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The concept of quality of life between subjective and objective indicators

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Abstract :

The article addresses the concept of quality of life as a definition of individual experiences assessed by subjective assessments of satisfaction and happiness related to mental health in the context of different aspects of how a person experiences their life from an objective point of view (e.g., through the prism of social policies as related to the economy or to the social environment) or from a subjective point of view . Each of these viewpoints has multiple definitions of quality of life, depending on the theoretical approach. The definition is different within social science (objective) than it is within psychology (subjective) and within medicine (Biopsychosocial). Definitions of quality of life have evolved and adapted through various models that integrate multiple dimensions of humanity's nature, and as a result the definition of quality of life must take into consideration the interaction of both the subjective and the objective dimensions of the concept to develop an adequate definition of overall well-being.

Keywords: Quality of life; concept; subjective indicators; objective indicators.

1. Introduction

Issues related to mental health are currently addressed under a broader and more comprehensive concept known as “quality of life.” In the literature of the field, the concept of quality of life is closely linked to psychological quality of life. In recent years, quality of life, or mental well-being, has become a central focus of many studies and research. Quality of life is rooted in the individual’s subjective experience. Diener and Diener state that quality of life is, in simple terms, an individual’s evaluation of their response to life, whether expressed through life satisfaction (cognitive evaluations) or affect (ongoing emotional responses), in relation to life circumstances and the availability of opportunities to satisfy needs and achieve fulfillment.

Quality of life is a comprehensive construct composed of a set of variables aimed at satisfying basic human needs. This satisfaction can be measured through objective indicators that assess the resources available to the individual, and subjective indicators that measure the degree of satisfaction achieved by individuals.

2. Definition of Quality of Life

The concept of quality of life is relatively modern in scientific literature. Ashraf Ahmed (2005) indicates that defining quality of life is a difficult task due

to its multiple and interrelated dimensions. Therefore, definitions of quality of life have varied, and the contexts in which this concept is used have become diverse.

Quality (Linguistic Meaning): The term “quality” originates from the verb “to be good”, and “good” refers to the opposite of “bad.” Its plural forms include “jīyād” and “jīyādāt.” The expression “to improve something” means to make it of better quality (Ibn Manzur, 1993, p. 215) . Thus, the concept of quality is associated with excellence, consistency, and adherence to predefined criteria and standards (Kazem & Al-Bahadli, 2006, p. 69).

Conceptual Definition of Quality of Life: Psychological literature provides several definitions of quality of life. Dennis et al. (1998) define it as “an individual’s fulfillment of life requirements according to his experiences in this world,” which include satisfaction of material needs, education, and environmental conditions. This concept originates from public policy literature (Al-Hindawi, 2011, p. 34).

Bognar (2005) defines it as “a representation of human well-being in general, and the factors influencing an individual’s life in particular” (Bognar, 2005, p. 561).

Deming defines it as “meeting the needs and expectations of the beneficiary in the present and the future” (Al-Hindawi, 2011, p. 321). Abdel-Maati (2005) states that quality of life is the improvement of the level of material, social, and psychological services provided to members of society. It also reflects individuals’ tendency toward a lifestyle characterized by luxury, a lifestyle that can only be achieved in an affluent society that has been able to solve most of the living problems of the majority of its population (Abdel-Maati, 2005, p. 17).

Goode (1994) defines it as “the degree to which an individual enjoys his or her important capabilities in life.”

Taylor and Rogdan (1990) define it as “an individual’s satisfaction with his destiny in life and the feeling of comfort and happiness” (Kazem & Mensi, 2010, p. 44).

Felee (1997) states that quality of life is linked to an individual’s personal values, which shape his beliefs about life variables and the problems he faces in order to achieve self-satisfaction (Mahmoud & Al-Jamali, 2010, p. 69).

Lehman (1998) defines it as “the sense of well-being and satisfaction that an individual feels under his current circumstances” (Lehman, 1998, p. 53).

Carol Ryff et al. (2006) define quality of life as a positive sense of well-being observed through behavioral indicators that reflect high levels of satisfaction with oneself and life in general, as well as continuous striving to achieve personally valued and meaningful goals, maintaining independence in directing one's life path, and sustaining positive and reciprocal social relationships with others. It is also associated with general feelings of happiness, enjoyment of life, and psychological peace and tranquility (Ryff, 2006, p. 85).

The Encyclopedia of Psychology (1999) defines it as a multidimensional concept consisting of seven domains that together represent quality of life. These include emotional balance, physical health status, occupational stability, family stability, the continuity of social relationships outside the family, economic stability, and sexual adjustment (Mahmoud & Al-Jamali, 2010, p. 70).

Church (2004) defines it as “a measure of an individual's ability to perform well physically, emotionally, and socially within his or her environmental context at a level consistent with personal expectations” (Church, 2004, p. 15).

Abdel Fattah and Hussein (2006) define it as “enjoyment of material conditions in the external environment, a sense of well-being, satisfaction of needs, life satisfaction, and the individual's awareness of the meanings and content of his life, along with positive physical health and a sense of happiness, leading to a harmonious life consistent with the essence of the individual and the values prevailing in his society” (Abdel Fattah & Hussein, 2006, p. 204).

Finally, Abdel Karim (2006) defines it as “the degree to which an individual feels continuous improvement in various aspects of personality, including psychological, cognitive, creative, cultural, physical, and personal dimensions, and the integration among them. It also involves creating an appropriate emotional and psychological climate for work, achievement, and continuous learning of habits, skills, and attitudes, as well as learning problem-solving strategies and adaptation methods. It further includes adopting a perspective of continuous performance improvement as a lifestyle, meeting individual needs and desires in a balanced way, and continuously generating ideas with attention to creativity, innovation, and cooperative learning, which enhances psychological and social skills” (Abdel Karim, 2006, p. 84).

Based on their reading of the definitions of Dennis et al. (1998), Bognar (2005), Deming, and Abdel-Maati (2005), the researchers observe that these definitions focus on environmental determinants in defining quality of life,

considering that material, social services, and civil requirements reflect the level of an individual's quality of life.

In contrast, definitions by Taylor and Rogdan (1990), Goode (1994), Felee (1997), Lehman (1998), and Ryff (2006) focus on the individual's subjective perspective in defining quality of life, considering that an individual's evaluation of different aspects of life is the best criterion for defining quality of life.

In contrast, the Encyclopedia of Psychology (1999), Church (2004), Abdel Fattah and Hussein (2006), and Abdel Karim (2006) consider that the most appropriate criterion for defining quality of life is one that includes both the individual's perceptions of his or her life and the characteristics of the context in which the individual lives. Accordingly, quality of life is linked both to subjective factors and to objective factors.

