

IRSTI 15.31.31.

10.51889/2959-5967.2024.81.4.021

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DETERMINING THE LEVEL OF SUBJECTIVE ASSESSMENT OF THE QUALITY OF ADOLESCENTS'S LIFE

Abstract

The article provides a comprehensive psychological analysis of the concepts of quality of life and subjective assessment of quality of life. Quality of life is considered as a person's satisfaction with environmental conditions, which cover various aspects of the level of satisfaction. An important element is the subjective quality of life, which reflects a person's attitude to his or her life and the level of its satisfaction.

The article discusses concepts that characterize the positive aspects of human existence, such as "satisfaction with life", "subjective well-being", "happiness", "quality of life", "health". The article presents a systematic analysis of the works of both domestic and foreign scientists who have studied these concepts. Based on their scientific findings, the idea is substantiated that such factors as subjective well-being, happiness, satisfaction with life, self-realization of the individual, as well as empowerment, influenced the formulation and development of the problem of quality of life.

The article considers objective, subjective and integral aspects of the criteria for assessing the quality of life with a description of the specific features of each of them. However, based on studies of subjective quality of life, it can be concluded that objective factors influencing quality of life are only individual aspects that subjects experience. While feelings and emotions are much more important for the overall perception of quality of life.

Keywords: quality of life, happiness, subjective well-being, objective indicators, subjective indicators, integral indicators.

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ЖАСӨСПІМДЕРДІҢ ӨЗДЕРІНІҢ ӨМІР САПАСЫН СУБЪЕКТИВТІ БАҒАЛАУЫНЫҢ ДЕҢГЕЙІН АНЫҚТАУ

Аңдатпа

Мақалада өмір сапасы, өмір сапасын субъективті бағалау ұғымдарының мәні психологиялық жағынан жан-жақты талданған. Өмір сапасы қанағаттану деңгейінің түрлі аспектілерін қамтитын тұлғаның қоршаған ортадағы жағдайларына қанағаттануы деп түсінуге болады. Сонымен қатар өмірдің субъекті сапасы ұғымы адамның өзінің өміріне, оның қанағаттану деңгейіне қатынасын қамтамасыз етеді.

Адам болмысының жағымды жақтарын түрлі мағынада сипаттайтын ұғымдар бар, мәселен «өмірге қанағаттану», «субъективті әл-ауқат», «бақыт», «өмір сапасы», «денсаулық». Мақалада осы ұғымдар туралы зерттеген алыс-жақын шетелдік ғалымдардың еңбектеріне жүйелі талдау берілген. Олардың ғылыми тұжырымдары субъективті әл-ауқат, бақыт, өмірге қанағаттану, тұлғаның өзін-өзі жүзеге асыру, мүмкіндіктерін кеңейту мәселесін тұжырымдауға және дамытуға өзіндік ықпалы болды деп ой түйіндеуге негіз болды.

Өмір сапасын бағалау өлшемдерінің объективті, субъективті және интегралды жақтары қарастырылып, әрқайсының өзіндік ерекшеліктеріне сипаттама берілген.

Субъективті өмір сапасын зерттеу нәтижелеріне сүйене отырып, мынадай қорытынды жасауға болады: өмір сапасына әсер ететін объективті фактор адамның бастан өткеретін жеке сезімдеріне қарағанда маңызды рөл атқармайды.

Түйін сөздер: өмір сапасы, бақыт, психологиялық субъективті әл-ауқат, объективті көрсеткіштер, субъективті көрсеткіштер, интегралды көрсеткіштер.

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ОПРЕДЕЛЕНИЕ УРОВНЯ СУБЪЕКТИВНОЙ ОЦЕНКИ КАЧЕСТВА ЖИЗНИ ПОДРОСТКОВ

Аннотация

В статье психологически всесторонне проанализированы понятия качества жизни и субъективной оценки качества жизни. Качество жизни рассматривается как удовлетворенность человека условиями окружающей среды, которые охватывают различные аспекты уровня удовлетворенности. Важным элементом является субъективное качество жизни, которое отражает отношение человека к своей жизни и уровень её удовлетворенности.

