

A Quarterly Review of Social Reports and Research on Social Indicators, Social Trends, and the Quality-of-Life.  
News Included of Working Group 6 on Social Indicators and Social Reporting of the International Sociological Association.  
Newsletter of the International Society for Quality-of-Life Studies

## QUALITY OF LIFE THERAPY

### FOR ALL!

Members of the International Society for Quality of Life Studies may know Michael Frisch, as he has participated in ISQOLS conferences and published in journals that many of us read. Now Michael has pulled together the research tradition on subjective well-being, life satisfaction, and happiness with the recently emerged positive psychology movement in the discipline of psychology and synthesized the implications therefrom for clinical psychology efforts to increase the well-being of individuals. The result is the 353-page volume under review here, which includes a Toolbox Compact Disc (CD) of Personal Growth Exercises for Clients.

Michael B. Frisch, *Quality of Life Therapy: Applying a Life Satisfaction Approach to Positive Psychology and Cognitive Therapy*, with Forewords by Ed Diener and David A. Clark. Hoboken, New Jersey: John Wiley & Sons, Inc.

Frisch (p.3) commences with the rhetorical question: Why do we put happiness and satisfaction ahead of money as life goals? He answers that feeling good, that is being happy and satisfied with life, is its own reward. In addition, there are many other more tangible benefits come to those who are generally happy or consistently happy such as having more rewarding and longer-lasting marriages, more friends, higher incomes, superior work performance, more community involvement, better mental and physical health, and even greater longevity. But he then notes that individuals need not be unhappy to benefit and grow from a positive psychology program like the Quality of Life Therapy (QOLT) he expositis since *any* growth in happiness can affect these outcomes

and make individuals more satisfied with life. This, he says, is the rationale for QOLT with nonclinical or *pure positive psychology clients* such as professional groups of lawyers, teachers, business-people, physicians, clergy of all stripes and persuasions, university student life professionals, quality of life researchers and their students from around the world, and police or probation personnel – and Frisch reports that these groups make up half of his positive psychology practice. It is argued (p. 3) that QOLT may also be seen as a way to boost the acute treatment of clients undergoing cognitive therapies and relapse prevention for disorders that have been identified according to the Bible of clinical psychology – the *Diagnostic and Statistical Manual*. He states that this is due, in part, to QOLT's hypothesized activation of the constructive mode, a necessary part of successful cognitive therapy.

#### The Positive Psychology Foundations

So what is QOLT? First of all, it is based on the positive psychology approach to psychology that has emerged over the past couple of decades with leaders including former ISQOLS President Ed Diener and Martin Seligman. QOLT defines *positive psychology* as the study and promotion of human happiness, strengths, and a better quality of life for all. Thus, QOLT is one of many positive psychology approaches to enhancing human happiness and quality of life. It 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. But this pursuit should be a normatively acceptable one, an ethical one in which the legitimate rule of law is not violated and in which harm to others is minimized and avoided. QOLT attempts to incorporate current theory and research with respect to happiness, positive psychology, and the management of

negative affect along with insights from Frisch's clinical and positive psychology practice.

#### Characteristics of QOLT

Second, within the class of positive psychology approaches, QOLT emphasizes (p.6):

- a Whole Life or Life Goal perspective in which each phase of intervention is related to clients' overall life goals in valued areas of life so that clients can see a direct connection between an intervention or homework assignment and the fulfillment of their most important needs, goals, and wishes;
- a therapy of meaning in the sense that QOLT seeks to help clients find out what is most meaningful to their happiness and well-being both now and over the course of their lifetime;
- a therapy of awareness- and skill-building aimed at giving clients the understanding and skills that they need to gain satisfaction in areas of life that they most value and cherish;

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# SINET

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- a life satisfaction approach to the positive psychology goal of increasing happiness and contentment;
- a Five Path model of life satisfaction as a blueprint for quality of life and positive psychology interventions (more about this below);
- an integration of current positive psychology findings with a cognitive theory of psychopathology and depression, in particular, the activation of the constructive mode that now is seen as an important part of cognitive therapy;
- application of the constructive mode to benefit general public or professional groups interested in personal growth, groups that often are at risk of burnout and other disorders that may impair their work performance;
- acknowledgment of the real limitations of happiness interventions in terms of clients' family backgrounds, genetic heritage, and temperament; and
- a view of happiness as a complex "stew" of varied ingredients that vary from person to person.