We also argue that the lack of consensus among researchers regarding the definition of quality of life, as well as their differences in identifying its indicators, is due to the diversity of the theoretical perspectives from which they approach the concept. The following section presents these approaches.

3. Theoretical Approaches Used to Describe and Explain Quality of Life:

3.1. The Social Approach to Quality of Life: The social perspective focuses on the beneficial society and social well-being as a goal of wealth, as well as the ability to access resources that enable individuals to control their standard of living based on money, knowledge, property, physical health, social relationships, security, and other indicators closely related to the social dimension. Therefore, this approach relies on objective indicators (Zaatout, 2014, p. 22).

Accordingly, researchers within this approach emphasize indicators related to the objective dimension of quality of life. The objective approach includes a set of indicators that are observable and directly measurable, such as working conditions, income level, social status, and the level of social support available through social networks (Bishop & Feist-Price, 2001, p. 204).

Interest in quality of life from the social perspective has increasingly shifted toward meeting individuals' basic needs and providing opportunities for independence, choice, enjoyment, social cohesion, social equality, reducing social exclusion, eliminating disparities, and strengthening social relationships among individuals (Recina, 2002, p. 8).

As a result, many countries have developed measures and statistical systems primarily aimed at assessing levels of well-being, focusing on the extent

to which individuals obtain social and environmental rights and needs. This has also enabled the collection of data used to establish indicators for determining the level of quality of life among individuals and societies (David Barry, 2002, p. 08).

Thus, the social perspective has focused on establishing indicators that allow the monitoring of changes occurring in individuals' lives from an objective standpoint. Consequently, the concept of quality of life in this approach has become associated with a set of objective social indicators that are observable and directly measurable.

Based on this, Vaariam (2004) identified a set of indicators influencing quality of life, namely:

- Individual characteristics: age, health, cognitive abilities.
- Social factors: family, social networks, social participation.
- Economic factors: income, family structure.
- Environmental factors: housing, facilities, comfort conditions.
- Personal factors: independence, ability to choose, control.
- Activity-related factors: productive activities, work (Marga, 2007, p. 15).

Quality of life, according to Saleh (1990) from a social perspective, is associated with a number of objective social indicators, including: environmental cleanliness, ease of transportation, type and nature of work, availability of goods, increased income, availability of education and employment opportunities, availability of adequate health services, freedom of expression and belief, availability of recreation and leisure spaces, and the presence of social justice (Bakr, 2013, p. 48).

The Florida Center identified objective social indicators of quality of life as: public safety, housing, environmental cleanliness, level of health services, availability of educational opportunities, availability of recreational spaces, economic level, and availability of transportation (Hill, 2007, p. 56).

Ferjani (1992) also worked on defining and measuring the concept of quality of life in Arab countries within an international context by relying on the Arab Charter of Human and Peoples' Rights as a foundation for developing an Arab conception of quality of life. This involved selecting key items, reorganizing and classifying them, and adding or prioritizing elements when necessary, while ensuring no distinction between civil, political, economic, social, and cultural

rights. Within this framework, the rights included form an integrated system characterized by internal coherence, where none can be sacrificed for another. The fundamental assumption is that these rights and freedoms constitute the core elements of an Arab concept of quality of life and serve as criteria for evaluating changes in quality of life in the Arab world across time and space (Kazem & Mensi, 2006, p. 71).

Bakr (2013) summarized the objective indicators of quality of life, considering them the fundamental basis and key inputs upon which quality of life is built from a social perspective. The objective indicators, according to Bakr, can be illustrated in the following figure:

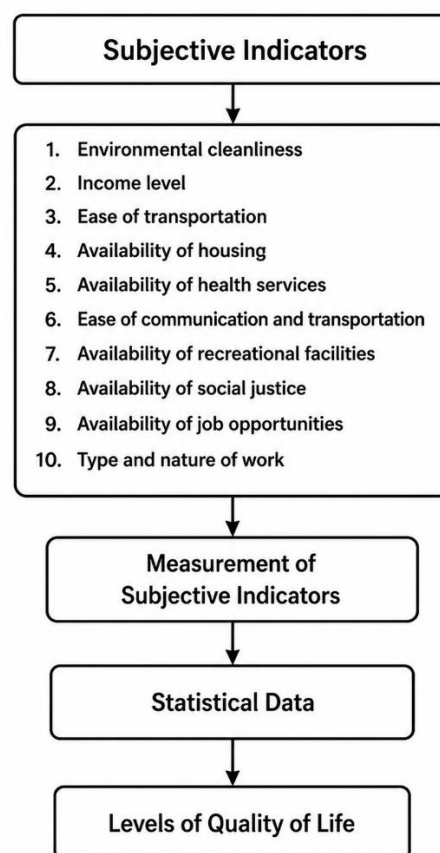


Figure 1. The Sociological Perspective on Quality-of-Life Indicators and Their Measurement Method (Bakr, 2013, p. 49)

However, scholars concerned with such measurements have pointed out that the data produced by these indicators do not truly reflect quality of life; rather, they represent the quantity of life, meaning the amount of services provided to members of society. In contrast, quality of life refers to something different, which is mainly the individual's perception of this quantity, their attitudes toward it, and

their responses to it, which may or may not lead to life satisfaction in general or satisfaction in specific domains of life (Bakr, 2013, p. 48).

Moreover, defining quality of life in terms of need satisfaction and material aspects faces difficulties in determining the extent of individuals' happiness resulting from this satisfaction and the conditions under which needs are met. The answer does not depend solely on objective conditions, but also on the individual's personal perceptions. Therefore, defining quality of life in terms of resources is considered a weak concept (Ibrahim & Al-Siddiq, 2006, p. 279).

3.2. The Psychological Approach to Quality of Life:

The Psychological Approach to Quality of Life: The psychological approach assumes that quality of life is the result of several determinants, the first of which relates to psychological concepts such as values, needs, self-perception, attitudes, aspirations, and expectations, in addition to concepts of satisfaction, adjustment, and mental health (Ibrahim & Al-Siddiq, 2006, p. 278) . It also considers values as the central axis around which quality of life indicators are organized, for several reasons:

- a) the importance of values in explaining individuals' aspirations and expectations,
- b) The role of values in determining the relative importance of different areas of life.
- c) their role in shaping an individual's evaluation of the value of life in its various aspects (Bakr, 2013, p. 51).

Thus, values play a fundamental role in explaining individuals' aspirations and expectations and serve as a psychological indicator of an individual's evaluation of the value of life. The second determinant is perception, as understanding and identifying the variables influencing an individual's quality of life depends on what the individual perceives of them (Ibrahim & Al-Siddiq, 2006, p. 279). Quality of life is therefore an expression of subjective perception; in other words, life is what the individual perceives it to be. An individual's evaluation of objective indicators such as education, housing, work, and income reflects, at one level, a direct reflection of their perception of quality of life in

relation to these conditions, since psychological factors influence social and economic evaluations (Bakr, 2013, p. 51).