Обсуждаются понятия, характеризующие положительные стороны человеческого существования, такие как «удовлетворенность жизнью», «субъективное благополучие», «счастье», «качество жизни», «здоровье». В статье представлен систематический анализ трудов как отечественных, так и зарубежных ученых, которые исследовали эти концепции. На основе их научных выводов обоснована мысль о том, что такие факторы, как субъективное благополучие, счастье, удовлетворенность жизнью, самореализация личности, а также расширение прав и возможностей, оказали влияние на формулировку и развитие проблемы качества жизни.

Рассматриваются объективные, субъективные и интегральные аспекты критериев оценки качества жизни с характеристикой специфических особенностей каждого из них. Однако, основываясь на исследованиях субъективного качества жизни, можно сделать вывод, что объективные факторы, влияющие на качество жизни, представляют собой лишь отдельные аспекты, которые субъекты испытывают. В то время как чувства и эмоции имеют значительно большее значение для общего восприятия качества жизни.

Ключевые слова: качество жизни, счастье, субъективное благополучие, объективные показатели, субъективные показатели, интегральные показатели.

INTRODUCTION.

Generally accepted in international practice, a highly effective and sensitive method of assessing social well-being is "quality of life" - a comprehensive description of the factors and conditions of an individual's life in society, as well as the evaluation of these factors by the individual himself.

QOL, an acronym for Quality of Life, is a concept that has been extensively discussed by experts from various scientific disciplines. The pursuit of a high-quality life is a shared goal for individuals, nations, and the global community.

Numerous scientific fields contribute to the study of human well-being. In the realm of medicine, the focus is on physical health, while economics examines the level of prosperity and contentment. Ecologists investigate the state of the environment, while psychologists explore human needs, the search for meaning, and the pursuit of happiness.

For the first time, the notion of «quality of life» was introduced into the scientific discourse by John Halbert and Forrester in the 1960s, in an attempt to model the trajectory of industrial dynamics.

To this day, there is no consensus on what phenomena should be encompassed by the term «quality of life», and the issue remains a subject of debate.

The concept of «quality of life» is a comprehensive indicator that most accurately reflects the actual socio-economic, environmental, cultural, and political state of a society, while also considering the subjective assessment of individuals or social groups regarding various aspects of their life.

The criteria for evaluating the quality of life can be categorized into three types: objective, subjective, and holistic. Objective indicators reflect the living standards of social groups or individuals, while subjective indicators measure the level of satisfaction with the quality of life. Holistic indicators encompass a combination of objective and subjective characteristics.

The study of the quality of life inevitably involves examining the impact of various internal and external environmental factors on individuals. In this context, the key issue is the subject's perception of the environmental elements that are significant in a particular life situation. This perception not only highlights the importance of these elements for the individual but also reveals their relationship with them. Occasionally, the subject's perception of specific environmental components can be extended to encompass the broader environment. Consequently, the quality of life can be seen as a result of the integration of subjective and objective aspects of an individual's daily life and activities.

The concept of quality of life has evolved and been approached from various angles. In psychological research, it is regarded as a multifaceted construct that encompasses both objective and subjective indicators. While objective indicators refer to measurable aspects such as income, education, and physical health, this article focuses on subjective measures and psychological factors that affect a person's quality of life [3].

Subjective well-being is the essence of the concept of quality of life. It encompasses a cognitive and emotional evaluation of one's experience, encompassing overall life contentment, the presence of positive feelings, and the absence of negative emotions. Subjective well-being is widely studied, providing valuable scientific insights into the factors that affect a person's overall quality of life [4].

Classical sociologists such as E. Durkheim, M. Weber and A. Smith laid the theoretical foundations for the concept of quality of life. The term "quality of life" first appeared in economics, specifically in J. Galbraith's book "The Affluent Society". There are two main approaches to studying quality of life: the objectivist approach and the subjectivist approach. The objectivist approach focuses on indicators such as income, education and crime, while the subjectivist approach considers subjective experiences and perceptions.

