

Quality of Life (QoL) in a Society: Theoretical Discussion and Recommendations

By

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Introduction:

The question “What is a good life?” is a fundamental question each generation of human beings in each culture and society confronted and sought answers using different approaches and value system (Campbell et al., 1976; Micholas et al., 2000). Quality of life (QoL) is a multidimensional concept that is receiving attention of academicians as well as public policy makers in both developing and advanced economies. It can be a useful tool to evaluate the impacts and outcomes of health and social work programs. The academic literature addresses QoL at macro (societal, objective) and micro (individual, subjective) levels (Rosenberg, 1965, 1992; Bowling 1995). The macro level indicators of QoL include income, employment, housing, education, other living and environmental circumstances. The micro level indicators address more subjective issues like the perception of overall quality of life and value system prevalent in society. Therefore, these subjective issues have recently been addressed using the concepts as well-being, happiness and life satisfaction by developing indicators on an international scale.

Quality of life is thus a complex collection of interacting objective and subjective dimensions (Lawton 1991). The bases of the different QoL indicators and models developed have their roots in need based approaches derived from Maslow’s (1954, 1962, 1968) hierarchy of human needs (deficiency needs: hunger, thirst, loneliness, security; and growth needs: learning, mastery and self-actualization). Research on QoL has also been influenced by the studies rooted more in psychology with emphasis on well-being, happiness, morale, self satisfaction (Andrews, 1973, 1974, 1986; Andrews & Withey, 1976). Research in the field of sociology about social expectations from individual in a society and perception and responses of individuals to those expectations (e.g. Campbell 1972, 1981) or the individual’s unique perceptions (e.g. Cantril, 1967; Caplan, 1974) have also influenced QoL research. The multidisciplinary roots of QoL make it an interesting avenue to study and understand (Campbell et al., 1976; Scanlon 1993).

This study chooses this subject area to offer useful insights based on a brief overview of academic literature addressing QoL.

All societies seek to create wellbeing for individuals. The question is not whether Societies desire welfare or not. The fundamental questions are: what does wellbeing mean? How do we measure it? And how do we use indicators to organize society and its Institutions so as to maximize wellbeing?

Answering these complex questions is a challenging endeavor, especially given the Diversity of values and worldviews around the globe. However, at the center of the essential Questions of development and progress lay the indicators we use as a society to measure Wellbeing and develop policies. As Hazel Henderson said, “Statistical indicators are the Structural DNA codes of nations. They reflect a society’s values and goals and become the Key drivers of economic and technological choices.

Based on literature review and as well personal analysis derived from many decades of work in the field of medical profession, certain recommendations for improving the QoL situation in Pakistan especially positive use of religion in that aspect are presented at the end of paper.

Quality of Life and Religion:

Religion and spirituality is a topic of philosophical importance to most of the world’s population today and looms as a salient characteristic of the twenty-first century with rise of religious and spiritual importance in lives of people (Smith, 2003; Novak, 2004). Jung (1963), the famous Swiss psychologist asserted that the telling question of a person’s life is whether or not the person is related to the infinite (i.e. God, and religion offers an answer to this important question). Due the pervasiveness of religious endeavors and spiritual thinking among people of the world despite advancements in natural sciences; this factor also started receive attention from social scientists during second half of last decades (Smith, 2003). Even earlier QoL researchers attempted to address this important topic in their endeavors to address different dimensions of QoL (Fenton, 1985; Emmons et al. 1998; Peacock & Paloma, 1999). The arguments for importance of including religious dimension in QoL research are enforced by Smith (2003), who asserts that science cannot deal with 1) intrinsic values for individuals (What is better for the individual?), 2) purposes (teleological explanations), 3) ultimate meanings (What is the meaning of life? What is the meaning of it all?), and 4) quality (Objectively comparing judgments based on values across individuals).

