

Quality of Life: Objectifying the Subjective Experience

The syntagmatic construction “*quality of life*” includes several attributes: it is subjective, multi-dimensional, complex, dynamic, and culture-bound. This indicates that it is always perceived by persons, it must consider different areas (work, love, social relations, spirituality), there are aspects that subjects want and others they reject, it changes over a lifetime and its assessment depends on the cultural context.¹

The paper by Pavel et al studies the impact of perceived subjective decline on the overall perception of quality of life. Its main conclusion points toward the detrimental effects of this perception on life satisfaction and behavioral performance. Assessed by a particular instrument, this perceived decline in cognitive abilities, irrespective of its cause, is detrimental to well-being and merits further investigation in order to develop and implement preventive and curative strategies. It is particularly relevant that self-perceived cognitive decline may affect performance and lead to anxiety, which further deteriorates it.

Cognitive decline is a characteristic of aging and is usually accepted as a mild impairment in need of particular social support. This presents ethical challenges that justify devising adequate strategies for prevention and intervention.

Interesting as the results of this study are, they might be complemented with more objective measures besides the use of self-administered questionnaires. Previous work with the method of *content analysis of verbal behavior* indicates that this might constitute a useful strategy for evaluating cognitive impairment without the subjects being aware of the exam. The technique uses natural verbal samples elicited by standard stimuli and procedures. By coding appropriate markers in spontaneous speech, several psychological states and traits may be assessed, including *anxiety*, *hostility*, *social alienation-personal disorganization*, and *cognitive impairment*. The method is unobtrusive, with appropriate training can be taught to attain reasonable reliability and its validity has been ascertained by different, concurrent measures. The development started with the pioneer studies of professor Louis Gottschalk from Irvine, California, and was widely used for diagnostic and prognostic purposes, including the assessment of the quality of life.²

This method of objectifying psychological conditions offers several advantages over questionnaire studies, including the difficulty in learning how to respond according to social expectations, the appropriateness of using the natural language of subjects (without any bias introduced by translation), the simplicity of the use, and the naturalness of its application in conversational settings. The validation of relevant constructs useful for research is a fruitful avenue for objectifying some of the factors that the insightful paper by Pavel et al identifies as detrimental to psychological well-being and impacts on subjective quality of life.³

References

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Fernando Lolas 

Department of Psychiatry, University Hospital,
Universidad de Chile, Chile

Corresponding author:
Fernando Lolas
✉ flolas@uchile.cl

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