In the subjectivist direction, "quality of life" is understood as an individual's assessment of his well-being, happiness, satisfaction of needs (A. Campbell, F. Converse, V. Rogers, K. F. Schlusser, G. A. Fisher, R. Inglehart, F. Andrews). An attempt was made to reveal the exact content and structure of the concept of "quality of life" in Russian science. People's lifestyle was studied (L.L. Gordon, E.V. Klopov's "Man after Work" project and "Taganrog" project).

Research shows that subjective well-being is influenced by various factors. Personality characteristics such as optimism, extraversion, and self-esteem are consistently associated with higher levels of subjective well-being. In addition, the quality of social relations and interpersonal relations play a major role in the formation of human well-being. Stable social support networks, satisfying family relationships, and positive social interactions contribute to improved subjective well-being and overall life satisfaction. [5]

Research on the subjective quality of life appeared in the 20th century. In Western psychology, gradually, new theoretical models of subjective well-being were put forward, which rejected the old ones. For the most part, the researches of psychologists have been united by the common concept of looking at psychological well-being through the achievement of pleasure, and its main characteristic is the ability of a person to adapt to the social environment. In addition, researchers define the concept of happiness and subjective well-being.

In the psychological literature, there are concepts that describe the positive aspects of human existence: "life satisfaction", "quality of life", "subjective well-being", "psychological well-being", "happiness", "health", etc. . The problem of the connection between these concepts is G.M. Zarakovsky, V.A. Ananieva, G.S. Nikiforova, N.N. Lepeshinsky, Yu.I. Melnik, S.N. Enikopolova, T.I. Savchenko, G.M. Golovina, P.P. Fesenko, E.V. Davydova, A.A. Davydova, M.N. Alferova and others. Among foreign researchers, we especially highlight the works of N. Bradburn, S. Lubomirski, E. Diener, A. Maslow, K. Riff, M. Argyle, M. Seligman, M. Csikszentmihalii and others. Олардың идеялары субъективті әл-ауқат, денсаулық, бақыт, қанағаттану және жеке тұлғаның өзін-өзі жүзеге асыру, оның мүмкіндіктерін ашу тақырыбын тұжырымдауға және дамытуға айтарлықтай әсер етті [6].

Living in physical, social and personal space, a person experiences various effects that form, provide or change a sense of well-being, objective and subjective quality of life.

Subetto views the standard of living as a complex system of interconnected elements, including material, spiritual, technological, ecological, cultural, demographic, intellectual, and health-related aspects. He proposes a model of human quality, consisting of six interdependent components:

- 1) The systemic social aspect of an individual.
- 2) The value and worldview of a person.
- 3) The spiritual and moral qualities of an individual.
- 4) The psychological and motivational aspects of an individual.
- 5) The intellectual development of a person.
- 6) The physical development of a person.

Subetto argues that the study of quality has evolved from the quality of products to the quality of people and ultimately to the quality of life. Today, the quality of life should be considered as a comprehensive external and internal criterion for ongoing policy reforms.

Currently, the advancement of theories regarding the concept of quality of life is closely associated with the contributions of scholars such as F. Converse, W. Rogers, F. Andrews, and L. Milbreit in the United States, A. McConnell, S. Wright in the United Kingdom, and A. Mikelos in Canada. Additionally, researchers in Australia, Spain, Norway, and numerous other countries are actively engaged in this field.

Since 1974, the international journal "Social Indicators Research" has been dedicated to the study of quality of life.

The notion of subjective well-being is multifaceted, and E. Diner has identified the following characteristics of subjective well-being:

- Subjective well-being is a personal experience.
- It is a measure of positivity. Subjective well-being is not solely the absence of negative factors, as is often the case with mental health. Rather, it encompasses certain positive indicators.
- It is a comprehensive assessment. Subjective well-being typically involves a holistic evaluation of all aspects of an individual's life over a period of weeks or even decades.

A psychological metric for gauging the quality of life is the level of contentment in various aspects of life, which is closely linked to an individual's mental well-being. The quality of life is a multifaceted concept encompassing physical, psychological, and social aspects, and it is subjective in nature [8].

The goal of this research is to assess the subjective perception of the quality of life among adolescents.

RESEARCH MATERIALS AND METHODS

Research sample: A survey was conducted through social networks and participants were collected.

