The Effectiveness of Cognitive – Behavioral Group Therapy on the Quality of Life Improvement among Addict Females

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Abstract
The quality of life is an important subject in the faculty of social sciences, from sociology to economy, from political science to psychology. The purpose of this present study was to investigate the effect of Cognitive – Behavioral Group Therapy on life quality improvement among addict females. The research method was semi-experimental and to gathering of research data, the WHOQOL-BREF quality of life questionnaire was used as study instrument. To this aim, 30 participants from addict females were randomly selected and divided into two control and experimental sub groups. After the doing group cognitive - behavioral intervention in 8 sessions, each subgroup were post-tested again by the quality of life questionnaire and the covariance method of analysis is used to analyze data. The results of score comparison in the pre and post-test stages showed that training the communicational skills causes a significant influence on the life quality among experimental objects (p<0.01). Therefore it is concluded that the cognitive–behavioral method is effective on life quality improvement among addict females.

Keywords: Cognitive – Quality of life, Behavioral Group Therapy, addict females.

Introduction
Drug addiction is one of the main problems of societies which threatens the individual’s health and can stem from biological, psychological and social factors. Drug addiction is destructive and can bring about destruction to the life of someone who is addicted with taking hard drugs, causing psychological damages to the person’s family. Addiction to drugs is the main and pervasive causes of psychotic disorders. The scientific data indicate that 53 percent of drug addicted peoples have a serious mental disorder (Regier et al., 1990).  
Mental disorders in addicted peoples cause resistance of patient in the therapeutic process. Psychological Association of United States defines drug addiction as a condition in which the patient body has to receive drugs to avoid the psycho-cognitive and physiological symptoms. The first stage of drug addiction process is hard dependence in which finding the drugs turn to the main priority of the concerned individuals. Drug addicted people’s body also battle against medication and this resistance result in more dosage consumption (Lasser et al., 2000). Nowadays, the disorder and the unpleasant consequences of drug consumption are the main global problems of general health (Fernández-Bañares et al., 2007). Efforts to measure QOL began with the report of the President Eisenhower’s Commission on National Goals, which was intended to develop the QOL of the American People. The report, published in 1960, included a variety of social and environmental factors like, economic growth, concern for the individual, education, health and welfare, and the defiance of free world.
Quality of life is an important subject in social sciences, from sociology to economy, and right from political science to psychology. Some achievements can be considered in the history of QOL. Recently Nussbaum and Glover (1995) published a book named “Quality of Life”.

Quality of life has to do with an "individual's perception, i.e. the way they see things with regards to their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards, and concerns" (Orley & Group, 1994).

According to Farquhar (1995), QOL can be classified into the following:

- global definitions
- component definitions (research specific and non-research specific)
- focused definitions (explicit or implicit)
- combination definitions
- Lay definitions.

Therefore the quality of individual’s life is dependent on communication skills (Key, 1980). Considering that the marriage purpose is satisfying the needs of all levels, good relation provides spouses with a suitable background for discussion and in turn knowing each other needs. The main reason which often exists among unsatisfied spouses is unsuccessful marital relationships.

Life quality is implicitly against the quantity of life parameters such the age of individuals which may be or may not be satisfactory or enjoyable (Blanchard, Hawkins, Baldwin, & Fawcett, 2009). Life quality can be varied and be oscillated over a period of time. The quality of life means decreasing the distance between expectations and dreams and what is really happening in the life. A qualitative life is the one in which the individuals are satisfied, happy and capable of access to succession and in the other hand life quality is evaluated by the individual itself. Investigations have shown that the addicted peoples have paranoid thought, depression signs, anxiety, obsessive thought, life quality, poor and low self-esteem (Shrier, Harris, Sternberg, & Beardslee, 2001). The psychological health status has a remarkable role in the pathology and the therapeutic process of addicted peoples (Prince et al., 2007). It can be said that without achieving the psychological health, it is not possible to have complete health state (Keyes, 2005).

Unfortunately, despite continuous research in scientific centers, it has been not still discovered, a suitable medication for addiction. The three-dimensional nature of addiction is the main cause of problematic therapy process for addicted peoples (Szapocznik, Hervis, & Schwartz, 2003). Kroenke and Swindle (2000) found out that the psycho-cognitive therapy cannot improve all of the health psychological components of individuals. Therefore, here the cognitive-behavioral group technique is used for addicted participants. It can be briefly said that, the present study determines the effectiveness of cognitive-behavioral group therapy on increasing the general health state of drug addicted patients.