Based on Maslow's classification of human needs, their satisfaction through appropriate means can represent the core of quality of life (Saleh, 1990, p. 81). According to Bakr (2013), quality of life, within this perspective, is linked to several subjective indicators of individuals in society, including: social relationships, happiness and satisfaction, family belonging, social adjustment, the use and management of leisure time, participation in cooperative activities, social and personal responsibility, and the degree of intellectual flexibility (Bakr, 2013, pp. 51-52). To measure these subjective indicators of quality of life, tests and tools based on self-report methods can be used.

We believe that the assessment of quality of life is not only related to subjective indicators such as satisfaction with life, work, social status, happiness, and a positive self-concept, but is also linked to some objective indicators such as environmental cleanliness, health status, economic level, housing conditions, level of education, available material resources, access to educational opportunities, availability of health services, recreational and leisure spaces, social justice, and other objective factors. This is because an individual's quality of life is influenced by the nature of the surrounding environment and culture.

3.3. The Medical Approach to Quality of Life:

Measuring quality of life according to this approach is not new; physicians have long relied on it to assess the patient's condition and the services provided (Bakr, 2013, p. 54). Doctors traditionally focused on signs and symptoms of disease rather than on the patient's feelings and lived experience of illness (Zaatout, 2014, p. 31). As a result, patients were treated for a specific disease without considering how their surrounding environment, social context, and subjective experience influence the occurrence of the illness and its outcomes (Salama, 2011, p. 268). Physicians often answered items related to the patient's condition using standardized measurement scales designed for this purpose (Bakr, 2013, p. 54).

However, this classical disease-centered approach has been widely criticized. (Zaatout, 2014) summarizes these criticisms as follows:

- Biochemical changes do not necessarily lead to disease; illness results from the interaction of multiple factors—partial, individual, and social. Psychological and social disorders may even manifest as biochemical dysfunctions.

- Biological and chemical changes do not explain the meaning and significance of patients' symptoms, nor do they help physicians determine how to deal with them or gather the necessary information for proper care.
- Psychosocial variables play a significant role in the sensitivity, severity, and course of illness.
- Adopting the role of a patient is not necessarily linked to biochemical disturbances.
- Many successful drug treatments are associated with psychosocial variables, such as the meaning effect or the placebo effect.
- The relationship between physician and patient influences the course of illness, even if only through treatment adherence.

As a result of the criticisms directed at the classical medical model, and with the contributions of social psychology in its health applications, (Zaatout, 2014) notes the emergence of the biopsychosocial model. Engel (1977) is considered the first to introduce this model, giving it a specific form by focusing on the patient as an individual—viewed as a complex living system, a person with subjective interpretations (of health, illness, quality of life, and well-being), and as a member of a particular society.

This biopsychosocial approach led to a comprehensive revision of current international classifications of diseases and disabilities, contributing to the emergence of the International Classification of Functioning. This classification reflects a clear shift in terminology—from diseases and impairments (disabilities, reduced capacities) to health and resources (activity and functioning), and from the consequences of illness to the components of health. Beyond being a linguistic change, this shift represents a conceptual transformation, emphasizing the need to assess any health condition from a positive, structural perspective. The International Classification of Functioning aims to examine what individuals with different health conditions are actually able to do in their daily lives and social environments, with active consideration of their interaction with the surrounding environment (Salama, 2011, p. 268).

Accordingly, greater attention has been given to the patient's own perspective in evaluating their feelings about different aspects of their life, as they are the most aware of the value of their own quality of life. Among the most widely used measures in the medical field that rely on the patient's perspective rather than the physician's is the Manchester Short Assessment of Quality of Life

(MANSA). This scale can be considered a shortened version of the Lancashire profile; it measures objective aspects (such as meeting friends and exposure to aggression) as well as subjective aspects of the patient's life in general, including satisfaction with work, training, financial situation, number and quality of friends, housing, living conditions, sexual life, family relationships, and physical and mental health (Bakr, 2013, p. 54).

3.4. The Integrative Approach:

Proponents of this approach argue that defining quality of life solely in terms of objective aspects, as expressed by objective indicators, is too limited. Likewise, defining it only through self-evaluation, as reflected by subjective indicators, is insufficient. Therefore, they consider quality of life to be linked to interrelated dimensions that combine both subjective and objective aspects, as these together form the basis for understanding the limits of objective measurement.

Al-Malki considers that the concept of quality of life has evolved from being associated with well-being and the adequacy of living conditions to a broader concept expressing the integration of both material and non-material aspects of human life, leading to happiness and satisfaction Mashri (2014, p. 224).

Saleh (1990) also emphasizes that quality of life is a comprehensive concept encompassing all aspects of life: material aspects such as the satisfaction of basic needs, and non-material aspects such as self-actualization. Thus, the concept includes both the material and objective dimension, as reflected by objective indicators, and the subjective perception of this reality, as reflected by subjective indicators (Saleh, 1990, pp. 60-61).

Al-Ghandour (1999) considers quality of life as the result of both social factors (income, health services, housing, education, etc.) and psychological factors, which are expressed in the individual's perception of how suitable these social conditions are. Perception, along with other psychological indicators, represents the outcomes through which quality of life is manifested (Abdel Hafiz, 2008, p. 913).

Abu Halawa (2010) indicates that quality of life reflects the individual's awareness of achieving balance between physical, psychological, and social aspects in order to attain life satisfaction, enjoyment, and positive existence. Thus, quality of life expresses psychological adjustment, reflected in happiness and satisfaction with life as outcomes of individuals' living conditions and their subjective perception of life. It is closely linked to this subjective perception, as it influences how individuals evaluate objective aspects of life such as education,

work, standard of living, and social relationships, as well as the importance they assign to these aspects (Abu Halawa, 2010, p. 6) .

Al-Ashwal (2005) concluded that quality of life is represented by the level of advancement of material and social services provided to members of society, along with individuals' perception of how well these services meet their various needs. An individual cannot perceive the quality of services in isolation from the people they interact with (friends, colleagues, siblings, relatives). In other words, quality of life is linked to both the material and psychological environment in which the individual lives (Kazem & Mensi, 2006, p. 43).

UNESCO considers quality of life a comprehensive concept that encompasses all aspects of life as perceived by individuals. It extends to include both the material satisfaction of basic needs and the moral or non-material fulfillment that achieves psychological adjustment through self-realization (Mashri, 2014, p. 226).