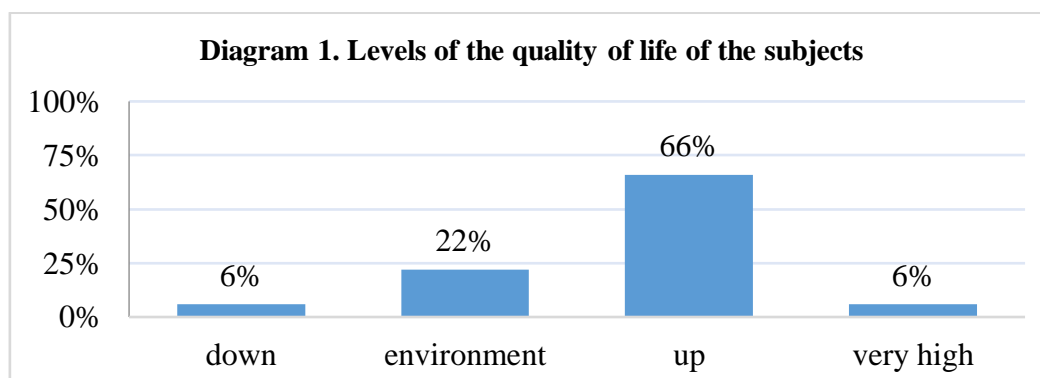
Research team: 50 teenagers aged 13-16 participated.

Data collection tools: The following methodological tools were used for the study: PedsQL 4.0 methodology for assessing children's quality of life; Ed. Diner's "Life Satisfaction Scale"; Student criterion; Spearman's rank correlation coefficient.

RESEARCH RESULTS.

In the first stage, the PedsQL 4.0 methodology for assessing the quality of life of children was conducted. The results of the methodology are presented in the table below.

According to the methodology, low, medium, high and very high levels of quality of life were determined. Percentages based on the results of the methodology are presented in the histogram below.



6 percent of the respondents underestimated their quality of life. They rate their physical condition, psycho-emotional condition, social relations and role functions at school as low.

22 percent of the respondents rated their quality of life as average. They consider their life to be average according to the methodological scales. 66 percent of teenagers rated the quality of life as high, in general they rate their physical condition, psycho-emotional condition, social relations as high and feel comfortable at school. 6 percent of the respondents rated their quality of life as very high.

We selected experimental and control groups based on the results of the PedsQL 4.0 methodology for assessing children's quality of life. Subjects (18 students) were randomly selected from the experimental group (14 students) of teenagers who showed a low and medium level according to the results of the method, and from students who were at a high, very high level, into the control group.

Let's compare the two groups of subjects based on their average quality of life scores:

On all scales of the method, the indicators of the subjects of the control group are high. In general, in both groups of subjects, the indicators of the physical condition scale were higher compared to the indicators of other scales. The indicators of the subjects of the control group on the scales of psycho-emotional and social condition are low. These children feel in a negative emotional state (fear, frustration, anger, anxiety). He also has problems with his peers. They cannot join the group, they feel inferior to them, they are ridiculed by others. According to the scale of role activities, the indicators of the subjects of the experimental group are average and low. They find it difficult to learn the school curriculum, often skip classes.

To verify the significance of the difference between the two groups, we performed calculations (table below) using mathematical and statistical criteria. Student's criterion was used as a criterion.

Statistical predictions:

Hypothesis H₀ - there is no significant difference between the indicators of the quality of life of the subjects of the experimental and control groups.

Hypothesis H₁ - there is a sufficient, significant difference between the indicators of the quality of life of the subjects of the experimental and control groups.