Pollner (1989) made an important conceptual advancement by going beyond institutional indicators of religion (such as denomination, belief, and ritual) to conceive of a new construct – religiosity – as a relationship between the ego and God. When applying the new concept of participation in a divine relationship, Pollner (1989) found this construct had the strongest correlation for three of the four measures of well-being (global happiness, life satisfaction, life excitement, and marital happiness). Pollner's (1989) work has certain useful implications for Pakistani society also, as inner dimension of religion (spirituality) can be one the biggest driver for use of religion to enhance QoL. Moreover, previous studies and research also shows that religious services have features that can be beneficial to health, such as meditation, a social network, and a set of values that discourage risky or unhealthy practices in individuals of a society. Spiritual support (resulting from religious teachings) and understanding of a higher purpose of life going beyond materialistic achievements are likely to be important factors in religious persons which can acts as some kind of buffers from worry and its effects, such as depression, anxiety, and suicide (Mirvis, 1997; Novak, 2004; Sawatzkey et al. 2005). The human quest for meaning in life has historically led many to explore religion and/or spirituality as a valid base for QoL enhancement (Sawatzkey et al. 2005).

Factors and Indicators for Measurement of Quality of Life

Indicators reveal particular information about society. They thus embody values that People care about, or at least they should if indicators are to drive policies and thus society In a genuine direction of progress. As a society we value what we measure and we use what We measure to make decisions that impact people's lives. "Why are indicators important? Policymakers increasingly look at data like GDP to make decisions about what are good Policies." Therefore, if indicators don't measure what people care about and a country's Economic and political architecture is designed to maximize the value of those indicators, the indicators might increase but society might not be enhanced.

Most countries utilize indicators in a similar fashion. Given a particular country at a Specific time, an indicator measures a set of definite characteristics about that country. This Indicator provides limited information about the country depending on what it measures. The indicator is then analyzed and used by policymakers to develop policies that seek to maximize the wellbeing of society. Since the indicator is assumed to measure wellbeing to a Certain extent, it is used as a proxy for wellbeing and the objective of policies and Institutions become to maximize the value of the indicator. These policies impact society, And then at a future time the indicator is generated again to assess the success of those Policies. If the value of the indicator has grown, it is a success story. If the value has Declined, then the policy is deemed faulty and it is rejected or revised until it impacts the

Indicator positively.

Although this is a simplified version of the way institutions use indicators to develop policies, it does illuminate the primary role that indicators play in shaping decisions and society. With such a central role in driving society in a particular direction, indicators should adequately measure wellbeing and progress. “We look at numbers that tell us what we are doing. If those numbers don’t reflect what we care about, we make decisions that actually make us worse off.”

Diener and Suh (1997), refer to the fact that the study of QoL as a subject area is more than simply an intellectual exercise. It is a purposeful effort by people to understand the fundamental concerns of societies about life and wellbeing in general. Consequently, in an ideal situation, QoL in a society can only be determined by measurement or asking the principal question—“Is society improving or is it deteriorating?” However, subjective intuition or individual opinion is not sufficient in itself to give comprehensive meaning to society’s overall shared values and potentialities (Diener & Lucas, 2000). Common ideas and notions about what are desirable qualities of life arise from the bases of indicators that are used to measure the level of QoL in a particular society. Diener and Lucas (2000) and Kekic (2005) refer to the fact that the QoL factors and indicators are varied and extensive and cover the wide range of life domains. These factors and indicators tend to include, for example, material comforts, health conditions, recreational opportunities, social interaction, learning or education status, creative expression and diversity, cultural values, work environment, compensation and finance, professional development, leisure activities, safety, housing, and freedom of expression (e.g. Diener & Lucas, 2000; Kekic 2005; Economist, 2005, 2006). Veenhoven (2000) in his study distinguished between opportunities for a good life of an individual and the good life (i.e. the outcome of the opportunities) itself, and postulated four categories of quality of life: a. live-ability of the environment (environmental chances/social capital); b. life-ability of the individual (personal capacities/psychological capital); c. external utility of life (a good life must have an aim other than the life itself, or higher values); d. Inner appreciation of life (inner outcomes of life/the perceived quality of life). Each area of QoL can also influence other factors depending upon the relative importance given to them in a particular society or culture (Economist, 2005). Moreover, QoL is made up of both positive and negative experiences and affect, values and self evaluations of life may change over time in response to life. For example, consciously or unconsciously people may accommodate, adapt or adjust, to deteriorating circumstances, whether in relation to health, socio-economic or other factors, because they want to feel as good as possible about themselves (Veenhoven, 1991, 1993, 2000).