Kazem and Mensi (2006) argue that quality of life in any society is linked to many objective indicators such as environmental cleanliness, ease of transportation, availability of goods, increased income, access to education and employment opportunities, availability of appropriate health services, freedom of expression, availability of recreational and leisure spaces, and social justice. It is also associated with several subjective indicators among individuals, such as happiness, satisfaction with oneself and others, positive social relationships, awareness of others' feelings, emotional regulation, internal control of behavior, personal and social responsibility, participation in cooperative activities, loyalty and belonging to family, city, and nation, as well as personal, social, health, family, and professional adjustment, and optimism (Kazem & Mensi, 2006, pp. 70-71)

With the development of measurement tools in the field of quality of life, researchers have emphasized the importance of using both subjective and objective indicators together in its assessment. Subjective indicators include the individual's perceptions of their conditions through the evaluation of psychological aspects, focusing on psychological well-being, personal satisfaction, and happiness, as well as positive emotions and expectations about life. Objective indicators, on the other hand, focus on the external environment and include health conditions, social well-being, relationships, living conditions, education, security, housing, leisure time, and activities (Al-Shanfari, 2006, pp. 71-72).

Muldoon & Barger (1998) emphasize that quality of life includes both objective and subjective aspects. The objective aspect involves measuring an individual's ability to perform certain tasks or activities, while the subjective aspect relates to the individual's perception of how their health condition affects their physical functioning (Ahmed, 2005, p. 94).

Cummins & McCabe (1994) also point out that quality of life is a multidimensional concept, and that all developed measurement tools follow this approach. They add that any measure of quality of life should include both objective and subjective indicators.

In the same context, Greenberg (1997) highlights that efforts to measure quality of life consider it as encompassing both the individual's perceived satisfaction with life—assessed from the individual's own perspective (subjective quality of life)—and the characteristics of the environment in which they live (objective quality of life) (Bakr, 2013, p. 55) .

Good also concluded that quality of life is a psychological construct that can be measured through both subjective and objective indicators (Ahmed Hassanein, 2011, p. 95) .

Fluoffield (1990) identified the indicators for measuring quality of life as follows:

- Psychological indicators: reflected in the individual's level of anxiety and depression, adjustment to illness, or feelings of happiness and satisfaction.
- Social indicators: reflected in the ability to form interpersonal relationships and their quality, as well as the extent of participation in social and recreational activities.
- Occupational indicators: represented by the individual's level of job satisfaction, attachment to their profession, ease of performing job tasks, and ability to adapt to work responsibilities.
- Physical indicators: reflected in the individual's satisfaction with their health condition, ability to cope with pain, sleep patterns, appetite, and sexual functioning (Kazem & Mensi, 2010, p. 45)
- Kazem and Mensi (2010) emphasize that these indicators are suitable for measuring quality of life and can be used when developing objective measurement scales in this field (Kazem & Mensi, 2010, p. 45).

The student researcher argues that although researchers within this approach do not agree on a single unified definition of quality of life due to the comprehensiveness and multiplicity of its components, they do not differ in their view that the assessment of quality of life depends on the integration of subjective and objective indicators. They also agree that designing comprehensive measurement scales based on the integrative approach in measuring quality of life reflects the individual's level of quality of life.

Thus, objective factors (such as health status, relationships, living conditions, education, etc.), as expressed through objective indicators, and subjective factors (such as satisfaction, happiness, and positive emotions, etc.), as expressed through subjective indicators, together reflect the effectiveness of objective conditions. This is based on the degree of satisfaction achieved through the functioning of objective variables, which allows quality of life to be measured in a more balanced and comprehensive way.

Psychological literature also refers to five main dimensions of quality of life, represented in five interrelated domains in which objective and subjective factors interact, as will be presented below.

4. Theoretical Models Explaining Quality of Life

4.1 Carol Ryff's Six-Factor Model (1989) – Theory of the Six Factors

Ryff argues that subjective quality of life is a complex and controversial concept, shaped by a set of interrelated components. It is a dynamic and multidimensional construct that includes subjective, social, and psychological dimensions, in addition to health-related behaviors and criteria used to assess multiple aspects of satisfaction, as well as individuals' psychological and social security (Bakr, 2013, p. 67).

Ryff's model is based on the concept of psychological well-being, where an individual's sense of quality of life is reflected in their level of happiness. Ryff defines happiness through a set of behavioral indicators that reflect high levels of life satisfaction in general. She identifies six main dimensions, each containing a set of characteristics that represent points of convergence for defining psychological well-being, which is expressed through the individual's positive functioning in improving different stages of life (Mubarak, 2012, p. 726).

These dimensions are:

4.1.1 Autonomy

Autonomy refers to the individual's independence, ability to make decisions, resistance to social pressures, and regulation and organization of personal behavior during interactions with others (Abu Hashem, 2010, p. 277).

This dimension includes characteristics such as the person's ability to:

1. Determine their own destiny.
2. Be self-reliant and independent.
3. Resist social pressures.
4. Behave in appropriate ways.
5. Maintain organized behavior.
6. Evaluate themselves in accordance with their personal abilities (Mubarak, 2012, p. 726)

4.1.2 Environmental Mastery

Environmental mastery refers to the individual's ability to select and shape suitable environments, as well as their psychological flexibility when dealing with environmental contexts that match their personal needs and values (Bakr, 2013, p. 67).

This dimension includes the following characteristics:

1. Self-sufficiency of the individual.
2. Ability to control and manage personal activities and environment.
3. Ability to make use of available opportunities.
4. Ability to choose options that suit psychological and social needs.
5. Ability to evaluate personal worth.
6. Ability to behave in accordance with societal standards (Mubarak, 2012, p. 726).

4.1.3 Personal Growth

Personal growth refers to the individual's ability to develop and enhance their capabilities, increase personal effectiveness and competence in various aspects, and experience optimism (Abu Hashem, 2010, p. 277).

This dimension includes the following characteristics:

1. The individual's feeling of continuous growth and improvement.
2. Awareness of self-development and expansion of the self.
3. Openness to new experiences.
4. A realistic sense of life.
5. Feeling of self-improvement and behavioral development over time.
6. Behavior that changes in ways that enhance knowledge and self-efficacy (Mubarak, 2012, p. 727).

4.1.4 Positive Relations with Others

This dimension refers to the ability to establish positive and reciprocal social relationships based on trust, affection, and the capacity for empathy and identification with others (Bakr, 2013, p. 67).

It includes the following characteristics:

1. Satisfaction with one's social relationships.
2. Trust in people around the individual.
3. Belief in the well-being of others.
4. Ability to show empathy and affection toward others.
5. Interest in social exchange.
6. Engagement in communicative and interactive behavior with others (Mubarak, 2012, p. 727).

