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REVIEW ARTICLE

Health Benefits of Cognitive Behaviour Therapy in Alcohol Dependence

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Abstract:

Quality of Life (QOL) refers to the overall well-being of individuals and communities, capturing both positive and negative aspects of life. It includes satisfaction with various life domains such as physical health, family, education, employment, financial stability, religious beliefs, and environmental conditions. QOL is used widely in healthcare, development studies, politics, and employment research. A related but distinct concept is Health-Related Quality of Life (HRQOL), which specifically evaluates how health influences an individual's overall quality of life.

The present study was conducted on 15 individuals diagnosed with alcohol dependence. Their physical health component of QOL was measured using the WHOQOL-BREF during the pre-test phase. All participants then received 16 sessions of Cognitive Behaviour Therapy (CBT). Post-test scores were obtained and compared with pre-test results using a paired t-test. Findings revealed that CBT produced a statistically significant improvement in the physical health dimension of quality of life among alcohol-dependent clients.

Introduction:

Quality of Life (QOL) represents an individual's overall sense of well-being and satisfaction with life. It incorporates a wide range of domains such as physical health, family functioning, financial security, education, employment, religious beliefs, environmental factors, and personal safety. Because of its broad applicability, QOL is used across diverse fields including healthcare, international development, social sciences, political studies, and employment research.

It is essential to distinguish general QOL from Health-Related Quality of Life (HRQOL). Whereas QOL is multidimensional, HRQOL focuses specifically on the connection between health and an individual's perceived well-being. QOL should also not be confused with standard of living, which primarily reflects economic factors such as income.

Enhancing QOL requires coordinated efforts from both governmental and non-governmental

organizations. Improving global health outcomes can gain greater political significance when governments integrate human-security concerns—such as access to food, healthcare, shelter, and personal freedom—into foreign policy frameworks. Despite challenges arising from traditional priorities like defense and diplomacy, such integration can help address many pressing societal issues.

For individuals battling addiction, especially alcohol dependence, psychologists play an essential role in improving overall well-being and restoring quality of life. Psychotherapeutic interventions such as Cognitive Behaviour Therapy (CBT) are particularly effective in this context.

Review of Literature:

Gerrons (1976) described two primary approaches to understanding QOL: the Individual approach and the Transcendental approach. However, both approaches have limitations because neither can fully explain a person's QOL in consistent terms, nor can they identify the ideal societal structure required to ensure high QOL for individuals or communities.

Research conducted in the United States and Scandinavian countries has shown a weak correlation between objective living standards and subjective experiences of happiness or satisfaction. These findings challenge the earlier assumption that increases in material wealth automatically improve QOL (Campbell, 1976).

Gaertner et al. (2017) conducted a systematic review and meta-analysis assessing the influence of specialist palliative care services on the quality of life of adults with advanced, incurable illnesses across hospital, hospice, and community settings, emphasizing the significance of targeted therapeutic approaches in improving QOL.

Methodology:

Sample: The study included 15 clients diagnosed with alcohol dependence from two well-known hospitals in Ganganagar. Diagnoses were made by psychiatrists and physicians using standard clinical and psychological tools. After diagnosis, clients were referred for Cognitive Behaviour Therapy. Along with therapy, all participants continued prescribed medication. The sample consisted of 15 alcohol-dependent individuals who received CBT as the primary psychological intervention.

Psychological Measure: WHOQOL-BREF (Physical Health Domain) - The WHOQOL-BREF was administered individually in a quiet and comfortable setting with proper lighting. Instructions were read aloud and explained clearly to each participant. Although there was no time limit, most individuals completed the tool within 10–15 minutes.

WHOQOL-BREF Domains - The WHOQOL-BREF is a shortened version of the WHOQOL-100, developed by the WHOQOL Group through international collaboration. It contains four domains:

1. Physical Health

- o Daily activities

- Dependence on medications
- Physical fitness
- Fatigue and energy levels
- Mobility
- Sleep and rest
- Pain and discomfort
- Work capacity

2. Psychological Well-Being

3. Social Relationships

4. Environment

For this study, **only the Physical Health domain** was used.

Scoring Procedure: The test provides domain scores that reflect an individual's perceived quality of life.

Higher scores indicate better QOL. Domain scores are obtained by calculating the mean of the items in each domain and multiplying the result by four to align with the WHOQOL-100 scoring structure. Raw scores were converted to domain scores based on the manual's guidelines. The tool has well-established reliability and validity.

Research Design: A pre-test/post-test experimental design was adopted.

- **Pre-Test:** N = 15 → Administration of WHOQOL-BREF (Physical Health Dimension)
- **Intervention:** Cognitive Behaviour Therapy for 16 sessions
- **Post-Test:** N = 15 → Re-administration of the WHOQOL-BREF

Procedure:

All 15 participants were diagnosed with alcohol dependence by psychiatrists and physicians. Following a detailed clinical intake and case history, the WHOQOL-BREF was administered to obtain pre-test scores. Each participant then underwent 16 sessions of Cognitive Behaviour Therapy focusing on behavior modification, relapse prevention, and cognitive restructuring.

Additional observations were made regarding participant characteristics such as age, gender, marital status, intrinsic motivation, expectations from therapy, and willingness to engage in treatment. After 16 weeks of intervention, the WHOQOL-BREF was administered again to generate post-test scores.

Results:

Comparison of Pre- and Post-Test Scores on Physical Health Dimension:

Testing Phase	Mean	SD	N	Mean Difference	df	t-value	p-value
Pre-Test	16.87	2.134	15	4.533	14	9.315	0.000
Post-Test	21.40	1.957	15				

The results show that the mean score for the Physical Health dimension increased considerably from pre-test ($M = 16.87$) to post-test ($M = 21.40$). The paired t-test value of 9.315 was significant at the 0.01 level, confirming a statistically significant improvement in physical health following CBT. These findings demonstrate the effectiveness of Cognitive Behaviour Therapy in enhancing the health-related aspects of quality of life among alcohol-dependent individuals.

Conclusion:

The study clearly demonstrates that Cognitive Behaviour Therapy has a significant positive impact on the physical health of individuals dependent on alcohol. CBT contributed to meaningful improvements in the physical health domain of quality of life, as evidenced by the significant changes observed between pre- and post-test scores.

References:

Campbel, A. (1976). Subjective measures of well-being. *American Psychologist*, 31, 117-124.

Ebenau A, van Gurp J, Hasselaar(2017) Life values of elderly people suffering from incurable cancer: A literature review. *Patient Educ Couns*. 2017 May 24. pii: S0738-3991(17)30311-7. doi: 10.1016/j.pec.2017.05.027.

Gaertner J, Siemens W, Meerpohl JJ, Antes G, Meffert C, Xander C, Stock S, Mueller D, Schwarzer G, Becker G. (2017) Effect of specialist palliative care services on quality of life in adults with advanced incurable illness in hospital, hospice, or community settings: Systematic review and meta-analysis. *BMJ*. 2017 Jul 4;357:j2925. doi: 10.1136/bmj.j2925.

Gerrons, E.M. (1976). On quality of life. *Sociologzcal Review*, 41, 793-806.