Thus when measuring QoL in a society, several variables need to be taken into account, including actual changes in circumstances, including the circumstances of interest (e.g. health),

personality characteristics of the individual; behavioral, cognitive or affective processes which might accommodate the changes, for example, making social comparisons, reordering of goals and shifts in the values (Veenhoven, 1993, 2000). The literature on coping mechanisms of individuals with different situations and problems in life can also offer useful insights to the discussion on QoL in a society. For example, the personality characteristics such as optimism and self-mastery are related to coping mechanisms and subsequent adjustment (e.g. Brissette et al., 2000). Albrecht and Devlieger (1999) in their study sought answer to an interesting question i.e. why so many people with serious and persistent disabilities report their quality of life to be good or excellent, when their lives would be viewed as undesirable and unhappy by the external observers. This study which was based on in-depth interviews with these kinds of people found out that consideration of quality of life was dependent upon finding a balance between body, mind and the self (spirit) and on establishing and maintaining harmonious relationships at individual and collective level (Albrecht & Devlieger 1999). These kinds of studies also strengthen the importance of the subject area of the current paper in attempting to reinforce the role of religion (as religion has capability to offer a balance between body, mind and spirit) in QoL especially in the context of a developing country like Pakistan, where many environmental variables paint a rather negative picture of situation.

The Economist magazine in 2006 presented the writings of experts from multidisciplinary backgrounds, where they addressed the meaning or nature of quality of life in recent articles explaining its expansion beyond that of purely monetary and other impartial data used as indicators to measure human progress. An interesting paper from that issue titled as “Happiness and How We Measure It,” refers that a number of economists, who once were content with market data on employment, income, and traditional data indicators, are now looking to something else as an indicator of wellness/quality of people’s life, that is, what makes people happy about life. This mix of economics with psychology results in discovery of an important element of QoL that salary, unemployment rate, and annual payroll data do not in themselves give a full picture of a well being of citizens of a society (Economist, 2006). Non-monetary data pertaining to lifestyles, work environment, and a sense of community are also very important in evaluating the standard of living. The article concludes as: “Affluent countries have not gotten much happier as they have grown richer. From America to Japan, figures for well-being have barely budged.” (Economist, 2006).

This paradox brings us to the basic objective of this paper, that is, discover link between QoL and religion in light of past studies, and present recommendations for better understanding of role of religion for QoL in the context of Pakistani society. Pakistan presents an interesting situation, as religion has been referred as important part of people’s life in many surveys and

studies. Therefore, positive use of religion in improving subjective well-being and resulting QoL of people is a research avenue that deserves attention by not only academics, but also policy makers, as well other major stakeholders. However, it should be noted that provision of basic economic security, as well improvement in general physical conditions are required for the use of religion to enhance QoL in Pakistani society.

Scientific approaches to measure Quality of Life:

During last few decades, two scientific approaches to measure QoL have emerged, (1) objective social indicators (material goods and services), and (2) subjective well being (feelings). Despite great efforts, no single method to measure QoL has been developed so far. The most published methods to measure QoL include;

- 1) Gross Domestic Product –GDP is the market value of all final goods and services produced within the borders of the country in a year and are positively correlated with standards of living. GDP is sum of (1) consumption, (2) investments, (3) Govt spending and (4) net exports (minus imports), and is regularly measured in each country.
- 2) Gross National Happiness (GNH) - The Centre for Bhutanese Studies in Bhutan is working on a complex set of subjective and objective indicators to measure 'national happiness' in various domains (living standards, health, education, eco-system diversity and resilience, cultural vitality and diversity, time use and balance, good governance, community vitality and psychological well-being). This set of indicators would be used to assess progress towards gross national happiness, which they have already identified as being the nation's priority, above GDP.
- 3) Multidimensional Poverty Index (MPI), is a new income poverty measure which involves three dimensions; (1) health, (2) education, and (3) living standards and uses 10 indicators which reflect largely the millennium development goals (MDGs)
- 4) Human development index (HDI) - HDI uses GDP as a part of its calculation and then factors in indicators of life expectancy and education levels.
- 5) Genuine progress indicator (GPI) or Index of Sustainable Economic Welfare (ISEW) - The GPI and the ISEW attempt to address many of the above criticisms by taking the same raw information supplied for GDP and then adjust for income distribution, add for the value of household and volunteer work, and subtract for crime and pollution.
- 6) Gini coefficient - The Gini coefficient measures the disparity of income within a nation.