Table-3. Table for calculating the difference between two groups in terms of quality of life (Student's criterion)

№	Selection groups		Deviation from the mean		The square of the deviation from the mean	
	EG	CG	EG	CG	EG	CG

1	22.5	55	-12.55	-11.19	157.5025	125.2161
2	27.5	60	-7.55	-6.19	57.0025	38.3161
3	27.5	57.25	-7.55	-8.94	57.0025	79.9236
4	31.25	63.75	-3.8	-2.44	14.44	5.9536
5	34.5	80	-0.55	13.81	0.3025	190.7161
6	41.25	69	6.2	2.81	38.44	7.8961
7	42.75	60	7.7	-6.19	59.29	38.3161
8	38.75	66.25	3.7	0.0600000000002	13.69	0.0036
9	23	63.75	-12.05	-2.44	145.2025	5.9536
10	18	73.75	-17.05	7.56	290.7025	57.1536
11	41.25	69.5	6.2	3.31	38.44	10.9561
12	47.5	66.25	12.45	0.0600000000002	155.0025	0.0036
13	48.75	65	13.7	-1.19	187.69	1.4161
14	46.25	62.5	11.2	-3.69	125.44	13.6161
15		76.5		10.31		106.2961
16		69.5		3.31		10.9561
17		70		3.81		14.5161
18		63.5		-2.69		7.2361
Σ:	490.75	1191.5	0.05	0.08	1340.1475	714.4448
Mean value:	35.05	66.19				

$$M_1 = 35,05 \quad M_2 = 66,19$$

$$S_1^2 = \frac{(X_i - M_1)^2}{n_1 - 1} = \frac{1340,1475}{13} = 103,08$$

$$S_2^2 = \frac{(X_i - M_2)^2}{n_2 - 1} = \frac{714,4448}{17} = 42,02$$

$$t_{emp} = \frac{|M_1 - M_2|}{\sqrt{\frac{S_1^2}{n_1} + \frac{S_2^2}{n_2}}} = \frac{35,05 - 66,19}{\sqrt{\frac{103,08}{14} + \frac{42,02}{18}}} = \frac{31,14}{3,11} = 10,01$$

The result: $t_{emp} = 10,01$ was determined.

$$t_{crit} = \begin{cases} 2,04 (p \leq 0,05) \\ 2,75 (p \leq 0,01) \end{cases}$$

We place the received empirical value on the significance axis.

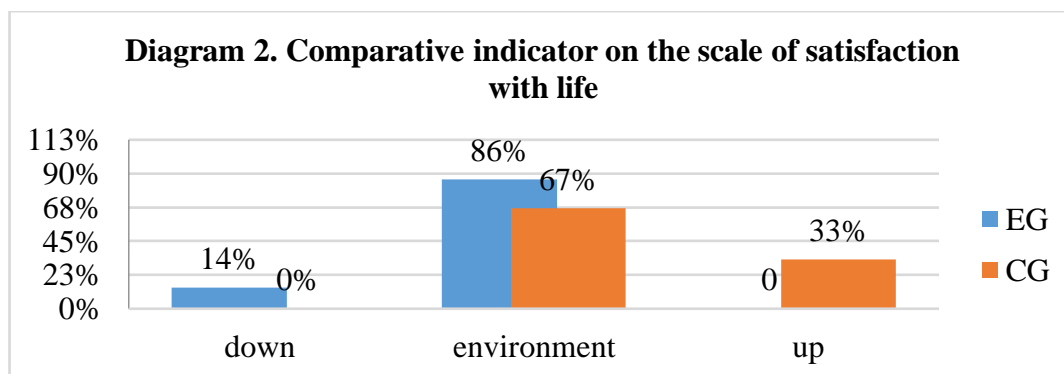
10,01

2,04

2,75

Hypothesis H₀ is rejected and hypothesis H₁ is accepted: there is a sufficient, significant difference between the indicators of the quality of life of the subjects of the experimental and control groups.

Next, Ed. Diner's "Life Satisfaction Scale" methodology was conducted. In our opinion, a person's satisfaction with his life is an indicator of his quality of life. The method determines the level of the subject's satisfaction with his life. The results of both groups according to the methodology are presented in the tables below.



The level of satisfaction with their lives of the subjects of the experimental group was low in 14 percent and average in 86 percent. A high level was not found in the subjects of this group. Control group subjects did not have a low level, 67 percent showed a medium level and 33 percent showed a high level.

Teenagers who showed a low level: "My life is ideal", "great conditions have been created for my life", "I am satisfied with my life", "so far I have only achieved success", "if given the opportunity to live again, I would live my life again without any changes". Those who answered "I completely disagree" and "I don't agree" to the questions. Respondents with an average level answer these questions as "unsure", "a little agree". And the teenagers who showed a high level answered that they "agree" and "completely agree" with these conclusions.