4.1.5 Purpose in Life

Purpose in life refers to the individual's ability to define life goals in an objective way, and to have a clear vision and direction that guides actions, behaviors, and conduct, along with persistence and determination to achieve these goals (Abu Hashem, 2010, p. 277).

This dimension includes the following characteristics:

1. Having beliefs that give meaning to past and present life.

2. Setting goals that make life meaningful when achieved.
3. Striving to achieve life goals.
4. Having the ability to direct life goals.
5. Having a clear perception of life objectives.
6. Understanding that psychological well-being lies in the sense of meaning in life (Mubarak, 2012, p. 727).

4.1.6 Self-Acceptance

Self-acceptance refers to the individual's ability to achieve self-actualization, maintain positive attitudes toward the self and past life, and accept different aspects of the self, including both positive and negative traits (Abu Hashem, 2010, p. 277).

This dimension includes the following characteristics:

1. Showing a positive attitude toward the self.
2. Accepting both positive and negative personal traits.
3. Having positive feelings toward one's past life.
4. Maintaining positive thoughts about one's future self.
5. Being aware of one's distinctive personal characteristics.
6. Demonstrating constructive self-criticism (Mubarak, 2012, p. 727)

Ryff presented this theoretical model based on various theoretical concepts and perspectives in the field of personality, as illustrated in the following figure (Abu Hashem, 2010, p. 277).

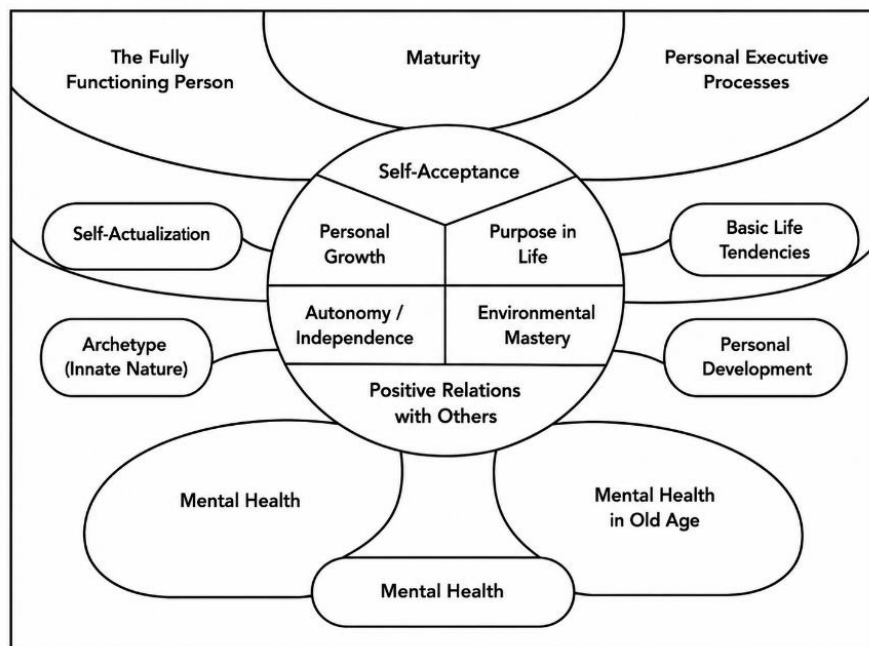


Figure 2. The Contributions of Theoretical Personality Concepts to the Construction of Ryff's Six-Factor Model.

It is clear from the above figure that Ryff emphasizes the contribution of personality theories in constructing her theoretical framework, which she calls the Six-Factor Theory.

Ryff explains that an individual's quality of life lies in their ability to cope with crises that arise at different stages of life, and that personal development throughout these stages is what leads to psychological happiness, which in turn reflects a sense of quality of life (Mubarak, 2012, p. 727). Christopher (1999) adds that, in order to achieve an integrated understanding of subjective quality of life, attention must be given to the quality of life goals, the individual's position among peers, and the different stages of personal development (Christopher, 1999, p. 148).

This theoretical perspective highlights a set of behavioral indicators that reflect the individual's overall satisfaction with themselves and their life, as well as their efforts to achieve personal goals on the one hand, and their ability to maintain positive social relationships on the other. This means that the behavioral indicators proposed by this approach are based on the subjective dimension. Consequently, quality of life is closely related to feelings of happiness and psychological well-being.

4.2 Schalock's Model (Schalock Theory, 2002)

Schalock (2002) provided a detailed analysis of the concept of quality of life, defining it as a construct composed of eight domains. Each domain consists of three indicators, all of which emphasize the role of subjective dimensions as the most important determinants—more than objective dimensions—in shaping an individual's perceived quality of life. However, the degree of this perception varies, and the decisive factor lies in the individual's perception of their own quality of life.

The following table presents Schalock's eight theoretical domains and the indicators associated with each domain (Mubarak, 2012, p. 724).

Table 1. Domains of Quality of Life and their Indicators according to Schalock's theory.

Domaines	Indicateurs
Emotional well-being	Satisfaction ; Self-concept ; Low stress
Interpersonal relationships	Interactions ; Relationships ; Support (attribution)
Material well-being	Financial status ; Work ; Housing
Personal growth	Education ; Personal competence ; Performance
Physical well-being	Health ; Daily activities ; Leisure time
Self-determination	Independence ; Goals ; Assessments/tests
Social integration	Social integration ; Social cohesion ; Social roles
Human and legal rights	Human rights ; Group rights ; Law ; Due processes

From Table (02), quality of life indicators can be conceptualized as follows:

- **Subjective aspects:** Functional assessment as a range measure, including level of functioning, observation of participation, questionnaires on conditions and environmental events, engagement in daily activities, self-determination and personal control, and role-related conditions such as education, occupation, and housing.
- **External conditions and social stimuli:** Standard of living and working conditions (Mubarak, 2012, p. 725).

Schalock also indicates that the eight domains may vary in their degree of importance depending on the researcher's orientation and objectives when studying the concept, as well as the theoretical framework guiding the study (Ibrahim, 2005, p. 71).

4.3 Anderson Model (2002)

Anderson (2002) provides an integrative explanation of the concept of quality of life, drawing on the concepts of happiness, meaning of life, the biological information system, realizing life, need fulfillment, as well as other objective factors, as a comprehensive theoretical framework for interpreting quality of life (Mubarak, 2012, p. 728).

Based on this perspective, quality of life is a multidimensional concept that includes both subjective and objective indicators. Anderson argues that an individual's perception of life enables them to personally evaluate what is happening around them and to form thoughts that lead to life satisfaction. He identifies three combined features that contribute to the feeling of quality of life:

- The first relates to thoughts associated with personal goals that the individual seeks to achieve.
- The second is existential meaning, which organizes the relationship between thoughts and goals.
- The third is personality and internal depth (Mubarak, 2012, p. 728).