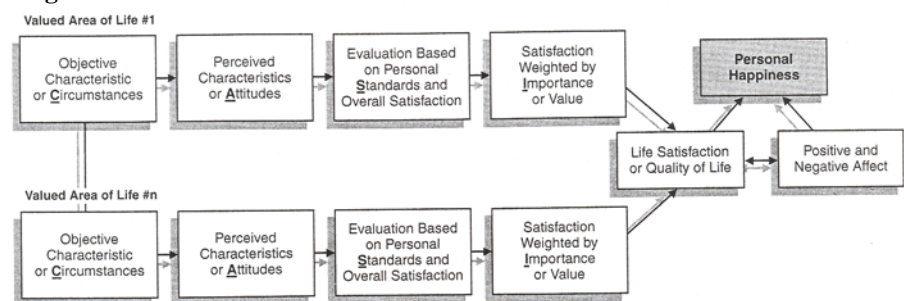
**The Quality of Life Inventory**

Frisch states (p. 7) that the cornerstone of QOLT is the *Quality of Life Inventory (QOLI®)*, a positive psychology test used throughout QOLT in planning and evaluating individual interventions. On rating scales for responses that range from -6 on the DISSATISFACTION end of the spectrum to +6 on the SATISFACTION end, clients provide ratings of 16 areas of life: Health, Self-Esteem, Goals-&- Values, Money, Work, Play, Learning, Creativity, Helping, Love, Friends, Children, Relatives, Home, Neighborhood, and Community. Scores for the QOLI are computed both as Raw Score arithmetic averages and as weighted scores, where the weights are based on the client's assessment of the importance of each of the 16 areas of life. Members of ISQOLS will recognize that these areas of life fall within the several domains of well-being typically found in subjective well-being studies of happiness and life satisfaction.

**QOL as the Life Satisfaction Part of Happiness**

Frisch (pp. 22-23) notes the emergence of a consensus among researchers towards a *cognitive theory of emotion*, in general, and subjective well-being (SWB) in particular, supporting a combined *cognitive-affective theory of SWB*. According to this view (see Figure 3.1 reproduced nearby from Frisch, p. 22), SWB is synonymous with personal happiness, and personal happiness, in turn, is defined in terms of three components: life satisfaction, positive affect, and negative affect. In high SWB/happiness, there is high life satisfaction and a preponderance (in duration) of positive over negative affective experience (feelings) in consciousness. That is, an individual's degree of SWB/happiness is a positive function of the degree of life satisfaction and of the extent of positive affect preponderance in a person's daily experience. QOL theory further proposes that the affective component of happiness is largely influenced by the individual's cognitively based life satisfaction. In this theory, life satisfaction refers to the individual's subjective evaluation of the degrees to which her/his most important needs, goals, and wishes have been fulfilled. That is, the perceived gap between what an individual has and what s/he wants to have in valued areas of life determine her/his level of life satisfaction. Finally, the theory equates QOL with life satisfaction. The propositions are illustrated in Figure 3.1, which shows Personal Happiness as influenced by Life Satisfaction/QOL and Positive and Negative Affect.

**Fig 3.1**



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### The Five Path or CASIO Model of Life Satisfaction

Figure 3.1 also illustrates the *five path or CASIO model of life satisfaction/QOL and happiness*. The model asserts that the evaluation of a valued area of life begins with its Objective Characteristics or Life *Circumstances* which influences its Perceived Characteristics or *Attitudes* which leads to an Evaluation Based on Personal *Standards* and Overall Satisfaction which feeds into Satisfaction Weighted by *Importance* or Value. The combination of all of these elements over all valued areas of life then produces overall Life Satisfaction/QOL, which, when combined with affect determines personal happiness. The final O element of CASIO refers to the assumption of the model that overall life satisfaction/QOL can be increased by boosting satisfaction in *any* valued area of life, even areas *Other* than those of immediate concern. That is, interventions in any CASIO element may boost happiness in an area of life like love or work. This model

leads to 30 principles for a happy life. Table 9.1 reproduced from pp. 101-102 summarizes these; Chapter 9 of the book describes them in detail.