Next, with the help of mathematical operations, we performed calculations using the Student's criterion to check the significant difference between the indicators of the two groups on the scale of life satisfaction.

Statistical predictions:

Hypothesis H₀ - there is no significant difference between the indicators of life satisfaction scale of experimental and control group subjects.

Hypothesis H₁ - there is a sufficient, significant difference between the indicators of life satisfaction scale of experimental and control group subjects.

Table-4. Table for calculating the difference between two groups on the scale of life satisfaction (Student's criterion)

№	Selection groups		Deviation from the mean		The square of the deviation from the mean	
	EG	CG	EG	EG	CG	EG
1	15	20	-3.86	-3.22	14.8996	10.3684
2	18	24	-0.86	0.78	0.7396	0.6084
3	20	22	1.14	-1.22	1.2996	1.4884

4	18	24	-0.86	0.78	0.7396	0.6084
5	18	27	-0.86	3.78	0.7396	14.2884
6	20	25	1.14	1.78	1.2996	3.1684
7	20	18	1.14	-5.22	1.2996	27.2484
8	20	21	1.14	-2.22	1.2996	4.9284
9	17	19	-1.86	-4.22	3.4596	17.8084
10	16	24	-2.86	0.78	8.1796	0.6084
11	20	24	1.14	0.78	1.2996	0.6084
12	21	21	2.14	-2.22	4.5796	4.9284
13	24	20	5.14	-3.22	26.4196	10.3684
14	17	25	-1.86	1.78	3.4596	3.1684
15		29		5.78		33.4084
16		22		-1.22		1.4884
17		27		3.78		14.2884
18		26		2.78		7.7284
Σ:	264	418	-0.04	0.04	69.7144	157.1112
Mean value:	18.86	23.22				

$$M_1 = 18,86$$

$$M_2 = 23,22$$

$$S_1^2 = \frac{\sum (x_i - M_1)^2}{n_1 - 1} = \frac{69,7144}{13} = 5,36$$

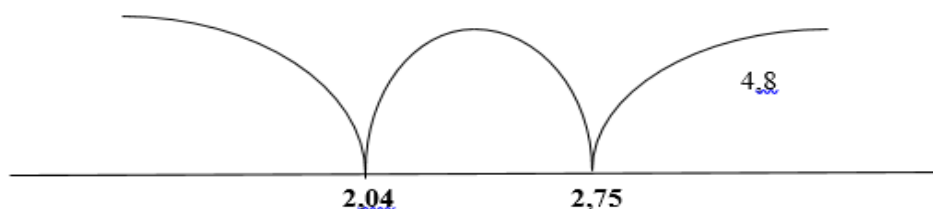
$$S_2^2 = \frac{\sum (x_i - M_2)^2}{n_2 - 1} = \frac{157,1112}{17} = 8,7$$

$$t_{emp} = \frac{|M_1 - M_2|}{\sqrt{\frac{S_1^2}{n_1} + \frac{S_2^2}{n_2}}} = \frac{18,86 - 23,22}{\sqrt{\frac{5,36}{14} + \frac{8,7}{18}}} = \frac{4,36}{0,9} = 4,8$$

The result: $t_{emp} = 4,8$ was determined.

$$t_{crit} = \begin{cases} 2,04 (p \leq 0,05) \\ 2,75 (p \leq 0,01) \end{cases}$$

We place the received empirical value on the significance axis.



Hypothesis H_0 is rejected and hypothesis H_1 is accepted: there is a sufficient, significant difference between the indicators of the life satisfaction scale of the subjects of the experimental and control groups.

Mathematical and statistical methods were used to examine the relationship between the quality of life and the life satisfaction scale. We took Spearman's rank correlation coefficient as a mathematical criterion.

Correlation calculations are presented in the table below.

Statistical predictions:

Hypothesis H₀: there is no significant relationship between the quality of life of adolescents of the experimental group and the indicators of the scale of satisfaction with their life.