In light of these features, the model identifies the following indicators of quality of life:

- The individual's sense of satisfaction, which is achieved through:
 - a) Setting realistic goals that can be achieved.
 - b) Striving to modify the surrounding environment to align with these goals.
- Need satisfaction does not necessarily lead to satisfaction or a sense of quality of life, as it is relative and varies across individuals and cultures.
- The use of personal abilities in creative activities, good social relationships, meaningful goals, and a supportive family environment enhances the individual's sense of life quality (Mubarak, 2012, p. 728).

The following figure illustrates the details of Anderson's proposed model of quality of life indicators.

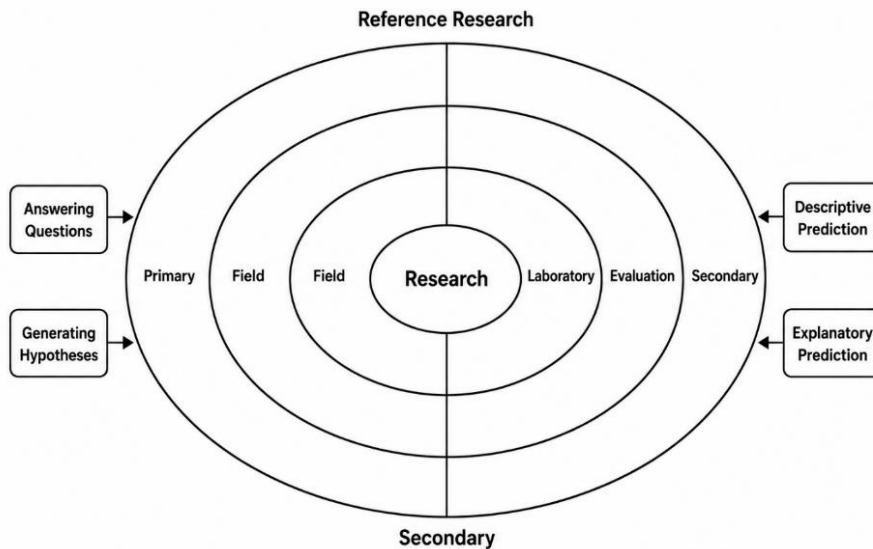


Figure 3. The Integrative Model of Quality of Life (Mubarak, 2012, p. 729)

4.4 Ventegodt et al. Model (2003)

The perspectives proposed in this model are among the most important approaches to defining the dimensions of quality of life, as they aim to reconcile the subjective and objective dimensions. They introduced what is known as the Quality of Life Spectrum, and based on it they developed an integrative model of quality of life, which illustrates its dimensions and the nature of interaction between them, as shown in the following figure (Abu Halawa, 2010, p. 10).

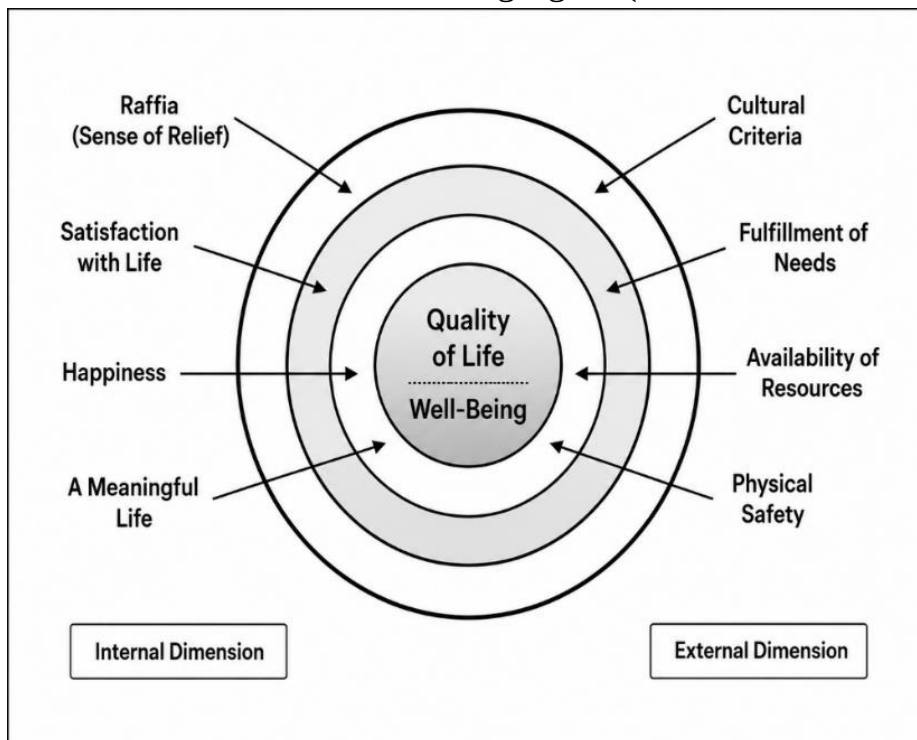


Figure 4. Dimensions of the Integrative Model of Quality of Life (Bakr, 2013, p. 56)

It is clear from Figure (04) that quality of life, or what is referred to in the model as Existential Quality of Life according to Ventegodt et al. (2003), includes two main dimensions:

4.4.1 Subjective Dimension: Subjective Quality of Life includes several sub-dimensions, namely: personal well-being and a sense of wellness, life satisfaction, and a meaningful life.

4.4.2 Objective Dimension: Objective Quality of Life includes sub-dimensions such as cultural standards, need satisfaction, realization of potential, and physical safety (Abu Halawa, 2010, p. 10) . 5.5 Abu Saree' et al. Model of Quality of Life (2006): Abu Saree', Shawqi, and Anwar Morsi (2006) propose a model for explaining and assessing quality of life based on classifying the variables that influence its formation into two perpendicular dimensions.

The horizontal dimension represents the distribution of determinants of quality of life according to whether they are internal or external to the individual, referred to as the Internality vs. Externality dimension. The vertical axis of these determinants denotes the way these determinants are categorized by their basis of measure and evaluation.

Bases will range in measurement from subjective (i.e., how each individual views these determinants on personal experiences or perceptions) to objective (i.e., how each determinant would be defined using a measurement tool) including; testing, measurement scales; comparing the measurements made with other individuals or to normative group averages; or by using both quantitative and qualitative criteria (ex. observation and rating scales). This is referred to as

the Subjectivity vs. Objectivity dimension (Kazem & Al-Bahadli, 2006, p. 73) .