- 7) Wealth Estimates - The World Bank has developed a system for combining monetary wealth with intangible wealth (institutions and human capital) and environmental capital.
- 8) Private Product Remaining - Austrian economists argue as if government spending is taken from productive sectors and produces goods that consumers do not want it is a burden on the economy and thus should be deducted.
- 9) European Quality of Life Survey - The survey, first published in 2005, assessed quality of life across European countries through a series of questions on overall subjective life satisfaction, satisfaction with different aspects of life, and sets of questions used to calculate deficits of time, loving, being and having.
- 10) Happy Planet Index - The happy planet index (HPI) is an index of human well-being and environmental impact, introduced by the New Economics Foundation (NEF) in 2006. It measures the environmental efficiency with which human well-being is achieved within a given country or group. Human well-being is defined in terms of subjective life satisfaction and life expectancy while environmental impact is defined by the Ecological Footprint.

GDP and Its Discontents

Gross Domestic Product (GDP) was developed in the U.S. to manage the Great Depression and then the war time economy. "GDP is the total market value of the goods And services produced by a nation's economy during a specific period of time." It is simply A measure of how much money is exchanging hands, a measure of a country's output in a Given year. It was never developed as a measure of social wellbeing or progress. "Somehow, Over the last 30-40 years, GDP has been seen as a measure of progress although it was Never developed for that purpose. If GDP was going up, then everything was fine in our Society. GDP has been guiding institutions and politics. We need to say, 'No, GDP is not a Measure of progress.' It is one measure of progress perhaps, but there's may other things to Think about."

GDP is an addition of all the goods and services produced in an economy, that's it.

GDP is an average. So even if most people in a country are worse off from one year

To the next, GDP may increase if a few people are doing very well. In fact, "even though GDP rose steadily from 1999 to 2007 in the U.S., most Americans were worse off in 2007 Than in 1999. There has been a general decline in standards of living for most Americans Even if GDP had been steadily rising." GDP fails to capture the distribution of wealth and Income. It may thus fail to accurately represent the experience of most people in a country.

An indicator that uses the median income of society rather than the average will more accurately represent the change in standards of living of most people in a country. “In the last century there has been a marked increase in inequality in most societies, but GDP doesn’t reflect this.”

Secondly, GDP is derived from prices. So when prices are not based on reality, when they are distorted, then the measures derived from them are also distorted. A clear example is housing prices prior to the current global economic crisis. Housing prices had nothing to do with reality prior to the crisis, so GDP was also removed from reality. Following the fall in housing prices, some of the fall in GDP had to do with a fall in real production, but part of it was a result of the disintegration of the mirage caused by the housing bubble. Again, GDP failed to adequately portray the reality of most people in society.

Thirdly, GDP does not reflect what money is spent on in society. Simply, the more money is spent, the higher the GDP. The U.S. spends more money per capita on healthcare than any other developed country, and the quality by any measure (longevity, morbidity, Etc.) is lower. “The fact that the U.S. has an inefficient healthcare system actually contributes to its GDP, the accepted measure of progress.” Healthcare is an issue that is central to public policy, and yet the metric that policymakers use the most does not reflect what people care about: the quality and efficiency of healthcare.

The U.S. has one of the highest percentages of its population in prison of any country in the world. This means that taxpayers pay for the construction of prisons and for sustaining prisoners in jail. In some states in the U.S., more money is being spent on building prisons than universities. An adequate measure of wellbeing would diagnose that there’s something wrong with a society that has such a high percentage of its population in prison, but quite the contrary with GDP. The more people are put in prison and the more prisons are built, the higher the GDP. The indicator grows as long as more money is spent, no matter what the money is used for in society.