Hypothesis H₁: there is a significant relationship between the quality of life of the experimental group and the indicators of the scale of satisfaction with one's life.

Table-5. The table for calculating the correlation between the quality of life and life satisfaction of the subjects of the experimental group (Spearman's criterion)

№	Quality of life	Rang A	Life satisfaction	Rang B	d (rang A - rang B)	d ²
1	22.5	2	15	1	1	1
2	27.5	4.5	18	6	-1.5	2.25
3	27.5	4.5	20	10	-5.5	30.25
4	31.25	6	18	6	0	0
5	34.5	7	18	6	1	1
6	41.25	9.5	20	10	-0.5	0.25
7	42.75	11	20	10	1	1
8	38.75	8	20	10	-2	4
9	23	3	17	3.5	-0.5	0.25
10	18	1	16	2	-1	1
11	41.25	9.5	20	10	-0.5	0.25
12	47.5	13	21	13	0	0
13	48.75	14	24	14	0	0
14	46.25	12	17	3.5	8.5	72.25
Σ		105		105	0	113.5

$$r_s = 1 - \frac{6\sum d^2}{N(N^2 - 1)}$$

d – two signs, the difference between the ranks of two variables;

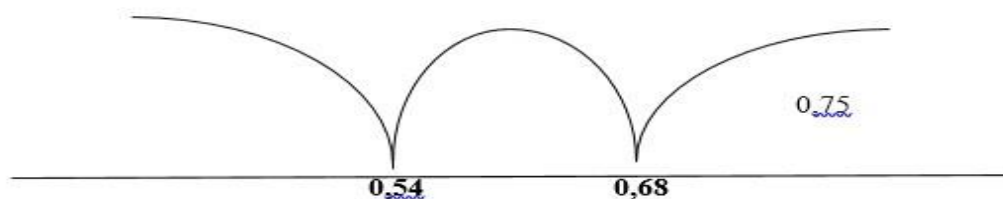
N – number of ranked values, number of subjects.

$$r_{emp} = 1 - \frac{6\sum d^2}{N(N^2 - 1)} = 1 - \frac{6\sum 113,5}{14(14^2 - 1)} = 1 - \frac{681}{2730} = 1 - 0,25 = 0,75$$

N = We determine the extreme values for 14:

$$r_{scryt} = \begin{cases} 0.54(p \leq 0.05) \\ 0.68(p \leq 0.01) \end{cases}$$

To compare the obtained empirical index and extreme indicators, we will create a significance axis: We will place the obtained empirical value on the significance axis.



Remp value is higher than the critical values, that is, we reject the null hypothesis and accept the working hypothesis. Therefore, there is a significant relationship between the quality of life of the experimental group of adolescents and the indicators of the scale of satisfaction with their life.

Thus, we determined the correlation between the indicators of the quality of life and satisfaction with life scales of the subjects of the control group:

Statistical predictions:

Hypothesis H₀: there is no significant relationship between the quality of life of control group teenagers and the indicators of satisfaction with their life scale.

Hypothesis H₁: there is a significant relationship between the quality of life of control group teenagers and the indicators of the scale of satisfaction with their life.

Table-6. The table for calculating the correlation between the quality of life and life satisfaction of the control group subjects (Spearman's criterion)

N	Quality of life	Rang A	Life satisfaction	Rang B	d (rang A - rang B)	d ²
1	55	1	20	3.5	-2.5	6.25
2	60	3.5	24	10.5	-7	49
3	57.25	2	22	7.5	-5.5	30.25
4	63.75	7.5	24	10.5	-3	9
5	80	18	27	16.5	1.5	2.25
6	69	12	25	13.5	-1.5	2.25
7	60	3.5	18	1	2.5	6.25
8	66.25	10.5	21	5.5	5	25
9	63.75	7.5	19	2	5.5	30.25
10	73.75	16	24	10.5	5.5	30.25
11	69.5	13.5	24	10.5	3	9
12	66.25	10.5	21	5.5	5	25
13	65	9	20	3.5	5.5	30.25
14	62.5	5	25	13.5	-8.5	72.25
15	76.5	17	29	18	-1	1
16	69.5	13.5	22	7.5	6	36
17	70	15	27	16.5	-1.5	2.25
18	63.5	6	26	15	-9	81
Σ		171		171	0	447.5