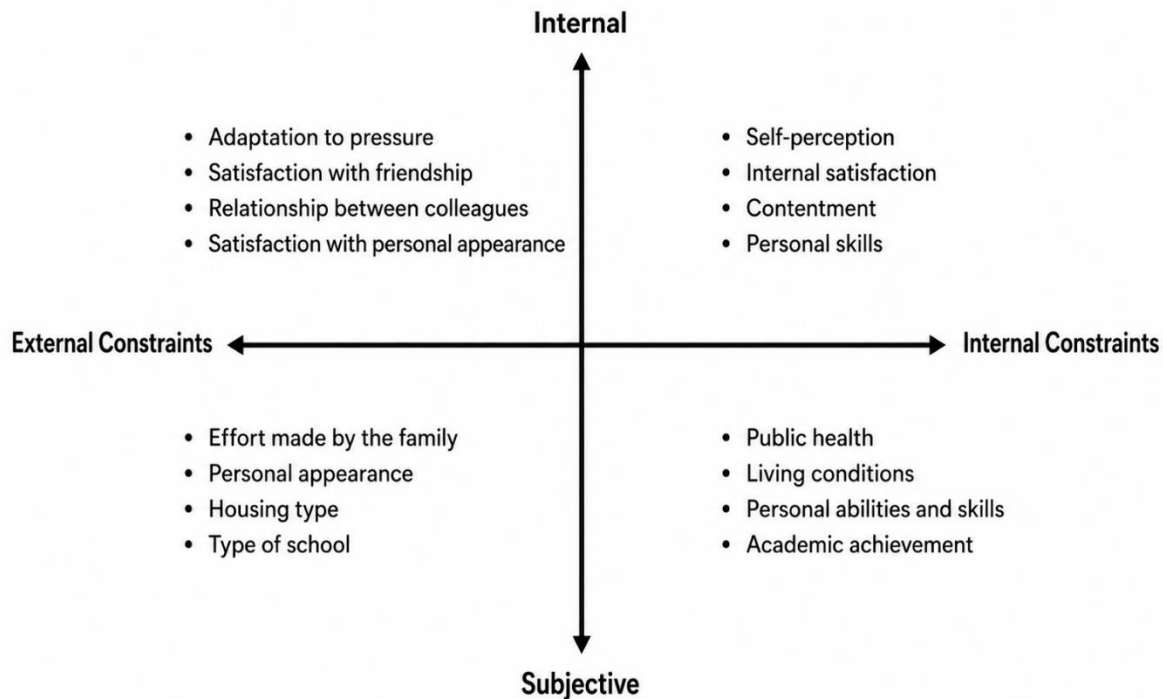


Figure 5. Abu Saree' and colleagues' classification of quality of life determinants based on their position (internal/external) and method of measurement (subjective/objective) (Kazem & Al-Bahadli, 2006, p. 73).

It is clear from Figure (05) that the determinants of quality of life are distributed across two dimensions. The first is the external dimension, which includes family adjustment, satisfaction with friendships, household monthly income, relationships with others, and housing quality. The second is the internal dimension, which includes self-esteem, general health, physical condition, academic achievement, self-efficacy, religiosity, and personal abilities and skills.

4.6 Robert Costanza et al. Model (2007)

Costanza et al. (2007) present a theoretical framework that integrates both objective and subjective dimensions in describing and defining variables related to quality of life. Their approach is based on the idea of integration between opportunities and conditions available for satisfying human needs, along with a detailed description of these needs and the individual's perception of the extent to which they are satisfied (Abu Halawa, 2010, p. 10).

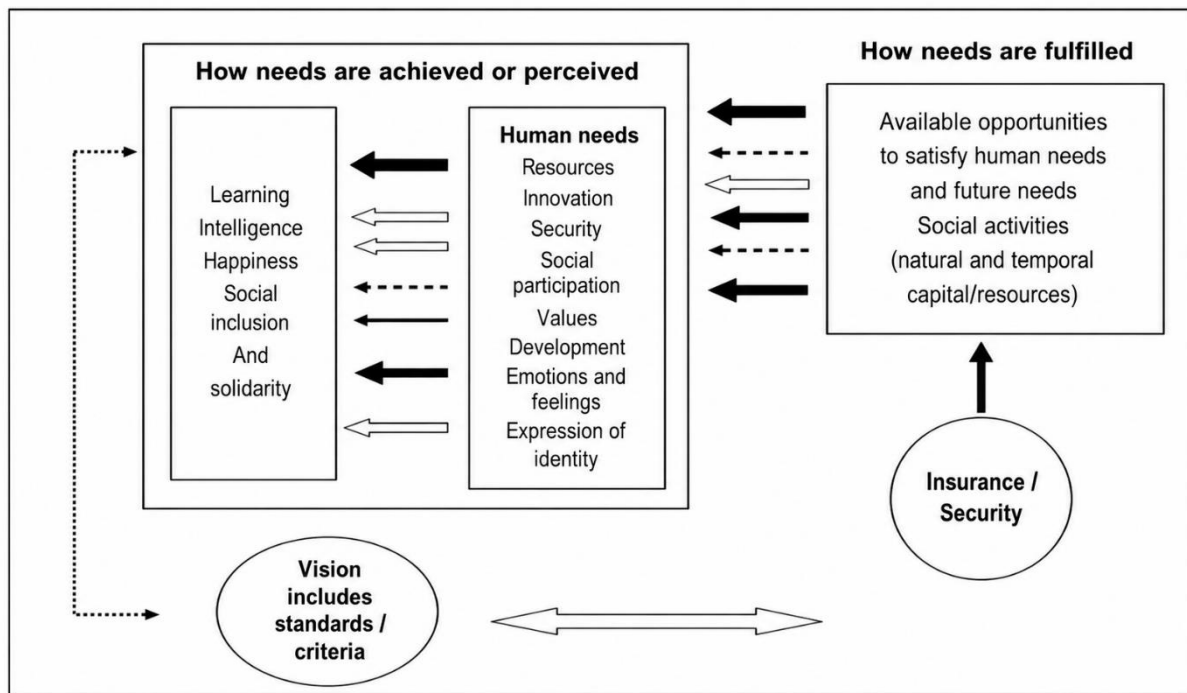


Figure 6. Quality of life as a function of the interaction between human needs and the perceived evaluation of their satisfaction, in light of the opportunities available for fulfilling these needs (Bakr, 2013, p. 59).

According to this perspective, quality of life is defined as the perceived gap between an individual's expectations regarding the degree of need satisfaction or fulfillment and the actual satisfactions the individual obtains (Abu Halawa, 2010, p. 11).

It is a state that cannot be achieved automatically or simply through the availability of resources for satisfaction; rather, it is a function of two main factors:

- a) The ability to adapt, cope, and interact positively with life circumstances and events, such as the ability to perform daily life activities that reflect quality of life in social, psychological, physical, and economic domains.
- b) Engaging in activities that drive the individual toward fulfilling their needs in a way that leads to personal satisfaction (Bakr, 2013, p. 60).