Next, GDP fails to capture the environmental and social externalities of economic growth. Even though the U.S. produces a lot, it also destroys a lot. Americans’ rate of consumption is undeniably unsustainable.

Furthermore, when Multinational Corporations have entered developing countries in the past and created severe health hazards, GDP has gone up in that country even though social wellbeing has indisputably worsened. Another issue that GDP fails to capture, especially in developing nations, is when a lot is produced in a country but most of the profits go abroad. This difference is reflected in the disparity between GNP and GDP. GNP is the sum of the income of citizens of a country, whereas GDP is the sum of the output in the country. Whether you use GNP or GDP is insignificant in a closed economy. But in open economies with significant Foreign Direct Investment (FDI), Multinationals invest heavily in small economies, pay them a small royalty, and take the profits abroad. This is a situation in which GDP can increase

dramatically but GNP only increases marginally. Again, GDP fails to capture what happens to most people's standard of living.

Over the years the world has developed what Joseph Stiglitz calls "GDP fetishism," a dogmatic fixation on GDP as a measure of progress. As a result, institutions and policies have revolved around maximizing GDP with little regard for what that means for individuals' standard of living and for social and environmental wellbeing. If societies are to strive after genuine wellbeing and progress, more holistic and comprehensive metrics need to emerge.

Gross National Happiness.

The concept of Gross National Happiness (GNH) was first introduced in 1972 by the 4th King of Bhutan, H.M. Jigme Singye Wangchuck. For years following the introduction of the concept, GNH served as a guiding philosophy for the absolute monarchy based on four pillars:

- 1) Equitable Economic Development
- 2) Environmental Preservation
- 3) Cultural Resilience
- 4) Good Governance

Having absolute power, the King used the four pillars of GNH to guide the construction and implementation of policies in Bhutan.

GNH first came to public global attention in 1986 when Jigme Singye Wangchuck, the 4th King of Bhutan, told the Financial Times, "Gross National Happiness is more important than Gross National Product" in an interview in London.

As a response to the skepticism from both Bhutanese and foreigners, the Center for Bhutan Studies (CBS), based in the capital city of Thimphu, has developed a GNH index.

The GNH index has nine domains:

- 1) Psychological Wellbeing
- 2) Time Use
- 3) Community Vitality
- 4) Cultural Diversity and Resilience
- 5) Health
- 6) Education
- 7) Ecological Diversity and Resilience
- 8) Living Standard
- 9) Good Governance

A team of researchers was put together for each of the nine domains, and each team developed a set of statistically sound measures for each domain. For instance, a researcher

with a psychology background and two researchers with a statistics background developed the psychological wellbeing domain. The compilation of the nine teams' work resulted in the first GNH questionnaire in 2005.²⁶ The most recent GNH questionnaire, published in 2007, consists of 290 questions comprising 72 indicators, nine domains, and one GNH index

Important elements of life that are frequently measured are;

1. Economic Wellness: Indicated via direct survey and statistical measurement of economic metrics such as consumer debt, average income to consumer price index ratio and income distribution
2. Environmental Wellness: Indicated via direct survey and statistical measurement of environmental metrics such as pollution, noise and traffic
3. Physical Wellness: Indicated via statistical measurement of physical health metrics such as severe illnesses
4. Mental Wellness: Indicated via direct survey and statistical measurement of mental health metrics such as usage of antidepressants and rise or decline of psychotherapy patients
5. Workplace Wellness: Indicated via direct survey and statistical measurement of labor metrics such as jobless claims, job change, workplace complaints and lawsuits
6. Social Wellness: Indicated via direct survey and statistical measurement of social metrics such as discrimination, safety, divorce rates, complaints of domestic conflicts and family lawsuits, public lawsuits, crime rates
7. Political Wellness: Indicated via direct survey and statistical measurement of political metrics such as the quality of local democracy, individual freedom, and foreign conflicts.