The remainder of the volume includes chapter on Core Techniques in QOLT and Area-Specific Interventions (the Areas of Life include Goals-and-Values and Spiritual Life, Self-Esteem, Health, Relationships, Work and Retirement, Play, Helping, Learning, Creativity, Money and Standard of Living, Surrounding: Home, Neighborhood, and Community, and a final chapter on Relapse Prevention and Maintenance). It is impossible, in this brief review, to do justice to the many techniques, guidelines, and suggestions for therapeutic approaches that Frisch describes in the book. As but one example of a Core Technique in QOLT, Chapter 7 addresses The Three Pillars of QOLT: Inner Abundance, Quality Time, and Find a Meaning. The *Inner Abundance Principle* asserts that people must feel centered, calm, and good on the inside, hence the “inner” of Inner Abundance, to serve others or to pursue happiness in any of the areas of life in QOLT. This implies doing a good job of self-care. This means getting rest and caring for one’s body. It may mean engaging in regular exercise, meditation, prayer, review of goals and planning. This is complemented by the *Quality Time Principle*, which states that one should allow oneself time alone in a quiet place with no distractions to relax, get centered, get in touch with one’s feeling, goals, and values; plan one’s day; and make a plan to solve or manage personal problems. The *Find a Meaning/Find a Goal Principle* rests on the proposition that individuals are happier when they find a meaning or life goals to pursue that fits their unique values, skills, strengths, and interests. This can include personal and career goals as well as secular purposes in life beyond the self, such as raising a family or fighting for a cause.

The Toolbox CD provides copies and details of all of the exercises, handouts, and worksheets needed to fully implement the material discussed in the book. Many of the exercises can be used by individuals as well as completed in group settings such as workshops or lectures. Clinicians, counselors, and other practitioners will find the CD of great value in their work, and it probably will stimulate them to generate new interventions.

### Does QOLT Work?

This is the age of preference for *evidence-based* medicine, therapies, interventions, and policies of all kinds. That is, the ultimate criterion of preference today for prescriptive use of any therapy is an empirical demonstration of effectiveness. This is a tough criterion to which Frisch believes QOLT should be subjected. Along these lines, a recent study by Rodrigue, Baz, Widows, and Ehlers (RBWE, 2005) provides some evidence of effectiveness of QOLT. A strength of the RBWE study is that it is based on a randomized experimental design; a weakness is that its sample size is relatively small.

Specifically, RBWE studied patients wait-listed for lung transplantation. Thirty-five adults were randomized to QOLT (n = 17) or supportive therapy (ST, n = 18) and received individual, telephone based treatment sessions. ST was designed to mirror the supportive treatments that are most commonly offered to lung transplant patients, such as emotional and educational support as they cope with the demands of waiting for transplantation. Sessions focused on providing patients with information about the transplant experience, listening actively to their concerns and worries, displaying a genuine interest in their life activities and

**Table 9.1 The Top 30 Tenets of Contentment: An Alphabetical Listing**

1. Ask Your Death Tenet
2. Balanced Lifestyle Principle
3. Be the Peace You Seek or Worry Warts Principle
4. Be with People or Relationship Immersion Principle
5. Blind Dumb Optimism Principle
6. Bosom Friends Principle
7. Cocoon It Rule
8. Curb or Ignore Desires Principle or You Can’t Have It All Principle
9. Don’t Forgive Principle or Set Aside, Shelve, Accept, or Forget Principle
10. Emotional Control or the Big Three Make Us Dumb Principle
11. Emotional Honesty Principle
12. Expert Friend Principle
13. Favor Bank Principle or Favor Bank of Good Will from Good Deeds or Mind-Set of Constant Gratitude and Acts of Kindness Principle
14. Find a Meaning or Find a Goal Principle
15. Flow It Principle
16. Happiness Habits Principle
17. Happiness Is a Choice or It’s Up to You Principle
18. Happiness Set Point Principle or Personality Stays the Same Principle
19. Inner Abundance Principle
20. Modest Goal
21. Overthinking Principle
22. Physical Activity Principle or Take Your Medication Principle
23. Positive Addiction Principle
24. Quality Time Principle
25. Serve Others Principle
26. Strength It Principle
27. String of Pearls Practice and Principle
28. Taoist Dodge Ball Rule
29. Thou Shalt Be Aware or Psychophobia Principle
30. We Are Family Principle