$$r_s = 1 - \frac{6\sum d^2}{N(N^2 - 1)}$$

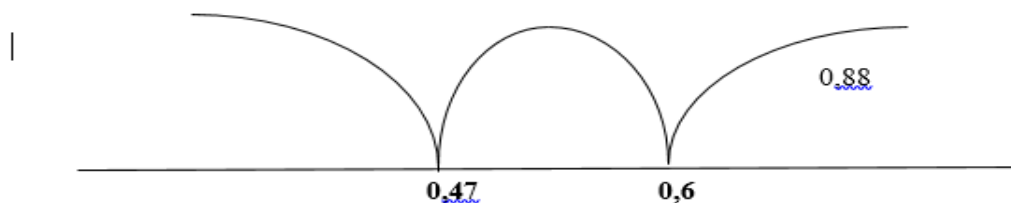
d – two signs, the difference between the ranks of two variables;
 N – number of ranked values, number of subjects.

$$r_{s_{emp}} = 1 - \frac{6\sum d^2}{N(N^2 - 1)} = 1 - \frac{6\sum 117,5}{18(18^2 - 1)} = 1 - \frac{705}{5814} = 1 - 0,12 = 0,88$$

$N = 18$ determine the extreme values for 18:

$$r_{s_{crit}} = \begin{cases} 0,47 (p \leq 0,05) \\ 0,6 (p \leq 0,01) \end{cases}$$

A to compare the obtained empirical index and extreme indicators, we will create a significance axis: We will place the received empirical value on the significance axis.



$r_{s_{emp}}$ value is higher than the critical values, that is, we reject the null hypothesis and accept the working hypothesis. Therefore, there is a significant relationship between the quality of life of control group teenagers and the indicators of satisfaction with their life scale.

Therefore, there is a connection between the quality of life of teenagers and their satisfaction with their life.

CONCLUSION

The article delves into the theoretical and practical dimensions of exploring the subjective well-being of adolescents. The work extensively and systematically examines the nuances of subjective perceptions of well-being as explored in the writings and research of international scholars.

Within the realm of scholarly analysis, the study delves into the intricate aspects of subjective well-being assessment, examining the current state of knowledge on this subject. Furthermore, it scrutinizes the intricacies of indicators that contribute to the quality of adolescent life, as well as the efficacy of employing art therapy approaches in assessing subjective well-being.

In the empirical section of the study, we employed the PedsQL 4.0 method for assessing subjective perceptions of adolescent quality of life, along with the Life Satisfaction Scale developed by E. Diner. The analysis of the data revealed that 6% of participants underestimated their own quality of life when using these scales. These scales allowed participants to evaluate various aspects of their lives, including physical, emotional, and social well-being, as well as their roles within the school community.

Twenty-two percent of adolescents exhibited an average level of evaluation, 66% showed a high level, and the remaining 6% reported a very high level of quality of life according to these scales. Based on these findings, we formed experimental and control groups by assigning 14 participants with low and moderate levels to the experimental group and 18 participants with high and extremely high levels to the control group. To determine the statistical significance of the differences between these groups, we applied the Student's t-test.

According to the methodology developed by E. Diner, a study was conducted to determine the level of teenage satisfaction with their lives. The study revealed that teenagers' self-assessment of their quality of life varies significantly. There is a correlation between their quality of life, their overall sense of happiness, and their subjective self-esteem.

The findings of the experimental group were compared with those of the control group using all indicators from the research methodology, revealing significant differences between the two groups. Low quality of life negatively affects adolescents' sense of well-being, self-worth, attitude towards life, relationships with others, as well as their aspirations for personal growth and education. Consequently, it is crucial to provide comprehensive support and intervention for children experiencing low quality of life.

Upon analyzing the obtained data, it became evident that there was a substantial divergence in the outcomes between the participants in both groups.

We deem it necessary to subject the role and importance of art therapy techniques to scrutiny in future research endeavours in order to enhance the subjective evaluation of the well-being of adolescents.

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