Recommendations

It is clear from discussion offered in previous sections that religion can play a useful role for improving QoL in both developed and developing economies. Moreover, recent rise of academic interest in high QoL in Bhutan because the Bhutanese government has adopted gross national happiness as a model for development (Mazurekewich, 2004; Ura 2008) offers interesting implications for a country like Pakistan also. Bhutan's model includes a variety of indicators from protecting natural resources to promoting a strong national culture and ensuring good governance. Bhutan's case also makes useful study point for Pakistan because the religion emerges to play a rather important role. Pakistan is a developing economy that also faces problems like rising inflation, lack of basic civic necessities for ordinary people, lack of job opportunities, and in recent years increased sense of insecurity due to terrorism. However, being

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formed as an ideological state and importance of religion in society in general in Pakistan; there are opportunities to use religion as important driver of improving QoL despite hardships and difficulties. For this purpose, following important measures are suggested.

1. It is important to work on the aspects of i) economic wellness (consumer debt, average income to consumer price index ratio and income distribution), ii) physical wellness, iii) mental wellness, iv) social wellness, and v) political wellness of population. Some degree of improvement in these indicators is a pre-requisite for use of religion to enhance QoL of the society. Policy makers need to ensure at least basic level improvement in above mentioned factors, in order to use positive aspects of religion in enhancing QoL for Pakistani society and its citizens.
2. The spiritual aspects of religion (Islam) need to be brought forward in debate, especially rich literary heritage should be introduced to youth. This would introduce them to concepts of contentment, spiritual wellness, as well importance of going beyond material needs in life.
3. Academic research to address both direct and indirect relationships between spirituality, religion and quality of life, should be promoted in Pakistan. Increase in this kind of research would help in developing a thorough conceptual model as well as develop a multidimensional hierarchy that addresses all the key elements of QoL from this perspective. In current turbulent times, the importance of social research becomes even more important. Good social research with relevant policy implications can offer decision makers a road map to develop improvement of QoL plan for Pakistani citizens on a sustainable and organized basis.
4. Recent rise in electronic media in Pakistan has also glamorized an overly materialistic life style, primarily driven by quest of loans offered by banking sector. A coherent policy should be made to convey the message to all the stakeholders about negative implications of developing society on pure consumer driven capitalistic model, without social and mental development. Moreover, this kind of hyper competitive materialistic approach is detrimental to QoL in a society especially representing developing economy like Pakistan. The identification of psycho-social and socio-cultural factors that media needs to consider for its audience in the form of academic research are also suggested, as it would offer useful guidelines in this context.
5. Localized indicator systems for measuring QoL in Pakistan are crucial to clearly defining and understanding the status and position of this important issue. Moreover, it would also be beneficial in assessing priorities and goals as well as strategies and resources needed to make a progressive or positive impact on QoL of Pakistani society. Incorporating religion (spirituality) in an objective manner can help policy makers to devise clearly proper goals for civil servants and local administrators, and resources will be allocated to

bear on real problems facing society and improving QoL. Equally of importance, policymakers and citizens will be able to track change, whether positive or negative, and make adjustments accordingly. It is suggested that localized QoL indicator system in Pakistan should incorporate aspects of the economy, education, social and health areas, public safety, civic administration or government, along with the elements of religion.

6. Finally it is recommended that training program for politicians, civil servants and other stakeholders playing a role in QoL program for society should be arranged. A key focus area of these training programs should be to introduce them to the importance of this area as part of good public administrations, as well as offering deeper insights to the pillars of QoL. These trainings should also offer practical skills for these stakeholders to not only implements QoL program efficiently and effectively, but also carry out regular appraisals and assessments for further developing these programs and making them more representative of aspirations of the citizens.