*Note:* In cases of Tenets with two names, they are listed by the first name (with the second name following).

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well-being as well as non-judgmental acceptance of their current state, providing emotional encouragement and reinforcement, and promoting the use of other support systems. The QOLT approach began with the patient completing the QOLI, which, as noted above, provides specific information about current QOL levels across multiple life domains. The therapist then worked with the patient to select two to five life areas that the patient viewed as high valued and essential to her/his well-being, but which have high levels of dissatisfaction. Cognitive-behavioral strategies, such as those described in Frisch's book, then were implemented within each targeted area to facilitate change in one of the five elements of the CASIO model. Examples are completion of daily stress diaries, challenging unhealthy core beliefs about oneself and replacing them with healthier beliefs.

To evaluate and compare these two therapeutic approaches, QOL, mood, and social intimacy assessments were conducted at baseline and at 1 and 3 months after treatment. Analyses showed that the two groups did not differ significantly at baseline, but did differ significantly at the 1- and 3-month follow-up assessments. When compared to ST patients, QOLT patients had significantly higher QOL scores at the 1- and 3-month assessments, lower mood disturbance scores at the 3-month assessment, and higher social intimacy scores at the 1-month assessment. Thus, the QOLT performed more effectively. Of course, one study does not provide conclusive evidence. But this study appears to have been carefully done. And it adds to the foundation of other QOLT, positive psychology, and quality-of-life research on which Frisch has built his approach.

### Comment

So what are non-clinical social indicators and quality-of-life researchers to make of QOLT? Suffice it to say that Frisch works at the very micro/individual end of the quality-of-life spectrum – the individual/person-oriented world of the clinical psychologist. This may seem relatively far from the concerns of those in the social indicators/quality-of-life research community who mainly are concerned with the measurement of group-, organization-, community-, population-, and societal-level well-being and its comparative differences and trends over time. But it is not.

The reason is that Frisch solidly grounds his clinical, therapeutic approaches on the foundation of subjective well-being, life satisfaction, and happiness research and theory that has been developed over the past 35 years or so and that ties all of us together. This is what is impressive about Frisch's work. It would be entirely possible for Frisch to have built almost everything that he describes in this volume around another positive psychology tradition – and there are several branches to this paradigm. But he did not. He squarely grounded his approach on the quality-of-life paradigm; it is the foundation of QOLT. This is good for ISQOLS and its program and its members. It helps to build a seamless theory of the quality of life that stretches all the way from the micro/individual-level to the more aggregate/organizational/societal levels.

The positive psychology movement in general and Frisch's QOLT approach in particular also serve to remind us that each person, each of us as individuals, even those who are involved in such life-challenging events as lung transplantation, has the capacity to improve our life satisfaction and happiness. This, of course, should not deter quality-of-life researchers from the goal of continuing to refine our research-based knowledge of those

factors, structures, and policies that influence well-being in organizational, institutional, or societal contexts. Rather, it adds to the range of possible applications of our theories and findings, including to our own lives. Indeed, after reading this review of Frisch's book, I can see an unending stream of workshops on QOLT that he is called upon to organize at future ISQOLS conferences. Many of us (the exceptions being the most cynical of us who either consider ourselves sufficiently satisfied/happy with our lives and/or who just want to continue to stew in our unhappiness – as clinicians know, there are rewards to some of us for remaining in such a state) will want to benefit from Frisch's insights and tools for improving satisfaction with our lives. So, Michael, be prepared to show us the Five Paths to the Three Pillars of QOL!