Conclusion:

The concept of quality of life is considered a central focus in positive psychology, which is concerned with examining the positive aspects of the individual and how they are acquired as a pathway to achieving happiness and

satisfaction, which represent the core of quality of life. This concept is relatively modern in scientific research.

Researchers have differed in their definitions and in the selection of indicators used to collect data about it. This variation is due to differences in the theoretical approaches they adopt. The social approach assumes that objective, observable, and directly measurable indicators reflect the true level of quality of life of an individual or society. In contrast, the psychological approach views quality of life as a reflection of several determinants such as values, needs, subjective perception, aspirations, and expectations. Therefore, it emphasizes subjective indicators based on self-report measures, considering that objective indicators have no value unless they are perceived by the individual.

The integrative approach, however, assumes that defining quality of life solely through objective indicators is too narrow, while relying only on subjective indicators is insufficient. Thus, quality of life is understood as an interaction between subjective and objective dimensions, which together provide a basis for understanding the limits of measurement. According to this perspective, quality of life is assessed through the integration of objective indicators that reflect health status and available environmental resources, and subjective indicators that reflect the individual's satisfaction and happiness with these resources, based on self-report methods such as tests and scales.

Bibliography List

- Abdel Hafiz, S. O. (2008, 16-17 July). *Using the Scandinavian Approach to Improve the Quality of Life of Deaf-Blind Persons* Sixth International Conference: Rehabilitation of People with Special Needs, Cairo University.
- Abdel Karim, H. M. (2006, 17-19 December). *Effectiveness of Using Information Technology in Achieving Quality of Life Dimensions among Omani Students* Proceedings of the Psychology and Quality of Life Symposium, Oman.
- Abu Halawa, M. A.-S. (2010). *Quality of Life – Concept and Dimensions* Annual Scientific Conference of the Faculty of Education, Cairo.
- Abu Hashem, M. (2010). The Structural Model of the Relationships between Psychological Happiness, the Big Five Personality Factors, Self-Esteem, and Social Support among University Students. *Journal of the Faculty of Education*(81).
- Ahmed Hassanein, A. M. (2011). Psychometric Properties of the WHOQOL-100 Quality of Life Scale on Libyan Samples. *Journal of Psychological Studies*(04).

- Ahmed, M. A. K. (2005, 14-16 February). *Improving Quality of Life as a Predictor for Reducing Disability* Development of Performance in Disability Field Conference, Riyadh.
- Al-Ashwal, A. E. E.-D. (2005). *Quality of Life from the Social, Psychological, and Medical Perspective* Third Scientific Conference, Zagazig University.
- Al-Ghandour, A.-A. B. M. (1999, 12-15 November). *Problem-Solving Style and Its Relationship to Quality of Life* Sixth International Conference Proceedings, Cairo.
- Al-Hindawi, M. H. I. (2011). *Social Support and Its Relationship with Quality of Life Satisfaction among Physically Disabled Persons* Al-Azhar University]. Gaza.
- Al-Shanfari, A. (2006, 17-19 December). *The Role of the Ministry of Social Development in Improving Family Quality of Life in Oman* Proceedings of the Psychology and Quality of Life Symposium, Oman.
- Bakr, J. (2013). *Quality of Life and Its Relationship to Social Belonging and Social Acceptance* (1st ed.). Dar Hamid for Publishing and Distribution.
- Bishop, M., & Feist-Price, S. (2001). *Quality Of Life In Rehabilitation Counseling: Making The Philosophical Practical*. 03, 204.
- Bognar, G. (2005). *The Concept of Quality Of Life. Social Theory And Practice*, 03, 561.
- Christopher, J. (1999). *Situating Psychological Well-Being: Exploring the Cultural Roots Of Its Theory and Research. Journal Of Counseling Development*, 77, 141-152.
- Church, M. (2004). *The Conceptual Operational Definition Of Quality Of Life: A Systematic Review Of The Literature* Texas University].
- Hill, B. (2007). *County Quality Of Life Indicators Project*.
- Ibn Manzur, A. a.-F. J. a.-D. (1993). *Lisan al-Arab* (1st ed.). Dar al-Kutub al-Ilmiyya.
- Ibrahim, M. A., & Al-Siddiq, S. A. (2006, 17-19 December). *The Role of Sports Activities in the Quality of Life among Students of Damascus University* Proceedings of the Psychology and Quality of Life Symposium, Oman.
- Ibrahim, S. S. (2005). *Quality of Life of Creative Writers in Literature* Ain Shams University].
- Kazem, A. M., & Al-Bahadli, A. N. (2006). *Quality of Life among Omani and Libyan University Students – A Cross-Cultural Comparative Study. Scientific Journal of the Arab Open Academy in Denmark*.
- Kazem, A. M., & Mensi, M. A. (2006, 17-19 December). *Quality of Life Scale for University Students* Proceedings of the Psychology and Quality of Life Symposium, Oman.
- Kazem, A. M., & Mensi, M. A. (2010). *Development and Standardization of the Quality of Life Scale among University Students in Oman. Scientific Journal of the American Arab Academy for Science and Technology*, 01(01).
- Lehman, A. (1998). *Quality Of Life Interview For The Chronically Mentally. Evaluation and Program Planning*, 11, 51-63.

- Mahmoud, H. H., & Al-Jamali, F. A. (2010). Perceived Self-Efficacy and Its Impact on Quality of Life among High-Achieving and Underachieving University Students. *Scientific Journal of the American Arab Academy for Science and Technology*, 1(1).
- Marga, V. (2007). *Care Patients Quality Of Life* (Vol. 31).
- Mashri, S. (2014). Quality of Life from the Perspective of Positive Psychology. *Journal of Social Studies and Research*(08).
- Mubarak, B. A. (2012). Quality of Life and Its Relationship to Social Behavior among Late-Married Women. *Journal of the Faculty of Arts*(99).
- Recina, B. (2002). *Considering Social Connections: Concept And Measurement* (Vol. 11).
- Ryff, C. (2006). Psychological Well-Being And Ill-Being: Do They Have Distinct Or Mirrored Biological Correlates. *Psychotherapy Psychometrics*, 75, 85-95.
- Salama, M. i. Y. (2011). *Positive Psychology*. Anglo Egyptian Bookshop.
- Saleh, N. (1990). Quality of Life Indicators – An Overview of the Concept and Approach. *National Social Journal*, 27(02).
- Zaatout, R. (2014). *Quality of Life among Chronic Patients and Its Relationship with Some Variables* University of Ouargla].