References:

1. **Albrecht G. L., & Devlieger, P.J. (1999).** The disability paradox: high quality of life against all odds. *Social Science and Medicine*, 48, 977-988.
2. **Andrews, F.M. (1973).** *List of social concerns common to most OECD countries*. Paris:OECD.
3. **Andrews F.M. (1974).** Social indicators of perceived life quality. *Social Indicators Research*, 1, 279-299.
4. **Andrews, F.M. (1986).** *Research on the quality of life*. University of Michigan: Institute for Social Research.
5. **Andrews, F.M. & Withey, S.B. (1976).** *Social indicators of well-being: American's perceptions of life quality*. New York: Plenum Press.
6. **Bowling, A. (1995).** What things are important in people's lives? A survey of the public's judgements to inform scales of health related quality of life. *Social Science and Medicine*, 41, 1447-1462.
7. **Brisette, I., Cohen, S., & Seeman T, E. (2000).** Measuring social integration and social networks. In S. Cohen, LG. Underwood, BH. Gottlieb (eds). *Social support measurement and intervention. A guide for health and social scientists*. Oxford: Oxford University Press.
8. **Campbell, A, Converse, P. E, & Rodgers, W. L. (1976).** *The Quality of American Life: Perceptions, Evaluations, and Satisfaction*. New York: Russell Sage Foundation.

9. **Cantril H. (1967).** *The pattern of human concerns*. New Jersey: Rutgers University Press.
10. **Caplan G. (1974).** *Support systems and community mental health*. New York: Behavioral Publications.
11. **Diener, E. & Suh, S. (1997).** Measuring quality of life: economic, social and subjective indicators. *Social Indicators Research*, 40, 189-216.
12. **Diener E. & Lucas RE. (2000).** Subjective emotional well being. In: M. Lewis and JM Haviland (eds). *Handbook of emotions*. 2nd ed. New York: Guilford.
13. **Economist (2005, 2006).** Retrieved from www.economist.com
14. **Emmons R. A, Cheung, C, Tehrani, K (1998).** Assessing spirituality through personal goals: Implications for research on religion and subjective well-being. *Social Indicators Research*, 45, 391–422.
15. **Kekic, L. (2005).** The world's best country. *The Economist*. Printed in The World in 2005. Retrieved from <http://www.economist.com>.
16. **Rosenberg M. (1965).** *Society and the adolescent self image*. Princeton NJ: Princeton University Press.
17. **Rosenberg, R. (1992).** Quality of life, ethics, and philosophy of science. *Nordic Journal of Psychiatry*, 46,75-77.
18. **Maslow A. (1954).** *Motivation and personality*. New York: Harper.
19. **Maslow A. (1962).** *The farther reaches of human nature*. New York: Viking Press.
20. **Maslow, A. (1968).** *Toward a psychology of being*. 2nd ed. Princeton, New Jersey: Van Nostrand.
21. **Mazurkewich, K (2004).** In Bhutan, happiness is king. *The Wall Street Journal*, 10th edition, November 2004, page A14.
22. **Novak, M (2004).** *The universal hunger for liberty: Why the clash of civilizations is not inevitable*. New York: Basic Books.
23. **Peacock, J. R, & Paloma, M (1999).** Religiosity and life satisfaction across the life course. *Social Science Indicators*, 48,321–345.
24. **Pollner, M (1989).** Divine relations, social relations, and well-being. *Journal of Health and Social Behavior*, 30(1), 92–104.
25. **Scanlon T. (1993).** Value, desire, and quality of life. In:MC. Nussbaum and A. Sen (eds). *The quality of life*. Oxford: Clarendon Press.
26. **Sawatzky, R, Ratner, P., A,& Chiu, L (2005).** A meta-analysis of spirituality and quality of life. *Social Indicators Research*, 72, 153–188.
27. **Smith, H (2003).** *Beyond the postmodern mind*. Wheaton, Illinois: Quest Books.
28. **Ura, K. (2008).** *Method for GNH Index Construction*. Thimphu, Bhutan : The Center for Bhutan Studies, 2008

29. **Veenhoven, R. (1991).** Is happiness relative? *Social Indicators Research*, 24,1-34.
30. **Veenhoven, R . (1993).** *Happiness in nations: subjective appreciation of life in 56 nations 1946-1992*. Rotterdam, Netherlands; RISBO, Erasmus University of Rotterdam.
31. **Veenhoven, R. (2000).** The four qualities of life. Ordering concepts and measures of the good life. *Journal of Happiness Studies*, 1, 1-39.