Let me conclude with a historical note. With the exception of Abbott Ferriss, I probably can lay claim to being the longest-standing, active researcher in the social indicators/quality-of-life field. As a young post-doctoral fellow at the Columbia University and the Russell Sage Foundation in New York City in the early 1970s, I participated in Foundation staff discussions, lead by Eleanor Bernert Sheldon, with Angus Campbell and Phillip Converse of the Institute for Social Research at the University of Michigan (Campbell was a social psychologist, Converse is a political scientist; both were survey researchers). These discussions led to the funding by the Foundation of the Campbell and Converse (1972) edited volume on a social psychological approach to the study of the impacts of social change on individual and their subsequent study and volume (1976) that pioneered the subjective well-being/quality-of-life paradigm. I think it is fair to say that no one involved in those discussions fully anticipated the extent to which this research would become influential in guiding quality-of-life research today. And I believe that Angus Campbell (who is deceased) would be quite amazed and impressed that the subjective well-being/life satisfaction paradigm now has so fruitfully been used as an organizing principle for Frisch's Quality of Life Therapy for individuals. In fact, I think Angus would be amazed, but also pleased.

~ Kenneth C. Land

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## **ISQOLS EXECUTIVE DIRECTOR'S MESSAGE**

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Dear QOL researchers:

Here is an update about events and announcements from ISQOLS central office that may of interest:

■ We are in the process of wrapping up the ISQOLS 2006 membership campaign. We tried to contact many of you by e-mail and postal mail. Because of changes in e-mail and postal addresses, we may not have reached some of you. If you have not renewed your membership in ISQOLS, please do so ASAP. The earlier you do this in the year the more you can take advantage of ISQOLS publications and other savings on publications and participating in ISQOLS events throughout 2006. We made the membership application very convenient for all—online registration through ISQOLS website ([www.isqols.org](http://www.isqols.org)). This year we have additional benefits in the form of free subscription to SINET and a new quarterly journal, *Applied Research in Quality of Life*.

■ By the time you receive this issue of SINET, ISQOLS' website will be more user friendly and populated with many products and services beneficial to all QOL researchers. Among the new features of the revamped website are:

- o ISQOLS members can renew their membership application online; they can register for conferences online; they can update their membership profile directly online; they can order publications online; etc.;
- o Members can access past issues of SINET from ISQOLS website;
- o Members can access QOL lectures and oral histories of guru QOL researchers directly from the website;
- o Members can access information of ISQOLS policies from the website;
- o All visitors to ISQOLS website can access the membership directory and expertise database; and
- o Visitors can access our bibliographic resources.

We like to encourage all QOL researchers to visit ISQOLS website, make use of its vast resources, and whenever possible help populate the website. You can do the latter by offering to place material and resources other QOL researchers may find helpful. Examples include PowerPoint QOL lectures, QOL literature review references, references of recent QOL books, educational resources such as syllabi of QOL-related courses, among others. Send your contributions to help further populate ISQOLS website to [Sirgy@vt.edu](mailto:Sirgy@vt.edu).

Best wishes, Joe Sirgy, ISQOLS Executive Director

## **THE INTERNATIONAL SOCIETY FOR**

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## **QUALITY-OF-LIFE STUDIES:**

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## **HEADQUARTERS AND WWW HOMEPAGE**

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The International Society for Quality-of-Life Studies (ISQOLS) was formed in the mid-1990s. The objectives of ISQOLS are: 1) to stimulate interdisciplinary research in quality-of-life (QOL) studies within the managerial (policy), behavioral, social, medical, and environmental sciences; 2) to provide an organization which all academic, business, nonprofit, and government researchers who are interested in QOL studies can coordinate their efforts to advance the knowledge base and to create positive social change; and 3) to encourage closer cooperation among scholars engaged in QOL research to develop better theory, methods, measures, and intervention programs.

The year 2006 membership fees are US\$75 for regular members and \$50 for students or retired persons. Prof. M. JOSEPH SIRGY (Virginia Tech and State University) is Executive Director of ISQOLS. Anyone interested in knowing more about ISQOLS should contact Prof. Sirgy at the central office.