Frisch (2005) also found that the different models of cognitive–behavioral therapeutic methods can have a remarkable role in the therapy process. Considering the serious and real need of therapeutic centers to psycho-therapy particularly need to group-therapy programs and the small body of literature in this area, the present study is conducted to meet the increasing need to group cognitive–behavioral therapeutic method. In the other hand the main aim of present study is to respond to the question “is group cognitive–behavioral therapeutic method effective for life quality of drug-addicted females?”
Material and Methods

The research method was semi-experimental. The statistical society of the present research consisted of the addicted females. The sample size of this study was 30 female which invited to participate in the therapy sessions. The participants were randomly divided into two equal control and experimental groups. After getting the necessary permissions, 42 people reiterated for participation. Then by holding the primary interview for qualification of participants, 30 people were randomly selected. The selected participants were divided into two equal subgroups. To gathering the study data, a pre-test was held among groups and then the objects were randomly selected. The experimental group was subjected to 8 group cognitive – behavioral therapeutic sessions. After the sessions, a post-test was held from both control and experimental groups and the data were recorded to analysis.

In gathering of study data, the quality of life questionnaire of WHOQOL-BREF was used. The Cronbach’s reliability coefficient was 0.917 which indicates good validity for the questionnaire.

The therapy session’s programs were as follows:

1. First session summary: Educational oral speech, welcoming and making the participants motivated.
2. Second session summary: Educational oral speech, the cognitive-depression theory, classification of beliefs systems, review on the session’s structures, the laws of anxiety educational oral speech, sick angriness, identification of pleasant thoughts. Exercise: identifying and presenting the methods for preventing of probable resistance.
3. Third session summary: Educational speech
   - review on the vertical arrow, advance vertical arrow, educational speech
   - Types of beliefs.
4. Forth session summary: Educational speech
   - provision of the main list of beliefs, educational speech
   - cognitive maps, educational speech
   - Providing the SUD rating.
5. Fifth session summary: Educational speech
   - Do you believe in Santa Claus: the beliefs can be changed? Educational speech
   - Test of beliefs, Lake Monster Allegory, reality analysis.
6. Sixth session summary: Educational speech
   - Utility analysis, educational speech
   - Homogeneity analysis. Exercising on the life quality decision making and working on the illogical beliefs, replacing the illogical beliefs and determination of assignments for reinforcing them.
7. Seventh session summary: Educational speech
   - Providing the hierarchical system, educational speech
   - Opposite beliefs. Educational speech
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- Changing of understandings, educational speech
- Optional stratum prevention.

8. Eighth session summary: Educational speech
- self-rewarding, self-punishment, educational speech
- Holding methods review on assignment, review on planning, plans for following and evaluation after therapy process, final program.

Results
Considering the present research design, that comprises of the pre-test, and the post-test along with the control group research. The covariance analysis method is used for investigation of group cognitive-behavioral therapy effect on life quality variable.

Table 1. Mean and standard deviation of research variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group</th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of life</td>
<td>Experimental group</td>
<td>93.04 14.75</td>
<td>101.26 7.95</td>
</tr>
<tr>
<td></td>
<td>Control group</td>
<td>85.42 15.03</td>
<td>79.63 12.36</td>
</tr>
</tbody>
</table>

To determine the independent group influence in the experimental group, and controlling the pre - test effect, the covariance analysis is used.

Table 2. Summary of covariance analysis of quality of life results

<table>
<thead>
<tr>
<th>Statistical indices</th>
<th>Sum of squares</th>
<th>Degree of freedom</th>
<th>Mean of squares</th>
<th>F</th>
<th>P</th>
<th>Effect size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>74.75</td>
<td>1</td>
<td>74.75</td>
<td>0.66</td>
<td>0.415</td>
<td>0.126</td>
</tr>
<tr>
<td>Training</td>
<td>2993.48</td>
<td>1</td>
<td>2993.48</td>
<td>27.31</td>
<td>0.001</td>
<td>0.999</td>
</tr>
<tr>
<td>Error</td>
<td>2951.10</td>
<td>27</td>
<td>109.30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>252211.00</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

First Hypothesis: The group cognitive-behavioural therapy has positive effect on the physical health. The results indicated in the table 2 show that the communicational skills training increases the quality of life in the experimental group (p<0.001). Therefore the research hypothesis is accepted and the zero case assumption is rejected.

Table 3. Summary of covariance results about physical health

<table>
<thead>
<tr>
<th>Statistical indices</th>
<th>Sum of squares</th>
<th>Degree of freedom</th>
<th>Mean of squares</th>
<th>F</th>
<th>P</th>
<th>Effect size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>3.47</td>
<td>1</td>
<td>3.47</td>
<td>0.71</td>
<td>0.394</td>
<td>0.133</td>
</tr>
<tr>
<td>Training</td>
<td>82.69</td>
<td>1</td>
<td>82.69</td>
<td>17.85</td>
<td>0.001</td>
<td>0.983</td>
</tr>
<tr>
<td>Error</td>
<td>124.28</td>
<td>27</td>
<td>4.60</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>15993.00</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The results indicated in the table 3 show that the group cognitive-behavioural therapy increases the physical health in the experimental group (p<0.001). Therefore the research hypothesis is accepted and the zero case assumption is rejected.
Second Hypothesis: The group cognitive-behavioural therapy has positive effect in psychological health.

