4 +1) components:

1. The objective Circumstances of an area (related to “work” from the 16 areas).
2. The person’s Attitudes/perception/interpretation of an area (in terms of personal well-being).
3. A person’s evaluation and of fulfillment in an area in an area are based on the application of Standards of fulfillment or achievement
4. The value or Importance person places on an area for overall happiness or well-being
5. These four (CASI) combined with a fifth concerned with Overall satisfaction in other areas that are not of immediate concern (Leplège et al., 1997; Furuseth, 1990).

Discussion

QOLT consists of an approach to increasing happiness or to positive psychology intervention. QOLT can be applied to clinical and nonclinical clients. Nonclinical clients are defined here as groups without a Psychological or psychiatric disturbance as defined by the presence of one or more DSM-IV-TR disorders. For example QOLT has been shared with nonclinical professionals-physicians, lawyers, clergy, university professors or academics, quality of life researchers and their students, university student life professionals, police personnel, psychologists, and other mental health professionals as well as undergraduate and grouted university students (Jacobson et al., 1997; Evans, 1992).

as one of many positive psychology approaches to enhancing human happiness and quality of life, QOLT advocates a life satisfaction approach in which clients are taught a theory, tenets, and skills aimed at helping them to identify, pursue, and fulfill their most cherished needs, goals, and wishes in valued areas of life (Ivan et al., 1994).

QOLT attempts to incorporate the most current theory and research with respect to happiness, positive psychology, and the management of negative affect long with insights from Frisch clinical and positive psychology practice (Hunt et al., 1992; Bowling, 2001).

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