

Editorial

Quantifying the “Meaning of Life”

Gary P. Jacobson¹

¹Department of Hearing and Speech Sciences, Vanderbilt University Medical Center, Nashville, Tennessee

J Am Acad Audiol 2020;31:245.

It has become commonplace where contemporary audiology is practiced to measure baseline impairment and disability/handicap. These “quality of life” (QOL) indices are conducted prior to intervention and then are measured at least once again following the intervention, which might be the fitting of amplification, sound therapy for disabling tinnitus, or vestibular rehabilitative therapy for individuals with dizziness, vertigo, or chronic unsteadiness, respectively.

It does not matter what modality is of primary interest. We are interested in the degree that the impairment has affected a patient’s daily existence. Having an enjoyable daily existence might be dependent on having normal manual dexterity; the ability to eat, drink, sleep, and ambulate without difficulty.

Although the ability to perform these tasks in an unimpeded manner may have a practical and significant effect on the enjoyment of life, they may not represent fully those aspects of life from which we derive fulfillment as human beings. For example, enjoyment of life for most may be profoundly affected by impaired cognitive health, low self-esteem, loss of friendships, and impaired sexual function, yet these areas are often ignored in modality-specific QOL indices.

This month’s “gem” is a paper by Dr. Richard Tyler and his colleagues at the University of Iowa. The title of the paper is “An exploratory step toward measuring the ‘Meaning of Life’

in tinnitus patients and in cochlear implant users.” In this investigation, the authors developed a 23-item self-report questionnaire and administered it to 116 adults who had tinnitus and 196 individuals who had cochlear implants.

Among many things reported in this investigation, the authors reported that females showed higher ratings than males (i.e., females were more positive than males). Across genders, the most positive response was to the item: “I eat and drink with ease.”

Across genders, the most negative response was to the item: “I hear well in any situation.” Further, a factor analysis identified four constructs and these were identified as “friendship and positive outlook,” “physical health,” “hearing and mental health,” and “satisfaction with life.” There is much additional information in this article, and one hopes that this device might be available for clinical use in the future.

The editors hope you enjoy this issue of the journal.



Gary P. Jacobson, PhD

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Editor-in-Chief