Table 4. Summary of covariance analysis for psychological health.

<table>
<thead>
<tr>
<th>Statistical indices</th>
<th>Sum of squares</th>
<th>Degree of freedom</th>
<th>Mean of squares</th>
<th>F</th>
<th>P</th>
<th>Effect size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>1.99</td>
<td>1</td>
<td>1.99</td>
<td>0.18</td>
<td>0.703</td>
<td>0.066</td>
</tr>
<tr>
<td>Training</td>
<td>96.31</td>
<td>1</td>
<td>96.31</td>
<td>7.22</td>
<td>0.012</td>
<td>0.735</td>
</tr>
<tr>
<td>Error</td>
<td>360.94</td>
<td>27</td>
<td>13.36</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>14292.00</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4 indicates that the group cognitive-behavioural therapy has a significant influence on the psycho-cognitive health state (p<0.05). The results of the table also indicate that the pre-test influence is not significant. Therefore, the zero assumption scenario is rejected and the research assumption is accepted.

Third Hypotheses: The group cognitive-behavioural therapy has positive effect on the social relationships.

Table 5. Summary of covariance analysis for social relationship variable

<table>
<thead>
<tr>
<th>Statistical indices</th>
<th>Sum of squares</th>
<th>Degree of freedom</th>
<th>Mean of squares</th>
<th>F</th>
<th>p</th>
<th>Effect size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>3.20</td>
<td>1</td>
<td>3.20</td>
<td>0.55</td>
<td>0.468</td>
<td>0.109</td>
</tr>
<tr>
<td>Training</td>
<td>124.29</td>
<td>1</td>
<td>124.29</td>
<td>21.09</td>
<td>0.001</td>
<td>0.993</td>
</tr>
<tr>
<td>Error</td>
<td>158.91</td>
<td>27</td>
<td>5.88</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3851.00</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The results of table 5 indicate that the group cognitive-behavioural therapy has a significant effect on social relationships improvement in experimental group (p<0.001). The results also indicate that the pre-test effect is not significant (p<0.468). Therefore the zero hypotheses scenario is rejected and the research hypothesis is accepted.

Fourth Hypotheses The group cognitive-behavioural therapy has positive effect on life states of participants.

Table 6. Summary of covariance analysis for life state variable

<table>
<thead>
<tr>
<th>Statistical indices</th>
<th>Sum of squares</th>
<th>Degree of freedom</th>
<th>Mean of squares</th>
<th>F</th>
<th>p</th>
<th>Effect size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>1.63</td>
<td>1</td>
<td>1.63</td>
<td>0.097</td>
<td>0.756</td>
<td>0.06</td>
</tr>
<tr>
<td>Training</td>
<td>509.14</td>
<td>1</td>
<td>509.14</td>
<td>29.21</td>
<td>0.001</td>
<td>0.999</td>
</tr>
<tr>
<td>Error</td>
<td>470.95</td>
<td>27</td>
<td>17.45</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>23571.00</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The results of table 6 show that the group cognitive-behavioral therapy has a significant effect on life states of participants (p<0.001). Therefore the zero hypotheses scenario is rejected and the research hypothesis is accepted.
Discussion

The group cognitive-behavioral therapy effect on the quality of life variable is investigated in the present study. The results show that the group cognitive-behavioral therapy improves the quality of life among the addict females. This finding is in line with previous studies such as Lundblad and Hansson (2006). The results imply that making an accurate and true relation can increase the quality of life and since the quality of life is a mental valuing factor and depends on individual’s judgment, then the ability to conduct positive relationship with others can improve the general life state.

The quality of life is an important factor of general health index. The factor includes wellbeing and good performance in physical and psychological aspects i.e. human’s well-being dependents to making efficient relationship with others. The quality of the relation is the most important factor in happiness. This is why the relational skills have an influence on the psychological and physical state (Wise & Rompre, 1989). The importance of the relational skills is an intrinsic demand of individuals. The clear and effective relation among individuals increases the expression and values in social context. The effective relation is a foundation for a healthy and successful family. On the other hand, when family members have a positive and effective relational context, they can have a clear understanding of content of messaging among themselves (Kiecolt-Glaser & Newton, 2001).

The property of spouse’s interaction for the quality of marital life is more important than social or individual characteristics (Storey & Asadoorian Iii, 2009). Bradbury, Fincham, and Beach (2000) reported that the positive respect, effective relations, being without confliction and finally the satisfaction are the most important factors which increase the quality of life.

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References