The ISQOLS central office recently moved to new physical and virtual locations. Please note the new addresses:

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## CALL FOR PAPERS

### APPLIED RESEARCH IN QUALITY OF LIFE

#### *The Official Journal of the International Society for Quality-of-Life Studies*

The aim of this journal is to publish conceptual, methodological and empirical papers dealing with quality-of-life studies in the applied areas of the natural and social sciences. As the official journal of ISQOLS, it is designed to attract papers that have some direct implications for or impact on practical applications of research on the quality-of-life. We welcome papers crafted from inter-disciplinary, inter-professional and international perspectives. This research should guide decision making in a variety of professions, industries, nonprofit, and government sectors such as healthcare, travel and tourism, marketing, corporate management, community planning, social work, public administration, human resource management, among others. The goal is to help decision makers apply performance measures and outcome assessment techniques based on concepts such as well-being, human satisfaction, human development, happiness, wellness and quality of life. The Editorial Review Board is divided into specific sections indicating the broad scope of practice covered by the journal, and the section editors are distinguished scholars from many countries across the globe.

Authors interested in submitting manuscripts for publication should consult the website <http://ariq.edmgr.com>. Manuscripts should be directed to the relevant Section Editor of the Editorial Review Board. If an appropriate Section Editor can not be identified, direct the manuscript to the current Editor in Chief, Michalos.

#### Applied Research in Quality of Life (January 2006)

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**XVI INTERNATIONAL SOCIOLOGICAL ASSOCIATION**

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**WORLD CONGRESS OF SOCIOLOGY**

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**DURBAN, SOUTH AFRICA, 23-29 JULY 2006**

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**WORKING GROUP 06 SOCIAL INDICATORS PROGRAM**

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The Working Group on Social Indicators WG06 has applied for some 30-40 members to present their research in five sessions:

1. Social reporting to guide policy
2. Monitoring regional and community quality of life in a globalising world
3. Subjective and objective social indicators of life quality: The new science of happiness
4. Continuity and change in quality of life trends
5. Health, education and well-being

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**7<sup>TH</sup> CONFERENCE OF THE INTERNATIONAL SOCIETY**

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**FOR QUALITY-OF-LIFE STUDIES (ISQOLS)**

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**JULY 17-20, 2006**

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**RHODES UNIVERSITY, GRAHAMSTOWN, SOUTH AFRICA**

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**‘PROSPECTS FOR QUALITY OF LIFE IN THE NEW MILLENNIUM’**

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**WWW.RU.AC.ZA/ISQOLS2006**

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Latest news:

The conference will still accept late submissions of abstracts that address the conference theme right until the programme is finalised at the end of May. Check the website for the correct format of your abstract and send it direct to the conference organisers at [isqols2006@ru.ac.za](mailto:isqols2006@ru.ac.za) indicating your choice of track. Registration details can be found on the website, simply click on the button.

We look forward to welcoming colleagues to South Africa and the conference in July!

~ Valerie Moller

## **SINET WORLD WIDE WEB HOMEPAGE**

*SINET* has a homepage entry on the World Wide Web. It is located on the homepage of the Department of Sociology at Duke University and thus can be accessed by clicking on Department Publications on the address of that page, namely, <http://www.soc.duke.edu> or by typing in the full address <http://www.soc.duke.edu/resources/sinet/>. The homepage for *SINET* contains a description of the Contents of the Current Issue as well as of Previous Issues. In addition, it has Subscription Information, Editorial Information, Issue-Related Links, and a link to the homepage of ISQOLS, the International Society for Quality-of-Life Studies. The Issue-Related Links button has links to World Wide Web locations of data for the construction, study, and analysis of social and quality-of-life indicators that have been identified in previous issues of *SINET*. When you are surfing the Web, surf on in to our homepage.

# **SINET**

## **Social Indicators Network News**

### **Subscription Information**

As a service to the world-wide social indicators community, *SINET* is issued quarterly (February, May, August, November). Subscribers and network participants are invited to report news of their social indicator activity, research, policy development, etc., to the Editor for publication. Deadlines are the 20th of the month prior to each issue.

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# **SINET**

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